

Meeting abstract

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Gastric cancer in elderly: clinico-pathological features and surgical treatment

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Aim of the study

In the last decade, medical progress has prolonged the average age of human life. For this reason the surgical treatment of elderly patients with gastric cancer is becoming more frequent. The aim of this study was to analyze clinical and pathological features of gastric carcinoma in patients 70 and older with particular attention to the surgical treatment.

Materials and methods

All patients who received a gastrectomy for adenocarcinoma in our surgical department since January 1998 to December 2002 were admitted to the study. Inclusion criteria were: a) Curative resection (R0); b)no metastases before surgery; c)no other primitive neoplasms; d)consensus of the patient for a follow-up of 5 years. Patients were divided into two groups for age: cut-off has been considered for 70 years old.

Results

57 patients were admitted to the study: 41 were <70 years (range 37–70) and 16 patients were older (range 70–80).

In the group of patients ≥ 70 years old gastric cancer was more frequent in male patients with a M/F ratio of 2.2 versus 1.05 in the younger group.

Some other important differences were observed in the gastric distribution of the neoplasia: <70 years old group there was a prevalent localization at the corpus (46.3% vs

18.7%); ≥ 70 years old group there was a greater prevalence of antral localizations (62.6% vs 39.1%). This pattern of distribution can explain the different surgical approach: in fact <70 years old group there was a greater number of total gastrectomies (63.4% vs 38%); instead in the ≥ 70 years old group there was a greater number of subtotal gastrectomies (62% vs 36.6%).

In older patient after total gastrectomy has been usually confectioned an omega anastomosis between esophagus and jejunum for the reduction of surgical and anesthesiological time.

The group of patients aged 70 and older presented more comorbidities (81% vs 58.5%), but tumor-related deaths in the two groups were similar (61% vs 62%).

In the ≥ 70 years old group there was a greater incidence of diffuse gastric cancer (44.8% vs 34.2%) with a greater neoplastic recurrence in this group (56.2% vs 44%). Different is also the recurrence pattern: <70 years old group there were more frequent locoregional recurrences (27% vs 12.5%); ≥ 70 years old group there was a greater incidence of peritoneal (25% vs 2%) and hematogenous (18.7% vs 15%) recurrence.

No differences between the two groups were noted about the preoperative stadiation, but in the ≥ 70 years old group there is a lower incidence of stage I (12.5% vs 21.6%) neo-

plasms. Elsewhere no differences between the two groups were noted about the endoscopical Borrmann type.

Conclusion

Gastric cancer presents evident clinico-pathological differences in the patient aged 70 and older: higher M/F ratio, more frequent antral localization and greater incidence of peritoneal and hematogenous recurrence. In addition, older patients often present more comorbidities and more pharmacological therapies.

This is the reason why surgical approach should be modulated on the basis of the individual risk: age is not a contraindication for curative surgery as in our study tumor-related death is not different between the two groups. In addition, older patients usually have a reduced functional reserve, so a subtotal gastrectomy often results the best surgical approach for the greater incidence of antral tumors and the better quality of life for the presence of part of the stomach.

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