BMC Geriatrics

Meeting abstract

The role of surgery for colorectal cancer in octogenarians

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from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, **9**(Suppl 1):A75 doi:10.1186/1471-2318-9-S1-A75

This abstract is available from: http://www.biomedcentral.com/1471-2318/9/S1/A75

Introduction

Colorectal cancer (CRC) is the third most common cancer for both sexes; prognosis of CRC is strictly related with stage. Previous studies have suggested that elderly patients do not fare well after surgery for CRC, with high rates of emergency presentations, inoperability and perioperative mortality and decreased overall survival. Recent reports, however, have recommended applying the standard surgical approach in the elderly. The aim of our study was to assess the characteristics and perioperative morbidity and mortality in patients following CRC surgery and to analyse the specific outcomes in the elderly.

Methods

From July 2003 to December 2007 we retrospectively analyzed 499 consecutive patients who underwent surgery for CRC at our Institution. Risk factors included sex, age, cancer localization, Dukes' and TNM classification, blood transfusion, and mode of presentation. Primary outcome was perioperative death.

Results

The study consisted of 268 men and 231 women with a mean age of 77.4 years. 248 patients (57%) were more than 75 years of age. The latter had tumors that were predominantly right-sided in location with a high incidence of advanced Dukes' stage tumors. Moreover, larger number of these elderly patients presents as emergencies (10.5% Vs 4.6%). We have registered a preoperative mortality score of 1.9% in elective procedures and 15% in emergencies with differences among the age groups (p = Not Significant).

Discussion

Historically, it was suggested that elderly patients do not fare well after surgery for colorectal cancer. Recent report, however, have recommended a standard surgical approach for this group of patients. Our data strongly suggest an important role in perioperative resuscitation, fluid balance and osmolality avoiding dehydration and intestinal ischemia. The analysis of the literature reveals that a large proportion of elderly patients survive for 5 years or more following CRC resection. The results of our study support the view that elective CRC resection in the elderly population is worthwhile and should be performed for the same indications as younger patients. Resection should still be the first choice of treatment for elderly CRC patients. Our study renews this statement showing, in elective procedure, no perioperative mortality in under 75 s and a value of 3.1% in over 75 s. Resectional surgery in elderly patients is justified because it has been shown that old age per se is not an independent prognostic factor for surgery, although it is a significant factor for short-term morbidity and survival as we have reported.