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Impact of Acute Ischemic Stroke on Inpatient Mortality, Resource Utilization, and Discharge Outcomes in Patients Hospitalized with Pancreatic Cancer

A National Inpatient Sample Analysis (2017–2023)

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BACKGROUND / AIM

Assess AIS burden and inpatient outcomes in pancreatic cancer.

METHODS

Retrospective NIS analysis, 2017–2023; adults ≥18 years; ICD-10 diagnoses; survey weights. Adjusted regression; stay and charges models; 1:3 propensity score matching.

RESULTS

753,755 hospitalizations | 17,050 with AIS | 2.26% prevalence
Survey-weighted national estimates

IN-HOSPITAL MORTALITY

With AIS **15.9%**

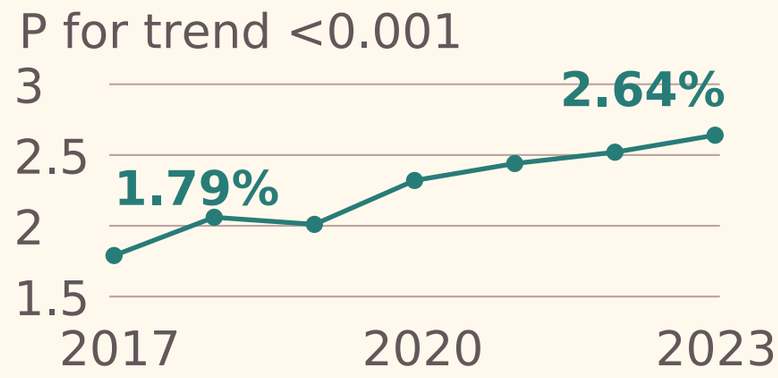
Without AIS **7.2%**

Crude mortality

2.15
Adjusted odds ratio
95% CI 1.89–2.44

Matched OR 2.41
95% CI 1.81–3.22

STROKE PREVALENCE



PREDICTORS OF STROKE

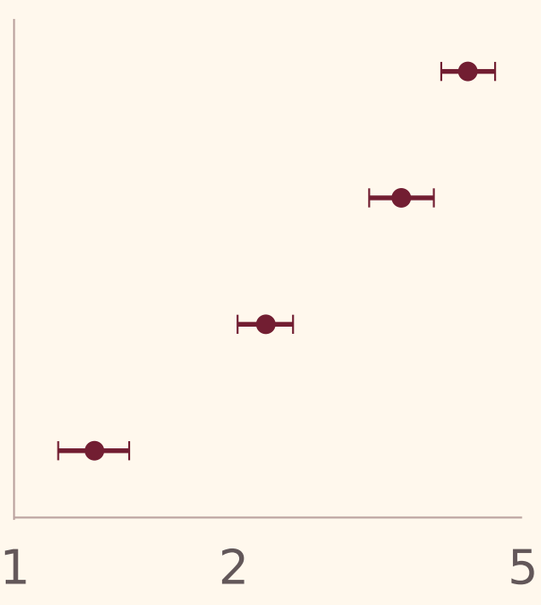
Selected adjusted odds ratios (95% CI)

Hypercoagulability marker*
4.21 (3.87–4.59)

Prior stroke / TIA
3.41 (3.08–3.78)

Metastatic disease
2.22 (2.03–2.42)

Atrial fibrillation
1.29 (1.15–1.44)



RESOURCE / DISCHARGE

Adjusted estimates (95% CI)

Length of stay
IRR 1.26 (1.21–1.31)

Hospital charges†
Ratio 1.44 (1.39–1.50)

Non-routine discharge‡
aOR 2.28 (2.09–2.49)

REPERFUSION USE Among AIS: thrombolysis 0.26%; mechanical thrombectomy 3.8%.

CONCLUSION

AIS was associated with higher mortality odds and resource use. Prospective studies should evaluate stroke prevention and treatment in pancreatic cancer.

Adjusted mortality: 2017–2022; 2023 excluded for missing covariates. Observational discharge data; residual confounding and coding limitations apply.

*Trousseau/hypercoagulability composite. †Charges, not costs; model excludes calendar year. ‡Among survivors.

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