

MEETING ABSTRACT

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Role of lymph nodal dissection for gastric cancer in the elderly

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Background

Surgeons are being increasingly asked to treat older patients with gastric cancer due to longer life expectancy. D2 lymph node dissection is considered a standard procedure [1]. However, there is no consensus on the extent of lymphadenectomy in the elderly [2]. The aim of this study was to investigate the safety and the efficacy of D2 lymph node dissection in patients aged 75 or over, compared to younger ones.

Materials and methods

Among 183 patients with gastric carcinoma treated from 1994 to 2006, 47 (25,7%) were over 75 years old. All patients received a curative resection. Data from clinical records were collected and analyzed with MedCalc™.

Results

Gender, stage and nodal involvement were similar between the groups. Total gastrectomy was executed more frequently in the younger group (46,3% vs 27,7%, $p=0,03$), as well as D2 nodal dissection (33% vs 17%, $p=0,01$).

Peri-operative mortality rate was similar in the two groups (3,1% vs 2,4%; $p=NS$). Post-operative surgical morbidity rate wasn't age-related, while medical complications were more frequent in the elder group (5% vs 14,5%, $p=0,05$). Surgical and medical complications were not related to D2 limphectomy ($p=NS$). Average overall survival was 73 months, 5-year survival rate was 54%. In the younger group the average survival was 77 months vs 40 months in the elderly group, and 5-year survival was 56% vs 46% ($p=0,0074$). Considering both groups, D2 Limphectomy improves survival rate compared to D1 ($p=0,0025$). This result is confirmed in younger group ($p=0,05$) but not in the elder ($p=NS$).

Conclusions

Our experience shows that D2 Nodal Dissection improves survival not increasing morbidity and mortality and is a safe procedure in experienced hands. This advantage appears to be less relevant in the elder group than in the younger one. We may suppose that pre-existing comorbidities can influence the long-term outcome in elder patients. An accurate selection of patients is mandatory to achieve the best results.

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