

## Introduction:

At present, only 1 in 10 people with pancreatic cancer will receive potentially curative surgery, and 2 in 10 people will receive chemotherapy. Rapid physical decline associated with the diagnosis of HPB malignancy often results in limited treatment options. Interventions to optimise malnutrition, sarcopenia and frailty may have the potential to increase access to and/or tolerance of treatment.

The Optimal Care Pathway for pancreatic was published last year. It calls for patients to have access to prehabilitation and rehabilitation services, including access to better nutritional management and specialist dietetic services.

Our aim was to benchmark current levels of dietetic support across Greater Manchester and identify gaps in service provision

## Method:

Local dietetic services and cancer nurse specialists were contacted to gather qualitative feedback on current service provision

## Key Results:

- Patients undergoing surgery have access to HPB specialist Dietitians at diagnosis and throughout treatment, but no dietetic access is currently available at the Christie for those on non-surgical pathways
- Patients may be seen at hospitals in the region, but these are generally not HPB or oncology specialists
- Patients can face long waits to access dietetic services, especially as outpatients and HPB is not prioritised but completed based on nutritional screening
- Issues reported getting pancreatic enzyme replacement therapy titrated and patients started on nutritional supplements if not under dietetics
- Patients do not have access to other prehabilitation or rehabilitation services

## Conclusion

- Urgent investment is needed in dietetic and prehabilitation services to ensure we can meet the standards of care outlined by the optimal care pathway for HPB patients

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