

Patient age not a factor in use of second-line therapy for lung cancer

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Research published in the March issue of the *Journal of Thoracic Oncology* sought to determine whether differences existed in tolerance and efficacy between patients age 70 and over and younger patients with non-small cell lung cancer (NSCLC) receiving salvage targeted therapy with epidermal growth factor receptor-tyrosine kinase inhibitors (EGFR-TKIs) or chemotherapy.

Lung cancer is the leading cause of cancer death in the world. [Lung cancer](#) incidence peaks between ages 70 and 80, and the mortality rate increases with age. EGFR-TKIs, such as gefitinib or erlotinib, are effective agents used in salvage therapy for NSCLC after patients have failed previous [chemotherapy](#) and have yielded a modest survival benefit. However, the majority of patients enrolled in these clinical trials using salvage therapy against NSCLC were younger than 70 years. Whether elderly patients are as suitable for salvage therapy as younger patients, and whether salvage targeted therapy is better or more tolerable than salvage chemotherapy in elderly patients are both unknown.

In this study, researchers retrospectively analyzed the data of 461 cases of nonelderly (under 70 years) and elderly (age 70 and older) patients with NSCLC who had failed previous chemotherapy and received salvage therapy. The treatment response rate, time to disease progression, overall survival time and toxicity profiles of the two groups were compared.

Elderly (>70 years)

Response Rate: 19%

Control Rate: 68%

Progression-free time: 4.4 months

Overall survival time: 9.3 months

One-year survival: 38%

Nonelderly (

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