

2-2019

Retrospective Chart Review Assessing Factors that Contribute to Network Leakage in Postoperative Pancreatic Cancer Patients

Nazanin Sarpoulaki
Thomas Jefferson University

Christian Fernandez, MD
Thomas Jefferson University

Mark Hurwitz, MD
Thomas Jefferson University

Follow this and additional works at: https://jdc.jefferson.edu/si_ctr_2021_phase1



Part of the [Oncology Commons](#), and the [Surgery Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Sarpoulaki, Nazanin; Fernandez, Christian; and Hurwitz, Mark D., "Retrospective Chart Review Assessing Factors that Contribute to Network Leakage in Postoperative Pancreatic Cancer Patients" (2019). SKMC JeffMD Scholarly Inquiry, Phase 1, Project 1.

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Naz Sarpoulaki
SKMC Class of 2021
SI CTR Abstract
December 15, 2018

Retrospective Chart Review Assessing Factors that Contribute to Network Leakage in Postoperative Pancreatic Cancer Patients

Introduction:

Standard of care for resectable pancreatic cancer includes surgery, chemotherapy, with consideration of radiotherapy. Thomas Jefferson University Hospital (TJUH) is a large volume institution for pancreatectomy. Rate of subsequent in-network adjuvant treatment are far less which may impact outcomes. We will elucidate variables that influence coordinated patient care.

Objective:

To evaluate variables that correlate with follow up and adjuvant treatment of pancreatic cancer patients at TJUH.

Methods:

Retrospective medical chart reviews will be performed with data from patients with pancreatic cancer who have undergone resection at TJUH from April 2017 to March 2018. Patient demographics, clinical, and pathologic information will be obtained and a multivariable logistic regression done to identify variables associated with follow up and reception of adjuvant treatment.

Results:

We hypothesize that distance from TJUH will be the strongest predictor of follow up and adjuvant treatment at TJUH.

Discussion:

The findings will help us to characterize the quality of follow up and adjuvant treatment at TJUH. Identification of significant variables will help select patients that may benefit most from additional efforts to coordinate follow up. This may benefit patient outcomes as adjuvant treatment at high volume, academic centers have been associated with overall survival outcomes (Mandelson, ASCO 2016, abstract #191). Future projects based on our findings will evaluate the impact of current TJUH efforts such as the in-house inpatient medical and radiation oncology consultation through patient interviews and surveys. The ultimate goal of our work is to optimize current efforts while identifying gaps for innovation to maximize coordinating care.