Scottish HepatoPancreatoBiliary Network (SHPBN)

Volume 1 Issue 3

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Special point of interest:

SHPBN education event on Friday 5th February 2021 via Microsoft Teams Live

Headline

Welcome to the third issue of the SHPBN Newsletter. We hope you are all keeping well during these unusual times.

As with all areas of healthcare the COVID-19 pandemic has brought huge challenges to our services. It has however also been responsible for some positive changes in the way we work. Within the HPB community there has been increased collaboration between units across Scotland during this time.

During the first wave of COVID-19 over the spring and summer months the five HPB units were meeting on a weekly basis with surgical, oncological and radiological participation. This allowed a national approach to managing our HPB Cancer patients. Sharing the impact of COVID-19 on each of our services, unit plans and, consideration on how to ensure equitable access to management for all HPB cancer patients across the country.

Despite the COVID-19 crisis we have been able to move forward with National plans for the improvement in the care of our HPB cancer patients. A Scottish neoadjuvant pancreatic cancer MDT has been set up. Three new quality performance indicators (QPIs) have been successfully introduced.

The Best Supportive Care group have created a Patient and Carer Information Pack and we have been able to create an HCC Clinical Nurse Specialists Network in collaboration with the British Liver Trust. A comprehensive list of CNS' across the country who are willing to take responsibility for the HCC patients in their hospital has been circulated.

This and much more will be outlined in this newsletter. Although it will not be possible to meet in person for our annual educational event in 2021 we are arranging an online meeting on 5th February 2021. Look forward to seeing you then.

Ms Anya Adair
Consultant Surgeon at Edinburgh Royal Infirmary and SHPBN's Clinical Lead

SHPBN Best Supportive Care Collaborative

A multidisciplinary group of clinicians and third sector contributors - has continued to make progress over the last year, with remote meetings and regular email communication during COVID-19. We remain committed to improving the quality and reliability of care and support for people with advanced HPB cancers, many of whom survive only weeks from diagnosis.

COVID-19 has tested existing healthcare systems and pathways in unanticipated ways, and many people with advanced illness have struggled to access the care and support they need. With this in mind, and no sign of COVID-19 disappearing anytime soon, minimum standards of Best Supportive Care are more important than ever.

In NHS Fife, Tanya Sullivan (HPB Cancer Specialist Nurse) is piloting a Best Supportive Care clinic for new and review patients, both in person and remotely. She is also participating in a remote weekly MDT meeting with Specialist Palliative Care acute hospital and community teams, District Nursing and Macmillan (Improving the Cancer Journey). In tandem, the SHPBN group has been developing a written/electronic information pack for people with HPB cancer and their families and carers. Importantly, this includes links to disease-specific charities and testimonials from people who have benefitted from the charities'.

Over the next 12 months we will pilot and further refine our new information pack and we will report back on the Fife experience of integrating a systematic approach to HPB CNS-led Best Supportive Care.

If anyone is interested in joining this group please contact Lindsay Campbell at:
Lindsay.campbell@ggc.scot.nhs.uk

Pancreatic Cancer Radiology Collaboration

Standardising Pancreatic Radiology Reporting: Pancreatic Cancer Synoptic (PANcOPTIC) Report
Mr Nigel Jamieson, HPB Surgeon

Pancreatic ductal adenocarcinoma (PDAC) is soon to be the 3rd leading cause of cancer deaths globally, with an overall patient survival rate of 6%–7%. Multimodality treatment strategies, of which surgical resection is an integral part, remain the only option for cure. However, at the time of diagnosis of PDAC, less than 20% of the patients present with surgically resectable disease, and the remainder of the patients present with involvement of major abdominal vessels and/or distant metastatic disease. Tumour invasion of the superior mesenteric artery (SMA), superior mesenteric vein (SMV), coeliac artery, and portal vein is common from PDAC arising in the pancreatic head because of their proximity, which makes margin-negative resection challenging. Historically, vascular involvement was accepted as a sign of unresectability for PDAC.

Although the distinction between borderline resectable and locally advanced disease is conceptually simple, the precise definition has been variable and may be based on the imaging or clinical criteria. As a result of the imprecision in defining borderline resectable and locally advanced disease, different classification systems exist. These systems include the National Comprehensive Cancer Network (NCCN) system, MD Anderson system, intergroup system, and the most commonly used system, the Americas Hepato-Pancreato-Biliary Association/ Society of Surgical Oncology/Society for Surgery of the Alimentary Tract (AHPBA/SSO/SSAT) system. More recently the Dutch pancreatic Group have employed a further variant criteria.

The results of recent neoadjuvant therapy trials for borderline resectable PDAC including the

PREOPANC and ESPAC-5F clinical trials have drawn attention to the role of this strategy, yet at the same time highlighted variation that exists in the assessment of the vascular involvement and nomenclature in pancreatic tumours. UK audits have highlighted this significant variation in the classification of tumour resectability and the concept of borderline and locally advanced disease between units. Notably, this was emphasised at a meeting on the role of radiotherapy in management of PDAC hosted by Ganesh Radhakrishna from the Christie in 2019, demonstrating obvious national variation that potentially had a negative impact on clinical trial accrual.

Subsequently, in partnership with **Pancreatic Cancer UK,** with endorsements from **NCRI, Royal College of Radiologists, AUGIS, BSGAR, PSGB&I** and **RCSEng**, a working group with representation from Manchester, Birmingham, Leeds, Newcastle, Glasgow, Bristol, Cambridge, has been set up and tasked with the development of a standardized synoptic radiological reporting template to be utilized throughout the UK to enable more uniform classification of pancreatic cancer reporting. Over the last 12 months, a core group of radiologists, surgeons and oncologists from these units have been meeting regularly to discuss the format and implementation strategy.

Specially, time has been spent canvassing the opinion of surgeon's as to what is deemed most clinically important and useful when making management decisions on these patients. In particular whether to proceed to up front resection or offer neoadjuvant therapies. Radiologist colleagues have been involved to determine the template format and usability thus far, while Oncologists from multiple sites have also had input.

The expectation is this template will be used by HPB radiologists for patients with non-metastatic pancreatic cancer (resectable, borderline and locally advanced cases) that are discussed at regional MDTs. However, as options for systemic therapy develop there will also be potential for better categorization of metastatic disease in terms of site, pattern, and volume in an effort to enhance trial recruitment options for patients.

Inception of a pancreatic synoptic report has been driven by the Freeman Hospital Team, in particular by Mr John Moir, who developed the PROTRACT radiology reporting tool. Subsequently, the Precision-Panc platform required resectability criteria classification to determine clinical trial allocation. In order to enhance these tools, the **PANC**reatic syn**OPTIC** (PANCOPTIC) reporting report integrates features of the Beth Israel structured reporting tool, PROTRACT, PrecisionPanc as well as key NCCN features. It attempts to reduce ambiguous terminology regarding vessel involvement, and highlight key information (variant arterial anatomy) in a structured form that will integrate with the CRIS radiology reporting system. This tool remains in a development phase, therefore, the nature of the template content will remain dynamic in order to gather opinion from centres as they begin using it. However, we are approaching the point where it will officially undergo a phased launch across the UK. The lead for pancreatic radiology in Glasgow, Dr Abdullah Al-Adhami has been key to the development and implementation of this tool and would be keen to provide assistance.

Our hope is the synoptic tool will benefit management in multiple ways including:

1) Aid in the development of UK-wide consensus on reporting of vascular involvement in pancreatic cancer
2) Form a basis for regular audit and research activity
3) Assist to eliminate variation in care that exists across the UK.
4) Aid delivery of clinical trials by developing a greater understanding of variation in practice

We hope that there will be enthusiasm within Scottish HPB MCN to trial the synoptic report and provide constructive feedback prior to a UK wide official launch over the next few months. With the success of the Scottish Neoadjuvant MDT over the last few months, I believe this represents an ideal opportunity for the network to refine our management pathway for patients with pancreatic cancer.

Neoadjuvant MDT meeting for Pancreatic Cancer

An increasing number of patients are now receiving neoadjuvant chemotherapy for pancreatic cancer but practices vary between centres. This led to the Scotland-wide neoadjuvant MDT meeting for pancreatic cancer commencing in September 2020. This virtual meeting has been running very successfully since then on a monthly basis, with participation from the pancreatic teams in Aberdeen, Dundee, Glasgow, Edinburgh and Inverness. The meetings have been chaired by Mr. Euan Dickson in Glasgow, with input from the oncology, radiology, clinical nurse specialist and surgical teams across Scotland. Several relevant cases have been presented in each meeting and these have generated plenty of discussion. The main aims of the meeting are to learn from the experience of colleagues in other centres and going forward to move towards standardising the neoadjuvant approach for patients with pancreatic cancers across Scotland.

New Quality Performance Indicators (QPIs)

This year we were successful in gaining approval and implementing the introduction of three new QPIs into the HPB cancer dataset.

A huge thank you to Lorna Bruce, Audit Manager, SCAN; Jen Doherty, National Cancer Quality Programme Co-ordinator and Evelyn Thomson, Regional Manager (Cancer), WoSCAN for all their help in moving this forward.

1. 30/90 Day Mortality Following Treatment for Colorectal liver Metastases (CRLM) with curative intent.

Proportion of patients with CRLM undergoing curative treatment (resection/ablation) who die within 30 or 90 days of treatment. *Target 30 days < 5%. 90 days <7.5%*

For the first time the QPIs will look at Colorectal Liver metastases (CRLM), previously not included as they are a secondary cancer but making up a significant proportion of the liver resection work and are essential to audit.

2. Patients with inoperable pancreatic, duodenal or biliary tract cancer should be seen by an oncologist to assess suitability for systemic treatment.

Proportion of patients with pancreatic, duodenal or biliary tract cancer not undergoing surgery who are seen by an oncologist (or offered an oncology clinic appointment) within 6 weeks of initial diagnostic CT scan. *Target 50%*

Previously the QPIs were very much more weighted towards the small proportion of patients with pancreatic cancers who proceeded to resection this QPI attempts to improve the pathways for those patients who require palliative care only.

3. Patients with Hepatocellular cancer (HCC) should have an identified keyworker to coordinate care across the patient pathway.

Proportion of patients with HCC who have an identified key worker at the time of referral to the MDT. *Target 95%*

The National Audit identified that only 52% of patients with HCC in Scotland had access to a Clinical Nurse Specialist (CNS).

Unfortunately due to the COVID-19 pandemic Michelle McDonald was not able to take up the 5 month secondment to assess possible key worker provisions for HCC patients and set up a Scottish network. However we have been able to identify a significant number of Clinical Nurse Specialists across Scotland who are in a position to take responsibility for the HCC patients in their Hospital. Thanks so much to all of you. *See appendix 1 for the full list of Scottish HCC Clinical Nurse Specialists.*

Charities Corner

New liver cancer factsheet published by British Liver Trust

As part of a range of activity to promote Liver Cancer Awareness Month, the British Liver Trust have launched a new liver cancer factsheet for liver patients and their loved ones.

The factsheet outlines the care to expect following a diagnosis with liver cancer, or for those undergoing tests for the disease. It includes questions to ask at each stage, from symptoms and surveillance, through to treatment, diagnosis and follow-on care.

We hope that this factsheet will empower patients to ask their medical team the right questions and act as a useful resource at a difficult time. We would be grateful if healthcare professionals caring for liver cancer patients could make these patients aware of this resource.

Work with the Less survivable cancer taskforce

The Less Survivable Cancer Task Force (a coalition of charities representing the six least survivable cancers) is campaigning on behalf of liver cancer and pancreatic cancer patients. They have released a report, 'Closing the deadly cancer gap: Detect early, diagnose fast, save lives'. These cancers are far more likely to be diagnosed at a late stage than other more survivable cancers and the taskforce is calling for a whole system approach to diagnosing liver and pancreatic cancers earlier and faster to begin to improve survival rates.

The Scottish HPB Network worked with the British Liver Trust and other members of the Less Survivable Cancer Taskforce to feed in and influence the Scottish Cancer Plan. We hope to improve outcomes and experiences for people with less survivable cancers including those with pancreatic and liver cancer. We will feedback in a future newsletter on progress.

AMMF
THE CHOLANGIOCARCINOMA CHARITY

The Cholangiocarcinoma Charity (AMMF) website offers a 'one-stop shop' for patients and their loved ones to find information about this type of cancer - from risk factors, symptoms, diagnosis and treatments, to clinical trials open and recruiting across the UK, and more.

Our patient guide on biliary tract cancers can be accessed through the following link: https://ammf.org.uk/patient-guide/

AMMF's website also has a specific "Patient Support" section where patients and their loved ones can find not only quick links to the information they need and a Helpful Links area, but also areas of the website they can contribute to, such as AMMF's Discussion Forum and "Our CC Family".

Pancreatic Cancer Action Scotland

Earlier this year Pancreatic Cancer Scotland and Pancreatic Cancer Action merged to become one organisation with a vision to make the 2020's the Decade of Change for the world's toughest cancer.

Our united mission is to improve pancreatic cancer survival rates by ensuring more people are diagnosed early and everyone has access to effective treatments, support, information and care.

Our new name for our activities in Scotland is Pancreatic Cancer Action Scotland.
Funds raised in Scotland will continue to benefit the people of Scotland through our initiatives, projects and activities.

Patients and families are at the heart of all we do and we continue to be a voice for them, working alongside many organisations and networks including The Scottish Cancer Coalition, Scottish Government and The Scottish HPB Network to ensure that ***together we can make a difference***. Our website www.panact.org provides helpful information and advice, including guidance during the COVID pandemic, sources of support and free patient information booklets (online and/or printed).

We are determined to reach more people than ever before through our awareness activities, highlighting the symptoms of pancreatic cancer, encouraging the public to learn more and contact their GP with new or unusual persistent symptoms.

FIRST TV advertising campaign in Scotland, to raise awareness of pancreatic cancer

Our 20 second advert launched on STV on Monday 16th November 2020.
Viewers are directed to our website for more information with additional guidance online for people with pancreatic cancer symptoms during the coronavirus pandemic.

Gavin Oattes who lost his dad to pancreatic cancer in 2012 features in the TV advert, highlighting knowing the symptoms of pancreatic cancer could save you or a loved ones' life.

Our continued activities across social media and press/media coverage helps to raise awareness of pancreatic cancer, with our amazing supporters and networks amplifying important messages.

Our **GP E-learning module on pancreatic cancer** has recently been updated in collaboration with The Royal College of General Practitioners (RCGP). Suitable for GPs across the UK the module contains up to date referral guidance and case studies, incorporating feedback from The Scottish Primary Care Cancer Group. **The Healthcare Professional section of our website has a range of information, tools and resources to increase knowledge and confidence in diagnosing pancreatic cancer.**

We are very excited to let you know that after being delayed by months due to COVID, the **two new booklets for people just diagnosed** have launched.

They are now available to order:

Pancreatic cancer that can be removed by surgery. A guide if you have just been diagnosed

Pancreatic cancer if you can't have surgery (inoperable cancer). A guide if you have just been diagnosed

We have developed these new booklets following feedback from the PCAB and CNS' that these patients have very different information needs, and want information tailored to their diagnosis.

The aim of these booklets is to provide the key facts that people need at the point of diagnosis, when they're feeling overwhelmed, can't take in a lot of information and signposting through to our other information for more detail.

We have done a lot of work to improve the accessibility of them, including working with specialists in health literacy to help us simplify the content, and they have been tested with people with lower health literacy, as well as our lay reviewers. We've also updated the design to make them more accessible and to highlight content such as key facts, questions to ask and things people can do themselves. These replace our overview booklet which is now ***discontinued***, so if you have any copies of that, please recycle it and order the new booklets.

Also, our support line opening hours have been extended – now

- **Monday, Tuesday, Thursday and Friday - 9:00am - 4:00pm**
- **Wednesday 10:00am – 6:00pm**

"SAVE THE DATE"

Friday 5th February 2021 for our first virtual **SHPBN** education event using Microsoft Teams Live.

The programme and online registration will be available shortly.

British Association for the Study of the Liver (BASL)

National Clinical Trials

Our thanks to Dr Alan Christie, Consultant Medical Oncologist who is leading on a list of National Clinical Trials available in Scotland.

PANCREATIC CANCER

	Peri-Operative / Adjuvant	Locally Advanced	1st Line Metastatic	2nd Line Metastatic	Supportive Care
ABERDEEN		**SCALOP-2** (Click HERE for info)	**PRIMUS 001** (Click HERE for info) **ACELARATE** (Click HERE for info) **Suspended**	**PRIMUS 004** (Click HERE for info) ***Pending***	
DUNDEE			**PRIMUS 001** (Click HERE for info)	**PRIMUS 004** (Click HERE for info) ***Pending***	
EDINBURGH	**PRIMUS 002** (Click HERE for info)	**MENAC** (Click HERE for info)	**PRIMUS 001** (Click HERE for info) **MENAC** (Click HERE for info)	**MENAC** (Click HERE for info)	
GLASGOW	**SHINTY** (Click HERE for info) **PRIMUS 002** (Click HERE for info)	**PIONEER** (Click HERE for info) **MENAC** (Click HERE for info)	**PRIMUS 001** (Click HERE for info) **ACELARATE** (Click HERE for info) **Suspended** **MENAC** (Click HERE for info)	**CA025-006** (Click HERE for info) **MENAC** (Click HERE for info) **PRIMUS 004** (Click HERE for info) ***Pending***	
INVERNESS			**PRIMUS 001** (Click HERE for info) **Suspended**		

HEPATOCELLULAR CARCINOMA

	Peri-Operative / Adjuvant	Locally Advanced	1st Line Metastatic	2nd Line Metastatic	Supportive Care
EDINBURGH		**TACE-3** (Click HERE for info) ***Pending***	**CHECKMATE-9DW** (Click HERE for info)		
GLASGOW		**TACE-3** (Click HERE for info) ***Pending***	**LEAP-002** (Click HERE for info)	**MEDIVIR MIV-818-101/201** (Click HERE for info) **AFPc332T Cell Therapy** (Click HERE for info)	

SMALL BOWEL CARCINOMA

GLASGOW	**BALLAD** (Click HERE for info)				

BILARY TRACT CANCER

ABERDEEN			**FIGHT 302** (Click HERE for info) **Suspended** **KEYNOTE-966** (Click HERE for info) ***Pending***		
EDINBURGH	**ACTICCA-1** (Click HERE for info)		**NUTIDE-121** (Click HERE for info)		
GLASGOW	**ACTICCA-1** (Click HERE for info)	**ABC-07** (Click HERE for info)	**NUTIDE-121** (Click HERE for info)	**MEDIVIR MIV-818-101/201** (Click HERE for info)	

Appendix 1

Scottish HCC Clinical Nurse Specialists

Northern Cancer Alliance (NCA)	
Orkney	**Aberdeen**
Roddy Harper	Rachel Thomson
Linzi Mowatt	Angela Rollo (for resectable HCC)
Ann Gregg	
	Dundee
Shetland	Mairi Macpherson
Lynne Croy	Pam Steedman
	Inverness
	Angela Macgregor
South East Scotland Cancer Network (SCAN)	
Borders General Hospital (BGH)	**Dumfries & Galloway Royal Infirmary (DGRI)**
Rachel Johnson	Helen Johnstone
Christine Henderson	
Fife	**Edinburgh Western General Hospital**
Tanya Sullivan	Jackie Brown
Izzy MacCallum	Rachel Haigh
Edinburgh Royal Infirmary	
Lorraine Kirkpatrick (for General Surgical patients only)	
West of Scotland Cancer Network (WoSCAN)	
Forth Valley Royal Hospital (FVRH)	**Hairmyres Hospital**
Helen Upfold	Jacqueline Bonnar
	Kathleen Coyle
Wishaw General Hospital	**Monklands Hospital**
Lorna Mitchell	Josephine Arthur
Louise Desport	Lorraine Allan
Audrey Duffy	
Royal Alexandra Hospital	**Inverclyde Royal Hospital**
Aisling Bradley	Linzi Binnie
Fiona Clark	
Maxine Brown	

Updated: 13th November 2020