

Oncological outcomes are comparable between octogenarians and younger patients after pancreatoduodenectomy for pancreatic ductal adenocarcinoma

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Background

By the end of this decade, 70% of all diagnosed pancreatic ductal adenocarcinomas (PDACs) will be in the elderly. Pancreatoduodenectomy (PD) is the only curative option, however, the benefit of curative resection in the elderly is difficult to determine from the literature. Peri-operative mortality is higher, while controversy still exists as to whether aggressive treatment offers any survival benefit. This study aimed to assess the oncological benefit of octogenarians with PDAC after PD.

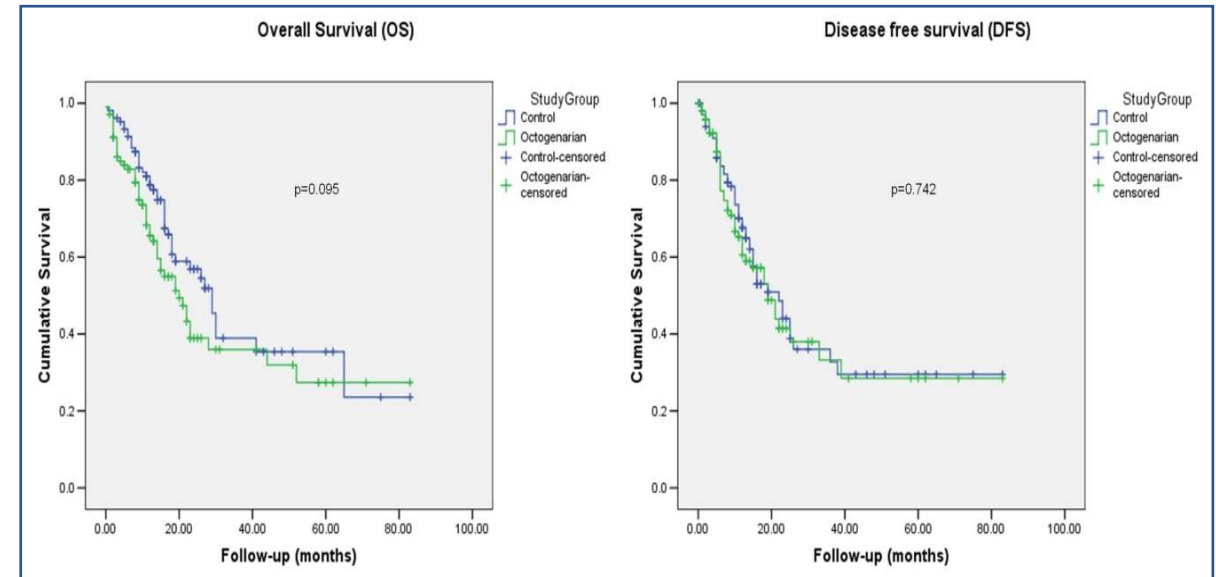
Method

A retrospective multicentre case-control study of octogenarians matched on complexity of surgery with consecutive younger controls who underwent PD for PDAC (2008 – 2017).

The primary endpoint was overall survival (OS) and secondary endpoint was disease free survival (DFS)

Results

- 220 patients were included, 110 octogenarians (age 81 (80-83)) and 110 controls (age 69 (62-74)).
- Although Charlson comorbidity index was higher in octogenarians, ECOG performance status, ASA and pathological parameters were comparable.
- Adjuvant therapy was more frequently delivered in the younger group (76% vs 58.0%, $p=0.006$).
- There was no significant difference between octogenarians and controls in OS (20 months vs 29 months, $p=0.095$) or DFS (19 months vs 22 months, $p=0.742$).
- On multivariate analysis, age was not an independent predictor of either oncological outcomes measured.



Conclusion

Octogenarians with PDAC of the head and uncinate process may benefit from comparable oncological outcomes to younger patients with surgical treatment. Due to the age- and disease-related frailty and comorbidities, careful pre-operative assessment and patient selection is of paramount importance.

