

AB011. Lung cancer in octogenarians: factors affecting morbidity and survival after pulmonary resection

Pei-Hsing Chen, Shuenn-Wen Kuo, Jin-Shing Chen

Division of thoracic surgery, Department of surgery, National Taiwan University Hospital, Taipei, Taiwan

Background: To study the burden and outcome of lung cancer in octogenarians.

Methods: This retrospective study observed preoperative comorbidities, surgical procedures and postoperative morbidity and mortality after lung cancer surgery in patients 80 years of age or older. The medical records of lung cancer patients 80 years of age or older who underwent surgery at NTUH from May 2004 to Oct 2015 were reviewed.

Results: There were 200 patients (116 males, 84 females), with a median age of 82 years. The median Charlson comorbidity index was 2. Although approximately one-thirds of the patients (62 patients; 31%) experienced some

kind of postoperative morbidity, but the median ICU stay was 2 days and median admission day was 10. Postoperative death was observed in two cases (1 %). Operation year, operation method and lymph node dissection were related to post-operative morbidity. Operation year, operation method and lymph node dissection were related to post-operative morbidity. Gender, FEV1, stage, smoking history, history of GI bleeding or ulcer, hospital stay over 14 days, tracheostomy created were related to the survival. The overall survival rate was 60.79 % at 3 years and 47.16 % at 5 years.

Conclusions: The morbidity and mortality of thoracic surgery were acceptable in octogenarians. Operation can be the option for octogenarians, with careful patient evaluation and selection.

Keywords: Lung cancer; octogenarians; morbidity; survival; pulmonary resection

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