PACT-UK
Pancreatic Cancer reporting Template-UK

Dr Raneem Albazaz
St James’s University Hospital Leeds
Overview

• Background
  • Why radiology is central to management planning
  • Why template reporting is necessary
  • Advantages
  • Evidence

• Review of PACT-UK synoptic report
  • How it can improve treatment pathway
  • Potential impact for patients and healthcare teams
Radiology Central to Staging & Treatment Planning...

• Local disease extent
  • Relationship between tumour and major vessels / adjacent organs
  • Providing a vascular roadmap for surgery
    • Including variants

• Detection of metastatic disease

• Re-assessment following chemorad
The Problem...
The Problem...

• Human error

“Hindsight is a wonderful thing but foresight is better, especially when it comes to saving life, or some pain!” - William Blake

“We must accept human error as inevitable - and design around that fact.” - Donald Berwick
Reporting Templates

• Evidence
  • Significantly improve completeness of cancer staging reports & quality
  • Improve reproducibility & clarity
  • Significantly reduce number of missing morphological & vascular features
  • Improves inter-reader agreement
  • Increase surgeons’ confidence with decision making

Dimarco et al. Abdom Radiol. 2020 Feb;45(2):437-448
Brook O R et al. Radiology. 2015 Feb;274(2):464-72
Reporting Templates

• Advantages
  • Aid memoir
  • All info for surgical planning & post neoadjuvant treatment
  • Faster management decisions
  • More efficient MDT review
  • Safer for patients eg variants
  • Consistent data for audit and research
### Appendix E1

#### Pancreatic Cancer Staging Template

**Morphologic Evaluation**
- **Appearance** (in the pancreatic parenchymal phase): hyp-, iso-, or hyperattenuating
- **Size** (maximal axial dimension in centimeters): measurable or nonmeasurable (infiltrating tumors)
- **Location** (head right of SMV, body left of SMV): head/uncinate or body/tail
- Pancreatic duct narrowing/abrupt cutoff with or without upstream dilatation: present or absent
- Bilary tree abrupt cutoff with or without upstream dilatation: present or absent

#### Arterial evaluation
- **SMA**: Present or absent
  - Degree of solid soft-tissue contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Degree of increased hazy attenuation/stranding contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Focal vessel narrowing or contour irregularity: present or absent
- **Celiac Axis**: Present or absent
  - Degree of solid soft-tissue contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Degree of increased hazy attenuation/stranding contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Focal vessel narrowing or contour irregularity: present or absent
- **CHA**: Present or absent
  - Degree of solid soft-tissue contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Degree of increased hazy attenuation/stranding contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Focal vessel narrowing or contour irregularity: present or absent
  - Extension to celiac axis: present or absent
  - Extension to bifurcation of right/left hepatic artery: present or absent

#### Arterial Variant
- Present or absent
  - Variant anatomy: Accessory right hepatic artery, replaced right hepatic artery, replaced common hepatic artery, others (origin of replaced or accessory artery)

#### Venous evaluation
- **MPV**: Present, absent, or complete occlusion
  - Degree of solid soft-tissue contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Degree of increased hazy attenuation/stranding contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Focal vessel narrowing or contour irregularity (tethering or tear drop): present or absent
- **SMV**: Present, absent, or complete occlusion
  - Degree of solid soft-tissue contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Degree of increased hazy attenuation/stranding contact: \(\leq 180^\circ\) or \(>180^\circ\)
  - Focal vessel narrowing or contour irregularity (tethering or tear drop): present or absent
  - Extension to first draining vein: present or absent
  - Thrombus within vein: present or absent (MPV, SMV, or splenic vein) (tumor, bland)
- **Venous collaterals**: present or absent (around pancreatic head, porta hepatis, root of the mesentery, or left upper quadrant)

#### Extrapancreatic evaluation
- Liver lesions: present or absent; suspicious/indeterminate or likely benign
- Peritoneal or omental nodules: present or absent
- Ascitic present or absent
- Suspicious lymph nodes: present or absent (porta hepatis, celiac, splenic hilum, paraaortic, aortocaval)
- Other extrapancreatic disease (invasion of adjacent structures): present or absent

#### Impression
- Tumor: size and location
- Vascular contact: absent or present (vessel involved and extent)
- Metastatic absent or present (location)
# NCCN Guidelines Version 1.2020

## Pancreatic Adenocarcinoma

### PRINCIPLES OF DIAGNOSIS, IMAGING, AND STAGING

#### PANCREATIC CANCER RADIOLOGY REPORTING TEMPLATE

<table>
<thead>
<tr>
<th>Arterial Evaluation</th>
<th>Morphologic Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMA Contact</td>
<td>Hypoattenuating</td>
</tr>
<tr>
<td>Degree of solid soft tissue contact</td>
<td>absent</td>
</tr>
<tr>
<td>Degree of increased hazy attenuation/stranding contact</td>
<td>$\leq 180$</td>
</tr>
<tr>
<td>Focal vessel narrowing or contour irregularity</td>
<td>present</td>
</tr>
<tr>
<td>Extension to first SMA branch</td>
<td>absent</td>
</tr>
<tr>
<td>Celiac Axis Contact</td>
<td>Hypoattenuating</td>
</tr>
<tr>
<td>Degree of solid soft tissue contact</td>
<td>absent</td>
</tr>
<tr>
<td>Degree of increased hazy attenuation/stranding contact</td>
<td>$\leq 180$</td>
</tr>
<tr>
<td>Focal vessel narrowing or contour irregularity</td>
<td>absent</td>
</tr>
<tr>
<td>CHA Contact</td>
<td>Hypoattenuating</td>
</tr>
<tr>
<td>Degree of solid soft tissue contact</td>
<td>absent</td>
</tr>
<tr>
<td>Degree of increased hazy attenuation/stranding contact</td>
<td>$\leq 180$</td>
</tr>
<tr>
<td>Focal vessel narrowing or contour irregularity</td>
<td>absent</td>
</tr>
<tr>
<td>Arterial Variant</td>
<td>Hypoattenuating</td>
</tr>
<tr>
<td>Variant anatomy</td>
<td>Accessory right hepatic artery</td>
</tr>
<tr>
<td>Variant vessel contact</td>
<td>absent</td>
</tr>
<tr>
<td>Degree of solid soft tissue contact</td>
<td>absent</td>
</tr>
<tr>
<td>Degree of increased hazy attenuation/stranding contact</td>
<td>$\leq 180$</td>
</tr>
<tr>
<td>Focal vessel narrowing or contour irregularity</td>
<td>absent</td>
</tr>
</tbody>
</table>

#### Venous Evaluation

<table>
<thead>
<tr>
<th>MPV Contact</th>
<th>SMV Contact</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of solid soft tissue contact</td>
<td>absent</td>
<td></td>
</tr>
<tr>
<td>Degree of increased hazy attenuation/stranding contact</td>
<td>$\leq 180$</td>
<td></td>
</tr>
<tr>
<td>Focal vessel narrowing or contour irregularity</td>
<td>absent</td>
<td></td>
</tr>
<tr>
<td>Thrombus within vein (tumor, bland)</td>
<td>absent</td>
<td></td>
</tr>
</tbody>
</table>

---


Note: All recommendations are category 2A unless otherwise indicated. Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation is urged.
**Pancreatic Tumor Table**

1) Pancreatic tumor present: yes/no
   a) Location: head/neck/body/tail
   b) Size: ___ x ___ cm
   c) Enhancement relative to pancreas: hypo/iso/hyper
   d) Confined to pancreas with clear fat plane: yes/no
   e) Biliary involvement: yes/no
   f) Remaining pancreas: yes/no ductal dilatation

2) Adenopathy present: yes/no

3) Metastatic disease: yes/no

4) Ascites/peripancreatic fluid: yes/no

**Pancreatic Vascular Table**

1) Vascular tumor involvement and degree (90°, 180°, 360°): no/___
   a) Celiac involvement: ___% /no
   b) SMA involvement: ___% /no
   c) SMV involvement: ___% /no
   d) Other vascular involvement: yes/no
      Specify:

2) Thrombosis, any vessel: yes/no
   Specify:

3) Aberrant anatomy: yes/no
   a) Replaced right hepatic artery: yes/no
   b) Major accessory or other replaced arteries/veins, collaterals, dilated vessels: yes/no
      Specify:

4) Atherosclerotic origins of celiac axis/SMA: yes/no

5) Distance to SMV: ___ mm

*Figure 1*: Template for structured reporting of pancreatic multiphasic CT results that was implemented at Beth Israel Deaconess Medical Center, Boston, Mass.
### Part 1 Tumour details

**Location (tick all that apply)**
- Head □
- Neck □
- Body □
- Tail □

**Size (mm)**
- AP -
- Transverse -
- Craniocaudal -

**Composition**
- Solid □
- Cystic □
- Mixed □

**Lymphadenopathy**
- Yes □
- No □

If yes, site:

**TNM Stage (8th edition – see appendix 1):**
- T □
- N □
- M □

### Part 2 Vessel Involvement - complete only for involved vessels

* See appendix 2

** Use far right box to document accessory vessel involvement

<table>
<thead>
<tr>
<th>Vessel</th>
<th>PV</th>
<th>SMV</th>
<th>SV</th>
<th>SMA</th>
<th>Coeliac axis</th>
<th>Splenic A</th>
<th>GDA</th>
<th>CHA</th>
<th>**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longitudinal length vessel involvement (cm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circumferential degree of tumour involvement (°)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Compass” position of involvement: A° from A° to B°: app 2*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stricture (y/n – complete below if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Max reduction in X-sectional area (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Length of vessel stricture (cm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occlusion (y/n)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luminal invasion by tumour (y/n)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Document replaced or accessory vessels:

**Other comment:**
### Glasgow UK
For PRECISION-PANC trial

<table>
<thead>
<tr>
<th>Location</th>
<th>Head/uncinate</th>
<th>Yes □ / No □</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Body/Tail</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Size</td>
<td>Maximal tumour dimension CT (mm)</td>
<td>_____</td>
</tr>
<tr>
<td></td>
<td>If isodense/inferred</td>
<td>- Estimated size on CT (mm)</td>
</tr>
<tr>
<td></td>
<td>- Size on EUS (mm)</td>
<td>_____</td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imaging scans used:</td>
<td>Date</td>
<td>_ _ / _ _ / _ _</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vessel Assessment on CT</th>
<th>Tick then Specify</th>
<th>Length of contact (mm)</th>
<th>Contact Circumference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C (Contact)</td>
<td>1) 0-900</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D (Distorted/narrow)</td>
<td>2) 90-1800</td>
<td></td>
</tr>
<tr>
<td></td>
<td>O (Occluded)</td>
<td>3) 180-270</td>
<td></td>
</tr>
<tr>
<td></td>
<td>T (thrombosis)</td>
<td>4) &gt;270</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VESSEL INVOLVEMENT</th>
<th>Yes □ / No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>PV/ SMV</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Extension to Tributaries</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>IVC</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Superior Mesenteric Artery</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Extension to 1st branch</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Coeliac Axis</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Common Hepatic Artery</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Ext. to Coeliac</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Ext. to R/L hepatic artery</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Aorta</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Other</td>
<td>Yes □ / No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VENOUS COLLATERALS</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Porta Hepatis</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Root of mesentery</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Left upper quadrant</td>
<td>Yes □ / No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VARIANT ARTERIAL ANATOMY</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessory RHA</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Replaced RHA</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Replaced CHA</td>
<td>Yes □ / No □</td>
</tr>
<tr>
<td>Other</td>
<td>Yes □ / No □</td>
</tr>
</tbody>
</table>

**Pancreatic Cancer reporting Template—UK PACT-UK**
Radiology Reporting Template for Suspected Pancreatic/Lower CBD/Ampullary Tumour

**Patient Details**
- Name of the patient: [Redacted]
- DOB: [Redacted]
- NHS number: [Redacted]
- Date of CT: [Redacted]
- Gender: Female

**CT TAP Findings**
- Morphology
  - Appearance (in the pancreatic parenchymal phase): Hypoattenuating
  - Size (maximal axial dimension in centimeters): [Redacted]
  - Location: Body/tail (left side of SMV)
  - Pancreatic duct narrowing with abrupt cutoff with or without upstream dilatation: Present
  - Biliary abrupt cut off with or without upstream dilatation: Absent
  - Evidence of acute pancreatitis: [Redacted]
  - Evidence of chronic pancreatitis: [Redacted]

- Arterial Evaluation
  - SMA contact
    - Degree of solid soft tissue contact: Present
    - Degree of increased hazy attenuation/stranding contact: >180
    - Focal vessel narrowing or contour irregularity: <180
    - Extension to 1st branch SMA: Absent
  - Coeliac Axis contact
    - Degree of solid soft tissue contact: Absent
    - Degree of increased hazy attenuation/stranding contact: Absent
    - Focal vessel narrowing or contour irregularity: <180
  - Common Hepatic Artery contact
    - Degree of solid soft tissue contact: Absent
    - Degree of increased hazy attenuation/stranding contact: <180
    - Focal vessel narrowing or contour irregularity: <180
    - Extension to coeliac axis: Absent
    - Extension to bifurcation of right and left hepatic artery: Absent

- Variant Anatomy
  - Replaced RHA: Absent
  - Accessory RHA: Absent
  - Replaced CHA: Absent
  - Origin of Replaced artery: Absent
  - Variant vessel contact: Absent
  - Degree of solid soft tissue contact: Absent
  - Degree of increased hazy attenuation/stranding contact: <180
  - Focal vessel narrowing or contour irregularity: <180

- Venous Evaluation
  - MPV contact
    - Degree of solid soft tissue contact: [Redacted]
    - Degree of increased hazy attenuation/stranding contact: [Redacted]
    - Focal vessel narrowing or contour irregularity (tethering or tear drop): [Redacted]
  - SMV contact
    - Degree of solid soft tissue contact: [Redacted]
    - Degree of increased hazy attenuation/stranding contact: [Redacted]
    - Focal vessel narrowing or contour irregularity (tethering or tear drop): [Redacted]

**Venous Evaluation**
- Length of contact with MPV: [Redacted]
- Length of contact with SMV: [Redacted]

**Extra Pancreatic findings**
- Liver lesions: Suspicious
- Peritoneal or omental nodules: Absent
- Ascites: Absent
- Lung lesions: Suspicious
- Suspicious lymph nodes: Porta hepatis

**Impression**
- Tumour location
  - Tumour size: Uncinate process
  - Resectability criteria
- Metastasis
  - if Present (location): [Redacted]

**Vessel Contact**
- if present, extent of contact: vessel involved
PACT-UK
PAncreatic Cancer reporting Template—UK

• Developed by multi-speciality group across UK 2020-2022
  • Collaboration between RCR / RCS / PCUK / BSGAR
  • Review of existing templates
  • Surveys of radiologists and surgeons at pancreatic centres

• Available on BSGAR website
• In press BMJ Oncology
Methodology

• Consensus round-table zoom discussion

• Incorporating radiology and surgical surveys outcomes / feedback
  • Concise
  • User friendly layout
  • IT compatibility
  • Easy to embed into routine radiology practice
<table>
<thead>
<tr>
<th>Centres</th>
<th>Surgeons</th>
<th>Radiologists</th>
<th>Oncologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester</td>
<td>Nicola Deliguoricarino</td>
<td>Stephen Lee, Jana Suntharanathan, Rishi Sethi</td>
<td>Ganesh Radhakrishna, Juan Valle</td>
</tr>
<tr>
<td>Newcastle</td>
<td>John Moir</td>
<td>John Scott, Samantha Saikia, Paul Turner</td>
<td></td>
</tr>
<tr>
<td>Leeds</td>
<td>Andy Smith</td>
<td>Raneem Albazaz, Claire Smith</td>
<td>Rebecca Goody, Alison Cairns (Pathologist)</td>
</tr>
<tr>
<td>Glasgow</td>
<td>Nigel Jamieson</td>
<td>Abdullah Al-adhami, Jonathan Platt</td>
<td>Derek Grose</td>
</tr>
<tr>
<td>Birmingham</td>
<td>Keith Roberts</td>
<td>Rania Ghaffar, Arvind Pallan, Sharan Wadhwani</td>
<td></td>
</tr>
<tr>
<td>Bristol</td>
<td>James Skipworth</td>
<td>Hedi Karteszi</td>
<td></td>
</tr>
<tr>
<td>Cambridge</td>
<td>Siong-Seng Liau</td>
<td>Edmund Godfrey</td>
<td></td>
</tr>
<tr>
<td>Southampton</td>
<td>Dimitrios Karavias</td>
<td>Liam Ingram</td>
<td></td>
</tr>
<tr>
<td>Aberdeen</td>
<td>James Milburn</td>
<td>Lokesh Saraswat</td>
<td></td>
</tr>
<tr>
<td>Plymouth</td>
<td>Somaiah Aroori</td>
<td>Mark Puckett</td>
<td></td>
</tr>
<tr>
<td>Guildford</td>
<td>Adam Frampton</td>
<td>Shelley Chapman</td>
<td></td>
</tr>
<tr>
<td>Liverpool</td>
<td>Declan Dunne, Paula Ghaneh</td>
<td>Jonathan Evans, Catriona Farrell</td>
<td>Dan Palmer</td>
</tr>
<tr>
<td>Sheffield</td>
<td>Nehal Shah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry</td>
<td>Gabriele Marangoni</td>
<td>Lye-Quen Hon, James Harding, Praveen Varra, Manpreet Dhillon, Nikhil Rao, Vincent Leung, Syed Abbas Hasan</td>
<td>Martin Scott-Brown</td>
</tr>
<tr>
<td>Blackburn</td>
<td>Asma Sultana</td>
<td>Catherine Mitchell</td>
<td></td>
</tr>
<tr>
<td>Stoke</td>
<td>Damien Durkin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leicester</td>
<td>Giuseppe Garcea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barts</td>
<td>Hemant Kocher</td>
<td>Mahrukh Qureshi</td>
<td></td>
</tr>
<tr>
<td>Swansea</td>
<td>Bilal Al-Sarireh</td>
<td>Kieran Foley, Peter Chowdhury, Toby Wells, Derrian Markham</td>
<td></td>
</tr>
<tr>
<td>Royal Free</td>
<td>Brian Davidson, Kito Fusai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kings</td>
<td>Krishna Menon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Marsden</td>
<td>Ricky Bhogal</td>
<td>Gina Brown, Joshua Shur, Angela Riddell, Svetlana Balyasnikova</td>
<td></td>
</tr>
<tr>
<td>Nottingham</td>
<td>Glen Irving</td>
<td>Christopher Clarke</td>
<td></td>
</tr>
<tr>
<td>Oxford</td>
<td>Michael Silva</td>
<td>Helen Bungay</td>
<td></td>
</tr>
<tr>
<td>Belfast</td>
<td></td>
<td>Mark Love</td>
<td></td>
</tr>
<tr>
<td>NW London</td>
<td></td>
<td>Rebecca Greenhalgh</td>
<td></td>
</tr>
<tr>
<td>Edinburgh</td>
<td>Sarah Thomasset</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PACT-UK
PAncrctic Cancer reporting Template-UK
Imaging reviewed:
Radiologist:
Clinical details:

*If clear metastatic disease complete only part A. If post neo-adjuvant treatment, complete only part D. Delete the irrelevant parts accordingly, including instructions in italics.*

**Summary (optional - key positive findings):**

**PART A - Initial Staging**

1) Tumour
   
   Location: Uncinate/head/neck/body/tail

   Maximum diameter: [.....] mm / isodense precluding ability to estimate size

   Biliary involvement: Yes stented/ Yes un-stented/ No

   Pancreatic duct size: [.....] mm

2) Adjacent organ involvement (including duodenum): No / Yes [.....]

3) Regional lymphadenopathy: No / Yes [.....]

4) Metastatic disease: No / Indeterminate / Yes
   
   Specify location and volume: [.....]

5) Predicted tumour type: PDAC / Ampullary / Cholangiocarcinoma / Other [.....]

6) Predicted radiological staging [T[.....] N[.....] M[.....]]
PART B – Vessel Involvement*

1) Variant vascular anatomy (including accessory/replaced RHA/CHA)? No / Yes [.....]

2) Venous contact:

   PV: No / Yes [.....] [.....]

   SMV: No / Yes [.....] [.....]

   PV/SMV total contact length: [.....] mm

   Other vein contact: No / Yes [specify vessel.....] [.....] [.....]

   Jejunal / colic tributary: No / Yes [.....]

   Presence of venous collaterals if PV/SMV occlusion? No / Yes

3) Arterial contact:

   SMA: No / Yes [.....] [.....]

   SMA total contact length: [.....] mm

   CHA: No / Yes [.....] [.....]

   Coeliac axis: No / Yes [.....] [.....]

   Jejunal / colic branch: No / Yes [.....]

   GDA: No / Yes

   Other arterial contact (including accessory/replaced): No / Yes [specify vessel.....] [.....] [.....]

4) Stenosed coeliac axis/SMA origin: No / Yes [.....]

*For each involved vessel, state degrees of contact in first box (state range 0-90,90-180,180-270,270-360) and presence of narrowing, occlusion or thrombosis in second box.
PART D - Post Neo-adjuvant Treatment

Baseline CT date for comparison – xx/xx/xxxx

If Answer to 1 is Yes, do not complete the remaining questions

1) New metastases: No / Indeterminate / Yes
   Specify:

2) Tumour size: Decreased / Stable / Increased
   Specify:

3) Venous involvement: Decreased / Stable / Increased / Nil
   Specify:

4) Arterial involvement: Decreased / Stable / Increased / Nil
   Specify:

5) Increased local invasion: No / Yes / Not applicable
   Specify:

6) Other findings: No / Yes
   Specify:

7) Subjective overall response: Partial / Stable / Progression
Feedback

- Excellent informal feedback
  - Used as part of safety checklist & in trial design

- Feedback survey about to be sent to all Pancreatic Centres
Potential Impact of PACT-UK for Patients & Healthcare Teams

• More rapid and efficient decision-making

• MDT more confident with management pathway

• Safer surgery with more consistent documentation of anatomical variants and vascular issues which may complicate surgery

• Potential to speed up initiation of treatment if consistently implemented
  • Plan to incorporate into national guidelines
  • More uniform national treatment pathways
  • Less need for repeated MDT discussions
How Specialist Centres Can Engage with PACT-UK

• Attend PACT-UK meetings organised by PCUK
  • Next meeting 14\textsuperscript{th} Nov 2023
  • Feedback / discussion / issues in implementation

• Practical workshops supported by PCUK and the British Society of Gastrointestinal & Abdominal Radiology
  • Next workshop March 2024
  • Aimed at radiologists
Summary

• Consider introducing PACT-UK into local MDT practice to increase efficiency / consistency / confidence in decision making

• Potentially faster start of treatment without need for repeated MDT discussions

• Template available on BSGAR website and in press *BMJ Oncology*

• Please contact PCUK for more information
Acknowledgements

• Mr John Moire (Newcastle UK)
• Dr Abdullah Abdulhami (Glasgow UK)
• Dr Ganesh Rhadhakrishna (Manchester UK)
• Professor Juan Valle (Manchester UK)
• Mr Andy Smith (Leeds UK)
• Professor Keith Roberts (Birmingham UK)
• Wider PACT-UK team
• PCUK
• BSGAR
Endorsing a PACT-UK Consensus statement

PACT-UK should be implemented as the standard radiology reporting tool across all specialist pancreatic cancer multi-disciplinary meetings in the UK to promote more consistent and reliable radiology reporting of pancreatic cancer.

• To endorse this statement:
  • Visit https://www.menti.com/
  • Enter the code - 8753 6158
  • You’ll be asked to submit your name, job title and organisation.