

# **Pancreatic Cancer Rapid Diagnostic Pathway Shared Learning Event**

Tuesday 12<sup>th</sup> October 2021, 9.00am – 10.30am, Zoom Webinar

# **Welcome and introduction**

**Dr Andrew Millar**

Consultant Gastroenterologist  
Clinical Lead for RDC for North Central London

## **Housekeeping**

- **Q&A:** please send your questions in via the Q&A box at the bottom of your screen. We'll take questions to all speakers at the end of the event.
- **Chat:** please send general comments and messages through the Chat box at the bottom of your screen. Please don't post your questions to speakers here just in case we miss them.
- **Survey:** at the end of the event, we'll share the survey with you. This survey will allow us to build a picture of the RDC pathways being developed across the UK and give you the opportunity to say how you would like to be involved in this work moving forward.
- **Event resources:** the recording from this session will be shared after the event. You'll receive an email when they're ready.

# **Introduction to pancreatic cancer rapid diagnostic pathways**

**Peter De Rosa, Policy & Intelligence Manager, Pancreatic Cancer UK**

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## **Introduction to Rapid Diagnostic Pathways / Centres / Services**

### **Vague symptom RDC pathways**

- Based on the previous ACE MDC models
- Diagnose patients with vague and non-specific symptoms, that fall outside of the traditional urgent cancer referral pathways
- NHS England aim to achieve population coverage of 50% for non-site specific pathways in 2021/22, and all Cancer Alliances should achieve full population coverage by 2024
- Due to vague and non-specific nature of pancreatic cancer symptoms, these RDCs are effective at picking up pancreatic cancer cases

### **Site - specific RDC pathways**

- Expedite the current site specific referral pathways to within 28 days – to meet the Faster Diagnostic Standard (FDS)
- By 2024, RDC principles should be implemented across all existing urgent cancer pathways with full population coverage
- Rapid diagnostic pathways will eventually become standard for all referral routes

## Why develop a pancreatic cancer rapid diagnostic pathway?

### Current diagnostic pathway for pancreatic cancer:

- Multiple appointments before referral and diagnosis and people are often referred down multiple TWW pathways.
- 44% of people are diagnosed via an emergency presentation, where one-year survival is 12.2%
- People often present with high supportive care needs and delays to diagnosis can lead to rapid deterioration in patient condition

### Rapid diagnostic pathways:

- Streamline the diagnostic process, preventing unnecessary delays
- Improve coordination of care and experience for patients
- Allow earlier symptom management and patient optimisation
- Reduce the number of emergency presentations



*Lots of hospital visits, for 10 minute appointments, often in different hospitals. Why some of the appointments cannot be consolidated into a single day as usually you only get referred to the next clinic from the one you have just attended. This can lead to delays of 1-2 weeks when time is critical*



## **What do we want to achieve?**

### **Share best practice and encourage everyone to implement rapid diagnostic pathways for pancreatic cancer**

- We want to engage and work with local teams to develop pancreatic cancer pathways
- Drive improvements within wider pancreatic cancer care through the implementation of the new RDC pathways

### **Develop the evidence base and build national consensus for a timed diagnostic pathway for pancreatic cancer**

- Get clinical feedback and input from the clinical community on a timed diagnostic pathway

### **Promote research in the RDC setting:**

- Provide links to the pancreatic cancer research community to facilitate research within pancreatic cancer RDC pathways
- Opportunities with symptom profiling, biomarkers within the vague and non-specific cohort and New Onset Diabetes

### **Provide patient support and health professional training as part of the new pathways:**

- Provide patient information, support and signposting from the point of diagnosis
- Health professional training – integrate PCUK training and resources for the care/patient navigator role within the RDC pathways



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Thanks for coming.  
We hope to see you again soon!