

CURATIVE SURGERY FOR GASTRIC CANCER IN THE ELDERLY: TREATMENT DECISIONS, SURGICAL MORBIDITY, MORTALITY, PROGNOSIS AND QUALITY OF LIFE

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Aims and background: Surgical risk is deemed to be higher in the aged population because there are often comorbidities that may affect the postoperative result. This consideration is important for the treatment decision-making for gastric cancer in the elderly. The aim of this study was to identify factors influencing mortality, morbidity, survival and quality of life after curative surgery for gastric cancer in patients aged 75 years and older, and to plan their appropriate management.

Methods and study design: From January 1993 to December 2004, 135 patients underwent surgery at our department because of gastric cancer. Ninety-four of these patients (69.6%) underwent potentially curative gastrectomy. A cross-sectional study of 23 patients aged 75 years and older and 71 younger patients who underwent curative gastrectomy was carried out: patient characteristics, tumor characteristics, management, morbidity, mortality, survival, and quality of life were evaluated.

Results: Elderly patients had significantly more comorbidities and a poorer nutritional status than younger patients. The

surgical procedures were similar in both groups and the overall morbidity rate was 27.9% and the overall mortality rate 8.5%. Medical mortality was significantly higher in elderly patients, and the presence of comorbidities was the only independent factor affecting mortality. The 5-year survival rate was 56.2% in the older group *versus* 62.1% in the younger group and tumor stage was the only prognostic factor influencing survival. Quality of life after surgery was similar in both groups. The significantly better postoperative functional outcome after subtotal gastrectomy suggested a better compliance of elderly patients with subtotal than total gastrectomy.

Conclusions: In the elderly, surgical strategies must be modulated on the basis of comorbidities, tumor stage and future quality of life. Since elderly patients have no worse prognosis than younger patients, age is not a contraindication to curative resection for gastric cancer. Subtotal gastrectomy should be the procedure of choice mainly in elderly patients as it offers better quality of life.

Key words: elderly, gastric carcinoma, quality of life, surgery, survival.

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