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

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SKMC Class of 2021
SI CTR Abstract
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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.