Appendix 4

This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.

Appendix to: Burmeister EA, O'Connell DL, Jordan SJ, et al. Factors associated with quality of care for patients with pancreatic cancer in Australia. *Med J Aust* 2016; 205: 459-465. doi: 10.5694/mja16.00567.

Appendix 4: Proportions of eligible patients for whom each quality of care item was met, by place of residence.

Item	N eligible (% met criteria)			
	Major city	Inner regional	Rural	P value[a]
All patients with potentially resectable disease should be referred to an hepatobiliary surgeon	548 (53)	159 (52)	74 (41)	0.003
All patients with technically resectable disease should be offered a resection or have a valid reason for no surgery	368 (99)	105 (96)	154 (96)	0.10
Surgery should be performed by surgeons who perform more than 5 pancreatic surgeries per year	260 (40)	74 (57)	32 (38)	0.19
Tumour resectability should be assessed by a MDT at a tertiary hospital	548 (30)	159 (33)	74 (15)	<0.001
All patients should have a triple phase/ pancreas protocol CT scan for staging	1076 (45)	338 (36)	157 (47)	0.015
Entry into a clinical trial should be considered for all patients	1076 (7)	338 (6)	157 (2)	0.03
Surgery should take place in tertiary institutions where > 11 resections are performed annually	260 (39)	74 (53)	32 (41)	0.39
Each patient should have a care-coordinator assigned with an individualised treatment/ clinical plan	1076 (22)	338 (26)	157 (13)	0.005
Tissue diagnosis should be obtained where possible	1076 (82)	338 (78)	157 (69)	0.001
All patients should be presented to a MDT	1076 (35)	338 (26)	157 (22)	< 0.001
Biliary obstruction should routinely be managed endoscopically in non-resectable patients	286 (85)	88 (82)	42 (76)	0.78
All patients should be offered adjuvant therapy post operatively, assuming performance status is adequate	260 (67)	74 (68)	32 (66)	0.62
All patients should be offered psychosocial support	1076 (23)	338 (12)	157 (7)	< 0.001
Pancreatic enzyme replacement therapy should be considered for all patients	1076 (23)	338 (19)	157 (19)	0.20
All patients should see a medical oncologist	1076 (88)	338 (82)	157 (82)	0.004
A specialist HPB surgeon should be the initial/primary specialist unless the patient has obvious metastases	548 (23)	159 (13)	74 (3)	< 0.001
All patients should be referred to a dietitian soon after diagnosis	1076 (68)	338 (52)	157 (59)	< 0.001
Patients with confirmed metastatic disease should be referred to palliative care	528 (85)	179 (74)	83 (75)	0.004

[a]P value calculated using Pearson chi^2 to test differences between place of residence and proportion that met the criteria for each item