and year) general population. Relative Excess Risks of death were estimated using a multivariable generalised linear model with a Poisson distribution.

**Results** Overall, 10,782 patients were included; 50.4% was 65 years or older. Surgery was performed in 50% of the patients and decreased with increasing age (p<0.001). Over time, less patients received surgery (p<0.001). Relative survival was increasing in patients that received surgery, adjusted for potential confounders the Relative Excess Risks was 0.7 (95% CI 0.6 to 0.9; p<0.001) for 65–74 years old patients, 0.5 (95% CI 0.5 to 0.6); p<0.001) for patients aged 75–84 and 0.4 (95% CI 0.3 to 0.6; p<0.001) for the patients 85 and older. There were no differences in the independent prognostic factors associated with relative survival (age, grade, tumour size, lymph node involvement, type of metastases, additional treatment).

**Conclusion** This large retrospective study showed an improved relative survival for all elderly that received local surgery for metastatic treatment.

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**References**


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**Conflict of Interest**

The authors declare no conflict of interest.