

**DISPARITIES IN THE TREATMENT OF COLON CANCER IN OCTOGENARIANS**

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**Purpose:** Disparities in healthcare for patients who are elderly are understudied. Patients who are 80 or greater years old are one of the fastest growing groups in our aging population. These people are at risk for colorectal adenocarcinoma and there is little data to guide their treatment.

**Methods:** We performed a retrospective review of prospectively gathered data on 10,433 patients diagnosed with primary colon tumors between 1998 and 2004. We compared demographics, stage at diagnosis, and initial treatment between patients who are younger than 80 and those that are 80 or greater.

**Results:** Patients who were 80 or greater years old made up 30 percent of the database. Older patients were significantly more likely to be female and live in an urban area than younger patients. They were less likely to have surgery for advanced or metastatic disease than younger patients. Patients who were 80 or greater had fewer lymph nodes removed than younger patients (11 vs 10,  $p < 0.01$ ), with most of the difference attributable to data from patients diagnosed in 2004 when the number of nodes removed from younger patients increased to 14 compared to 11 for older patients ( $p < 0.05$ ). Older patients were significantly less likely to receive chemotherapy for every stage of colon cancer than younger patients and when older patients did get chemotherapy, it was more likely to be with a single agent. Multivariate analysis revealed that the predictors of receiving chemotherapy for patients age 80 or greater were: younger age, living in an urban county, and worse stage at diagnosis.

**Conclusions:** Elderly patients with colon cancer are treated differently than younger patients in multiple ways. These older patients make up a large portion of the patients treated for colon cancer and further study of this patient population is needed to assess what treatments are most beneficial.