

Meeting abstract

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Is age a limit for surgical treatment of gastric cancer?

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Aim of the study

The incidence of the gastric cancer is 23% of all the tumours in Europe, and increases with progressing by age with a prevalence of 140 by 100,000/year for the subjects with more than 75 years. To the light of this consideration we analysed retrospectively the results obtained with the surgical therapy of the gastric cancer in the elderly patient.

Materials and methods

From 1989 to 2007, 291 consecutive patients underwent surgical resection with curative (R0) intent. We have collected and analysed data concerning the characteristics of the patients, type of surgical treatment and the tumour itself. Data processing was performed using SPSS 13.0 for Windows Evaluation Version (SPSS Inc., Chicago, IL, USA).

Results

Mean age was 65.7 years (± 11.22). Patients were divided into 2 groups: ≤ 70 years ("young") and > 71 years ("elders"). The first group included 177 patients (60.8%), and the second 114 (39.2%). ASA score has been expressed in all the cases: 81.9% of the young patients had ASA 1–2, while 96.5% of the elderly patients had an ASA between 2 and 3 ($p < 0.0001$). Other significant difference has been the higher tumoral infiltration level (T) in the group of young patients ($p = 0.035$). As regards the lymphonode involvement we have considered the Lymphonode ratio (LR). The observed values have been assembled in three categories: 0%, 1–30% and $> 31\%$. In young peo-

ple we have respectively observed for the three categories a rate of 40.1%, 33.3% and 26.6%, while in the elders 53.3%, 28.1% and 18.4% (N.S). However, taking into consideration the stage of the tumor, a tendency emerged in young people to show a more advanced stage with respect to the elderly patients ($p = 0.026$). The evaluation of the histological type according to Lauren has highlighted the presence of the diffuse pattern in 54.2% of young people with respect to the 36.0% of the elders ($p = 0.002$). Post-operative morbidity, divided into those of infectious type (abscesses, peritonitis, sepsis), cardio-respiratory and techniques (anastomotic leak) have respectively, in young and elders group, of 5.1% and 7.9% (infectious); ($p = ns$), cardio-respiratory of 6.2% and 19.3% ($p = 0.001$), anastomotic leak of 2.3% and 5.3% ($p = ns$). Actuarial survival at 1 and 5 years has been respectively 84.7% and 44% in the young group, and 72.8% and 31.6% in the elderly ($p = 0.002$), (Figure 1). But these differences disappear comparing survival and the ASA score between groups (Figures 2, 3).

The rate of tumor relapse has been of 41.2% in young people and 28.9% ($p = 0.033$) in the elders. At the multivariate analysis stage of the disease and the ASA score resulted negative prognostic factors for young patients, while LR, ASA score and anastomotic leak in the elders group.

Conclusion

Age is not a factor limiting surgical therapy for patients affected by gastric cancer. Patients over 70 benefit from

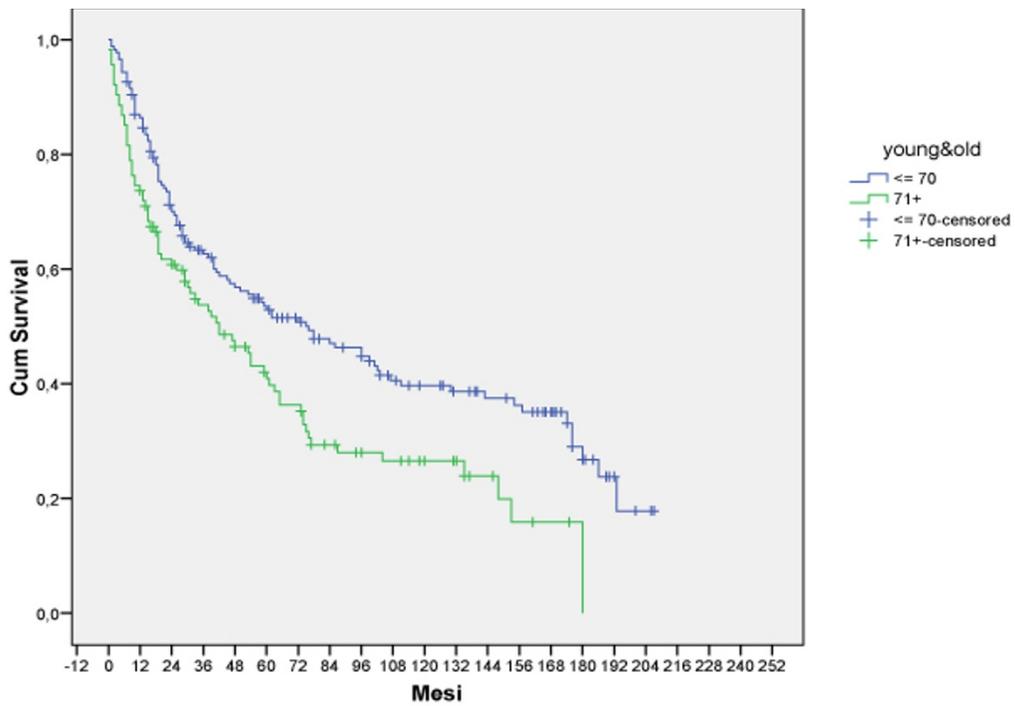


Figure 1
Actuarial survival (Kaplan-Meier).

gastrectomy and/or gastric resection in terms of disease-free survival with an outcome comparable to the young

patients. Particular attention must be placed to rule out and correct invalidating systemic pathologies.

ASA = 2

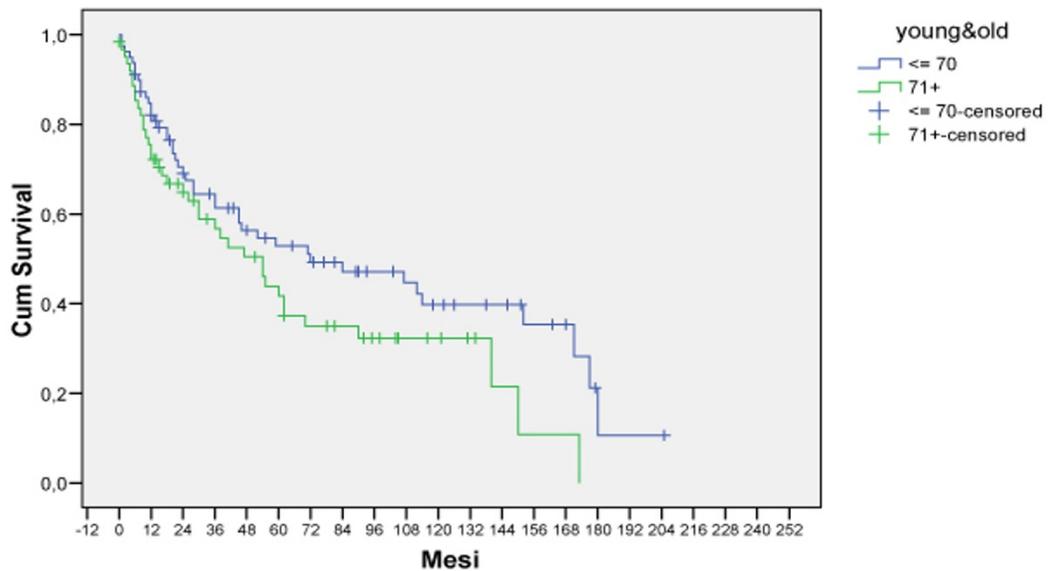


Figure 2

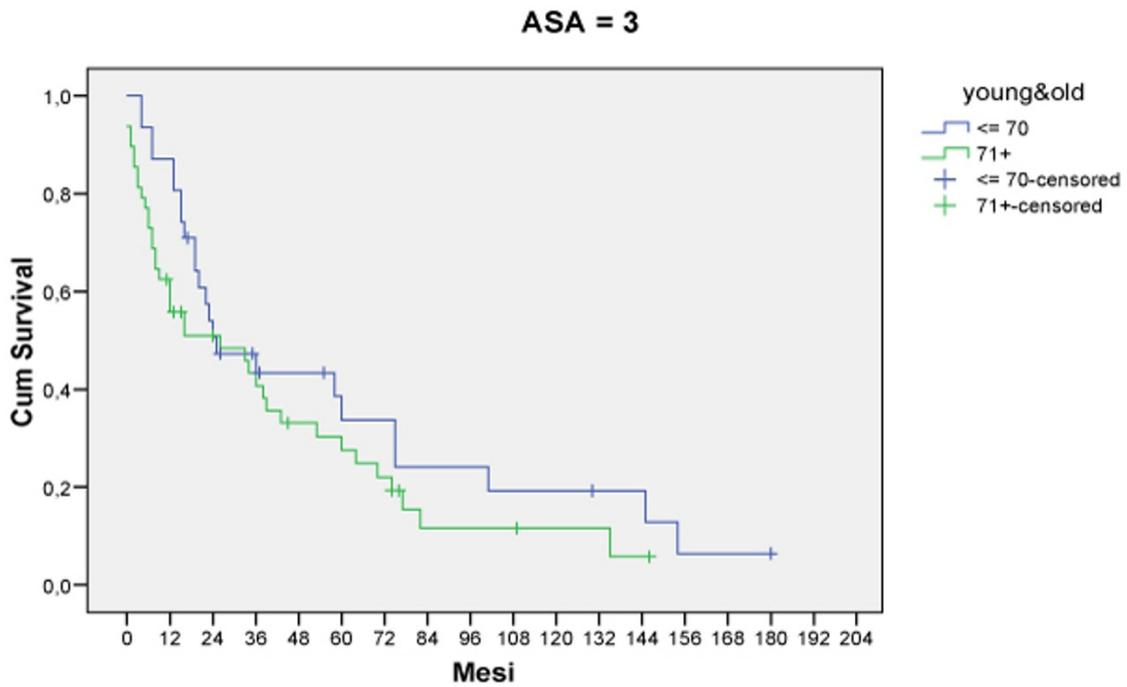


Figure 3

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