

Meeting abstract

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Colo-rectal cancer (CRC) in elderly patient: anagraphical age as not a determinant key for a radical surgery

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Purpose

To determine whether the biological age of the patient and ASA score are discriminatory for a radical surgical approach in colo-rectal cancer.

Materials and methods

Monocentric and mono-surgeon case record about 135 patients undergoing surgery for CRC between June 2004 and April 2008. Patients were divided into two groups (see Table 1):

(A: <70 years, n = 44, ♂ = ♀ = 17; B: ≥ 70 years, n = 91, ♂ and ♀ = 49 = 42) comparing clinical, surgical and pathological data.

We examined and compared range of age and average age, ASA score, the average time of hospitalization, the post-operative complications (major and minor), mortality at 30 days and during the follow-up (in progress).

Results

The average age of group A is 59.6 years (range 41–69); for Group B it is 78.6 years (range 70–96).

Oncological radicality was achieved in 41 (93%) and 76 (83%) patients respectively in groups A and B;

ASA score was distributed in this way in Group A: I = 2, II = 40, III = 2 and IV = 1, so in Group B: I = 1, II = 23, III and IV = 54 = 13.

The average time of hospitalization was of 11.7 days (range 4–24 days) in Group A and 10.16 days (range 1–29 days) in Group B.

The post-operative complications were divided into major (4 in group A -9.1%-, 10 in group B -10.9%-) and minor

(2 in group A -4.5%-, 7 in group B -7.6%-):

Group A: major: *acute myocardial* infarction (AMI) (ASA IV), small-bowel obstruction (SBO) (ASA II),

hemoperitoneum (ASA I), fistula (ASA III)

minor: uroseptic fever (ASA I and ASA II)

Group B: major: AMI (ASA III–IV), SBO (ASA II), *hemoperitoneum* (ASA II–IV), fistula (ASA II–III)

pulmonary embolism (PE) (ASA III), transient ischemic attack (TIA) (ASA III), Acute *renal failure*

(ARF) IR (ASA IV)

minor: wound infections (3 ASA III, 2 ASA IV), *Pulmonary densification*(ASA III–IV)

The mortality during the first 30 days after surgery was of 1 patient (2.3%) in group A, and 4 patients (4.3%) in group B:

Table 1:

	Group A	Group B
Right hemicolectomy	11	39
Resection of transverse colon	2	
Left hemicolectomy	2	7
Sigma resection	8	9
Anterior resection of the rectum	16	16
	(2 ileostomies)	(4 ileostomies)
Colostomy		4
Hartmann resection	1	8
Total colectomy	4	5
Explorative laparotomy		3
Synchronous right hepatectomy	2	
Synchronous hepatic resection	4	2

Group A: ASA III, Dukes D, right hemicolectomy in patient with bowel obstruction (cachexia)

Group B: ASA III Dukes D, Hartmann resection in bleeding rectal cancer (AMI)

ASA IV Dukes C2, colostomy in sigma obstructing cancer (cachexia)

ASA IV Dukes D, cecostomy in left obstructing colon cancer (cachexia)

ASA IV Dukes D, sigma resection (AMI)

Conclusion

Not age, but the physical condition (ASA score) and the patient's biological age, meaning co-morbidity, are the factors conditioning the choice of a surgical approach with radical intent. The stage of the disease significantly influence survival rates.

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