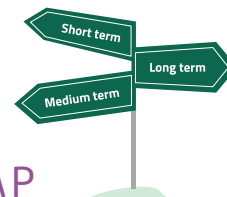


THE ROADMAP



Where are we now?

PREVENTION AND EARLY DETECTION

- Improve identification of people at high risk of pancreatic cancer for targeted surveillance

PRESENTATION, INITIAL INVESTIGATIONS AND REFERRAL

- Improve primary health professional recognition of signs and symptoms of pancreatic cancer
- Improve general practitioner understanding of appropriate initial investigations if pancreatic cancer is suspected
- Improve the timeliness of referral to an appropriate specialist if pancreatic cancer is suspected

DIAGNOSIS, STAGING AND TREATMENT PLANNING

- Improve equity of access to appropriate diagnostic and staging modalities for pancreatic cancer
- Improve access to specialist multidisciplinary meetings for treatment planning for people diagnosed with pancreatic cancer

TREATMENT

- Improve equity of access to high-volume, specialist pancreatic cancer treatment centres
- Strengthen clinical guidance to reduce unwarranted variations in treatments for people with pancreatic cancer
- Improve access to neoadjuvant therapy, including through clinical trials, in pancreatic cancer

CARE AFTER INITIAL TREATMENT AND RECOVERY

- Improve coordination between specialised pancreatic cancer treatment centres and primary care in managing patients with pancreatic cancer

MANAGING RECURRENT, RESIDUAL OR METASTATIC DISEASE

- Strengthen early referral to palliative care for people with advanced pancreatic cancer
- Increase access and timely referral to specialist multidisciplinary meetings with palliative care representation for people with metastatic pancreatic cancer
- Improve equity of access to community-based palliative care services for people with pancreatic cancer
- Provide systems and services that support rapid access to palliative care when needed for people with pancreatic cancer

END OF LIFE CARE

- Improve equity of access to specialist expertise in pain management for people with pancreatic cancer

RESEARCH AND CLINICAL TRIALS

- Strengthen the evidence-base regarding early detection methods for pancreatic cancer
- Increase Australia's engagement in collaborative multidisciplinary research both nationally and internationally
- Improve the use of biospecimens for research in pancreatic cancer
- Strengthen the evidence-base regarding potential personalised and tailored drug treatments
- Strengthen the evidence-base regarding repurposing of existing therapies for more effective treatments in pancreatic cancer
- Improve access to clinical trials in pancreatic cancer, including for people with metastatic disease
- Improve access to surgical clinical trials in pancreatic cancer

DATA AND REPORTING

- Strengthen national data spanning the optimal care pathway to assess variations in best practice pancreatic cancer care
- Improve the collection of patient-reported experience and outcome measures in routine pancreatic cancer care

SUPPORTIVE CARE

- Improve equity of access to coordinated supportive care for people with pancreatic cancer
- Improve equity of access to specialist supportive care for pancreatic cancer, including psychosocial support services and networks
- Improve patient navigation and care coordination at point of diagnosis for patient support
- Improve access to symptom management support for people with pancreatic cancer

MODELS OF CARE

- Improve the provision of culturally appropriate models of care for Aboriginal and Torres Strait Islander people and people from CALD backgrounds affected by pancreatic cancer and their carers
- Improve integrated care coordination models, including telehealth, for people from regional and remote areas to minimise delayed treatment
- Improve evidence-based care coordination models for people affected by metastatic pancreatic cancer, including those living in regional and remote areas
- Improve the capacity and capability of the workforce in rural and remote areas to support pancreatic cancer care
- Improve capacity and capability of palliative care nurses and GPs in the provision of pancreatic cancer care particularly in regional areas

IMPROVED OUTCOMES AND SURVIVAL FOR PEOPLE AFFECTED BY PANCREATIC CANCER

Reduced incidence
 Reduced mortality
 Improved survival
 Improved equity of access to treatment and care
 Improved quality of life
 Improved patient and carer experiences
 Increased participation in clinical trials