

**Assessing Clinician Perception of the Pathways to surgery for Pancreatic Cancer**

Please complete this questionnaire **ONLY** IF you manage patients with pancreatic cancer either as part of emergency on call work and/or elective planned work

1. **Do you attend your local GI MDT on a regular basis?** *(Please tick* ***one*** *of the following)*

YES NO

2. **What is your specialty?** *(Please tick* ***one*** *of the following)*

Gastroenterologist

Surgeon

CNS

Oncologist

Palliative Care Physician

Other

3. **What is the name of your Trust?**

4. **Are you aware that NICE guidelines recommend, avoidance of pancreatic biliary drainage among jaundiced patients with resectable pancreatic cancer?** *(Please tick* ***one*** *of the following)*

YES NO

5a. **Do you/your trust refer any patients presenting with obstructive jaundice and operable pancreatic cancer, to a tertiary centre without biliary drainage with the aim of early surgery avoiding preoperative biliary drainage?** *(Please tick* ***one*** *of the following)*

YES NO

If you answered **YES** to question 5a, please go directly to question **5d.**

If you answered **NO** to question 5a, please continue to question **5b and 5c**.

5b. **If you answered NO to Q5a, has a tertiary provider offered this service to your trust?** *(Please tick* ***one*** *of the following)*

YES  NO  DON’T KNOW

5c. **If you answered NO to Q5a, has your trust ever asked a tertiary care centre whether**

**you can refer patients to them for resection without biliary drainage?** *(Please tick* ***one***

*of the following)*

YES  NO  DON’T KNOW

5d. **If you answered YES to Q5a, what proportion of jaundiced patients with resectable pancreatic cancer are referred to tertiary providers without biliary drainage?** *(Please tick* ***one*** *of the following)*

<20 20-39 40-59 60-79 80+

6a. **Are ERCP requests routinely examined by an endoscopist before being listed for the procedure?** *(Please tick* ***one*** *of the following)*

YES  NO  DON’T KNOW

6b. **Is cross-sectional imaging required before a jaundiced patient undergoes ERCP at your site?** *(Please tick* ***one*** *of the following)*

YES  NO  DON’T KNOW

6c. **Are patients with suspected pancreatic cancer and jaundice routinely discussed with your pancreatic surgeons prior to ERCP?** *(Please tick* ***one*** *of the following)*

YES  NO  DON’T KNOW

7a. **Which of the following factors, would prevent you referring a patient onto a pathway for pancreatic resection without preoperative biliary drainage?** (Tick all that apply)

Advanced age

Renal dysfunction

Bilirubin >250

Other, please provide a reason;

7b. **What would be your upper limit of bilirubin for referral onto a pathway avoiding preoperative biliary drainage before pancreatic resection?**

8. **Out of the following factors, which are barriers to** **avoiding preoperative biliary drainage before pancreatic resection?**  (Tick **all** that apply)

Potential loss of income to the trust

Loss of endoscopic volume at your centre

Potential impact on training opportunities and skill retention

Organisational and or logistical barriers present between the secondary and tertiary care teams

Patient referral to preoperative biliary drainage prior to local MDT review

Other, please provide a reason;

9. **To what extent do you agree with the following statements that avoiding preoperative biliary drainage before pancreatic resection will…** *(Circle* ***one*** *of the following)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Strongly Agree** | **Agree** | | **Neither Agree nor Disagree** | | **Disagree** | | **Strongly Disagree** | |
| Improve patient experience | | 1 | 2 | | 3 | | 4 | | 5 | |
| Reduce time to treatment | | 1 | 2 | | 3 | | 4 | | 5 | |
| Improve survival | | 1 | 2 | | 3 | | 4 | | 5 | |
| Increase number of curative resections | | 1 | 2 | | 3 | | 4 | | 5 | |
| Reduce cost to the NHS | | 1 | 2 | | 3 | | 4 | | 5 | |
| Increase complications of jaundice | 1 | 2 | 3 | | 4 | | 5 | |
| Increase peri-operative complications | 1 | 2 | 3 | | 4 | | 5 | |
| Increase the rate of post-operative renal dysfunction | 1 | 2 | 3 | | 4 | | 5 | |

10a. **How feasible do you think it is to organise surgery avoiding preoperative biliary drainage before pancreatic resection and complete full staging and patient assessment(s)?** *(Please tick* ***one*** *of the following)*

Not at all  Not really  Undecided  Somewhat  Very

10b. **Please provide a brief explanation for your answer to question 10a.**

11. A**re there any other factors that you would like to make us aware of?**