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Summary

CLINICAL OUTCOMES AND PROGNOSTIC FACTORS FOR 80 YEARS OR OLDER UNDERGOING ENDOSCOPIC RESECTION FOR ESOPHAGEAL SQUAMOUS CELL CARCINOMA

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In a retrospective study of 87 patients aged 80 years or older undergoing endoscopic resection for superficial esophageal squamous cell carcinoma, short-term outcomes were favorable with 90.8% curative resections and no treatment-related deaths, but Charlson comorbidity index of 4 or higher was identified as an independent predictor of poor overall survival.

KEY POINTS

- Curative resection was achieved in 90.8% of patients with no treatment-related deaths and adverse events in only 10.3% of cases, most commonly pneumonia at 4.6%.
- Overall survival rates were 81.4% at 3 years and 71.6% at 5 years, with only 2 of 34 deaths attributable to esophageal squamous cell carcinoma.
- Charlson comorbidity index of 4 or higher was an independent prognostic factor for mortality with a hazard ratio of 4.75, suggesting these patients may benefit from careful consideration of whether to proceed with endoscopic resection versus follow-up.
- The study population had a median age of 82 years, was 87.4% male, and had favorable baseline performance status with 93.1% having ECOG-PS 0-1.

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