

Pancreatic Cancer Summit

Summary Report - December 2017



What was the Pancreatic Cancer Summit?

Diagnosis and treatment of pancreatic cancer has a significant physical and emotional impact on patients and their loved ones. The Victorian Tumour Summits are clinician led forums seeking to identify unwarranted variations in tumour based clinical practice and cancer outcomes that could be addressed through state-wide action. [Seventy stakeholders](#) from across Victoria gathered on November 24 2017 to discuss variations in care and identify opportunities for improvement.

Setting the scene

Professor Robert Thomas, Chair of Cancer Australia's Advisory Council, opened the event and encouraged participants to keep a consumers' perspective in summit conversations. Professor Thomas introduced the optimal care pathway for people with pancreatic cancer. This important document sets out a common understanding of the care that patients can expect at different points in the cancer journey.

[Pancreatic cancer OCP](#)



Kathryn Whitfield, Assistant Director of Cancer Strategy and Development, introduced the summit as an opportunity for clinicians to step out of their busy clinical practice to discuss unwarranted variations in care and identify 1-2 priority areas for action. Clinicians have unique insights and are powerful agents for change.

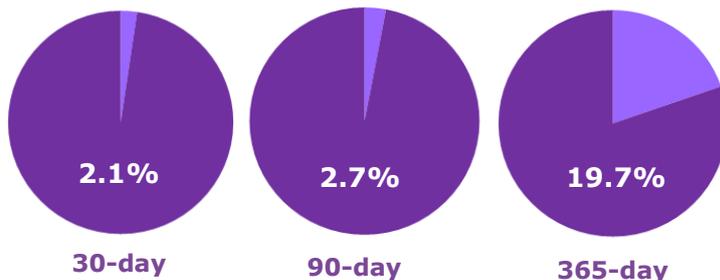


Dr Charles Pilgrim, HPB Surgeon Alfred Health, presented data on the current state of pancreatic cancer care and outcomes in Victoria. Multiple data sources were used to inform discussions about the diagnosis and treatment steps in the optimal care pathway. This indicative data is a first step in identifying geographical variations in care and outcomes. View the summit presentations [here](#).

What is data telling us - the positives



Post-op mortality is low by international standards



Where do we want to be and how to get there?

In small groups, participants prioritised variations based on potential impact on patient experience and outcomes. Participants prioritised the following three variations.

Use of adjuvant therapy

Summit data indicated that 23% of patients who had curative surgery for non-metastatic pancreatic ductal adenocarcinoma did not have adjuvant therapy. Summit participants asked:

Are all patients reviewed by a medical oncologist? At a suitable time point?

What are the characteristics of these patients?

Is this a marker of post-operative morbidity?

Are patients adequately informed to make decisions regarding treatment?

Given the systemic nature of pancreatic cancer, clinicians agree that all patients who have curative surgery should be considered for adjuvant therapy. To achieve this, the ideal position would be that:

- >90% of patients are reviewed by medical oncology; and
- 100% of patients are discussed in a multidisciplinary meeting.

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Multidisciplinary meeting discussions

Multidisciplinary meetings are a pivotal point in the cancer care pathway. The state average for multidisciplinary meeting discussion was 70% in 2013-15. This raised questions at the summit:

Do we need pancreatic cancer specific meetings?

Are patients with metastatic disease and/or comorbidities missing out?

Do private patients have access?

There was consensus amongst participants that ideally every patient should be discussed in a multidisciplinary meeting. The next step is agreeing on how to get there, some ideas included:

- Audit the current state of multidisciplinary meetings for pancreatic cancer in Victoria.
- Create protocols for prioritisation.
- Develop and agree on a minimum dataset.
- Create linkages between sites to improve referrals.

Palliative care

Currently there is no population data on the use of palliative care services for pancreatic cancer in Victoria. Data on deaths in hospital was used to illustrate possible issues. For pancreatic cancer 75% of all deaths occurred in hospital, higher than for oesophagogastric (71%) and colorectal (68%) cancers. Questions asked at the summit included:

Are patients being referred to palliative care?

What are patients' preferences on their preferred place to die?

Are there unspoken barriers or misconceptions about palliative care?

End of life choices and strengthening palliative care services are topical issues beyond pancreatic cancer. Following the summit there may be an opportunity to collaborate with the Palliative Care Clinical Network on defining issues and creating solutions.



[Contact your local ICS](#) about your role in these activities.

What next?



Generating tangible action at a scale that will impact on patient outcomes is not easy. Agreement on important issues is only the first step towards collective action. This summit was an invitation to engage in dialogue and bring about change in the clinical sphere of influence.

The pancreatic summit clinical working party will refine recommendations and begin local conversations with multidisciplinary teams across the state, with support from Integrated Cancer Services. The pancreatic cancer optimal care pathway implementation program will create an opportunity for a focused program of service improvement with state-wide priorities and local action.



Through Victorian Tumour Summits we are building a clinical community to share examples of improvement efforts and keep up with the progress of post-summit activities. You will receive updates on the progress of post-summit actions.

What can you do now?

1. Refer to medical oncology for consideration of adjuvant chemotherapy especially borderline resectable cases.
2. Aim to present each patient in a multidisciplinary meeting for treatment planning that could involve clinical trials and palliative care.
3. Have a conversation with your specialist palliative care team about ways of involving them early, including during active treatment.
4. Introduce palliative care to your patients early. This may not be a comfortable conversation to have and you may wish to consider further training.
5. Invite palliative care physicians to your multidisciplinary meetings. They may not be able to attend but an invitation opens a dialogue about other possible solutions.

Have a question? Please contact [Amy Sutherland](#)