RESULTS OF TREATMENT OF LOCALLY ADVANCED GASTRIC CANCER IN THE ELDERLY PATIENT

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Background: Gastric cancer is the five most frequent cancer in Spain with its incidence in the elderly patient increasing as a result of increased life expectancy. This present study tried to determine the role of age on outcomes of surgical treatment for locally advanced gastric cancer in our Centre.

Methods: The study reviewed 360 patients who underwent gastrectomy for locally advanced gastric adenocarcinoma in our department. The clinicopathological features of elderly patients (>75 years, n= 106) and younger patients (≤ 75 years, n= 254) were compared. Stage II is established in 117 (32.5%) patients, stage III in 243 (67.5%). Radical curative surgery was performed in 262 (75.5%) patients, palliative resection in 85 (24.5%). From them, total gastrectomy was performed in 170 (47.2%) and subtotal gastrectomy in 180 (52.8%), with a curative intention in 262 (75%) patients. Combined operations were performed in 69 (18.2%) patients. Statistical univariant comparison were made using Chi squared test, “t” test and U Mann-Whitney test. Multivariate analysis with Cox multiple logistic regression.

Results: Distinct characteristics of elderly patients included less frequent underlying disease, deeper invasion and lymph node metastasis, and more frequent distal location, subtotal gastrectomy and histological undifferentiated tumours. The postoperative morbidity rate did no significantly differ between the two groups. However, age, preoperative performance status, total gastrectomy and presence of comorbidity were independent predictors of significantly higher postoperative mortality in elderly group. The extent of gastric resection and combined resection were closely related to postoperative complications and mortality in patients with non-curative gastrectomy.

Conclusion: Analysis the direct results of surgical treatment of elderly gastric cancer patients shows that, age is not a limiting factor for performing curative surgery. However, the risk of postoperative morbimortality should be considered carefully in total gastrectomy, combined and palliative resection in patients with a comorbidity and ASA score ≥3.