Challenges in Decision Making in Elderly Patients with Gastrointestinal Malignancies

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This issue of VISCERAL MEDICINE addresses the often complex and challenging care for elderly patients with gastrointestinal malignancies. Both the relative and absolute number of people we define as ‘elderly’ has increased over the last decades and will continue to do so in the future. The average age of patients diagnosed with a gastrointestinal malignancy is 70 years. Despite increasing evidence that elderly patients have similar survival rates as their younger counterparts after oncological operations, studies have shown that standard oncologic care is not consistently offered to the elderly population.

The working group led by Dieter Hölzel [1] reports figures from the regional cancer registry in Munich, Germany. After analyzing the data for this journal issue, the authors assessed whether chronological age is a prognostic factor for poor outcomes in these types of cancer.

Two further articles discuss the challenges of decision making for indicating surgical oncologic resection in elderly patients with gastrointestinal malignancies: The working group led by Konrad Richter performed a systematic literature review to identify risk factors in adverse outcomes for elderly patients undergoing curative oncological resection of gastrointestinal malignancies. The predictive ability of various screening tools and their components were analyzed. However, future research is needed to assess the significance of prehabilitation and improvement of nutritional status prior to surgery in elderly patient outcomes [2]. The Surgical Task Force of the International Society of Geriatric Oncology (SIOG) performed a survey of surgical oncologists in Europe and the USA to determine their treatment approach for elderly cancer patients. The results are reported by the working group led by Riccardo Audisio [3]. Participants were

asked 20 multiple-choice questions about their practice model and treatment approach for elderly patients. The parameters identified included ‘frailty assessment’, ‘nutrition’, and ‘quality of life’ as important areas for research in this field.

Claudia Spies and her group [4] reported on the current and future contributions of anesthesiology on the perioperative management of elderly patients with gastrointestinal malignancies. Various parameters were identified as contributing factors, including malnutrition, fasting, intraoperative neuromonitoring, hemodynamic control, as well as postoperative early mobilization, pain control, and delirium prevention.

The role of geriatricians as members of the interdisciplinary team caring for elderly patients with gastrointestinal malignancies was studied by Siri Rostoft [5]. For this issue, systematic research was performed and the association between geriatric assessment and outcome in patients with gastrointestinal malignancies was studied. The author found a strong association for elderly colorectal cancer patients between geriatric assessment variables and frailty and negative outcome; however, data were limited for other types of gastrointestinal malignancies.

The presented articles as well as the Interdisciplinary Discussion [6] of this issue of VISCERAL MEDICINE discuss the current knowledge of established geriatric assessment tools for elderly cancer patients and emphasize the importance of preoperative prehabilitation and nutrition as well as the benefit of tailoring a personalized approach for each patient based on a combination of assessment tools, patient’s preference, and tumor biology.

References

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