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			☐	☐
CT Thorax			☐	☐
CT Abdomen/Pelvis			☐	☐
MRI Pancreas			☐	☐
EUS (+ FNA ☐)			☐	
Cholangiography (ERCP/PTC/MRCP)			☐	☐
Other			☐	☐
			☐	☐
			☐	☐

Pathology:	**Hospital**	**Date**	**Tick if reports forwarded/faxed**	**Tick if pathology slides forwarded**
			☐	☐

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

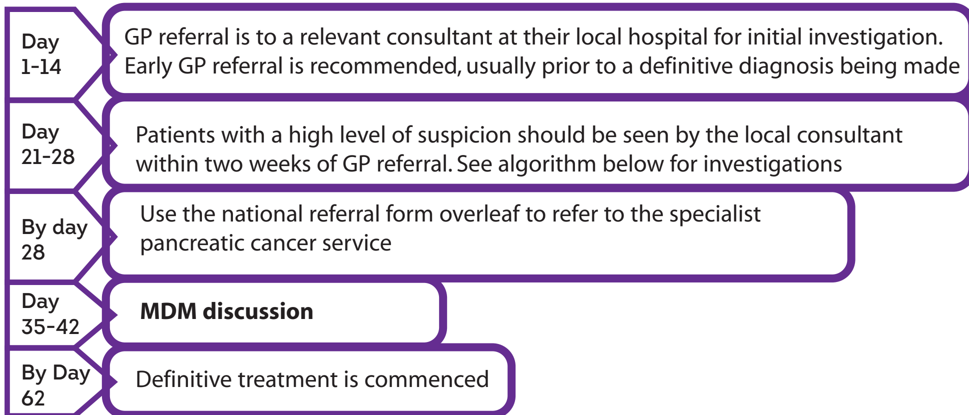
OR

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 ↓ ⇢ [4] MRI, [5] EUS, [6] ERCP REFER: to the national pancreatic cancer service for MDM review	[3] **Pancreatic protocol CT is the imaging modality of choice.** It should be undertaken within one week of the consultant review. It is required for the MDM discussion. [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.

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.

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

Endoscopic ultrasound
is available in the following hospitals:

Hospital	Phone
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