

Inter-Hospital Referral Form to the Specialist Pancreatic Service



■ National Surgical Centre for Pancreatic Cancer, St Vincent's University Hospital:
 Fax (01) 2213601 Tel (01) 2213537 and 2213767 or switchboard (01) 2214000 Bleep 705/648
 ■ Southern Satellite Centre for Pancreatic Cancer (for Cork & Kerry):
 Fax (021) 4276341 Tel (021) 4935639 or switchboard (021) 4271971



Form completed by: Name (CAPS): _____ Signature: _____ Date: _____
 MCRN (if applicable): _____ Contact number(s): _____

PATIENT DETAILS

Surname: _____ First Name: _____
 Address: _____

 DOB: _____ Hospital No.: _____
 Tel: _____ Mobile: _____
 Male Female Wheelchair assistance: Yes No
 First language: _____ Interpreter required: Yes No

CONSULTANT & GP DETAILS

Referring consultant: _____
 Hospital: _____ Fax: _____
 Telephone: _____ Mobile: _____
 GP Name: _____ Tel No.: _____
 GP Address: _____

CLINICAL DETAILS

Working diagnosis: _____ Has patient been informed of diagnosis? Yes No Date first presented: _____
 Presenting symptoms: Abdominal pain Jaundice Anaemia Nausea/vomiting
 Dyspepsia Dark urine/pale stool Pruritis Abdominal mass Other: _____
 Patient BMI: _____ Height: _____ Current weight: _____ Weight loss: _____
 Relevant conditions: Acute pancreatitis Diabetes Liver disease Chronic pancreatic disease
 Medical co-morbidities: _____
 Surgical history: _____
 Medications: _____
 Anticoagulants: Yes No Allergies: Yes No Details: _____
 Alcohol: Yes No Units per week: _____ Smoker: Yes No Ex smoker

INVESTIGATIONS

Bloods: (tick if results forwarded) FBC U&E LFTs Coag Ca 19.9 IgG4

Radiology/Endoscopy:	Hospital	Date	Tick if reports forwarded/faxed	Tick if CD and slides forwarded (ie if no radiology link)
CT Pancreatic Protocol			<input type="checkbox"/>	<input type="checkbox"/>
CT Thorax			<input type="checkbox"/>	<input type="checkbox"/>
CT Abdomen/Pelvis			<input type="checkbox"/>	<input type="checkbox"/>
MRI Pancreas			<input type="checkbox"/>	<input type="checkbox"/>
EUS (+ FNA <input type="checkbox"/>)			<input type="checkbox"/>	
Cholangiography (ERCP/PTC/MRCP)			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Pathology:	Hospital	Date	Tick if reports forwarded/faxed	Tick if pathology slides forwarded
			<input type="checkbox"/>	<input type="checkbox"/>

Send pathology slides and reports to: Dr Niall Swan
 Dept of Pathology St Vincent's University Hospital
 Elm Park, Merrion Road, Dublin 4 D04 T6F4
 Fax (01) 2214800 Tel (01) 2214798

OR

Dr Bill Bennett
 Dept of Pathology Cork University Hospital
 Wilton, Cork T12 DC4A
 Fax (021) 2922774 Tel (021) 4922514

Please post or fax completed referral form with radiology/ endoscopy/ lab reports and send imaging to:

National Surgical Centre for Pancreatic Cancer
 St Vincent's University Hospital, Elm Park
 Merrion Road, Dublin 4 D04 T6F4
Fax (01) 2213601

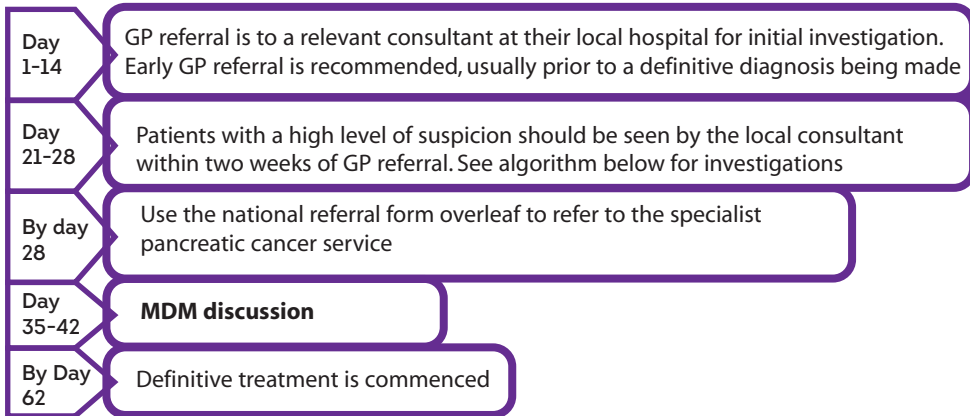
OR

Southern Satellite Unit for Pancreatic Cancer
 Mercy University Hospital, Grenville Place
 Cork T12 WE28
Fax (021) 4276341

*Thank you for forwarding completed forms and results,
 which will facilitate timely discussion at MDM*

Inter-Hospital Referral Pathway to the Specialist Pancreatic Service

Patients with suspected pancreatic cancer should be referred urgently, within these timelines or sooner, for specialist MDM opinion



GP advice: a jaundiced patient (age 40+) requires an **urgent referral** for 'suspected cancer'. The consultant appointment should be within **2 weeks**. Consider urgent CT (within **2 weeks**) or OPD referral for patients age 60+ with weight loss AND any of steatorrhoea, back pain, new-onset diabetes.

Diagnostic Algorithm and work-up pre MDM	Notes
CLINICAL: Signs / symptoms of pancreatic cancer	
↓	Dashed arrows indicate imaging that may be undertaken but is not routinely needed.
ASSESS: Patient performance and nutritional status, comorbidity profile	
↓	
LABORATORY: FBC & differential, liver enzymes, albumin, Ca19.9, IgG4 ¹	¹ IgG4 is indicated in atypical cases e.g. diffuse pancreatic swelling +/- absence of pancreatic duct dilatation. Do NOT delay referral while awaiting IgG4 results.
↓	
² Transabdominal ultrasound	² Transabdominal ultrasound can be performed on patients presenting with jaundice. If this is suspicious or equivocal for pancreatic cancer, undertake a pancreatic protocol CT.
↓	
RADIOLOGY: ³ Pancreatic protocol CT for diagnosis and staging	³ Pancreatic protocol CT is the imaging modality of choice. It should be undertaken within <u>one week</u> of the consultant review. It is required for the MDM discussion.
↓	⁴ MRI ⁵ EUS ⁶ ERCP
REFER: to the national pancreatic cancer service for MDM review	⁴ MRI pancreas is indicated if CT is contra-indicated or not available. ⁵ Endoscopic Ultrasound (EUS) is a supplemental test (see indications below). ⁶ ERCP is not routinely used; cytological brushings for diagnosis can be taken in those with cholangitis and an unknown pancreatic mass or with jaundice who are unfit for surgery. See additional information below & contact details for HPB service on call.
If the CT/ MRI shows that the tumour is resectable, refer immediately to the relevant pancreatic service	

ADDITIONAL INFORMATION

CT pancreatic protocol

Oral contrast: 500-700 cc water PO 20 mins prior.
IV contrast: 150cc 340mg/ml at 4cc/sec

Three Phases:

1. Non-contrast diaphragm to iliac crest.
2. Late arterial phase pancreas.
Timing: bolus tracked 25 sec after aorta reaches 120 HU (preferable), or 35-40 sec after injection.
3. Portal venous phase diaphragm to iliac crest.
Timing: 65-70 sec after injection.

Reconstruction: Non-contrast phase can be reconstructed in 5mm axial slices. Arterial and portal venous phases must be reconstructed in 1mm axial slices to evaluate peripancreatic vascular structures.

If pancreatic cancer is suspected, extend the CT to the chest and pelvis.

Stenting compromises CT staging and histology. It is preferable that potentially resectable patients are NOT stented prior to referral.

The decision to stent should be made in conjunction with the specialist pancreatic centre.

CT should be performed prior to stenting.

To discuss stenting or other clinical queries, please dial the switchboard and ask for the **hepato-pancreato-biliary (HPB) surgical fellow or registrar-on-call**

SVUH switchboard: (01) 2214000 Cork switchboard: (021) 4271971

Indications for EUS

- When suspicion of pancreatic cancer remains after a negative or inconclusive pancreatic protocol CT or MRI pancreas
- To characterise an ambiguous pancreatic lesion
- To obtain pathological information in locally advanced disease
- Before neoadjuvant treatment of resectable /borderline resectable tumours when obtaining pathological information is essential.

Though EUS+FNA is usually required, this should NOT delay referral.

The need for a repeat biopsy after a negative FNA should be determined by the relevant pancreatic service.

Endoscopic ultrasound

is available in the following hospitals:

- Beaumont (01) 8093194
- Mater University (01) 8032366 / 8032499
- Mercy University, Cork (021) 4935639
- St James's (01) 4103985 / 4103942
- St Vincent's University (01) 2214416
- Tallaght (01) 4144143/4144183