

# Comparison of epidemiological characteristics and management of ColoRectal Cancer according to age, from 2005 to 2010 in Calvados.

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## Introduction:

- 45% ColoRectal Cancers (CRC) occur after 75 years and colonoscopy is the gold standard diagnostic examination.
- Authors reports less realization of colonoscopy among elderly people.
- We supposed that CRC were diagnosed at more advanced stages in this population, with more complications, that could explain also less access to cancer treatments.
- The aim of this study was to compare epidemiological characteristics and management of CRC related to age.

## Material and method:

- Retrospective study from 2005 to 2010 on Calvados Digestive Tumors Registry data
- Including patients with CRC older than 50 years.
- Comparison criteria:
  - Age, sexe
  - Tumor location
  - Symptoms at the discovery and presence of complications
  - Histological confirmation
  - Colonoscopy and additional examinations
  - Stage at diagnosis
  - Cancer treatments
  - Impact of comorbidities
- Statistical analysis: Chi 2 test, Fisher exact test

## Results:

1/More women are affected after 75 years ( $p < 0,0001$ )

	50-74 years	≥ 75 years	Total
Men	715 (63%)	421 (37%)	1136
Women	488 (47%)	553 (53%)	1041
Total	1203	974	2177

2/More location in the right colon after 75 years ( $p < 0,0001$ )



3/ We notice **further deterioration of general condition** (15% vs 7%) and **iron deficiency anemia** (26% vs 9%) in the older subgroup ( $p < 0,0001$ ). There were no difference between the 2 subgroups for transit disorders, abdominal pain and gastrointestinal bleeding. Older subjects suffered **more complications** (16% vs 10%) as occlusion, sub-occlusion and perforation ( $p < 0,0001$ ).

4/Less histological confirmation (90% vs 99%) in elderly ( $p < 0,0001$ ) whether on primary tumor or metastasis.

5/ Less complete colonoscopy in over 75 years ( $p < 0,0001$ ):



No difference between subgroups for CT scan but less pelvic RMI ( $p = 0,0016$ ) and endoscopic ultrasound ( $p = 0,0002$ ) in rectal location after 75 years.

6 / No more advanced stage (III and IV) at diagnosis in elderly.

	Stage I	Stage II	Stage III	Stage IV	No surgery	Unknown
50-74 years	257 (22%)	245 (22%)	261 (23%)	329 (29%)	21 (2%)	23 (2%)
≥75 years	132 (13%)	285 (27%)	200 (19%)	326 (31%)	83 (8%)	15 (1%)

7/ Treatment:

- Fewer curative resection tumor in elderly (65% vs 72%,  $p < 0,0001$ ); and more colostomies ( $p < 0,001$ )
- Less chemotherapy ( $p < 0,0001$ )
- Less radiotherapy ( $p = 0,0009$ )

8/ More comorbidities in elderly according to Charlson Comorbidity Index (CCI)

Charlson Comorbidity Index	0	1	2	3	≥4
50-74 years	558 (59%)	173 (19%)	133 (14%)	38 (4%)	38 (4%)
≥75 years	383 (44%)	256 (29%)	132 (15%)	51 (6%)	49 (6%)

- No influence of CCI on surgical resection ( $p = 0,14$  in 50-74yrs,  $p = 0,82$  after 75 yrs)
- No influence of CCI on radiotherapy ( $p = 0,22$  in 50-74yrs,  $p = 0,08$  after 75 yrs)
- Influence of CCI on chemotherapy ( $p < 0,001$  in 50-74yrs,  $p = 0,0003$  after 75 yrs)

## Conclusion:

- There is a lack of information on clinical and geriatric status. Consequently, the **integration of G8 ONCODAGE score is planned in the registration form** to assess its impact on treatment.
- More complications at diagnosis, poor performance status and iron deficiency anemia should explain suboptimal treatment, specially surgical tumor resection, that is not influenced by CCI.