

## CLINICAL ASPECTS OF COLORECTAL CANCER PATIENTS AGE 80 AND OVER

*Wong L; Wortman K; Song J; Ashley P; Wajima T*

Scott & White Clinic and Hospital/Texas A&M Health Science Center, Temple, Texas.

**Background:** Colorectal cancer is the 4<sup>th</sup> leading cause of cancer mortality in the United States. For 2013, the American Cancer Society's estimates for colorectal cancer cases in the US for 2013 are: 102,480 new cases of colon cancer and 40,340 new cases of rectal cancer. Incidence increases with age and male gender, with 90% cases occurring over age of 50 years. Colorectal carcinomas include adenocarcinoma (90% of all cases), mucinous adenocarcinoma, signet ring carcinoma, squamous cell carcinoma, undifferentiated carcinoma, and other minor types. Signet ring and small cell carcinomas carry a worse prognosis while medullary carcinomas have better prognosis.

Management of this cancer utilizes resources of surgery, radiation, and chemotherapy. Review of literature shows the older patient population requires no changes in treatment approach regardless of age. However, the literature defines older patient population as 65 and older and does not specifically focus on the extreme elderly patients 80 and over. This project was initiated to examine clinical characteristics and outcomes from our Scott & White Healthcare Tumor Registry.

**Methods:** Patient charts from 1991 through 2010 were reviewed, utilizing the Scott & White electronic medical system and tumor registry. We examined clinical data of age, gender, tumor site, stage, grade, histology, types of treatment and survival. Univariate and multivariable Cox proportional hazards regression models were utilized to identify factors associated with increased overall survival. Kaplan-Meier survival curves were obtained. SAS 9.2 (SAS Institute INC, Cary, NC) was used for data analysis.

**Results:** We analyzed 594 patients diagnosed with colorectal cancer between 1991 and 2010. We excluded 25 patients who survived but followed less than 1 year and 14 with unknown stage. Final analysis included 555 patients. Number of patients for stage 0, I, II, III, and IV were 31, 150, 159, 125, and 90 respectively.

Based on univariate analyses, age, stage, histology, surgery, and radiations were significant factors associated with overall survival. Based on multivariable analysis, age, gender, stage,

surgery and chemotherapy were significant. Median survival for stages 0, I, II, III and IV were 65, 74, 54, 28, and 6 months. Median survival for all patients was 34 months.

Our results for 5-year overall survival by percentage for stage I; II; III; and IV were 56.4; 45.9; 32.0; and 0 percentages respectively. There were no patients alive beyond 5 years for stage IV.

**Conclusions:** 5-year overall survival for colorectal cancer by stage are as follows: I; IIA, IIB, IIC, IIIA, IIIB, IIIC, and IV are 74; 67, 59, 37; 73, 46, 28; 6 percent respectively based on SEER 1973 – 2005 Public Use File. Based on survival data, we see decreased survival across all stages, despite changes to the staging criteria over the years. In spite of stage migration, overall survival for stage IV disease is significantly worse regardless of treatment. Based on our single institutional data, the impact of treatment needs to be carefully considered in colorectal cancer patients over the age of 80.