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“Never Too Old For The Whipple Procedure!”: Multicenter Propensity Score Matched Analysis Of Outcomes Of Octogenarian Patients Undergoing Pancreaticoduodenectomy For Cholangiocarcinoma

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Background : Elderly patients with cancer are at a crossroads to receive either the invasive surgical resection or palliative treatment. Due to its invasive nature, surgeons are often reluctant to perform pancreaticoduodenectomy in patients with advanced age, especially octogenarian patients. However, due to enormous advancements in surgical technique and postoperative management, elderly patients with extrahepatic bile duct cancer should also be expected to receive survival benefits from pancreaticoduodenectomy. The aim of this study was to analyze the perioperative and oncological outcomes of pancreaticoduodenectomy for extrahepatic cholangiocarcinoma in octogenarian patients.

Methods : A multicenter database (the Korea Tumor Registry System, KOTUS) was used and patients over 70-years old who underwent pancreaticoduodenectomy for extrahepatic cholangiocarcinoma between 2000 and 2014 were included. They were divided into 2 groups: patients in their seventies (septuagenarians) and in their eighties (octogenarians). A comparative analysis between two groups was performed after the application of propensity score matching. Unadjusted Kaplan-Meier and marginal Cox regression analysis were performed.

Results : A total of 1327 patients were included in the study. After propensity score matching, 114 patients were comparable in each of the main groups. Also the AJCC TNM (7th) stage ($P=0.289$) and R0 resection rate ($P=0.061$) revealed no significant difference. Postoperative complication rate (54% vs. 56%, $P=0.329$), postoperative mortality (2.7% vs. 1.0%, $P=0.624$), and 5Y-overall survival (58.5% vs. 58.3%, $P=0.349$) gave comparable results. On multivariate analysis, curative resection ($HR=5.60$, 95% CI=2.24-14.67, $P<0.000$) and lower N-stage ($HR=2.19$, 95% CI=1.34-3.59, $P=0.002$) were significantly associated with favorable overall survival, whereas age which was represented by the group variable (septuagenarians vs octagenarians) in this study, was not significantly associated ($HR=1.01$, 95% CI=0.623-1.638, $P=0.968$) with survival. Moreover, we found only the N-stage was significantly associated with disease-free survival ($HR=2.35$, 95% CI=1.463-3.776, $P<0.000$), but not age ($P=0.277$).

Conclusions : There was no significant difference in postoperative complication and age was not a risk factor for poor overall or disease free survival. Thus, pancreaticoduodenectomy may be safely performed in octogenarian patients with extrahepatic cholangiocarcinoma. Therefore, the octogenarian patient should not be deprived of the chance for curative resection for extrahepatic bile duct cancer solely because of age.

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