

# Pancreaticoduodenectomy

for pancreatic, biliary tract & small intestinal cancers

Infocus – access and flows for public & private patients 2002-2011

**Queensland Health** 

Queensland Cancer Control Safety and Quality Partnership







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### Cancer Surgery in Queensland: Infocus - access and flows for public & private patients 2002-2011 Chapter 6 Pancreaticoduodenectomy

Suggested citation:

Queensland Government. Cancer Surgery in Queensland: Infocus - access and flows for public & private patients 2002-2011. Chapter 6 Pancreaticoduodenectomy. Queensland Health, Brisbane 2002-2011

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ISBN: 978-1-876532-06-2 Published by Queensland Health January 2015 © The State of Queensland Queensland Health 2015

## Acknowledgements

The authors acknowledge and appreciate the work of the staff of the Cancer Council Queensland who operate and maintain the Queensland Cancer Registry and the Queensland Health staff who contribute to and participate in the maintenance of the Queensland Cancer Registry, the Admitted Patient Data Collection, the online Oncology Analysis System (OASys), Queensland Oncology Online (QOOL) and other tools which support the collection, analysis and interpretation of cancer data in Queensland.

We acknowledge the Cancer Control Safety and Quality Partnership (The Partnership) subcommittees and clinical leads, who have contributed to and participated in the creation of this report.

Pancreaticoduodenectomy surgery clinical lead Mark Smithers.

Cancer Surgery in Queensland: Infocus – access and flows for public & private patients 2002-2011. Chapter 6 Pancreaticoduodenectomy has been prepared by has been prepared by Michael Blake, Shoni Colquist, Danica Cossio, Nathan Dunn, Tania Eden, Tracey Guan, Hazel Harden, Julie Moore and Nancy Tran the Queensland Cancer Control Analysis Team.

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## Introduction

Pancreaticoduodenectomy is one chapter in the *Cancer Surgery in Queensland: Infocus - access and flows* series and should be read in conjunction with the Cancer Surgery in Queensland - Background document, available at <a href="https://qccat.health.qld.gov.au/">https://qccat.health.qld.gov.au/</a>.

Surgery is a critical component of the curative treatment of cancer. This chapter is focused on two dimensions of access to cancer care services – surgery rates and patient flows. It provides population wide information on rates of surgery provision and flows based on patient Hospital and Health Service (HHS) of residence. The chapter contains information on pancreaticoduodenectomy in Queensland from 2002 – 2011.

For the first time, a population profile for cancer patients undergoing pancreaticoduodenectomy in Queensland and in each HHS is described including the characteristics of these patients.

The baseline information provided in this chapter will inform the planning and funding of cancer services, provide HHSs with locally meaningful information and contribute to our understanding of variation in pancreaticoduodenectomy rates across Queensland. This information enables Queensland to compare themselves with other Australian states and territories, internationally and published literature.

This chapter is framed around four important questions relevant to cancer surgery in Queensland.

- 1. How many Queenslanders who are newly diagnosed with pancreatic, biliary tract or small intestine cancer have pancreaticoduodenectomy as a result of their diagnosis?
- 2. What are the characteristics of Queenslanders who have a pancreaticoduodenectomy as a result of their pancreatic, biliary tract or small intestine cancer diagnosis?
- 3. How many pancreaticoduodenectomies are performed by HHSs for Queenslanders newly diagnosed with pancreatic, biliary tract or small intestine cancer?
- 4. Where do patients receive their pancreaticoduodenectomies?

### Data sources and methods

Key to QCCAT's program of work is our ability to link population based cancer information on an individual patient basis, using a master linkage key specifically developed by our team. This matched and linked data is housed in the Queensland Oncology Repository (QOR), a resource managed by QCCAT. This centralised repository, QOR, compiles and collates data from a range of source systems including Queensland Cancer Registry, hospital admissions data, death data, treatment systems, public and private pathology, hospital clinical data systems and QOOL. QOR contains approximately 32 million records between 1982 – 2013. Our matching and linking processes provide the 375 900 matched and linked records of cancer patients between 2000 – 2011, which are the starting point for this analysis. This chapter is structured around two cohorts of patients: **Queensland Cancer Cohort** and the **Pancreaticoduodenectomy** . **Cohort.** 

## How the cohorts were identified

2002 – 2011 AND 2009 – 2011 ANNUAL AVERAGE PUBLIC & PRIVATE HOSPITAL PATIENTS



Pancreaticoduodenectomy

2

## Time periods

Time period – 01 December 2001 to 31 December 2013

Diagnosis year - 01 January 2002 to 31 December 2011

Cancer definitions - the site and morphology of the cancers have been coded according to the International Classification of Diseases for Oncology, 3rd edition (ICD-O-3).

Site	ICD-0-3	Morphology
Malignant neoplasm of pancreas	C25	All
Head of pancreas	C25.0	
Body of pancreas	C25.1	
Tail of pancreas	C25.2	
Pancreatic duct	C25.3	
Endocrine pancreas	C25.4	
Other parts of pancreas	C25.7	
Overlapping lesion of pancreas	C25.8	
Pancreas, unspecified	C25.9	
Malignant neoplasm of other unspecified parts of biliary tract	C24	All
Extrahepatic bile duct	C24.0	
Ampulla of vater	C24.1	
Overlapping lesion of biliary tract	C24.8	
Biliary tract, unspecified	C24.9	
Malignant neoplasm of small intestine	C17	All
Duodenum	C17.0	
Jejunum	C17.1	
Ileum	C17.2	
Meckel's diverticulum	C17.3	
Overlapping lesion of small intestine	C17.8	
Small intestine, unspecified	C17.9	

## Exclusions

The following exclusions apply:

- Non Queensland residents
- People diagnosed with conditions other than cancers such as: chronic pancreatitis
- Other surgeries, such as distal pancreatectomy, performed to treat pancreatic, small intestinal and biliary tract cancer

## Identification and categorisation of cancer related procedures

A pancreaticoduodenectomy surgery performed one month prior to or anytime following a cancer diagnosis was included. The following process was used to assign a Pancreaticoduodenectomy surgery to patients with cancer

- The pancreaticoduodenectomy surgery code was identified from the Australian Classification of Health Interventions (ACHI) International Classification of Diseases (ICD-10-AM) 7<sup>th</sup> Edition, 2010
- The identification of the pancreaticoduodenectomy surgery code was reviewed by an expert clinician

## Number of ICD-10-AM 7<sup>th</sup> edition coded procedures

The following tables outlines the relevant pancreaticoduodenectomy procedures included in this report for Queensland residents (both public & private) diagnosed with pancreatic, biliary tract and small intestinal cancer:

Indication	ICD-10-AM	PROCEDURE/GROUPING	NUMBER OF PROCEDURES		ES
				Annual average	
			2002-2011	2009 -2011	2011
Pancreatic, biliary tract or small intestinal cancers	30584-00	Pancreaticoduodenectomy surgery (pancreaticoduodenectomy with formation of stoma)	694	84	88
Non cancer diagnosis (most commonly pancreatitis)	30584-00	Pancreaticoduodenectomy surgery (pancreaticoduodenectomy with formation of stoma)	149		

## Surgery rate

ANNUAL AVERAGE YEAR OF DIAGNOSIS 2009 – 2011 PUBLIC & PRIVATE HOSPTIAL PATIENTS

	Annual Average		Had S	urgery	No Surgery		
Characteristic	Pancreas, small intestinal	(Qld %)	n	(row %)	n	(row %)	
	& biliary tract						
Queensland	664	(100%)	84	(13%)	580	(87%)	
Gender							
Male	365	(55%)	55	(15%)	310	(85%)	
Female	300	(45%)	30	(10%)	270	(90%)	
Age Group		()		(		(	
< 65	216	(33%)	44	(21%)	173	(80%)	
65-74	187	(28%)	32	(17%)	156	(83%)	
75-84	182	(27%)	9	(5%)	173	(95%)	
85+	80	(12%)	1	(1%)	79	(100%)	
Indianaus Status							
Indigenous Status	6	(10/)	1	(100/)	г	(82%)	
Man Indigenous	6	(1%)	1	(18%)	5	(82%)	
Non-mulgenous	029	(95%)	/9	(15%)	550	(87%)	
Not Stated/Unknown	30		4	(15%)	25	(85%)	
Socioeconomic Status							
Affluent	93	(14%)	14	(15%)	78	(85%)	
Middle	457	(69%)	57	(12%)	400	(88%)	
Disadvantaged	109	(16%)	13	(12%)	96	(88%)	
Unknown	6	(1%)		. ,	6	(100%)	
Remoteness							
Major City	434	(65%)	57	(13%)	376	(87%)	
Inner Regional	136	(21%)	16	(11%)	121	(89%)	
Outer Regional	80	(12%)	10	(13%)	69	(87%)	
Remote & Very Remote	9	(1%)	1	(11%)	8	(89%)	
Qld Unknown	6	(1%)			6	(100%)	
Diagnosis Basis		()		(		()	
Histology	355	(53%)	81	(23%)	274	(77%)	
Cytology	105	(16%)	2	(2%)	102	(98%)	
Clinical	186	(28%)	1	(1%)	185	(100%)	
Other	19	(3%)			19	(100%)	
Comorbidity							
0	424	(64%)	54	(13%)	370	(87%)	
1	152	(23%)	21	(14%)	131	(86%)	
2+	88	(13%)	9	(10%)	79	(90%)	

In the interest of completeness, annual average numbers have been included with fewer than 16 cases. Numbers < 16 should be interpreted with caution due to poor reliability of calculations based on small numbers. Annual average numbers have been rounded up to the nearest whole number for those with less than one, therefore the totals may not add up.

## Surgery rate

ANNUAL AVERAGE YEAR OF DIAGNOSIS 2009 – 2011 PUBLIC & PRIVATE HOSPITAL PATIENTS

	Annual Average		Had Su	urgery	No Surgery		
	Pancreas, small intestinal & biliary tract	(Qld %)	n	(row %)	n	(row %)	
Queensland	664	(100%)	84	(13%)	580	(87%)	
HHS (patient residence)							
Metro South	141	(21%)	17	(12%)	124	(88%)	
Metro North	122	(18%)	15	(12%)	107	(88%)	
Gold Coast	92	(14%)	14	(16%)	78	(84%)	
Sunshine Coast	69	(10%)	9	(13%)	60	(87%)	
Darling Downs	48	(7%)	6	(13%)	42	(88%)	
Wide Bay	38	(6%)	5	(13%)	33	(87%)	
Cairns and Hinterland	31	(5%)	4	(12%)	27	(88%)	
West Moreton	33	(5%)	4	(12%)	29	(88%)	
Townsville	29	(4%)	4	(14%)	25	(86%)	
Central Queensland	25	(4%)	3	(11%)	23	(89%)	
Mackay	19	(3%)	2	(12%)	17	(88%)	
South West	5	(1%)	1	(21%)	4	(93%)	
North West	3	(0%)	1	(33%)	3	(89%)	
Central West	2	(0%)	1	(60%)	1	(60%)	
Torres Strait and Cape York	2	(0%)			2	(100%)	
Qld Unknown	6	(1%)			6	(100%)	

In the interest of completeness, annual average numbers have been included with fewer than 16 cases. Numbers < 16 should be interpreted with caution due to the poor reliability of calculations based on small numbers. Annual average numbers have been rounded up to the nearest whole number for those with less than one. For example if a HHS performed one surgery from 2009 - 2011 the annual average will be rounded up to one to reflect that this HHS is performing surgery. Therefore the totals may not add up.

## Pancreaticoduodenectomy

ANNUAL AVERAGE YEAR OF DIAGNOSIS 2009 – 2011 PUBLIC & PRIVATE HOSPITAL PATIENTS

_	Pancreaticoduodenectomy

	Annual Average	Annual Average Had Surgery		Р	ancreas	Bili	Biliary Tract		all Intestine	
Characteristic	Pancreas, small intestinal	(Qld %)	n	(col %)	n	(row %)	n	(row %)	n	(row %)
	& biliary tract									
Queensland	664	(100%)	84	(13%)	50	(59%)	28	(33%)	6	(8%)
Gender										
Male	365	(55%)	55	(65%)	32	(58%)	20	(36%)	3	(6%)
Female	300	(45%)	30	(35%)	18	(62%)	8	(28%)	3	(10%)
Age Group										
< 65	216	(33%)	44	(53%)	26	(59%)	15	(33%)	3	(8%)
65-74	187	(28%)	32	(38%)	20	(62%)	10	(33%)	2	(5%)
75-84	182	(27%)	9	(11%)	5	(56%)	3	(30%)	1	(15%)
85+	80	(12%)	1	(1%)			1	(100%)		
Indigenous Status										
Indigenous	6	(1%)	1	(1%)	1	(100%)	1	(100%)		
Non-Indigenous	629	(95%)	79	(94%)	47	(59%)	26	(33%)	6	(8%)
Not Stated/Unknown	30	(4%)	4	(5%)	3	(69%)	1	(23%)	1	(23%)
Socioeconomic Status										
Affluent	93	(14%)	14	(17%)	7	(51%)	6	(40%)	1	(9%)
Middle	457	(69%)	57	(68%)	34	(60%)	19	(33%)	4	(8%)
Disadvantaged	109	(16%)	13	(15%)	9	(67%)	4	(28%)	1	(8%)
Unknown	6	(1%)								
Remoteness										
Major City	434	(65%)	57	(68%)	34	(59%)	19	(33%)	5	(8%)
Inner Regional	136	(21%)	16	(19%)	10	(64%)	6	(36%)		
Outer Regional	80	(12%)	10	(12%)	6	(55%)	3	(29%)	2	(16%)
Remote & Very Remote	9	(1%)	1	(1%)	1	(100%)	1	(100%)		
Qld Unknown	6	(1%)								
Comorbidity										
0	424	(64%)	54	(64%)	29	(53%)	20	(36%)		
1	152	(23%)	21	(25%)	14	(68%)	6	(30%)	6	(29%)
2+	88	(13%)	9	(11%)	7	(78%)	2	(22%)	1	(11%)

In the interest of completeness, annual average numbers have been included with fewer than 16 cases. Numbers < 16 should be interpreted with caution due to poor reliability of calculations based on small numbers. Annual average numbers have been rounded up to the nearest whole number for those with less than one, therefore the totals may not add up.

## Pancreaticoduodenectomy by patient residence

ANNUAL AVERAGE YEAR OF DIAGNOSIS 2009 – 2011 PUBLIC & PRIVATE HOSPITAL PATIENTS

			Had	Surgery	Pa	ancreas	Bili	ary Tract	Small	Intestine
	Pancreas, small intestine	(Qld %)	n	(col %)	n	(row %)	n	(row %)	n	(row %)
	& biliary tract									
Queensland	664	(100%)	84	(13%)	50	(59%)	28	(33%)	6	(8%)
HHS (patient residence)										
Metro South	141	(21%)	17	(20%)	11	(63%)	5	(29%)	1	(8%)
Metro North	122	(18%)	15	(18%)	10	(67%)	5	(31%)	1	(7%)
Gold Coast	92	(14%)	14	(17%)	8	(58%)	4	(26%)	2	(16%)
Sunshine Coast	69	(10%)	9	(11%)	5	(52%)	4	(48%)		
Darling Downs	48	(7%)	6	(7%)	4	(61%)	2	(33%)	1	(17%)
Wide Bay	38	(6%)	5	(6%)	3	(53%)	2	(47%)		
Cairns and Hinterland	31	(5%)	4	(4%)	2	(55%)	1	(27%)	1	(27%)
West Moreton	33	(5%)	4	(5%)	2	(50%)	1	(33%)	1	(25%)
Townsville	29	(4%)	4	(5%)	2	(50%)	2	(42%)	1	(25%)
Central Queensland	25	(4%)	3	(3%)	2	(88%)	1	(38%)		
Mackay	19	(3%)	2	(3%)	1	(57%)	1	(43%)		
South West	5	(1%)	1	(1%)					1	(100%)
North West	3	(0%)	1	(1%)	1	(100%)				
Central West	2	(0%)	1	(1%)			1	(100%)		
Torres Strait and Cape York	2	(0%)								
Qld Unknown	6	(1%)								

In the interest of completeness, annual average numbers have been included with fewer than 16 cases. Numbers < 16 should be interpreted with caution due to poor reliability of calculations based on small numbers. Annual average numbers have been rounded up to the nearest whole number for those with less than one, therefore the totals may not add up.

## Pancreaticoduodenectomy by HHS performing surgery

Annual Average

(col %)

(100%)

(42%)

(34%)

(13%)

(8%)

(3%)

(1%)

Had Surgery

84

35

28

11

6

3

1

ANNUAL AVERAGE YEAR OF DIAGNOSIS 2009 - 2011 PUBLIC & PRIVATE HOSPITAL PATIENTS

Queensland

Metro South

Metro North

Gold Coast

Townsville

Sunshine Coast

Darling Downs

HHS (performing surgery)

•	DEFINITIVE
	SURGERY
	MUTUALLY
	EXCLUSIVE

**Biliary Tract** 

n

28

12

10

2

3

1

(row %)

(33%)

(42%)

(37%)

(8%)

(10%)

(4%)

n	(row %)
6	(8%)
3	(53%)
1	(16%)
2	(26%)
1	(16%)

Small Intestine

\*The Cairns and Hinterland, Central Queensland, West Moreton, Mackay, North West, South West, Central West, Wide Bay, Torres Strait & Cape York and Qld Unknown HHSs did not perform pancreaticoduodenectomy surgery.

Pancreas

(row %)

(59%)

(41%)

(34%)

(15%)

(7%)

(3%)

(2%)

n

50

20

17

7

3

2

1

In the interest of completeness, annual average numbers have been included with fewer than 16 cases. Numbers < 16 should be interpreted with caution due to poor reliability of calculations based on small numbers. Annual average numbers have been rounded up to the nearest whole number for those with less than one, therefore the totals may not add up.

## Characteristics of cancer patients receiving pancreaticoduodenectomy by patient residence

ANNUAL AVERAGE YEAR OF DIAGNOSIS 2009 – 2011

PUBLIC & PRIVATE HOSPITAL PATIENTS

	Characteristic														
					Median Age					One	e or more				
	Had	Surgery	Male		e at Diagnosis Disadvantaged		Indigenous c		com	comorbidities		Private		Emergency	
	n	(Qld %)	n	(row %)	yrs	n	(row %)	n	(row %)	n	(row %)	n	(row %)	n	(row %)
Queensland	84	(13%)	55	(65%)	71 yrs	13	(15%)	1	(1%)	30	(36%)	48	(57%)	7	(8%)
HHS (patient residence)															
Metro South	17	(20%)	9	(53%)	70 yrs	2	(10%)			4	(25%)	10	(59%)	2	(10%)
Metro North	15	(18%)	11	(76%)	72 yrs	1	(7%)			7	(47%)	9	(58%)	2	(11%)
Gold Coast	14	(17%)	9	(65%)	71 yrs					5	(37%)	8	(56%)	2	(14%)
Sunshine Coast	9	(11%)	6	(67%)	73 yrs	1	(11%)			3	(37%)	5	(59%)	1	(11%)
Darling Downs	6	(7%)	4	(72%)	73 yrs	1	(22%)			2	(33%)	4	(72%)	1	(17%)
Wide Bay	5	(6%)	3	(60%)	72 yrs	5	(93%)			2	(40%)	3	(60%)		
Cairns and Hinterland	4	(4%)	2	(45%)	69 yrs	1	(36%)			2	(45%)	2	(45%)		
West Moreton	4	(5%)	2	(58%)	70 yrs	1	(25%)	1	(25%)	1	(33%)	2	(58%)		
Townsville	4	(5%)	3	(75%)	67 yrs	1	(25%)	1	(25%)	1	(33%)	3	(67%)	1	(25%)
Central Queensland	3	(3%)	1	(50%)	69 yrs					1	(38%)	2	(63%)	1	(38%)
Mackay	2	(3%)	2	(86%)	67 yrs	1	(43%)			1	(43%)	1	(43%)		
South West	1	(1%)	1	(100%)	66 yrs										
North West	1	(1%)	1	(100%)	71 yrs					1	(100%)			1	(100%)
Central West	1	(1%)	1	(100%)	62 yrs	1	(100%)								

\*No patients from Torres Strait and Cape York and Qld Unknown were reported as undergoing pancreaticoduodenectomy surgery

In the interest of completeness, annual average numbers have been included with fewer than 16 cases. Numbers < 16 should be interpreted with caution due to the poor reliability of calculations based on small numbers. Annual average numbers have been rounded up to the nearest whole number for those with less than one. For example if a HHS performed one surgery from 2009 - 2011 the annual average will be rounded up to one to reflect that this HHS is performing surgery. Therefore the totals may not add up.

10

DEFINITIVE

SURGERY

MUTUALLY

EXCLUSIVE

## Patient flows



## 10 year patient flows for Pancreaticoduodenectomy

YEAR OF DIAGNOSIS 2002 – 2011 (COL% ROW %) PUBLIC & PRIVATE HOSPITAL PATIENTS

		н	HS of surgery		
	Metro South	Metro North	Gold Coast	Sunshine Coast	Darling Downs
Hospitals performing surgery*	3	6	4	2	1
HHS (patient residence)					
Metro South	115	22			
	(42% 84%)	(9% 16%)			
Metro North	17	112			
	(6% 13%)	(46% 87%)			
Gold Coast	13	3	89		
	(5% 12%)	(1% 3%)	(100% 85%)		
Sunshine Coast	34	11		26	
	(13% 48%)	(5% 15%)		(81% 37%)	
Darling Downs	23	22		1	3
	(8% 47%)	(9% 45%)		(3%2%)	(100% 6%)
Wide Bay	13	32		5	
	(5% 24%)	(13% 58%)		(16% 9%)	
Cairns and Hinterland	15	3			
	(6% 65%)	(1% 13%)			
West Moreton	26	7			
	(10% 74%)	(3% 20%)			
Townsville	1	4			
	(0% 4%)	(2% 14%)			
Central Queensland	5	21			
	(2% 19%)	(9% 78%)			
Mackay	5	1			
	(2% 26%)	(0% 5%)			
South West	3	3			
	(1% 50%)	(1% 50%)			
North West	1				
	(0% 25%)				
Central West		2			
		(1% 67%)			
Torres Strait and Cape York					
Old Linknown					
Queensland	271	243	89	32	3
Qld (%)	(39%)	(35%)	(13%)	(5%)	(0%)
Annual Average	27	24	9	3	0

\*The number of hospitals within a HHS performing pancreaticoduodenectomy surgery

col% is used to show the distribution of residence for the total group of patients who were operated on by a single HHS. For example: of the 271 surgeries that Metro South performed, 115 (42%) of patients were also residents of Metro South. The other 156 patients (58%) who received surgery in Metro South reside in twelve other HHSs.

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## 10 year patient flows for Pancreaticoduodenectomy

YEAR OF DIAGNOSIS 2002 – 2011 (COL% ROW %) PUBLIC & PRIVATE HOSPITAL PATIENTS

				/		
		HHS of surgery				
Wide Bay	Cairns and Hinterland	West Moreton	Townsville	Central Oueensland		Old
2	1	1	2	1		23
					n	%
					137	(20%)
					129	(19%)
					105	(15%)
					71	(100()
					/1	(10%)
					49	(7%)
						(17)
5					55	(8%)
(100% 9%)						
	3		2		23	(3%)
	(75% 13%)	_	(5% 9%)			(== ()
		2			35	(5%)
		(100% 6%)	23		28	(4%)
			(55% 82%)		20	(470)
				1	27	(4%)
				(100% 4%)		
			13		19	(3%)
			(31% 68%)			
					6	(1%)
			2		4	(10/)
			(7% 75%)		4	(170)
			1		3	(0%)
			(2% 33%)			. ,
	1				1	(0%)
	(25% 100%)					
-			10			
5	4 (1%)	2	42	1	692	(100%)
1	0	(0%)	4	0		(100%)
-	0	U U		0		

\*The number of hospitals within a HHS performing pancreaticoduodenectomy surgery

row% is used to show the proportion of patients residing in a given HHS who also receive their surgery in the same HHS, and what proportion had their surgery in another HHS. For example: of the 137 residents of Metro South, 115 (84%) also had their surgery in Metro South. The other 22 (16%) patients had surgery in the Metro North.

## 2011 patient flows for Pancreaticoduodenectomy

YEAR OF DIAGNOSIS 2002 – 2011 (COL% ROW %) PUBLIC & PRIVATE HOSPITAL PATIENTS

			HHS of surgery				
	Metro South	Metro North	Gold Coast	Sunshine Coast	Townsville		Qld
Hospitals performing surgery*	3	4	3	1	2		13
HHS (patient residence)						n	%
Metro South	15	1				16	(18%)
	(41% 94%)	(3% 6%)					
Metro North	2	14				16	(18%)
	(5% 13%)	(48% 88%)					
Gold Coast	5		11			16	(18%)
	(14% 31%)		(100% 69%)				
Sunshine Coast	6	1		4		11	(13%)
	(16% 55%)	(3% 9%)		(100% 36%)			
Darling Downs	3	3				6	(7%)
-	(8% 50%)	(10% 50%)					
Wide Bay		6				6	(7%)
-		(21% 100%)					
Cairns and Hinterland	2	1			1	4	(5%)
	(5% 50%)	(3% 25%)			(14% 25%)		. ,
West Moreton	3	1			. ,	4	(5%)
	(8% 75%)	(3% 25%)					. ,
Townsville	1	( ,			2	3	(3%)
	(3% 33%)				(29% 67%)		
Central Queensland	( ,	2			( , , , , , , , , , , , , , , , ,	2	(2%)
		(7% 100%)					(_/-/
Mackay		(,			2	2	(2%)
					(29% 100%)		(_/-/
South West					(		
North West					1	1	(1%)
					(14% 100%)	-	(1/0)
Central West					1	1	(1%)
					(14% 100%)	-	(1/0)
Torres Strait and Cape Vork					(14/0 100/0)		
Torres Strait and Cape Tork							
Old Unknown							
Queensland	27	20	11	1	7	00	
	(120/)	(22%)	(120/)	(E%)	(99/)	00	(100%)
QIU (%)	(42%)	(33%)	(13%)	(3%)	(8%)		(100%)

\*The number of hospitals within a HHS performing pancreaticoduodenectomy surgery

col% is used to show the distribution of residence for the total group of patients who were operated on by a single HHS. For example: of the 37 surgeries that Metro South performed, 15 (41%) of patients were also residents of Metro South. The other 22 (49%) patients who received surgery in Metro South reside in seven other HHSs.

row% is used to show the proportion of patients residing in a given HHS who also receive their surgery in the same HHS, and what proportion had their surgery in another HHS. For example: of the 16 patients who reside in Metro South 15 (94%) also had their surgery in Metro South. The other patient (6%) had surgery in the Metro North HHS.

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# Surgery rates



## 10 year surgery trend for pancreaticoduodenectomy by patient residence

YEAR OF DIAGNOSIS 2002 – 2011

PUBLIC & PRIVATE HOSPITAL PATIENTS

DEFINITIVE SURGERY MUTUALLY EXCLUSIVE

												Year of D	Diagnosis							/				
	Pancreas, small biliary t	intestinal &	Ha	d Surgery	:	2002		2003		2004		2005	20	006	2007		2008		2009		2010		2011	
	N	(col %)	n	(row %)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Queensland	5739	(100%)	692	(12%)	55	(12%)	69	(14%)	55	(11%)	65	(12%)	77	(13%)	51	(8%)	67	(11%)	80	(13%)	85	(13%)	88	(13%)
HHS (patient residence)																								
Metro South	1233	(21%)	137	(11%)	12	(13%)	14	(14%)	8	(7%)	14	(13%)	15	(13%)	13	(9%)	10	(7%)	24	(18%)	11	(8%)	16	(11%)
Metro North	1085	(19%)	129	(12%)	12	(15%)	13	(15%)	5	(5%)	13	(12%)	11	(11%)	12	(9%)	18	(17%)	14	(13%)	15	(11%)	16	(13%)
Gold Coast	700	(12%)	105	(15%)	9	(16%)	8	(13%)	10	(19%)	8	(14%)	10	(17%)	5	(8%)	12	(16%)	12	(13%)	15	(18%)	16	(16%)
Sunshine Coast	577	(10%)	71	(12%)	6	(15%)	4	(8%)	9	(17%)	5	(11%)	8	(14%)	4	(7%)	8	(12%)	7	(11%)	9	(13%)	11	(15%)
Darling Downs	424	(7%)	49	(12%)	5	(12%)	3	(7%)	9	(23%)	5	(13%)	7	(16%)	2	(6%)			6	(11%)	6	(14%)	6	(13%)
Wide Bay	330	(6%)	55	(17%)	2	(7%)	9	(26%)	4	(20%)	6	(18%)	9	(26%)	2	(7%)	8	(22%)	2	(5%)	7	(20%)	6	(14%)
Cairns and Hinterland	294	(5%)	23	(8%)			5	(19%)	1	(4%)	3	(12%)	1	(3%)			2	(8%)	2	(7%)	5	(12%)	4	(16%)
West Moreton	279	(5%)	35	(13%)	4	(27%)	4	(17%)	2	(7%)	3	(10%)	2	(8%)	5	(17%)	3	(9%)	5	(15%)	3	(9%)	4	(12%)
Townsville	258	(4%)	28	(11%)	3	(18%)	3	(15%)	1	(3%)	1	(5%)	3	(11%)	3	(11%)	2	(9%)	4	(15%)	5	(19%)	3	(9%)
Central Queensland	238	(4%)	27	(11%)	2	(11%)	2	(10%)	3	(12%)	3	(17%)	7	(20%)	1	(5%)	1	(4%)			6	(20%)	2	(7%)
Mackay	169	(3%)	19	(11%)			2	(18%)	1	(10%)	2	(10%)	1	(7%)	3	(17%)	3	(13%)	3	(14%)	2	(8%)	2	(15%)
South West	38	(1%)	6	(16%)			1	(33%)	1	(100%)	2	(22%)			1	(33%)					1	(20%)		
North West	26	(0%)	4	(15%)					1	(50%)			2	(25%)									1	(33%)
Torres Strait & Cape York	16	(0%)	1	(6%)			1	(50%)																
Central West	15	(0%)	3	(20%)									1	(33%)					1	(50%)			1	(50%)
Qld Unknown	57	(1%)																						

Note: %'s for each year are used to show the percentage of patients who had surgery out of the total number of incidences for that year of pancreatic, biliary tract & intestinal cancer. For example in Queensland in 2002 there were 55 patients who had pancreaticoduodenectomy surgery which is 12% of the total incidences of pancreatic, biliary tract & intestinal cancer in 2002.

## 10 year surgery trend for pancreaticoduodenectomy by HHS performing surgery

YEAR OF DIAGNOSIS 2002 – 2011 PUBLIC & PRIVATE HOSPITAL PATIENTS



												Year of Di	agnosi	s								
	Had Surgery		2002		2003		2004		2005		2006		2007		2008		2009		2010			2011
	n	(row %)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)								
Queensland	692	(100%)	55	(100%)	69	(100%)	55	(100%)	65	(100%)	77	(100%)	51	(100%)	67	(100%)	80	(100%)	85	(100%)	88	(100%)
HHS (performing surgery)																						
Metro South	271	(39%)	24	(44%)	29	(42%)	20	(36%)	25	(38%)	23	(30%)	22	(43%)	22	(33%)	39	(49%)	30	(35%)	37	(42%)
Metro North	243	(35%)	16	(29%)	21	(30%)	16	(29%)	21	(32%)	32	(42%)	21	(41%)	31	(46%)	25	(31%)	31	(36%)	29	(33%)
Gold Coast	89	(13%)	9	(16%)	7	(10%)	8	(15%)	7	(11%)	10	(13%)	5	(10%)	9	(13%)	9	(11%)	14	(16%)	11	(13%)
Townsville	42	(6%)	3	(5%)	5	(7%)	3	(5%)	1	(2%)	5	(6%)	3	(6%)	3	(4%)	6	(8%)	6	(7%)	7	(8%)
Sunshine Coast	32	(5%)	2	(4%)	2	(3%)	5	(9%)	6	(9%)	7	(9%)			2	(3%)	1	(1%)	3	(4%)	4	(5%)
Wide Bay	5	(1%)			1	(1%)	2	(4%)	2	(3%)												
Cairns and Hinterland	4	(1%)			2	(3%)			2	(3%)												
Darling Downs	3	(0%)					1	(2%)	1	(2%)									1	(1%)		
West Moreton	2	(0%)			2	(3%)																
Central Queensland	1	(0%)	1	(2%)																		

\*The Mackay South West, Central West, North West, Torres Strait & Cape York and Qld Unknown HHSs did not perform pancreaticoduodenectomy surgery.

Note: %'s for each year are used to show the percentage of patients who had pancreaticoduodenectomy surgery out of the total number of pancreaticoduodenectomy surgeries for that year for intestinal, biliary tract & pancreatic cancer. For example in Queensland in 2002 Metro South performed 44% of the total pancreaticoduodenectomy cancer surgeries for intestinal, biliary tract & pancreatic cancer.

# Technical appendix



## Definitions

#### Annual average

Annual average refers to the sum of numbers divided by the number of years being reported. In this report annual average numbers have been rounded up to the nearest whole number for those with less than 1.

#### Chargeable status - public and private

On admission to hospital, an eligible patient must elect to be either a public or private patient.

A public patient is a patient who:

- Elects to be treated as a public patient, and so cannot choose the doctor who treats them, or
- Is receiving treatment in a private hospital under a contract arrangement with a public hospital or health authority.

A private patient is a patient who, by choosing the doctor who will treat them (provided the doctor has 'right of private practice' or is a general practitioner/specialist with admitting rights) has elected to be treated as a private patient.

#### Cohort

#### Queensland cancer cohort

Queenslanders who were identified in Queensland Oncology Repository as being diagnosed with cancer between 1 January 2002 and 31 December 2011.

#### Pancreaticoduodenectomy cohort

Queenslanders who were diagnosed with invasive pancreatic, biliary tract and small intestinal cancer between 1 January 2002 and 31 December 2011.

#### Col %

Percentage of the column total

#### Comorbidity

A clinical condition that has the potential to significantly affect a cancer patient's prognosis after diagnosis with cancer.

Comorbidity is derived from hospital admissions data following the Quan algorithm1 for classifying ICD-10 coded conditions, modified to exclude metastasis, which is represented by a separate and distinct Metastasis dimension.

Comorbidity is limited to conditions coded in any admission episode between 12 months before and 12 months after the date of cancer diagnosis.

For any given cancer diagnosis, comorbidity is restricted to conditions other than the primary cancer. For example: a breast cancer can be a comorbidity to a lung cancer diagnosis and vice versa, if they are diagnosed within 12 months of each other.

Benign tumours are not considered comorbidities.

Co-morbidity list AIDS Cerebrovascular disease Dementia Hemiplegia or Paraplegia Peptic ulcer Rheumatoid disease

Acute myocardial Congestive heart failure Diabetes Mild liver disease Peripheral vascular disease

Cancer Chronic obstructive pulmonary disease Diabetes + complications Moderate/severe liver disease Renal disease

#### Diagnosis Basis

Confirmation of cancer through clinical or histological tests

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#### **Elective Status**

#### Emergency Admission

A patient admitted to hospital at short notice because of clinical need or if alternative care is not available.

#### Elective Admission

A patient who is admitted into hospital for treatment from the waiting list.

#### Had surgery

Includes Queensland residents of all ages diagnosed with invasive pancreatic, biliary tract or small intestinal cancer in the pancreaticoduodenectomy cohort time period.

#### Hospital and Health Service (HHS)

For residence considerations, the Hospital and Health Service is a geographic area defined by a collection of Statistical Local Areas (SLA). For public hospitals and health service facilities, the term Hospital and Health Service is synonymous with a group of Queensland Health facilities and staff responsible for providing and delivering health resources and services to an area which may consist of one or more residential areas.

Queensland Unknown residence includes addresses reported as overseas, unknown or not fixed.

#### **Indigenous Status**

A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin.

#### Median age

The age that divides a population into two halves: one older than the median, the other younger than the median.

#### **Patient flows**

Col% is used to show the distribution of residence for the total group of patients who were operated on by a single HHS. Row% is used to show the proportion of patients residing in a given HHS who also receive their surgery in the same HHS, and what proportion had their surgery in another HHS.

#### Number of procedures

Includes Queensland residents of all ages diagnosed with invasive intestinal, biliary tract & pancreatic cancer who underwent a relevant pancreaticoduodenectomy procedure. The procedure could have occurred at any time with no counting rules applied as outlined on page 2.

#### Qld %

Percentage of the Queensland total.

#### Remoteness

The relative remoteness of residence at time of diagnosis, based on the Australian Standard Geographical Classification (ASGC). This document classifies remoteness into four groups: Major City, Inner Regional, Outer Regional, and Remote/Very remote.

#### Row %

Percentage of the row total

#### Sex

Refers to the biological and physiological characteristics that define men and women.

#### Socioeconomic status

Socioeconomic classification is based on the Socio-Economic Indexes for Areas (SEIFA), a census-based measure of social and economic well-being developed by the Australian Bureau of Statistics (ABS) and aggregated at the level of Statistical Local Areas (SLA).

The ABS uses SEIFA scores to rank regions into ten groups or deciles numbered 1 to 10, with 1 being the most disadvantaged group and 10 being the most affluent group. This ranking is useful at the national level, but the number of people in each decile often becomes too small for meaningful comparisons when applied to a subset of the population. For this reason, this document further aggregates SEIFA deciles into 3 socioeconomic groups:

SEIFA Group	Decile	Percentage of population (approximate)
Affluent	1-2	20%
Middle	3-8	60%
Disadvantaged	9-10	20%

The proportion of cases in each group will vary depending on the subset of the population being examined. For example, the proportion in the Disadvantaged group may be higher than 20% when the data is limited to cancers that are more common in poor compared to rich people.

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