



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>Diagnosis</p> <ul style="list-style-type: none">• 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).• 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.• 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.• 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. <p>Management</p> <ul style="list-style-type: none">• Provide psychological support and pain management.• 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.• Surgery should be offered to patients with resectional pancreatic cancer. Chemotherapy following recovery from surgery should be offered.• Combined chemotherapy should be offered to people with locally advanced unresectable pancreatic cancer who are well enough.• FOLFIRINOX should be offered to people with metastatic

	<p>pancreatic cancer and an Eastern Cooperative Oncology Group (ECOG) performance status of 0–1.</p> <ul style="list-style-type: none"> Consider gemcitabine in patients who are not well enough to tolerate other types of chemotherapy.
Impact on Lab (See below)	<input checked="" type="checkbox"/> None
Lab professionals to be made aware <i>Please select/highlight appropriate choices</i>	<ul style="list-style-type: none"> ✓ Chemical Pathologist ✓ Clinical Scientist
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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