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## SURGICAL TRENDS AND OUTCOMES OF COLORECTAL CANCER IN THE AGING POPULATION: A DECADE ANALYSIS.

(P263)

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**Purpose:** The incidence of colorectal cancer in elderly patients is likely to increase with the aging population. This study aims to examine the surgical trends and outcomes of colorectal cancer treatment in the elderly.

**Methods:** Using the Nationwide Inpatient Sample 2001-2010, a retrospective review of surgical cases for colorectal cancer was conducted. Patients were stratified within age groups of 45-64; 65-69; 70-74; 75-79; 80-84 and >85 years old. Post-operative complications and yearly trends were analyzed. A multivariate logistic regression was used to compare mortality and morbidity between individual groups >65 and patients 45-65 years old while controlling for gender, comorbidities, procedure type, diagnosis and hospital status.

**Results:** Among the estimated 1,043,108 colorectal cases sampled, 64% of cases were performed on patients >65, and 23% on patients >80. Emergent/urgent operations were performed in 34% of cases. Patients >80 were 1.7 times more likely to undergo urgent operation than those <65. During 2009-2010, patients <65 accounted for 47% of the laparoscopic cases performed in the elective setting compared to 14% for patients >80. Overall mortality over the 10 year period has decreased by 5.71% with the most considerable decrease observed in the population >85 (7.68%). Patients >80 had an associated \$9,492 lower hospital charge and an increased 2.5 days length of stay compared to patients age <65. On multivariate logistic regression analysis, the risk of mortality is increased by 1.32 in the 65-69 group, 2.02 in the 70-74 group, 2.5 in the 75-79 group, 3.15 in the 80-84 group, and 4.72 in the >85 group when compared to patients age 45-64 ( $p<0.01$ ). The risk of morbidity is increased by 1.25 in the 65-69 group, 1.40 in the 70-74 group, 1.54 in the 75-79 group, 1.68 in the 80-84 group, and 1.96 in the >85 group compared to patients age 45-65 ( $P<0.01$ ).

**Conclusions:** The majority of colorectal surgery for colorectal cancer is performed on the aging population. Despite the improved outcomes seen over the last 10 years for mortality, the risk-adjusted mortality and morbidity of the elderly continues to be substantially higher than the younger population.