

VATS Lobectomy on Octagenarians. McVay C, Houck WV, Fuller CB, McKenna RJ Jr., American Surgeon 2005 Sept; 71(9):791-3.

Although modern techniques in anesthesia and surgery have reduced morbidity and mortality for pulmonary resection, some physicians still consider advanced age a contraindication to resection of lung cancer. We examined our experience with VATS lobectomy in octogenarians at Cedars-Sinai Medical Center over 12 years (1992-2004). There were 159 patients. Mean age was 83 years (range, 80-94 years) consisting of 61 males (38%) and 96 females (62%). Operations included 153 lobectomies (96%), 3 bilobectomies (2%), and 3 pneumonectomies (2%). Two operations were converted to thoracotomy (1%), one due to bleeding, and one due to poor visualization. Median hospital stay was 4.00 +/- 6.39 days. One hundred thirty-one patients (82%) had no complications. The most common complication was arrhythmias occurring in 8/159 (5%) patients. There were three perioperative deaths (1.8%). Pathology revealed 104 adenocarcinomas (65%), 25 squamous cell carcinomas (16%), 5 adeno-squamous carcinomas (3%), 7 bronchoalveolar carcinomas (4%), 7 large cell carcinomas (4%), 4 carcinoid tumors (3%), 4 non-small cell lung cancer (NSCLC) (3%), 1 mucoepidermoid carcinoma (< 1%), 1 lymphoma (< 1%), and 1 pulmonary metastasis (< 1%). Median follow-up was 29 months. The results of this series show that age alone is not a contraindication to the surgical treatment of lung cancer.