

Key Notes

Variation in Access to Chemotherapy – Anna Jewell, Director of Support, Research & Influencing, Pancreatic Cancer UK

- If everyone received optimal treatment, we could improve survival for everyone now.
- UK ranks 29th out of 33 countries for 5 year survival.
- There is variation in survival across the UK – which includes variation between specialist centres and secondary centres, young and old patients, as well as operable and inoperable patients.
- Only 28% of patients have any form of chemotherapy, whether this is neo-adjuvant, adjuvant or palliative. This varies from 25-35% across cancer alliances.
- Only 50% of patients who have had surgery have adjuvant chemotherapy, although there is clear evidence of survival benefit of this.
- If patients can't access treatment, this causes them stress and anxiety.
- Only 25% metastatic patients receive chemotherapy – even though this has a survival benefit.
- There is larger variation in access to chemotherapy for inoperable patients compared to operable. A key difference here is that care is centralised at a specialist centre for operable patients, but more localised for inoperable.
- It should be noted that the data are incomplete, and from 2017 – pre NICE guidelines.

The Latest in Chemotherapy – Prof Juan W Valle, Professor and Honorary Consultant in Medical Oncology, University of Manchester and The Christie

Adjuvant chemotherapy

- Surgery cornerstone of curative, with a relapse of up to 90% without chemotherapy.
- The current standard of care is 6 month adjuvant chemotherapy.
- Patients need to recover from surgery before starting chemotherapy. There is no benefit in starting less than 8 weeks after surgery – it is more important to complete the chemotherapy rather than starting it early.

Advanced cancer

- Chemotherapy provides a survival benefit for these patients – Gemcitabine - 6 months; FOLFIRINOX – 10-14 months. FOLFIRINOX is applicable to about 25% of patients.
- The POLO study has shown improved progression free survival for metastatic patients with a BRCA mutation who has first line platinum chemotherapy. 7.4 v 3.8 months olaparib v placebo.
- Platinum based chemotherapies also benefit patients with a BRCA mutation, and other patients with DNA damage repair mutations. This highlights the importance of genetic assessment.

Locally advanced pancreatic cancer

- A systematic review looking at FOLFIRINOX in these patients showed median overall survival ranged from 10 - 32.7 months across studies, with 28% of patients going onto resection, 74% were R0 resections.
- Gemcitabine-nabpaclitaxel – 1/3 patients responded to treatment, so this is an option for those who can't have FOLFIRINOX – although it's unlicensed for locally advanced cancer in Europe.

Neo-adjuvant chemotherapy

- Preopanc study looked at borderline resectable and resectable cancers. It found improved disease free survival and RO resection for neo-adjuvant chemotherapy, although with more toxicity.
- ESPAC 5 was a small study of 88 borderline resectable patients. It found 1 year survival for the neoadjuvant group of 77% v 42% for immediate surgery.
- There are major ongoing studies into neo-adjuvant chemotherapy.

Overcoming the Barriers to Pancreatic Cancer Trials – Dr Pippa Corrie, Consultant and Associate Lecturer in Medical Oncology, Cambridge University Hospitals NHS Foundation Trust

- Research has found chemotherapy was a high priority for patients. James Lind Alliance (Germany)
- The current NIHR pc trial portfolio only has 24 pancreatic cancer trials, 10 using chemotherapy
- So there are not enough trials in pancreatic cancer, given number of people diagnosed, and limited access to trials.
- There are also barriers to patients accessing trials such as the need to travel, trials may not be attractive to patients and trials can be time consuming for health professionals when they have limited time.
- Solutions:
 - Increase the chemotherapy drug pipeline
 - Secure funding to conduct the trials
 - Ensure all key stakeholders are on board
 - Ensure equity of access (eg have learnt through COVID that can remotely assess patients). Trial eligibility needs to reflect general population – can be quite niche
 - Address the patient needs and improve patient engagement – eg spread trials across regions, reduce need to travel, simple patient information
 - Raise pancreatic cancer up the agenda

The Bridging Clinic: Treating Medical Complications so Patients are More Likely to Receive Chemotherapy – Mr Bhaskar Kumar, Consultant Upper Gastrointestinal Surgeon, Upper GI Cancer lead, Norfolk & Norwich University Hospitals NHS Foundation Trust

- It is very difficult for patients to take information in at point of diagnosis – dealing with the shock of diagnosis.
- The Bridging Clinic is designed to bridge the time between diagnosis and treatment, when patients have had time to deal with the shock of diagnosis.
- It can be used to deal with often overlooked areas such as symptoms, such as: improved information provision, nutrition assessment – including dietitian, pancreatic insufficiency, diabetes management, depression/psychological support – which is often poorly addressed and needs dedicated professional, managing pain and proper analgesia.
- Clinic run through a structured format so shouldn't miss any of these key areas.
- Dealing with these away from point of diagnosis could lead to better patient experience.

Centralised Care for Pancreatic Cancer – Dr Olusola O Faluyi, Consultant Medical Oncologist, Clatterbridge Cancer Centre

- Example from Clatterbridge Cancer Centre which has moved from devolved to centralised oncology care for advanced cancer patients at two hospitals.
- Patients had option to receive chemotherapy at local hospital.
- Centralised care well established for surgical patients.
- They have incorporated more members of MDT – 3 CNS – including one focusing on clinical trials, dietitian, holistic care, palliative care, psychologist.
- More patients received chemotherapy, and got treatment quicker. There was a small improved survival, potential increased accrual to trials.