

# CAN A NEW STANDARD OF RADIOLOGY REPORTING HELP IN THE DIAGNOSIS OF PANCREATIC CANCER?

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## BACKGROUND

Pancreas Ductal Adenocarcinoma (PDAC) is predicted to become the second commonest cause of cancer death by the end of this decade. With no screening test for early detection currently available for PDAC, surgery with or without chemotherapy remains the mainstay of treatment for early stage disease.

Failure to accurately classify a PDAC as resectable may lead to patients missing an opportunity for potentially curative treatment

## AIMS AND HYPOTHESIS

The SCANPatient clinical trial aims to improve and standardise the way doctors classify patients as resectable or non-resectable by introducing a structured synoptic report for pancreas CT scans.

We hypothesise that the introduction of the synoptic report will alter the rate of diagnosis of resectable PDAC compared to standard reporting approaches because of attention to detail of the requisite vascular fields.

## METHODS

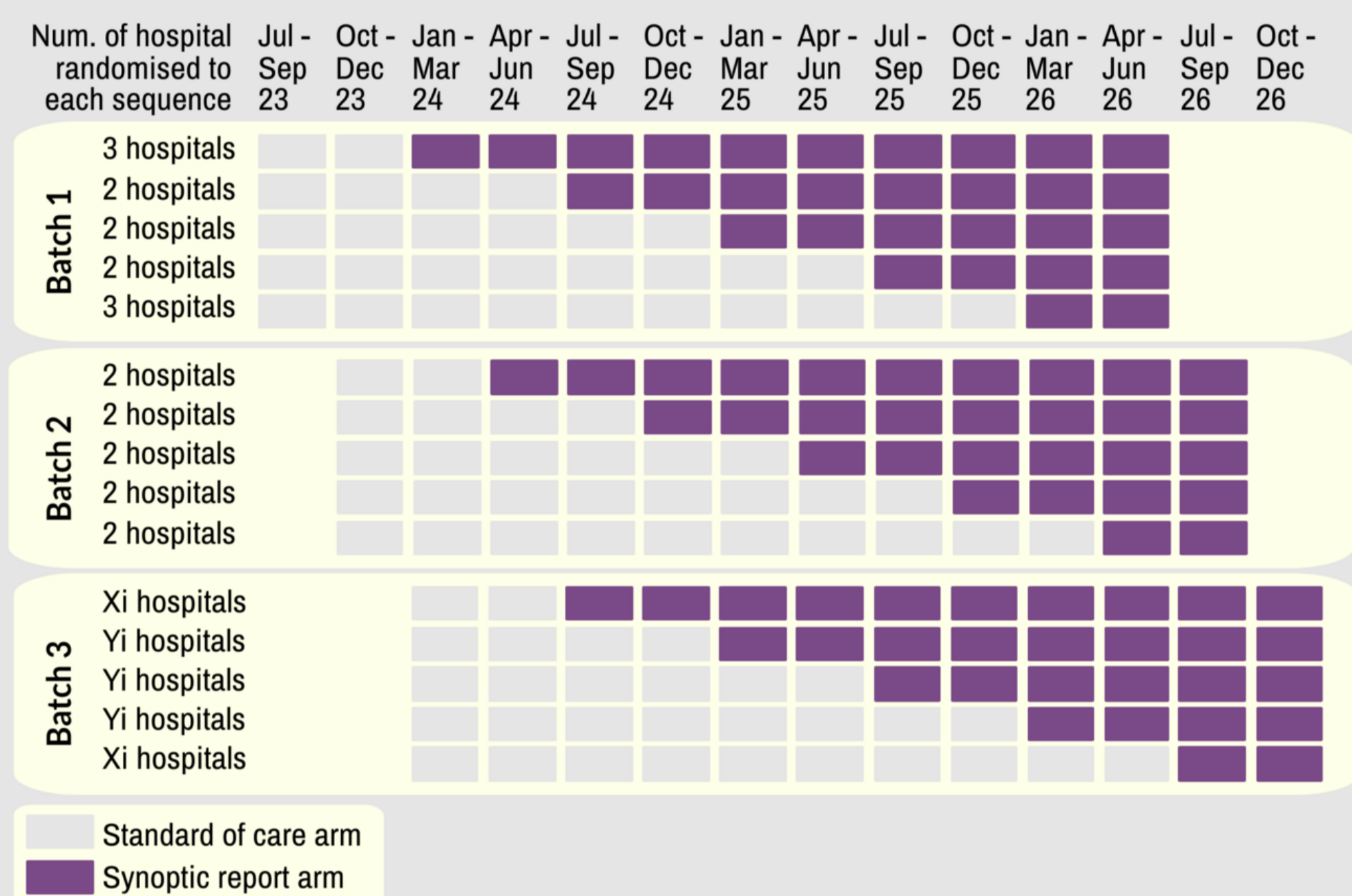
### Study design:

- SCANPatient is a multi-centre, batched, stepped-wedge, comparative effectiveness, cluster randomised trial.
- The trial will be based at up to 35 Australian hospitals, each with a minimum case volume of 20-30 patients with PDAC per year.
- The study started on the 1st of July 2023 with the first group of 12 hospitals and will last for 3 years

### Synoptic report:

- Collects around 60 discrete fields of data to describe in detail the tumour characteristics.
- Incorporates an inherent algorithm derived from international guidelines that helps define the resectability status of the tumour.

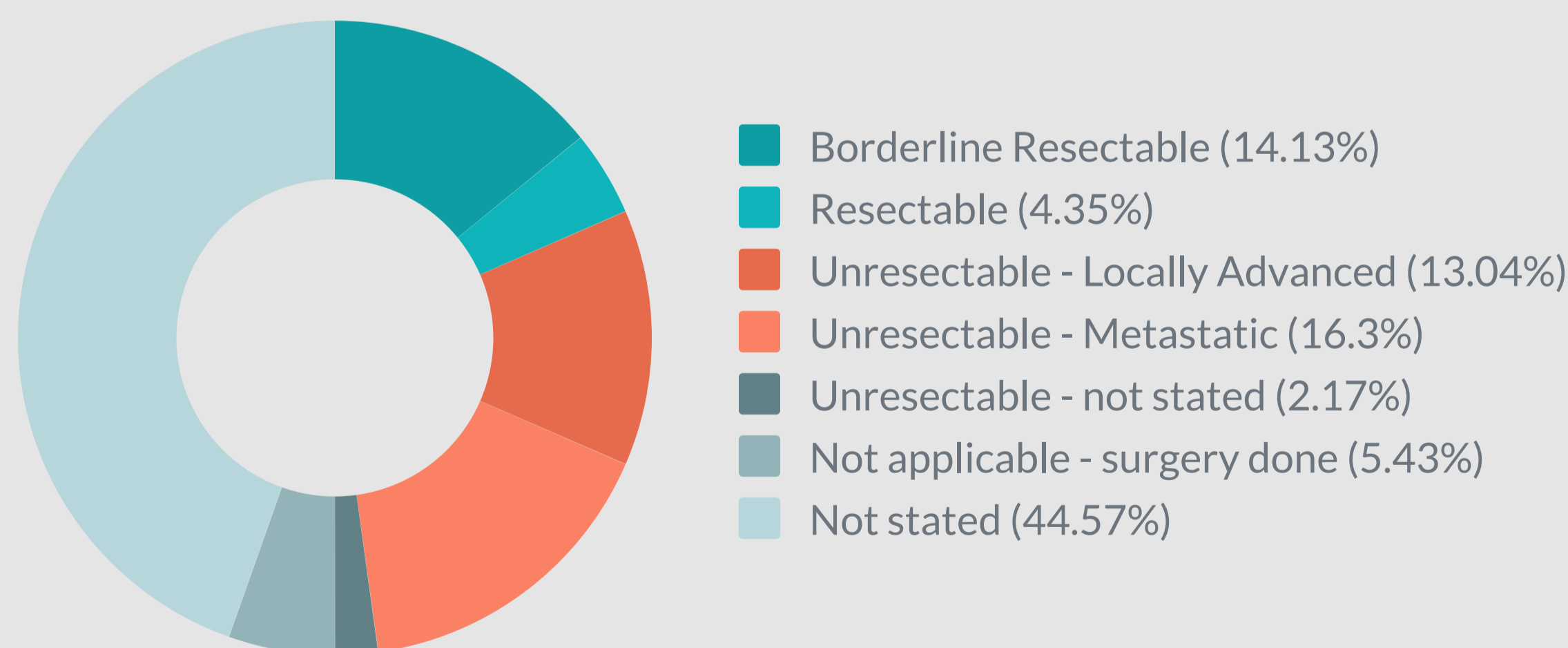
### Batched stepped-wedge cluster randomised design



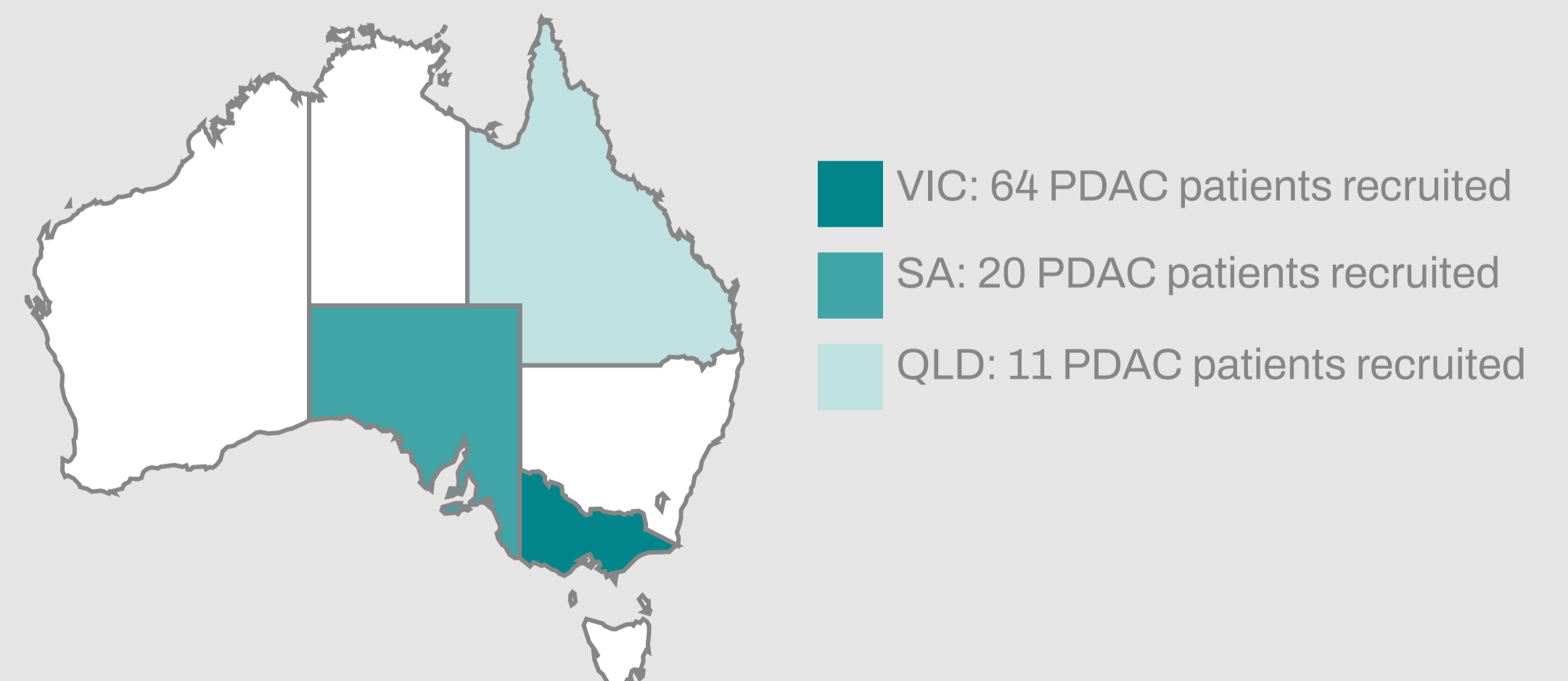
## METRICS OF THE FIRST TWO MONTHS

Since the 1st of July, 2023, we have recruited 95 patients with PDAC from the first group of 12 hospitals (SCANPatient study sites) located in Victoria (9 hospitals), Queensland (1 hospital) and South Australia (2 hospitals). Of the 95 patients and based on the MDM discussion, 4.4% of them were classified as clearly resectable; 14.1% as borderline resectable; whilst in 44.6% of the patients, their resectability status was “not stated”.

### RESECTABILITY STATUS



### PATIENTS RECRUITED BY STATE



## DISCUSSION

Our preliminary data shows that the resectability status of a considerable proportion of patients from enrolled hospitals was not clear. More detailed information is needed to accurately classify resectability for patients with PDAC to ensure outcomes are optimised.

## FURTHER DETAILS

**ANZCTR** registration number: ACTRN12623000508673  
**Ethics:** Approved by Monash Health HREC (HREC, RES-22-0000-593A), under the National Mutual Acceptance scheme.  
**Governance:** Site-specific approval was sought for all participating sites.  
**Funding:** Medical Research Future Fund, Rare Cancers, Rare Diseases and Unmet Need Grant (2022-2026)

## REFERENCE

Pilgrim, C. H. C., Maciejewska, A., Ayres, N., Ellis, S., Goodwin, M., Zalcborg, J. R., & Haydon, A. (2022). Synoptic CT scan reporting of pancreatic adenocarcinoma to align with international consensus guidelines on surgical resectability: a Victorian pilot. *ANZ Journal of Surgery*, 92(10), 2565-2570.

