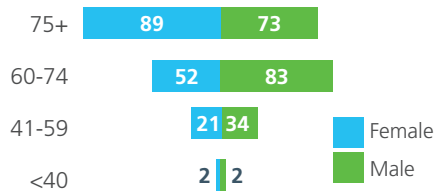


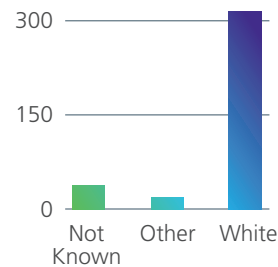
Primary Care Pancreatic Cancer Audit

As part of a Wessex Cancer Alliance Local Improvement Scheme, PCNs across Hampshire, Isle of Wight and Dorset completed a standardised audit template reviewing pancreatic cancers diagnosed between April 1st 2023 to March 31st 2024. These findings were analysed by WCA GPs, and a summary of findings are below.

Demographics



Ethnicity



% with diabetes

30%
of these
29%
were diagnosed with
diabetes in last 12 months

356 Total Patients

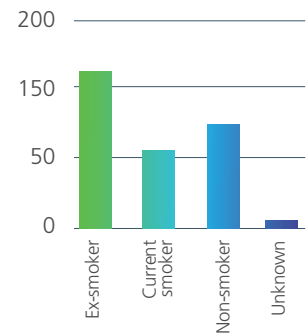


Risk Factors

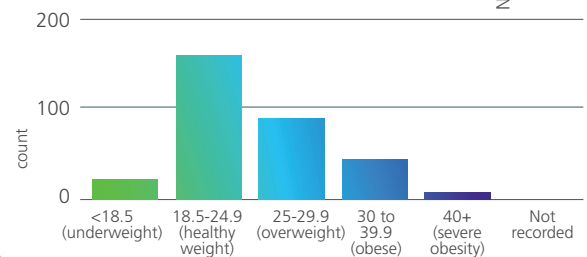
% with Family History of Pancreatic Cancer
3%

% with Family History of other Cancers
10%

Smoking

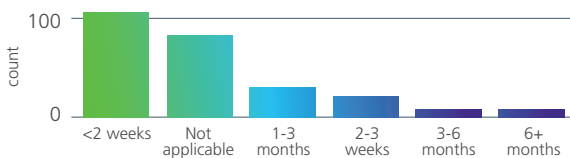


BMI

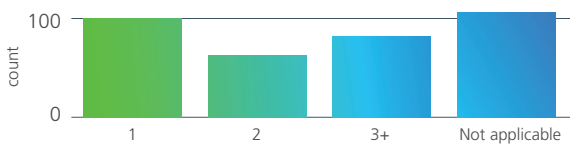


Primary Care Interval

Time from first clinical contact to first referral



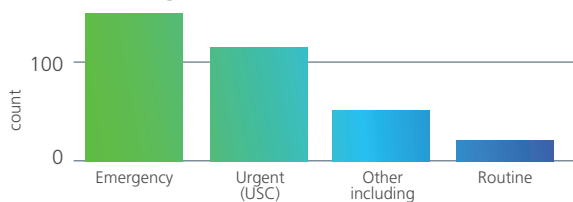
Number of clinical contacts prior to referral



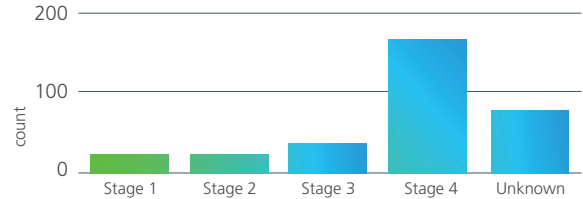
*where the clinician identified the consultation as related to pancreatic cancer diagnosis

Diagnosis

Route to diagnosis



Stage to diagnosis



Symptom Presentation

% with abdominal pain	% with weight loss	Other symptoms %	% with jaundice	% with nausea and/or vomiting	% with diarrhoea	% back pain	% with no symptoms
59%	49%	45%	31%	30%	25%	21%	7%

Delay Themes

based on qualitative analysis of audit report
(in order of frequency they occurred)

Delays

% where there
was a delay

16%

1. Age not meeting criteria

59 cases of patients who were <60 years old and diagnosed with pancreatic cancer (17 %) and 18 (31%) of them were marked as having a delay in their diagnosis.



2. Primary Care delays

23 cases reported to have various primary care delays including vague symptoms, lack of continuity of care, lack of safety netting and deviation from NICE guidance.



3. Referrals to other tumour groups

Due to symptoms overlapping with other tumour sites and positive investigation findings suggestive of alternative tumour pathways (e.g. Ca125 and FIT) there were delays to diagnosis in several cases



4. Secondary care delays

e.g. delay in reporting



5. Imaging Delays

There is variability in length of wait for ultrasound scans and also variability across Wessex around direct access to CT.



6. Patient factors

e.g. patient choice and wanting a private referral



Next Steps / Recommendations

- Promotion of the SAFE-D research study
- Promotion of EUROPAC to eligible patients (patients with family history)
- Increased Primary Care Education – e.g. Diabetes and Pancreatic Cancer