1. Welcome and introductions

Welcome, introductions and apologies

DOR welcomed all to the meeting and noted the apologies received.

i) Minutes of last meeting

The minutes of the last meeting were reviewed and approved without amendment. These will be uploaded to the Greater Manchester website.

2. Matters arising

<table>
<thead>
<tr>
<th>Discussion summary</th>
<th>Items for future pathway board discussion: Consensus report from the Biliary Drainage sub-group; Implementing the Recovery Package in Greater Manchester; Improving Time from referral to treatment</th>
</tr>
</thead>
</table>
### 3. MDT referral process - changes to proforma

<table>
<thead>
<tr>
<th>Discussion summary</th>
<th>DOR presented changes to the HPB referral form used to list patients for discussion at the HPB sMDT at MRI. These are an option to list patient preferences; a clear “What is the question for the MDT” box; and new options for pancreatic cystic neoplasms and acute pancreatitis referrals. These were broadly welcomed. The need to provide a succinct patient history/brief summary was emphasised to facilitate a focused discussion at the MDT, which is time constrained.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusion</td>
<td>RS suggested that improvements could be made so that less time is spent entering patient demographics.</td>
</tr>
<tr>
<td>Actions &amp; responsibility</td>
<td>DOR.</td>
</tr>
</tbody>
</table>

### 4. Jaundice Pathway at Macclesfield

<table>
<thead>
<tr>
<th>Discussion summary</th>
<th>RS presented the ‘ONE STOP’ JAUNDICE PATHWAY IN A DISTRICT GENERAL HOSPITAL: EVALUATION OF A PILOT PATHWAY - THE “MACC WAY” on behalf of the Macclesfield team. He noted previous guidelines for the management of jaundice from the BSG, NICE and UEG all recommended urgent access to speedy assessment and diagnosis. The Macclesfield Pathway consists of electronic referrals from primary care or within the hospital to a one-stop clinic with US/CT/MR availability, once a week on Mondays, followed by: Wed ERCP/MDT. Additional clinics slots are also freely available. The full East Cheshire Trust (ECT) Jaundice Referral Pathway can be found as Appendix 1. Their outcomes demonstrate that jaundice can be managed as OP with rapid access to investigations/specialist/clinics. This will reduce health costs/improve access to service /patient satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusion</td>
<td>The jaundice pathway at MDGH has proven to be an effective pathway for patients to undergo investigations for jaundice. The majority of patients with jaundice can be managed as outpatients and this delineates a clear line of responsibility between primary and secondary/tertiary care. Adequate resource management is needed to facilitate this dedicated pathway. This has now been adopted as a GOLD STANDARD PATHWAY by the Central Manchester Cancer Network. A Jaundice interactive electronic and paper leaflet is in development. DOR congratulated the Macclesfield for continuing to lead and develop the one-stop jaundice clinic concept in Greater Manchester and Cheshire.</td>
</tr>
<tr>
<td>Actions &amp; responsibility</td>
<td>Continued commitment to one-stop jaundice clinic and integration with the tertiary centre for management of detected cancers, as per the Manchester Jaundice Pathway. (All).</td>
</tr>
</tbody>
</table>

### 5. Fast-track pathway at MRI - DOR

<table>
<thead>
<tr>
<th>Discussion summary</th>
<th>DOR presented a brief summary of Greater Manchester re-organisation and plan and how our jaundice pathway fits within the fundamental goal (domain) of ‘Earlier and better diagnosis”. He described the one-stop jaundice clinic at MRI, led by Aileen Aherne (HPB CNS) and the regional jaundice pathway (Appendix 2). Please note that there is no longer an arbitrary cut-off value for bilirubin; patients will be considered for fast-track surgery depending on a global assessment of their fitness. This is always assessed by cardio-respiratory exercise testing when indicated. Referrals to date via the fast-track jaundice pathway vary by Trust as follows:</th>
</tr>
</thead>
</table>

~ 2 ~
Results from 2017, comparing fast-track Whipple’s operation with that after preoperative biliary drainage shows comparable demographics, less complication (not significant), low mortality in both groups, longer length of stay in fast-track group (not significant) and a highly improved time from referral to treatment of 8 versus 41 days, favouring fast-track (Appendix 3).


NICE guidance due to be released 31 Jan 2018 also recommends this approach: “Offer resectional surgery rather than preoperative biliary drainage to people who have resectable pancreatic cancer and obstructive jaundice and are well enough for the procedure and are not enrolled in a clinical trial that requires preoperative biliary drainage.”

He further outlined that future research by PRECISION-Panc will involve trials of neoadjuvant therapy and the need to obtain research specimens at multiple points of the patient pathway for genomic analysis and cancer model development.

<table>
<thead>
<tr>
<th>Bolton CMFT</th>
<th>Macc</th>
<th>Salford Tames</th>
<th>PAT</th>
<th>Wigan</th>
<th>Wyth</th>
<th>Stockport</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>4</td>
<td>11</td>
<td>7</td>
<td>14</td>
<td>23</td>
<td>13</td>
</tr>
</tbody>
</table>

Conclusion
The MRI unit remains committed to delivering fast-track surgery to those who are eligible.

Actions & responsibility
All-referring trusts to contact the regional jaundice nurse when they have a patient with a potentially operable pancreatic cancer. i.e. do not proceed to ERCP and stenting without prior discussion with the specialist MDT/ regional jaundice nurse/ or HPB consultant on call (24/7 service).

6. Jaundice Pathway progress at other referring hospitals

| Discussion summary | Wigan: VSH reported 50% of patients referred via this one-stop jaundice clinic have been referred on for surgery and cancer pick up rate overall is 62%  
SHH: ZM outlined his plans for establishing a one-stop jaundice clinic at Stockport.  
PAT: DC undertakes the one-stop jaundice clinic at PAT.  
Bolton: No information.  
Tameside- Previous attempts have been made at establishing a jaundice clinic seems to be stalled. No updated information.  
SRI – possibility of establishing a one-stop clinic in 2018  
Wythenshawe- no information. Lowest number of referrals to fast-track pancreatic cancer surgery (3). |
|-------------------|------------------------------------------------|

Conclusion
Support and further development of one-stop jaundice clinics is vital to deliver earlier and better diagnosis to people with pancreatic cancer presenting with jaundice.

Actions & responsibility
To establish one-stop jaundice clinics at each referring hospital (All).

7. AOB & dates of future meetings:
<table>
<thead>
<tr>
<th>Discussion summary</th>
<th>There was discussion about the recent poor attendance at pathway board meetings. It was agreed however, to continue with the policy of rotating meeting between sites; rotating days and times (but avoiding Weds am due to HPB sMDT, which prevented many from attending today). Consideration to be given to how to making the Pathway Board meetings more relevant to all.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 March 14.00-16.00, Salford Royal Infirmary, 14 May, 10.00-12.00 Christie Hospital 13th September 2018, 14.00-16.00 MRI 13 November 2018 14.00-16.00 North Manchester General Hospital Jan 2019 Christie Hospital TBC</td>
<td></td>
</tr>
<tr>
<td>Conclusion</td>
<td>Agreed.</td>
</tr>
<tr>
<td>Actions &amp; responsibility</td>
<td>Local organisers for SRI (LW), Christie (RP), MRI (DOR), NMGH (DC). Improved attendance requested from all pathway board Trust representatives or deputies.</td>
</tr>
</tbody>
</table>
Appendix 1
The East Cheshire Trust (ECT) Jaundice Referral Pathway

ECT JAUNDICE REFERRAL PATHWAY

Electronic referral from AMAU / AAU / A&E

Ultrasound/CT already performed

Referral to be vetted GI TEAM

NO obstruction
Obstruction

Refer via Jaundice Pathway

NEW referral Via Jaundice Pathway (BOOKING TEAM)
(If no imaging done)

Electronic referral from GP

If Ultrasound/CT already performed

Referral to be vetted GI TEAM

Obstruction

NO obstruction

Refer via Jaundice Pathway

1 - Referral vetted by Dr Koss
Dr Saravanan/Anna Lewis or GI Registrar
2 - Email to Radiology and Ultrasound arranged /MDT
3 - Out-patient appointment booked (Mon PM or Tues AM or Thurs PM)

Ultrasound performed/reviewed
Dr Tang & Team

Obstruction

NO obstruction

Follow Jaundice Pathway CT/MRI /MDT/ERCP

To be seen in the Jaundice out-patient clinic
(Mon PM or Tues AM or Thurs PM)
Appendix 2
The Manchester Cancer Jaundice Pathway

The Manchester Jaundice Pathway

Jaundice

USS

Intra- or extra hepatic biliary obstruction

Normal bile ducts, abnormal liver echotexture or cirrhosis

Gallstones

No gallstones or Liver mass
Possible cholangiocarcinoma or pancreatic head tumour

Same day
Further imaging: CT/MR/MRCP
Tumour markers: CEA, AFP, CA19-9
Contact local HPB CNS

Contact Regional Jaundice CNS at CMFT
Email: HPB.CNS@rmft.nhs.uk
Telephone: 07973947137 or (0161) 276 1234 & ask for bleep 6357

Hilar Obstruction
No ERCP or PTC prior to Discussion with HPB

Distal Obstruction
No ERCP: Potentially resectable disease
Local ERCP, brushings & short metal stent if: frail patient, locally advanced/metastatic disease.

HPB SMDT
## Appendix 3
Preliminary Results of fast-track pancreatic surgery versus non-fast-track (i.e. with preoperative biliary drainage).

<table>
<thead>
<tr>
<th></th>
<th>Fast Track</th>
<th>Non - Fast track</th>
<th>p-value (test)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median age (range)</strong></td>
<td>63.5 (40 to 78)</td>
<td>67 (23 to 83)</td>
<td>0.21</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>F = 18</td>
<td>F = 33</td>
<td>0.53</td>
</tr>
<tr>
<td></td>
<td>M = 16</td>
<td>M = 41</td>
<td></td>
</tr>
<tr>
<td><strong>PF</strong></td>
<td>5</td>
<td>9</td>
<td>0.76</td>
</tr>
<tr>
<td><strong>DGE</strong></td>
<td>8</td>
<td>10</td>
<td>0.27</td>
</tr>
<tr>
<td><strong>PPH</strong></td>
<td>2</td>
<td>5</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Comprehensive Complications Index (post-op)</strong></td>
<td>28.2</td>
<td>36.3</td>
<td>0.39</td>
</tr>
<tr>
<td><strong>Mortality</strong></td>
<td>0</td>
<td>2</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Median post-op hospital stay (days)</strong></td>
<td>16 (6 to 61)</td>
<td>12 (5 to 99)</td>
<td>0.057</td>
</tr>
<tr>
<td><strong>Median referral to surgery (days)</strong></td>
<td>8 (2 to 45)</td>
<td>41 (5 to 287)</td>
<td>0.00001</td>
</tr>
</tbody>
</table>