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Abstract:  In locally advanced NSCLC, RT/CHT can be used in fit elderly patients. In cases in which CHT is prohibitive, RT can be used alone. Advanced IIIB stage may be treated with palliative RT or CHT, each given alone. In metastatic NSCLC, platinum-containing regimens are feasible when elderly patients have good renal/cardiac function, but a third-generation drug may be a viable option, the choice depending on its toxicity profile. Short-course, palliative RT given in addition to CHT may play an important role in the treatment of symptomatic intra- and extrathoracic disease. Many questions concerning the optimal treatment for elderly patients with NSCLC remain unanswered and more trials designed for the elderly are urgently needed in the future.

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