

Profile of Histologically Proven Malignancies in Elderly in Western Rajasthan in last Two Decades

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Abstract

Malignancies involving various organs form an important cause for mortality and morbidity in the elderly. Their incidence is likely to increase as the population transition takes place. This retrospective study attempts to determine the frequently encountered malignancies in the elderly age group in Western Rajasthan (India) in last two decades. In males, malignancies of the alimentary tract (oro-pharyngeal) were the commonest followed by malignancies of genito-urinary (prostate) and respiratory systems (larynx). In females, the most common system involved was genito-urinary (cervix), followed by alimentary tract and breast. Malignancies of all systems is seen in the ages above 60 years and there is need for further research to understand epidemiological profile of malignancies in elderly in this arid region of India.

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Introduction

Malignancies involving various organs form an important cause for mortality and morbidity in the elderly and their incidence is likely to increase as the population transition takes place. This retrospective study is an attempt to determine the frequently encountered malignancies in the elderly age group in Western Rajasthan, India.

Methods

The records of all the specimens received for histopathological examination in laboratory between January 1984 and December 2002 were reviewed and those confirmed to have evidence of malignancy were retrieved. The malignancies that were reported in people with age 60 years & above were analyzed with respect to gender and organ involved.

Results

During the study period of nineteen years, a total of 23816 specimens were received for histopathological examination. Amongst these, 2597 had evidence of malignancy of which 774 (29.8%) belonged to elderly age group (60 Years and above). Out of these elderly, there were 480 males and 294 females with histological evidence of malignancy. Majority of them were from the age group of 60-70 years as shown in Table 1.

Table 1 : Age & sex Distribution of elderly with malignancy

Age Group	Male (%)	Female (%)	Total (%)
60-70 yrs	300 (62.5)	204 (69.3)	504 (65.1)
71-80 yrs	145 (30.2)	77 (26.1)	222 (28.7)
>80 yrs	35 (7.3)	13 (4.4)	48 (6.2)
TOTAL	480	294	774

In males, malignancies of the alimentary tract (oro-pharyngeal) were the commonest followed by malignancies of genito-urinary (prostate) and respiratory systems (larynx) (Table 2). In the females, the most common system involved was genito urinary (cervix), followed by alimentary tract and breast. Malignancies of skin were also observed in both males and females.

Discussion

Over a period of few decades, we have witnessed changes in the population profile all over the world. This was initially noticeable more in developed countries but now it is very evident in developing world as well. There has been a gradual rise in the elderly population in India. From 5.4 percent in 1951, the proportion of 60+ people grew to 6.4 per cent in 1981 and is projected to be close to 8.1 per cent in 2001. The decadal percent growth in the elderly population for the period 1991-2001 would be close to 40, more than double the rate of increase for the general population².

The Indian Council of Medical Research (ICMR) has attempted to compile data on morbidity from

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Table 2 : Distribution of Site / System involved as per the gender

Malignancy site/System involved	Number of cases	
	Male n=480(%)	Female n=294 (%)
Alimentary tract	189 (39.4)	89 (30.3)
Genito urinary system	84 (17.5)	94 (32.0)
Lymph node	48 (10.0)	12 (4.1)
Respiratory system	64 (13.3)	11 (3.7)
Skin	53 (11.0)	31 (10.5)
Breast	1 (0.2)	40 (13.6)
Connective Tissue	4 (0.8)	1 (0.3)
Endocrine	4 (0.8)	2 (0.7)
ENT	4 (0.8)	2 (0.7)
Eye	3 (0.6)	2 (0.7)
Soft tissue	25 (5.2)	7 (2.4)
Site not known	1 (0.2)	3 (1.0)

different sources. A large number of deaths in elderly have been attributed to non communicable diseases (including cardiovascular disorders, stroke, hypertension, blindness and hearing loss)⁴. In 1996, 0.35 million elderly people were reported to be suffering from cancer and this report has suggested a steady increase in the number of such elderly.

There have been a few reports on prevalence of cancers in western Rajasthan in general population⁵. However, no separate emphasis is given to the occurrence in the population over the age of 60 years. This study therefore, aims to highlight the commonly occurring malignancies in the elderly group.

McKenna (1994) has reported that 55% of human cancers occur in individuals over 65 year age⁶. It is also estimated that individuals more than 65 years of age are 11 times more at risk of developing cancer than their counterparts less than 65 years age⁷. Another study from Serbia⁷ also reported that the tumors of breast, large bowel and lung are most common in women and cancers involving prostate, lung and large bowel are common in males. However, in our study, we found the malignancies of oropharynx and hypopharynx to be the commonest followed by malignancies of respiratory system and prostate in males. In females, we found cancers of cervix to be the commonest followed by that of breast.

Franceschi et al⁸ have recommended that screening and early diagnosis for cancer in the elderly should be critically considered for prostate, colorectal, and breast. While elderly people in India may have

reasonable access to family care, they are inadequately covered by economic and health security. The practical implications of the population ageing for India are far-reaching. With limited resources and increasing numbers of elderly people, we need to have well orchestrated, multisectorial and systematic planning to face the burden of malignant disorders⁹.

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