1841P: Retrospective Review of Frailty in Lung Cancer Patients

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Background

Lung Cancer is most often diagnosed over the age of 70 years. This population have an increasing risk of frailty and these impact cancer treatment tolerance, quality of life and survival.

We performed a retrospective study to look at whether aspects of frailty were being assessed.

Methods

Patients with suspected lung cancer were discussed at MDT between Jan-Dec 2019.

Electronic notes, MDT minutes and letters were interrogated.

Frailty metrics in populations over and under the age of 65 were compared.

Results

846 patients were discussed at Lung MDT. 80% were aged over 65 years. In the over 65s, 22% received Systemic Anticancer Treatment (SACT) compared to 8% in the under 65s. Mean age was 70.9, and the median and mode age was 72.

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Performance status and independence with ADLs was less likely in the over 65 year population (fig 1 and 2).

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There were similar rates of non-completion of prescribed treatment respectively (55% vs 54%) and number of dose reductions (18% vs 15%).

Fig 1. Performance Status

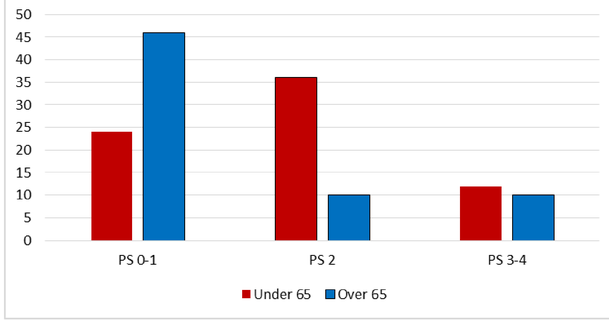


Fig 2. Pre morbid ADL status

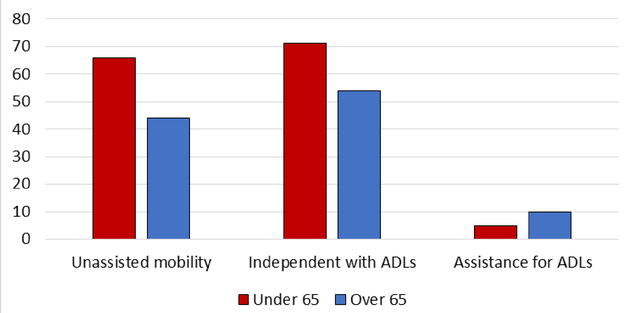


Fig 3. Gender

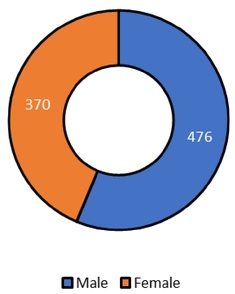
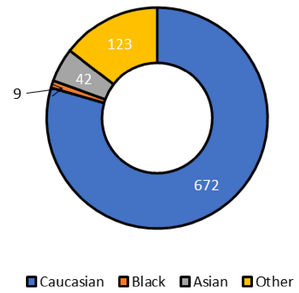


Fig 4. Ethnicity



35% of the over 65s and 46% in under 65s received immunotherapy. In the older population receiving immunotherapy, 30% had monotherapy, compared to 70% receiving chemo-immunotherapy. In the younger population 17% received monotherapy and 83% received chemo-immunotherapy.

37% of the older patients having SACT were admitted with a median stay of 2 days (range 1-30) compared to 31% in the younger group, with a median stay of 1.5 days (range 1-2).

Conclusion

Most patients with suspected lung cancer were over the age of 65; a quarter had a poor PS at presentation. Fewer of the older patients were independent of ADLs or mobility. Older patients were more frequently admitted with SACT.

Areas of frailty are not routinely addressed in this population and a frailty assessment and intervention may be beneficial in reducing toxicity and admission during SACT.

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No disclosures