Stark Disparities in Treatment and Survival Time for People With Pancreatic Cancer

Research in JNCCN finds that socially vulnerable patients with metastatic pancreatic cancer were less likely to receive quality care.

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PLYMOUTH MEETING, PA [April 9, 2025] — New research in the April 2025 issue of JNCCN—Journal of the National Comprehensive Cancer Network found significant disparities based on race, socioeconomic status, and other factors when it came to quality of care and outcomes for people with metastatic pancreatic adenocarcinoma (mPDAC)—which is associated with very high cancer mortality. The researchers used the Surveillance, Epidemiology, and End Results (SEER)-Medicare database to study 14,147 patients who were diagnosed with mPDAC between 2005–2019. Quality scores were determined based on those who received 1) guideline-concordant systemic therapy, 2) palliative care, and 3) a cancer-specific survival of more than 12 months.

Patients with a higher measure on the Social Vulnerability Index (SVI) were 30% less likely to experience at least one of the three quality indicators. Notably, when race and economic status were separated out—individuals who were a member of an underserved racial or ethnic group were 25% less likely to experience one or more quality indicator, regardless of income. Lower socioeconomic status correlated with a 34% lower chance of experiencing a quality indicator, independent of race.

“The results of our study highlight the need for targeted interventions to mitigate disparities in cancer care,” said lead author Diamantis Tsilimigras, MD, PhD, The Ohio State University Wexner Medical Center and James Comprehensive Cancer Center. “Federal policies that expand Medicaid or possibly expand Medicare coverage for palliative care can help reduce disparities. Furthermore, policies that address social determinants of health—including financial aid for the most vulnerable populations as well as understanding and addressing potential implicit biases relative to treatment recommendations—could help address disparities in equal access to care.”

The study found that patients who did receive appropriate systemic and/or palliative care were more likely to survive longer than a year after being diagnosed. They also found improvement over time, across the study period from 2005 to 2019, in both quality scores and longevity.

“Ensuring that all patients, regardless of their background, receive guideline-concordant care is important to improve outcomes for patients with metastatic pancreatic cancer,” added senior author Timothy M. Pawlik, MD, PhD, MPH, MTS, MBA, The Ohio State University Wexner Medical Center and James Comprehensive Cancer Center. “We found that while adherence to NCCN Guidelines improved over time, there remain significant disparities in the receipt of guideline-concordant care among patients with metastatic pancreatic cancer which can, in turn, affect outcomes.”

Jason S. Gold, MD, Associate Professor, Surgery, Harvard Medical School—who was not involved in this research—commented: “There is increasing recognition of the persistence of disparities in treatment and outcomes for pancreatic cancer. This study adds to this body of knowledge by showing that social vulnerability, unmarried status, and lower income were all independently associated with lower quality care for metastatic pancreatic ductal adenocarcinoma.”

Dr. Gold is the author of a longer response to this study that can also be found in the April issue of JNCCN. To read the entire study “Quality Score Among Patients With Metastatic Pancreatic Adenocarcinoma: Trends, Racial Disparities, and Impact on Outcomes” and the corresponding “The Last Word” commentary, visit JNCCN.org.

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