



Impact of Frailty on Survival Outcomes in Elderly Patients With Advanced Lung Cancer Treated With Contemporary Regimens

Vasiliki Spiliopoulou¹, Ioannis Ntanas-Stathopoulos¹, Charalampos Filippatos¹, Panagiotis Malandrakis¹, Ilias Katsadourous¹, Panagiotis Boutsikos¹, Michalis Liontos¹, Magdalini Migkou¹, Meletios-Athanasios Dimopoulos¹, Maria Gavriatopoulou¹

¹. Department of Clinical Therapeutics, National and Kapodistrian University of Athens, Athens, Greece

Correspondence: vaniaspil@yahoo.com



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INTRODUCTION

- **Older** patients with **advanced lung cancer (aLC)** remain **underrepresented** in clinical trials, and **chronological age** alone may be an **insufficient** surrogate to **evaluate fitness** for treatment.

DISCUSSION AND CONCLUSION

- **Frailty**-related parameters seemed to be **independently associated** with **survival outcomes** in **elderly aLC** patients treated with **ICIs**.
- **Integrating** these **markers** into **routine clinical practice** could help **optimize** elderly patient **management** for those receiving **ICIs**.

RESULTS

- **173** elderly patients (71.1% male, 73.4% stage IV)
 - 48.6% adenocarcinoma (48.6%), 34.7% squamous cell carcinoma
- First-line therapies included:
 - The 74.6% **chemo±immunotherapy**,
 - 13.9% **chemotherapy** and
 - 6.4% (n=11) **targeted treatments**.
- **ECOG PS <2** was associated with improved:
 - **OS** (aHR=2.93, p<0.001),
 - **PFS** (aHR=2.51, p<0.001), and **PFS-2** (aHR=2.74, p<0.001).
- Baseline **NLR ≥5** and **PNI <45** were independently associated with **inferior**:
 - **OS** (aHR=1.84, p=0.003; aHR=1.65, p=0.018),
 - **PFS** (aHR=1.67, p=0.007; aHR=1.51, p=0.037), and
 - **PFS-2** (aHR=1.72, p=0.006; aHR=1.53, p=0.038).

METHODS

- **Retrospective** cohort study
 - **aLC** patients **>70 years**
 - Diagnosed and treated: 01/01/2019 – 01/03/2026.
- **Frailty** was assessed using:
 - Eastern Cooperative Oncology Group performance status (**ECOG PS**),
 - neutrophil-to-lymphocyte ratio (**NLR**), and
 - prognostic nutritional index (**PNI**).

