

ESMO Checklist: Pancreatic Cancer Patient Related Diagnostic and Treatment WorkflowTick the box and insert the date as you have dealt with every task listed below, as appropriate. In case you use the template, you can also insert and save data directly on the PDF file.

This was box and moore the date at you have dealt that every tack noted belon, as appropriate. In each you do not take an out add an early on the FDF mo.							
PATIENT'S PERSONAL DATA							
Last Name:		First Name:					
Date	e of birth://_	Gender:					
DATE OF REFERRAL/1 ST CONSULTATION:/							
	//_ MEDICAL HISTORY						
	Past personal medical history						
	Family history (including BRCA-related malignancies)						
	Past surgical history:						
	Concurrent medication:						
	Allergies:						
	Smoking history:pack/y from age to age						
	Alcohol consumption:						
Norr	mal weight: Height:	BMI:					
	// PRESENT MEDICAL CONDITIONS						
	Main symptoms:						
	Weight loss:						
	ECOG Performance Status:						
	Nutritional Status:						
	Other relevant clinical conditions:						
	Consider Geriatric/Frailty screening (>65 years of age)						
	/DIAGNOSIS AND CLINICAL STAGING						
	//_ MDCT						
	/ TNM stage and grade						
	Classification – disease extension						
	Resectable Borderline non resectable						
	Borderline resectable Metastatic						
	//_ HISTOLOGICAL ANALYSIS						
	Core biopsy of primary tumour or metastatic site Duc	al adenocarcinoma Non-ductal phenotype Endocrine tumour					
	Tissue material available/stored for future molecular analyses YES	NO					
	BRCA status (if available)						
	/ LAB TESTS						
	FBC Liver and Renal Function CA 19-9,						
<500							
	>500						
	Other:						



	//	MDT discussion and decision					
		Neo-adjuvant therapy					
		Radiotherapy					
		Curative-intent surgery:	Pancreatoduodenectomy	Distal resection			
			Total Pancreatectomy				
		Palliative intervention:	Enteral bypass surgery	Biliary bypass surgery			
		ERCP indicated: YES Biliary plastic stent replacement		ent			
		Biliary metal stent replacement		nt			
			Coeliac plexus neurolysis				
		NO					
		Adjuvant Therapy					
		Supportive and palliative care					
		Enrolment in a clinical trial					
	//	Treatment options have been discussed with the patient and strategy accepted					
COI	MPILER INF	ORMATION					
Name:			D	Date://_			
Con	nments:						