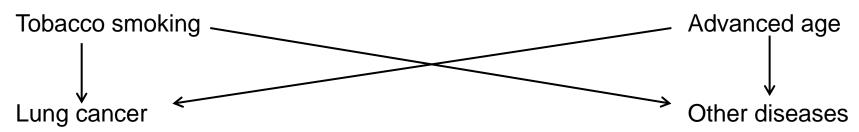


The impact of comorbidity on lung cancer surgery and survival in England



Background



COMORBIDITY



Aim

Investigate the impact of comorbidity on NSCLC patients undergoing surgical resection and the association between comorbidity and survival separately for resected NSCLC patients and all other lung cancer patients.



Methods

NCDR 2008-2009	HES	NLCA
64,653 patients with a first primary lung cancer (ICD10 C33-34)		
Sex	Comorbidity	Stage
Age	Surgical resection	Performance status
Socioeconomic deprivation		
Histology		



Comorbidity

		Charlson comorbidity score			
		0	1	2	3+
Male	56%	56%	57%	61%	65%
Female	44%	44%	43%	39%	35%

- Advanced age
- More socioeconomically deprived
- Worse performance status
- Less advanced stage



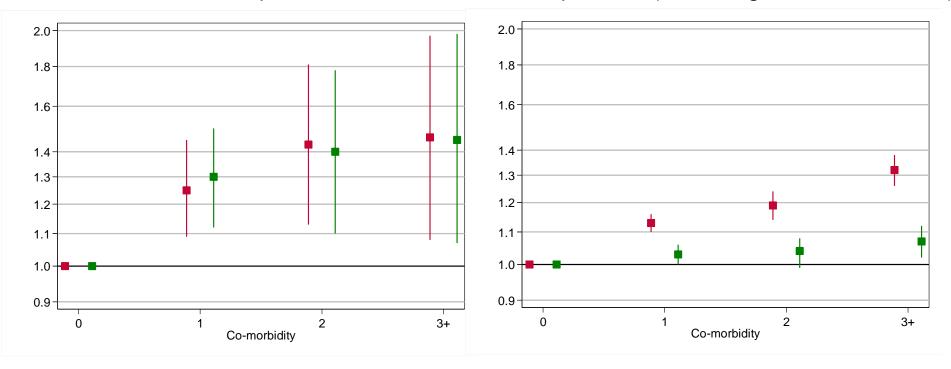
Surgical resection

CCS	Surgical resection	Odds ratio	95% CI
0	12%	1.00	
1	10%	0.87	0.79-0.97
2	7%	0.74	0.62-0.89
3+	6%	0.58	0.46-0.74



Resected NSCLC patients

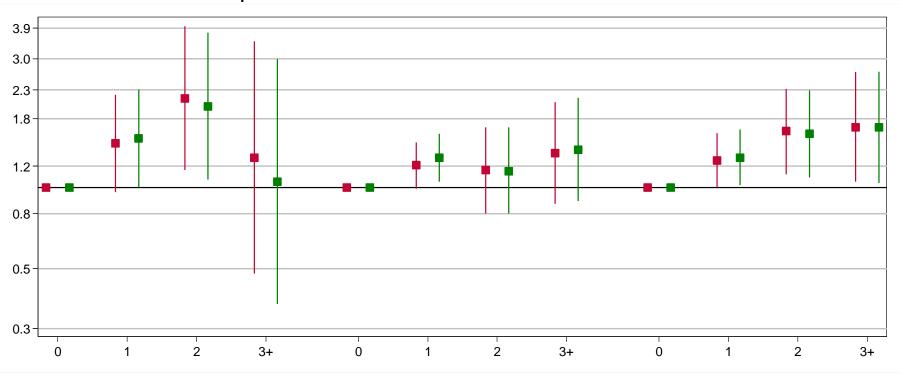
All patients (excluding resected NSCLC)



- Unadjusted HR
- Adjusted HR (sex, five-year age group, socioeconomic deprivation, histology, performance status and clinical stage)



Resected NSCLC patients



<30 days post-surgery

30-365 days post-surgery

>365 days post-surgery



Conclusion

Among resected NSCLC patients comorbidity is an independent prognostic factor for longer term survival. Among all other lung cancer patients not undergoing surgical resection, the effect of comorbidity is largely explained by performance status.