GASTROENTEROLOGIST PERCEPTIONS OF AND APPROACH TO MANAGEMENT OF PATIENTS WITH PANCREATIC CANCER

Do gastroenterologists need education regarding the management of patients with pancreatic cancer?

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PURPOSE

- Pancreatic cancer is diagnosed in over 45,000 patients annually in the US and has a poor prognosis with high mortality.
- One reason for the low survival rate is the difficulty of early diagnosis due to the nonspecific, subtle nature of early signs and symptoms.
- Because of the nature of the symptoms, a gastroenterologist may be one of the first physicians to examine a patient with pancreatic cancer.
- Given that management may often be initiated with the gastroenterologist, it may be important that gastroenterologists receive education that keeps them current with the latest evidence.
- In an effort to identify those education needs of gastroenterologists regarding pancreatic cancer, we assessed the role of, attitude toward, and approach to managing patients with pancreatic cancer among US gastroenterologists.

METHODS

To investigate and quantify the perceptions and attitudes of US-practicing gastroenterologists in the management of pancreatic cancer, a survey instrument was developed to examine the attitudes, knowledge, and decisions of these physicians in their practices when providing care to patients with pancreatic cancer. The surveys were distributed to a nationally representative random sample of US-practicing academic and community gastroenterologists by email during November 2013. Inclusion criteria for this survey were as follows:

- The respondent must have managed at least 1 patient with pancreatic cancer in the past 12 months
- Respondent must be an MD or DO gastroenterologist
- Respondent must practice primarily in the community or academic setting

Data collected from 113 physicians were compiled for descriptive analysis and analyzed to determine differences among their practice setting (academic vs community). Responses were recorded as aggregate data for analysis.

FIGURE 1: SURVEY RESPONDENT DEMOGRAPHICS (N = 113)

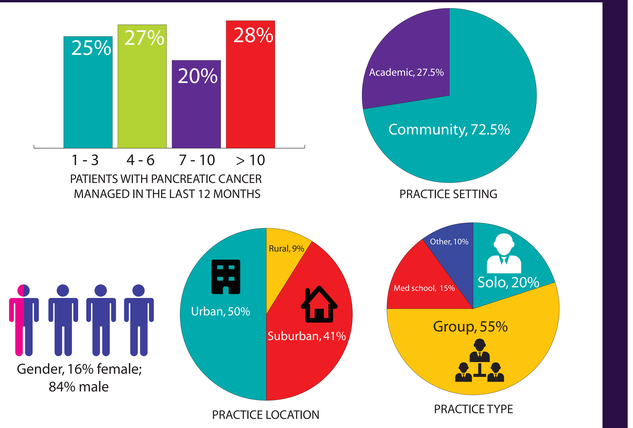
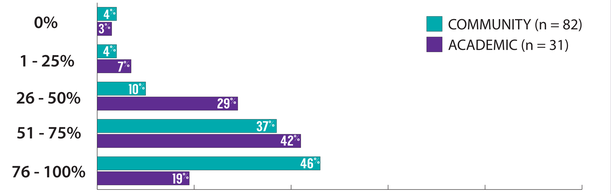


FIGURE 2: DIAGNOSIS OF PANCREATIC CANCER

Q. Of your patients with pancreatic cancer, in what percent did you make the initial diagnosis?



Q. Among your patients with pancreatic cancer, what specialty most often made the diagnosis?

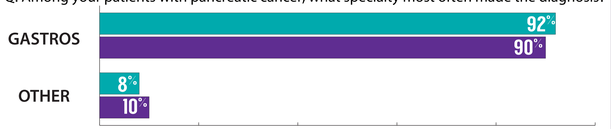
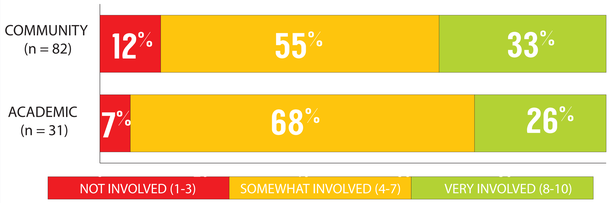


FIGURE 3: TREATMENT OF PANCREATIC CANCER

Q. How involved are you in the treatment decisions for your patients with pancreatic cancer?



Q. Please describe your involvement:

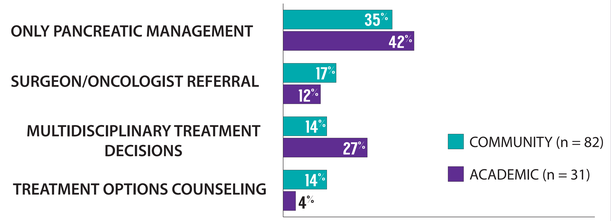


FIGURE 4: FAMILIARITY WITH CHEMOTHERAPIES

Q. How familiar are you with the following agents in the treatment of pancreatic cancer?

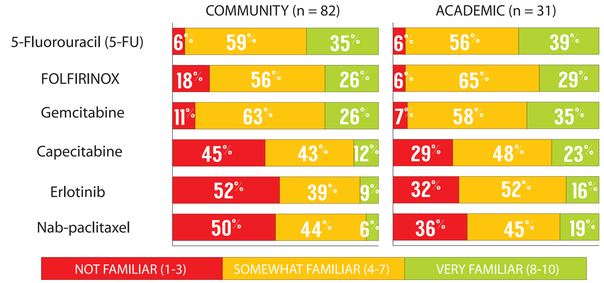
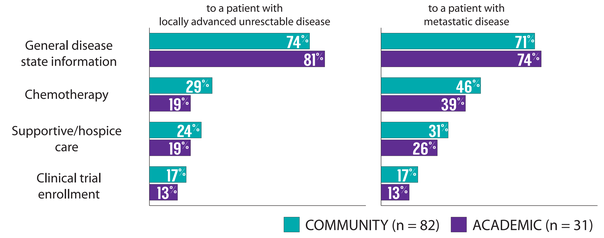


FIGURE 5: DISCUSSION OF CHEMOTHERAPY

Q. For a patient with pancreatic cancer, how likely are you to discuss each of the following? (% rating as "very likely": 8-10 on 10-point scale)



Q. How confident are you in communicating the following?

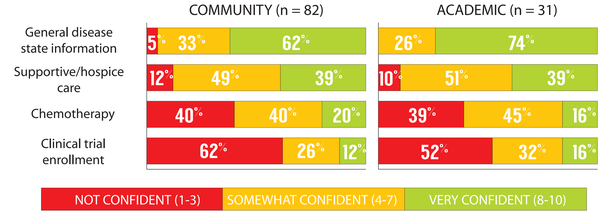
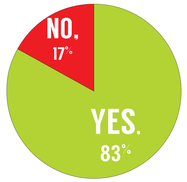


FIGURE 6: TOPICS FOR FUTURE EDUCATION

Q. Are you interested in learning more about emerging therapies for pancreatic cancer?



Most valuable topics to address in CME regarding pancreatic cancer:

1) New therapies/trials
2) Early detection
3) Endoscopy/EUS/ERCP
4) Nutritional support
5) Supportive/palliative care
6) Staging
7) Pain control

DISCUSSION AND EDUCATIONAL RECOMMENDATIONS

MULTIDISCIPLINARY MANAGEMENT

At least 90% of gastroenterologists most often made the primary diagnosis for pancreatic cancer. Most are only somewhat involved in the treatment decisions for their patients.

CURRENT AND EMERGING THERAPIES

Just over a third of gastroenterologists considered themselves "very familiar" with 5-fluorouracil; even fewer were "very familiar" with other pancreatic cancer therapies. Gastroenterologists were least familiar with capecitabine, erlotinib, and nab-paclitaxel.

COMMUNICATION WITH PATIENTS

Less than a quarter of gastroenterologists were "very confident" discussing chemotherapy or clinical trials with their patients, and most are not likely to discuss these issues.

MEDICAL INFORMATION

Over 80% of gastroenterologists are interested in learning more about emerging therapies for pancreatic cancer; new therapies were cited as the most valuable topic for future CME.

To meet the informational needs identified from this research, future initiatives should address the following: current and emerging agents for the treatment of pancreatic cancer, strategies for early detection, clinical trial enrollment, current guidelines, and decision aids/tools for management of and communication with patients with pancreatic cancer.

ACKNOWLEDGEMENTS AND DISCLOSURES

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