

The process and role of the specialist pancreatic MDT



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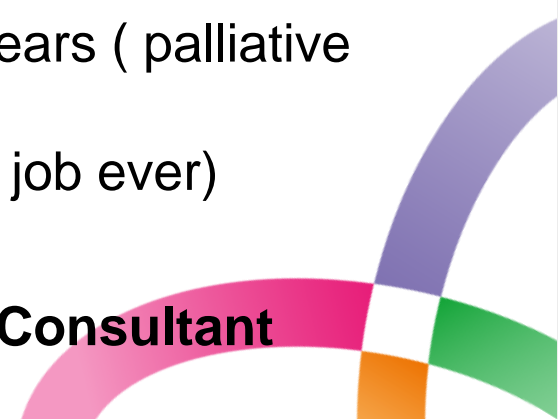
Aims of today's session

- A brief introduction to me
- An overview of the Liverpool Pancreas Unit
- Why treatment carried out at specialist units
- MDTs – How they work ? Role of people within the MDT
- Summary





- 2001 – Started at UofL Nursing Degree (part time doorman and HCA for the \$\$)
- 2004 - Staff Nurse on Pancreatic Surgical Ward
- 2006 – 6 weeks secondment turned into 6 months
- 2007 – Junior CNS role (working with lead HPB nurse)
- 2008 – 2022 - CNS (“pancreas geek” begins”)
- + 2019 to 2021 – COVID years (palliative support to COVID pts)
+ DAD in 2019 (my best job ever)
- **2023 – Pancreatic Nurse Consultant**



Liverpool Pancreas Unit

The Liverpool Pancreatic Cancer Centre is one of the biggest surgical and oncology units for pancreatic cancer in the UK (Liver / Complex GB and hilar cholangiocarcinoma surgery / management previously undertaken in Aintree site of LUFT -Now under Liver team at new royal LUHFT)

- Covers 19 hospitals, population > 3 million
 - “HUB” and “SPOKE” model
- Excellent surgical outcomes,
- Large clinical trial portfolio,
- Excellent links with local universities,

Treating pancreatic cancer quickly with the right treatment is key to the unit ethos.



Why specialist units & MDTs ?



THE PANCREATIC CANCER CHALLENGE



PANCREATIC
CANCER UK
Striving for Survival

THE UK
5-YEAR
SURVIVAL RATE
FOR PANCREATIC CANCER
IS LESS
THAN **4%**



This has **hardly changed** in over 40 years



USA / Canada



Australia



United Kingdom

AND
THE **UK LAGS**
BEHIND
MANY OTHER COUNTRIES



Pancreatic Cancer in the 80s

- Overall 5 year survival = **0.4%**
- Resection rate (RR) = **2.6- 4.0%**
- 30d mortality post resection = **28% - 45%**
- Median survival with resection = **9 months**
- 5-year survival with resection = **5%**

- No clear pathways for inoperable patients



R

Royal Liverpool & Broadgreen

**Alden H Harken (Cardiothoracic surgeon):
Presidential Address American College of
Surgeons. Surgery 1986; 100: 129-33**



**Congress should pass a
law making it illegal to do
a Whipple operation**

Tertiary Referral Centres in the UK

Increased patient volume (>2 million patients)

Working in multiprofessional teams

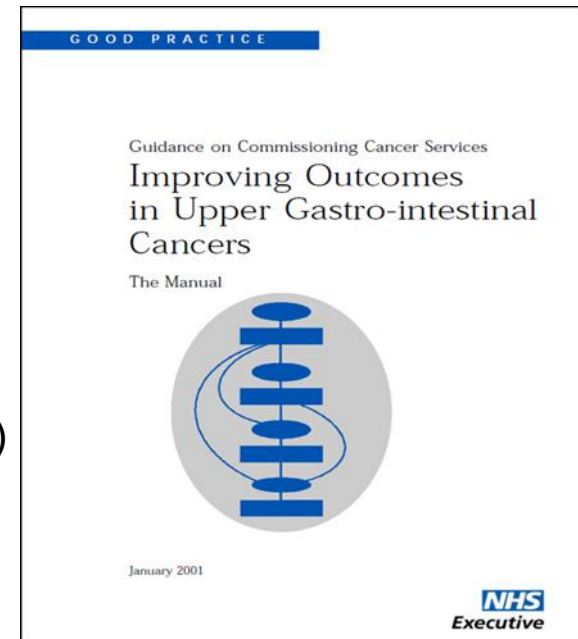
Improved resection rates (5% to 10%-15%)

A reduction in post operative mortality (from $\approx 20\%$ to $\leq 5\%$)

Improvement in 5 year survival post resection

Improved access to clinical trials

Improved access to chemotherapy drugs (palliative, neoadjuvant and adjuvant)



Improved Outcomes for Pancreatic Cancer Patients Traveling to High Volume Centers for Surgery

Further Travel to
Center for Care



3 → 97

(Median Number of Miles)

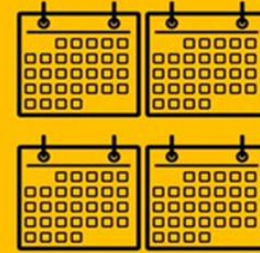
Decreased Hospital
Length of Stay



12 → 9

(Number of days)

Increased Overall
Survival



16 → 20

(Avg. Number of Months)

Lidsky et al. *Ann Surg.* July 2016.

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Over 16 Hospitals covered by the HPB MDT in Liverpool plus direct referrals from GP and “second opinions” from around the UK, Europe and rest of the world



Pancreatic Cancer Survival Rate | PEVs - Patient Electronic Notes | Sign In | Sign In

https://www.pancan.org/news/pancreatic-cancer-survival-rate-reaches-10/

January is Clinical Trials Awareness Month

LEARN MORE

Helpline: (877) 435-8650 | Clinical Trial Finder | Contact Us | Español

PANCREATIC CANCER ACTION NETWORK


FACING PANCREATIC CANCER | GET INVOLVED | WAYS TO GIVE | RESEARCH | ABOUT | DONATE NOW

PANCREATIC CANCER NEWS → PANCREATIC CANCER SURVIVAL RATE REACHES 10%





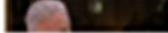
Pancreatic Cancer Survival Rate Reaches 10%

BY ALLISON ROSENZWEIG, PHD — JAN 7, 2020

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Pancreatic Cancer in 2023

- Overall 5 year survival = **7% - 10%**
- Resection rate (RR) = **5.4 – 19.8%**
- 30d mortality post resection = **<2%**
- Median survival with resection = **>28 months**
- Adjuvant therapy = **> 92%** now receive in Liverpool (55-62% national average)
- 5-year survival with resection = **30% -54%**
- Inoperable pathways and clinics optimised
 - High numbers of patients having access to clinic trials



Liverpool Pancreatic Unit – 2022 data

- 165 major operations for pancreatic / distal bile duct / ampullary cancer or pre malignancy
- 30 major operations for chronic pancreatitis
- 5 to 6 (3 session) surgical lists per week
- 30-d mortality cancer surgery - 1.6 %
- 90-d mortality cancer surgery – 1.6 %



Liverpool Pancreatic Unit – 2022 data

- Clinic to surgery – 11 days
- CT to surgery – 20 days
- Median LOS all pancreas surgery – 10 days

- Adjuvant Chemotherapy

(For all resections that chemotherapy traditionally offered / chemotherapy appropriate (PDAC, cholangio, ampullary and duodenal cancer)

96% started adjuvant chemotherapy



MDTs - How they work & the role of the people within it?



“To diagnose and optimise treatment pathways”

Pancreas MDT in Liverpool

- Weekly MDT – Wednesday 0815 to 1100am
 - “Deadline” 1200pm Monday – to allow radiology prep time
- All MDT cases triaged daily
- Weekly “Pre MDT” - Nurse consultant + pancreas surgeon (rota)
 - Quality control to ensure all referrals have correct information , scans etc
- Mix of face to face and virtual - MS teams
 - Many referring centres link in to provide additional information
 - MDT chair / CNS / Nurse consultant role key to ensure meeting flows well



Post MDT in Liverpool

- All MDT outcomes checked for quality
- All referring centres / teams sent detailed outcomes and plans

Potential Surgical patients

- All reviewed face to face in Liverpool clinic

Patients for additional tests

- All reviewed virtually or face to face via Liverpool clinic or referring centre

Patients deemed inoperable

- When appropriate patients seen face to face in nurse led Liverpool clinic or local centre – BUT central oncology review / treatment



Specialist MDT – who attends ?

- 8 consultant surgeons
- 4 consultant gastroenterology
- 3 consultant oncologists (oncology in Merseyside also centralised)
- 1 consultant nurse & 1 CNS
- 5 consultant radiologists
- Palliative Care team
- MDT co Ordinator's
- Cancer support worker (CSW)
- Research nurses / specialist registrars
- Dietitians
- Pathologists



Specialist MDT – Key roles

- **CNS / Nurse Consultant**

- Triage of all MDT referrals
- Lead on weekly “pre MDT
- Present cases at MDT
- Audit of all MDT cases

- **CSW**

- Appointment coordination alongside Nurse consultant
- Identification of “ inoperable patients”
 - Booking into inoperable clinic
 - HNA in clinic
 - Ensuring timely referrals




Specialist MDT – Key roles

- **MDT coordinator**
 - Preparation of all MDT referrals
 - Input onto central cancer database
 - National audits
 - Tracking cases
 - Data collection for NHS England

- **Radiologist**
 - Re review every MDT case
 - Essential at specialist MDTs !



Summary

- MDTs are essential in the diagnosis and management of pancreatic cancer patients
 - Allow access to experts in the field of pancreatic cancer
 - Allow access to improved & highly specialist surgical treatments
 - Allow access to improved oncology treatments & clinical trials & specialist palliative care input
 - **EVERY** case should be referred to a specialist MDT !
- 

Any Questions ?

What is Pancreatic cancer to me ?

I couldn't really tell you a story of a particular patient or case because , well, there would be too many stories to tell. To me... Well it's definitely more than a job. It's more than being a specialist nurse . It's more than years of training and a lifetime of learning - on the job and in a university. More than learning about myself in a host of different ways .

It's a smile . A hug. And sometimes tears. It's about teamwork, brews and laughter. Its reviewing scans in an office when the hospitals gone home. Its breaking bad news. It's the fear and then the joy of a post chemotherapy CT scan. A ca19.9 result. The Spirit I see in patients faced with the most devastating of news. It's helping with the symptoms and the pride when your interventions work well.

It's Meeting Inspiring people. It's sharing the saddest moments of people's lives and also seeing the best side of people - their inner strength, a fighting spirit – “we won't give in”. It's a support group. It's a about meeting my wife for the first time when discussing a patients scan. It's a purple ribbon. It's about families that come together. It's a hug. It's holding a hand when you really should be at home and your teas in the oven.

It's a 5 year follow up outpatient review and meeting a new granddaughter . Its amazing scientists on limited budgets finding those new drugs . It's about hope. It's a telephone clinic explaining that those bloods we took are “ok” . It's a about an oncologist clapping with delight as the post chemotherapy bell is rung. It's conversations you never imagined ever having . it's a privilege to share these stories , be a part of someone's care. It's about ballsy surgeons and going that extra mile where a 12 hour operation becomes routine. Its an MDT. It's pathology. An MRCP. A CT. An EUS. . It's a brilliant charity with the most amazing workforce.

I guess this is what Pancreas cancer means to me.

