

# Pancreas Cancer Treatment Comparison to NCCN Guidelines

August 2004

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**Data Source:** Cancer Registry data of AJCC summary stage I, II, III pancreas cancer diagnosed January 1, 2000 to December 31, 2003. NCCN guidelines for pancreas cancer.

**Reason for Report:** To determine if St. Joseph Hospital is following the NCCN guidelines for pancreas cancer.

**Findings:** There were 23 cases of stage I, II, III pancreas cancer diagnosed for the above time period.

Number following all NCCN treatment recommendations = 17 (73.9%)  
 Number not following all NCCN recommendations = 6 (26.1%)  
     Not following tissue diagnosis recommendation = 3 (13%)  
     Not following surgery recommendation = 0  
     Not following radiation recommendation = 4 (17.4%)  
     Not following chemo recommendation = 4 (17.4%)

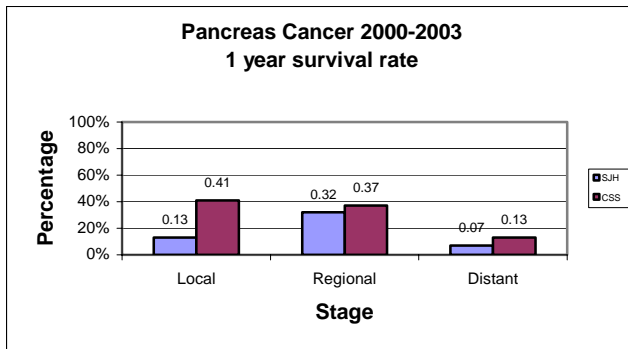
Reasons not following recommendations:

Health reasons/tx not planned = 2 (age 86 & 80)  
 Patient refused chemoradiation = 3 (age 60, 78 & 52)  
 Chemoradiation not recommended = 1 (age 57)  
 Pt expired = 1 (age 51)

## Other interesting facts:

Patients who received treatment = 7  
     Surgery/Radiation/Chemo = 2  
     Surgery alone = 1  
     Radiation/chemo = 4

One patient still alive as of 5/15/04 (Stage I)



	Average age	Average tumor size	Jaundice At present	Average Mo Survival
Stage I	75.8	4.4 cm	3 of 6	2.6
Stage II	74	2.5 cm	1 of 3	7.3
Stage III	66.4	3.9 cm	7 of 14	8.3

**Conclusions:** A high level review of the pancreas study showed 23 cases of stage I, II and III cancer diagnosed, of which only 74% followed the NCCN guidelines. Of the six that did not follow the guidelines, three “fell out” because a tissue diagnosis was not confirmed in patients who had such poor performance status that therapeutic intervention

would not be warranted. Obtaining tissue diagnosis in an academic center maybe highly important but in a Community Center it is an unnecessary and expensive test.

Of those patients who did not follow NCCN recommendations one person expired immediately, three patients refused recommended treatment, and 2 patients were considered too old. There is only one patient where chemo/radiation would have been appropriate, according to NCCN guidelines, but was not recommended as the course of treatment.

The real question, however, is determination of what represents poor performance. The NCCN guidelines do not state the criteria for poor performance in terms of choosing a treatment and 70% of the patients were classified as being poor performance and had no treatment.

Further analysis of survival for pancreas cancer patients compared to CSS is dismal. Although regional disease is fairly comparable involving only 3 local patients, the local disease survival is only 13% in six patients, compared to 41% survival in one year for this entire CSS. Interestingly, the average months survival for the stage 1 pancreas cancer in our community was only 2.6 months compared to an average survival of 8.3 months for stage 3 patients in our community. In the attempt to evaluate why this discrepancy is noted, the average age of our stage 1 local was 76 years compared to 66 years for stage 3 patients and compared to an average age of 70 years for the 70 patients for the stage 1 CSS data. This 5-year difference may contribute to the overall survival difference in a dramatic way.

In conclusion, it is clear that local pancreatic patients have a dismal and poor outcome in our community. This may be due to the fact that they are diagnosed in a later age group and are in poor health. It certainly bears watching in terms of defining what constitutes poor performance status.