Pancreatic Cancer Site Survey

Potentially curative surgical resection and minimally invasive pancreatic surgery may be performed when imaging tests suggest a localized early-stage tumor.

The pancreas is a long gland that lies transversely across the posterior abdomen and extends from the duodenum to the splenic hilum. It is divided into the head, with an uncinate process, a neck, a body and a tail. In the United States, cancer of the pancreas is the second most common malignant gastrointestinal tumor and the fourth leading cause of cancer-related deaths in adults.

The National Cancer Institute’s Surveillance, Epidemiology and End Results (SEER) Program estimates that 21,370 men and 21,770 women will have been diagnosed, and 36,800 men and women will have died of cancer of the pancreas in 2010, with a lifetime risk of developing pancreatic cancer at 1.41 percent and an overall survival rate for 2001-2007 at 5.5 percent. Pancreatic cancer is difficult to diagnose especially in its early stages. The median age at diagnosis based on data from 17 SEER geographic locations in 2004-2008 was 72 years.

Most cancers of the exocrine pancreas are epithelial tumors (adenocarcinoma or infiltrating duct carcinoma) that arise in the pancreatic head and result in clinically evident jaundice. Tumors that arise in the body or tail are insidious and often far advanced when detected. The body of the pancreas is in direct contact with the stomach wall, the inferior vena cava, superior mesenteric vein, splenic vein and left kidney, putting these sites at risk for invasion by direct extension of the primary pancreatic tumor. The most common sites of distant or discontinuous spread on presentation are the liver, peritoneal cavity and lungs. Endoscopic ultrasound and computed tomography scanning are used in diagnosis and clinical staging. Treatment is mostly based on the stage at diagnosis. Staging depends on the size and extent of spread of the primary tumor. Potentially curative surgical resection, such as the pancreatoduodenectomy or Whipple procedure, and minimally invasive pancreatic surgery may be performed when imaging tests suggest a localized early stage tumor. Palliative surgery is used to relieve symptoms or prevent complications such as biliary obstruction for tumors. Ablative techniques, such as radiofrequency ablation, are used to treat metastases and improve symptoms. A newly developed local ablation modality, irreversible electroporation (IRE), may be used to treat unresectable pancreatic cancers. Multimodality therapy with systemic agents, such as 5FU and gemcitabine chemotherapy, and radiation therapy may improve survival.

A pancreatic cancer site survey at Stony Brook Cancer Center compares age, gender, race, histology, stage, insurance type treatment and observed survival with findings in the National Cancer Data Base.

Pancreatic Cancer Site Survey References:
American Joint Committee on Cancer. (2010). Cancer staging manual (7th ed.). Chicago, IL: Springer
Pancreatic Cancer: Patient Insurance
Stony Brook Cancer Center (SBCC) vs. National Cancer Data Base (NCDB) data from 1,392 hospitals in 2000-2008

<table>
<thead>
<tr>
<th>Patient Insurance</th>
<th>SBCC</th>
<th>NCDB</th>
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<tr>
<td>Not Insured</td>
<td>6.2%</td>
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<tr>
<td>Private Insurance</td>
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<td>Managed Care</td>
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<td>Medicaid</td>
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<td>Medicare</td>
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<td>Medicare with Supplement</td>
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<td>37.92%</td>
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<tr>
<td>Veteran or Military</td>
<td>0%</td>
<td>1.68%</td>
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Pancreatic Cancer: Age at Diagnosis
Stony Brook Cancer Center (SBCC) vs. National Cancer Data Base (NCDB) data from 1,392 hospitals in 2000-2008

Pancreatic Cancer: Incidence by Race
Stony Brook Cancer Center (SBCC) vs. National Cancer Data Base (NCDB) data from 1,392 hospitals in 2000-2008

Pancreatic Cancer: Stage at Diagnosis
Stony Brook Cancer Center (SBCC) vs. National Cancer Data Base (NCDB) data from 1,392 hospitals in 2000-2008

Pancreatic Cancer Stage I: Five-Year Observed Survival
Stony Brook Cancer Center (SBCC) vs. National Cancer Data Base (NCDB) data from 1,392 hospitals in 2000-2008

Pancreatic Cancer: Treatment Modalities
Stony Brook Cancer Center (SBCC) vs. National Cancer Data Base (NCDB) data from 1,392 hospitals in 2000-2008