Age over 80 does not predict morbidity and mortality following pancreaticoduodenectomy in appropriately selected patients

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Purpose of study: Pancreaticoduodenectomy (PD) is a potentially curative procedure for pancreatic and peri-ampullary malignancies. It is however associated with high morbidity rates which are perceived to be increased in the elderly. To our knowledge, there has been no Australian series that have compared outcomes of patients over the age of 80 undergoing PD to those who are younger. **Methods**: patients who underwent PD between January 2008 and November 2015 were identified from a prospectively maintained database. The post-operative and survival outcomes of population aged 80 and over were compared to the younger population. **Results**: 165 patients who underwent PD were identified, in which, 17 (10.3%) were elderly and 148 (89.7%) were younger patients. The American Society of Anaesthesiologists (ASA) class was similar between the groups, p=0.420. No difference in overall post-operative complications between the two groups were seen, p=0.88. PD-specific complications did not show any difference between the two cohorts. The 30-day mortality was no different when compared, p=0.630. The overall median survival was significantly lower in the elderly group, p=0.038. Similarly, older patients with pancreatic adenocarcinoma had significantly lower median survival than the younger group, p=0.027. **Conclusion**: No difference was seen in post-operative complications in between the two cohorts. There were however a lower median survival in elderly patients following PD, but it did not appear to be related surgical complications. Careful selection of elderly population and optimal perioperative care are required when offering surgery in this age group but the age itself should not be used as a basis of surgical intervention.

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