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ASO Author Reflections: Can Utilization of Cancer Registry Data Contribute to Solving the Lack of Evidence for Older Pancreatic Cancer Patients?

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PAST

Pancreatic cancer has a poor prognosis with a 5-year survival of approximately 7%.¹ Only patients with stage I–II (localized disease) have a chance of long-term survival after resection. Recently, some advances were made in patients with localized disease who were treated with neoadjuvant chemoradiation therapy² or adjuvant FOLFIRINOX³. Unfortunately, the median age of patients included in these randomized controlled trials (63–67) are not representative for the general pancreatic cancer population.⁴ Older patients are often not included in clinical trials, leading to a knowledge gap in treating older patients. The international European Registration of Cancer Care (EURECCA) project is a research committee supported by the European Society of Surgical Oncology. The aim of EURECCA is to utilize cancer registry data to compare and improve treatment strategies.⁵

PRESENT

In this international EURECCA study⁶, treatment strategies and survival outcomes of patients 70 years and older with stage I–II pancreatic cancer were compared in the Belgian, Dutch and Norwegian national cancer registries. Large differences were observed in the use of surgery and (neo)adjuvant and palliative chemotherapy. Only 23% of patients received the current standard-of-care

(tumor resection preceded or followed by chemotherapy). Even stratified for treatment strategy, overall survival differed significantly between the cancer registries. Although this study provides no insight into quality of life, it appears that adequately selected older patients and more aggressive treatment can result in better overall survival.

FUTURE

Although the quantity and quality of randomized clinical trials is increasing⁷, we still expect that elderly patients will often be excluded. Therefore, the utilization of cancer registry data offers a solution in research of elderly patients. Another advantage over randomized clinical trials data, is that cancer registry data is readily available and population-based, thereby minimizing selection bias. EURECCA also aims to create awareness of the large variation in treatment strategies between cancer registries and generate new hypotheses for future research.⁵ Future studies are needed to identify selection criteria for local and systemic treatment, so that clinicians can offer tailored treatment to older patients with pancreatic cancer.

DISCLOSURE The authors declare that they have no conflict of interest.

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