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Title: Octogenarians with non-small cell lung carcinoma – Advanced disease

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Body: Approximately 50% of new non-small cell lung cancers – advanced disease (NSCLC-AD) cases are diagnosed in the elderly and nearly 20% are detected in patients aged 80 years and older. Limited information is available about the correct approach in octogenarians. **OBJECTIVE:** Retrospective observational analysis of elderly patients with NSCLC-AD in order to assess epidemiological characteristics, performance status(PS), co-morbidities, concomitant medications, therapy and survival. **RESULTS:** In seven years (2004-2010), 108 octogenarians were diagnosed with NSCLC-DA. The median age was 82 years and 68.5% were men. We found 54,6% former smokers, 34.2% non-smokers and 11.2% active smokers. Adenocarcinoma was found in 51%, squamous carcinoma in 41.7% and NSCLC – NOS in the remaining patients. At diagnosis, 48.1% had PS 0-1, 38% had PS 2 and 13.9% had PS 3. Evaluation of co-morbidities showed that 58% of patients had ≤ 3 , while the remainder had > 3 co-morbidities (4-9). These co-morbidities warranted that 62% of the patients received more than 4 drugs as concomitant medication. Chemotherapy was the option in 45 octogenarians. In 11 patients we decided to do a doublet with carboplatin plus gemcitabine. In the remaining 34, our option was monochemotherapy with oral vinorelbine in 26 and pemetrexed in 8 patients. Toxicity with serious side effects explains why only 14 of the 45 patients completed 4 cycles. Overall median survival was 3.1 and 8.6 months for those who started chemotherapy, regardless of whether single or doublet. **CONCLUSIONS:** The increase in life expectancy, along with the research of new and less toxic therapies justifies a revisit of this population group, where prospective clinical trials are needed.