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Appendix 5

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 5: Proportions of eligible patients for whom each quality of care item was met, by area-level socioeconomic status.

Item	N eligible (% met criteria) Quintiles of Index of Relative Socio-Economic Disadvantage scores					
	Least disadvantaged	2	3	4	Most disadvantaged	P value[a]
All patients with potentially resectable disease should be referred to an hepatobiliary surgeon	138 (55)	160 (51)	160 (42)	169 (50)	154 (59)	0.04
All patients with technically resectable disease should be offered a resection or have a valid reason for no surgery	91 (100)	111 (99)	100 (99)	115 (95)	102 (98)	0.05
Surgery should be performed by surgeons who perform more than 5 pancreatic surgeries per year	66 (68)	78 (42)	68 (29)	81 (40)	73 (38)	<0.001
Tumour resectability should be assessed by a MDT at a tertiary hospital	138 (30)	160 (34)	160 (29)	169 (28)	154 (26)	0.64
All patients should have a triple phase/ pancreas protocol CT scan for staging	266 (39)	327 (49)	322 (41)	338 (42)	318 (43)	0.17
Entry into a clinical trial should be considered for all patients	266 (8)	327 (10)	322 (6)	338 (4)	318 (5)	0.02
Surgery should take place in tertiary institutions where > 11 resections are performed annually	66 (53)	78 (44)	68 (32)	81 (33)	73 (47)	0.06
Each patient should have a care-coordinator assigned with an individualised treatment/ clinical plan	266 (20)	327 (26)	322 (21)	338 (26)	318 (17)	0.01
Tissue diagnosis should be obtained where possible	266 (87)	327 (80)	322 (78)	338 (78)	318 (76)	0.03
All patients should be presented to a MDT	266 (37)	327 (34)	322 (35)	338 (26)	318 (27)	0.01
Biliary obstruction should routinely be managed endoscopically in non-resectable patients	73 (86)	88 (83)	80 (83)	84 (86)	91 (79)	0.74
All patients should be offered adjuvant therapy post operatively, assuming performance status is adequate	66 (80)	78 (60)	68 (68)	81 (65)	73 (62)	0.20
All patients should be offered psychosocial support	266 (35)	327 (17)	322 (21)	338 (14)	318 (11)	< 0.001
Pancreatic enzyme replacement therapy should be considered for all patients	266 (27)	327 (28)	322 (17)	338 (20)	318 (19)	0.002
All patients should see a medical oncologist	266 (91)	327 (86)	322 (87)	338 (85)	318 (83)	0.05
A specialist HPB surgeon should be the initial/primary specialist unless the patient has obvious metastases	138 (25)	160 (20)	160 (13)	169 (16)	154 (20)	0.08
All patients should be referred to a dietitian soon after diagnosis	190 (71)	327 (63)	322 (60)	338 (61)	318 (65)	0.03
Patients with confirmed metastatic disease should be referred to palliative care	128 (83)	167 (84)	162 (82)	169 (80)	164 (81)	0.91

[a]P value calculated using Pearson chi^2 to test differences between quintiles of Index of Relative Socio-Economic Disadvantage scores and proportion that met the criteria for each item.