Elderly Benefit From Surgery for Liver Metastases

BY FRAN LOWRY
Orlando Bureau

ORLANDO — Resection of colorectal cancer metastases in the liver was associated with good long-term survival among patients over age 70 years in an analysis based on 20 years of data from an international registry.

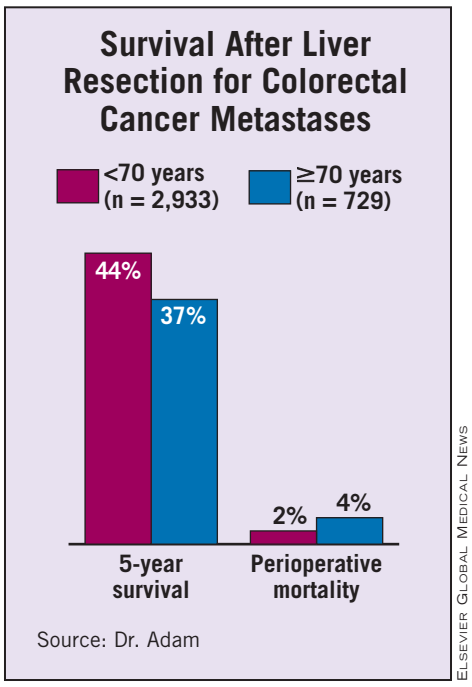
Five-year survival after surgery was 37% in a cohort of 729 patients aged 70 years and older and 44% in patients younger than 70 years. The variations in survival, however, appeared to be associated primarily with the type of disease present rather than solely attributable to patient age, according to lead author Dr. René Adam of Hôpital Paul Brousse, Villejuif, France. Further, 5-year survival rates after resection were not different between patients aged 70-75 years, 76-80 years, and 81 years or older.

Perioperative mortality was 4% in the older group and 2% in the younger group, but selecting candidates for resection based on predictive risk factors would balance some of the risks of surgery, according to Dr. Adam, who presented the data as a poster at a meeting on gastrointestinal cancers sponsored by the American Society of Clinical Oncology.

Further, given the slightly higher rate of curative hepatectomy in the elderly group, "doing liver resection in these patients is definitely worthwhile," Dr. Adam concluded.

He and his colleagues analyzed the LiverMetSurvey registry of patients undergoing surgery for colorectal liver metastases from January 1986 to July 2006. The registry prospectively collected data on 3,662 patients who had resections at 36 centers in 11 countries. Of the 729 patients who were 70 years or older, 463 were 70-75 years; 194 were 75-80 years, and 72 were 80 years or more.

The cohort of elderly patients was compared with the younger population. A multivariate analysis was performed to determine which factors were predictive of survival after resection. Tumor size exceeded 50 cm in 204 (28%) of the elderly patients, compared with 675 (23%) of younger patients. Multinodular disease (at least 3 hepatic nodules) was present in 675 (23%) of the younger patients and 80 (11%) of the older patients. Rates of concomitant extrahepatic disease were similar, 5% in the elderly group and 7% in the younger patients.



Elderly patients had a slightly higher rate of curative hepatectomy, 94%, vs. 91% for younger patients. Further, recurrent disease was less common in the elderly patients; 34% of elderly patients and 43% of the younger group had recurrent disease after a mean follow-up of 32 months.

Factors that predicted poor survival in the elderly cohort were synchronous metastases (relative risk 1.5, 95% confidence interval 1.1 to 2.0, $P = .01$); bilateral distribution (RR 1.5, 95% CI 1.1 to 2.0, $P = .01$) and extrahepatic disease (RR 2.1, 95% CI 1.2 to 3.8, $P = .009$).

Dr. Adam disclosed that he had no relevant conflicts of interest to declare. ■