

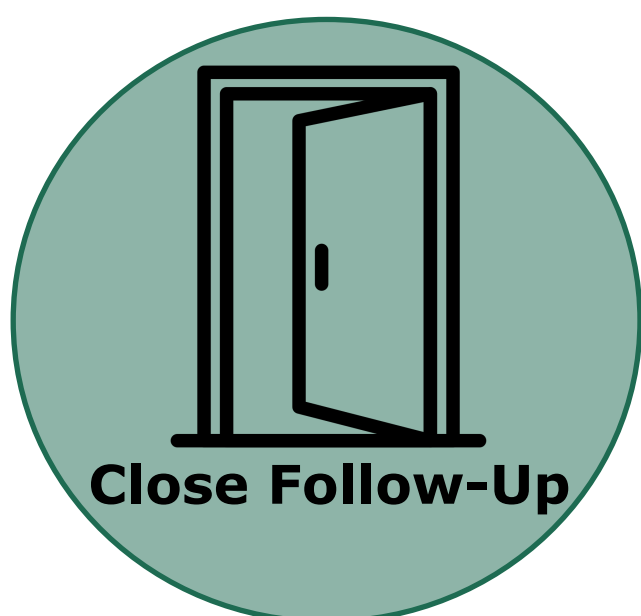
# ATTACKING ATTRITION: IMPACT OF NEOADJUVANT-INTENT CHEMOTHERAPY ON RECEIPT OF GUIDELINE CONCORDANT TREATMENT

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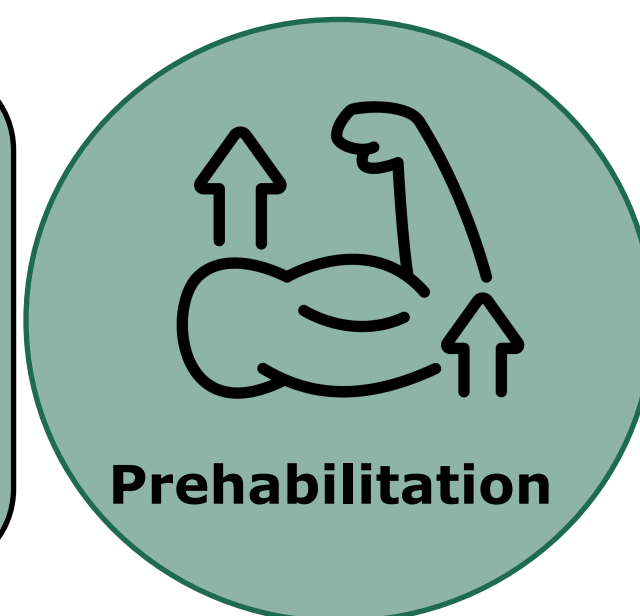
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Neoadjuvant-intent chemotherapy (NAIC) does **NOT** affect receipt of guideline concordant care (GCT) for resectable gastric and pancreatic cancer.



Programs aimed to prevent drop out for non-tumor biology related failure of completion of therapy is necessary to provide optimal cancer care.



## Introduction

Receipt of guideline-concordant treatment (GCT) is associated with improved prognosis in multiple cancers.

**Neoadjuvant intent chemotherapy (NAIC)** has been increasingly utilized in the treatment of pancreatic and gastric cancer. NAIC is theorized to treat potential micrometastases, increase rates of R0 resection, and improve patient selection.

➔ **Examine the impact of NAIC on receipt of GCT and determine if it increases receipt of GCT.**

## Methods

A single-institution retrospective review of patients with resectable pancreatic or gastric cancer between 2018 and 2022.

**Guideline Concordant Therapy (GCT):** defined based on National Comprehensive Cancer Network guidelines, as receipt of multimodal therapy (chemotherapy and surgery in any sequence) unless precluded by patient comorbidities, or progression on systemic chemotherapy.

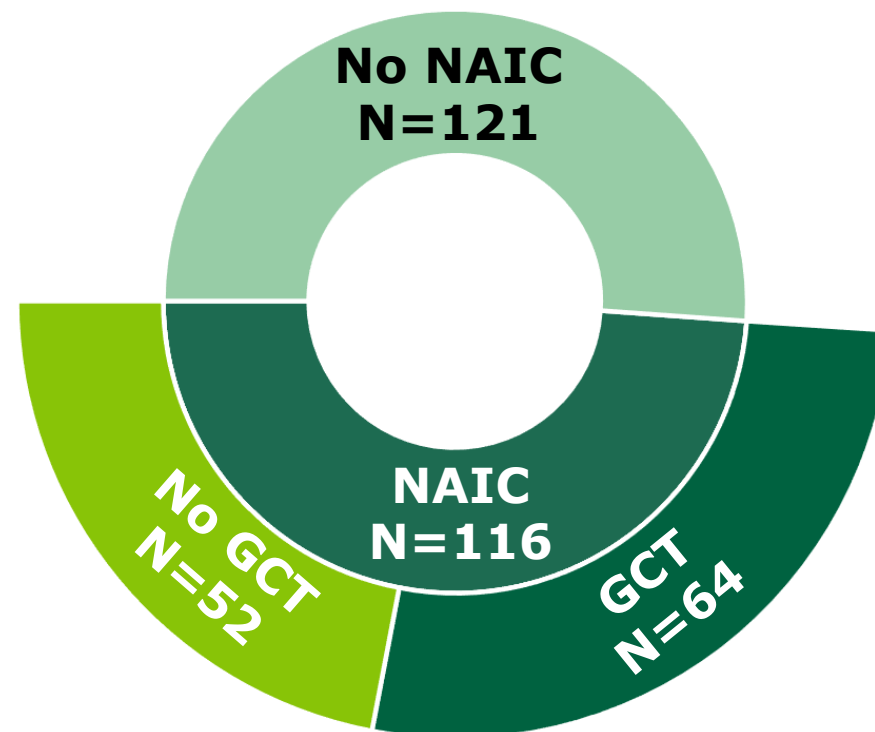


Gastric Cancer NCCN Guidelines



Pancreatic Cancer NCCN Guidelines

## Results



**NAIC did not affect receipt of GCT (72% vs 61%, p = 0.196)**

### Reasons for Non-GCT in Patients that Underwent NAIC

	N (%)
Deconditioning to non-surgical candidate	24 (46%)
Loss to follow-up	20 (38%)
Complications or Delay in Treatment	8 (15%)

### Factors Independently Associated with Decreased Receipt of GCT

	OR	95% CI
Age > 75 years	0.21	0.18 - 0.87
Residence in High Deprivation Area	0.30	0.10 - 0.80
≥ 3 ED Visits	0.11	0.03 - 0.39