



Outlook

AVAHO 2026 Call for Abstracts --- Submission Details

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Abstract Category

Research

Abstract Status:

Complete

Abstract ID:

2420054

Abstract Title:

Hospital Outcomes Associated with Substance Use Disorders in Patients with Pancreatic Cancer

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Abstract Content

Has this abstract been published previously?

- NO

Abstract

Purpose: To evaluate the impact of substance use disorders (SUD) on inpatient outcomes among hospitalized patients with pancreatic cancer (PC).

Background: PC is projected to be the second leading cause of cancer death by 2030. SUD is also increasingly prevalent among hospitalized patients, with documented adverse outcomes. Veterans experience elevated rates of SUD and have unique risk factors for PC, such as service-related environmental exposures. However, the literature is sparse with regards to the impact of SUD on hospitalized patients with PC.

Methods: We conducted a cross-sectional study using the 2018 National Inpatient Sample of adult hospitalizations of PC patients. Clinical conditions and outcomes were identified using ICD-10-CM codes. SUD included alcohol, opioids, cannabis, cocaine, stimulants, and psychoactive substance-related disorders.

Data Analysis: Significance of descriptive data was assessed by chi square tests. Multivariable logistic and linear regression evaluated SUD–outcome associations, adjusting for demographics, hospital region, Charlson Comorbidity Index, admission type, and cancer stage. Survey weights were applied to generate national estimates.

Results: Among 107,245 weighted hospitalizations of patients with PC, 4600 (4.3%) had SUD. Patients with SUD were younger (62 vs 69 years, $p < 0.001$), more often male (68.9% vs 50.5%, $p < 0.001$), belonged to a minority population (36.2% vs 22.1%, $p < 0.001$), and less likely to undergo pancreatic surgery (5.5% vs 8.4%, $p = 0.002$). There was no significant difference of metastatic disease (50.5% vs 52.5%, $p = 0.238$). After adjustment, SUD was independently associated with a longer length of stay (+1.09 days, $p < 0.001$), higher odds of sepsis (aOR 1.28, 95% CI: 1.05-1.56, $p = 0.016$), and a nearly 5-fold odds of being discharged as deceased (aOR 4.90, 95% CI: 2.91-8.20, $p < 0.001$).

Implications: Among hospitalized patients with PC, those with SUD experienced marked disparities and worse inpatient outcomes. Improved multidisciplinary care, with integration of addiction medicine, social work, and palliative care consultation during admission may improve outcomes.

Significance: These results aid in identifying a high-risk subgroup of patients with PC and in characterizing the impact of SUD in this population. Due to the elevated prevalence of SUD and burden of PC among Veterans, these findings highlight a need for VHA-tailored screening and intervention.

April 17, 2026

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