GASTRIC CANCER IN PATIENTS \geq **75 YEARS**

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Abstract: The aim of this study was to clarify whether gastric cancer in elderly patients warrants surgical resection of 300 patients with laparotomy for gastric cancer, 33 were older and 267 were younger than 75 years (control group). Mortality, morbidity, clinico-pathological features, and survival were compared between the two groups. There were no significant differences in mortality, 5 – year survival rate and morbidity between the two groups (elderly 2,9%, 36, 1% and respectively : control 0,7%, 24, 6%). Death from other diseases was 38,5% in the elderly group, and 9,1% in the control group. Conclusions: Gastric cancer in elderly patients warrants surgical resection, the benefits in early and long-term outcomes are the same as for younger patients.

Cuvinte cheie: cancre gastric, laparotomie, pacienți vârstnici **Rezumat:** Scopul studiului actual a fost să clarifice, dacă rezecția chirurgicală la pacienții vârstnici cu cancer gastric este justificată. Din 300 de cancere gastrice laparotomizate, 33 au fost \geq 75 de ani, pe când 267 au fost mai tineri. Au fost comparate între cele două categorii mortalitatea, morbiditatea și trăsăturile clinico-patologice. Nu au fost observate diferențe semnificative în mortalitate, morbiditate și în supraviețuirea la 5 ani între cele două categorii de vârste (vârstnici: 2,9%, 36,1%, control: 0,7%, 24,6%). Mortalitatea din cauza acestor afecțiuni comorbide a fost de 38,5% la vârstnici și 9,1% la grupul control. Concluzie: La pacienții vârstnici cu cancer gastric, este justificată rezecția, întrucât beneficiul privind supraviețuirea de scurtă și lungă durată este comparabilă cu pacienții tineri.

INTRODUCTION

The number of gastric cancer patients ≥ 75 years is increasing, despite a plateau in the total number of gastric cancer patients (1, 2). Some studies have shown higher mortality and morbidity rates in older patients after gastrectomy (2, 8, 9). Remains to be clarified how many of these patients die from diseases other than gastric cancer (11, 12, 13). The resection for gastric cancer in eldelry patients is a matter of controversy (2 – 10).

THE AIM OF THE STUDY

The aim of this study was to clarify whether gastric cancer in elderly patients warrants surgical resection of 300 patients whit laparotomy for gastric cancer, 33 were older and 267 were younger than 75 years (control group).

MATERIAL AND METHOD

From January 1980 through December 2004, 300 patients (204 men and 96 women) with gastric cancer underwent laparotomy. 75 years was used as the cut – off age between groups. In the study patients 33(11%) were \geq 75 years (elderly group) and 267 (88%) were \leq 74 years (control group). Pathological data were obtained from the pathologists. Mortality was defined as death within 30 days of surgery. Overall and disease specific survival rate was calculated using Kaplan – Meier method, the independent Student's t – test was used for the differences between groups, the Log Roula test was used to evaluate differences in survival.

RESULTS

The mean age was 60, the average age of the eldelry

and control groups was 78 (range 75 - 85 years). In tabels 1 and 2 significant differences between groups were observed with regard to lymph node involvement, metastasis, lympho-vascular invasion, depth of invasion, surgical method, histologicaly differentiation.

Elderly group (33)		Control group (267)	р
Operative method			
Total gastrectomy	12 (36,8%)	109 (41%)	0,
Subtotal gastrectomy 17 (52%)		151(56%)	11
Other resection	3 (5%)	2 (1%)	
Bypass or exploration 1 (2%)		1 (0,7%)	
Comorbidity:			
NO	20 (61%)	211 (76%)	0,
YES	12 (38%)	57 (23%)	07
Cardiovasculary	4	27	
Respiratory	1	7	
Diabetes mellitus	3	8	
Others	4	15	

Table no. 1. Clinical features of the study group

The morbidity rate was 36% in the elderly group and 24% in the control group, and the postoperative death within 30 days 2,9%, respectively 0,7%. The most common cause of morbidity in the elderly group was pneumonia (16%), the surgical in situ infection was the most important cause in the control group.

One patient died 15 days after operation because of progresive gastric carcinoma. Two patients in the control lot: one of progresive gastric carcinoma and one of myocardial infarction. In the study population, in elderly group 61,5% death

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from gastric cancer complication (peritoneal and liver metastasis, local recurrence), 38,0% death from other disease, and in control group 90% death from gastric cancer complications, 9,0% from other disease.

Table no. 2. Histopatological features of the study population

Elderly group (≥ 75 years)		Control group	р
no = 3	33	no = 267	
Stage:			
IA	1 (3,3%)	2 (0,7%)	
IB	2 (6,6%)	6 (2,2%)	
II	5 (13,9%)	46 (17,2%)	
IIIA	11 (36%)	113 (43%)	
IIIB	9 (27%)	70 (21,9%)	
IV	5 (13,9%)	40 (16,1%)	
Topography:			
Proximal	7 (22%)	45 (16,8%)	0,1
Middle lower	8 (25%)	92 (34,4%)	
Lower	15 (47%)	107 (40,0%)	
Difuse	3 (5,5%)	23 (8,6%)	
Depth of invasion:			
Early (pT_1)	1 (3,3%)	1 (2,6%)	
Advanced (pT _{2,3,4})	32 (96%)	266 (97%)	
Differentation:			
Differentiated	19 (60%)	140 (52,4%)	
Undifferentiated	14 (40%)	137 (47,5%)	
Lymph node metas	tasis:		
Positive	29 (90%)	245 (91,7%)	
Negative	4 (10%)	22 (8,2%)	
Distant metastasis -			
Positive	6 (20%)	43 (16,1%)	
Negative	27 (80%)	224 (83,8%)	
Distant metastasis -	Liver:		
Positive	4 (13%)	34 (12,7%)	
Negative	29 (87%)	233 (87,2%)	

DISCUSSIONS

There is a perception that gastric cancer in older patients is more agressive and advaced compared with in younger patients (2 - 8 - 14). Havazaki (8) reported that patients \geq 80 years, had more advanced disease (60% versus 28% in younger patients) and larger tumors. In our study the rate of early gastric cancer is low (3,5% respectively 2,6%), but was not statistically different. The japanese publications show that elderly patients do not present with more advanced disease and aggresive tumor biology (2, 9, 17). The mortality and morbidity rates of the elderly group was 2,9% and 3,6% respectively whereas for the control group, they were 0,7% and 24% respectively. These results show that age alone should not be considered a reason for not pursuing surgery for elderly gastric cancer patients. This study compared the surgical outcomes of patients \geq 75 years of age with those of younger patients. The overal 5 years survival rate is significantly lower, whereas deaths from comorbidity is significantly higher among elderly patients. In general, the prognosis it's worse in elderly cancer patients, because of the mortality resulting from comorbidity. Past literature has reported that deaths caused by other diseases where 34% to 37% of deaths were among elderly patiens (2, 17). On our series 38% of the deaths in elderly patents was caused by other diseases. This one is the reason for the poor prognosis in elderly patients with gastric cancer. The mortality rates of older patients (≥ 75 years) it's bigger after extended lymphadenectomy than those with limited surgery (14, 18).

CONCLUSIONS

In the present study elderly patients did not present with more aggressive and advanced carcinoma of the stomach. The poor prognosis was shown to be the high incidence of other diseases seen as comorbidities. In our opinion, elderly patients are warranted the surgical resection because the benefit is the survival.

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