Multidisciplinary treatment of lung cancer in older patients: A review

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Lung cancer is the leading cause of cancer death worldwide. Older patients represent approximately half of the patient population and optimal management of these patients is challenging. In early-stage non-small cell lung cancer (NSCLC), lobectomy should be considered in fit older patients. For unfit patients, stereotactic body radiotherapy (SBRT) represents a good alternative. While data on the benefit and risk of concurrent chemo-radiotherapy (cCRT) in older patients with locally advanced NSCLC is conflicting, age alone should not preclude cCRT. Multidisciplinary collaboration is essential for appropriate patient selection. In limited disease small cell lung cancer (SCLC), older patients appear to benefit similarly from standard treatment compared to their younger counterparts, however, with a higher risk of toxicity. Appropriately selected older patients with lung cancer seem to derive as much benefit from active oncological treatment as their younger counterparts. Geriatric screening tests and comprehensive geriatric assessments (CGA) can be helpful when choosing between treatment strategies. Older patients are at risk for under-treatment; this should be avoided by proper selection and multidisciplinary management. This review outlines the management of lung cancer in older patients.