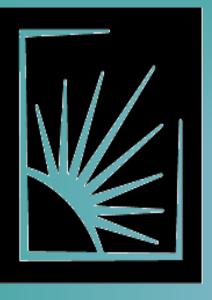
SCHOOL OF MEDICINE



CASE WESTERN RESERVE



Introduction

- Patients with substance use disorders are at an increased risk of viral hepatitis, alcohol-related liver disease and, developing cholangiocarcinoma (CCA).
- Patients with substance abuse are often less compliant with healthcare screening strategies
- Aim is to evaluate the association between substance abuse disorder with CCA screening and outcomes.

Methods

- We performed a manual chart review of all patients diagnosed with CCA from 2010 to 2019 at a major safety-net hospital, in Cleveland, Ohio.
- Patients with CCA were divided into two cohorts based on the presence or absence of a history of substance abuse disorder.
- Statistical analyses were performed using SPSS version 26.0 (SPSS, Inc., Chicago, Illinois).
- Qualitative and quantitative differences between groups were analyzed by Chi-squared or Fisher's exact tests for categorical variables and t-test for continuous variables.

Effect of Substance Abuse on Cholangiocarcinoma Outcomes and Screening in a Large Urban Safety-Net Hospital

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Table 1: Baseline characteristics, screening adequacy, and disease outcome in patients with cholangiocarcinoma (CCA) and substance abuse disorder compared to those without.

	CCA Total	Substance Abuse (n=11)	No substance abuse (n=35)	P-value
	(n=46)			
Age (mean +/- SD)	64.4 +/- 11.1	60.9 +/- 5.4	65.5 +/- 12.2	0.0278
<u>Gender</u>				
Male	22 (47.8%)	8 (72.7%)	14 (40.0%)	0.0485
Female	24 (52.2%)	3 (27.7%)	21 (60.0%)	
<u>Race</u>				
African Americans	14 (30.4%)	2 (18.2%)	12 (34.3%)	0.2064
Vhite	25 (54.3%)	7 (63.6%)	18 (51.4%)	
Asian	1 (2.2%)	0 (0%)	1 (2.9%)	
E <u>thnicity</u>				
Hispanic	5 (10.9%)	2 (18.2%)	3 (8.6%)	0.2626
Non-Hispanic	41 (89.1%)	9 (81.8%)	32 (91.4%)	
nsurance				
Aedicaid	14 (30.4%)	4 (36.4%)	10 (28.6%)	0.8376
Aedicare	15 (32.6%)	4 (36.4%)	11 (31.4%)	
Financial Assistance	1 (2.2%)	0 (0%)	1 (2.9%)	
Private	9 (19.6%)	1 (9.1%)	8 (22.9%)	
No insurance	7 (15.2%)	2 (18.2%)	5 (14.3%)	
Liver disease				
ICV	11 (23.9%)	6 (54.5%)	5 (14.3%)	0.3049
Alcohol	7 (15.2%)	5 (45.5%)	2 (5.7%)	
VASH	3 (6.5%)	0 (0%)	3 (8.6%)	
HCV treatment				
HCV treated	1 (9.1%)	1 (16.7%)	0 (0%)	0.5455
HCV not treated	10 (90.9%)	5 (83.3%)	5 (100%)	

Results

Table 2: Screening adequacy and disease outcome in CCA patients with and without substance abuse.

	CCA Total (n=46)	Substance Abuse (n=11)	No substance abuse (n=35)	P-value			
Screening (cross-sectional imaging or US) interval prior to CCA diagnosis							
< 6 months	31 (67.4%)	9 (81.8%)	22 (62.9%)	0.1587			
>= 6 months	15 (32.6%)	2 (18.2%)	13 (37.1%)				
Seen by Gastroenterology							
Yes	19 (41.3%)	7 (63.6%)	12 (34.3%)	0.0663			
No	27 (58.7%)	4 (36.4%)	23 (73.7%)				
Dead?							
Yes	27 (58.7%)	8 (72.7%)	19 (54.3%)	0.2492			
No	10 (21.7%)	2 (18.2%)	7 (20.0%)				
Disease metastasis							
Yes	32 (69.6%)	7 (63.6%)	25 (71.4%)	0.2172			
No	12 (26.1%)	4 (36.4%)	8 (22.9%)				
MELD at dx (mean,SD)	10.9, 9.1	11.8, 5.3	10.4, 10.5	0.8377			
Treatment decision at tumor board							
Therapeutic ¹	14 (30.4%)	1 (9.1%)	13 (37.1%)	0.0976			
Palliative ²	28 (82.3%)	8 (72.7%)	20 (57.1%)				
1 Thoropoutic trantmont of	ntiona inalu	la respection trans	partition obligation of	r TACE			

¹Therapeutic treatment options include resection, transplantation, ablation, or TACE. ² Palliative treatment options include chemotherapy and hospice.

Conclusion

- significantly younger age.
- screening exams.
- linkage to care for this vulnerable patient population.





Patients with substance abuse were diagnosed with CCA at a

cirrhotic patients with substance abuse may benefit from earlier referral to specialist care with hopes of more adherence to

Our findings suggest there are worse outcomes in those with substance abuse, as they had higher deaths in follow up and higher likelihood of referral to palliative care upon diagnosis. Overall, this study emphasizes the need for more multidisciplinary