Pancreatic Cancer

#SummitPanc20

Virtual ANNUAL SUMMIT 2020 IMPROVING OUTCOMES NOW

Improving the Pathway from Diagnosis to Treatment, 29th Sept 2020, 9 – 11am

Supported by erytech §



From the GP Surgery to Treatment – Challenges to Overcome

MrThomas Satyadas, Consultant HPB Surgeon, Manchester University Foundation Trust and HPB Pathway Clinical Director, Greater Manchester Cancer Alliance



In Greater Manchester



From the GP surgery to treatment – Challenges to overcome

Mr Thomas Satyadas Consultant HPB Surgeon Manchester Foundation Trust GM Cancer HPB Clinical Lead

Pancreatic Cancer in the UK

- 9800 new cases every year (27 every day)
- Increasing incidence
- Increasing incidence more in 85-89 year olds
- More cases affect white and black people than the Asian population
- 8 out of 10 are diagnosed at a late stage
- Only 10% patients diagnosed are suitable for resection in the UK



Survival



3% > 5 YEARS

21% > 1 YEAR

MEN AND WOMEN – EQUAL



@GM_Cancer | PCUK Annual Summit

PCUK Patient Survey

50% - diagnosed via A&E

25% of patients said that they experienced symptoms for up to a year

40% reporting that they visited their GP **3** or more times

25% reporting that they visited their GP **5** or more times

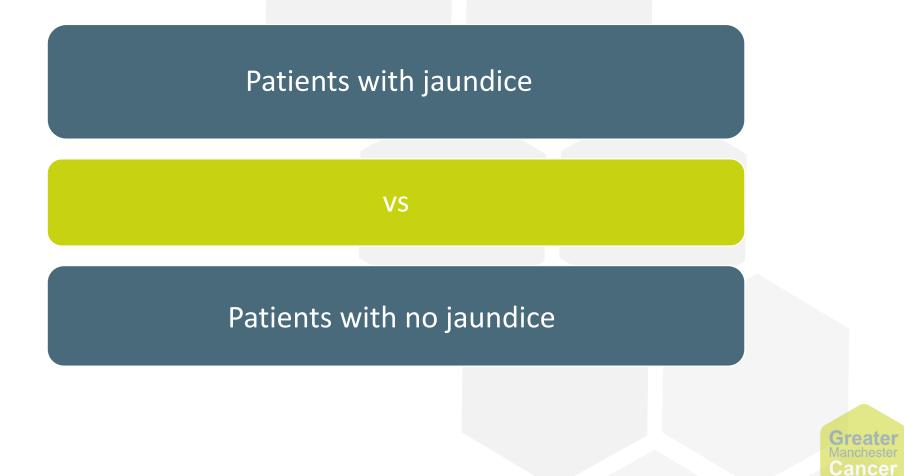


Where do we go from here?





Different patient experience...



Pancreatic, Bile Duct and Ampullary Cancer Pathway

Pathway to comply with 28 and 62 day pathways

Day 1 - 3	4 - 5	6 - 10	11-13	14
Initial referral: GP Referral*/A&E *Triage of GI suspected cancer referrals	Daily Fast Track MDT: determine patients suitable for surgical/ oncology treatment and patients for supportive care	Diagnostic Interventions including INDASH e.g. Biopsy, ERCP, PET Scan	Outpatient Appointment at treating centre (Surgery/Oncology/ Best Supportive Care)	Definitive Treatment: Surgery/Oncology
CT Scan (Reported within 24 hours)	Communication to referring Trust/Clinician	Histology reported within 4 days]	
*Patient pathways include: - Jaundice Clinic/RDC - A&E - Secondary Care referral	Outpatient Appointment: Patient communication to discuss Diagnosis/ Treatment options, with CNS support	Cytology reported within 3 days		
		MDT: All patients discussed at smaller MDT to be listed on		
	INDASH Assessment + Research	main MDT for audit purposes		
Referral to Fast Track specialist MDT	MDT Outcome Actions:			INDASH Assessment + Research Information Nutrition
	 Referratio Oncology/Sugery/BSC Book diagnostic interventions 			Diabetes/Depression Analgesia Stenting Hereditary

Maximum target times provided

Psychological Support

Patients with pancreatic cancer are at the second highest risk of suicide of all patients diagnosed with cancer

How do we ensure we build in comprehensive psychological support for our patients to our diagnostic pathways?

> Greater Manchester Cancer

What are we doing about it?

- Ensuring our pathway is co-produced by service users
- Implementing our emergency pathway to allow equity of access to treatment for all patients diagnosed
- Restructuring our pathways and processes including MDTs and Radiology reporting
- Education for our primary care colleagues
- Supporting the implementation of Rapid Diagnostic Centres for HPB
- Building in comprehensive patient experience and QOL to our pathway
- Piloting a supportive care programme for patients with a palliative diagnosis
- Using our pathway board to lead the changes to the pathway

Greater Manchester Cancer

How can we make this happen?

We need to invest in our infrastructure and cancer

services to ensure that we can introduce an equitable,

successful and sustainable emergency diagnostic

pathway for patients with Pancreatic, Ampullary and Bile

Duct cancer



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