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OUTCOMES OF GASTRECTOMY IN ELDERLY PATIENTS WITH GASTRIC CANCER

Introduction

The population of the world is aging year by year. With the aging trend of the population, patients with gastric cancer are also aging [1]. Understanding how well elderly individuals can withstand procedures like gastrectomy – which entails removing of the stomach – has become more important as a result of this. However, complications after gastrectomy remain a clinically relevant problem. According to research, older patients – especially those over 75 – are more likely than younger people to experience post-operative complications and the mortality rates within 30 and 90 days' post-surgery were also higher in the elderly group [2]. Elderly patients are more likely to have rapid muscle mass loss and physical function, heart problems, surgical anastomotic leakage, bile entering the esophagus and pneumonia (a severe complication among the elderly patients leading to death) following a gastrectomy [3]. Surgical procedures, perioperative care, and surgical strategies should thus be carefully planned for elderly patients [2].

Goal

The aim of this study to evaluate the short- and long-term outcomes of gastrectomy in elderly patients (75–89 years old) with gastric cancer.

Material and methods of research

A retrospective analysis of 167 medical records of elderly patients with gastric cancer was conducted, of which 19 patients (11.4%) underwent gastrectomy. All patients were treated at the Gomel Regional Clinical Oncology Dispensary between 2012 and 2016. An electronic database was created. Statistical processing was performed using the Statistica 12.0 software package (StatSoft, USA) and Microsoft Excel 2013. The Kaplan-Meier method was used to assess survival.

The results of the research and their discussion

Out of 167 patients, 107 (64.0%) underwent subtotal gastrectomy, 31 (18.6%) underwent bypass anastomoses, 9 (5.4%) underwent diagnostic laparotomy, 1 (0.6%) underwent diagnostic laparoscopy, and 19 (11.4%) underwent gastrectomy.

Among the patients who underwent gastrectomy, there were 12 men (63.2%) and 7 women (36.8%). The median age was 76 years (75–85 years).

Gastrectomy with splenectomy was performed in 5 patients (3%). Gastrectomy with mesocolon resection was performed in 2 patients (1.2%). Combined gastrectomy with resection of the left dome of the diaphragm was performed in 1 patient (0.59%).

Most of the participants were in relatively good general condition, which contributed to low rates of postoperative complications. Complications after gastrectomy occurred in 3 (15.8%) patients. Among them, 1 (5.2%) patient had an abdominal abscess, 2 (10.5%) had esophagojejunostomy failure. In the postoperative period, 1 (5.3%) patient died, the cause of death was esophagojejunostomy failure.

When analyzing the remote results of patient treatment, overall survival was assessed. One-year survival was $42.1 \pm 11.3\%$, three-year survival was $26.3 \pm 10.1\%$, and five-year survival was $10.5 \pm 7.0\%$. The median overall survival was 8 months [4.5; 36.5].

With regard to long-term outcomes, research shows that careful patient selection and preoperative preparation can contribute to achieving satisfactory survival outcomes in elderly patients. Particular attention should be paid to nutritional support of patients before surgery and early activation in the postoperative period [4, 5].

Conclusions

Careful selection of patients and the use of an adequate volume of surgical intervention make it possible to achieve satisfactory treatment results in elderly patients. In our study, complications after gastrectomy occurred in 3 (15.8%) patients. One-year survival was $42.1 \pm 11.3\%$, the five-year survival rate was $10.5 \pm 7.0\%$. The median overall survival was 8 months [4.5; 36.5].

LITERATURE

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ANALYSIS OF CANCER SCREENING EFFECTIVENESS IN PAKISTAN: CHALLENGES AND OPPORTUNITIES FOR EARLY DETECTION AND MORTALITY REDUCTION

Introduction

Pakistan was one of the few countries in the Eastern Mediterranean region to establish the National cancer registry (NCR) but due to lack of funding this effort was unable to sustain itself on the national level. Karachi cancer registry (KCR) has been established which is responsible for collecting and reporting data from major large hospitals of Karachi. The NCR report states that all functional cancer registries of Pakistan, including Pakistan Atomic Energy Commission (PAEC), Punjab Cancer Registry, Karachi Cancer Registry, Multan Cancer Registry, Armed Forces Institute of Pathology (AFIP) Cancer Registry and Shifa International Hospital Cancer Registry, contributed to this national effort. In its first analysis of cancer cases in the country between 2015 and 2019, the NCR said a total of 269,707 cases are analyzed with 46.7% males and 53.61% females. As per province wide distribution, 45.13% of cases are from Punjab, 26.83% from Sindh, 16.46% from Khyber Pakhtunkhwa and 3.52% from Balochistan. In