DIAGNOSTIC DELAY AT DIAGNOSIS AND TIME-TO-TREATMENT IN PANCREATIC CANCER INFLUENCE OVERALL SURVIVAL

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A prospective cohort study of 283 pancreatic adenocarcinoma patients found that diagnostic delay greater than 51 days, time-to-treatment greater than 49 days, and overall delay greater than 92 days were each independently associated with significantly shorter overall survival.

KEY POINTS

- Presenting symptoms influenced diagnostic delay: jaundice was associated with the shortest median delay of 18 days, while pancreatitis had the longest at 146 days, pain 69 days, and new-onset diabetes 66 days.
- Diagnostic delay greater than 51 days was significantly associated with shorter overall survival with a hazard ratio of 1.73 after adjusting for stage and age.
- Time-to-treatment greater than 49 days and overall delay greater than 92 days were also independently associated with shorter survival, with hazard ratios of 1.56 and 1.73 respectively.
- Patients cared for entirely at a third-level referral center had significantly shorter median time-to-treatment compared to those at community hospitals, 49 versus 56 days.
- The study suggests that higher awareness of warning symptoms, particularly in idiopathic pancreatitis, and optimized pathways for EUS and oncological evaluation may reduce delays.

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