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The NICE guideline: will it deliver improvement?
Pancreatic cancer: Background

- Common cancer and increasing in incidence
- Highly lethal
- Chemo-resistant in part due to fibrosis and ischaemia
- Disseminates early even when tumour is undetectable clinically
- Surgery is only chance of cure and adjuvant chemotherapy improves outcome in these patients
- Most operated patients will still relapse
- Palliative chemotherapy has a role in improving survival
What will deliver improvement?

1. Optimise the management in the UK based on current evidence
2. Develop clinical trials based on current known approaches
3. Gain deeper understanding of the biology, identify new targets and develop new therapies
NICE Guidelines is about optimising the present management based on areas of best practice and based on current evidence.
What already exists in the UK?

• As a result of ”Improving Cancer Outcomes” pancreatic cancer surgery is centralised to large centres and generally appear to have good surgical results

  What may not be so optimal

• Equity of access specialist care
• Imaging and staging
• Preoperative care and pathway to surgery
• Treatment of locally advanced and metastatic disease
• Management of patients with a family history
• Extent of psycho-social care
Equity of access

• All patients with suspected pancreatic cancer should be reviewed at a specialist MDT
Imaging and staging

• Use of CT PET as a routine diagnostic test and in ALL patients having surgery (including “straight to surgery” as discussed later)

• Patients who may not benefit from surgery may go immediately to medical management and avoid major surgery

• Better tissue acquisition by EUS (essential to develop “personalised” approaches)
Surgical pathway in patients with operable cancer

• Traditional approaches usually include pre-operative biliary drainage in cases with jaundice which has significant morbidity and even mortality

• We recommend straight to surgery in patients who are fit

• This should improve the cost effectiveness of treatment and allow patients to receive definitive treatment more quickly

• The potential down side is that this is not compatible with future personalised approaches
Locally advanced and metastatic disease

• A stepwise approach to chemotherapy is proposed with FOLFIRINOX for those who are fit and gemcitabine combinations or gemcitabine alone for the less fit.

• In locally advanced disease and if radiotherapy is to be used, it should be combined with capecitabine as radiosensitiser.
• In patient with 2 first degree relatives with the condition surveillance should be considered
Supportive care

• Patients and carers should all have access to good support services locally and dietetics should form an important part of this

• Follow up for surgical patients is important as patients may develop symptoms as a consequence of surgery

• PERT should be given to all patients with advanced disease
Will guidelines deliver improvement?

YES!

• Abundant evidence that when patients management is supported by evidence based guidelines that the NHS is committed to implementing the outcomes will be better.
Will guidelines deliver improvement?

BUT

• The disease is relatively refractory to treatment and more progress is needed

• Dissemination has happened in most cases at presentation
The next steps

• Get a handle on the biology: multi-omics on the cancer (need core tissue via EUS to enable analysis)

• Trials of neo-adjuvant chemotherapy in all patients

• Personalised treatments to identify actionable mutations (Precision Panc)
Acknowledgements

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National Institute for Health and Care Excellence
Pancreatic cancer in adults: diagnosis and management (Published February 2018).
Available from www.nice.org.uk/guidance/ng85
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