



ASO AUTHOR REFLECTIONS

## ASO Author Reflections: Major Abdominal Surgery in Elderly Cancer Patients

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### PAST

The prognosis of cancer patients has improved steadily over the last 2 decades due to a therapeutic armamentarium that is expanding around new therapies such as immunotherapy, targeted therapies, and new chemotherapies. However, much of this is also due to a better understanding of cancer by non-oncology medical practitioners such as surgeons, anesthesiologists, and intensivists. Significant progress has also been achieved in perioperative medicine for the care of the elderly, especially those aged  $\geq 80$  years. However, cancer patients aged  $\geq 80$  years are rarely included in therapeutic trials, as clinicians intuitively consider their prognosis to be poor. In practice, only limited literature is available regarding the postoperative prognosis of these patients.<sup>1</sup>

### PRESENT

We report on 378 patients aged  $\geq 80$  years who underwent major abdominal surgery for cancer.<sup>2</sup> One-year mortality was 24.3% and factors independently associated with death were a performance status (PS)  $> 1$ , weight loss  $> 3$  kg, intraoperative use of vasopressors, and postoperative transfusion, while the perioperative use of an enhanced recovery after surgery (ERAS) protocol and supramesocolic surgery were associated with survival. The main result of this study is an encouraging 1-year survival rate of about 76% in this particularly vulnerable population. The selection of elderly patients for oncological surgery remains a key issue, and some simple tools such as the Eastern Cooperative Oncology

Group (ECOG)-PS or nutritional assessment could be used routinely. In addition, some perioperative factors independently associated with long-term mortality could be amenable to corrective measures and may represent interesting therapeutic targets to complement ERAS protocols.

### FUTURE

Perioperative management of elderly cancer patients is a major public health issue. Randomized trials evaluating prehabilitation protocols, as well as some aspects of the many ERAS protocols currently available, are urgently needed on a selected population of elderly cancer patients.

**DISCLOSURE** Marion Faucher and Djamel Mokart declare no conflicts of interest.

### REFERENCES

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