HPB/Pancreatic Cancer Management Guidance in Response to COVID-19

1 Key Points

- For use to determine access to services when capacity is limited
- Higher priority chemotherapy will have protected access to available capacity
- Priority is determined by the absolute benefit a therapy provides to patients receiving that therapy

2 Purpose of document

These recommendations have been drawn up to guide local services to manage their HPB/Pancreatic Cancer patients. These are not evidence based, but are a peer reviewed practical policy, to cope with the expected drastically reduced clinical and surgical facilities.

3 Prioritisation of HPB / Pancreatic Cancer Patients

Priority level 1a

Emergency: operation needed within 24 hours to save life

Bleeding / but operable liver/pancreatic/duodenal tumours

- Inoperable bleeding tumours should undergo embolisation locally after discussion with centre.

Priority level 1b

Urgent: operation needed with 72 hours

- Jaundiced patients with pancreatic /bile duct cancers who are fit with minimal co-morbidities able to undergo acute resection such as Pancreaticoduodenectomy /hilar liver resection.
- Obstructing tumours that are operable.
- Those needing palliative bypass should be bypassed or stented locally after discussion with us.

Priority level 2

Elective surgery with the expectation of cure, within 4 weeks to save life/progression of disease beyond operability:

- Operable tail of pancreas tumours
- Operable Gallbladder cancers
- Critically placed colorectal liver metastases where delay will lead to irresectability

Priority level 3

Elective surgery can be delayed for 10 -12 weeks if they have no negative predicted outcome:

- Colorectal liver metastases, small and peripheral lesions where delay will not lead to critical changes
- Neuroendocrine tumours except where the primary is obstructing.
- Operable tumours of the pancreatic head in borderline or unfit patients with significant medical co-morbidities. These patients should be stented and improved before being offered surgery in 6-8 weeks.
- All pancreatic cysts / IPMN over 3cm with worrying features such as mural nodules should have surveillance for 3months in the first instance.