

LETTER

Increase in Annual Number of Pancreatic Head Resections Does not Affect Mortality of Pancreatic Cancer in the United Kingdom

Efthymios Ypsilantis, Edward Douglas Courtney, Hugh Warren

Queen Elizabeth Hospital. King's Lynn, Norfolk, United Kingdom

Dear Sir,

Lee and Saif urged for new effective methods for early diagnosis of pancreatic head adenocarcinoma, emphasizing that at the time of initial presentation, the majority of patients have non-resectable tumours [1]. Also, Li and Saif, in their thorough overview of current advancements in the management of the disease, summarized that pancreatic cancer requires a multi-disciplinary therapeutic approach that should aim to increase the chances of surgical resection [2].

We evaluated the trends in the annual numbers of pancreatic head resections performed in the United Kingdom during the last seven years, with a view to identify any potential effect on the overall disease mortality. Retrospective analysis of the United Kingdom National Hospital Admission Episodes Database, provided by the NHS Information Centre, was performed; annual trends were examined in outcomes such as incidence and mortality of the disease, number of hospital admissions and hospital stay duration (bed-days) of patients with pancreatic head adenocarcinoma (irrespective of respectability) and number of pancreatic head resections.

The incidence of pancreatic cancer has remained unchanged between 1999 and 2007, with a mean 10.3/100,000 males and 7.9/100,000 females per year (Figure 1). There was an increase in the number of hospital admissions of all patients with pancreatic cancer from 4,252 admissions/year in 1999-2000 to 7,571 admissions/year in 2006-2007, representing a mean annual increase of 8.6% (range: 3-15%); however, the total hospital stay did not change significantly, with a mean annual increase of 1.5% (Figure 2). The number of pancreatic head resections

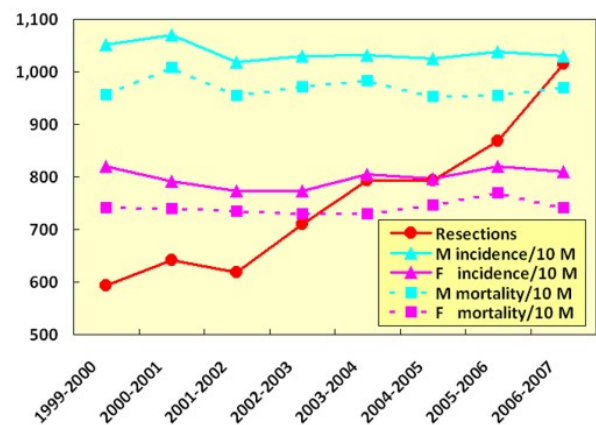


Figure 1. An upward trend is observed in the annual number of pancreatic head resections between 1999-2007 (red line). The incidence and mortality of pancreatic cancer have remained unchanged during the same period. Incidence (solid lines) and mortality (dotted lines) have been expressed in male (M) or female (F) patients per 10 million (10 M) population.

performed increased from 594 cases/year in 1999-2000 to 1,015 cases/year in 2006-2007, representing a total increase by 71% since 1999 (mean annual increase 8.8%), which however has not altered appreciably the overall disease mortality (Figure 1).

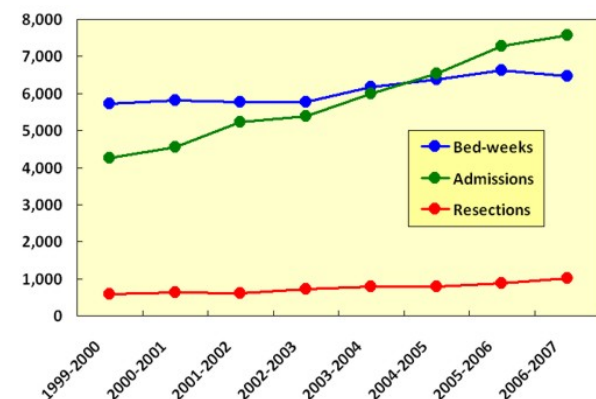


Figure 2. There has been significant annual increase in the total number of hospital admissions of patients with pancreatic cancer between 1999-2007 (green line) with only small change in the total hospital stay (blue line, bed-weeks/year).

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Correspondence Efthymios Ypsilantis
4 Ireton Court, High Street, Stevenage, Hertfordshire, United Kingdom, SG1 3DL
Phone: +44-783.315.2863; Fax: +44.155.361.3129
E-mail: makypsi@yahoo.com

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These results require careful interpretation and are possibly limited by the retrospective nature of the review and inherent weaknesses in local hospital coding procedures. They indicate, however, that the observed upward trend in the annual number of pancreatic head resections has had no impact on survival. It is possible that the percentage of patients amenable to surgery is still too small to affect the overall disease mortality, which would support urgent calls for effective earlier disease detection. In the meantime, more effective multi-modal therapeutic strategies are needed to improve survival in this challenging disease.

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Conflicts of interest None

References

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