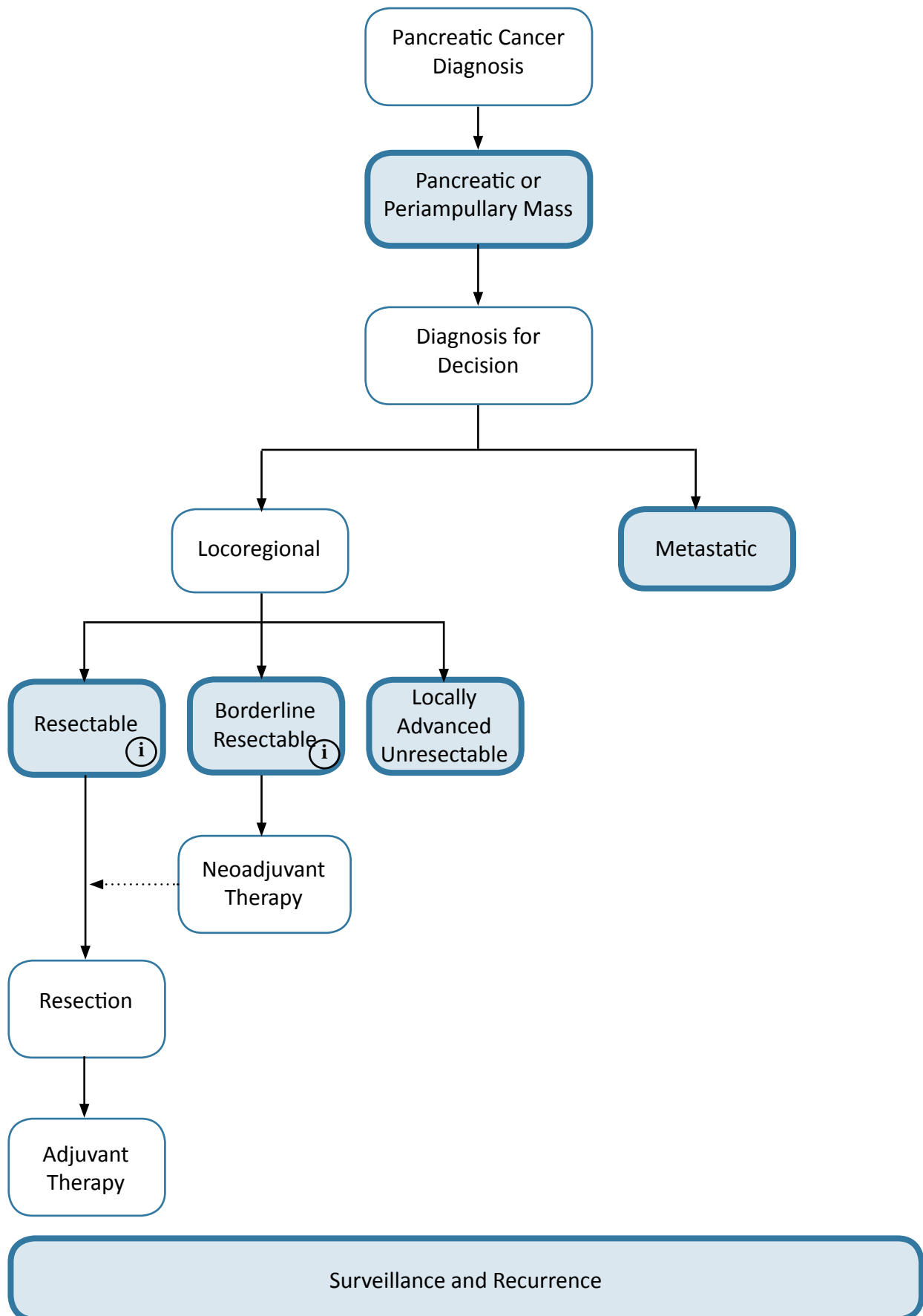
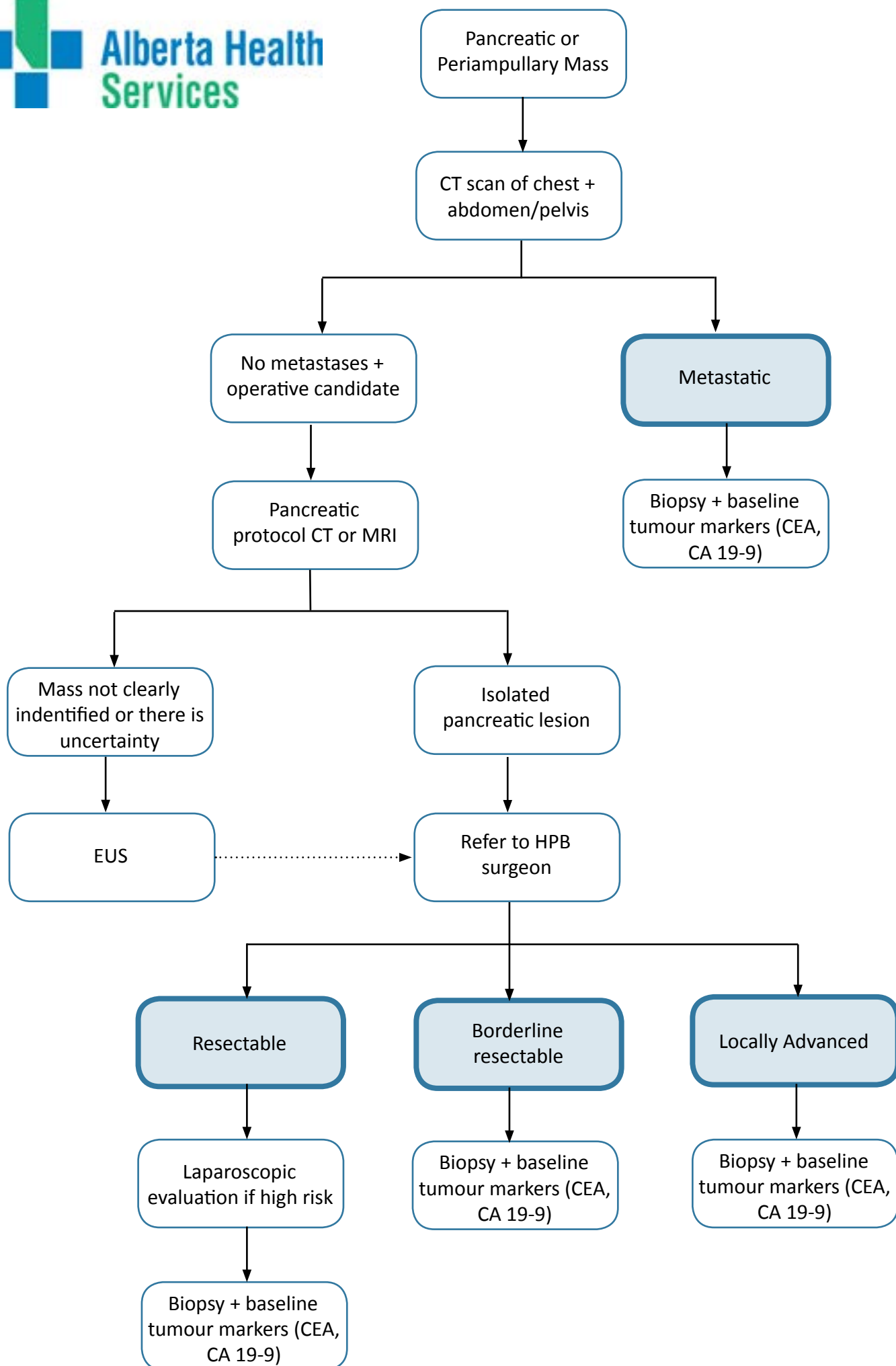
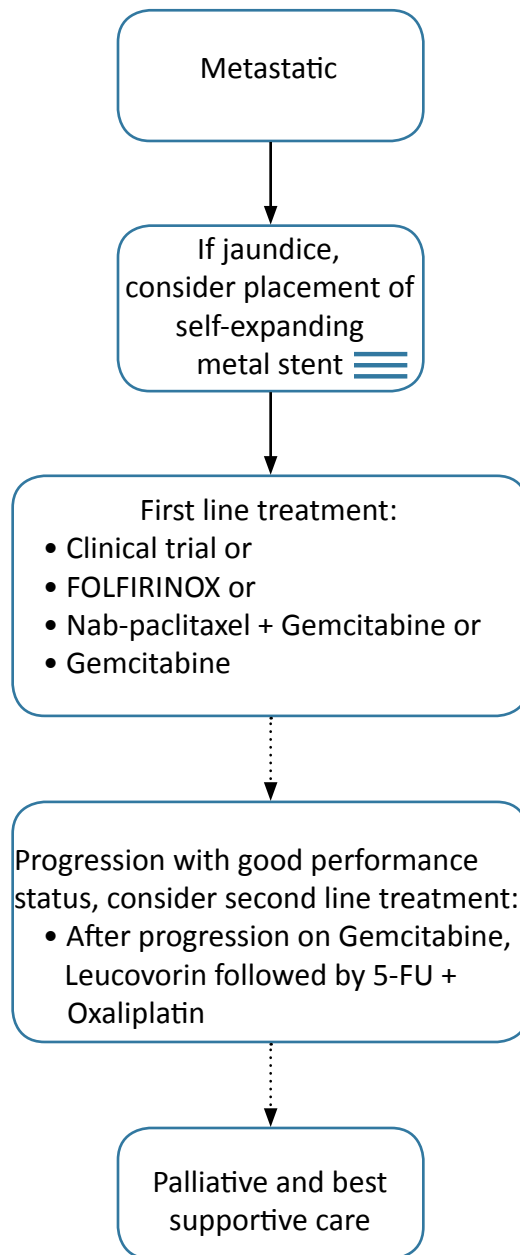








METASTATIC DISEASE

Recommendations	Rationale / Evidence	Quality Metrics	Method of Measurement
Relieve biliary obstruction, if possible, by • Endoscopic retrograde cholangiopancreatography with stent placement, • Percutaneous transhepatic cholangiography with stent placement, or • Palliative surgery	AHS: Relieve biliary obstruction, if possible, by • Endoscopic retrograde cholangiopancreatography with stent placement, • Percutaneous transhepatic cholangiography with stent placement, or • Palliative surgery NCCN: Patient diagnosed with metastatic disease with jaundice placement of self-expanding metal stent should have their performance status determined ESMO: Duodenal obstruction is preferably managed by endoscopic placement of an expandable metal stent when possible, and is favoured over surgery [IV, B]		
Relieve pain with analgesics, celiac ganglion ablation (either percutaneous or endoscopic splanchnic-ectomy), or RT.	AHS: Relieve pain with analgesics, celiac ganglion ablation (either percutaneous or endoscopic splanchnic-ectomy), or RT. NCCN: For severe tumour-associated abdominal pain • EUS-guided celiac plexus neurolysis (fluoroscopic-or CT-guided if unavailable) • Consider palliative RT +/- chemotherapy if not already given as part of primary therapy ESMO: Pain control is mandatory and frequently needs the help of a pain specialist		