

Meeting abstract

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To deny or not to deny surgical resection for pancreatic cancer to elderly patients?

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Background

Population over 65 years old represents the fastest growing group of overall population. Considering that almost 70% of pancreatic cancer patients are over 65 years old, therefore an increasing number of elderly patients should be considered for pancreatic resective surgery. The aim of our study is to compare the outcome after pancreatic resective surgery for cancer between young (under 70 years) and old (over 70 years) patients.

Materials and methods

We reviewed the clinical records of all the patients that underwent radical surgery for pancreatic ductal adenocarcinoma in the period from January 2001 to December 2007 in our department. We collected 66 patients, divided into two groups according to age under 70 (group A) or over 70 years old (group B). For both group we analyzed tumour stage, ASA score, hospital stay length, postoperative morbidities and mortality, overall survival.

Results

Group A is composed by 38 patients (21 male, 17 female, mean age 56.1 ± 8.7 years) and group B by 28 patients (14 males, 14 female, mean age 76.9 ± 3.5 years). The two groups are comparable in terms of surgical procedure and tumor stage; group B patients show a higher ASA score level ($p = 0.001$ vs Group A). There is no significant difference between Group A and B in mortality rate (2.6% vs 3.6%), postoperative morbidity (60.5% vs 57.2%), hospi-

tal stay length (20.8 ± 13.9 vs 18.5 ± 9.1 days) and median overall survival (27.7 vs 15, 9 months, $p = 0.08$).

Conclusion

This study shows that there is no significant difference in morbidity, mortality and hospital stay length between young patients and old patients, after pancreatic resective surgery for cancer. Although ASA score is higher in old patients, this factor seems not to affect the short-term outcome of these patients. The median overall survival of old patients leans towards being less than young patients (15.9 vs 27.7 months), however, without significant statistical difference. Probably this shortened survival can be explained by a less aggressive chemo-radiotherapy adjuvant treatment that old patients receive. In conclusion, according to literature, age should not be considered a contraindication to pancreatic resection surgery for cancer. Furthermore to elderly patients should be offered the same surgical and adjuvant treatment options as to young patients, taking into consideration preoperative comorbidities.