EXTENDED PLEURECTOMY DECORTICATION FOR MALIGNANT PLEURAL MESOTHELIOMA IN THE ELDERLY – THE NEED FOR AN INCLUSIVE YET SELECTIVE APPROACH

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DISCLOSURE SLIDE

I have no conflicts of interest to declare
Median age at diagnosis of patients in the UK is 72 years.
BACKGROUND

EPD

EPP

EUROPEAN LUNG CANCER CONFERENCE 2016
However, debate remains regarding the efficacy of EPD, particularly in elderly patients.
METHODS

- Retrospective review of prospectively collected data from all patients undergoing EPD from 1999 – 2015
- All patients had a macroscopic complete resection (R1)
- Compared clinical, pathological and outcome data between two groups:
  - 70 years or over (≥70)
  - Under 70 years (<70)
28% patients (79/282) ≥ 70 at the time of surgery
Median age 65, range 42-81 years

**RESULTS**

<table>
<thead>
<tr>
<th>Factor</th>
<th>&lt;70 years of age (n=203)</th>
<th>≥ 70 years of age (n=79)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Histological subtype</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Epithelioid</td>
<td>155 (76.4)</td>
<td>62 (78.5)</td>
<td>0.855</td>
</tr>
<tr>
<td>Biphasic</td>
<td>44 (21.7)</td>
<td>15 (19.0)</td>
<td></td>
</tr>
<tr>
<td>Sarcomatoid</td>
<td>4 (2.0)</td>
<td>2 (2.5)</td>
<td></td>
</tr>
<tr>
<td>T stage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>7 (3.4)</td>
<td>3 (3.8)</td>
<td>0.159</td>
</tr>
<tr>
<td>2</td>
<td>44 (21.7)</td>
<td>27 (34.2)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>105 (51.7)</td>
<td>36 (45.6)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>47 (23.2)</td>
<td>13 (16.5)</td>
<td></td>
</tr>
<tr>
<td>Node positive</td>
<td></td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Laterality</td>
<td>Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>119 (58.6)</td>
<td>48 (60.8)</td>
<td></td>
</tr>
<tr>
<td>Low Hb</td>
<td>83 (40.9)</td>
<td>25 (31.6)</td>
<td>0.174</td>
</tr>
<tr>
<td>High wcc</td>
<td>32 (15.8)</td>
<td>11 (13.9)</td>
<td>0.854</td>
</tr>
<tr>
<td>High platelets</td>
<td>74 (36.5)</td>
<td>21 (26.6)</td>
<td></td>
</tr>
<tr>
<td>Performance status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=262)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>111 (59.7)</td>
<td>38 (50)</td>
<td>0.357</td>
</tr>
<tr>
<td>1</td>
<td>73 (39.2)</td>
<td>37 (48.7)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2 (1.1)</td>
<td>1 (1.3)</td>
<td></td>
</tr>
</tbody>
</table>
THE ELDERLY HAVE A MORE COMPLICATED RECOVERY

- Post-operative ITU admission
  - <70 5.4%  ≥ 70 16.8%  p=0.004
- Atrial fibrillation
  - <70 14.4%  ≥ 70 24.7%  p=0.051

- No difference in median length of hospital stay
  - <70 12 days (range 0-70 days)
  - ≥70 14 days (range 2-93 days)  p=0.118
POST OPERATIVE COURSE

- No difference in in-hospital mortality
  - <70 3.5%
  - ≥70 6.5%  \( p=0.323 \)

- No difference in 90-day mortality
  - <70 7.9%
  - ≥70 10.1%  \( p=0.635 \)

- Patients receiving adjuvant chemotherapy:
  - <70 45.7%
  - ≥70 29.6%  \( p=0.040 \)
SURVIVAL

- All patients:
  - < 70 13.0 months
  - ≥ 70 10.5 months  p=0.683

- Node positive patients (N1/N2) with non-epithelioid disease:
  - <70 6.6 months
  - ≥70 3.8 months  p=0.024

- Node positive patients with epithelioid tumours:
  - <70 13.5 months
  - ≥70 9.6 months  p=0.485
SURVIVAL

- Multivariate analysis:
  - Age was not a significant prognostic factor

- BUT
  - lack of adjuvant therapy (HR 2.088 95%CI 1.372-3.176 p=0.001)
  - pre-operative anaemia (HR 1.976 95%CI 1.294-3.017 p=0.002)
DISCUSSION

- Age alone should not be an exclusion factor for EPD

- However, in the elderly there must be:
  - A more rigorous preoperative evaluation of nodal disease and histological subtype
  - An additional assessment of fitness for adjuvant chemotherapy
    - Fitness for surgery does not equate to fitness for chemotherapy
  - Neoadjuvant chemotherapy could be considered