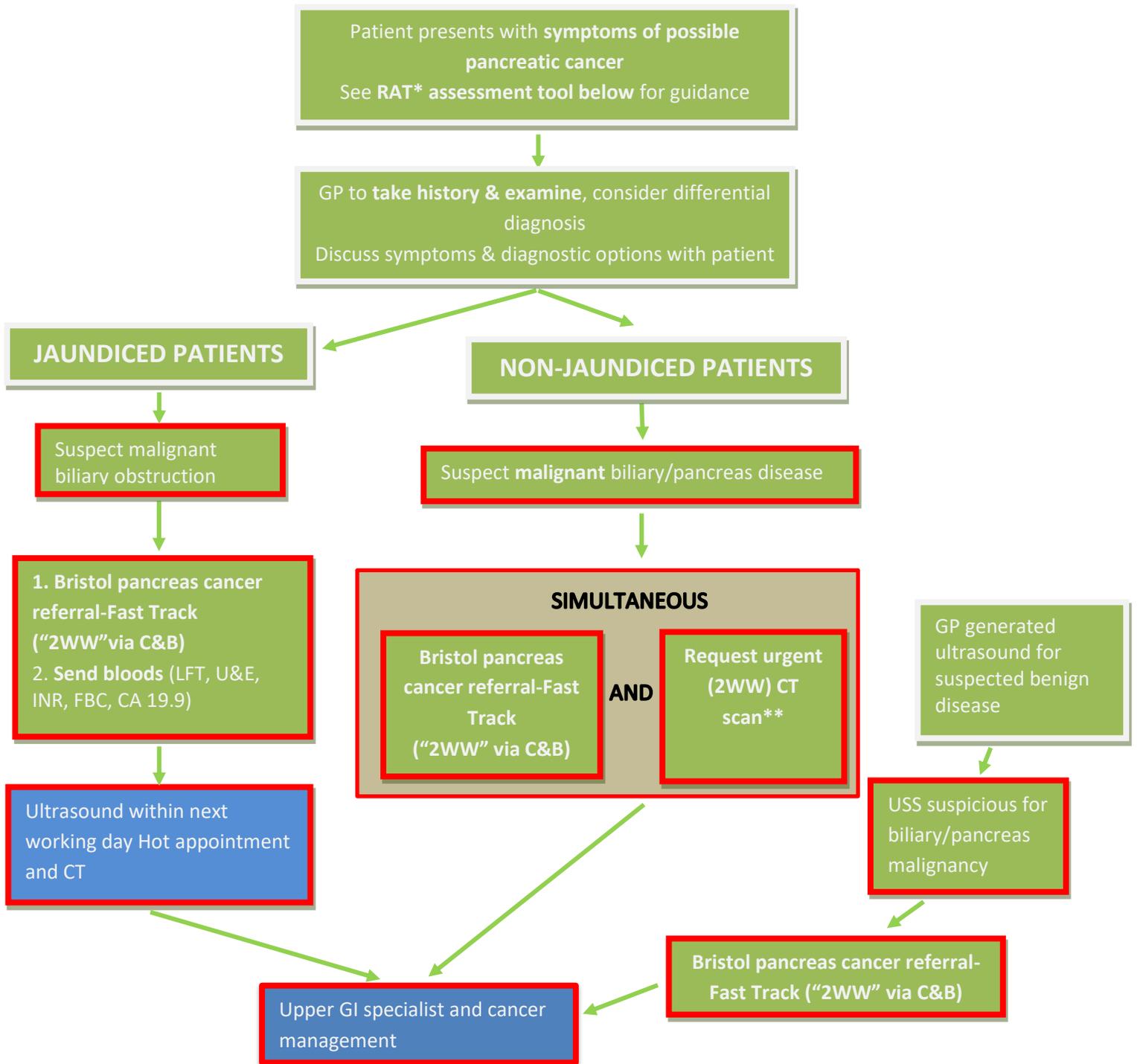


Bristol (UHB, NBT & BCCG)
Suspected pancreatic cancer pathway (primary to secondary care)



**** Refer on 2WW pathway without CT scan if ...**

- Concerned about suitability of patient for CT OR
- Risk levels below 2.0 using the risk assessment tool below

= primary care
 = primary care (2WW referral)
 = secondary carer (2WW pathway)

*Risk Assessment Tool (RAT) – pancreatic cancer symptoms

The notes below are for guidance, where there is concern or where other features have raised suspicion, then a 2WW referral to secondary care should be considered.

Back pain	New onset diabetes	Diarrhoea	Constipation	Malaise	Nausea or vomiting	Abdominal pain	Loss of weight	Jaundice	
0.1 (0.1, 0.1)	0.2 (0.2, 0.2)	0.2 (0.2, 0.2)	0.2 (0.2, 0.2)	0.2 (0.2, 0.3)	0.3 (0.3, 0.4)	0.3 (0.3, 0.4)	0.8 (0.7, 1.0)	21.6 (14, 52)	PPV as a single symptom
0.2 (0.1, 0.2)	0.3 (0.2, 0.4)	0.2 (0.1, 0.3)	0.3 (0.2, 0.4)	0.3 (0.2, 0.6)	0.3 (0.2, 0.5)	0.4 (0.3, 0.5)	2.0 (1.0, 4.3)	8.9 –	Back pain
		0.4 (0.3, 0.5)	0.4 (0.3, 0.6)	0.5 (0.3, 0.9)	0.7 (0.5, 1.0)	0.9 (0.7, 1.1)	1.6 (1.0, 2.9)	22.3 –	New onset diabetes
			0.2 (0.1, 0.3)	0.3 (0.1, 0.5)	0.2 (0.2, 0.3)	0.4 (0.3, 0.5)	2.7 –	>10 –	Diarrhoea
				0.3 (0.2, 0.5)	0.6 (0.4, 0.8)	0.5 (0.4, 0.7)	1.5 (0.8, 3.0)	>10 –	Constipation
					0.5 (0.3, 0.8)	0.6 (0.4, 0.8)	0.9 (0.4, 2.1)	>10 –	Malaise
						0.9 (0.7, 1.2)	2.2 (1.1, 4.6)	14.6 –	Nausea or vomiting
						1.0 (0.8, 1.2)	2.5 (1.5, 4.4)	15.0 –	Abdominal pain
								>10 –	Loss of weight
								31.6 –	Jaundice

Pancreatic cancer diagnosis in primary care
Stapley S, et al 2012 British Journal of Cancer

Other risk factors and symptom/referral guidance to consider (non-jaundice pathway)

In addition to the symptoms highlighted in the RAT the following risk factors should also be considered for 2WW referral particularly when present with at least one RAT symptom

- Anaemia (with negative endoscopy)
- Deep vein thrombosis / PE
- Abnormal liver function test with USS showing dilated intrahepatic ducts
- Steatorrhea (obvious Steatorrhea as a **single symptom** should be considered for 2WW)
- **Weight loss and upper back pain** should be referred and sent for simultaneous CT scan (2WW).

New onset diabetes patients should be safety netted and monitored for development of RAT symptoms

Risk Assessment Tool for pancreas cancer – user guide

- The above Risk Assessment Tool and other risk factors can guide selection of non-jaundice patients for 2WW referral and simultaneous CT scan. As can be seen, the riskiest combinations have loss of weight plus an abdominal symptom.
- The risk assessment tool (RAT) is designed for use in patients aged 40 and over.
- The risk values (positive predictive values) in the table are the proportion of those people with the listed symptom(s) who have pancreas cancer.
- Risk values of 1% or less are shaded white, above 1% and up to 2% shaded yellow, over 2% and up to 5% shaded orange and 5% shaded red.
- Referral is based on clinical judgement and there is no definitive referral threshold. However, **GPs should refer for risk values shaded orange or red;** yellow should be strongly considered and white may be best managed initially by review within primary care.
- **The risk values for a single symptom are listed in the top row.**
- When a patient presents on two occasions within 12 months with the same symptom, then read across from both axes to get the risk value for that symptom recurring.
- **For multiple symptoms, read the value from the cell combining the worst two symptoms.**

RAT Symptom and referral guidance

'Loss of weight' – Unintentional weight loss equal to and above 5% body weight should be used for RAT calculations.

'Back pain' – Refers to upper lumbar/ lower thoracic pain

Persistent Diarrhoea should be considered for colorectal referral in the first instance

Abdominal pain should be considered after patient has had a negative 2WW gastroscopy

Alternative pathways

All of the symptoms are more common in benign disease. **Some of the symptoms, and of the symptom combinations, may represent other cancers, notably oesophago-gastric, colorectal and lung.** These should be given consideration, particularly if the CT scan is negative, but the patient's condition remains unchanged.