Key take away messages,

Surgery and stents in pancreatic cancer webinar

Surgery and pancreatic cancer:

- Surgery offers the best chance of long-term survival for selected people.
- Supportive care starts at day 1, on diagnosis, irrespective of stage
  - Nutrition, PERT, analgesia, fitness optimisation and CNS support
- Need to map local pathways to improve time to diagnosis and time to treatment
  - Discover where your delays are,
  - Read and act upon your own audit data
- Majority of PDAC patients require either adjuvant or neoadjuvant chemotherapy
- Use clear, jargon-free explanations; check understanding and invite questions.

Stents and pancreatic cancer:

- Adding EUS-FNB to ERCP gives better diagnostic sensitivity and reduces time to chemo
- EUS-BD is a useful adjunct in failed ERCP, and can be used instead of ERCP in selected cases
- EUS-GJ is an emerging treatment for GOO in fit patients and is superior to duodenal stenting or bypass surgery
- EUS-CPN should be considered early in patients with pancreatic cancer pain