

Pancreatic cancer overview

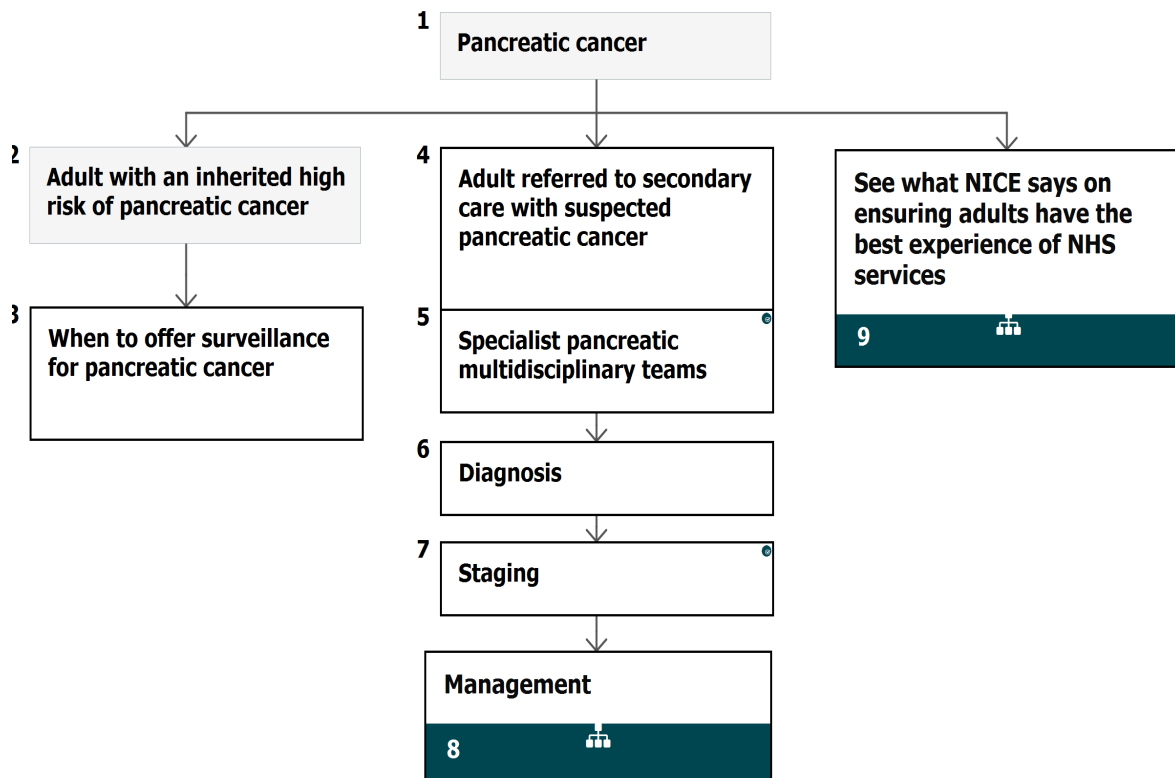
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/pancreatic-cancer>

NICE Pathway last updated: 19 December 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Pancreatic cancer

No additional information

2 Adult with an inherited high risk of pancreatic cancer

No additional information

3 When to offer surveillance for pancreatic cancer

Offer surveillance for pancreatic cancer to people with:

- hereditary pancreatitis and a PRSS1 mutation
- BRCA1, BRCA2, PALB2, or CDKN2A (p16) mutations, and one or more first-degree relatives with pancreatic cancer
- Peutz-Jeghers syndrome.

Consider surveillance for pancreatic cancer for people with:

- 2 or more first-degree relatives with pancreatic cancer, across 2 or more generations
- Lynch syndrome (mismatch repair gene [MLH1, MSH2, MSH6, or PMS2] mutations) and any first-degree relatives with pancreatic cancer.

Consider an MRI/MRCP or EUS for pancreatic cancer surveillance in people without hereditary pancreatitis.

Consider a pancreatic protocol CT scan for pancreatic cancer surveillance in people with hereditary pancreatitis and a PRSS1 mutation.

Do not offer EUS to detect pancreatic cancer in people with hereditary pancreatitis.

See what NICE says on [pancreatitis](#).

4 Adult referred to secondary care with suspected pancreatic cancer

See what NICE says on recognition and referral from primary to secondary care for suspected [gastrointestinal tract \(upper\) cancers](#).

5 Specialist pancreatic multidisciplinary teams

A specialist pancreatic cancer multidisciplinary team should decide what care is needed, and involve the person with suspected or confirmed pancreatic cancer in the decision. Care should be delivered in partnership with local cancer units.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Specialist pancreatic multidisciplinary teams

6 Diagnosis

People with obstructive jaundice

For people with obstructive jaundice and suspected pancreatic cancer, offer a pancreatic protocol CT scan before draining the bile duct.

If the diagnosis is still unclear, offer FDG-PET/CT and/or EUS with EUS-guided tissue sampling.

Take a biliary brushing for cytology if:

- ERCP is being used to relieve the biliary obstruction **and**
- there is no tissue diagnosis.

People without jaundice who have pancreatic abnormalities on imaging

Offer a pancreatic protocol CT scan to people with pancreatic abnormalities but no jaundice.

If the diagnosis is still unclear, offer FDG-PET/CT and/or EUS with EUS-guided tissue sampling.

If cytological or histological samples are needed, offer EUS with EUS-guided tissue sampling.

People with pancreatic cysts

Offer a pancreatic protocol CT scan or MRI/MRCP to people with pancreatic cysts. If more information is needed after one of these tests, offer the other one.

Refer people with any of these high-risk features for resection:

- obstructive jaundice with cystic lesions in the head of the pancreas
- enhancing solid component in the cyst
- a main pancreatic duct that is 10 mm diameter or larger.

Offer EUS after CT and MRI/MRCP if more information on the likelihood of malignancy is needed, or if it is not clear whether surgery is needed.

Consider fine-needle aspiration during EUS if more information on the likelihood of malignancy is needed.

When using fine-needle aspiration, perform CEA assay in addition to cytology if there is sufficient sample.

For people with cysts that are thought to be malignant, follow the recommendations on staging.

NICE has published a medtech innovation briefing on [Cellvizio confocal endomicroscopy system for characterising pancreatic cysts](#).

Assessing inherited risk of pancreatic cancer

Ask people with pancreatic cancer if any of their first-degree relatives has had it. Address any concerns the person has about inherited risk.

7 Staging

For people with newly diagnosed pancreatic cancer who have not had a pancreatic protocol CT scan, offer a pancreatic protocol CT scan that includes the chest, abdomen and pelvis.

Offer FDG-PET/CT to people with localised disease on CT who will be having cancer treatment (surgery, radiotherapy or systemic therapy).

If more information is needed to decide the person's clinical management, consider one or more of the following:

- MRI, for suspected liver metastases
- endoscopic ultrasound, if more information is needed for tumour and node staging
- laparoscopy with laparoscopic ultrasound, for suspected small-volume peritoneal and/or liver metastases if resectional surgery is a possibility.

See [specialist pancreatic multidisciplinary teams \[See page 4\]](#) for information on how care should be agreed and delivered.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Staging using FDG-PET CT

8 Management

See [Pancreatic cancer / Managing pancreatic cancer](#)

9 See what NICE says on ensuring adults have the best experience of NHS services

See [Patient experience in adult NHS services](#)

Glossary

CEA

carcinoembryonic antigen

ECOG

Eastern Cooperative Oncology Group

ERCP

endoscopic retrograde cholangiopancreatography

EUS

endoscopic ultrasound

FDG-PET/CT

fluorodeoxyglucose-positron emission tomography/CT

MRI/MRCP

magnetic resonance cholangiopancreatography

Sources

[Pancreatic cancer in adults: diagnosis and management](#) (2018) NICE guideline NG85

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual

needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.