

A Surveillance, Epidemiology and End Results population-based data (2002-2016)

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BACKGROUND

Pancreatic cancer (PC) is the third leading cause of cancer-related deaths in the United States. The general 5-year survival rate for people with pancreatic cancer in the US is 11%. Survival rates and outcomes are based on many factors, including the specific stage of the disease when it is diagnosed. We conducted an evaluation of survival trends after PC diagnosis overall and by stage of the disease.

METHODS

We performed a database query into the Surveillance, Epidemiology, and End Results (SEER) Program 17 registry. Between 2002 and 2016, we included individuals diagnosed with pancreatic cancer to evaluate 5-year survival trends. The results were observed using the Actuarial - Ederer II method for cumulative expected survival (absence of other causes of death).

RESULTS

Cancer stage was an important factor in explaining variability in 5-year survival. The SEER localized stage of pancreatic cancer showed an improvement of the overall 5-year survival between 2012 and 2016 (38.8%) compared to those between 2002 and 2006 (21%). The Regional stage also showed an improvement of the overall 5-year survival between 2012 and 2016 (12.9%) compared to those between 2002-2006 (8.3%). However, in the distant stage, the 5-year overall survival showed a minimal improvement from 2 % to 2.8%.

A remarkable improvement in the 5-year survival in pancreatic cancer was observed from 2012-2016 as compared to 2002-2006

The 5-year survival improved from 21% to 38.8% in the localized stage and from 8.3% to 12.9% in the regional stage but remained <5% for distant disease



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TABLE 1

Cumulative Summary of 5 Year Overall Survival Based on Staging	N	Observed Survival
Localized 2012-2016		
60 months	5,130	38.80%
Localized 2007-2011		
60 months	3,674	26.00%
Localized 2002-2006		
60 months	1,848	21.00%
Regional 2016-2012		
60 months	13,430	12.90%
Regional 2007-2011		
60 months	11,360	10.00%
Regional 2002-2006		
60 months	5,609	8.30%
Distant 2012-2016		
60 months	23,601	2.80%
Distant 2007-2011		
60 months	20,578	2.40%
Distant 2002-2006		
60 months	11,314	2.00%

Conclusion

From 2002 to 2016, the overall survival of patients with PC has improved across all the SEER stages, with a remarkable improvement by 17.8% in the localized stage and 4.6% in the regional stage from 2012-2016. This improvement may reflect the enhanced diagnostic and treatment modalities. The negligible improvement in the distant stage is partly explained by the poor overall prognosis and the use of only supportive care.



