



The Pancreatic Cancer Resectability Project recently concluded following a 12 month pilot to test a new radiological synoptic reporting tool to assess CT imaging in cases where pancreatic cancer is suspected. The pilot at the Alfred and Austin Hospitals benefitted 95 patients whose CT scans were reviewed and described by specialist radiologists for the purpose of MDM treatment planning.

The new report, co-designed by local radiologists and surgeons, is based on internationally recognised guidelines that define the criteria for assessing surgical resection in pancreatic cancer.

In recommending surgical resection to patients with pancreatic cancer, surgeons consider three important factors:

- the location of the cancer including the surrounding vascular anatomy,
- any biological findings (blood and pathology tests) and
- the patient's overall condition.

The radiology synoptic report developed as part of this project assists in reporting the anatomical component.

The results of the 12 month pilot were recently presented at the annual Clinical Oncology Society of Australia conference, COSA 2021.

The presentation entitled "Use of a radiological synoptic report to support multidisciplinary assessment of resectability in pancreatic ductal adenocarcinoma", was delivered as part of the 'Best of the Best Orals – Health Services and Molecular Studies' category.

The project successfully delivered on its aim to agree and adopt a common set of guidelines for assessing resectability in suspected pancreatic cancer as well as provide a clear and consistent method for documenting and reporting radiology findings for multidisciplinary treatment planning based on these guidelines.

A report is now being finalised and planning is taking place for the next phase of the project, which will hopefully enable adoption of the radiological synoptic report in key pancreatic cancer surgery centres across Victoria.

The project was undertaken as a partnership between SMICS and NEMICS, in collaboration with the UGICR Cancer Registry.

This work will be presented at the Pancreatic Cancer Summit scheduled for March 2022.



The Victorian Integrated Cancer Services are supported by the Victorian State Government

## Feedback from radiologists

*It's a quicker and more concise report*

*The ease, it reduces the likelihood of making errors or leaving out info*

*REDCap tool is very quick and easy to use*

*Standardised definitions and nomenclature so no confusion regarding proposed staging for each patient. If a radiologist doesn't remember the specific details/categories regarding vascular involvement, it is described in the template*

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## Feedback from surgeons

*Well done. Great initiative to improve consistency in reporting and (hopefully) reduce variability in treatment decisions*

*I think it's an excellent initiative*

*Templated systematic way of describing evaluation. Ensures we don't just assume it has 'been looked at and is not a concern', when actually it hasn't been reviewed in detail.*

*Always reviewed prior to clinic and operations if came to that. Another set of eyes to identify aberrant arterial anatomy that is not always reported in the usual report is useful*

*I used the report to...check resectability and explain strategies to patients*

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