Provincial Pancreaticobiliary Mass Primary Care Diagnosis Pathway

Patients with a pancreaticobiliary mass may differ in presentation and severity of illness.
This pathway is for patients presenting with symptoms of, or incidental finding of, a pancreaticobiliary mass.

Patient presents with symptoms or solid mass- Urgency of evaluation depends on the number of risk symptoms, duration, and the patient's overall stability

Higher risk features of malignancy (the presence of 2 or more of these features increases likelihood of malignancy)

- Abdominal and/or mid-back pain
- Unintentional weight loss (≥5% TBW in 6-12 months)
- Jaundice/dark urine/acholic stool
- Nausea and vomiting
- Abdominal swelling
- Age >50 years

Other features

- Itchy skin
- New diagnosis of either:
  - Diabetes
  - DVT

Assess for alarm symptoms:

- Jaundice with fever
- Intractable nausea/vomiting
- Acute severe abdominal pain unresponsive to analgesia
- Appears acutely unwell

Send to ED or Call RAAPID
(see referral guideline tab for instructions)

Incidental pancreatic cyst found on diagnostic imaging

Solid component present or patient symptomatic?

Yes

No

Follow advice provided by reporting Radiologist, see referral guideline tab for details.

Investigations:

Physical assessment: assess for cachexia, jaundice, abdominal mass, ascites

Labs: CBC, Creatinine, ALT, AST, ALP, Lipase, direct + indirect Bilirubin, INR, Glucose

DI: Ultrasound Abdomen (if not already performed) - complete within 1 week. If pancreas not visualized order CT Abdomen.

Management:

Normal ultrasound and low clinical suspicion	Primary Care to monitor for changes, reassess as required
Normal ultrasound but high suspicion of malignancy based on clinical exam and/or labs	Order CT Abdomen/Pelvis and follow-up as indicated
Gallstones with no other findings on ultrasound	Elevated Liver Enzymes/ Bilirubin- **Refer to GI for EUS +/- ERCP** Normal Liver Enzymes/Bilirubin- **Refer to General Surgery if symptomatic** See referral guideline tab for details
High suspicion of malignancy on imaging	**Refer to specialty care in zone**, Expedited CT Chest/Abd/Pelvis should be arranged, discuss with specialty care to order (radiologist/GI/Surg). See referral guideline tab for details

If your patient is diagnosed with advanced cancer, consider:
Integrating An Early Palliative Approach to Advanced Cancer Care (Shared Care)- see Supportive Care link above
If required, call RAAPID for Palliative Care advice