Pancreatic Cancer UK

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The Liverpool Experience: Centralised Care for Pancreatic Cancer

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Centralised Care for Pancreatic Cancer - Our experience at Clatterbridge Cancer Centre

Pancreatic Cancer UK Webinar
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Outline

- Brief Introduction
- Evolving practice set-up for Pancreatic Cancer Management at Clatterbridge Cancer Centre
- Outcome with Centralisation of Care for Pancreatic Cancer at Clatterbridge Cancer Centre

Introduction

Pancreatic cancer:

- **Early stage disease (rarer):**

Surgery for early Pancreatic Cancer

- centralised care now adopted UK-wide

- **Advanced disease (more common)**:
  - usually diagnosed after onset of symptoms (which can be debilitating)
  - incurable but palliative systemic treatment beneficial
  - In clinical trials, benefit of chemotherapy only demonstrated in conjunction with optimum supportive care

Oncological care for advanced Pancreatic Cancer

- Variable pattern of service delivery in various centres (local set-up)
- Would centralisation of care lead to improved outcomes ? (No clinical trials)

Centralisation of Care – Clatterbridge CC

- Stand-alone Cancer Centre providing oncological services to the Merseyside/Cheshire region (North West UK) ~ 2.2 million catchment population

- **Pre-2011 (Early – E Phase)**: One 'central' pancreatic oncologist (attended central MDT/ conducted trials) – five other oncologists received referrals locally (no MDT attendance/ no clinical trials)

  Chemotherapy at local hospital (< 10 miles from residence for more than 95% of the population).

- **Post-2012 (Latter – L Phase)**: Two 'pancreatic' oncologists receive all referrals. Alternate MDT attendance and jointly run two 'central' clinics – Liverpool and Wirral (< 20 miles from patient residence for more than 95% of the population).

  Option to receive chemotherapy locally (with Oncology follow-up centrally)

- Outcomes for (E - Oct 09 to Dec 10) vs (L - Jan 13 to March 14) were audited in 2016

  - reported in Faluyi *et al*; 17, Br J Cancer, 116**[4]**, 424-431

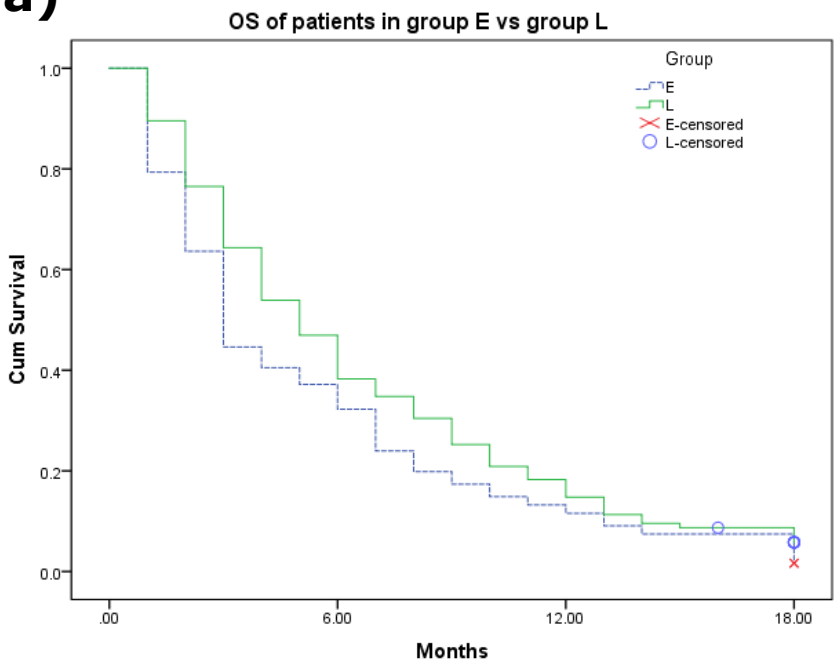
Some results

Group	Patients n	Median age (Range)	Male n (%)	1st-Line Rx n (%)	2nd-Line Rx n (%)	30-Day Mortality n (%)
E	121	68.45 (41-88)	64 (52.9)	**52 (43)**	**1(1.9)**	13 (25)
L	115	69.48 (40-91)	52 (44.8)	**77 (67.0)**	**18(23.4)**	16(20.8)
p-value (E vs L)	NA	0.62	0.19	**2.2×10^{-4}**	**1.4×10^{-4}**	0.57

Table 1a: Baseline and treatment characteristics of patients with advanced pancreatic adenocarcinoma:
Note significantly increased use of systemic treatment and second-line chemotherapy in the later group (Group L). Time to commencement of chemotherapy was significantly shorter ($p = 1.0 \times 10^{-3}$) at a median of 18 days (after initial review) in the later group, but 28 days in the early group.

Overall Survival (OS)

(a)



(b)

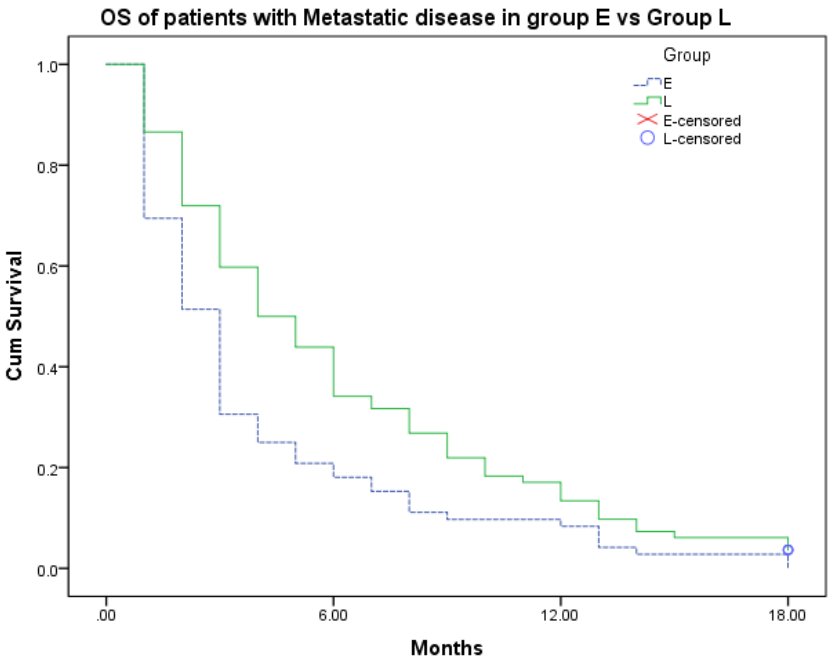


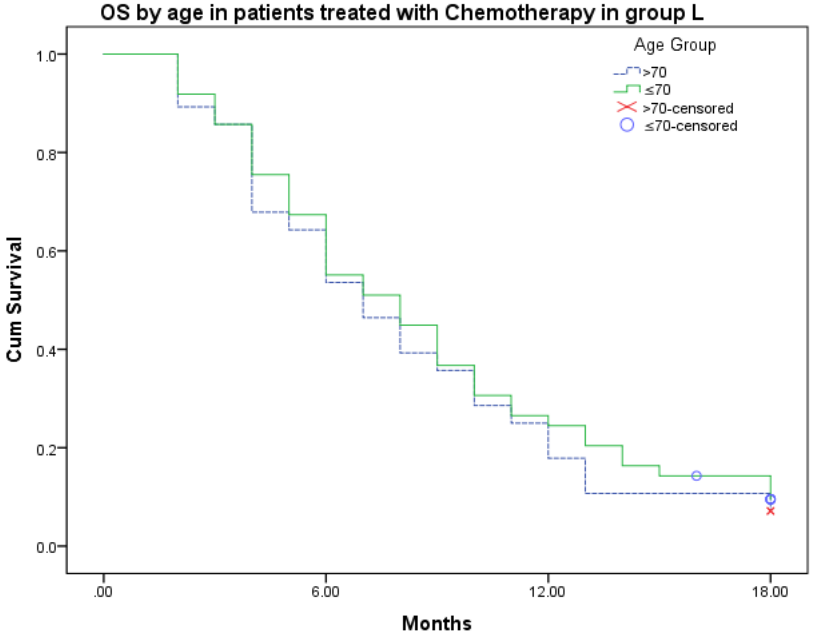
Fig 1: Displays overall survival curves for patients with advanced pancreatic adenocarcinoma:

(a) Improved OS (HR: 0.785; p=0.045) for Group L (green; n=115) compared with Group E (blue; n=121).
Median OS (and 12-month survival): 5 months (14.8%) for Group L compared with 3 months (11.6%) for Group E.

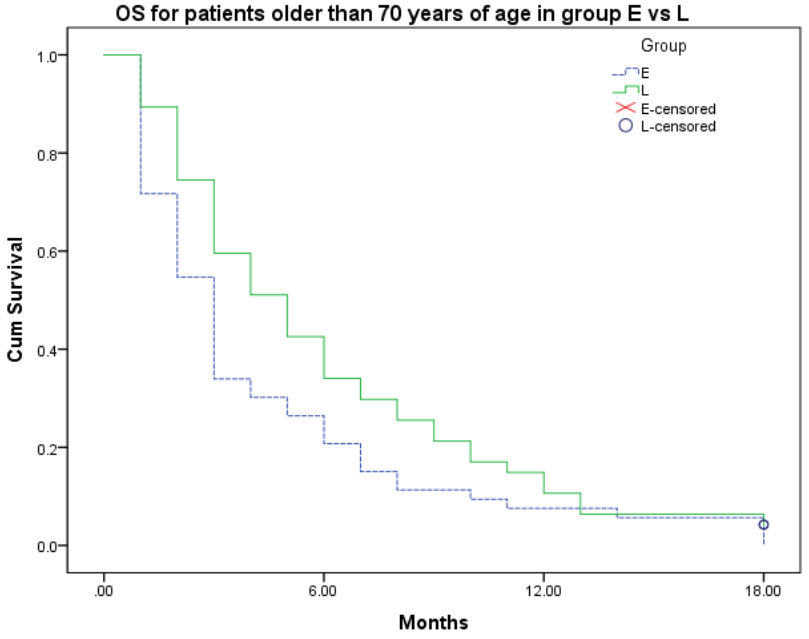
(b) Improved OS (HR: 0.641; p=0.002) for Group L (green; n=82) compared with Group E (blue; n=72).
Median OS (and 12-month survival): 4 months (13.4%) for Group L compared with 3 months (8.3%) for patients in Group E.

Exploratory analysis of OS by Age

(a)



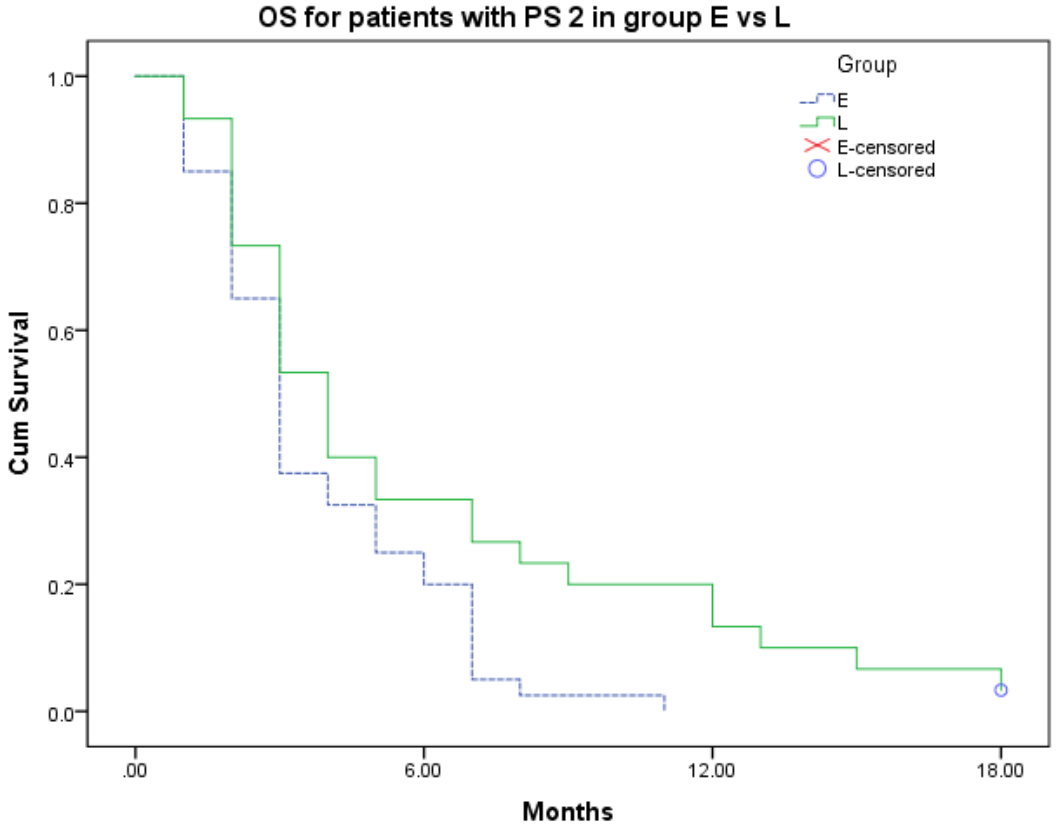
(b)



(a) No significant difference in survival by age (p=0.606) for patients treated with chemotherapy in Group L between blue (> 70 years; n=28[58.3%]) and green (≤ 70 years; n=49[73.1%]).
Median OS (and 12- month survival): 7 months (17.9%) for older patients compared with 8 months (24.5%) for younger patients.

(b) Improved survival (HR: 0.698; p=0.047) for older patients (> 70 years of age) in Group L (green: n=48) compared with Group E (blue: n=53).
Median OS (and 12-month survival): 4 months (10.4%) compared with 3 months (7.5%) for Group E.
Note that for patients > 70, chemotherapy was given in: 58.3% (L) vs 24.5% (E)

Exploratory analysis of OS by PS



(a) Improved survival for patients of PS2 (HR: 0.594; p=0.022) in Group L (green; n=30) compared with Group E (blue; n=40).
Median OS (and 12-month survival): 4 months (13.3%) for patients in Group L compared with 3 months (0%) for patients in Group E.

Centralised Care Team

2012

- Consultants (1.2 wte)
- CNS (Oncology 0.7wte CNS)

2020

- Consultants (1.7wte)
- 3 CNS (1.2wte Oncological and 0.2wte Surgical)
- Dietician
- Holistics care support worker
- Enhanced supportive (Palliative Care) clinic (adjacent) – with prompt access
- Psychiatrist/Psychologist - access

Summary

Limitations to our study:

- retrospective, non-randomised evidence
- minor differences in treatment received
- no quality of life data

Centralised care is probably beneficial

Notable observations:

- Prompt treatment after Oncology review
  - to prevent decline in performance status

- Enhanced Multi-disciplinary care
  - to manage the often complex symptom burden/improve quality of life

- More patients receive chemotherapy treatment (Similar observations in audit on adjuvant chemotherapy which is ongoing)
  - without detriment to survival outcomes

- Potentially increased accrual to trials
  - to improve on modest benefit from chemotherapy at the present time

Acknowledgements

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