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Summary

Quality indicators across the pancreatic adenocarcinoma care pathway: Surgical and clinical indicators

Ruggero Ponz de Leon Pisani

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A European multidisciplinary task force developed 21 quality indicators covering the full spectrum of pancreatic cancer care, from diagnosis through surgery to palliative treatment, based on strong recommendations extracted from high-quality international guidelines.

KEY POINTS

- The three-year project launched in October 2024 involved 26 experts from seven societies working across seven domains: radiology, tissue acquisition and biliary drainage, pathology, oncology, surgery, palliative care, and patient care.
- Quality indicators include diagnostic imaging targets (dedicated pancreatic protocol CT in over 95% of patients), tissue acquisition for locally advanced or metastatic disease (over 95%), and standardized pathology reporting (over 90%).
- Oncology indicators set targets for starting adjuvant chemotherapy within 12 weeks (over 60%), completing six months of adjuvant therapy (over 50%), and initiating guideline-recommended palliative chemotherapy (over 60%).
- Surgery indicators include 90-day mortality under 7.5 percent (equivalent to over 92.5% survival), based on existing European benchmarks, and retrieval of at least 12 lymph nodes for adequate pathological staging.
- Palliative care indicators address frequently underestimated areas including pancreatic enzyme replacement therapy (over 90%), nutritional screening (over 90%), pain evaluation using standardized scales (over 90%), and adequate pain treatment (over 95%).
- The speakers stated that next steps include finalizing and prioritizing the indicator set, publishing the methodology, and implementing the indicators across European healthcare systems, which they noted will require a separate dedicated project due to diversity in national healthcare structures.

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