

The impact of sarcopenia on surgical and oncological outcomes of elderly patients undergoing pancreatic surgery

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Pancreatic cancer is the disease with the highest mortality rates among all of the oncological pathologies; according to its high incidence and the difficulty in finding effective treatment strategies, it is expected to become the third cause of oncological death in the next decade in first world countries. Since pancreatic cancer is very often associated with cachexia, many studies are focusing on the relationship that nutritional status and muscle mass alterations may have with the survival rates of affected people. Aim of the Study

The study consists in preoperatively assess the nutritional status and the body composition of a group of patients with pancreatic cancer in order to outline the relationship of these two parameters with the surgical outcome and survival rate. Specifically, it aims to determine if myosteatosis and sarcopenia are independent prognostic factors of surgical outcome and survival rate in older people. Secondary objectives consist in: studying the relationship between risk factors and the pathology onset; studying the impact of comorbidities and surgical and clinical outcome; studying the nutritional status and the body composition alterations of people with pancreatic cancer.

Materials and Methods

97 patients with pancreatic cancer who underwent surgery between 2014 and 2022, either with curative or palliative results, were enrolled in the "Cancer-cachexia" study protocol. They were all preoperatively assessed for anthropometric measures, past and

recent medical history, nutritional and performance 5 status, biohumoral markers and for the conditions of myosteatosis and sarcopenia through the execution of a CT (computed tomography) scan. They were later divided into two subgroups depending on their age (< or > 70 years old) to compare the influence of myosteatosis and sarcopenia among non elderly and elderly people. Univariate and multivariate analyses were conducted.

Conclusion

From the results obtained in our study, the age of the patients does not seem to be related either to greater postoperative morbidity or to a decrease in the survival of patients undergoing surgery for pancreatic cancer. On the other hand, a role of myosteatosis in patient survival is shown, with a tendency to decrease it in patients with myosteatosis, although this result does not reach statistical significance.

Biography

Dr. Lucia Moletta graduated at the University of Padua Medical School in 2008, and finished his Residency in General Surgery (2015) at the same University. Since 2017, she had been working as research associate at the Department of Surgical, Oncological and Gastroenterological Sciences (DISCOG), Chirurgia Generale 1, University and Hospital of Padua. Her main interest lies in the oncologic diseases of the pancreas, as far as both the diagnosis and surgical treatment are concerned and in the oncologic diseases of the esophagus and stomach. She carries out research into new treatment methods for pancreatic cancer, minimally invasive pancreatic surgery, and new diagnostic and therapeutic approaches for pancreatic cysts, pancreatic carcinoma, esophageal and gastric tumors. She is member of several national and international scientific societies: the International Association of Pancreatology (IAP), the European Pancreatic Club (EPC), The Italian Association for the Study of the Pancreas (AISP), the Italian Association of Oncologic Surgery (SICO), the Italian Society for the Study of Esophageal Diseases (SISME). She is member of the Editorial Board for the journal "EC Gastroenterology and Digestive System". She has been a reviewer for the following journals: Journal of Clinical Medicine, Annals of Surgical Oncology, Gastroenterology Research and Practice and Cancers. She is Author and Co-Author of 44 papers dealing with oncologic surgery.

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