

Chemoradiation in elderly patients with stage III NSCLC improves overall survival

10 January 2018

Elderly patients with stage III non-small cell lung cancer (NSCLC) showed improved overall survival (OS) when treated with chemoradiation (CRT) compared to definitive radiation (RT) alone.

Lung cancer is the most common cancer and the leading cause of [cancer](#)-related deaths worldwide. NSCLC constitutes between 80-85% of all [lung](#) cancers and more than 30% of those are diagnosed with stage III disease over the age of 65. Despite this large population, elderly patients are often excluded or underrepresented in clinical trials resulting in limited treatment options for this population of patients. Given that NSCLC is a heterogenous disease requiring a multidisciplinary treatment approach, and the limited treatment data available in this population, the optimal treatment strategy for stage III NSCLC in the elderly needs to be further explored.

A group of investigators at The Ohio State University in the United States conducted a retrospective study to compare the effectiveness of RT alone versus CRT in elderly patients ≥70 years old with stage III NSCLC not treated surgically. Patients ≥70 years old with stage III NSCLC not surgically treated from 2003-2014 were selected from the National Cancer Database. Patients were divided into two cohorts: patients treated with definitive RT and patients treated with definitive CRT. The CRT patients were considered to have received concurrent CRT if chemotherapy was delivered within 30 days prior to or after initiation of RT, while sequential CRT was defined as RT delivered ≥30 days after initiation of chemotherapy. The OS between treatment groups was compared using the Kaplan-Meier method and Cox proportional hazards regression before and after propensity score matching (PSM) to reduce potential selection bias.

The results of the study were published in the [Journal of Thoracic Oncology](#), the official journal of the International Association for the Study of Lung

Cancer (IASLC). The study identified 5,023 elderly patients treated with definitive RT and 18,206 patients treated with CRT. Univariate analysis revealed that younger age, male sex, white race, higher income, stage IIIB, increased distance from the treating hospital and a Charlson-Deyo score

APA citation: Chemoradiation in elderly patients with stage III NSCLC improves overall survival (2018, January 10) retrieved 20 October 2021 from <https://medicalxpress.com/news/2018-01-chemoradiation-elderly-patients-stage-iii.html>

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