

## ESMO Checklist: Pancreatic Cancer Patient Related Treatment Workflow

Tick 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.

PATIENT'S PERSONAL DATA			
Last Name:		First Name:	
Date of birth: __/__/__		Gender:	
<b>DATE OF REFERRAL/1<sup>ST</sup> CONSULTATION:</b> __/__/__			
<b>__/__/__ MEDICAL HISTORY AND RISK FACTORS</b>			
Past personal medical history and vascular risk factors:			
Past surgical history:			
Concurrent medication:			
Allergies:			
Smoking history: __pack/y from age__ to age__			
Alcohol consumption:			
Normal weight:	Height:	BMI:	
<b>__/__/__ PRESENT MEDICAL CONDITIONS</b>			
Main symptoms:			
Weight loss:			
ECOG Performance Status:			
Nutritional Status:			
Other relevant clinical conditions:			
<b>__/__/__ DIAGNOSIS AND CLINICAL STAGING</b>			
__/__/__ MDCT    __/__/__ MRI    __/__/__ EUS    __/__/__ ERCP			
__/__/__ TNM stage and grade			
Classification – disease extension			
Resectable		Borderline non resectable	
Borderline resectable		Metastatic	
<b>__/__/__ HISTOLOGICAL ANALYSIS</b>			
Core biopsy of primary tumour or metastatic site		Ductal adenocarcinoma	Non-ductal phenotype    Endocrine tumour
Tissue material available/stored for future molecular analyses		YES	NO
BRCA status (if available)			
<b>__/__/__ LAB TESTS</b>			
FBC	Liver and Renal Function	CA 9-19 serum measurement	

_/_/_/_	<p><b>MDT discussion and decision</b></p> <p>Neo-adjuvant therapy</p> <p>Radiotherapy</p> <p>Curative-intent surgery:           Pancreatoduodenectomy                   Distal resection</p> <p>  Total Pancreatectomy</p> <p>Palliative intervention:           Enteral bypass surgery                   Biliary bypass surgery</p> <p>ERCP indicated:           YES           Biliary plastic stent replacement</p> <p>  Biliary metal stent replacement</p> <p>  Coeliac plexus neurolysis</p> <p>  NO</p> <p>Adjuvant Therapy</p> <p>Supportive and palliative care</p> <p>Enrolment in a clinical trial</p>
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_/_/_/_	<b>Treatment options have been discussed with the patient and strategy accepted</b>
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<b>COMPILER INFORMATION</b>	
Name: _____	Date: _/_/_/_
Comments:	