**Letter: The elderly patients with colorectal cancer need careful multidisciplinary evaluation and optimizing comprehensive management in
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The elderly patients with colorectal cancer need careful multidisciplinary evaluation and optimizing comprehensive management

Dear Editor:

October 2, 2014

The study of Nitsche et al. [1] focusing on elderly patients underwent surgery for colorectal cancer confronts us with two problems, namely, (1) surgical type selection and short-term outcome, (2) comprehensive treatment and long-term outcome.

Although surgery is the cornerstone of curative therapy for colorectal cancer, there is no concurrence of the optimum surgical management on elderly patients. With age rising, the patients might be less to receive operation and the curative surgery rate substantially decreases [2]. Some studies ascribed this undertreatment on elderly patients to more emergency surgery, or patients' preferences, or surgeons' selection. In this study, the emergency surgery rate and R0 resections rate did not differ significantly between the older and younger patients. As the author indicated, excluding the elderly patients without operation and including lower number of patients may explain this disparity. A recent systematic review showed overall surgical morbidity of elderly patients is roughly 40%, but is not significantly higher than in younger patients [3]. In accord with this study, the intraoperative complications are similar across elderly and younger patients, especially the rate of anastomotic leakage in rectal cancer. Postoperative complications which once happened in elderly patients were severer than them in young patients leading to high mortality [4].

This retrospective analysis of recent decade database has no mention of laparoscopic surgery performance. As a less traumatic surgical approach, laparoscopic surgery has been proved to have remarkable benefits in lowering mortality of elderly patients in a meta-analysis [5]. The amounts and proportions of laparoscopic surgery applied in elderly patients may influence this observation results including short-term and long-term outcome. Taking into account technical requirements and learning curve, the further investigation remains the comparative effect of the laparoscopic and the open surgical approach on elderly patients.

Secondly, the management of elderly patients with colorectal cancer is complicated and requires comprehensive treatment including surgery and adjuvant therapy. As shown in Nitsche's article, a large number of researches reported that the percentage of older patients receiving adjuvant therapy was lower than their younger counterparts. In addition, adverse events tend to be more common in this population [6]. We recommend, herein, the comprehensive treatment strategy should be determined through an informed discussion between the patient and the oncologist.

As for the long-term outcome, most studies emphasized that 5-year relative survival does not change with age, and the intrinsic prognosis of elderly patients is similar to that of younger patients [7]. We conducted a clinical retrospective study on colorectal cancer patients (n=1014) underwent laparotomic surgery. In accordance with Nitsche's finding, we observed that there was no significant difference of 5-year overall survival between elderly (≥ 75 , 38%) and younger (< 75 , 57%) groups ($P=0.083$). We noted that the comorbidities, rather than age, increased mortality and the occurrence of complications after curative surgery for colorectal cancer in elderly patients. Therefore, more careful multidisciplinary evaluation, with the application of geriatric assessment tools, will enable the doctor to distinguish elderly patients with comorbidities or dysfunction and optimize comprehensive management for them.

Sincerely,

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