

Impact of the Implementation of a Comprehensive Pancreatic Program on the Timing For Endoscopic Pancreatic Biopsy

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Introduction

Pancreatic cancer (PC) is associated with poor survival outcomes with a 5-year survival of only 12%. It has been proven that early, rapid, and accurate pancreatic cancer diagnosis is associated with improvement of outcomes. Endoscopic ultrasound (EUS) biopsy is the standard of care for PC diagnosis.

Aim

Analyze the impact of the institution of a new comprehensive pancreatic program (CPP) on the timeliness to diagnostic EUS biopsy in patients with a suspicious pancreatic lesion.

Methods

Retrospective cohort study.

CCP: multidisciplinary team with GI/HPB surgical oncologist, complex gastroenterologist and GI pathologist, radiologist and medical oncology

Patients with imaging suspicious with pancreatic lesions (N=141)

Days from imaging to EUS

Exclusions
> 90 days
N= 9

Before Implementation of CPP
(January 2019- August 2020)
N=56

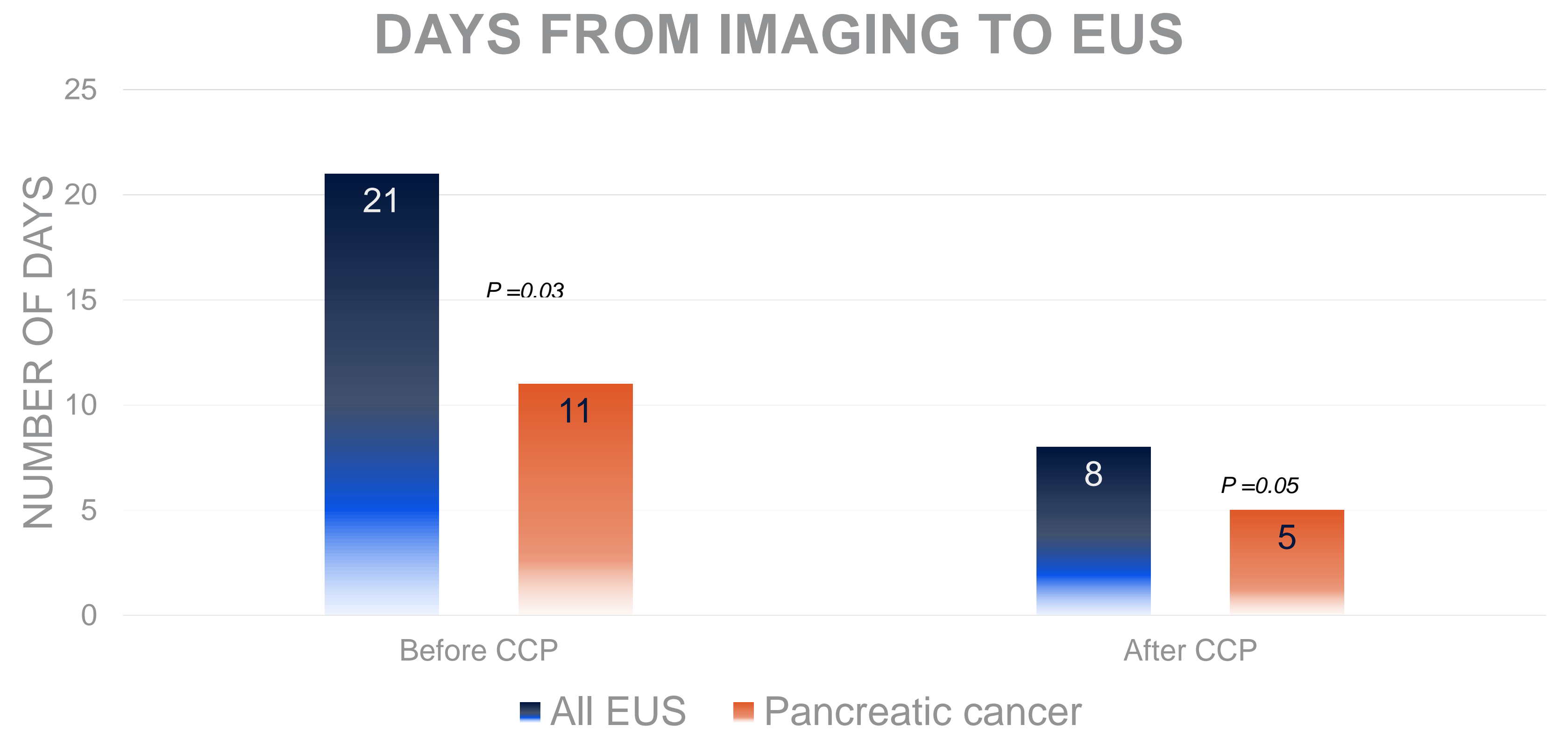
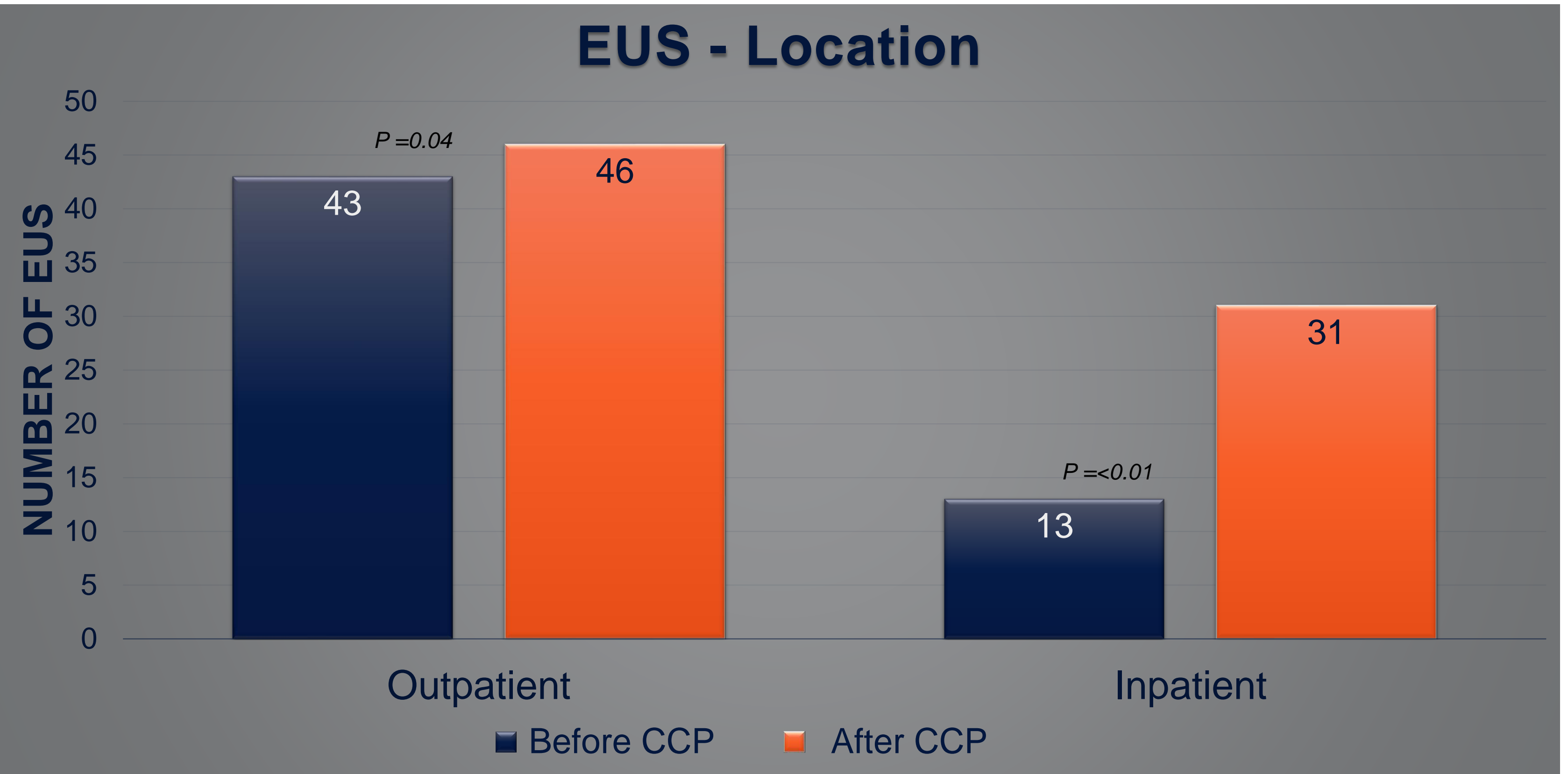
After Implementation of CPP
(September 2020- March 2022)
N= 76

Secondary outcomes:
Access to EUS, EUS positive biopsy,
inpatient vs. outpatient EUS

Results

Patient Demographics			
	Before CCP implementation N= 56	After CCP implementation N=77	P value
Age (mean +/-)	70.9 (±11.2)	67.7 (±11.8)	0.12
Gender			
Female	73 % (41)	49 % (36)	0.002
Male	27% (15)	51 % (41)	
Ethnicity			
Caucasian	84 % (47)	83 % (64)	0.9
African America	14 % (8)	14% (11)	1
Hispanic/ Latino	0 % (0)	1 % (1)	0.39
Other	2 % (1)	1 % (1)	0.82
Insurance			
Private	27% (15)	31 % (24)	0.58
Uninsured	2% (1)	4 % (3)	0.48
Medicare	59% (33)	55 % (42)	0.61
Medicaid	5% (3)	8 % (6)	0.58
Other	7% (4)	3 % (2)	0.21
Miles away			
- <20 miles	54% (30)	48 % (37)	0.53
- 20-50 miles	46% (26)	36 % (28)	0.24
->50 miles	0% (0)	17 % (12)	0.0002

Tumor Characteristics			
	Before CCP implementation N= 56	After CCP implementation N=77	P value
Location			
- Head/uncinate/neck	52 % (29)	44 % (34)	0.38
- Body/tail	30 % (17)	46 % (35)	0.001
- Combination/throughout	18% (10)	10 % (8)	0.21
Pathology			
-Adenocarcinoma	25 % (14)	36 % (28)	<0.01
-Neo endocrine	4 % (2)	4 % (3)	0.92
-IPMN/ branch mucinous/ serous cystadenoma	10 % (6)	17 % (13)	<0.01
-Pseudo cyst	5 % (3)	6 % (5)	0.79
-Benign	34 % (19)	21% (16)	0.09
-Other	21 % (12)	16% (12)	0.39



Conclusion

The implementation of a comprehensive pancreatic program was associated with positive impact on the equality of care in patients presenting with suspicious pancreatic lesion by shortening the timing for pancreatic biopsy and increasing the access to EUS in those living in rural areas.