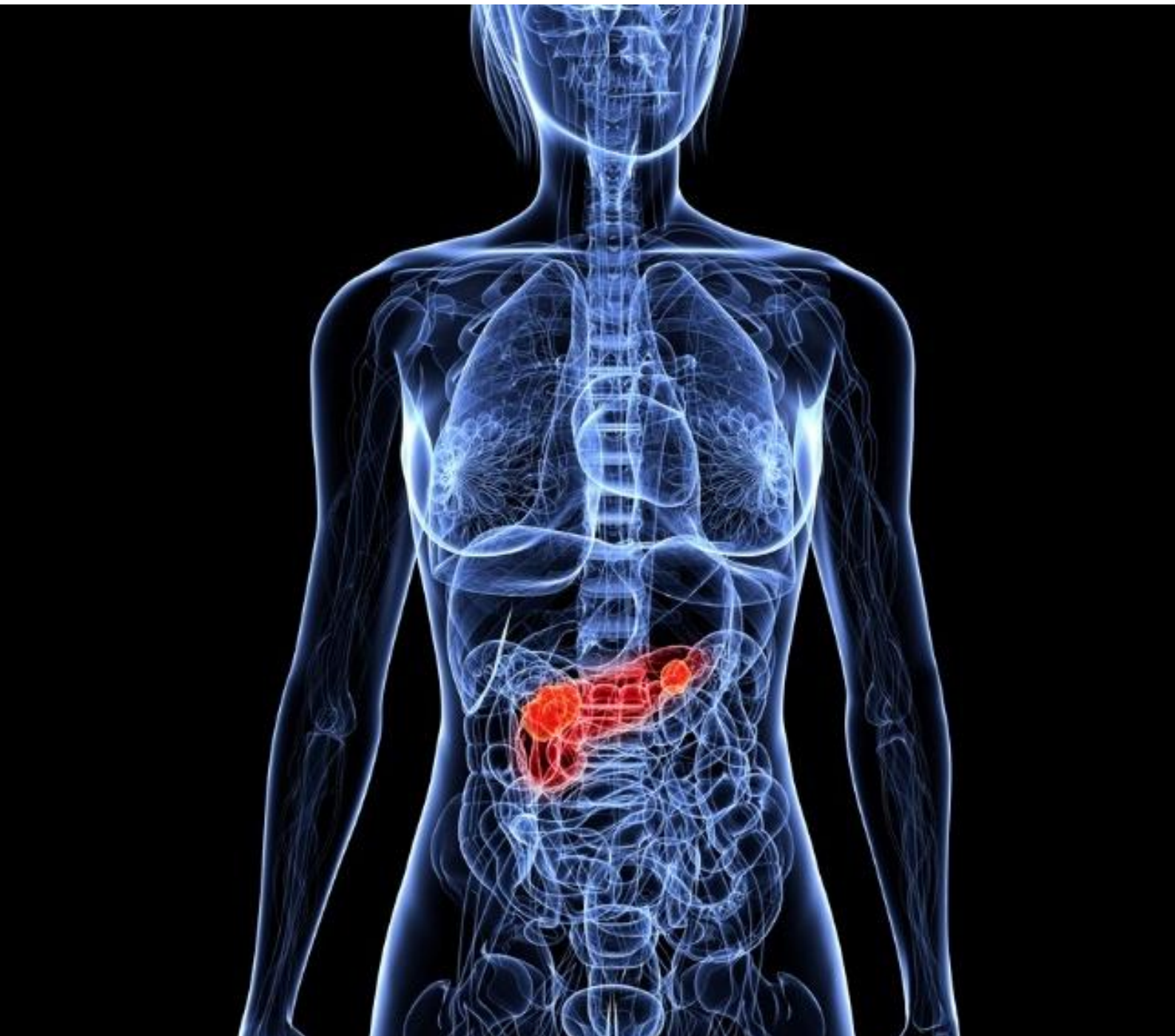
NPaCA
National Pancreatic Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Pancreatic Cancer Audit

State of the Nation Patient and Public Report 2026

An audit of care received by people diagnosed with pancreatic cancer in England (2022–2023) and in Wales (2023–2024)



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This document was prepared by members of the NPaCA project team (see below) and has been developed in close collaboration with NPaCA Patient and Public Involvement (PPI) forum members. Input was also received from our charity partners at Pancreatic Cancer UK (PCUK) and Pancreatic Cancer Action.

- Ganesh Radhakrishna, Co-Clinical Lead/Consultant Clinical Oncologist
- Andrew Smith, Co-Clinical Lead/Consultant Surgeon
- Nigel Trudgill, Co-Clinical Lead, Consultant Gastroenterologist
- David Cromwell, Senior Methodologist/Professor of Health Services Research
- Vikki Hart, Senior Project Manager
- Amanda McDonell, Data Scientist
- Suzi Nallamilli, Clinical Fellow
- Min Hae Park, Methodologist/Assistant Professor
- Jessica Thomas, Data Scientist
- Faine Chan, Project Coordinator
- Claire Dunn, Editorial Support

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With review and input from:
NPaCA Clinical Reference Group
NATCAN Executive Team

The Royal College of Surgeons of England is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports audit and the evaluation of clinical effectiveness for surgery. Registered Charity no: 212808.

The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and Welsh Government as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NATCAN delivers national audits in bowel, breast (primary and metastatic), kidney, lung, non-Hodgkin lymphoma, oesophago-gastric, ovarian, pancreatic and prostate cancers.

The Association of Upper Gastrointestinal Surgery of Great Britain and Ireland is the speciality society that represents upper gastrointestinal surgeons. It is one of the key partners leading the Audit. Registered Charity no: 1093090

British Society of Gastroenterology is the speciality society of gastroenterologists. It is one of the key partners leading the Audit. Registered Charity no: 1149074

Royal College of Radiologists is the professional body for clinical radiologists and clinical oncologists. It is one of the key partners leading the Audit. Registered Charity no: 211540

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data is collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service.

NHS Wales recently implemented Cancer Dataset Forms with the latest implementation date being January 2025. These have been designed to improve the data capture and reporting capabilities of NHS Wales. This implementation has impacted the data quality within NHS Wales. NHS Wales has committed to continue to submit audit data annually until data submissions are sourced exclusively from the new cancer informatics solution. This will be from 2027 onwards that NHS Wales will be able to supply quarterly data using this new integrated, and more accessible digital platform.

Contents

Welcome

Welcome to the National Pancreatic Cancer Audit (NPaCA) State of the Nation Patient and Public Report 2026.

This report aims to help professionals, patients, carers, and the wider public better understand the current challenges in pancreatic cancer care and the improvements needed for the future. The Patient and Public Involvement (PPI) Forum of the NPaCA has worked with the project team to present this assessment of performance across pancreatic cancer services in England and Wales.

The Audit's work is grounded in analysis of routinely collected data from across the treatment pathway. This data gains depth, meaning, and humanity through the experiences, insight, and commitment of the PPI Forum. The Forum is made up of people affected by pancreatic cancer: individuals currently in treatment, those living beyond the disease, and—sadly, in most cases—people who have cared for loved ones who have died.

Our purpose is to examine the Audit's findings, interpret them through lived experience, and work with professionals across the healthcare system to identify improvements that can make a real difference to patients and carers.

Our improvement recommendations focus on:

- Starting treatment earlier
- Ensuring every case is discussed at a multidisciplinary team meeting
- Supporting people to access services that may help them reach treatment sooner
- Ensuring access to a clinical nurse specialist
- Improving access to supportive care, especially pancreatic enzyme replacement therapy

The PPI Forum remains committed to reviewing data, advising on improvements, and collaborating with professionals, clinical teams, researchers, scientists, and cancer alliances to turn these recommendations into tangible actions that deliver better care, compassion, and outcomes for everyone affected by pancreatic cancer.

If you have ideas for improvement or would like input from people with lived experience, please contact me as Chair of the PPI Forum. We will do all we can to support efforts to improve care for people affected by this disease.

Lesley Goodburn
Chair of the NPaCA Patient and Public Involvement Forum

1. The National Pancreatic Cancer Audit (NPaCA)

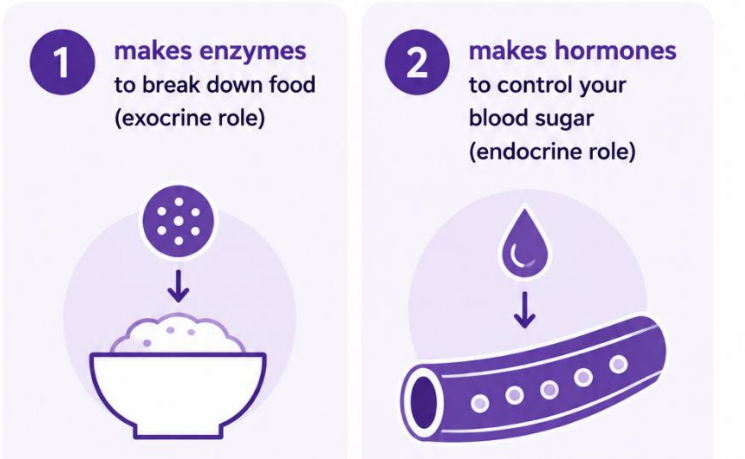
The NPaCA aims to improve the quality of care for people diagnosed with pancreatic cancer in England and Wales.

We use information collected by NHS hospitals about the care they provide to build a picture of pancreatic cancer services and highlight where care could be improved. More information about the audit and its methods can be found on our webpages.

In this year's State of the Nation Report 2026, we focus on the care received by people diagnosed with pancreatic cancer during 2022–2023 in England and 2023–2024 in Wales. This Patient and Public Report summarises key findings from the main State of the Nation Report and links out to additional resources for people affected by pancreatic cancer.

2. Understanding pancreatic cancer

The **pancreas** is an organ that forms part of the digestive system. It has two main roles in the body:



Pancreatic cancer develops when cells in the pancreas grow out of control, forming a lump (usually referred to as a tumour, lesion or mass). As these abnormal cells grow, they take up space in the pancreas, which can stop it working in its usual way. These cells can spread quickly to the areas around the pancreas and to other areas in the body.

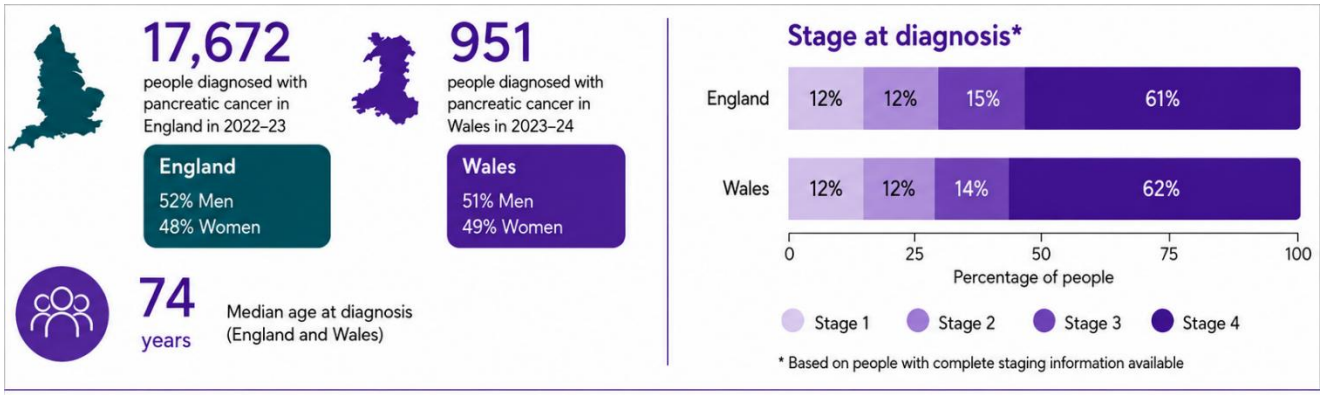
There are different types of pancreatic cancer:

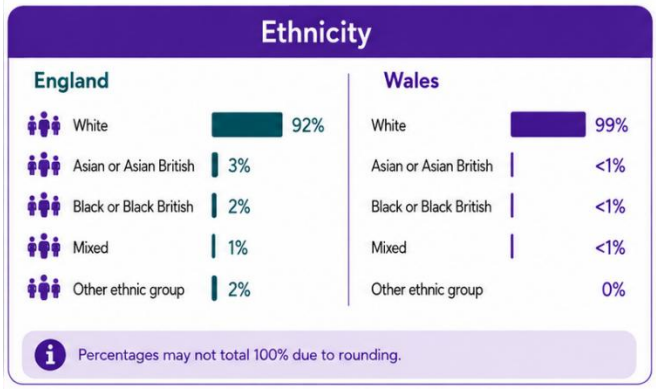
- **Pancreatic ductal adenocarcinoma (PDAC)** – most common type; formed when the cells that produce pancreatic ***enzymes*** grow abnormally.
- **Neuroendocrine tumours (NETs)** – formed when the cells that produce pancreatic ***hormones*** grow abnormally.

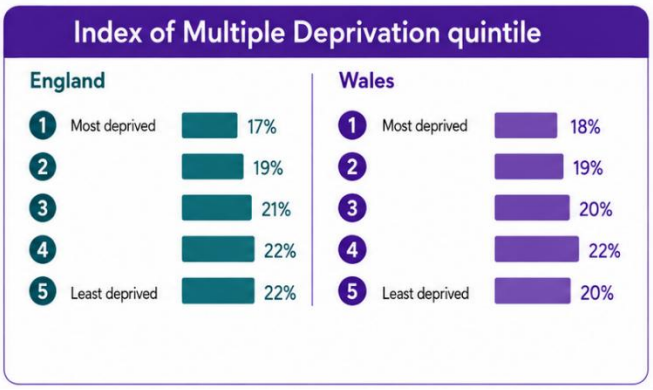
Treatments for these two tumour types differ. Over 90% of pancreatic cancers are PDAC, and we focus on the care of people diagnosed with these tumours in this audit.

3. Characteristics of people diagnosed with pancreatic cancer

England (2022-23) and Wales (2023-24)

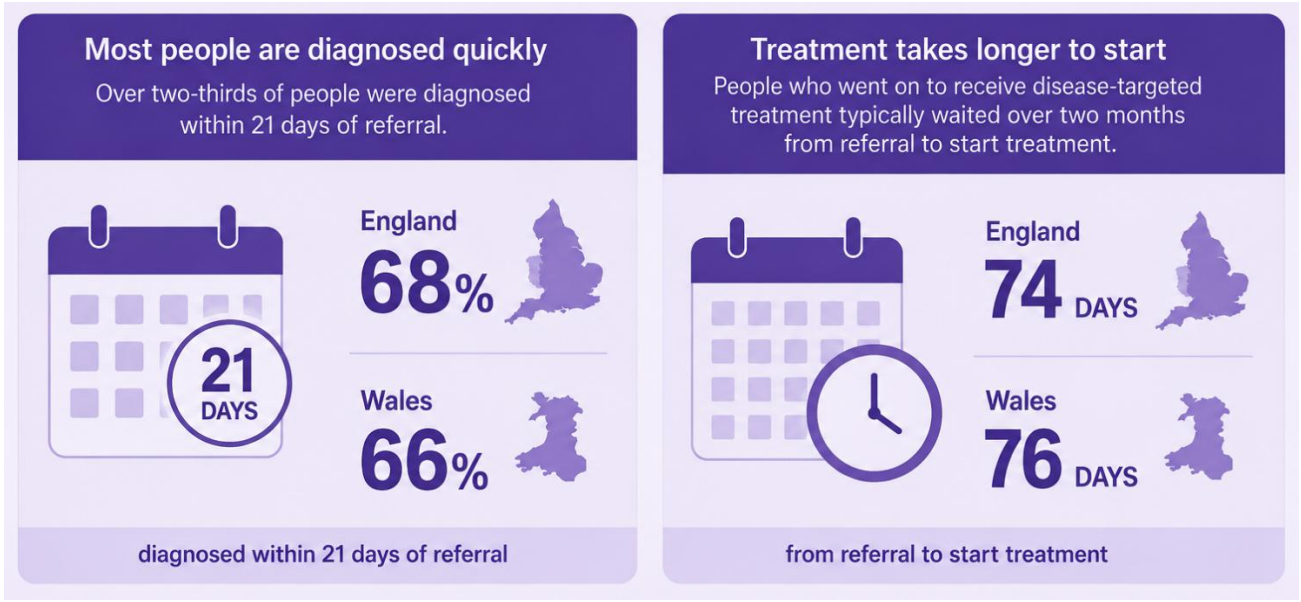




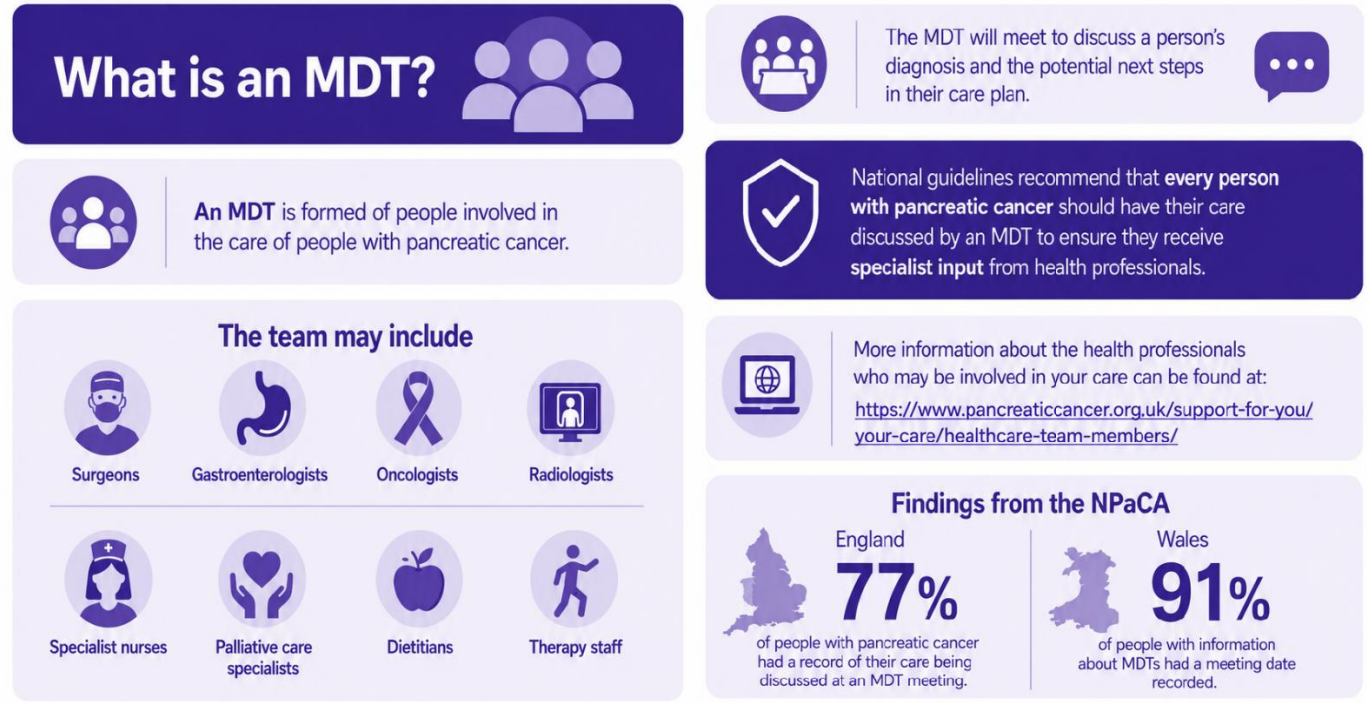


4. Diagnosing pancreatic cancer

Waiting times for people diagnosed with pancreatic cancer in England and Wales



5. Multi-disciplinary teams (MDTs)



6. Treating pancreatic cancer

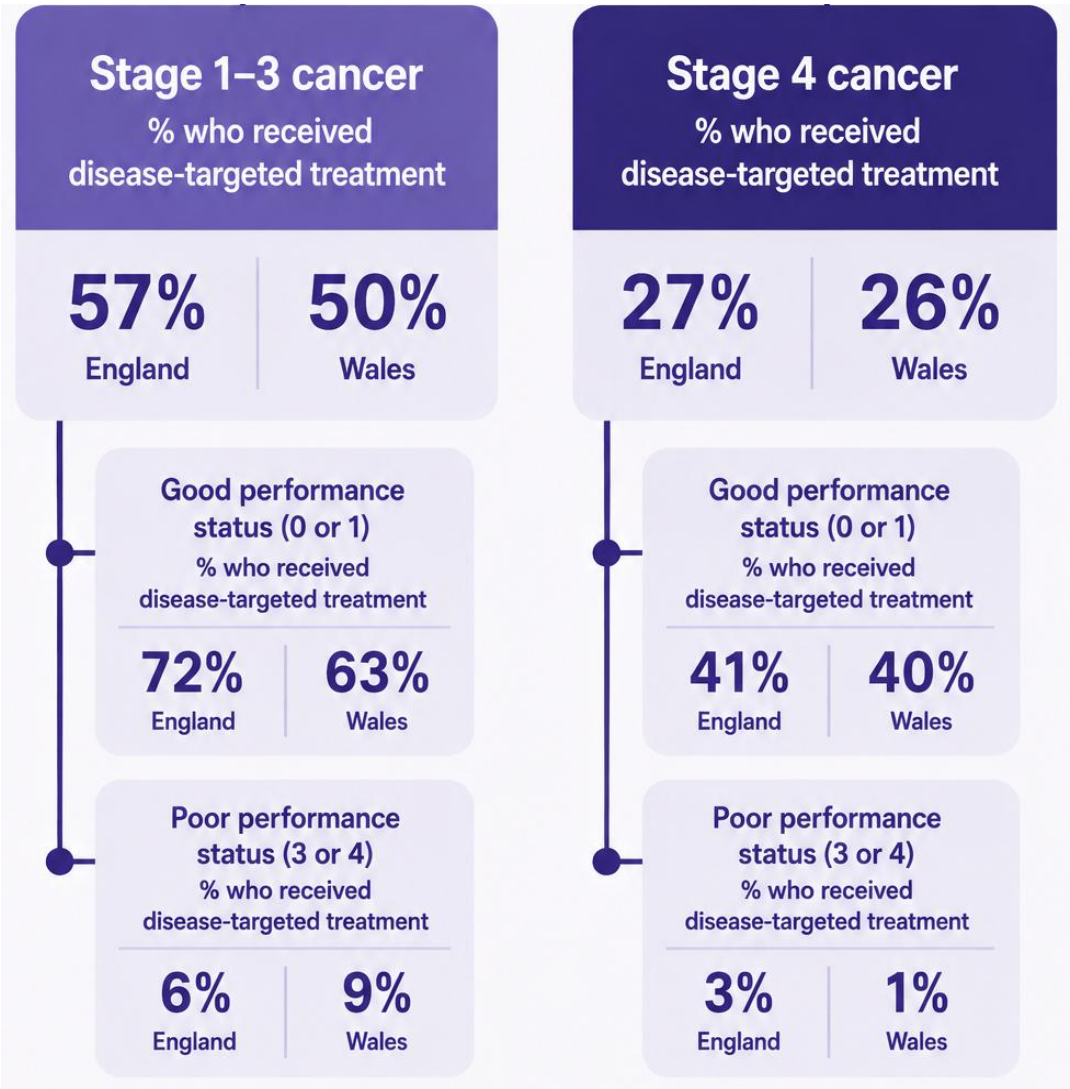
Pancreatic cancer can be treated using a combination of surgery to remove the cancer, chemotherapy and radiotherapy. The type of treatment offered will depend on the stage of a person's cancer, their fitness levels and other health conditions.

In this audit, we looked at two groups of people:

- People diagnosed with stages 1, 2 or 3 pancreatic cancer: the cancer has not spread to other organs in the body.
- People diagnosed with stage 4 pancreatic cancer: the cancer has spread into other organs of the body (metastatic disease).

We also looked at subgroups of people who were physically fit (good performance status, score of 0 or 1) and those who were less fit (poor performance status, score of 3 or 4).

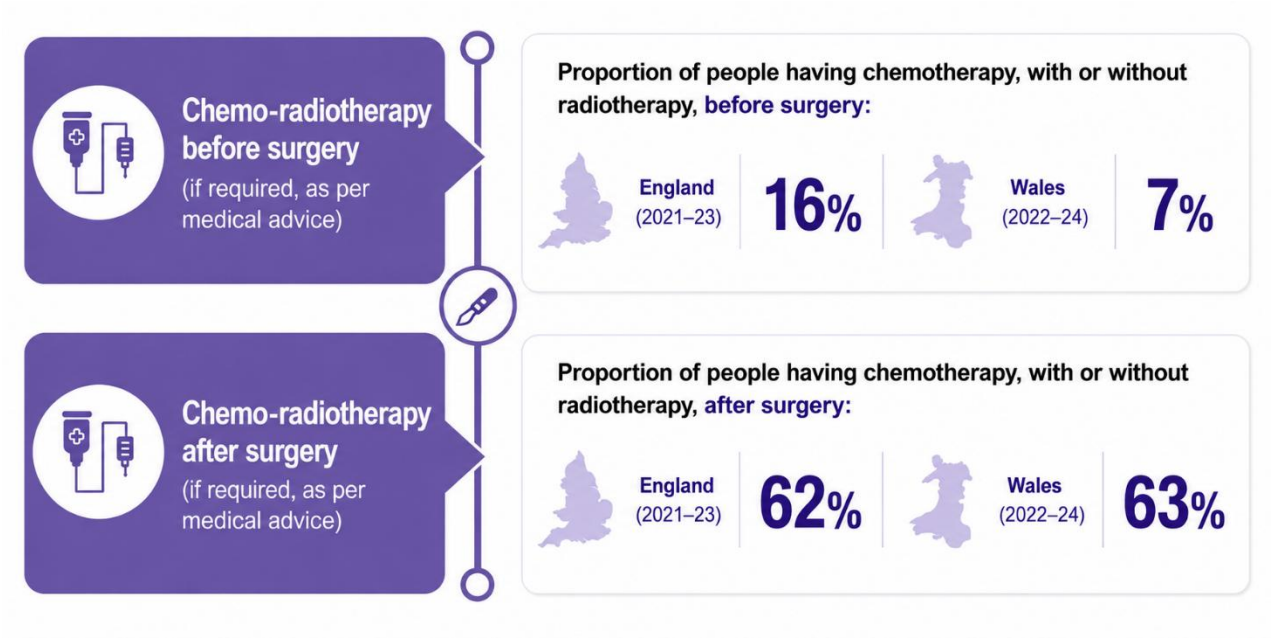
Just over half of people diagnosed with stages 1-3 pancreatic cancer (57% in England and 50% in Wales) went on to receive any disease-targeted treatment (surgery, chemotherapy and/or radiotherapy). Rates of treatment were highest among people with good performance status:



6.1 Treatments before and after surgery

Surgery is the main treatment option to potentially cure pancreatic cancer. If a pancreatic tumour is too big to be fully removed by the surgical team, people may have chemotherapy and/or radiotherapy first to try to shrink the tumour, so that surgery may become possible.

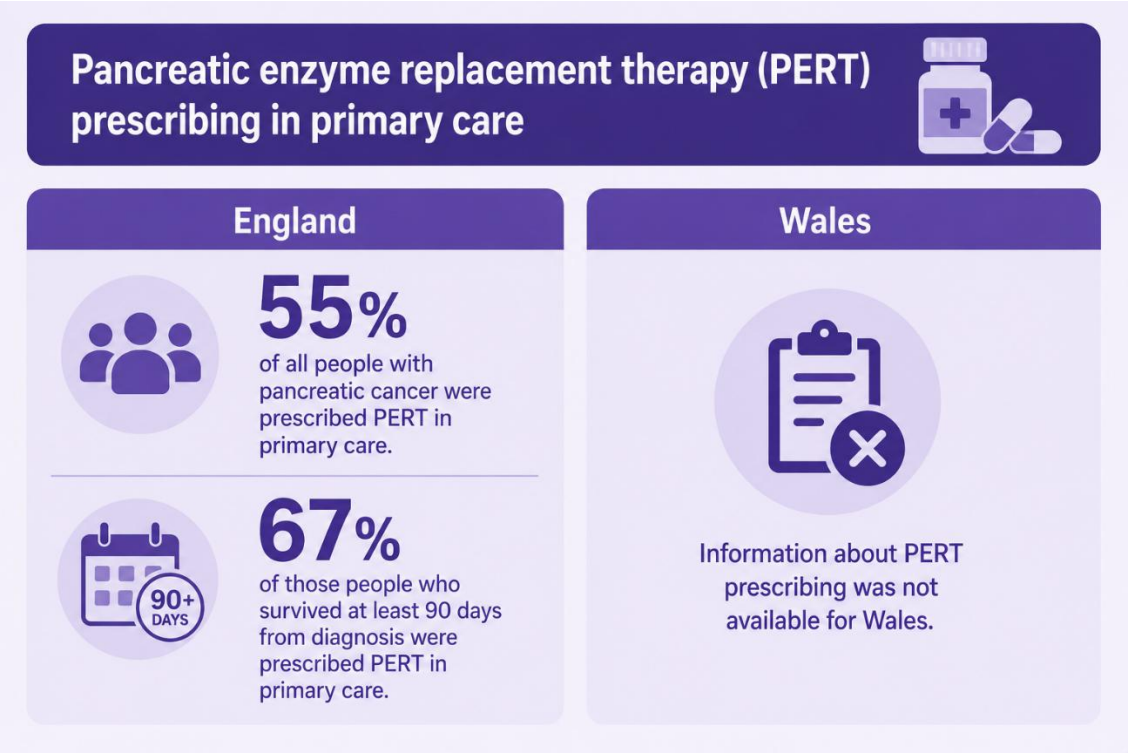
After surgery, chemotherapy and/or radiotherapy should be considered for most people to reduce the chances of the cancer coming back.



7. Supportive care for people with pancreatic cancer

7.1 Pancreatic enzyme replacement therapy (PERT)

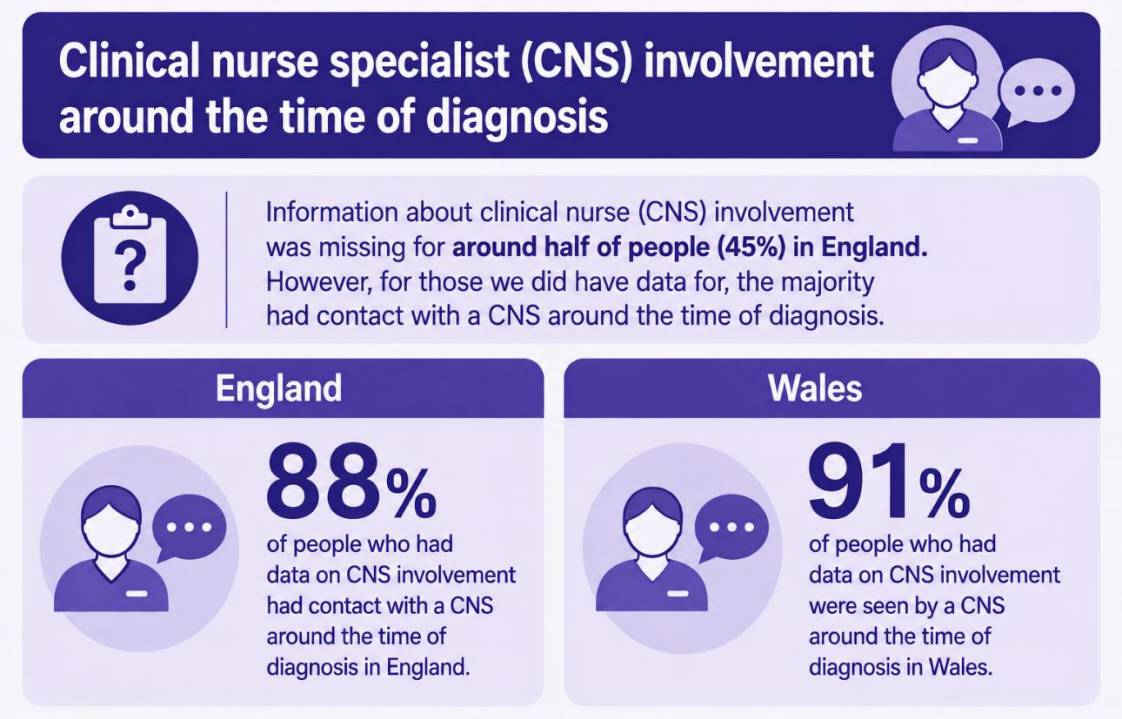
When a person has pancreatic cancer, the pancreas may not produce enough enzymes to help break down and absorb nutrients from food. Pancreatic enzyme replacement therapy (PERT) is a medication that replaces the digestive enzymes that your pancreas would normally make. The enzymes come in capsules that you take with food. Most people with pancreatic cancer will need to take PERT.



7.2 Clinical Nurse Specialists (CNS)

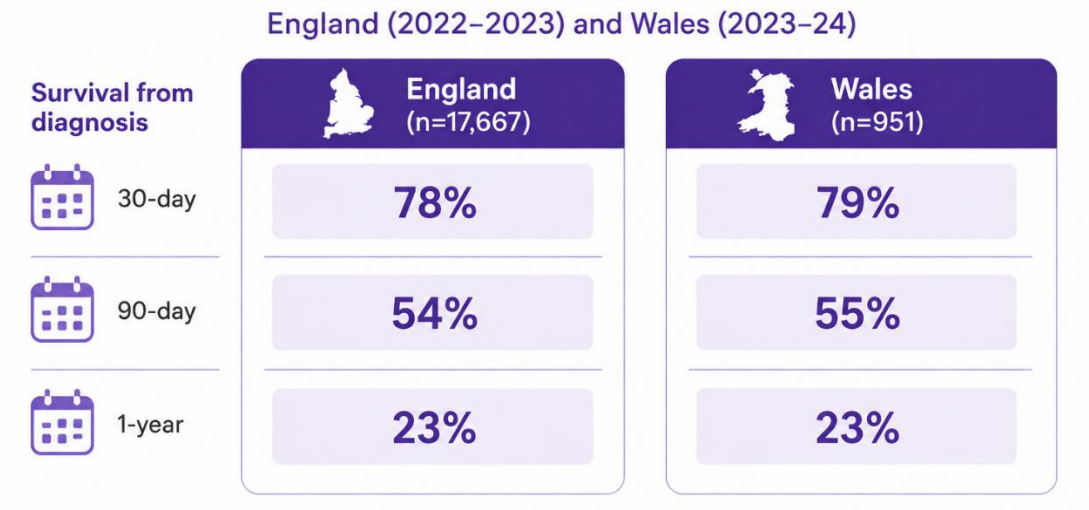
Clinical nurse specialists (CNSs) are nurses who specialise in a particular area of healthcare. The NHS has cancer CNSs who support people during their cancer care. You can find out more about what a CNS does at: https://www.pancreaticcancer.org.uk/support-for-you/your-care/healthcare-team-members/

The audit reports on the percentage of people with pancreatic cancer who had a record of being seen by a CNS around the time of diagnosis. We do not currently have more detailed information on the nature or duration of this contact, or information about subsequent contacts.

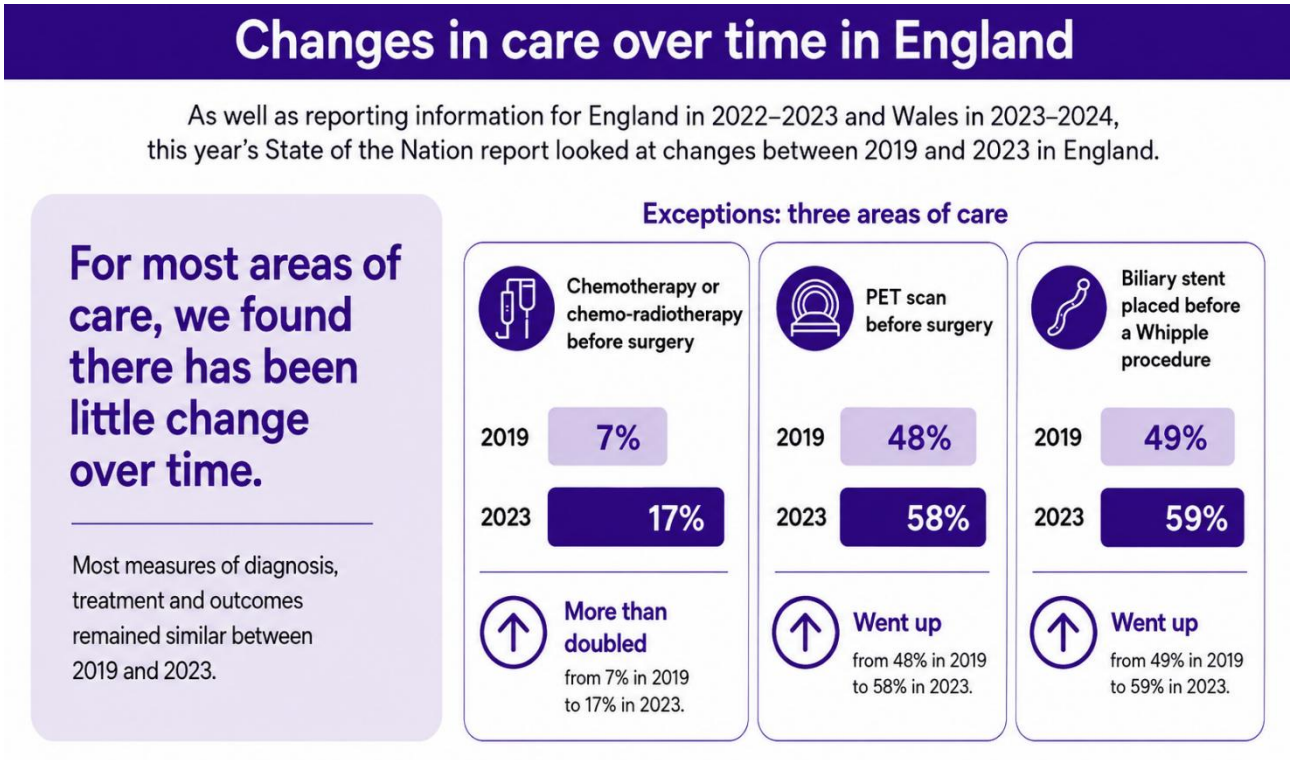


8. Survival among people diagnosed with pancreatic cancer

Overall survival is low among people with pancreatic cancer; less than a quarter (23%) of people in England and Wales were still alive at one year from diagnosis.



9. Changes over time



10. Recommendations from the audit

Based on the findings reported in our 2026 State of the Nation report, we made five key recommendations to help improve care for people with pancreatic cancer:

1. Starting treatment quickly can lead to improved outcomes and experiences for people with pancreatic cancer. Cancer Alliances (in England) and health boards (in Wales) should review the patient journey for everyone who waited more than three months between being referred and treatment starting. These reviews should focus on understanding where bottlenecks happen and how to prevent them to improve people's access to timely treatment, including expert review. Hospitals should ensure their diagnostic process is in line with the nationally recommended hepatopancreatobiliary (HPB) cancer pathway.

2. In line with national guidelines, every person with pancreatic cancer should have their care discussed at a multi-disciplinary team (MDT) meeting. Cancer Alliances (in England) and health boards (in Wales) should investigate why some people's hospital records don't include details of an MDT discussion. They should then develop action plans to increase the number of people who are discussed at an appropriate MDT meeting.

3. Doctors measure people's 'performance status' before treatment to understand how well they can manage their daily activities and take care of themselves. Cancer Alliances (in England) and health boards (in Wales) should look at the care of people who had good performance status when they were diagnosed with pancreatic cancer but didn't receive disease-targeted treatment to understand why. If the issue is people becoming less fit between diagnosis and the planned start of treatment, hospitals should improve access to supportive services that boost people's physical, nutritional, and mental health to get them ready for treatment.

4. All people with pancreatic cancer should be seen by a Clinical Nurse Specialist (CNS), beginning from the time they receive their diagnosis. Cancer Alliances (in England) and health boards (in Wales) should review people who are not recorded as seeing a CNS to understand why they are unable to receive timely CNS support, or to identify problems with recording the data.

5. All people with pancreatic cancer, including those who do not receive any treatment, should be able to access enhanced supportive care. This should include an assessment at their first clinical appointment to see if they would benefit from pancreatic enzyme replacement therapy (PERT). PERT should be offered to all eligible people.

Additional information

If you have a family history of pancreatic cancer, you may be interested in finding out more about the European Registry of Familial Pancreatic Cancer and Hereditary Pancreatitis (EUROPAC) trial: https://www.europactrial.com/

Appendix 1 - Glossary

Adjuvant therapy – cancer treatment such as chemotherapy or radiotherapy that is given after primary treatment (typically surgery, for pancreatic cancer), to maximise effectiveness and reduce the chance of cancer recurrence.

Ampulla of Vater – a small structure within the wall of the duodenum (first part of the small bowel) where the common bile duct meets the pancreatic duct.

Bile duct – a small tube-like structure that carries bile (digestive fluid) from the liver and gall bladder to the small bowel.

Biliary drainage – a procedure that aids in clearing blockages from the bile ducts.

Biliary stent – a small tube (made from either plastic or metal) that is placed into a bile duct to relieve obstruction or narrowing of the ducts, which keeps bile ducts open and allows bile to flow normally.

Clinical Nurse Specialist (CNS) – a registered nurse with an advanced nursing role who provides specialist care and advice to patients in a certain medical specialty.

Disease-targeted treatment – various treatments given with the aim of killing or removing the cancerous tissue (such as surgery, chemotherapy, radiotherapy).

Extrahepatic bile duct – bile ducts (see above) located outside of the liver. They carry bile (digestive fluid) from the liver and gallbladder to the small bowel.

FDG-PET/CT – a positron emission tomography (PET) scan combined with computerised tomography (CT) using 18F-fluorodeoxyglucose (FDG) as the tracer. A PET-CT scan is a type of imaging technique where a patient is injected with a small amount of radioactive tracer to assess metabolic activity in the body. Cancer cells have a very high metabolic rate, so they show up brightly on this test. The images from a PET-CT scan give us a more detailed picture of tumour activity than a routine CT scan.

Gy/F or Grays/Fractions – external beam radiotherapy treatment is usually delivered over several treatment sessions. A course of radiotherapy is described as the full planned dose of radiation in Grays (Gy) and the number of treatment sessions (fractions, F) over which the dose is delivered. For example, 30Gy/15F would describe a course of 30 Grays of radiation delivered over 15 sessions.

HES – Hospital Episode Statistics is a database that contains data on all inpatients treated within NHS trusts in England. This includes details of admissions, diagnoses and treatments.

HPB (hepatopancreatobiliary or hepatobiliary and pancreatic) – a term used to collectively refer to some of the organs of the digestive system, namely the liver, pancreas, gallbladder, bile ducts and small intestine.

ICD-10 – the 10th revision of the International Classification of Diseases (a medical classification list). The list of medical codes in this comprehensive list is used to identify and categorise medical diagnoses.

IMD (Index of Multiple Deprivation) – a measure of relative deprivation in a particular small area (of ~1,500 residents or 650 households).

Jaundice – a medical condition where high levels of bilirubin (a chemical in your body) cause your skin, your eyes and the inside of your mouth to turn yellow. In the context of pancreatic cancer, this can occur due to the cancer blocking the drainage of bilirubin.

Metastatic – a term used to refer to the spread of disease from an initial or primary site to a different secondary site.

MDT (multi-disciplinary team) – teams consisting of individuals drawn from various disciplines who come together to achieve a common goal: to meet and agree a person's diagnosis and treatment plan. These can be categorised as:

a. **specialist** (multi-disciplinary teams with particular expertise in certain areas, e.g., specialists in pancreatic cancer surgery who are often based in specialist cancer centres) or
b. **local** (multi-disciplinary teams within local hospitals)

MRI (magnetic resonance imaging) – a medical imaging technique used in radiology to form pictures of the body using strong magnetic fields.

NATCAN – the National Cancer Audit Collaborating Centre (NATCAN) is a national centre of excellence that evaluates the care of and outcomes for people who are diagnosed with cancer in England and Wales. It is commissioned by the Healthcare Quality Improvement Partnership (HQIP), on behalf of NHS England and the Welsh Government. NATCAN is part of the Clinical Effectiveness Unit (CEU) in London – a collaboration between the Royal College of Surgeons of England (RCSEng) and the London School of Hygiene & Tropical Medicine (LSHTM).

Neoadjuvant therapy – a term used to describe anti-cancer treatment (such as chemotherapy, hormones or radiation) given before the main treatment (such as surgery). The intent of this treatment is to reduce the size of the tumour to improve the success of the main treatment or reduce the need for a more extensive procedure.

Neuroendocrine tumours – tumours that start from cells that produce hormones in the body. In pancreatic cancer, this is very relevant as the pancreas has several cell types that produce hormones. These cells can become cancerous, and the tumours will secrete hormones in an uncontrolled fashion. The treatments for these tumours are mainly hormone-based, and therefore they are managed quite differently from other pancreatic cancer tumour types.

NHS (National Health Service) – the publicly funded healthcare system in the UK.

NHS Trust – an organisational unit within the NHS that delivers healthcare services to people within a particular area.

NICE – the National Institute for Health and Care Excellence, an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

Pancreas – an organ in the human digestive system within the abdomen, which plays a major role in digesting food and regulating blood sugar.

PERT (pancreatic enzyme replacement therapy) – medication used to replace enzymes that would normally be made within the pancreas. When patients have pancreatic cancer, or when part of the pancreas is removed in a surgical procedure, the pancreas is unable to produce these enzymes, which help to break down food, so PERT is required to aid digestion.

Performance status – a classification system to describe how well a person can manage their daily activities and take care of themselves. Scores range from 0 (fully active with no restrictions) to 5 (dead). Note: only scores of 0-4 are included in the audit.

PET scan – a positron emission tomography scan is a type of imaging technique where a patient is injected with a small amount of radioactive tracer to assess metabolic activity in the body. Cancer cells show up brightly on this test. The images from a PET scan can give us a detailed picture of tumour activity.

Radiotherapy – a treatment that uses radiation to kill tumour cells and so shrink the tumour. It can be used together with surgery or chemotherapy to reduce disease.

Rapid Cancer Registration Dataset – a dataset produced monthly by NDRS that provides a more current, but less detailed, source of cancer data compared to the gold standard NCRD.

RCSEng – the Royal College of Surgeons of England is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this, it supports audit and the evaluation of clinical effectiveness for surgery.

Stage/TNM (tumour/nodal/metastatic) stage – an international classification system to classify the extent of a cancer using information on the tumour size, lymph node status and the presence or absence or metastatic disease. Overall cancer stages range from 1 (localised disease) to 4 (advanced disease), which is determined by the tumour size, the extent of the nodal disease burden and the presence or absence of metastatic disease.

Supportive treatment – a term used to refer to various treatments that can be given alongside medical treatment or alone to aid in managing treatment side effects or cancer-related symptoms

Surgical resection – a medical treatment that involves surgically removing all or part of a tissue, structure or organ.

Systemic anti-cancer therapy (SACT) – a term used to refer to medication given to treat cancer (e.g., chemotherapy or immunotherapy).

Whipple procedure – a complex surgical procedure also known as pancreaticoduodenectomy whereby the head of the pancreas is removed (along with the gallbladder, the bile duct, and the first part of the small intestine). It is most often performed to remove cancerous lesions located at the head of the pancreas.