CONSIDERATION OF WHETHER SCREENING FOR EARLY DETECTION OF PANCREATIC CANCER SHOULD BE CONTINUED EVEN IN SUPER-ELDERLY INDIVIDUALS

Hiroyasu Ushimaru

UEG Week Copenhagen 2023 | Poster

Pancreas

October 15, 2023

A retrospective single-center study of 20 super-elderly patients (aged 80 or older) with resectable pancreatic ductal adenocarcinoma found significantly longer median survival in the surgery group (333 days) compared to the non-surgery group (226 days).

KEY POINTS

- Among 20 patients aged 80 or older with resectable or borderline resectable pancreatic cancer and ECOG Performance Status 0, 11 underwent surgery and 9 did not, with the non-surgery group being significantly older (88±6 vs 83±5 years).
- Median survival was 333 days (IQR 251-426.5) in the surgery group versus 226 days (IQR 137-728) in the non-surgery group, a statistically significant difference.
- All surgery group tumors were resectable on CT imaging and underwent pancreaticoduodenectomy (73%), distal pancreatectomy (18%), or total pancreatectomy (9%) without neoadjuvant chemotherapy.
- Reasons for non-resection included age (45%), patient preference (33%), past medical history (11%), and surgeon judgment (11%), despite 89% of non-surgery cases being resectable on imaging.
- The authors conclude that surgery may prolong survival even in super-elderly individuals and suggest imaging follow-up remains important in those with surgical tolerance, though this study is limited by small sample size and retrospective design.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/a2bcdc74-743b-11ee-9cfb-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.