52. TREATMENT RATES & OUTCOMES FOR PATIENTS WITH METASTATIC PANCREATIC CANCER AT A SINGLE VA HOSPITAL: AN EXPLORATORY ANALYSIS

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BACKGROUND: Under-treatment of Metastatic Pancreatic Cancer (MPC) continues to be a problem. Recent data presented at AVAHO 2016 (poster 21) by Ahmed et. al. showed patients in the VA system with MPC had treatment rates substantially lower than ACOS certified hospitals (41.5% versus 53.2%).

STUDY AIM: We aim to determine the treatment rate of MPC at the Stratton VA Medical Center (SVAMC), an ACOS-certified VA hospital, compare it with the national VAH and ACOS hospitals and conduct a root-cause analysis for this under-treatment.

RESEARCH DESIGN AND METHODS: We retrospectively reviewed the medical records of MPC patients at the SVAMC between January 2010 and December 2016. All patients who presented to VA Stratton with biopsy-proven MPC were included. Charts were reviewed to determine whether patients received systemic therapy, the specific type of therapy each patient received, survival rates and the stated reason for not receiving chemotherapy.

RESULTS: Thirty-five patients were identified to have had likely MPC. Three were excluded as they did not have a tissue biopsy. Of the remaining 32, nineteen (59.4%) received systemic therapy. Thirteen (40.6%) were found not to have been treated with systemic chemotherapy. The stated reasons for non-treatment were low functional status (8 patients-61.5%), patient refusal (3 patients-23.1%) and other reasons (2 patients-15.4%). Median survival of metastatic pancreatic adenocarcinoma was 233 days in the Chemotherapy group vs 60 days in the group that did not receive systemic therapy (p-value= 0.012 for mean survival). The treatment rate for MPC at SVAMC was determined to be 59.4% which is higher than both VAH (41.5%) and ACOS certified hospitals (53.2%).

CONCLUSION: Our study showed that treatment rates for MPC at the SVAMC was higher than national average VA data. The vast majority of non-treatments (patient refusal, diminished ECOG status) were appropriate and in line with NCCN guidelines. National averaged data may mask regional trends and heterogeneity in practice in various VA centers. Further studies should explore this hetrogeneity and identify possible causes.