

Meeting abstract

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## Anterior laparoscopic rectal resection for cancer in the elderly: long-term outcome, risk factors and health related quality of life

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### Background

Elderly population in Western countries is rapidly increasing. Literature suggests that radical colorectal resection in the elderly can be safely undertaken with good short and long term results; however results of specific rectal laparoscopic resections are not well defined and so quality of life. The aim of this study was to assess long-term outcome; risk factors and health related quality of life (HRQoL) in elective rectal cancer laparoscopic resection in patients older than 65 years.

### Materials and methods

Between March 2002 and November 2007, 57 patients underwent elective laparoscopic resection for rectal cancer. Of these 32 (56%) were 65 years of age or older; the remaining 25 were the control group. Perioperative and follow-up data were collected and stored in a database. We assessed: operative findings, histopathological features, postoperative course, follow-up and overall survival. All patients were assessed using the EORTC QLQ C30 and EORTC QLQC38 questionnaire to establish HRQoL.

### Results

Laparoscopic resection for rectal cancer in the elderly is safe with no perioperative mortality and post-operative morbidity similar to younger patients (7%vs13%;  $p = 0.4$ ).

The overall survival was lower in the younger patients ( $p = 0.0015$ ; the 5-year overall survival rates were 69% vs 96.4%); but age older than 65 years was not an independent risk factor for overall survival at the multivariate analysis.

The multivariate analysis showed that neoadjuvant radiotherapy ( $p = 0.04$ ) and metastatic nodes ( $p = 0.006$ ) are independent risk factor for overall survival and vascular invasion ( $p = 0.005$ ) for local recurrence. HRQoL was similar in the two groups.

### Conclusion

Laparoscopic rectal resection for old patients is safe, with short-term results comparable to that of younger people. Old age is not an independent risk factor for prognosis. We achieved excellent overall long term survival and a good quality of life.