

## Statement from AUGIS re Hepatobiliary and Pancreas cancer patients

Ability to treat these patients will vary across UK in these very difficult times.

Liver and Pancreas tumour patients

### A. DIAGNOSIS

#### i. Initial management.

Usual testing and initial interventions to continue.

Use of telephone/video consultations should be maximised. Try to avoid seeing over 70s in clinic. Clear recording of fitness and comorbidity.

#### ii. Referrals and MDT

In HPB majority from secondary care. Careful selection to keep numbers minimised. (For example, low risk pancreatic cysts do not need presentation). Detailed patient information even more important so definitive decisions can be made.

MDTs should reduce numbers attending to avoid unnecessary contact. Maximise the use of video/audio conferencing.

### B. TREATMENT

#### i. Liver Patients

Discuss urgency of liver surgery/intervention needed.

Any surgery will be dependent on the availability of level 2 and 3 beds.

If chemotherapy is a treatment option and still available locally then consider as treatment before surgery.

Jaundiced patients should be stented and chemotherapy options considered if no beds available for surgery.

#### ii. Pancreas patients

Patients presenting with obstructive jaundice should be stented and commenced on pancreatic enzyme replacement therapy.

Surgery will be dependent on the local availability of level 2 and 3 beds. Chemotherapy and radiotherapy considered as normal, if remains available. Again if surgery is not available patients could be considered for upfront chemotherapy.

## **C. SURVEILLANCE**

Follow up of all HPB cancer patients should be postponed for now unless symptomatic. All patients need to remain tracked/on database so can start follow up scanning when resource allows.