

Special Treatment? Impact of Non-Specialist vs Specialist presenting hospital amongst Patients with Pancreatic Cancer upon treatment, and the impact of COVID 19 upon this.

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Background Results Hospitals **Surgery Received** Pancreatic cancer surgery is centralised to specialist centres in the UK. 96 hospitals from across the UK were P=0.845 P=0.04 • The **CONTACT study** assessed the impact of recruited to the study. 2019 2019 2020 2020 the **COVID-19** pandemic upon **treatment** • 22 hospitals were specialist pancreatic pathways among patients with pancreatic 51.9% 70.7% 76.3% 73.3% centres (200/483 patients pre-COVID vs ductal adenocarcinoma (PDAC). 184/501 Peri-COVID, p=0.132). Non- A subgroup analysis was completed to Specialist Specialist Received Surgery if investigate the relative effect of speciality recommended status of the presenting hospital on extent of disruption. **MDT Recommendation Time to Treatment** Specialist Non-Specialist Time to surgery increased significantly Methods Patients presenting to specialist 13.4% centres were less likely to be for patients presenting to non-specialist 17.0% 2019 • Treatment of consecutive patients with newly *Surgery* centres (44.5 (22.8-53.8) days vs 62 days recommended surgery during the diagnosed PDAC from a pre-COVID-19 pandemic (17.0% pre-COVID vs 8.2% (48.5-97); p=0.043) pandemic cohort were compared to a cohort 🔽 Neoadjuvant Specialist centres maintained a similar peri-COVID, p=0.009). 8.5% diagnosed during the first wave of the UK Non-specialist centres experienced time to operation (45 (18.3-79.3) days pandemic. Non-Curative a drop in recommendations to vs 52 days (34.5-85), p=0.740). surgery (13.4% vs 8.5%, p=0.053) it 12-month follow-up results from Specialist was non-significant. and Non-Specialist Centres were directly Conclusions compared. • Specialist centres saw a disproportionate reduction in the number of patients recommended surgery during the pandemic, though

- Patient data was collected by the hospital the patient initially presented to, therefore difference in MDT recommendation and subsequent management between centre type could be assessed.
 - preserved the proportion of patients who received an operation and the wait-time for surgery. However, patients presenting to nonspecialist sites had longer wait times and subsequently fewer operations during the pandemic.
 - Work is needed to ensure pancreatic cancer pathways are protected and patients presenting to non-specialist centres are not disadvantaged.