Pancreatic Cancer UK

# Optimal Care Pathway for Pancreatic Cancer

**Georgia Papacleovoulou**

**Health Intelligence and Improvement Lead**

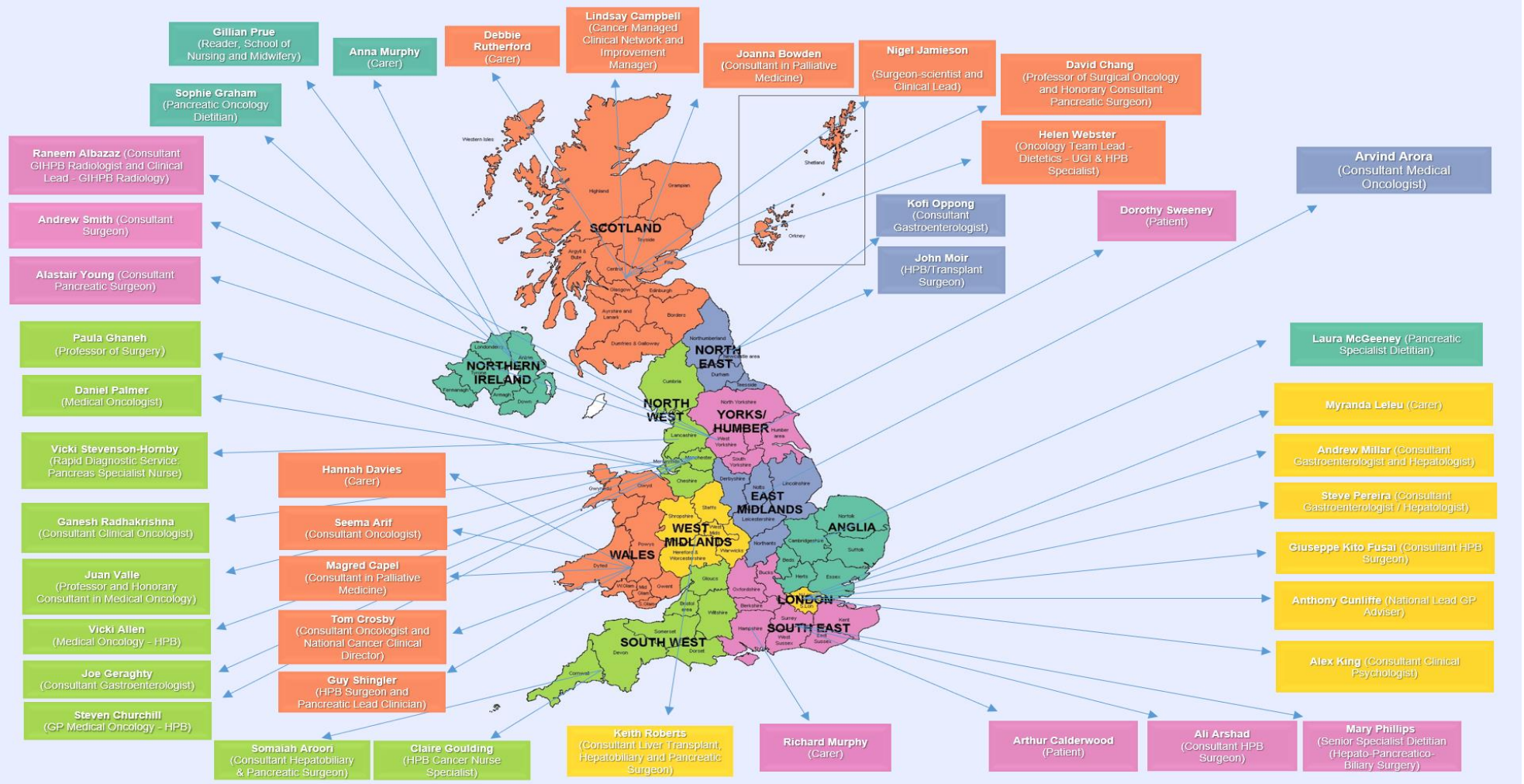
Pancreatic Cancer UK

# Optimal Care Pathway

- Everyone affected by pancreatic cancer to have the best support and care to be able to **live long and well**
- Experiences of **diagnosis, treatment, support, and care** vary across the UK
- A UK-wide initiative to reduce variations in care through the design and implementation of a **step-by-step guide of best practice in diagnosis, treatment, support, and care** of people with pancreatic cancer
- Access to the **best clinical practice available** across the UK, **to live as long and well as possible**

# Steering Committee

- 42 members (**35 healthcare professionals** and **7 people with personal connections**) oversee the initiative




Available to see here

Pancreatic Cancer UK

# Developing a best practice guide

- **We want to ensure that we develop a pathway that serves the needs of those affected by pancreatic cancer and their families**

- Consult the pancreatic cancer community across the UK
  - ✓ Clinicians across all levels of the NHS
  - ✓ Allied health professionals (e.g. nurses and dietitians)
  - ✓ NHS service managers
  - ✓ People with personal experience

- Understand issues, gaps and what needs to change

- Identify existing best practice and innovation

- Develop solution-focused recommendations

- Develop plans of action to implement existing best practices and address issues and challenges

# Pancreatic Cancer Optimal Care Pathway : Overview

## Earlier Diagnosis

Risk factors / inherited risk → Initial symptoms

### What are we doing?

- Investment in early diagnosis research (e.g. simple test)
- Influencing NHS England to pilot ways to identify people with high risk factors for pancreatic cancer
- Improve asymptomatic screening and surveillance
- Improve symptom awareness (public / primary care)

### Impact for patients

- Diagnosis at an earlier stage
- More treatment options and better long term survival

## Faster Diagnosis

Presenting to GP with symptoms → Confirmed diagnosis

### What are we doing?

- Influencing the outcomes of the NHS England Best Practice Timed Pathway
- Work with local teams to deliver faster and more streamlined pathways

### Impact for patients

- A quicker time to diagnosis
- More streamlined access to scans and investigations
- Better patient experience
- Faster access to treatment and support
- Better one-year survival

## Disease management

First treatment → Follow up care and support

### What are we doing?

- Designing a guide for optimal treatment and care across the UK
- For people with resectable/borderline and locally advanced metastatic
- This includes nutritional, psychosocial and physical support

### Impact for patients

- Reduce variation in access to treatment and care
- Ensure everyone has access to best treatment and care possible

**Nutritional, psychosocial and physical support**

**Personalised care**

Pancreatic Cancer UK

# Diagnostic pathway

## Day 0

**First symptom presentation**

**Urgent referral based on NG12**
Consider expanded NICE guidance *

Include referrals from Emergency Presentation, Ward referral, Radiology and self referral

**Patient information provided in primary care**

Research / Innovation
- QCancer Tool
- Clinical decision support tools

Future / pipeline innovations

## Day 0 – 3

**Straight to Test (STT) CAP CT scan:**
Hot reporting within **72 hours** and Bloods/Filter Function Tests

Outpatient appointment if not suitable for straight to CT

[PACT-UK Standardised radiology staging reporting template / pro-forma]

**Clinical triage of referrals by suitably experienced clinician, including a HPB CNS**
- Telephone consultation with patient
- More detailed patient history
- Review, amend or expedite referrals and imaging

Research / Innovation
- Biomarkers/breath test
- Galleri study

## Day 3 – 7

**Clinical assessment of CT scan results** by suitable experienced clinician with HPB specialism

**Prescribe and commence Pancreatic Enzyme Replacement Therapy (PERT)**

Communication between initial CT Scan review and HPB specialists to determine and book subsequent staging investigations

Straight to surgery approach if indicated, without need for pre-operative ERCP and stent

## By Day 9

**Formal HPB MDT review**
Review completed and planned investigations

Diagnosis confirmed

Staging/tumour classification based on PACT-UK standardised template agreed

**HPB agreement on treatment options/best clinical trial enrolment to discuss with patient in clinic**

## By day 14

**Further investigations Resectable / Borderline resectable**
- Consider staging laparoscopy if indicated
- Biopsy (EUS/FNA) if indicated
- ERCP with stent if indicated

**Locally advanced / Metastatic**
- Biopsy (EUS/FNA) if indicated
- ERCP with stent if indicated
- MRI
- Gene profiling of tumour tissue
- Microsatellite instability (MSI) and/or mismatch repair (MMR) testing on available tumour tissue
- Liver biopsy (EUS/FNA)

## Day 14 – 21

**Confirmation of treatment plan and ongoing personalised care and support**

**Outpatient appointment with HPB consultant and HPB CNS to discuss treatment plan**
- Holistic needs assessment (HNA)
- Shared decision making
- Treatment plans provided to GP

**Access to a HPB specialist dietitian** as part of the outpatient appointment.

If patient overwhelmed and/or dietitian not appropriate at this clinic, arrange for dietitian to follow up with patient to arrange a face to face appointment within a week.

Note that for some patients with poor prognosis, a referral may not be appropriate, however, symptom relief from PEI can provide benefit so referral should not always be discounted

**Referral to prehabilitation programme** (nutritional, physical and psychosocial supportive care needs)

**Referral to appropriate consultant to start treatment/best supportive care**
- HPB surgeon
- HPB oncologist
- Palliative Care Specialist

**Cancer likely / diagnosed: Outpatient appointment with HPB CNS and communication to patient**
- 'Provisional' diagnosis communicated and discuss treatment options
- Measure fitness (e.g. handgrip strength) and facilitate prehabilitation, pre-operative workup and refer for occupational therapy and physio if required. Encourage physical activity if appropriate.
- Performance status and comorbidities measured and recorded
- Supportive care needs assessment completed and recorded and referrals to allied health services actioned as required. Refer for psychological support services and psycho-oncologist if required
- Signpost to Pancreatic Cancer UK Patient Information, Support and Specialist Nurse Support Line.
- Given a written report to patient and share with GP

**Nutritional support to include:**
- Commencement of PERT for anyone with head of pancreas disease and consideration of PERT for people with body/ tail tumours. Optimise dose, timing and distribution in the day.
- Oral nutrition support +/- artificial supplements for those not meeting nutritional requirements / advice on micronutrient replacement if required
- Explanation of PEI and PERT, how and when to take it and written patient information provided
- Medication to treat high blood glucose levels where appropriate
- Discussion of laxatives, antiemetics, proton pump inhibitors (PPIs) if required.

Pancreatic Cancer UK