

Editorial

Curative Surgery for Cancer of the Elderly

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EDITORIAL

Now an aging society is coming in the world. In the United States, it is estimated that the percentage of people 65 years and older will increase from 13% to more than 20% of the total population by 2030. As a result, the elderly cancer patients have been rapidly increasing, and the number of deaths due to cancer. Elderly patients have significantly higher rates per population of patient surgical and nonsurgical procedures vs other age groups. What effect will aging baby boomers and their increased desire for surgery have on our nation's health care system? What many refer to as the Silver Tsunami, the dramatic aging of the American population, will be the greatest factor affecting health care in our lifetime. The entire health care system in general is not taking this coming challenge seriously enough. We need more geriatricians and surgeons to give older patients the specialized care they need.

The surgeon can expect to encounter a substantial number of elderly patients who have curable cancer by surgery, as the primary physician and as a consultant. Previous studies showed that, after surgery, age is an independent factor affecting mortality and survival rates, and comorbidities have a significant impact on postoperative results [1-12]. Since curative surgery of cancer has devastating effects on activities of daily living, surgeons are at times reluctant to operate on the elderly who generally has limited functional reserve of various organs [13], especially when they suffer from comorbidities [14].

What special considerations do elderly surgical patients require compared to younger patients? It is important to be aware that elderly patients have less physical reserve - less in the tank, if you will. They can handle physical stress, but only to a certain point, and may not survive a complication during surgery. The appropriate therapeutic modality should be selected for each patient based on an evaluation of the patient's organ function and the invasiveness of the therapy. A specialized battery of pre-operative testing including, cognition, frailty, functional status and nutrition helps us make a more informed treatment decision for each older patient we serve. There needs to be an excessive attention to detail in and out of the operating room around the

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time of surgery. Moreover, special care should be considered when treating elderly patients in postoperative managements. Symptoms and/or signs may rarely appear in elderly patients even if their organ functions are slightly impaired. Although curability is the most fundamental factor with elderly cancer patients, the effects of treatment on ADL (activities of daily living) are also more important than for non-elderly patients. These considerations are extremely important for the treatment decision-making regarding curative surgery of cancer in elderly patients.

Recently, some researchers have reported feasibility of curative surgery for many cancers with the same oncological principles in elderly people as for younger patients pending adequate selection of patients, owing to improvements in perioperative management, anesthesiology, intensive care, surgical techniques and devices [2,13,15]. The choice of surgical procedure for the elderly should aim at both the control of the disease and a good quality of life during their remaining life [16-20]. Usually, the most difficult decision-making is required when elderly patient present with each stage disease for whom life expectance of several years could be expected without any treatment. The strategy for treating the elderly cancer patients is controversial. We plan to conduct articles that will contribute to the knowledge base in this area nationally and even internationally.

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