



Invited Commentary

Commentary on “postoperative outcomes in elderly patients undergoing pancreatic resection for pancreatic adenocarcinoma: A systematic review and meta-analysis”



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The diagnosis of pancreatic cancer continues to have an ominous inevitability associated with it. With an average 5-year survival rate of 6% and the fact that more than 40% of the patients diagnosed are elderly (over the age of 70), one can understand this impression. However, it is not an inconsequential healthcare issue, causing 331,000 worldwide mortalities annually [1].

Surgery is our best therapy, yet it is often disallowed due to factors such as unresectability or if the patient has excess comorbidities, both reasons which may need rethinking now. A recent article by Reames and colleagues [2] surveyed 153 pancreatic surgeons on their operative management decisions regarding 6 real pancreatic cancer cases with R0 outcomes, and found from 47% to 86% of established pancreatic surgeons were unwilling to offer exploration.

Progress has been made in combination therapy for locally advanced pancreatic cancer (LAPC) using both neoadjuvant chemotherapy and surgery. One study showed an increase in median survival from 53 to 93 weeks using GemNab plus surgery versus GemNab alone [4].

The current meta-analysis in a recent issue of The International Journal of Surgery might warrant reconsideration of one factor surgeons use in their resectability decision algorithm namely age [3]. Tan and colleagues reviewed 12 studies and data on 4860 patients who had pancreatic resections. They defined elderly as above the age of 70 but had similar results on analysis of ages 75 and 80. Their overall conclusion was that the elderly patients did not have any significant increase in postoperative 30-day mortality but did have some increased post-operative complication rates, with respiratory illness identified as a feature factor. Of note was the comparison of pre-2000 versus post-2000 surgery outcomes with significant improvements seen in the latter group. They discuss in the current era of neoadjuvant chemotherapy for LAPC, elderly patients (with or without comorbidities) that can tolerate chemotherapy might be preselected to tolerate surgery.

Using the palliation of advanced endoscopy for biliary obstruction, duodenal obstruction and celiac plexus block, neurolysis can be achieved but does not offer tumor burden reduction as surgery does and

thus is always a second option [5].

I suggest to the surgery community it may be time to reconsider their algorithm.

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None.

Provenance and peer review

Invited Commentary, internally reviewed.

References

- [1] M. Ilic, I. Ilic, Epidemiology of pancreatic cancer, *World J. Gastroenterol.* 22 (44) (2016) 9694–9705.
- [2] B.N. Reames, et al., Management of locally advanced pancreatic cancer: results of an international survey of current practice, *Ann. Surg.* (August 21, 2019), <https://doi.org/10.1097/SLA.0000000000003568> Volume Publish Ahead of Print - Issue - p doi.
- [3] E. Tan, et al., Postoperative outcomes in elderly patients undergoing pancreatic resection for pancreatic adenocarcinoma: a systematic review and meta-analysis, *Int. J. Surg.* (2019 Sep 30), <https://doi.org/10.1016/j.ijisu.2019.09.030> S1743-9191(19) 30262-6 [Epub ahead of print].
- [4] F. Napolitano, et al., Neoadjuvant treatment in locally advanced pancreatic cancer (LAPC) patients with FOLFIRINOX or gemcitabine NabPaclitaxel: a single-center experience and a literature review, *Cancers* 11 (7) (2019) 981.
- [5] S. Chubineh Majumder, S. Birk, J. Pancreatic cancer: an endoscopic perspective, *Expert Rev. Gastroenterol. Hepatol.* 6 (1) (2012 Feb) 95–103.

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