

INTRODUCTION

- Adults ≥80 years are among the fastest-growing groups with non-small cell lung cancer (NSCLC), yet remain systematically underrepresented in clinical trials
- Chronological age and ECOG performance status may inadequately capture vulnerability in older patients
- The Barthel Index requires no equipment, no specialist and no additional visit

OBJECTIVE

To describe early functional decline in adults aged ≥80 years with NSCLC in adults and to evaluate the association between baseline functional dependence and overall survival

METHODS

DESIGN:

- Retrospective single-center
- Tertiary care center
- Bogotá, Colombia
- 2018-2025
- Adults ≥80 years with NSCLC

EXPOSURE:

- Functional dependence = Barthel index <90
- Covariates
 - Age
 - Stage at diagnosis
 - Polypharmacy (≥ 5 medications)

OUTCOMES:

- Overall survival
- Covariates (Age, stage at diagnosis, polypharmacy [≥ 5 medications])

STATISTICAL ANALYSIS:

Kaplan—Meier estimates compared by log-rank test, multivariate Cox regression for factors associated with mortality. Wilcoxon signed-rank for paired change

DISCUSSION AND CONCLUSION

Function outperforms the usual descriptors

- Adults ≥80 with NSCLC, baseline functional dependence was independently associated with worse OS beyond age and stage

ECOG does not capture functional dependence

- 2/3 of the cohort were ECOG 0-1, yet more than 1 of 4 were functional dependent

The first 6 months are the critical window

- Functional decline and hospitalization occurred early, without significant weight loss, arguing for structures reassessment rather than a single baseline snapshot

Routine functional assessment (Barthel Index) represents a simple and clinically meaningful tool for risk stratification and clinical decision-making, particularly in resource-limited settings.

REFERENCES & ACKNOWLEDGEMENTS

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No artificial intelligence tools were used in the development of the scientific content of this poster

RESULTS

COHORT CHARACTERISTICS

73

patients ≥80 years

84 y

median age
(IQR 81.5–86.5)

56.2%

female

79.5%

adenocarcinoma

70.8%

stage III–IV

65.8%

ECOG performance
status 0–1 at diagnosis

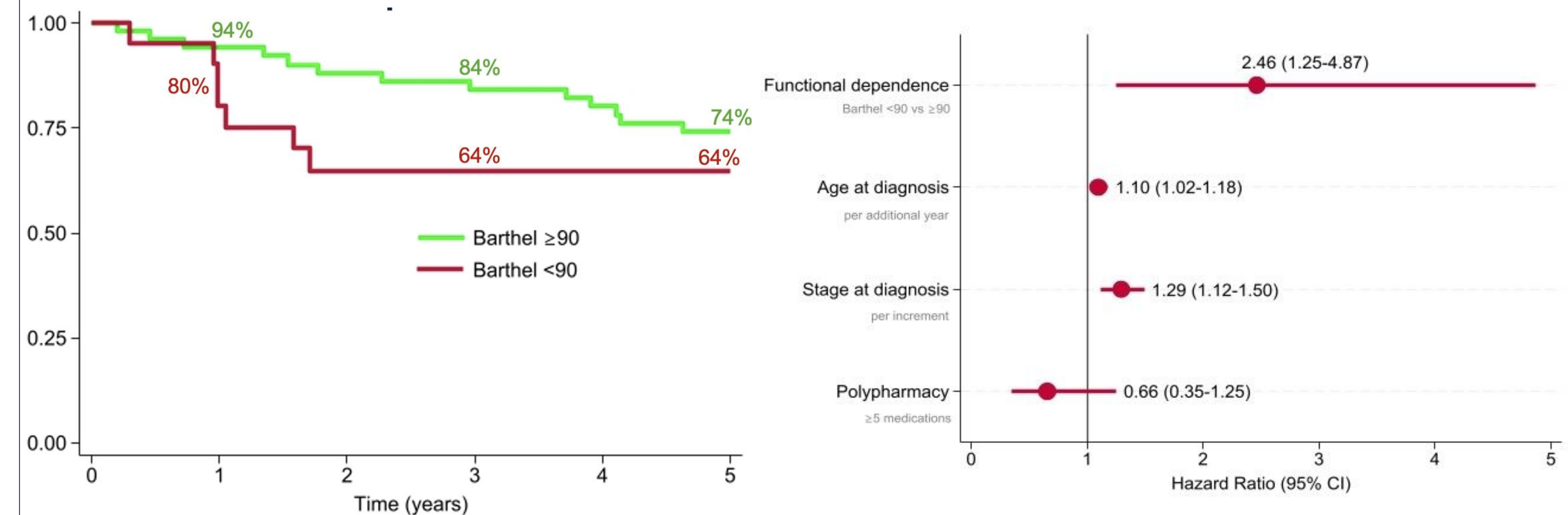
yet

28.8%

were functionally dependent
(Barthel Index < 90)

More than 1 in 4 patients classified as fit by performance status carried measurable functional impairment

OVERALL SURVIVAL AND MULTIVARIATE ANALYSIS



Patients with baseline functional dependence had significantly worse survival than independent patients (log-rank p=0.0007)

EARLY CLINICAL TRAJECTORY AT 6 MONTHS

Among patients alive and evaluable at 6 months

44%
experienced worsening ECOG performance status

Wilcoxon signed-rank p = 0.001

Median BMI (kg/m²)
24.3→24.0
Baseline 6 months
No significant change (p = 0.41)

32%

required at least one hospitalization

Unplanned care use concentrated in the first months after diagnosis