

# Pancreatic cancer care & outcome in N. Ireland 2007 (with comparisons 2001)

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**Background:** 160 patients are diagnosed with pancreatic cancer annually in Northern Ireland, with a similar number dying of the disease each year. N.Ireland Cancer Registry (NICR) carried out an audit of pancreatic patients diagnosed in 2001, and recommended service centralisation. A further audit was undertaken of 2007 to determine if care and outcome for pancreatic cancer had changed.

**Method:** Retrospective clinical note review of patients diagnosed with pancreatic cancer in Northern Ireland 2001 and 2007. Data were entered onto an electronic proforma developed with input from clinicians. Information on patient referral, presenting symptoms, co-morbidities, investigations, pathology, staging, treatment, aftercare and survival was collected.

**Results:**

Data were collated on 152 patients diagnosed in 2001 and 173 in 2007. Patients with insufficient information or whose only notification was by death certificate were excluded. Co-morbidities were similar, but more patients were recorded as having diabetes (27% 2007 vs. 19% 2001).

	2001	2007
<b>Males</b>	<b>82 (54%)</b>	<b>96 (55%)</b>
<b>Females</b>	<b>70 (46%)</b>	<b>77 (45%)</b>
<b>Both</b>	<b>152</b>	<b>173</b>

**Patient Presentation:** Half of GP referrals presented at A&E. Patients' presenting symptoms and duration differed little, with weight-loss (69%) and loss of appetite (68%) being the most frequently recorded. In 2007, fewer patients were investigated by ERCP (49% vs. 71%), more had CT scan (93% vs. 81%) and half had a histological/ cytological confirmation of their diagnosis (51% vs. 42%).

Stage	I	II	III	IV	Unstaged
<b>2001</b>	<b>6%</b>	<b>&lt;1%</b>	<b>5%</b>	<b>39%</b>	<b>49%</b>
<b>2007</b>	<b>1%</b>	<b>9%</b>	<b>9%</b>	<b>53%</b>	<b>28%</b>

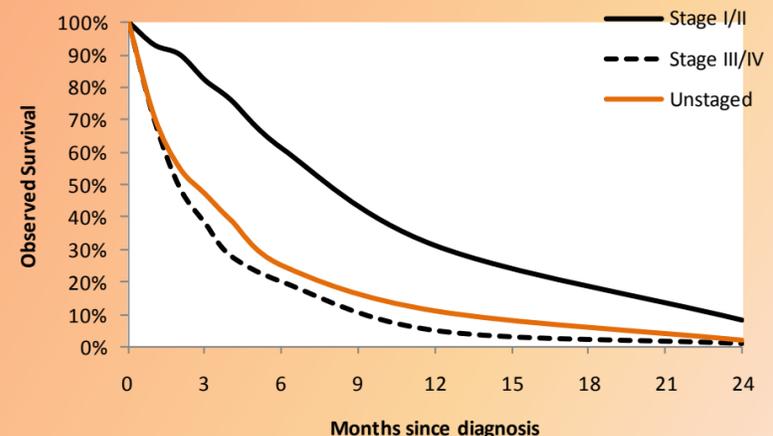
**Staging:** In 2007, recording of staging improved (72% vs. 51%), with at least 80% presenting with Stage IV or Unstaged disease.

**Treatment:** In 2007, more patients were recorded as having had a Multidisciplinary Team meeting (MDT) (47% vs. 13%) and/or preoperative surgery plan recorded (96% vs. 22%). More patients received surgery, which was carried out in fewer hospitals (7 vs. 11) by fewer surgeons. Surgery with curative intent was centralised in one hospital.

Surgery	2001	2007
<b>Curative resection</b>	<b>3%</b>	<b>8%</b>
<b>Biliary bypass</b>	<b>14%</b>	<b>10%</b>
<b>Gastric bypass</b>	<b>11%</b>	<b>10%</b>
<b>No. of surgery patients</b>	<b>31</b>	<b>45</b>
<b>No. of operators</b>	<b>17</b>	<b>14</b>

**Onward Referral:** In 2007, there was increased referral to dietician (65% vs. 1%), HPB nurse (18% vs. 0%), palliative care specialists/team (61% vs. 17%) and occupational therapist (40% vs. 11%).

**Survival:** There was no significant improvement in survival between 2001 and 2007, with 2-year survival at 1% and 3% respectively. Patients undergoing curative resection had 2-year survival of 16%, compared with 1% for those treated non-operatively. Patients with earlier stage disease (Stage I/II) had better survival than those with late stage disease (Stage III/IV).



**Conclusions:**

In 2007, there was better recording of patient information. There was evidence of centralisation of services to the HPB unit, with fewer surgeons operating on more patients. More patients were having an MDT but still over half had no record in their notes of MDT. More patients were having referral to dieticians and palliative care. These results have been fed back to service providers and clinicians.

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