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## Centralised pancreatic cancer services; Have we made a difference?

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### Aims

Specialist multidisciplinary teams (MDTs) are recommended to centralise the care of patients with pancreatic cancer. The evidence is that this reduces operative mortality but the long-term outcomes need investigation.

We hypothesised that the creation of the pancreatic MDT in South Wales has improved the overall survival (OS) of patients with pancreatic and periampullary Cancer (PC).

### Methods

Patients with PC (ICD-10 code C24 or C25), within the South Wales cancer network area, were identified from the national patient databases and compiled using the Secure Anonymised Information Linkage (SAIL) databank developed by Swansea University. Patients were grouped into pre and post centralisation cohorts (2004-2009 and 2010-2015).

### Results

Between January 2004 and January 2016, 4602 patients (50.2% female) had a diagnosis of PC. After centralisation, the incidence of PC increased from 14.8 to 16.0 per 100,000 population ( $p = 0.002$ ). Survival curve analysis indicated increased OS rates at 1, 3 and 5 years (from 18.1%, 6.5% and 4.7% to 21.0%, 7.5% and 5.3% respectively ( $p = 0.021$ ).

Despite an increased resection rate post-centralisation (8.1% to 11.1%,  $p = 0.002$ ), the OS of patients undergoing surgical resection did not change ( $p = 0.770$ ). The observed decreases in operative 30-day and 90-day mortality rate after centralisation did not reach statistical significance ( $p = 0.174$  and  $p = 0.110$ ).

### Conclusions

Centralisation of pancreatic services has increased the OS of patients with PC in South Wales and has increased the utilisation of surgery. Unfortunately, despite this, survival rates from PC remain stubbornly low.