



## Summary of NICE Guidelines

Title	Pancreatic cancer in adults: diagnosis and management
NICE Reference	NG85
Date of Review:	<i>January 2019</i>
Date of Publication	<i>February 2018</i>
Summary of Guidance	<p>Pancreatic cancer is the fifth most common cause of death in the UK and is associated with late-stage detection and low survival rates. In the early stages of pancreatic cancer there are typically no noticeable symptoms. Symptoms are non-specific but can include back and stomach pain, weight loss and jaundice from biliary obstruction.</p> <p>Some individuals are at higher risk of pancreatic cancer, for example a history in first-degree relatives or those with known pathogenic mutations in particular genes.</p> <p><b>Diagnosis</b></p> <ul style="list-style-type: none"><li>• Pancreatic CT scan should be offered to people with obstructive jaundice, pancreatic abnormalities on imaging and those with pancreatic cysts (MRI/MRCP also used for those with cysts).</li><li>• If the diagnosis is still unclear, fluorodeoxyglucose-positron emission tomography/CT (FDG-PET/CT) and/or endoscopic ultrasound (EUS) with EUS-guided tissue sampling should be offered.</li><li>• People with pancreatic cysts with high-risk features should be referred for surgery. A tissue carcinoembryonic antigen (CEA) assay may be performed with fine needle aspiration cytology to provide information on the likelihood of malignancy.</li><li>• Surveillance should be offered to people with inherited increased risk of pancreatic cancer. Pancreatic CT should be considered in people with hereditary pancreatitis and PRSS1 mutation for pancreatic surveillance.</li></ul> <p><b>Management</b></p> <ul style="list-style-type: none"><li>• Provide psychological support and pain management.</li><li>• Nutritional management with enteric-coated pancreatin should be offered to people with unresectable cancers and considered in other cases. Fish oils should not be used in nutritional intervention.</li><li>• Surgery should be offered to patients with resectional pancreatic cancer. Chemotherapy following recovery from surgery should be offered.</li><li>• Combined chemotherapy should be offered to people with locally advanced unresectable pancreatic cancer who are well enough.</li><li>• FOLFIRINOX should be offered to people with metastatic</li></ul>

	<p>pancreatic cancer and an Eastern Cooperative Oncology Group (ECOG) performance status of 0–1.</p> <ul style="list-style-type: none"> <li>• Consider gemcitabine in patients who are not well enough to tolerate other types of chemotherapy.</li> </ul>
Impact on Lab (See below)	<p><input checked="" type="checkbox"/> None</p>
Lab professionals to be made aware  <i>Please select/highlight appropriate choices</i>	<ul style="list-style-type: none"> <li>✓ Chemical Pathologist</li> <li>✓ Clinical Scientist</li> </ul>
Please detail the impact of this guideline (Max 150 words)	<p>This guideline aims to improve care of people with pancreatic cancer using imaging protocols and cytology for a quicker and more accurate diagnosis. Earlier surgical intervention with adjuvant chemotherapy could improve life-expectancy in these patients. The guideline also specifies the support that should be given and outlines the most effective treatments for different stages of pancreatic cancer.</p> <p>Based on this guideline, there is no evidence that the provision of non-cytological laboratory services requires review.</p>

#### Impact on Lab

- None:** This NICE guideline has no impact on the provision of laboratory services
- Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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