

Meeting abstract

Open Access

Prognostic factors of gastric cancer in the elderly

Raffaele Lanteri, Marco Santangelo, Maria D'Angelo, Santo Carnazzo, Antonio Di Cataldo and Antonio Licata*

Address: Dipartimento di Scienze Chirurgiche, Trapianti d'Organo e Tecnologie Avanzate, University of Catania, Italy

* Corresponding author

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):A54 doi:10.1186/1471-2318-9-S1-A54

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A54>

© 2009 Lanteri et al; licensee BioMed Central Ltd.

Background

The aim of this study is to analyse if old age could be a prognostic factor and define what is the gold standard for elderly patients with gastric cancer.

Patients and methods

The definition of old age is still controversial. Traditionally the elderly population has been demographically defined as persons exceeding 65 years of age. Most authors divide patients age into young old (65–74 years old), older old (75–84 years old) and oldest old (85 and above).

In the Department of Surgical Science, Organ Transplantation and Advanced Technology from 1989 to 2002, 103 patients aged >70 years were observed for gastric cancer. Of these, 79 underwent potentially curative gastric resection. The surgical treatment was defined potentially curative in case of complete removal of disease with resection margin free of lesion.

Macroscopic and microscopic classification of gastric cancer was assessed by applying the guidelines of Japanese Society for Gastric Cancer and W.H.O. and Lauren classification. The patients were divided in two groups: group 1: over 70 years old and group 2: less than 70 years old.

Hypertension, heart disease and malnutrition were found to be the most frequently comorbidities. In our series the most common localization of the cancer was in the lower third (43.7%). So we performed total gastrectomy in 45 patients (56.9%) and partial gastrectomy in 34 patients

(42.1%). Perigastric lymphadenectomy was performed in 38 patients (48.6%) while D2 gastrectomy was performed in 41 patients (51.4%).

Twenty-three additional operative procedures were performed during gastric resection. Six patients had cholecystectomy for cholelithiasis, 16 patients had splenectomy for large greater curvature tumour and 2 for intraoperative iatrogenic lesion.

Results

Postoperative complications appeared in 5 patients and discharge of patients happened in 11 days after surgery (range 8–25). Thirty days mortality rate was 1.2% (1 patient). Five years survival in our patients was 37.9% (30/79 patients) which is similar to that reported in other series of younger patients.

Conclusion

In our study depth of invasion and nodal involvement demonstrated to be independent prognostic factors in gastric cancer while age could not be a contraindications for potentially curative resection of gastric cancer.