

## **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?**