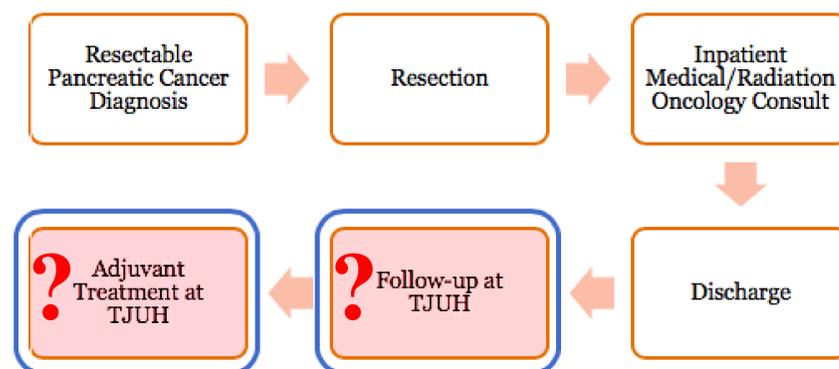


## INTRODUCTION

- Standard of care for resectable pancreatic cancer according to the National Comprehensive Cancer Network (NCCN) guidelines includes surgery, chemotherapy, and consideration of radiotherapy (1).
- Thomas Jefferson University Hospital (TJUH) is a high volume institution with over 100 surgical pancreatic cancer cases per year.
- Adjuvant treatment at *high volume centers* is recommended at all stages (2,3), and inpatients at TJUH routinely receive inpatient radiation and medical oncology consultations prior to discharge to discuss the benefit of adjuvant therapies (4).
- Despite these efforts and potential benefit to patients, the rate of follow up and delivery of adjuvant therapies at TJUH have not be characterized.
- We retrospectively reviewed patients that received curative surgery at TJUH to assess follow up, adjuvant treatment, and evaluated associated variables.



## METHODS & MATERIALS

- Patients that received inpatient radiation oncology consults for pancreatic cancer were retrospectively evaluated between April 2017 to March 2018.
- One hundred patient charts in the electronic health record (EMR) were identified, 61 of which were post-operative pancreas patients.
- Patient demographics, clinical, and pathologic information was obtained and analyzed.
- Travel distance was measured in miles from patient residence zip code to TJUH. Household income was estimated based on zip code median income.
- Logistic regression analysis was done to identify potential variables associated with follow up and adjuvant treatment.

## RESULTS

Variables	Values	Follow-Up p-value	Treatment p-value
n	61		
Male	33 (54%)	0.631	0.979
Female	28 (46%)		
Average age (years)	68 (29 - 84)	0.661	0.337
Median Distance from TJUH (miles)	42 (9 - 2,867)	0.651	0.495
Median Household Income (by zip code)	\$74,000 (\$26,000 - \$200,000)	0.590	0.476
Stage at Resection			
0	1 (2%)	0.088	0.821
IA	2 (3%)		
IB	9 (15%)		
IIA	13 (21%)		
IIB	27 (44%)		
III	9 (15%)		
Location of Disease			
Head of Pancreas	37 (61%)	0.073	0.535
Other	24 (39%)		
<b>Total TJUH Follow Up</b>		<b>23 (38%)</b>	
Medical Oncology	23 (38%)		
Radiation Oncology	10 (16%)		
<b>Total TJUH Adjuvant Treatment</b>		<b>21 (34%)</b>	
Medical Oncology	18 (30%)		
Radiation Oncology	3 (5%)		
Neoadjuvant Treatment	8 (13%)		

## DISCUSSION

- Continuity of care at TJUH is low, with only 38% returning for follow up, and 34% receiving adjuvant therapy at our center.
- Given that adjuvant chemotherapy at high volume centers is recommended in all pancreatic cancer patients, this number is particularly concerning (2,3).
- There were no factors associated with follow up or treatment, most notably distance from TJUH.
- Improved coordination may improve follow up, and emphasis of satellite facility options may improve network capture.
- Limitations of our study include retrospective design, limited ability to evaluate follow up at satellites, and lack of direct patient input.
- Future projects include evaluating follow up at satellites and affiliates, evaluating impact of inpatient oncology consultations, and surveying patients.

## CONCLUSION

- Continuity of care of surgical pancreatic cancer patients treated at TJUH is low, even among patients that live relatively near TJUH.
- Additional efforts to improve coordination of care to improve continuity are warranted and may improve patient outcomes.

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Follow-up Rate

