

PACT-UK

Pancreatic Cancer reporting Template-UK

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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

Patel A, Brown G et al. BMJ Open. 2018 Oct;8(10):e018499

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

Society of Abdominal Radiology & American Pancreatic Association

Al-Hawary MM et al. *Gastroenterology*. 2014 Jan;146(1):291-304

Appendix E1 Pancreatic Cancer Staging Template

Morphologic Evaluation

Appearance (in the pancreatic parenchymal phase): hypo-, iso-, or hyperattenuating

Size (maximal axial dimension in centimeters): measurable or nonmeasurable (isoattenuating 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

Biliary 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

Extension to first SMA branch: 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)

Variant vessel contact: 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

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

Ascites: 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)

Metastasis: absent or present (location)



PRINCIPLES OF DIAGNOSIS, IMAGING, AND STAGING
PANCREATIC CANCER RADIOLOGY REPORTING TEMPLATE^c

Arterial Evaluation

SMA Contact	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Degree of solid soft-tissue contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180
Degree of increased hazy attenuation/stranding contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180
Focal vessel narrowing or contour irregularity	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Extension to first SMA branch	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Celiac Axis Contact		
Degree of solid soft-tissue contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180
Degree of increased hazy attenuation/stranding contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180
Focal vessel narrowing or contour irregularity	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
CHA Contact		
Degree of solid soft-tissue contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180
Degree of increased hazy attenuation/stranding contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180
Focal vessel narrowing or contour irregularity	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Extension to celiac axis	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Extension to bifurcation of right/left hepatic artery	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Arterial Variant		
Variant anatomy	<input type="checkbox"/> Accessory right hepatic artery	<input type="checkbox"/> Replaced right hepatic artery
Variant vessel contact	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Degree of solid soft-tissue contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180
Degree of increased hazy attenuation/stranding contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180
Focal vessel narrowing or contour irregularity	<input type="checkbox"/> Present	<input type="checkbox"/> Absent

^c Adapted from: Al-Hawary MM, Francis IR, Chari ST, et al. Pancreatic ductal adenocarcinoma radiology. *Abdominal Radiology and the American Pancreatic Association. Radiology* 2014 Jan;270(1):248-260

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 in



PRINCIPLES OF DIAGNOSIS, IMAGING, AND STAGING
PANCREATIC CANCER RADIOLOGY REPORTING TEMPLATE^c

Morphologic Evaluation			
Appearance (in the pancreatic parenchymal phase)	<input type="checkbox"/> Hypoattenuating	<input type="checkbox"/> Isoattenuating	<input type="checkbox"/> Hyperattenuating
Size (maximal axial dimension in centimeters)	<input type="checkbox"/> Measurable	<input type="checkbox"/> Nonmeasurable (isoattenuating tumors)	
Location	<input type="checkbox"/> Head/uncinate (right of SMV)	<input type="checkbox"/> Body/tail (left of SMV)	
Pancreatic duct narrowing/abrupt cutoff with or without upstream dilatation	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	
Biliary tree abrupt cutoff with or without upstream dilatation	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	



PRINCIPLES OF DIAGNOSIS, IMAGING, AND STAGING
PANCREATIC CANCER RADIOLOGY REPORTING TEMPLATE^c

Venous Evaluation			
MPV Contact	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	<input type="checkbox"/> Complete occlusion
Degree of solid soft-tissue contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180	
Degree of increased hazy attenuation/stranding contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180	
Focal vessel narrowing or contour irregularity (tethering or tear drop)	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	
SMV Contact			
Degree of solid soft-tissue contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180	
Degree of increased hazy attenuation/stranding contact	<input type="checkbox"/> ≤180	<input type="checkbox"/> >180	
Focal vessel narrowing or contour irregularity (tethering or tear drop)	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	
Extension	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	
Other			
Thrombus within vein (tumor, bland)	<input type="checkbox"/> Present <input type="checkbox"/> MPV <input type="checkbox"/> SMV <input type="checkbox"/> Splenic vein	<input type="checkbox"/> Absent	
Venous collaterals	<input type="checkbox"/> Present <input type="checkbox"/> Around pancreatic head <input type="checkbox"/> Porta hepatis <input type="checkbox"/> Root of the mesentery <input type="checkbox"/> Left upper quadrant	<input type="checkbox"/> Absent	

German Society of Radiology

Persigehl T et al. Rofo. 2020 Jul;192(7):641-656

Solid pancreatic lesion on CT/MRI:

Description:

- + No relevant prior images
- + Prior images from: __

General information:
Image quality: good/average/poor
Histology/IgG4: still pending/confirmed

Solid pancreatic lesion:

Pancreatic parenchyma: normal/edematous/lipotropic/signs of chronic pancreatitis
Number of lesions: singular/approx. __/multifocal
+ Location: Head of the pancreas/uncinate process/body of the pancreas/tail of the pancreas
Size: __ mm (series/image number)
Characterization: solid/mixed solid and cystic/necrotic
Contrast enhancement compared to pancreatic tissue:
Arterial: hypo-/iso-/hyper-
Venous: hypo-/iso-/hyper-

Pancreatic duct: unremarkable/prestenotic dilatation with max. diameter: __
Common bile duct: unremarkable/prestenotic dilatation with max. diameter: __/stent normal

Index lesion maximum size: __ mm

(Exocrine information: T1: ≤ 2 cm (T1a: ≤ 0.5 cm/T1b: < 1 cm/T1c: ≤ 2 cm)/T2: ≤ 4 cm/T3: > 4 cm/T4: Vascular infiltration)

(Neuroendocrine information: T1: < 2 cm/T2: 2-4 cm/T3: > 4 cm/T4: Organ or vascular infiltration)

Index lesion with infiltration of adjacent organs: stomach/spleen/duodenum/jejunum/colon/kidney/left/right adrenal gland

Index lesion with vascular infiltration: no/yes (from celiac trunk, superior mesenteric artery and/or common hepatic artery, see below for details)

Vascular involvement of the primary tumor (specified in degrees of the circumference)

Aorta (ventral): no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation

Celiac trunk: no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation

Common hepatic artery: no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation

Proper hepatic artery: no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation

Gastroduodenal artery (close to the origin): no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation

Superior mesenteric artery: no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation

Splenic artery: no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation

Anatomical vascular variants: no/accessory right hepatic artery/common hepatic artery from the superior mesenteric artery/other: __ infiltration: no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation

Splenic vein: no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation/thrombosis

Superior mesenteric vein: no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation/first jejunal branch infiltrated/thrombosis

Portal vein: no/ $\leq 180^\circ$ / $> 180^\circ$ /deformation/thrombosis/free text, e.g. cavernous transformation

Atherosclerosis of the celiac trunk: no/stenosis approx. %

Atherosclerosis of the superior mesenteric artery: no/stenosis approx. %

Locoregional lymph node: no suspicious lymph nodes/suspicious lymph nodes number: __, max. __mm.

Location: __ (series/image number)

Distant lymph nodes: no suspicious lymph nodes/suspicious lymph nodes number: __, max. __mm. Location: __

Ascites: no/yes: minimal/pronounced/peritoneal implants Location: __

+ Liver: unremarkable/detectable:

+ Liver metastases: Total number: __ in segment: __

+ Measurement of max. 2 lesions according to RECIST 1.1:

L01: __ (series/image number)

L02: __ (series/image number)

+ Cyst in the segment: __

+ Hemangioma in the segment: __

+ Other liver lesions: Free text

Bile ducts/gallbladder: unremarkable/cholestasis/choledocholithiasis/cholecystolithiasis

Spleen: unremarkable/craniocaudal splenomegaly max. __cm.

+ Kidney/ureter: unremarkable/detectable:

+ Renal cyst Bosniak: __/free text

Adrenal gland: unremarkable/free text

Colon: unremarkable/free text

Pelvic organs: unremarkable/free text

Bone: unremarkable/free text

Recorded basal lung segments: unremarkable/free text

Assessment:

+ Pancreatic cancer in the __

+ Suspected pancreatic cancer in the __

+ cT₁N₀M₀ (lymphogenic/hepatic/osseous/pulmonary)

Beth Israel Boston USA

Brook O R et al. Radiology. 2015 Feb;274(2):464-72

Figure 1

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 dilation
- 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 multiphase CT results that was implemented at Beth Israel Deaconess Medical Center, Boston, Mass.

PROTRACT

Newcastle UK

Appendices (for guide only)

Appendix 1 - TMN pancreatic staging classification (8th edition)

T1	Tumour 2 cm or less	M category unchanged
T1a	Tumour 0.5 cm or less	
T1b	Tumour greater than 0.5 cm and less than 1 cm	
T1c	Tumour greater than 1 cm but no more than 2 cm	
T2	Tumour more than 2 cm but no more than 4 cm	
T3	Tumour more than 4 cm in greatest dimension	
T4	Tumour involves coeliac axis, superior mesenteric artery and/or common hepatic artery	
N1	Metastases in 1 to 3 nodes	
N2	Metastases in 4 or more nodes	

Stage			
Stage IA	T1	N0	M0
Stage IB	T2	N0	M0
Stage IIA	T3	N0	M0
Stage IIB	T1, T2, T3	N1	M0
Stage III	T1, T2, T3	N2	M0
Stage IV	Any T	Any N	M1

Appendix 2 – Compass reference for position of vessel involvement



Appendix 3 Radiological-plane to examine circumferential degree/position of involvement	
Vessel	Plane
PV	Sagittal
SMV	Axial
SV	Sagittal
SMA	Axial
Coeliac axis	Coronal
Splenic artery	Sagittal
GDA	Axial
CHA	Sagittal

Part 1 Tumour details

Location (tick all that apply)	Head <input type="checkbox"/> Neck <input type="checkbox"/> Body <input type="checkbox"/> Tail <input type="checkbox"/>			
Size (mm)	AP -	Transverse -	Craniocaudal -	
Composition	Solid <input type="checkbox"/> Cystic <input type="checkbox"/> Mixed <input type="checkbox"/>			
Lymphadenopathy	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, site:		TNM Stage (8 th 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

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

Document replaced or accessory vessels :

Other comment:

Glasgow UK

For PRECISION-PANC trial

Location		
Head/uncinate		Yes <input type="checkbox"/> / No <input type="checkbox"/>
Body/Tail		Yes <input type="checkbox"/> / No <input type="checkbox"/>
Size		
Maximal tumour dimension CT (mm) _____		
If isodense/inferred		
- Estimated size on CT (mm) _____		
- Size on EUS (mm) _____		
Comment:		
Imaging scans used:	Date	
	___/___/___	
	___/___/___	

Vessel Assessment on CT	Tick then Specify	Specify: C (Contact) D (Distorted/narrow) O (Occluded) T (thrombosis)	Length of contact (mm)	Contact Circumference 1) 0-900 2) 90-1800 3) >180-270 4) >270
VESSEL INVOLVEMENT	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
PV/ SMV	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Extension to Tributaries		Yes <input type="checkbox"/> / No <input type="checkbox"/>		
IVC	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Superior Mesenteric Artery	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Extension to 1st branch		Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Coeliac Axis	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Common Hepatic Artery	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Ext. to Coeliac		Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Ext. to R/L hepatic artery		Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Aorta	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Other _____	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
VENOUS COLLATERALS	No <input type="checkbox"/>			
Porta Hepatis	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Root of mesentery	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Left upper quadrant	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
VARIANT ARTERIAL ANATOMY	No <input type="checkbox"/>			
Accessory RHA	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Replaced RHA	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Replaced CHA	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Other _____	Yes <input type="checkbox"/> / No <input type="checkbox"/>			

Plymouth UK

Radiology Reporting Template for Suspected Pancreatic/Lower CBD/Ampullary Tumour

Patient Details

Name of the patient	
DOB	
NHS number	
Date of CT-TAP	
Gender	Female
CT TAP Findings	

Morphology

Appearance (in the pancreatic parenchymal phase)	Hypoattenuating
Size (maximal axial dimension in centimeters)	
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	
Evidence of chronic pancreatitis	

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 1 st 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	
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
 Degree of increased hazy attenuation/stranding contact
 Focal vessel narrowing or contour irregularity (tethering or tear drop)

SMV contact

Degree of solid soft tissue contact
 Degree of increased hazy attenuation/stranding contact
 Focal vessel narrowing or contour irregularity (tethering or tear drop)
 Length of contact

others

Venous collaterals
 Thrombus within vein
 Length of contact with MPV

Extra Pancreatic findings

Liver lesions	Suspicious
Peritoneal or omental nodules	Absent
Ascites	Absent
Lung lesions	Suspicious
Suspicious lymph nodes	Porta hepatis
Invasion of adjacent structures	Absent

Impression

Tumour location
 Tumour size:
 Resectability criteria
 if Present (location) :
 Uncinate process

Metastasis

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

Centres (27)	Surgeons (27)	Radiologists (41)	Oncologists (7)
Manchester	Nicola Deliguoricarino	Stephen Lee, Jana Suntharanathan , Rishi Sethi	Ganesh Radhakrishna , Juan Valle
Newcastle	John Moir	John Scott, Samantha Saikia, Paul Turner	
Leeds	Andy Smith	Raneem Albazaz , Claire Smith	Rebecca Goody Alison Cairns (Pathologist)
Glasgow	Nigel Jamieson	Abdullah Al-adhami , Jonathan Platt	Derek Grose
Birmingham	Keith Roberts	Rania Ghaffar , Arvind Pallan , Sharan Wadhvani	
Bristol	James Skipworth	Hedi Karteszi	
Cambridge	Siong-Seng Liau	Edmund Godfrey	
Southampton	Dimitrios Karavias	Liam Ingram	
Aberdeen	James Milburn	Lokesh Saraswat	
Plymouth	Somaiah Aroori	Mark Puckett	
Guildford	Adam Frampton	Shelley Chapman	
Liverpool	Declan Dunne, Paula Ghaneh	Jonathan Evans, Catriona Farrell	Dan Palmer
Sheffield	Nehal Shah		
Coventry	Gabriele Marangoni	Lye-Quen Hon, James Harding , Praveen Varra , Manpreet Dhillon, Nikhil Rao, Vincent Leung, Syed Abbas Hasan	Martin Scott-Brown
Blackburn	Asma Sultana		Catherine Mitchell
Stoke	Damien Durkin		
Leicester	Giuseppe Garcea		
Barts	Hemant Kocher	Mahrukh Qureshi	
Swansea	Bilal Al-Sarireh	Kieran Foley, Peter Chowdhury, Toby Wells, Derrian Markham	
Royal Free	Brian Davidson, Kito Fusai		
Kings	Krishna Menon		
Royal Marsden	Ricky Bhogal	Gina Brown, Joshua Shur, Angela Riddell, Svetlana Balyasnikova	
Nottingham	Glen Irving	Christopher Clarke	
Oxford	Michael Silva	Helen Bungay	
Belfast		Mark Love	
NW London		Rebecca Greenhalgh	
Edinburgh	Sarah Thomasset		

PACT-UK

PAncreatic 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 C – Additional Findings

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:

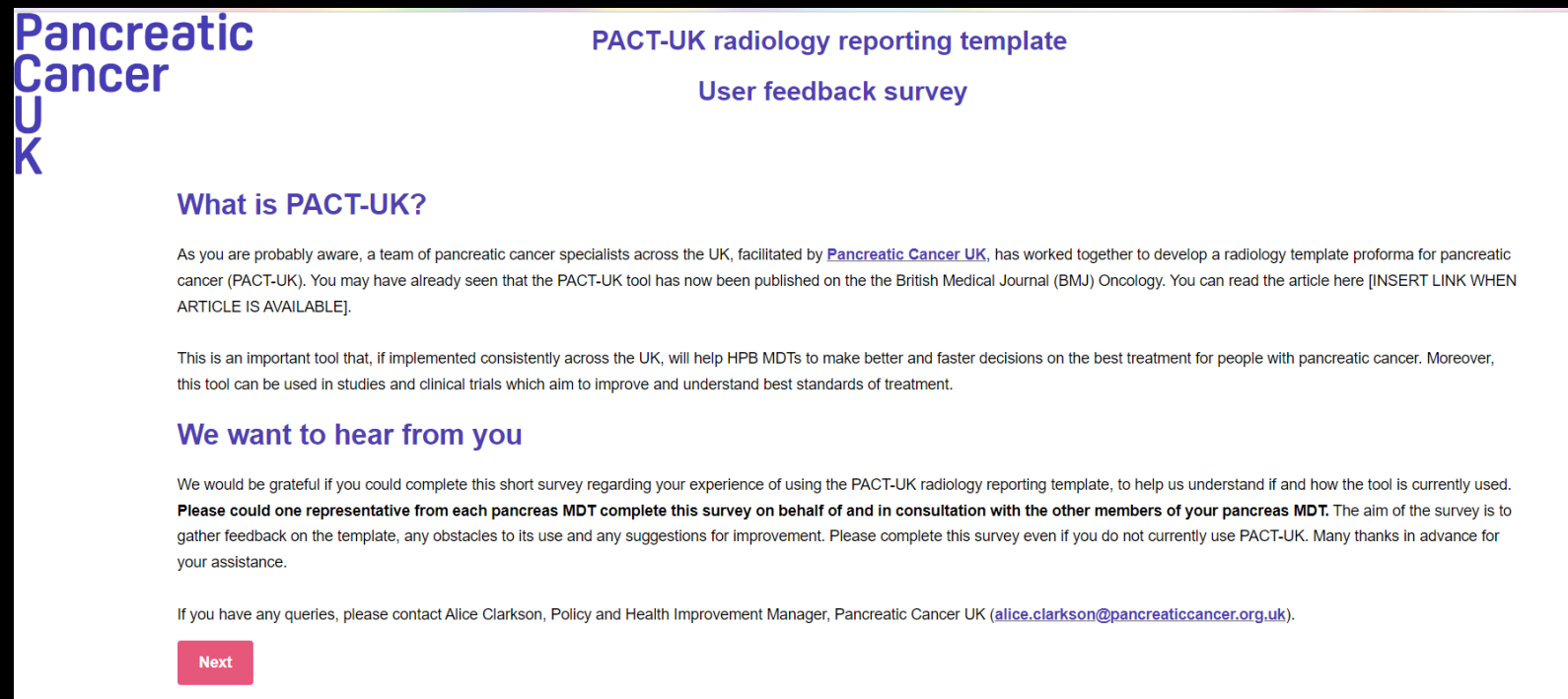
6) Other findings: No / Yes

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



Pancreatic Cancer UK

PACT-UK radiology reporting template

User feedback survey

What is PACT-UK?

As you are probably aware, a team of pancreatic cancer specialists across the UK, facilitated by [Pancreatic Cancer UK](#), has worked together to develop a radiology template proforma for pancreatic cancer (PACT-UK). You may have already seen that the PACT-UK tool has now been published on the the British Medical Journal (BMJ) Oncology. You can read the article here [INSERT LINK WHEN ARTICLE IS AVAILABLE].

This is an important tool that, if implemented consistently across the UK, will help HPB MDTs to make better and faster decisions on the best treatment for people with pancreatic cancer. Moreover, this tool can be used in studies and clinical trials which aim to improve and understand best standards of treatment.

We want to hear from you

We would be grateful if you could complete this short survey regarding your experience of using the PACT-UK radiology reporting template, to help us understand if and how the tool is currently used. **Please could one representative from each pancreas MDT complete this survey on behalf of and in consultation with the other members of your pancreas MDT.** The aim of the survey is to gather feedback on the template, any obstacles to its use and any suggestions for improvement. Please complete this survey even if you do not currently use PACT-UK. Many thanks in advance for your assistance.

If you have any queries, please contact Alice Clarkson, Policy and Health Improvement Manager, Pancreatic Cancer UK (alice.clarkson@pancreaticcancer.org.uk).

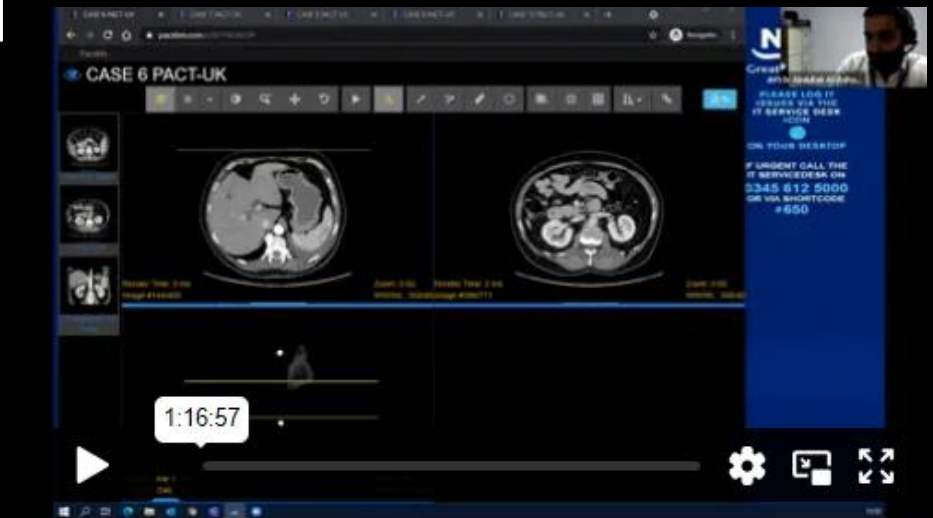
[Next](#)

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 14th 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

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- 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 multidisciplinary 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.