Patients with Malignant Pancreatic Masses Diagnosed at a Cancer Center

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Background

- Patients with **cancer** frequently receive **fragmented care** as they move through **clinic presentation, diagnostic workup and treatment initiation**.
- This often leads to **delays** in patient **evaluation** and **care**.¹
- We developed an easily accessible **diagnostic clinic** at a comprehensive cancer center to address this concern.
- Our **objective** was to describe the population with **pancreatic malignancy** presenting to M.D. Anderson **Suspicion of Cancer Clinic**. No standardized, universal **screening tools** currently exist.³
- **Pancreatic cancer** patients benefit from **early** diagnosis during the **asymptomatic** phase known to be associated with **improved outcomes** compared to later diagnosis.²

Methods

- **All** patients with **malignant pancreatic masses** seen in the **Suspicion of Cancer Clinic** at our institution between January 2011 and August 2017 were retrospectively enrolled.
- Data from our institution’s **Tumor Registry** were collected:
 - Baseline **demographics**;
 - Malignant lesion **histology**;
 - Pancreatic cancer **staging**;
 - Cancer **treatment**.
- **Descriptive statistics** was used for analysis.
- Results are presented as frequency and proportion of patients in each category.
- The study was approved by an Institutional Review Board.

Results

- We included **100** patients with **pancreatic cancer**.
- Mean age: **67 years**.
- Male population: **52%**.
- The majority of patients were **Caucasian (75%)**.
- **Histological** diagnosis:
 - Most common: **adenocarcinoma (73%)**.
 - **Neuroendocrine tumors: 9%**.
- **Metastatic** disease at diagnosis: **51%**.
- Proportion of patients who either **received cancer treatment** or had **treatment recommendations outlined: 77%**.
- The most frequent **treatments** during the **first 4 months** after diagnosis:
 - **Chemotherapy: 48%**.
 - **Surgery: 8%**.
 - **No treatment: 49%**.
- Based on this **initial experience**, we were able to develop a **protocol** for the assessment of **pancreatic masses (Figure)**.

Figure. Proposed protocol for the assessment of **pancreatic masses** in the **Suspicion of Cancer Clinic**.

Abbreviations. CT, computed tomography; EBUS, endobronchial ultrasound; EUS, endoscopic ultrasound; FNA, fine needle aspiration; MRCP, magnetic resonance cholangiopancreatography; MRI, magnetic resonance imaging.

Conclusions

- Patients presenting with symptoms, imaging and laboratories suggestive of **pancreatic cancer** are successfully diagnosed in **ambulatory setting by internal medicine physicians** in a **comprehensive cancer center**.
- Patients with **undiagnosed** malignant pancreatic masses most frequently have **metastatic disease**.
- Of those receiving treatment, **chemotherapy** was most administered, likely due to **advanced stage** at diagnosis.
- **Nearly half** of patients elected to receive **no cancer treatment**.
- The importance of **symptom control** and **focus on quality of life** should be considered during the diagnostic process of this malignancy.

References

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