AB006. S006. Variation in longterm oncologic outcomes by types of cancer center accreditation: an analysis of a SEER-Medicare population with pancreatic cancer

Zhi Ven Fong, David Chang, Carlos Fernandezdel Castillo, Cristina Ferrone, Ginger Jin, Angela Tramontano, Chin Hur, Andrew Warshaw, Keith Lillemoe Motaz Qadan

Massachusetts General Hospital, Boston, MA, USA

Background: Cancer center-accreditation is designed to identify centers that provide high-quality cancer care. We sought to examine if accreditation is associated with long-term oncologic outcomes.

Methods: Using the SEER-Medicare database, we identified patients who underwent pancreatectomy for pancreatic adenocarcinoma from 1996–2013. Hospitals were categorized into three groups: Commission on Canceraccredited (CoC) centers, National Cancer Institute-designated (NCI) centers, and "non-accredited" (NA) centers. Adjusted examined lymph nodes, disease-specific

survival (DSS), and overall survival (OS) were calculated. **Results:** We identified 5,118 patients who underwent pancreatectomy at 632 hospitals (41.0% NA, 49.6% CoC, 9.4% NCI). NCI had a higher median number of lymph nodes examined compared with CoC or NA centers (14 vs. 10 vs. 11.0 nodes, respectively; P<0.001). Patients treated at NCI centers had a higher 5-year DSS compared to those treated at CoC or NA centers (31.2% vs. 23.6% vs. 23.0%, respectively; P<0.001). Finally, patients treated at NCI centers had a higher 5-year OS compared to those treated at CoC or NA centers (23.5% vs. 18.9% vs. 17.9%, respectively; P<0.001). The associations held true when adjusted analysis was performed.

Conclusions: Patients with resected pancreatic cancer at NCI-designated centers are associated with higher number of lymph nodes examined, as well as improved OS and DSS. This effect was not observed with CoC-accredited centers. Further research is needed to elucidate the relationship between cancer center-accreditation and oncologic outcomes.

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