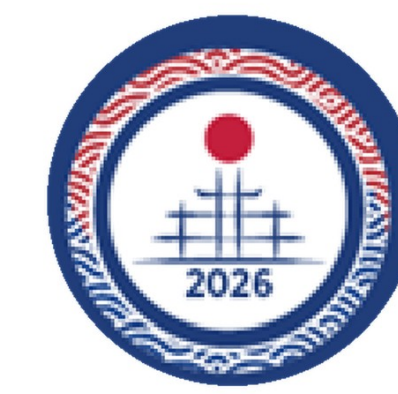




Real-world treatment patterns and outcomes in older versus younger patients with limited-disease small cell lung cancer

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Background

■ SCLC is an aggressive subtype; ~30–40% of patients are ≥70 years at diagnosis¹, yet older adults are underrepresented in trials — limiting evidence for their management.²

■ ~½ present with limited disease (LD-SCLC), potentially curable with concurrent chemoradiation ± PCI³; consolidation durvalumab is newly recommended (ADRIATIC trial).⁴

■ The literature is conflicted on whether older adults derive similar⁵ or worse⁶ survival with curative-intent treatment; no older-specific phase III RCTs exist.

■ **Objective:** Using the Canadian CASCADE database, to compare real-world treatment patterns, overall survival, and ADRIATIC eligibility in older (≥70) vs younger (<70) patients with LD-SCLC.

Methods

■ **Design:** Retrospective analysis of the Canadian SCLC database (CASCADE), a multi-institutional real-world database spanning 9 academic centres across Canada.

■ **Cohort:** 1,365 LD-SCLC patients; age <70 (n=773) vs ≥70 (n=592) at diagnosis.

■ **Curative intent:** Surgery ± chemo, SBRT, or chemoradiotherapy (thoracic RT ≥40 Gy).

■ **Analysis:** OS by Kaplan–Meier (index = diagnosis); multivariable Cox model for OS.

Conclusions

■ Older patients received markedly **less curative-intent therapy (68% vs 87%)** and more palliative treatment — consistent with **undertreatment of older adults**.

■ Older age was independently associated with **worse overall (all-cause) survival** (adjusted HR 1.23, 1.06–1.43). However, within curative-intent patients the age curves overlapped for the first ~4–5 years and separated only later (p=0.002), suggesting the gap is driven largely by **age-related competing risks to mortality rather than inferior cancer control**; no age difference was seen with palliative treatment (p=0.5).

■ Many older patients **would not meet ADRIATIC eligibility**, largely from **fewer chemotherapy cycles** — a gap between trials and real-world practice.

■ Findings support offering **guideline-concordant curative-intent treatment to fit older adults**, informed by **geriatric/frailty assessment**⁷, and older-adult–specific trials.

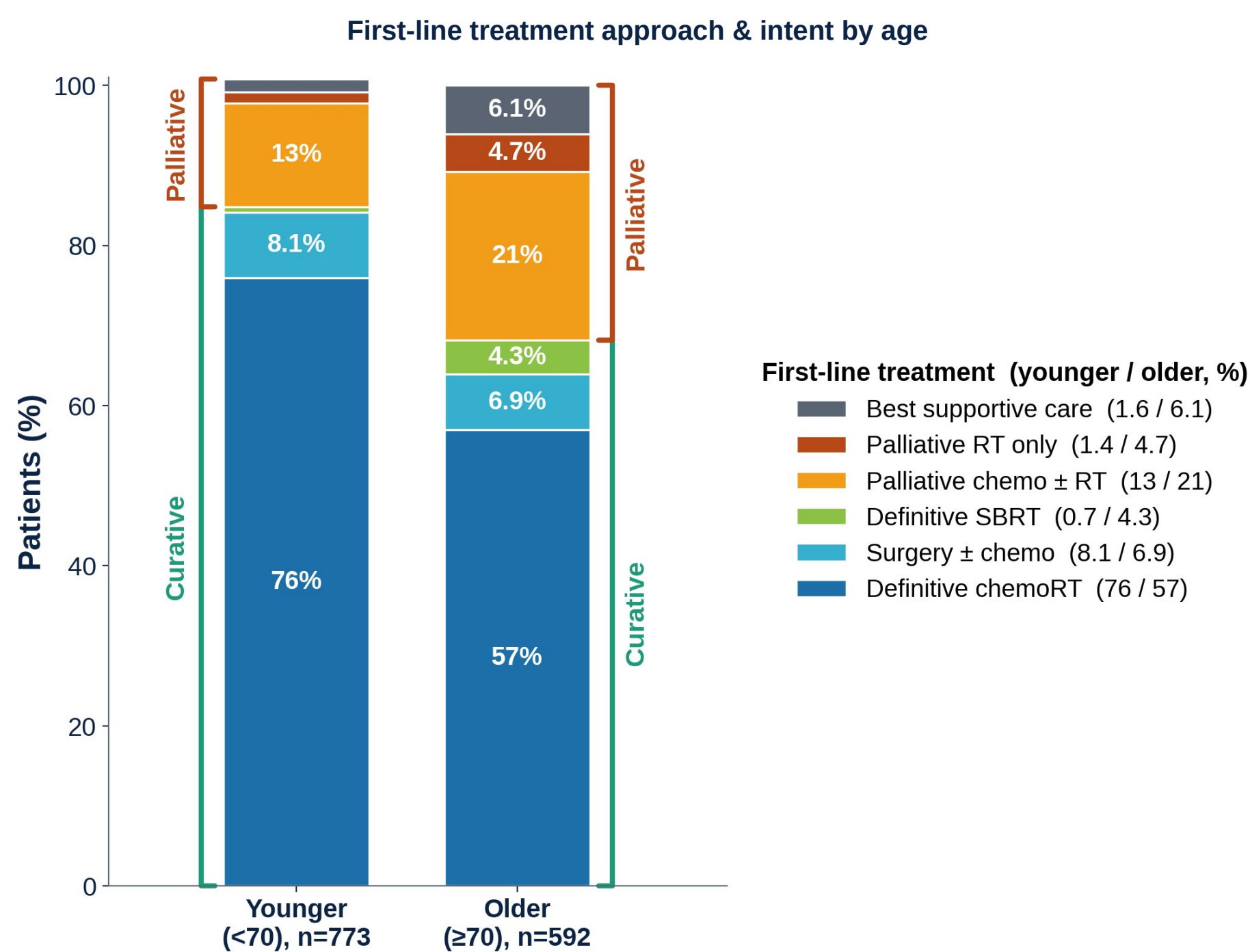
Results

Baseline characteristics

Characteristic	<70 (n=773)	≥70 (n=592)	p
Median age (IQR), yrs	62 (58–66)	76 (73–79)	<0.001
Sex			0.13
Male	348 (45%)	291 (49%)	
Female	425 (55%)	301 (51%)	
TNM stage			<0.001
I	79 (11%)	100 (18%)	
II	80 (11%)	82 (15%)	
III	560 (78%)	372 (67%)	
Unknown	54 (7.0%)	38 (6.4%)	
ECOG PS			<0.001
0–1	530 (78%)	352 (68%)	
≥2	153 (22%)	165 (32%)	
Unknown	90 (12%)	75 (13%)	
Smoking status			<0.001
Current	427 (55%)	253 (43%)	
Former	314 (41%)	317 (54%)	
Never	18 (2.3%)	7 (1.2%)	
Ever, NOS	11 (1.4%)	13 (2.2%)	
Unknown	3 (0.4%)	2 (0.3%)	

Treatment approach

Definitive chemoRT (n=583/329)				
Characteristic		<70 (n=583)	≥70 (n=329)	p
RT fractionation	Once daily	414 (72%)	245 (76%)	0.2
	Twice daily	165 (28%)	79 (24%)	
	Unknown	4 (0.7%)	5 (1.5%)	
RT schedule	Concurrent	513 (88%)	268 (81%)	0.007
	Sequential	70 (12%)	61 (19%)	
Chemo duration	<2 cycles	4 (0.7%)	14 (4.3%)	<0.001
	2–3 cycles	52 (8.9%)	44 (13%)	
	≥4 cycles	520 (89%)	268 (81%)	
	No data	7 (1.2%)	3 (0.9%)	
Completion	Completed	553 (96%)	298 (92%)	0.007
	Incomplete	22 (3.8%)	26 (8.0%)	
	Unknown	8 (1.4%)	5 (1.5%)	



Curative intent: 667/773 (87%) younger vs 403/592 (68%) older; palliative / best supportive care 14% vs 32% (p<0.001).

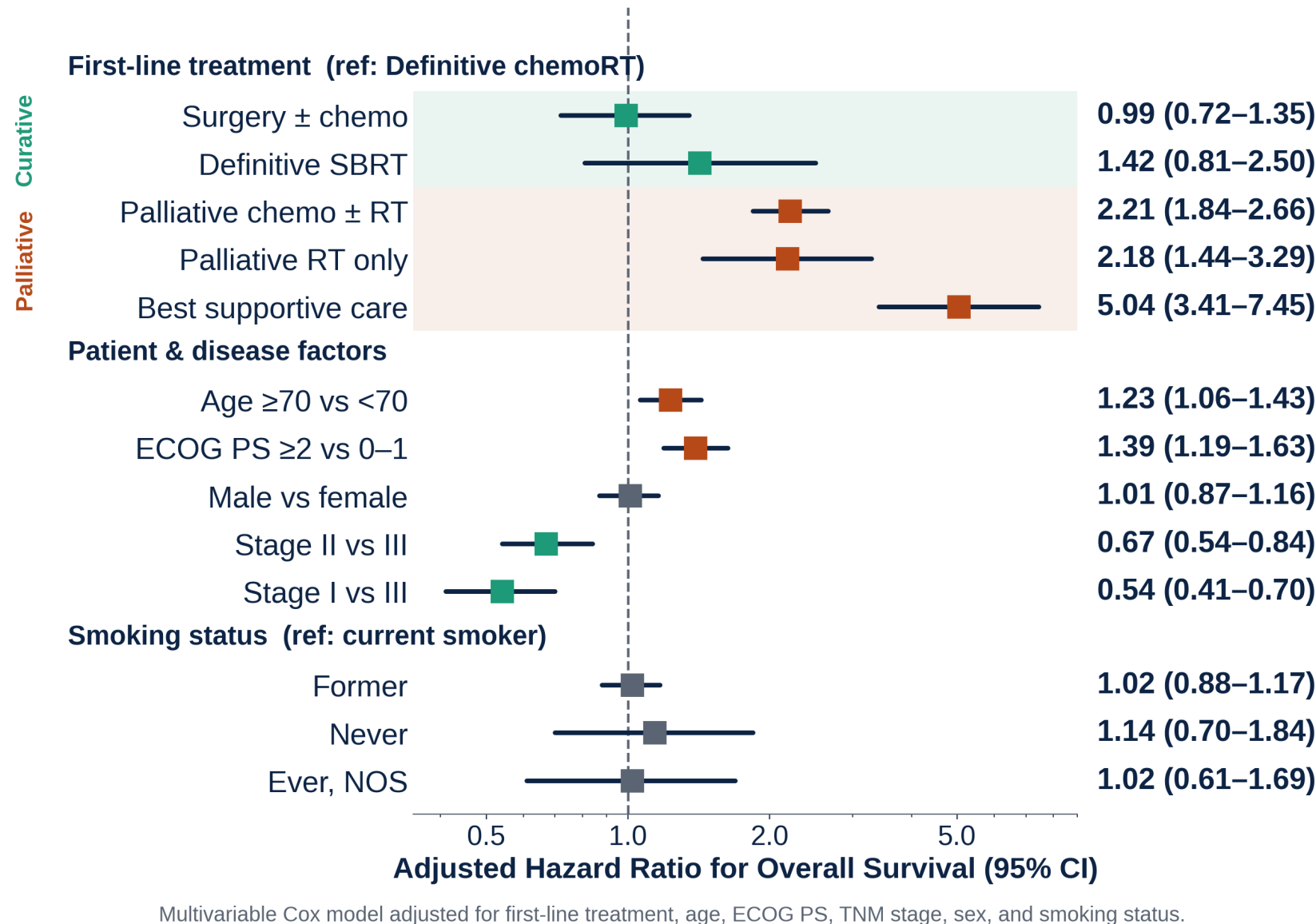
PCI received: 424/761 (56%) younger vs 196/586 (33%) older, among patients with known PCI status (p<0.001).

Brackets group first-line modalities by intent. Missing/unknown shown as n (%) of total; other percentages are of available data.

Overall survival

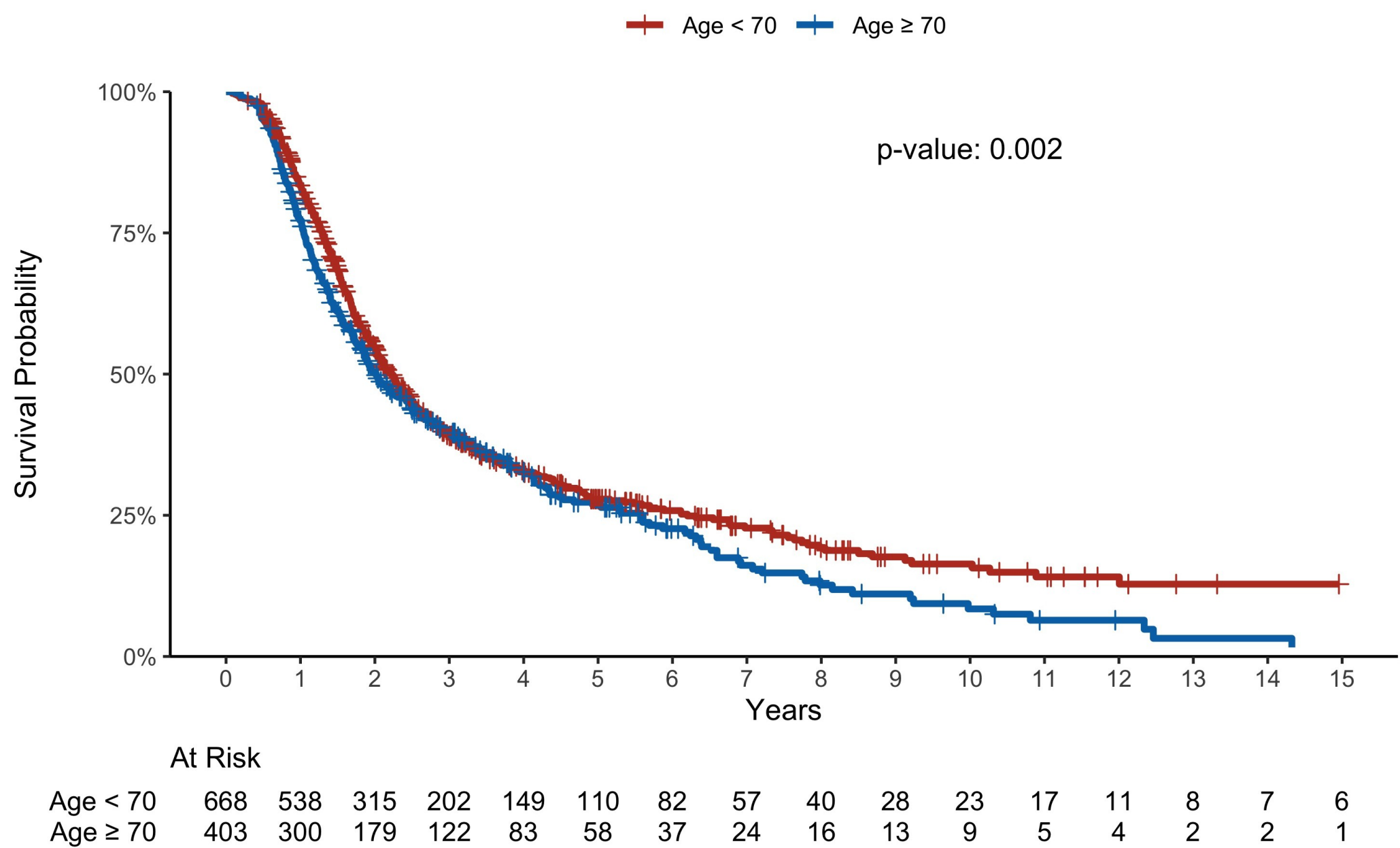
Median follow-up: 5.55 years (5.84 <70, 5.31 ≥70)

Multivariable predictors of OS



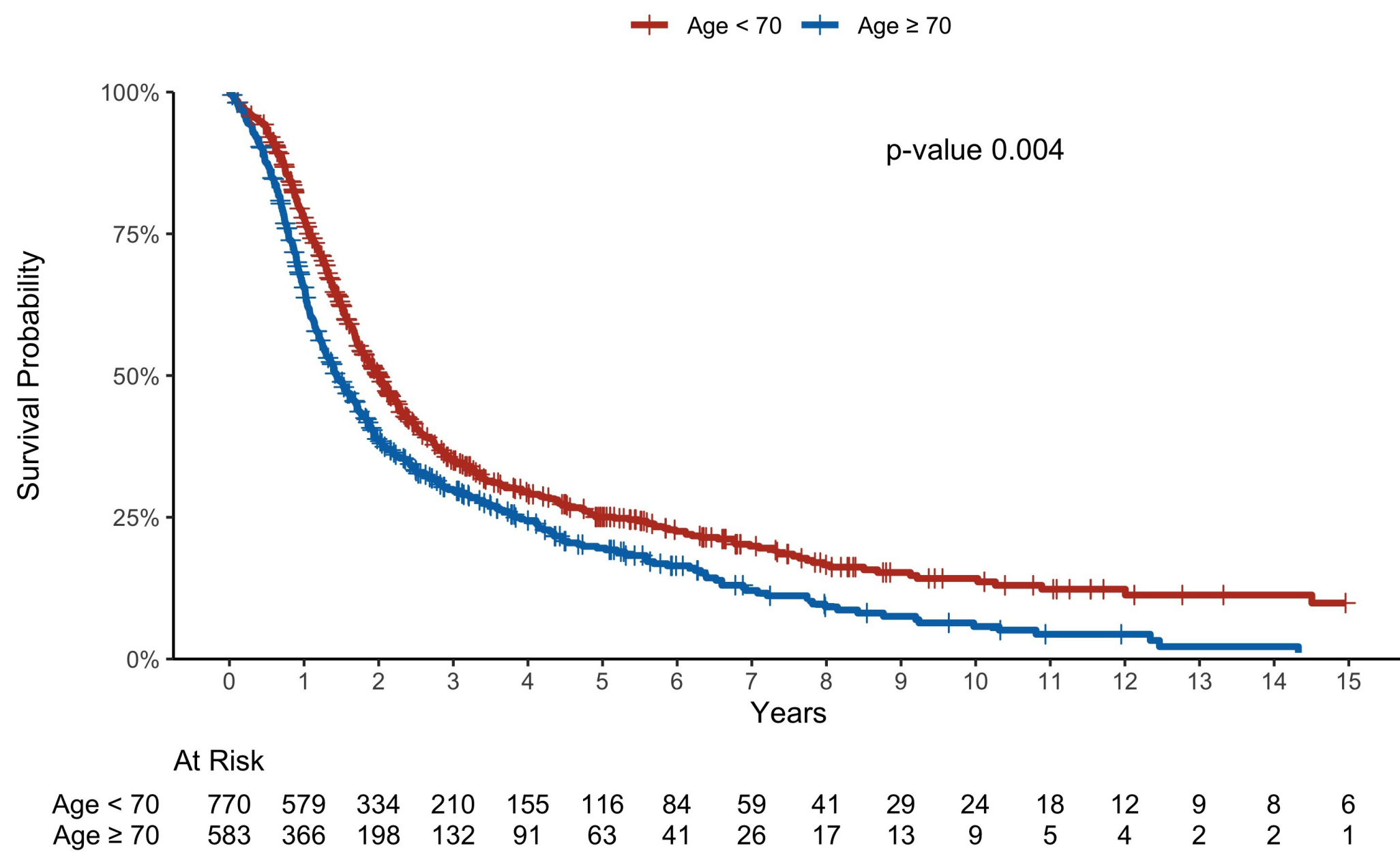
Curative-intent patients

Median OS 2.23 vs 2.02 y · log-rank p=0.002



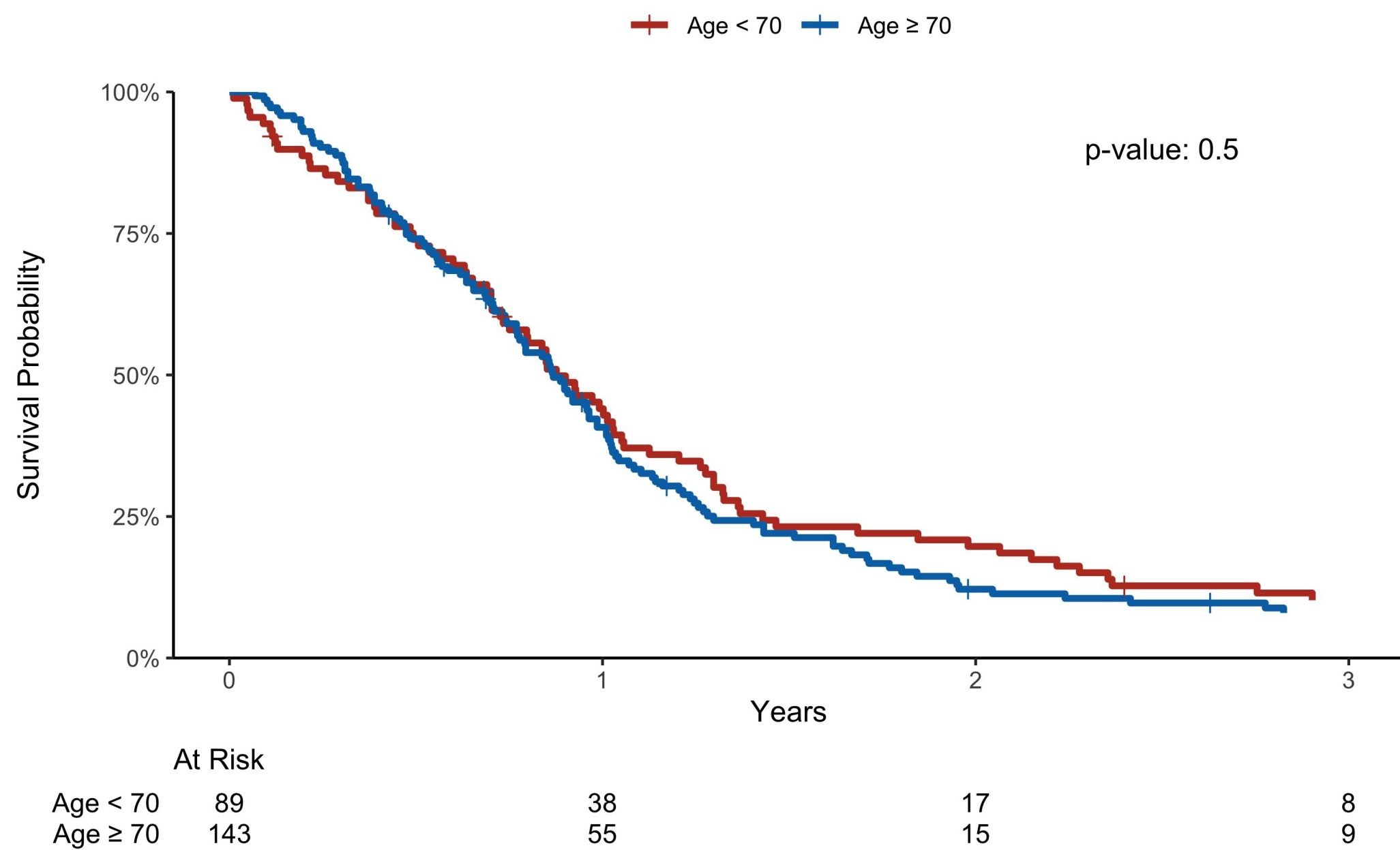
All patients

Median OS 2.00 vs 1.43 y (<70 vs ≥70) · log-rank p=0.004



Palliative-intent patients

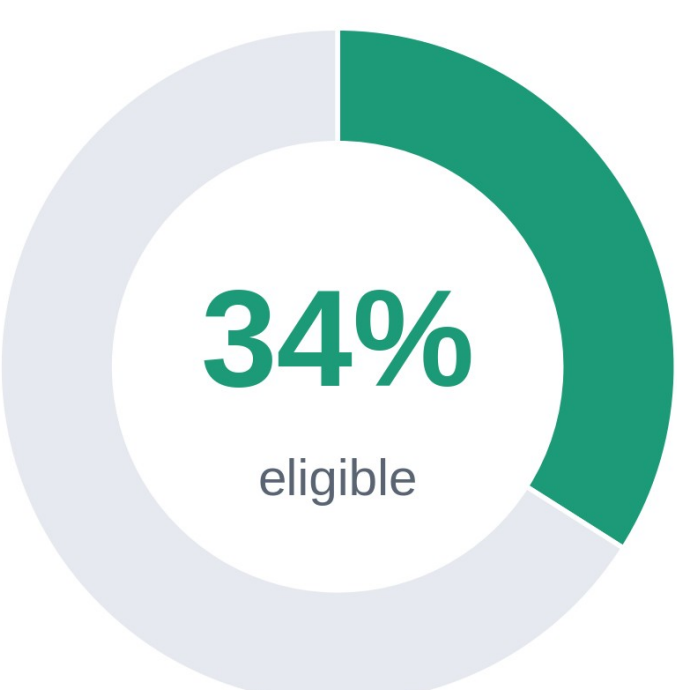
Median OS 0.88 vs 0.86 y · log-rank p=0.5



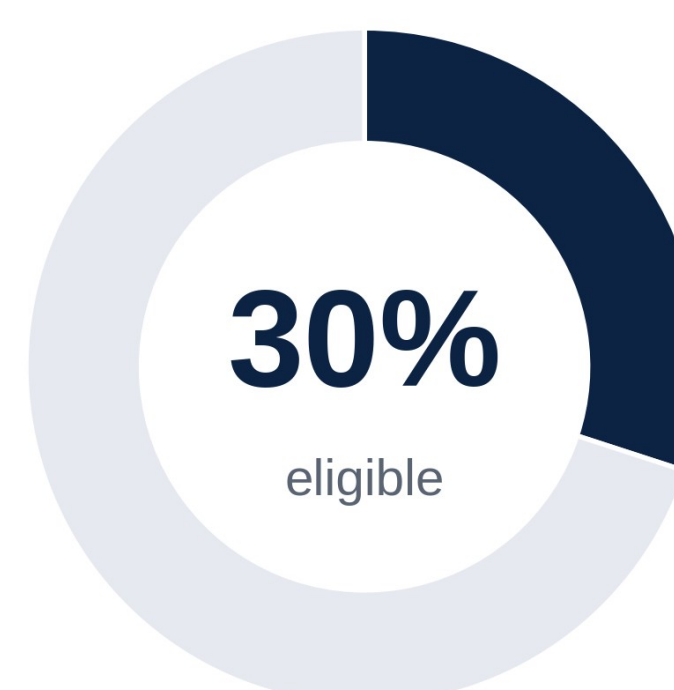
ADRIATIC trial eligibility

Met eligibility: 197/583 (34%) vs 100/329 (30%), p=0.3

Younger (<70 yrs)



Older (≥70 yrs)



Eligible for consolidation immunotherapy, among CRT patients (p=0.3)

Reasons for ineligibility, %

Reason	<70 (n=583)	≥70 (n=329)	p
RT <60 Gy, once daily	302 (52%)	181 (55%)	0.4
<3 chemotherapy cycles	20 (3.5%)	22 (6.7%)	0.025
RT started after cycle 2	195 (33%)	111 (34%)	>0.9
Prog/death ≤42 d of CRT	51 (8.7%)	26 (7.9%)	0.6
Eligibility not assessable (missing data)	4 (0.7%)	1 (0.3%)	

Patients may have >1 reason (not mutually exclusive).

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