



# Emergency Surgery for Obstructive Colon Cancer in Elderly Patients: Results of a Multicentric Cohort of the French National Surgical Association

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Auteur	Manceau, Gilles [1], Mege, Diane [2], Bridoux, Valérie [3], Lakkis, Zaher [4], Venara, Aurélien [5], Voron, Thibault [6], Sielezneff, Igor [7], Karoui, Mehdi [8]
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**BACKGROUND:** Although elderly patients constitute most of the patients undergoing surgery for obstructed colon cancer, available data in the literature are very limited.

**OBJECTIVE:** The purpose of this study was to assess the management and outcomes of elderly patients treated for obstructed colon cancer.

**DESIGN:** This was a multicenter, retrospective cohort study.

**SETTINGS:** Between 2000 and 2015, 2325 patients managed for an obstructed colon cancer in member centers of the French National Surgical Association were identified. Data were collected by each center on a voluntary basis after institutional approval. Bowel obstruction was defined clinically and confirmed by imaging.

**PATIENTS:** Three age groups were defined, including patients <75 years, 75 to 84 years, and ≥85 years.

**MAIN OUTCOME MEASURES:** Postoperative and oncologic results in elderly patients with an obstructed colon cancer were measured. Relative survival was calculated as the ratio of the overall survival with the survival that would have been expected based on the corresponding general population.

**INTERVENTIONS:** A total of 302 patients (13%) underwent colonic stent insertion, and 1992 (87%) underwent surgery as emergency procedure.

**RESULTS:** A total of 2294 patients were analyzed (<75 y, n = 1200 (52%); 75-84 y, n = 650 (28%); and ≥85 y, n = 444 (20%)). Elderly patients were more likely to be women (p < 0.0001), to have proximal colon cancer (p < 0.0001), and to have a higher incidence of comorbidities (p < 0.0001). The use of colonic stent or the type of surgery was identical regardless of age. In patients with resected colon cancer, elderly patients had less stage IV disease (p < 0.0001). The absence of tumor resection (p < 0.0001) and definitive stoma rate increased with age (p < 0.0001). Postoperative mortality and morbidity were significantly higher in elderly patients (p < 0.0001), but surgical morbidity was similar across age groups (p = 0.60). Postoperative morbidity was correlated to the 6-month mortality rate in elderly (p < 0.0001). Overall and disease-free survivals were significantly lower in more elderly patients (p < 0.0001) but relative survival was not (p = 0.09).

**LIMITATIONS:** It is quite difficult to know how to interpret these data as a whole, given the inherent bias in the study population, lack of ability to stratify by performance status, and long study period duration.

**CONCLUSIONS:** Elderly patients have high morbidity with lower survival in the highest age ranges of elderly subgroups. These data should be considered when deciding on an operative approach. See Video Abstract at <http://links.lww.com/DCR/A964> [10].

Résumé en anglais

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Titre abrégé

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## Liens

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