



CLINICAL GUIDELINE

Hepatocellular carcinoma or pancreatic malignancy findings (potentially new)

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	No
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Approval Group:	Diagnostics Directorate Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Communication of HCC/pancreatic cancer	NHS Greater Glasgow & Clyde



Communication of potentially new hepatocellular carcinoma or pancreatic malignancy findings

Version 1.0

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Revision date	Summary of Changes
27/07/22	V 0.1 First draft
10/08/22	V 0.2 Change CRIS shortcut code
20/09/22	V 0.3 Change CRIS shortcut code
20/09/22	V 1.0 Final version

Communication of HCC/pancreatic cancer	NHS Greater Glasgow & Clyde

Communication of potential new hepatocellular and pancreatic malignancy

Introduction

The Scottish HepatoPancreatoBiliary Network (SHPBN) has the backing of Scottish Government to institute a Cancer Pathway Improvement Project. The project is funded as part of the National Cancer Recovery Plan which provides an opportunity to test new ways of working and redesign how we currently deliver care to patients. This is a new development designed to expedite the diagnostic pathways for patients with suspected pancreatic or hepatocellular cancer living anywhere in Scotland. As part of this project the SHPBN has approached radiology services across Scotland and asked that examinations which show a suspected new hepatocellular carcinoma or pancreatic malignancy are highlighted to a central Cancer Care Team. The Central Cancer Care team will work to expedite the patient's management. They will review the patient's scans and clinical history and may recommend further investigation to the parent clinical team.

Escalation Procedure

Reporters includes radiologists, sonographers, reporting radiographers and anyone issuing reports on CRIS. In order to support this project it is requested that when reporting an examination that shows a potential new hepatocellular carcinoma or pancreatic malignancy the reporter flags the examination with a T code, as is current practice, and in addition includes the phrase "Examination to be highlighted to the Scottish HepatoPancreatoBiliary Network Cancer Care Team". A CRIS code (hccpanc Alt+P) has been created to facilitate the addition of this phraseology to reports.

Radiology admin staff will search daily for these reports and escalate the reports as per current guidance (DR-GGC-PROC-056). In addition the admin staff will email the patients' CHI numbers to the SHPBN team via their generic email NSS.HPB@nhs.scot

Referrer Responsibility

Use of the alerts described herein is designed to be a "safety net" to expedite the highlighting of findings. **They do not replace the requirement for the referring clinician to be responsible for accessing and reading the report for every investigation that they generate.** It remains the responsibility of the referrer to refer the patient to the local HPB cancer team, who will assess the patient and if appropriate refer on to regional MDT for discussion.

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Further Investigation

The SHPBN Cancer Care team may liaise with the patient's clinical team to suggest further management and investigation. Any subsequent imaging investigations that are required will be requested and performed as per extant pathways within NHS GGC.