COP 10

A. Dörner, F. Pieper, H.W. Schreiber
 Palliative treatment of the rectum carcinoma in elderly patients.

The steady increase of the colorectal carcinomas runs parallel to the higher age expectancy. If the colon is seen as an ideal case of surgical oncology, different opinions are necessary at the rectum because of damage to the fascia, multiple lymph tract, as well as the loss of the continence organs. The high death rate of old people after proctectomy through motility disturbances of the intestine, wound-healing impairments of the sacral cavity, urological complications and finally the burden of an artificial anus and the relatively slow progress of the tumor, its late vital threats as well as its good accessibility are contradictory. Recurrences offer, apparently slight therapeutic reserves: Because of these reasons, 72 patients were treated palliative. The patients were over 80 years or biologically reduced. They suffered of a carcinoma in the distal of the "Kohlrausch" fold laying colon or from a tumor relapse in this area. The therapy consists of an initial tumor shrinking with the diathermy, as well as a repeated cryogenic surgery tumor destruction. Depending in the progress of the tumor or the treatment, radiation therapy (50 Gy) was given. The mean expectancy of life was 38 month in the group of the 39 patients, who died in the meantime. Thus the survival rate of this group of patients complies with the life expectancy of their respective ages. Of 114 cryo surgical operations one perforation of the colon complicated the operative course. Generally the subjective burden caused by plegm or blood loss, incontinence and pain, clearly improved. A big advantage was the avoidance, or at least the delay of the continence loss through the artificial anus, probably one of the most depressing aspects for the patient. Thus a decent palliation may increase the quality of the patients life substantially.

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COP 11

LIMITED VERSUS RADICAL SURGERY FOR COLORECTAL CARCINOMA IN ELDERLY PATIENTS
 P.Hermanek jun., M.Knoch, A.Altendorf and F.P.Gall

Between Januar 1969 and December 1983, 3003 patients with colorectal carcinoma were treated at Erlangen University Hospital, surgical clinic. 28 % of these patients were 70 years or older of age. Operative mortality was 5.7 % in patients younger than 70 years rising to a 9.1 % overall operative risk in elderly patients. Classical, radical surgery in these patients had a risk of 11 %, whereas limited procedures like segmental and tubular resection or local excision were followed by a 2.4 % postoperative mortality.

The operative risk in elderly patients was significantly influenced by two risk factors. Patients with preexisting disorders like acute obstruction or severe cardiopulmonary diseases had a postoperative mortality of 33 %. In the case of anastomotic leakage the operative risk in patients of 70 years or older rises from 6 to 45 %.

5-year survival rates were slightly better in younger patients. The differences are not statistically significant and can be explained by the reduced operative mortality. In elderly patients limited procedures should be taken into account, especially when the operative risk is increased in the case of severe preexisting complications.

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COP 12

Combination chemotherapy in elder patients with transitional cell carcinoma
 T. Ebert (a.G.), B.J. Schmitz-Dräger, R. Ackermann

Since 1984 14 patients with metastatic transitional cell carcinoma of the bladder or renal pelvis have been treated with a systemic combination chemotherapy (60 mg/m² cisplatin, 40 mg/m² doxorubicin hydrochloride and 400 mg/m² cyclophosphamide). The aim of this investigation was to analyse the side effects of this therapy in dependence on the age of the patients.

All 3 drugs were given as a single dose every 4 weeks to all patients. 7 patients aged between 65-76 years (mean 72 years) and 7 patients aged between 41 and 64 years (mean 55 years) were compared regarding to the complications of therapy. The degree of leucopenia, of the decrease in hemoglobin levels and thrombocyte counts, of cardiotoxicity and other side effects have been studied carefully.

No significant differences between the two groups were found in comparing the degree of myelosuppression, impairment of renal function and alopecia. Nausea and vomiting were less pronounced in older patients. Chemotherapy had to be discontinued in one patient in each group due to a cardiac infarction.

The results of this study suggest that combination chemotherapy with cisplatin, doxorubicin hydrochloride and cyclophosphamide can be administered to older patients without an increasing rate of side effects.

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Psy 01

CANCER AND FEAR: LAYMEN'S THEORIES ABOUT EARLY DETECTION AND THERAPY OF CANCER
 R. Verres

101 (non cancer) patients of general practitioners were intensively explored about their subjective theories on etiology, prevention, early detection and therapy of cancer. The literal transcriptions of the interviews yielded 2.446 pages of text and were submitted to a detailed psychological content analysis. 292 psychological categories were developed. One third of the subjects understood early detection of cancer wrongly to be a means of preventing any formation of cancer at all. 48 % were conscious of psychological defense in coping with their own fear of cancer. People who considered themselves to belong to risk groups for the development of cancer showed a remarkable tendency to avoid any information about early detection. To establish special cancer screening programs for risk groups will therefore be especially difficult. The attitudes towards cancer therapy were positive only in 27 %. Statistical cluster analysis of all relevant variables lead to the conclusion that the acceptance resp. the avoidance of the early detection screening programs depends not so much on specific judgements but rather more on the confidence in medicine and doctors in general, and furthermore on the general willingness to open oneself for thinking and speaking about cancer at all, e.g., to communicate with cancer patients. Quality of life was generally regarded to be more important than prolongation of life.

Public education about cancer should therefore focus more on the possibilities of open communication and should emphasize not only the benefits of early cancer detection in terms of medical categories but in terms of quality of life as well.

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