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Time to Diagnosis and Presenting Symptoms in Pancreatic Cancer Patients' Prognoses

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Abstract

The purpose of this study was to look into how clinical manifestations of pancreatic cancer, such as pain, jaundice, and weight loss, affect prognosis. Methods: From 2001 to 2010, 177 patients with pancreatic cancer received diagnoses and treatments (100 males and 70 females, with a mean age of 65.8 years [range, 36–91]). Spiral computed tomography was used to stage the patients, and 75% of them were determined to have advanced illness (28 stages III, 99 stage IV diseases).

Keywords: Pancreatic cancer; Clinical roles; Pancreas

Introduction

The clinical stage, lymph node and/or visceral involvement, tumour size and differentiation, involvement of the resection margins, and serum CA19-9 level are a few major variables that have varying relationships with the prognosis of pancreatic cancer. The prognosis for pancreatic cancer is quite bad for the vast majority of patients, yet the varying presence of these characteristics might modulate survival within a constrained time period. Clinical symptoms that exist prior to diagnosis and/or throughout treatment have recently received attention as additive prognostic markers. As a result, we made the decision to include some of the most prevalent early symptoms in our analysis of the variables influencing the prognosis of our cohort of patients with pancreatic cancer. We sought to confirm the prognostic significance of each symptom, paying close attention to diagnostic delays as well as connections to other established clinical and pathological markers [1, 2, and 3].

Patients

The measures investigated were overall and relative survival. Several regressions applied to the proportional-hazards model were used to perform the multivariate analysis. Results: The time to diagnosis and surgery were the two factors that were statistically significant among all the clinical, pathological, and therapeutically parameters investigated. Weight loss had the longest mean time to diagnosis among symptoms, while pain was the shortest, with commensurate disparities in survival. In terms of relative survival, these variations in observed survival were mostly verified. Conclusions: The poor prognosis of pancreatic cancer appears to be partially determined by the length of time it takes to make a diagnosis, which is then influenced by the nature of the presenting symptoms [4, 5].

We treated 170 individuals with newly discovered pancreatic cancer between 2001 and 2010 (ten years). Everyone provided their written approval for data analysis in accordance with the Institute's ethical committee criteria. Re-evaluation of the histological or cytological specimens led to the exclusion of patients with neuroendocrine, ampullary, or duodenal cancers from this collection [6, 7].

It presents the patients' primary clinical characteristics, while Table 2 lists their comorbidities. Three-quarters of all patients in our study have advanced clinical stages, which is consistent with the overall characteristics of many other series in the literature (III or IV). In a population with a mean age at diagnosis, the prevalence and variety of comorbidities are within reasonable bounds [8, 9].

Conclusion

The biological characteristics and aggressiveness of the tumour, as well as the efficacy of treatments—which, although still having a limited impact on the disease's natural course—determine the prognosis for individuals with pancreatic carcinoma. In fact, the impact of chemotherapy that emerged from our research appeared to be significant, but short-lived and restricted to the first eight months. Chemotherapy's independent contribution to pancreatic cancer patients' survival [10].

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Conflict of Interest

The writers affirm that they have no business or personal ties to any individuals or organisations that would improperly influence this work.

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