

Andrea Navarra¹, Iride Porcellini¹, Francesco Mongelli^{2,3}, Sotirios Georgios Popeskou¹, Fabian Grass⁴, Dimitri Christoforidis^{1,3}

(1) Department of Surgery, Lugano Regional Hospital, EOC; (2) Department of Surgery, Bellinzona e Valli Regional Hospital, EOC; (3) Università della Svizzera italiana, Lugano; (4) Department of visceral surgery, Lausanne University Hospital

INTRODUCTION

The number of elderly patients with a diagnosis of colorectal cancer (CRC) is increasing, however, surgery may not always be the best treatment option. The aim of this study was to assess postoperative morbidity and mortality, oncologic outcomes, and loss of autonomy in elderly patients undergoing colorectal surgery.

METHODS

We included all consecutive 80 years and older patients who underwent elective resection for CRC following Enhanced Recovery after Surgery (ERAS) protocol between January 2010 and May 2021. Clinical and follow-up data were retrospectively retrieved from a prospectively maintained and audited database. The primary endpoint was overall survival (OS), secondary endpoints were surgical 30-day morbidity, and the rate of return to pre-operative living conditions 3 months after surgery.

Fig. 1 Overall survival

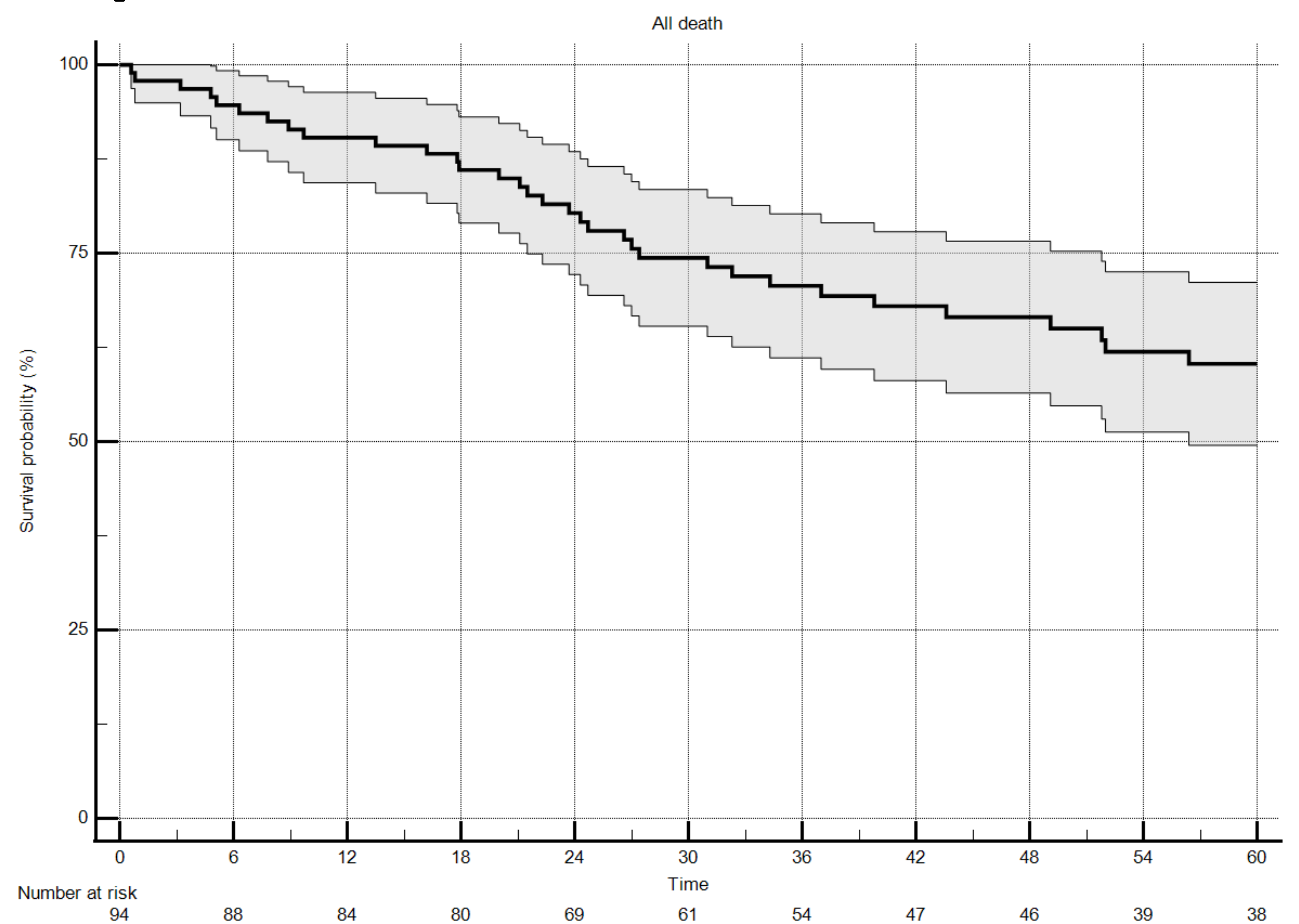
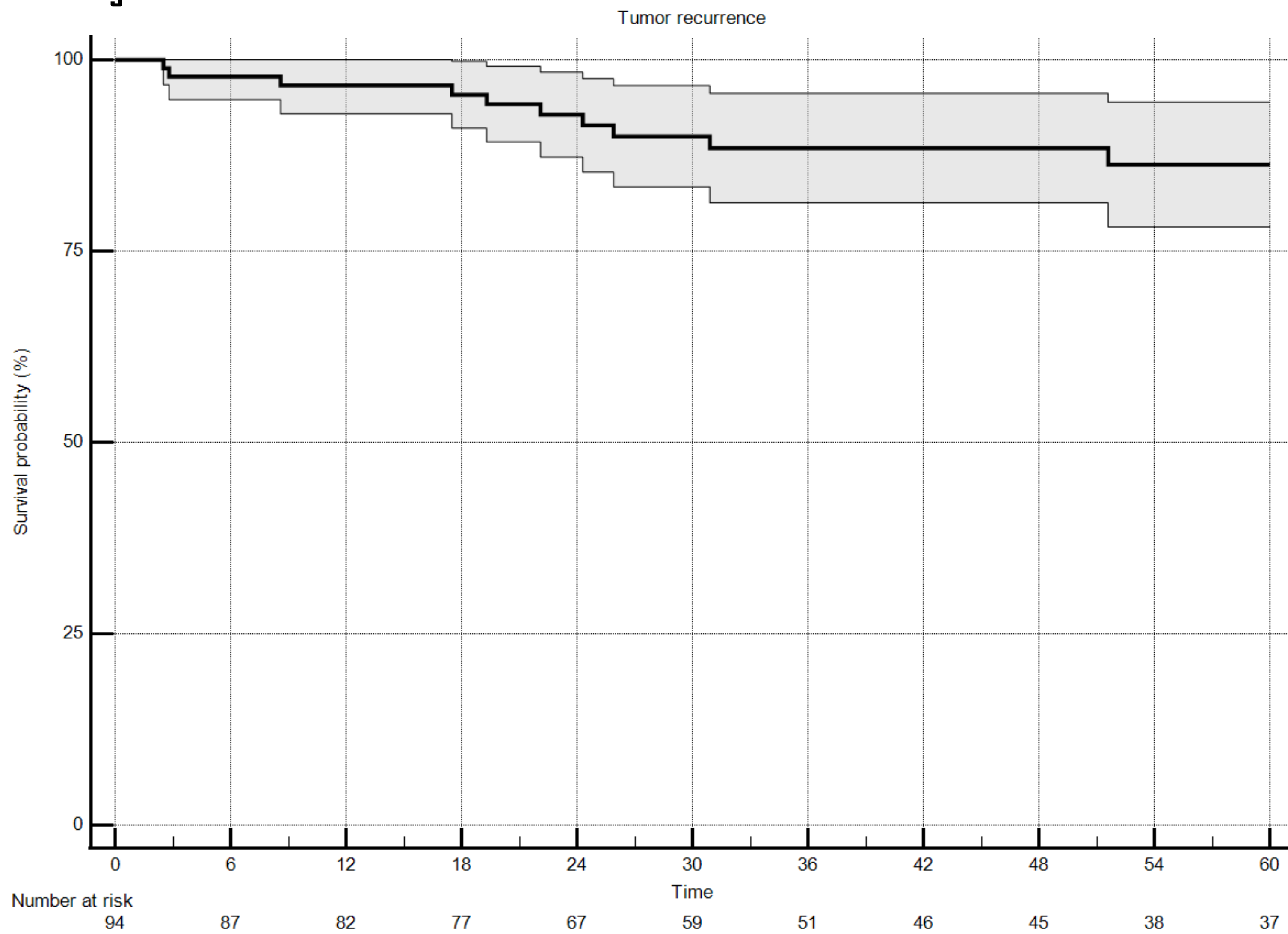


Fig. 2 Disease-free survival



RESULTS

Ninety-four patients were included. Mean (SD) age was 84.6 (3.6) years, 49 patients (52%) were female. Most patients (77.6%) were ASA score ≥ 3 . Laparoscopic resection was performed in 85 patients (90.4%), involving 69 (73.4%) colonic and 25 (26.6%) rectal resections. A stoma was constructed in 22 patients (23%) and reversed in 12 (54.5%). Twenty-two patients (23.4%) experienced a Clavien-Dindo ≥ 3 complication, and 2 patients (2.1%) died. The median length of hospital stay (LOS) was 8 (6-15) days. Sixty-six patients (70.2%) were discharged home directly and 26 (27.7%) to rehabilitation or post-acute care institutes. At three months after surgery, eighty-two patients (96.5%) returned to their pre-operative living conditions directly or after short-term rehabilitation. Mean follow-up was 53 ± 33.4 months, estimated 5-year OS was 60.3% (95%CI 49.5-71.1), and disease-free survival (DFS) was 86.3% (95%CI 78.1-94.4).

CONCLUSION

Our study suggests that elderly patients undergoing elective surgery have a very high probability to return to preoperative living conditions and excellent OS and DFS, despite significant postoperative 30-day morbidity.

FUNDING: None