

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Pancreatic cancer: diagnosis and management in adults

Topic

The Department of Health in England and NHS England have asked NICE to develop a clinical guideline on the diagnosis and management of pancreatic cancer.

This guideline will also be used to develop the NICE quality standard for pancreatic cancer.

For more information about why this guideline is being developed, and how the guideline will fit into current practice, see the [context](#) section.

Who the guideline is for

- Healthcare professionals in secondary and tertiary care who are involved in the diagnosis, treatment, care and support of people with pancreatic cancer
- Commissioners of pancreatic cancer services (including clinical commissioning groups and NHS England specialised commissioning)
- Healthcare professionals in primary care
- Healthcare professionals providing end-of-life care
- People using pancreatic cancer services, their family members and carers, and the public.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

26 ***Equality considerations***

27 NICE has carried out [an equality impact assessment](#) [add hyperlink in final
28 version] during scoping. The assessment:

- 29 • lists equality issues identified, and how they have been addressed
- 30 • explains why any groups are excluded from the scope.

31 **1 What the guideline is about**

32 **1.1 Who is the focus?**

33 **Groups that will be covered**

- 34 • Adults (18 and over) referred to secondary care with suspected pancreatic
35 cancer
- 36 • Adults (18 and over) with newly diagnosed or recurrent pancreatic ductal
37 adenocarcinoma.

38 **Groups that will not be covered**

- 39 • Adults (18 and over) in primary care with suspected pancreatic cancer
- 40 • People with confirmed tumours of the pancreas other than pancreatic
41 ductal adenocarcinoma.

42 **1.2 Settings**

43 **Settings that will be covered**

44 All settings in which NHS care is provided.

45 **1.3 Activities, services or aspects of care**

46 **Key areas that will be covered**

- 47 1 Information and support needs for people with pancreatic cancer and
48 their families and carers
- 49 2 Referring people to specialist teams
- 50 3 Diagnosing suspected pancreatic cancer
- 51 4 Staging pancreatic cancer

- 52 5 Managing pancreatic cancer
53 6 Follow-up of people with pancreatic cancer.

54 **Areas that will not be covered**

55 Identifying people in primary care with suspected pancreatic cancer and
56 referring them to secondary care.

57 **1.4 Economic aspects**

58 We will take economic aspects into account when making recommendations.
59 We will develop an economic plan that states for each review question (or key
60 area in the scope) whether economic considerations are relevant, and if so
61 whether this is an area that should be prioritised for economic modelling and
62 analysis. We will review the economic evidence and carry out economic
63 analyses, using an NHS and personal social services (PSS) perspective, as
64 appropriate.

65 **1.5 Key issues and questions**

66 While writing this scope, we have identified the following key issues and draft
67 review questions related to them:

- 68 1 Information and support needs for people with pancreatic cancer and
69 their families
70 1.1 What are the specific information and support needs of people who
71 are diagnosed with pancreatic cancer and their families or carers (as
72 appropriate) throughout the care pathway?
73 2 Referral to specialist teams
74 2.1 Does referral of all people with suspected pancreatic cancer to a
75 regional centre or multidisciplinary team for review improve patient
76 management and outcomes? (Inclusion of this review question in the
77 final scope will depend on the relevant data being provided by The
78 National Cancer Intelligence Network.)
79 3 Diagnosing suspected pancreatic cancer

- 80 3.1 What is the diagnostic accuracy of CA 19–9, cytology and imaging
81 investigations in people with suspected pancreatic cancer in secondary
82 care who have the following:
- 83 – obstructive jaundice
 - 84 – no jaundice with pancreatic lump(s)
 - 85 – pancreatic cysts
 - 86 – other high risk groups, for example, familial pancreatic cancer and
87 hereditary pancreatitis (PRSS1 mutations)?
- 88 4 Staging pancreatic cancer
- 89 4.1 What is the most effective investigative pathway (for example,
90 combinations of CA19-9, endoluminal ultrasound, CT, MRI, positron
91 emission tomography (PET)-CT, tissue diagnosis, laparoscopy with or
92 without ultrasound) for staging pancreatic cancer as resectable,
93 borderline resectable, locally advanced or metastatic disease?
- 94 5 Management of pancreatic cancer
- 95 5.1 What is the most effective surgery for resectable and borderline
96 resectable pancreatic cancer?
- 97 5.2 What are the most effective neoadjuvant therapies (chemotherapy,
98 chemoradiotherapy, do nothing) in resectable and borderline resectable
99 pancreatic cancer?
- 100 5.3 What is the most effective adjuvant therapy (chemotherapy,
101 chemoradiotherapy or radiotherapy) after resection of pancreatic
102 cancer?
- 103 5.4 What is the most effective treatment (chemotherapy,
104 chemoradiotherapy, or other local therapies) for locally advanced
105 pancreatic cancer?
- 106 5.5 What is the most effective management of metastatic pancreatic
107 cancer (for example, chemotherapy [excluding NICE technology
108 appraisals], symptom control, surgery for isolated metastases)?
- 109 5.6 What is the most effective management of duodenal obstruction?
- 110 5.7 What is the most effective management of biliary obstruction?

111 5.8 What nutritional interventions (for example, pancreatic enzyme
112 replacement therapy, liquid nutritional supplements, dietetic assessment)
113 improve outcomes for people with pancreatic cancer?

114 6 Follow-up of people with pancreatic cancer

115 6.1 What is the most effective follow-up protocol for people with resected
116 pancreatic cancer?

117 The key questions may be used to develop more detailed review questions,
118 which guide the systematic review of the literature.

119 **1.6 Main outcomes**

120 The main outcomes that will be considered when searching for and assessing
121 the evidence are:

- 122 1 Overall survival
- 123 2 Disease-free survival
- 124 3 Nutritional status
- 125 4 Pain
- 126 5 Disease-related morbidity
- 127 6 Treatment-related morbidity
- 128 7 Treatment-related mortality
- 129 8 Health-related quality of life
- 130 9 Patient reported outcome measures.

131 **2 Links with other NICE guidance, NICE quality** 132 **standards and NICE Pathways**

133 **2.1 NICE guidance**

134 **NICE guidance about the experience of people using NHS services**

135 NICE has produced the following guidance on the experience of people using
136 the NHS. This guideline will not include additional recommendations on these
137 topics unless there are specific issues related to pancreatic cancer:

- 138 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138

- 139 • [Medicines adherence](#) (2009) NICE guideline CG76

140 **NICE guidance in development that is closely related to this guideline**

141 NICE is currently developing the following guidance that is closely related to
142 this guideline:

- 143 • [Care of the dying adult](#) NICE guideline. Publication expected December
144 2015
- 145 • [Improving supportive and palliative care in adults \(update\)](#) NICE guideline.
146 Publication expected January 2018
- 147 • [Pancreatic cancer \(metastatic, untreated\) – liposomal cisplatin \(with
148 gemcitabine\)](#) NICE technology appraisal. Publication date to be confirmed
- 149 • [Pancreatic cancer \(metastatic\) - nimotuzumab \(1st line\)](#) NICE technology
150 appraisal. Publication date to be confirmed

151 **2.2 NICE quality standards**

152 **NICE quality standards that may use this guideline as an evidence
153 source when they are being developed**

- 154 • Pancreatic Cancer NICE quality standard. Publication date to be confirmed

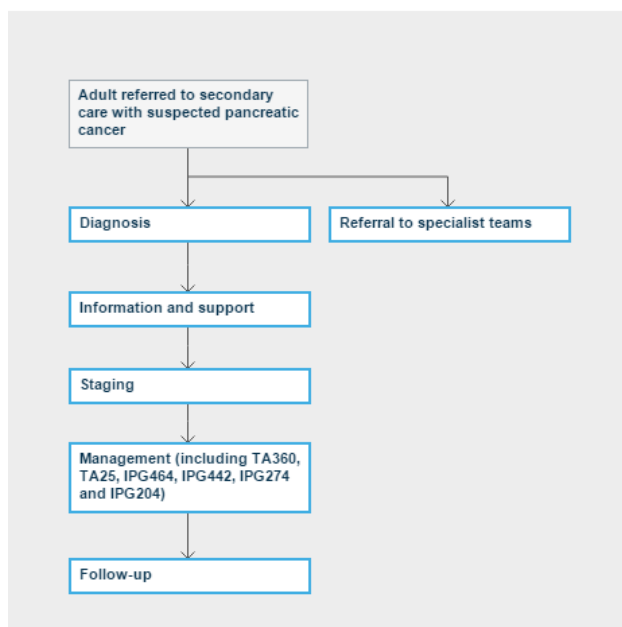
155 **2.3 NICE Pathways**

156 NICE Pathways bring together all related NICE guidance and associated
157 products on a topic in an interactive topic-based flow chart. When this
158 guideline is published, the recommendations will be added to [NICE Pathways](#).
159 Other relevant NICE guidance will also be added to the NICE Pathway,
160 including:

- 161 • [Suspected cancer \(recognition and referral\)](#) (2015) NICE guideline 12
- 162 • [Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine
163 for previously untreated metastatic pancreatic cancer](#) (2015) NICE
164 technology appraisal guidance 360
- 165 • [Guidance on the use of gemcitabine for the treatment of pancreatic cancer](#)
166 (2001) NICE technology appraisal guidance 25

- 167 • [Endoscopic bipolar radiofrequency ablation for treating biliary obstruction](#)
 168 [caused by cholangiocarcinoma or pancreatic adenocarcinoma](#) (2013) NICE
 169 interventional procedure guidance 464
- 170 • [Irreversible electroporation for treating pancreatic cancer](#) (2013) NICE
 171 interventional procedure guidance 442
- 172 • [Autologous pancreatic islet cell transplantation for improved glycaemic](#)
 173 [control after pancreatectomy](#) (2008) NICE interventional procedure
 174 guidance 274
- 175 • [Laparoscopic distal pancreatectomy](#) (2007) NICE interventional procedure
 176 guidance 204
- 177 • A draft pathway outline on pancreatic cancer, based on the draft scope, is
 178 included below. It will be adapted and more detail added as the
 179 recommendations are written during guideline development. The pancreatic
 180 cancer pathway will be accessible from the [gastrointestinal cancers](#)
 181 [pathway](#).

Pancreatic cancer overview



182

183 **3 Context**

184 **3.1 Key facts and figures**

185 Pancreatic cancer is the fifth leading cause of cancer death in the UK. On
186 average, 23 people die each day from the disease. The UK has one of the
187 worst survival rates in Europe, with average life expectancy on diagnosis just
188 4–6 months and a relative survival to 1 year of approximately 20%.

189 Only 3% of people survive for 5 years or longer. This figure has not improved
190 much in over 40 years, and the more recent effects of increased surgery and
191 use of adjuvant chemotherapy on survival outcomes is not yet established.

192 Because of late diagnosis only 4–10% of people with pancreatic cancer are
193 eligible for potentially curative surgery. People who are able to have surgery
194 to remove the tumour and be given adjuvant chemotherapy have up to a 30%
195 chance of surviving 5 years.

196 **3.2 Current practice**

197 The symptoms of pancreatic cancer are non-specific. One survey found that
198 40% of people diagnosed with pancreatic cancer in England had visited their
199 GP 3 or more times before the diagnosis was made. Fifty per cent of people
200 are diagnosed as an emergency in the A&E system. Even after diagnosis of
201 pancreatic cancer there is evidence from the National Cancer Intelligence
202 Network of wide variation in practice throughout England.

203 **3.3 Policy, legislation, regulation and commissioning**

204 **Policy**

205 Department of Health (2014) [Improving outcomes: a strategy for cancer 4th](#)
206 [annual report](#)

207 Department of Health (2012) [Commissioning cancer services](#)

208 Department of Health (2015) [Achieving world-class cancer outcomes – A](#)
209 [strategy for England 2015–2020](#)

210 **Legislation, regulation and guidance**

211 Department of Health (2001) [Improving outcomes in upper gastro-intestinal](#)
212 [cancers](#)

213 European Society of Medical Oncology (2015), [Cancer of the Pancreas:](#)
214 [ESMO Clinical Practice Guidelines](#)

215 British Society of Gastroenterology (2005) [Guidelines for the Management of](#)
216 [Patients with Pancreatic Cancer, Periampullary and Ampullary Carcinomas](#)

217 National Comprehensive Cancer Network (2014) [Guidelines for Patients:](#)
218 [Pancreatic Cancer](#)

219 Royal College of Pathologists (2010) [Dataset for the histopathological](#)
220 [reporting of carcinomas of the pancreas, ampulla of Vater and common bile](#)
221 [duct](#)

222 **4 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 2 December 2015 to 13 January 2016.

The guideline is expected to be published in January 2018.

You can follow progress of the [guideline](#).

[After consultation, delete the first paragraph above and replace it with 'This is the final scope, incorporating comments from registered stakeholders during consultation'.]

Our website has information about how [NICE guidelines](#) are developed.

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