

IMPACT OF FRAGMENTATION ON TIMELY RECEIPT OF GUIDELINE-CONCORDANT TREATMENT IN FOREGUT CANCER

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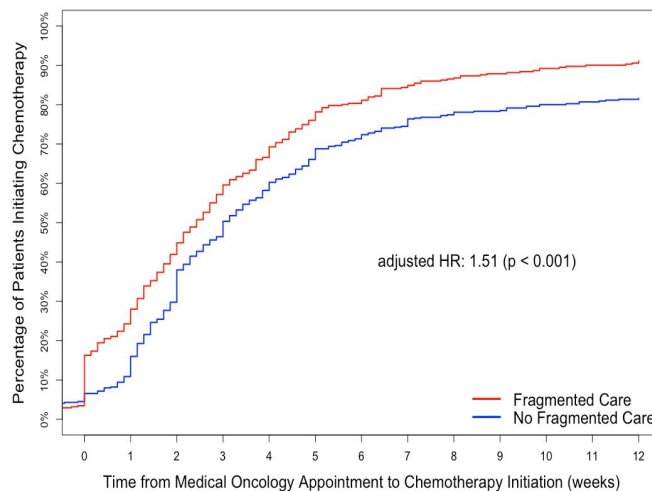
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Background: Fragmentation (i.e., receipt of treatment across >1 institution) is increasingly common in foregut cancers, likely due to the centralization of surgical care. However, the impact of fragmentation on the timely delivery of guideline-concordant treatment (GCT) is unknown. This multi-institutional study investigates whether care fragmentation affects the receipt and timing of GCT in patients with foregut cancer.

Methods: Patients with non-metastatic gastric and pancreatic adenocarcinoma treated at two tertiary hospitals in the Southeastern U.S. from 2018- 2022 were identified. Multivariable logistic modeling was performed to identify the association between fragmentation and GCT. Adjusted Cox proportional hazard models were generated to investigate the impact of fragmentation on times to oncological care.

Results: Of 923 patients, 42.8% (n=395) had fragmented care, most commonly due to chemotherapy receipt in the community. Fragmentation was not associated with decreased receipt of GCT on univariate or multivariable analyses (p=0.7). Factors independently associated with decreased receipt of GCT included age >75 (p=0.003), high area deprivation (p<0.001), and Charlson Comorbidity Index ≥ 3 (p=0.03). In adjusted time-to-event analysis, fragmentation was associated with shorter times to treatment initiation (HR- 1.52, p<0.001), as was stage III disease (HR- 1.29, p=0.004). Delayed treatment initiation was associated with age > 75 (HR-0.62, p<0.001), Medicare insurance (HR-0.78, p=0.002), and high area deprivation (HR-0.69, p<0.001).

Figure 1. Cumulative Incidence Graph of Chemotherapy Initiation After First Medical Oncology Visit, Stratified by Fragmentation



Conclusion: Fragmentation of cancer care did not reduce the likelihood of receiving GCT. Additionally, fragmented care was associated with more timely treatment initiation. These findings

suggest that delivering chemotherapy in the community may improve access and expedite oncologic care without compromising treatment quality.