



## Implementing the NICE Guidelines

# Pancreatic Cancer UK

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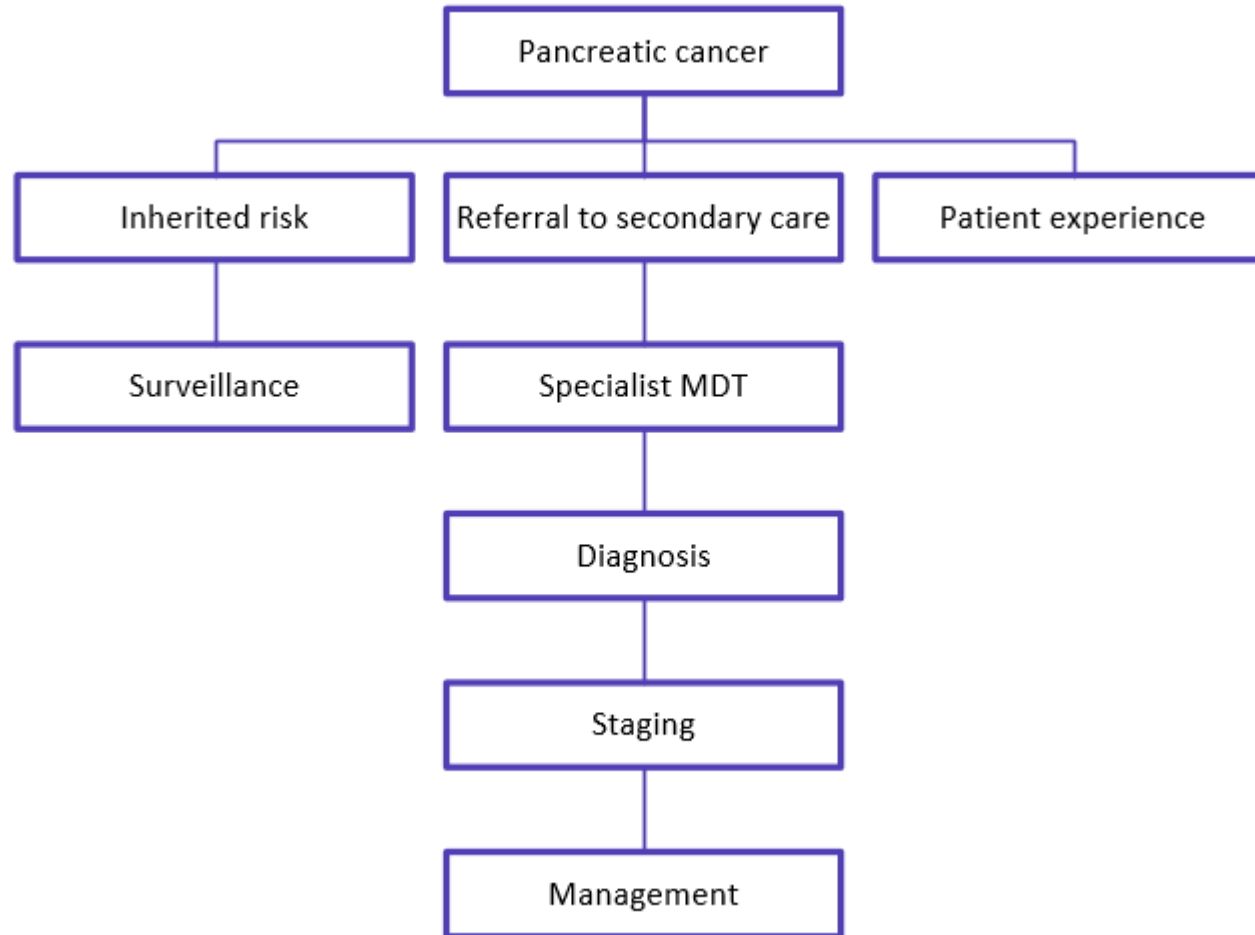
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**What makes the guidelines  
so NICE?**



- The very first national guidelines for the diagnosis and management of pancreatic cancer – published in February 2018
- Based on the latest evidence in pancreatic cancer treatment and care
- Committee of 16 worked on guideline with lay involvement
- Over 50 recommendations in total
- Quality Standard – due to be published in December 2018
  - Describe high-priority areas
  - Helps the NHS implement the guideline

# NICE guidelines: Pancreatic cancer in adults: diagnosis and management - Overview



Adapted after [www.nice.org.uk](http://www.nice.org.uk);  
<https://pathways.nice.org.uk/>;  
<https://www.nice.org.uk/guidance/ng85/chapter/Recommendations>

## Why we need these guidelines?

- Pancreatic cancer has lagged behind other cancer types
- Variations in treatment and care need to be reduced
- Should drive up care standards in pancreatic cancer
- Ensure more consistency in care and increase patient satisfaction
- Drive improvements in practice and outcomes:
  - cancer staging
  - survival and mortality rate
  - nutritional status
  - health related quality of life

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Quality Standard Statements



## Adults with suspected pancreatic cancer have their diagnosis and care determined by a specialist pancreatic cancer multidisciplinary team

- Clear care pathways needed between local cancer units and specialist MDTs
- Early specialist input can minimise delays to diagnosis, optimise staging strategy and consider all management options
- Specialist MDT can provide access to psychological support, nutritional support and pain management
- Specific expertise including knowledge of novel treatments and trials will be available



### Adults with localised pancreatic cancer who can have cancer treatment have staging using PET-CT scan

- 20% of pancreatic cancer patients were missing stage at diagnosis
- Accurate staging is essential for implementing the best treatment and care options
- Influence on the management of the disease and provide helpful information to doctors on deciding the best treatment
- Will help to avoid unnecessary surgery or radical local treatment for cancer that has spread

## 3 – Biliary obstruction and resectable pancreatic cancer

**Adults with resectable pancreatic cancer and obstructive jaundice do not have preoperative biliary drainage unless specifically indicated**

- Preoperative biliary drainage can lead to delays in surgery, more complications and hospitalisations
- Some evidence suggests that biliary drainage could prevent some people from surgery
- Surgery performed without unnecessary delays could lead to more positive outcomes – improving patient experience and quality of life
- Surgery without this can reduce costs

### **Adults with unresectable pancreatic cancer have a discussion about chemotherapy options available to them**

- 66% of patients will not receive any active treatment and only around 20% of patients receive chemotherapy
- Include discussions about access and availability of clinical trials – 4.6% participate in trials
- More patients receiving life extending chemotherapy, improvements in quality of life and symptom management
- We need patients to be aware and get involved in clinical trials if we are to see improvements in the disease

### Adults with unresectable pancreatic cancer are prescribed enteric-coated pancreatin

- Dietary deprivation and weight loss are common symptoms
- 87.7% who use our Support Line are asking about PERT
- Importance for offering this for resectable patients also ('considered' in guidelines)
- It can improve the nutritional status and wellbeing of people and have a big impact on quality of life
- May help ability to tolerate treatment

## **6 – Adults with pancreatic cancer and their families and carers need effective interventions that can improve their quality of life, psychological wellbeing and ability to carry out normal activities**

- Such a poor prognosis and complex symptoms – effective interventions are needed
- Psychological impact on patients and their families – depression and anxiety prevalent
- Improvements in quality of life
- Easy access to appropriate supportive and psychological care – normal part of care package

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**What happens next?**



## How are the guidelines implemented?

- Putting the recommendations into practice will take time
- Raising awareness incredibly important
- Championing the guidelines in pancreatic cancer community
- Discussed by the All Party Parliamentary Group on pancreatic cancer
- Collecting evidence on how they are being implemented

1. **Diagnosis**
2. **Specialist pancreatic multidisciplinary teams**
3. **Working out how far the cancer has spread (staging)**
4. **Emotional (psychological) support**
5. **Managing pain**
6. **Managing diet and nutrition**
7. **Relieving a blocked bile duct or duodenum**
8. **Managing resectable (operable) and borderline resectable pancreatic cancer**
9. **Managing pancreatic cancer that can't be removed with surgery (inoperable or unresectable cancer)**

<https://www.pancreaticcancer.org.uk/nice>





## **How can you play a part in implementing the guideline and recommendations?**

- Work together to see changes
- Providing the very best care and treatment
- Sharing best practice and improvements made as a result of the guideline
- How can we improve patient experience through the guideline

**We want to transform the future for everyone living with pancreatic cancer.**

