Lehigh Valley Health Network

LVHN Scholarly Works

Research Scholars

A Retrospective Review of LVHN Compliance With Diagnostic Workup For Pancreatic Cancer Per NCCN Guidelines

Caitlin Scialla

Dennis Sopka MD Lehigh Valley Health Network, Dennis_M.Sopka@lvhn.org

Savitri Skandan MD Lehigh Valley Health Network, Savitri.Skandan@lvhn.org

Melissa Kratz RN, MSN, AOCN Lehigh Valley Health Network, melissa.kratz@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/research-scholars



Part of the Diagnosis Commons, and the Health Services Research Commons

Published In/Presented At

Scialla, C., Sopka, D., Skanda, S., Kratz, M. (2021, August). A Retrospective Review of LVHN Compliance With Diagnostic Workup For Pancreatic Cancer Per NCCN Guidelines. Poster Presented at: LVHN Research Scholar Program Poster Session, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

A Retrospective Review of LVHN Compliance With Diagnostic Workup For Pancreatic Cancer Per NCCN Guidelines

Caitlin Scialla, Melissa Kratz MSN RN AOCNS, Dennis Sopka MD, Savitri Skandan MD

Lehigh Valley Health Network, Allentown, Pennsylvania

Introduction

- In 2021, an estimated 60,430 Americans will be diagnosed with pancreatic cancer
- Pancreatic cancer has a notoriously low survival rate because there are no detection tools to diagnose the disease early and initial symptoms are subtle and nonspecific
- 5-year survival rate according to National Cancer Institute Surveillance, Epidemiology, and End Results Program (NCI SEER) is approximately 10.8%
- Treatment options include surgery, radiation, and chemotherapy
- The National Comprehensive Cancer Network (NCCN) put forth recommendations for the management of pancreatic cancer

Objectives

- To determine how well treatment offered to pancreatic cancer patients at LVHN in 2019 complied with NCCN guidelines
- To highlight areas in which LVHN might better its compliance with NCCN guidelines for pancreatic cancer

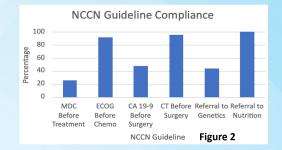
Methods

- Retrospective chart review of 108 cases of pancreatic cancer treated at LVHN in 2019
- 65 cases were excluded from final analysis because:
 - Treatment for pancreatic cancer received at another hospital (42)
 - Patient declined treatment (21)
 - Patient expired before treatment was initiated (2)
- Used Epic to review the electronic medical records of the pancreatic cancer patients treated by LVHN in 2019
- Used Excel to record the extracted data. Focused the final analysis on 6 NCCN guidelines: multidisciplinary clinic (MDC) before treatment, ECOG performance status before chemotherapy, CA 19-9 bloodwork and CT before surgery, and referral to genetics and nutrition

Results

Figure 1 (below)

NCCN Guideline	Total Patients	Compliant Patients	Percentage Compliant
MDC Before Treatment	43	11	25.58
ECOG Before Chemo	38	35	92.10
CA 19-9 Before Surgery	23	11	47.83
CT Before Surgery	23	22	95.65
Referral to Genetics	43	19	44.19
Referral to Nutrition	43	43	100.0



Breakdown of Cases That Received CT Before Surgery

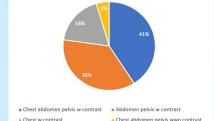


Figure 3 (above)

Number of Cases Receiving MDC by

Clinical Stage

Clinical Stage

■ Total Cases ■ Cases Received MDC

Figure 4 (above)

Conclusions

- As demonstrated by Figures 1 and 2, LVHN's percentage compliant differed depending on the guideline in guestion
- Figure 3 shows that early clinical stage cases, particularly stage 1 cases, are reviewed by MDC at a significantly higher percentage than late clinical stage cases
- Although over 95% of cases received CT prior to surgery, Figure 4 reveals that the type of CT ordered varied by case. While most cases received a CT that includes the chest, 36% received a CT that only includes the abdomen and pelvis

Future Directions

- Evaluate referral process to MDC to ensure that all patients are seen rather than just early clinical stage cases
- Increase number of cases that receive baseline CA 19-9 prior to surgery
- Increase number of cases that receive chest CT prior to surgery
- Evaluate referral process to genetics to maximize the number of cases that receive germline testing

References

- National Cancer Institute Surveillance, Epidemiology, and End Results Program. Cancer stat facts: pancreatic cancer. Retrieved from
- https://seer.cancer.gov/statfacts/html/pancreas.html
- 2. National Comprehensive Cancer Network. (2021). *About clinical practice guidelines*. Retrieved from https://www.nccn.org/guidelines/guidelines-process/about-nccn-clinical-practice-ouidelines
- 3. National Comprehensive Cancer Network. (2021). Pancreatic cancer (version 2.2021). Retrieved from https://www.nccn.org/patients/guidelines/content/PDF/pancr eatic-patient.pdf



