

THE ASSESSMENT OF LUNG FUNCTION AND 6-MINUTE WALK TEST IN THE ELDERLY PATIENTS WITH LUNG CANCER DIAGNOSIS - MISSION (IM)POSSIBLE IN THE PREDICTION OF THE POSTOPERATIVE RISK?

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The assessment of lung function and exercise capacity in patients with lung cancer are important in the estimation of eligibility for surgery, especially in elderly patients, who are burdened by the highest prevalence of this disease. Progress in thoracic surgery means that patients in old age, also over 80 years, can be operated on.

The aim of the study was to evaluate lung function (spirometry, DLCO) and exercise capacity (6-minute walk test) in patients at age 80+. The material consisted of 46 patients ($82,2 \pm 3,5$ yrs, 24 men), confirmed with the NSLC diagnosis and operated on between Jan 2016 and Aug 2018. The analysis excluded subjects with a history of prior surgery within the chest, radiotherapy, chemotherapy before resection and LF measurements of poor quality.

In 15 (32,6%) patients airway obstruction was revealed ($FEV1\%FVC < LLN$), DLCO impairment ($DLCO < LLN$) was found in 25 of 46 pts (54,3%). The minimal resections (wedge resection, segmentectomy) were performed in 13 patients (28,3%), 33 pts (71,1%) underwent lobectomy. The adverse events during the postoperative course (cardiovascular, pulmonological and referred to surgery) were observed in 12 individuals (26%) and were more frequent in patients with airways obstruction, $ppoFEV1 < 60\%$, DLCO impairment, and male. The prevalence of those events was lower to rate in population over 65 years of age (41%). None of the operated patients died within 30-days of the postoperative period.

Conclusion: The lung cancer patients over 80 and of well-preserved lung function can be offered relatively safe, surgical treatment.