

**Pancreatic
Cancer
UK**

#SummitPanc20

Virtual

ANNUAL SUMMIT 2020

IMPROVING OUTCOMES NOW

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

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From the GP Surgery to Treatment – Challenges to Overcome

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



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

1% > 10 YEARS

3% > 5 YEARS

21% > 1 YEAR

MEN AND WOMEN – EQUAL



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...

Patients with jaundice

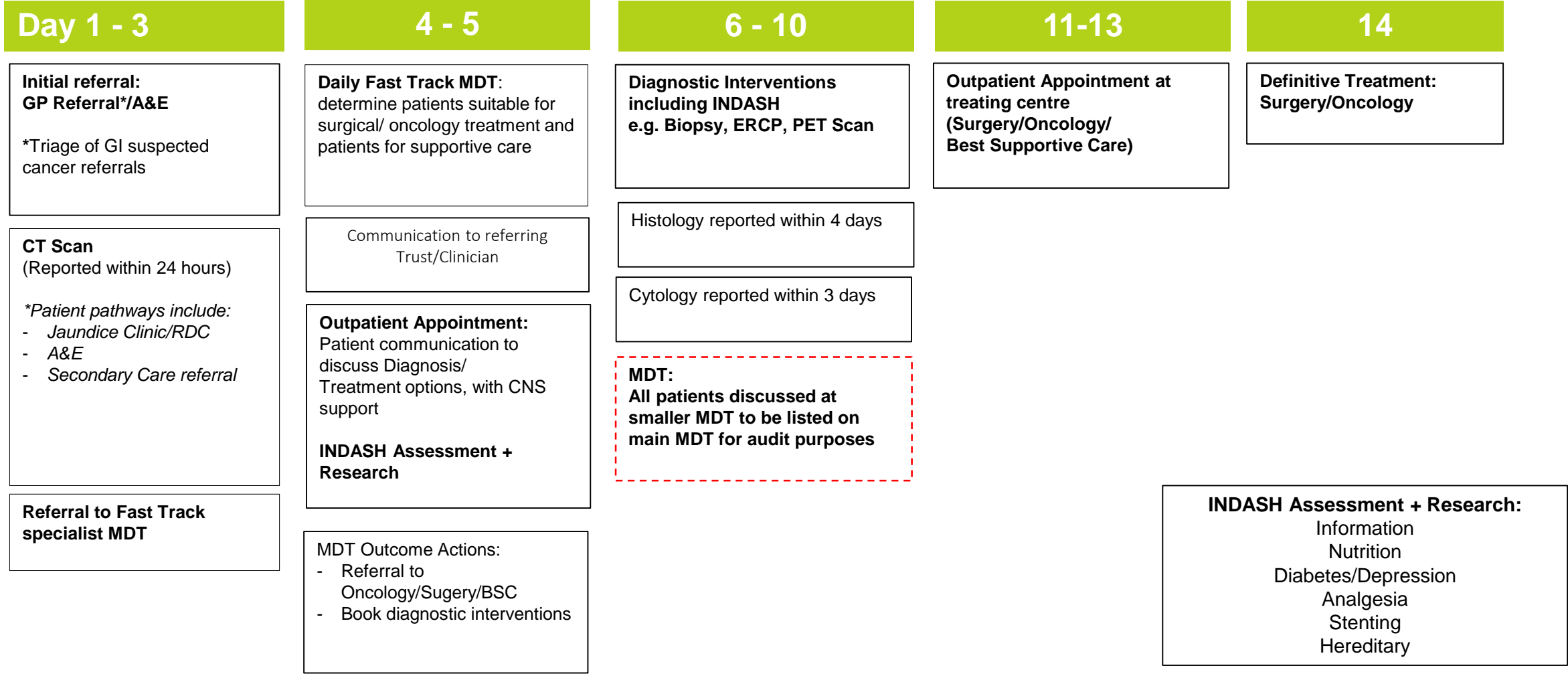
VS

Patients with no jaundice



Pancreatic, Bile Duct and Ampullary Cancer Pathway

Pathway to comply with 28 and 62 day pathways



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?



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



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





Thank you

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