**Audit of the Expected HPB Faster Diagnosis Pathway Data**

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**Introduction**

- Version 1 of the HPB Faster Diagnosis Pathway was published on 6/9/22 and it due to be rolled out as national guidance in the coming weeks.
- The 21-day pathway for suspected pancreatic, extrahepatic cholangiocarcinoma and gallbladder cancer was used as a standard to audit current practice of the Mersey and North Wales supra-regional MDT.
- The aim is to highlight the standards that will prove difficult to achieve set by the pathway and help find solutions in the anticipation of national rollout.

**Methods**

- Data was retrospectively collected via the Somerset Cancer Registry of weekly MDTs between 18/1/23-15/3/23.
- Inclusion criteria was documentation of MDT diagnosis OR high suspicion of pancreatic, extrahepatic cholangiocarcinoma & gallbladder cancers.
- Median timed data was collated from the electronic systems of PACS, PENS, EPRO and the Somerset registry.

**Results**

- Figure 1: Comparing timed days from the pathway vs median no. of days of current practice.

**Discussion**

- Unclear if local MDT meets day 10 target. Unable to audit this target without local information.
- 25% patients present acutely when should present to primary care, misrepresenting positive target.
- Common presentation comes from investigations such as CT colon/U/S, as opposed to GP booking CT scans, patients do not start on the pathway.
- GP to CT report is crucial and referrals do not comment on whether patients first present to primary or secondary care. Significant resources required to improve reporting from GPs.
- Treatment plan occurred within the target demonstrating the robust functioning of the tertiary centre.