

## **Supplementary information re Direct Access CT scan pilot for Pancreatic Cancer**

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The NICE NG12 guidance about Pancreatic cancer advises:

'Consider an urgent direct access CT scan to assess for pancreatic cancer in people aged 60 and over with weight loss and any of the following- diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new onset Diabetes'

CT scanning with contrast is currently thought to be the best investigation to pick up pancreatic cancer in these patients and is superior to ultrasound scanning. Sensitivity and specificity of ultrasound in picking up pancreatic cancer varies between 50-80% in different studies and is thought to be influenced by operator experience and patient factors eg body habitus and bowel gas. CT scanning with contrast picks up over 95% of pancreatic cancers.

It is important to realise, that CT scans like many other investigations, may pick up unexpected non urgent incidental findings. As a GP, depending on what the finding is, advice can usually be obtained via ERS advice and guidance from the relevant specialty to inform further management.

It is important to remember that although the pilot is focused on picking up pancreatic cancer in patients aged 60 or older with weight loss and new onset Diabetes, patients with the other symptoms mentioned by NICE require investigation. It is also important to remember that many of these symptoms can be caused by a number of other cancers eg colorectal, gastro oesophageal, lung, prostate or urological cancers.

NICE does give additional guidance about some of these sets of symptoms stating that :  
Patients aged 40 or over with weight loss and abdominal pain need 2ww colorectal referral  
Patients aged 50 or over with weight loss should do a FIT test  
Patients aged 55 or over with weight loss and upper abdominal pain need an urgent gastroscopy

This is clearly complex which is where clinical decision support tools can be really helpful eg Arden's symptom analyser, Cancer Maps, CRUK infographic. Clinical judgment will also be important in determining next steps. The Rapid Investigation Service is accessible across Wessex and is essentially the 2 week wait referral service for patients with non-specific symptoms which may be caused by cancer not covered by other 2 week wait referral pathways. The Rapid Investigation Service has its own referral form and mandatory filter tests which must be completed and results received prior to making a referral. A number of the patients with the symptoms mentioned above by NICE may meet the referral criteria for the Rapid Investigation Service

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