

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

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

Gastroenterologist

Surgeon

CNS

Oncologist

Palliative Care Physician

Other

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

3. **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

4a. **Do you/your trust accept any patients from secondary care centres presenting with**

**obstructive jaundice and operable pancreatic cancer 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 4a, please go directly to question **4c.**

If you answered **NO** to question 4a, please continue to question **4b**.

4b. **If you answered NO to Q4a, have you offered this service to secondary care centres?**

*(Please tick* ***one*** *of the following)*

YES  NO  DON’T KNOW

4c. **If you answered YES to Q4a, what proportion of jaundiced patients with resectable**

**pancreatic cancer do you estimate are referred to your trust without biliary drainage?** *(Please tick* ***one*** *of the following)*

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

5a. **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

5b. **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

5c. **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

6a. **Which of the following factors, would prevent you accepting 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;

6b. **What would be your upper limit of bilirubin for acceptance onto a pathway avoiding preoperative biliary drainage before pancreatic resection**?

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

Theatre space

Lack of Clinical Nurse Specialists

Need for full pre-operative staging

Other, please provide a reason;

8. **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 |

9a. **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

9b. **Please provide a brief explanation for your answer to question 9a.**

10. **Are there any other factors that you would like to make us aware of?**