CLINICAL CONSENSUS ON IMPROVING ENDOSCOPY PATHWAYS FOR PEOPLE WITH PANCREATIC CANCER IN THE UK

Pancreatic CANCER UK

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Acknowledgements: With thanks to members of the Pancreatic Cancer UK Optimal Care Pathway steering committee for their valuable insights and contributions.

Introduction

Endoscopic procedures play a crucial role in obtaining a molecular diagnosis for individuals eligible for systemic anti-cancer therapies or clinical trials as well as in relieving biliary and gastric outlet obstruction. However, despite national guidelines significant variations in endoscopy pathways persist across the UK. Clinical experts highlight that delays or inequitable access to high-quality endoscopy procedures represent a major barrier to timely diagnosis and treatment initiation for people with pancreatic cancer. These delays can result in people becoming too unwell to receive life extending or saving treatment. Furthermore, lack of access to EUS can prevent the opportunity to obtain samples for molecular testing, limiting opportunities for precision medicine and clinical trial participation.

The main causes of delays and variations include:

- Lack of and variation in administrative and diagnostic workforce to coordinate and streamline the diagnostic pathway.
- Failed or inconclusive endoscopy procedures and the need for repeat procedures leading to multiple appointments.
- Limited local availability of EUS due to workforce, expertise and capacity issues.
- A lack of forward planning for endoscopic investigations and interventions as part of multi-disciplinary (MDT) decision making.

National health improvement initiatives and clinical experts identified endoscopy pathways as a bottleneck in the pathway which, if addressed, could unlock improvements across the diagnosis, treatment and care for people with pancreatic cancer. Therefore, a consensus based, optimal endoscopy pathway is needed to ensure that everyone with pancreatic cancer gets the right procedure at the right time, under the right conditions.

Objectives

This project aimed to:

- Build clinical consensus on optimal endoscopy pathways for people with pancreatic cancer,
- Develop best practice statements and recommendations for implementation of improvements in the endoscopy pathway for people with pancreatic cancer.

Methodology

To build expert clinical consensus on optimal endoscopy pathways, Pancreatic Cancer UK facilitated a clinical consensus meeting with 35 multi-disciplinary, clinical experts in pancreatic cancer and people affected by the disease in October 2024. This was followed by offline expert voting on draft consensus statements and recommendations. The aim was to reach consensus on what a high-quality endoscopy pathway should look like and how it can be implemented by local health systems.

Key Results

We achieved consensus on best practice endoscopy pathways for people with pancreatic cancer, with five clinical consensus statements for optimal endoscopy pathways achieving an 80% consensus threshold. These statements were underpinned by six consensus based recommendations for local health systems to implement improvements in the pathway.

Best practice statements

1. Ensure timely pre-planning of endoscopy procedures with involvement from the on-call specialist HPB surgical team, endoscopist, radiologist and CNS to agree patient's suitability for a procedure and which procedure should be undertaken. British Society of Gastroenterology (BSG) guidance should support this process and PACT-UK synoptic tool should be utilised to inform decision making.
2. Consider deep sedation (propofol) or general anaesthesia when delivering therapeutic EUS or joint EUS and ERCP procedures, with joint decision making with patients. BSG guidelines on sedation in gastrointestinal endoscopy should be followed when using deep sedation.
3. Ensure pathology samples include an assessment of whether the specimen is suitable for molecular testing and include tumour cellularity as part of the original diagnostic report.
4. Consider genomic testing on viable pathology samples according to local pathway guidelines. Areas that do not have local pathway guidelines in place should work to develop them.
5. In line with the BSG and European Society of Gastrointestinal Endoscopy (ESGE) position statements, ensure a dedicated member of the MDT has capacity built into their job plan and ability to:
   - Hold person centred discussions with individuals and loved ones to explain endoscopy procedures and their implications.
   - Facilitate shared decision making with individuals undergoing endoscopy.
   - Obtain informed consent with sufficient time ahead of the procedure and reconfirm it on the day of the procedure.
   - Consider referrals to psychological support to support individuals to manage concerns relating to procedures, such as anticipated anxiety. Any referrals should not delay access to procedures but support people ahead of it.
   - Embed a patient impact statement in MDT decision making and records.

Next Steps

To ensure that everyone with pancreatic cancer has better, faster and more equitable access to treatment and to improve performance against operational waiting time standards for pancreatic cancer, existing endoscopic pathways must be urgently reviewed and addressed. This will require sustained, coordinated effort at both a national and local level, supported by additional funding and resources to improve this part of the pathway.

The consensus built through this process represents the latest available clinical consensus on best practice in optimal endoscopic pathways for people with pancreatic cancer and recommendations set out should be incorporated into national guidance and health improvement initiatives.

To view the full paper and references, please scan this QR code.