

Pancreatic cancer surgery findings presented at SSO

13 March 2014

Despite the benefits of surgery for early stage pancreatic cancer, it remains under-utilized for patients with this deadly disease, according to a new national analysis of trends and outcomes. Physician-scientists at University Hospitals Case Medical Center and Case Western Reserve University School of Medicine presented their findings and strategies to increase rates at the Society of Surgical Oncology Cancer Symposium in Phoenix.

In an abstract titled "Factors Associated with Failure to Operate for Localized Pancreatic Adenocarcinoma," the research team used the Surveillance, Epidemiology and End Results (SEER) database to identify factors associated with not receiving [surgery](#) in patients with localized pancreatic cancer. A secondary aim was to evaluate the effect of receiving surgery on disease-specific survival.

"Surgery is potentially curative for patients with [early stage](#) pancreatic cancer however utilization has not increased over the past 22 years," said Julian Kim, MD, senior author of the study and Chief of Surgical Oncology at UH Case Medical Center Seidman Cancer Center. "Pancreatic cancer is a [deadly disease](#) with long-term survival less than 5% and better treatments are needed to improve survival. While not all patients with localized disease are candidates for curative resection, there is an opportunity for educating patients and physicians about the potential benefits of surgery."

The study population included patients diagnosed with SEER historic stage A localized pancreatic adenocarcinoma between 1988-2010 from across the United States. Of 6,742 patients diagnosed with localized [pancreatic adenocarcinoma](#), 1,715 patients (25.4%) received surgical treatment. There was no significant change in the utilization of surgery over time. Researchers found that patients were less likely to undergo surgery if they were

older than 50 years, black, unmarried or located in regions outside the East, among other factors. Patients who did not undergo surgery had significantly worse disease-specific survival than patients who underwent surgery (6 vs. 27 months).

Cancer of the pancreas is the fourth leading cause of cancer death in the United States, killing more than 35,000 Americans each year. Pancreatic cancer is characteristically aggressive with non-specific initial symptoms, making it difficult to diagnose early. Conventional therapies have little impact on prognosis and disease outcome. Surgical resection of the tumor is currently the only chance for a cure. Without resection, overall median survival is four to six months with an estimated five-year survival rate of 0.4 percent to 5 percent.

"This study demonstrates the value of using the SEER database to analyze factors associated with surgery as a treatment for localized [pancreatic cancer](#) in a large number of patients over a prolonged period of time," says Dr. Kim who is also the Chief Medical Officer of the UH Seidman Cancer Center and the Charles Hubay Professor at Case Western Reserve University School of Medicine. "Our findings underscored the underutilization of this treatment modality in patients with this disease and identifies an opportunity to better educate [patients](#) and physicians about improvements in surgical outcomes."

More information: The abstract is available at: social.djgcreate.com/?search=M...t1=&presenter=&date=

Provided by University Hospitals Case Medical Center

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