Int J Clin Oncol (2013) 18:969–970
DOI 10.1007/s10147-012-0498-1

EDITORIAL

Current status of treatment strategy for elderly patients with gastric cancer

Atsushi Nashimoto

Received: 27 September 2012 / Accepted: 22 October 2012 / Published online: 1 December 2012

The World Health Organization (WHO) has defined the chronological age of 65 or older as a definition of "elderly" or older person, and defined the former aged for people from 65 to 74 years, the latter aged for people from 75 to 84 years, and the super aged for people 85 years and more. In industrialized countries, life expectancy has increased consistently over the past decades. Life expectancy (male/female) in Japan was 18.86/23.89 years for those 65 years old, 11.58/15.38 years for those 75 years old, and 6.18/8.30 years for those 85 years old by the complete life table in 2010, respectively. In Japan the population peaked in 2004 and has been decreasing recently. However, the number of people 65 years old and over is increasing continuously, being 23.0 % in 2010; further, 20 % of gastric cancer patients in Japan are more than 80 years old. According to the aging society, the current status of treatment strategy for elderly patients with gastric cancer is discussed.

There is controversy regarding strategies for treating elderly patients with gastric cancer. The number of deaths of elderly patients with gastric cancer is increasing, but objective indicators for appropriate criteria of surgery and standard criteria of perioperative complications are not yet established. In the treatment algorithm of the NCCN guideline, there are items of "medically fit" and "medically unfit," but no definite criteria. There are several prediction scoring systems for postoperative complications such as E-PASS, POSSUM Score, and so on. However, the published research is very limited because of the strict selection and underrepresentation of elderly patients in clinical trials.

Elderly patients had significantly more co-morbidities and a poorer nutritional status than younger patients. The presence of co-morbidities was the independent factor affecting morbidity and mortality. In elderly patients, surgical strategies must be modulated on the basis of co-morbidities, tumor stage, and future quality of life. It is important to control intraoperative bleeding and to avoid extensive lymph node dissection and combined resection of other organs. Extended lymph node dissection in elderly patients did not influence the 5-year survival rate, and the mortality and morbidity rates in extended lymph node dissection were higher than in limited dissection. Therefore, the surgical intervention had best be minimized. The decision whether to perform surgery for elderly patients should be made according to the individual physical and clinical condition such as favorable respiratory function, cardiac function, performance status, and general condition. Preoperative rehabilitation or training might be somewhat effective.

The remote survival rate after curative gastrectomy of the elderly patients was lower than that of the younger patients because there were more non-cancer deaths. However, they also had a good prognosis whether or not other causes of death were considered. Recent improvements in the surgical techniques and perioperative management have made gastrectomy for elderly patients who have no co-morbidities to be safe. Chronological age alone is not sufficient reason to withhold curative or palliative treatment from elderly gastric cancer patients. Patient selection and risk-adapted surgery in elderly patients can obtain an acceptable therapeutic result comparable to that

This is an editorial to the article available at doi:10.1007/s10147-012-0482-9.

A. Nashimoto (✉)
Department of Surgery, Niigata Cancer Center Hospital,
2-15-3 Kawagishicho, Chuo-ku, Niigata,
Niigata 951-8566, Japan
e-mail: nasimoto@niigata-cc.jp

for younger patients. Perioperative chemotherapy or postoperative chemotherapy should be added in cases of locally advanced gastric cancer. Palliative systemic chemotherapy seems to prolong survival in recurrent and metastatic disease.

Now, an aging society is coming in Japan, which has one of the oldest populations in the world. This article concerning people aged 85 years or older is presented at a timely point. In this issue of the *International Journal of Clinical Oncology*, Dr. Endo report topics of the prognosis of gastric cancer patients aged 85 years and older, which reveal that females, patients aged 85–89 years, and patients with advanced cancer had better survival with surgery [1]. On the other hand, for males, patients aged ≥90 years, or patients with early cancer, best supportive care (BSC) might be an optimal strategy.

Conflict of interest The author declares that he has no conflict of interest.

Reference

1. Endo S, Dousei T, Yoshikawa Y et al (2012) Prognosis of gastric carcinoma patients aged 85 years or older who underwent surgery or who received best supportive care only. Int J Clin Oncol. doi: 10.1007/s10147-012-0482-9