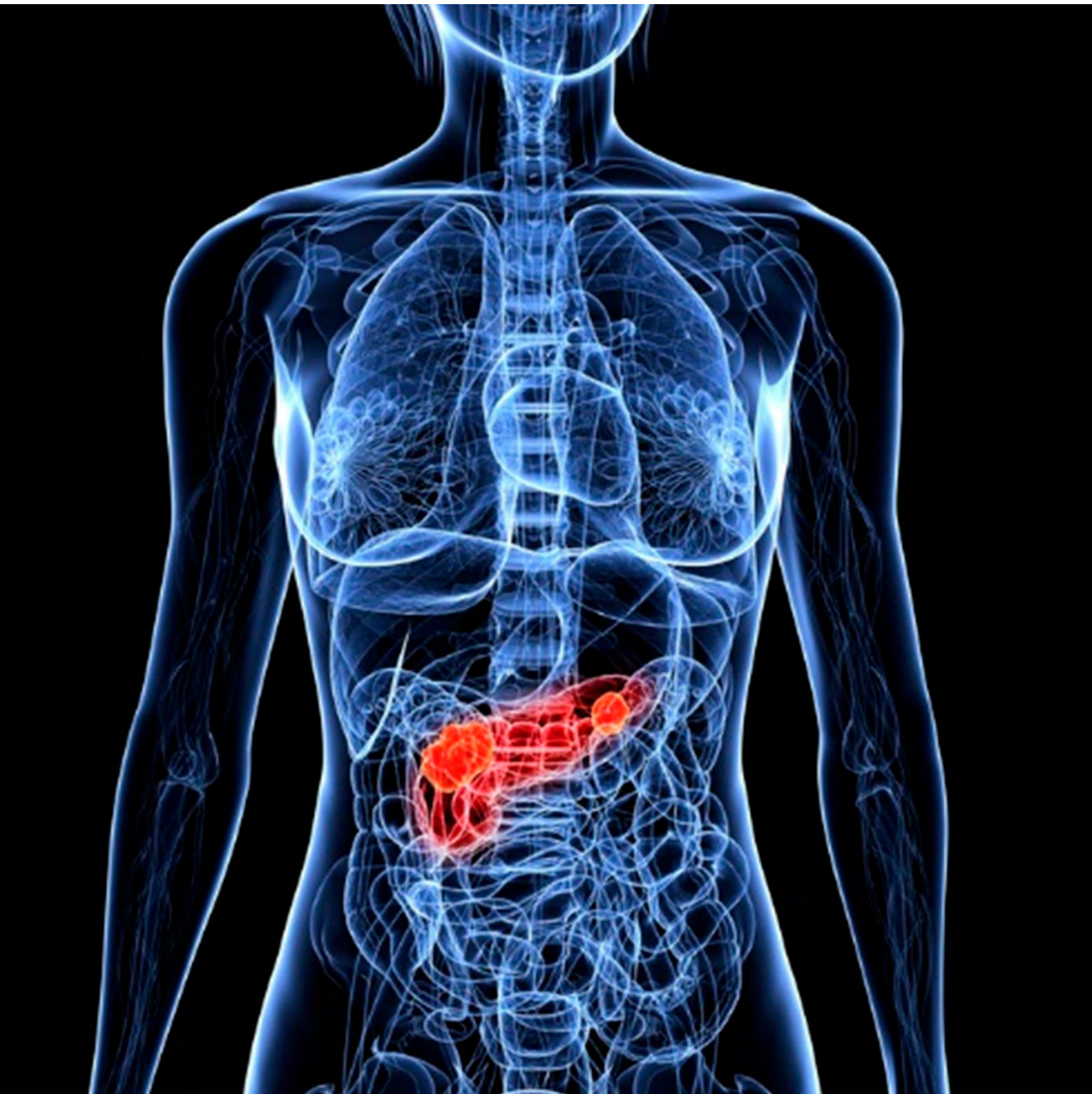
NPaCA
National Pancreatic Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Pancreatic Cancer Audit
State of the Nation Report 2026

An audit of care received by people diagnosed with pancreatic cancer between 1 January 2022 and 31 December 2023 in England and 1 January 2023 and 31 December 2024 in Wales.

Published September 2026



NPaCA

National Pancreatic Cancer Audit

Citation for this document:

National Pancreatic Cancer Audit (NPaCA) State of the Nation Report 2026. London:

National Cancer Audit Collaborating Centre, Royal College of Surgeons of England, 2026.

This document was prepared by members of the NPaCA project team:

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

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

Royal College of Surgeons of England
ADVANCING SURGICAL CARE

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.

HQIP
Healthcare Quality Improvement Partnership

The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and the 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.

AUGIS
ASSOCIATION OF UPPER GASTROINTESTINAL SURGERY OF GREAT BRITAIN AND IRELAND

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

bsg BRITISH SOCIETY OF GASTROENTEROLOGY

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

The Royal College of Radiologists

The 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

NDRS
NATIONAL DISEASE REGISTRATION SERVICE

This work uses data that have been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data are 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.

GIG CYMRU NHS WALES
Perfformiad a Gwella
Performance and Improvement

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.

Copyright © 2026 Healthcare Quality Improvement Partnership (HQIP)

Contents

1. Introduction

The National Pancreatic Cancer Audit (NPaCA) is one of ten national cancer audits within the National Cancer Audit Collaborating Centre (NATCAN), which is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government. The aim of NATCAN is to provide regular information on patterns of, and variation in, delivery of cancer care from diagnosis to treatment, using this information to increase access to treatment and facilitate quality improvement initiatives, with a view to improving outcomes nationally.

NPaCA evaluates patterns of care and outcomes for people diagnosed with pancreatic cancer in England and Wales. It aims to highlight variations in care and to support NHS services to identify and address areas for improvement.

This is the third NPaCA State of the Nation report. We present information on the care received by adults diagnosed with exocrine pancreatic cancer during overlapping two-year periods in England (2022–2023) and Wales (2023–2024). We report on people diagnosed over two calendar years to ensure sufficient patient numbers to enable reporting of indicators at organisation level; similarly, indicators on surgical outcomes are reported for a three-year period to ensure there are enough procedures for analysis by organisation and patient subgroups. Where results are reported at organisation level (NHS trusts in England or local health boards in Wales), these are typically based on people who were diagnosed at that organisation. Some results, including surgical indicators, are presented for the 23 hepatopancreatobiliary (HPB) specialist centres in England and one surgical specialist centre in Wales.

We use data routinely collected by the NHS, using the nationally mandated flow of data from hospitals to the National Disease Registration Service (NDRS) in NHS England and the National Cancer Team, NHS Wales Performance and Improvement (P&I). For full details of the data and methods used within this report, please see the NPaCA Methodology Supplement.

We report the following performance indicators listed in Table 1:

Table 1. *NPaCA's performance indicators (PIs) and corresponding reporting periods

Description	England^	Wales#
PI 1: Percentage of people who had an FDG-PET/CT scan prior to surgery for pancreatic cancer	Yes (01/21 – 12/23)	Yes (01/22 – 12/24)
PI 2: Percentage of people who had a record of being discussed at a multidisciplinary team (MDT) meeting	Yes (01/22 – 12/23)	Reported only for people with data recorded in Cancer Dataset Forms
PI 3: Percentage of people undergoing a Whipple procedure (without neoadjuvant chemotherapy) who had a biliary stent placed prior to surgery	Yes (01/21– 12/23)	Yes (01/22 – 12/24)
PI 4: Time from referral to first disease-targeted treatment	Yes (01/22 – 12/23)	Yes (01/23 – 12/24)
PI 5: Percentage of people with non-metastatic (stages 1-3) pancreatic cancer who received disease-targeted treatment	Yes (01/22 – 12/23)	Yes (01/23 – 12/24)
PI 6: Percentage of people with metastatic (stage 4) pancreatic cancer who received disease-targeted treatment	Yes (01/22 – 12/23)	Yes (01/23 – 12/24)
PI 7: Percentage of people with pancreatic cancer who received chemotherapy and/or radiotherapy alongside surgery	Yes (01/21– 12/23)	Yes (01/22 – 12/24)
PI 8: Percentage of people with pancreatic cancer and complete data on CNS who were seen by a clinical nurse specialist (CNS)	Yes (01/22 – 12/23)	Reported only for people with data recorded in Cancer Dataset Forms
PI 9: Percentage of people who survived at least 90 days from diagnosis who were prescribed pancreatic enzyme replacement therapy (PERT) in primary care	Yes (01/22 – 12/23)	No (Data unavailable)
PI 10: Survival at 30 and 90 days, and one† and two years after diagnosis	Yes (01/22 – 12/23) (NB: 01/21 – 12/22 for two-year survival)	Yes (01/23 - 12/24) (NB: two-year survival not reported due to limited follow-up data)

Note: construction of indicators may be different to those reported last year and therefore are not directly comparable. Please refer to the methodology supplement for more detail. Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2021. * See methodology supplement for the exact definitions of each performance indicator. ^ England data: National Cancer Registration Dataset (NCRD). # Welsh data: Cancer Network Information System Cymru (CaNISC) or Cancer Dataset Forms (CDF); CDF data available for 28% of people diagnosed in Wales. † Adjusted one-year survival indicator is subject to the audit's outlier policy.

Our website also contains additional materials that accompany this report. These include:

- A methodology supplement with details about our data sources and methods
- Supplementary results to support data mentioned in the report
- A glossary that explains technical terms used in this report
- Information about the management of outliers
- Resources to support local monitoring of practice and quality improvement, such as provider-level results on the Data Dashboard and downloadable reports and a local action plan template
- A summary of this report for people living with pancreatic cancer and for the public

2. Infographic

NPaCA
National Pancreatic Cancer Audit

Summary of results for people diagnosed with pancreatic cancer between 1 January 2022 and 31 December 2023 in England and 1 January 2023 and 31 December 2024 in Wales.

Diagnosis and staging

17,672
people diagnosed with pancreatic cancer in England in 2022-23

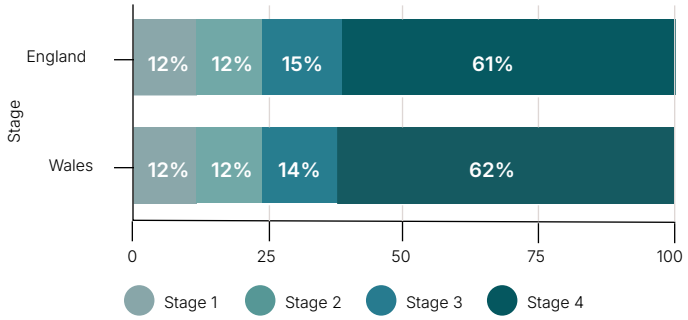
951
people diagnosed with pancreatic cancer in Wales in 2023-24

England
52% Men
48% Women

Wales
51% Men
49% Women

74 years
Median age at diagnosis (England and Wales)

Stage at diagnosis*



* Based on people with complete staging information available

Work up and time to diagnosis and treatment

77% of people had a record of a multidisciplinary team discussion in England.

Variation by providers**:
England: **68%** (62-75%)
Wales: **66%** (54-75%)
of people were diagnosed within 21 days

Median times along pathway (IQR ***)

Referral → **All routes:** England: 11 (1 to 28) days; Wales: 8 (0 to 35) days → **Diagnosis**

Referral → **All routes:** England: 74 (54 to 98) days; Wales: 76 (56 to 105) days
Variation by providers:**
England 65.5-82 days
Wales 67-96 days
Urgent GP: England: 78 (60 to 102.5) days; Wales: 84.5 (63 to 111) days
Emergency: England: 67.5 (50 to 93) days; Wales: 71.5 (53 to 97) days
Secondary Care: England: 65 (46 to 93) days; Wales: 72 (52 to 106) days
→ **Treatment**

*** Interquartile range - a measure of the spread of the results. It demonstrates the difference between the first quartile (lower 25%) and the third quartile (upper 25%) of results

Treatment

Percentage of people receiving any form of disease-targeted treatment within 9 months of diagnosis****

Stages 1-3
Variation by providers:**
England: **57%** (45-65%)
Wales: **50%** (35-58%)

Stage 4
Variation by providers:**
England: **27%** (20-32%)
Wales: **26%** (15-33%)

72% (England) and 63% (Wales) of people with performance status 0-1 (stages 1-3) received a form of disease-targeted treatment

**** Disease-targeted treatment includes surgery, systemic anti-cancer therapy (SACT), and radiotherapy

Supportive care

67% of people who survived at least 90 days from diagnosis, were prescribed PERT in primary care in England.
Variation by providers**: 57-76% Note: people were more likely to be prescribed PERT if they received disease-targeted treatment (74%) than if they did not (57%).

88% of people with new diagnoses of pancreatic cancer were seen by a Clinical Nurse Specialist in England, where recorded
Variation by providers**: 83-98%
Data missing for 45% of people

Survival

Percentage of people who survived for 30 days or 1 year after diagnosis in England and Wales.

30 days
78% England
79% Wales

1 year
23% England
23% Wales

Footnote applies to all sections of this infographic: MDT, PERT and CNS indicators not reported for Wales due to data availability.
** Variation is the IQR across trust of diagnosis (England) or range across health board (Wales).

3. Recommendations

Recommendations were developed in collaboration with the NPaCA Clinical Reference Group and based on key findings in this report. The recommendations are intended for healthcare providers and commissioners in England and Wales, including trusts, Cancer Alliances, and health boards. The NPaCA local quality improvement action plan contains suggested actions to address the recommendations described below.

Recommendation	Audience	Audit Findings	Quality Improvement Goal	National Guidance/ Standards/ Resources
1. Review the pathways of people who waited longer than three months from referral to receive treatment, to identify potential bottlenecks in pancreatic cancer pathways. • Compare diagnostic processes against the recommended sequencing of diagnostic events set out in hepatopancreatobiliary (HPB) cancer pathway guidance. • Review treatment pathways in line with best practice guidelines to improve people's access to timely treatment, including pathways to expert HPB oncology review.	England: Cancer Alliances working with NHS trusts and specialist centres Wales: health boards	68% of people with pancreatic cancer in England and 66% of those in Wales were diagnosed within 21 days of referral. Median time from referral to treatment: England: 74 days, trust-level variation (IQR) 65.5–82 days. Wales: 76 days, local health board-level variation (range) 67–96 days.	Goal #2: Reduce the time from referral to diagnosis and start of disease-targeted treatment.	NHSE 2024: HPB best practice timed diagnostic pathway NHS Wales National Optimal Pathway for pancreatic cancer PCUK Optimal Care Pathway report GIRFT 2025: Pancreatic cancer specialty report
2. Conduct a review of people who were not recorded as being discussed at a multidisciplinary team (MDT) meeting to identify the reasons. Where issues are identified, ensure these are captured in local MDT improvement work plans to increase the percentage of people who are discussed at an appropriate MDT meeting.	England: Cancer Alliances working with NHS trusts Wales: health boards	77% of people diagnosed with pancreatic cancer in England had a record of being discussed at an MDT meeting. Trust-level variation (IQR) 72%–88%. Wales: Information on MDT meetings was available for only 28% of people diagnosed in Wales, who had their information submitted via the new Cancer Dataset Forms (CDF). Among this group, 91% had a recorded MDT date.	Goal #3: Increase the percentage of people with pancreatic cancer (who are fit enough for treatment) who receive disease-targeted treatment (surgery, chemotherapy, radiotherapy - both curative and palliative).	NICE guideline NG85 2018: A specialist pancreatic cancer multidisciplinary team should decide what care is needed and involve the person with suspected or confirmed pancreatic cancer in the decision.
3. Conduct a review of people who had good performance status (0/1) at diagnosis but did not receive any disease-targeted treatment to understand the reasons for decisions not to treat. Where deconditioning prior to treatment is identified as an issue, improving access to early enhanced supportive care and supportive oncology services, prehabilitation, oncogeriatric services and dietetic support should be prioritised.	England: Cancer Alliances working with NHS trusts Wales: health boards	Among people diagnosed with stages 1-3 pancreatic cancer, 57% in England and 50% in Wales received any disease-targeted treatment within 9 months of diagnosis. Among those with good performance status (PS 0/1) at diagnosis, rates of treatment were 72% in England and 63% in Wales.	Goal #3: Increase the percentage of people with pancreatic cancer (who are fit enough for treatment) who receive disease-targeted treatment (surgery, chemotherapy, radiotherapy - both curative and palliative).	NHS England HPB cancer service specification NHS Wales Cancer Network Service Specification for HPB surgery services PCUK Optimal Care Pathway report Macmillan Cancer Support (2025) Prehabilitation for people with cancer: clinical and implementation guidelines

Recommendation	Audience	Audit Findings	Quality Improvement Goal	National Guidance/ Standards/ Resources
4. Conduct a review of people who were not recorded as being seen by a Clinical Nurse Specialist (CNS) to identify potential barriers to timely CNS support and data recording. Ensure that everyone diagnosed with pancreatic cancer has access to a specialist CNS from the point of diagnosis.	England: Cancer Alliances working with Integrated Care Boards (ICBs) and NHS trusts Wales: health boards	Among people diagnosed with pancreatic cancer in England with complete data on CNS, 88% were seen by a CNS around the time of diagnosis. Trust-level variation (IQR): 83%–98%. Information on CNS was available for only 55% of people diagnosed in England. Trust-level variation (IQR): 42%–74%. Wales: Information on CNS was available for only 24% of people diagnosed in Wales, who had complete information submitted via the new Cancer Dataset Forms (CDF). Among this group, 91% had a record of being seen by a CNS.	Goal #4: Increase the percentage of people with pancreatic cancer who receive supportive care (care that helps the person to live as well as possible with their cancer and its treatment) in line with national recommendations.	NHSE 2024: HPB best practice timed diagnostic pathway PCUK Optimal Care Pathway report: NHS systems should ensure that everyone with pancreatic cancer, regardless of where they are treated or cared for, has an HPB or upper gastrointestinal CNS as their lead point of contact to oversee their care.
5. Implement protocols to ensure that all people diagnosed with pancreatic cancer, including those who do not undergo any treatment, have access to enhanced supportive care including assessment for eligibility for pancreatic enzyme replacement therapy (PERT) at the first clinical review. PERT should be offered to all eligible patients.	England: Cancer Alliances working with MDT leads Wales: health boards working with MDT leads	Among all people diagnosed with pancreatic cancer in England, 55% had a primary care prescription for PERT. Among the subgroup of people who survived at least 90 days from diagnosis, this figure was 67%. Trust-level variation (IQR): 57% to 76%. People who received disease-targeted treatment were more likely to have a prescription for PERT than those who did not receive treatment (74% versus 57%). Wales: not reported due to data availability	Goal #4: Increase the percentage of people with pancreatic cancer who receive supportive care (care that helps the person to live as well as possible with their cancer and its treatment) in line with national recommendations.	NHSE 2024: HPB best practice timed diagnostic pathway: Cancer Alliances and local stakeholders should take action to improve local healthcare professional awareness of PERT. NHS England HPB cancer service specification NHS Wales Cancer Network Service Specification for HPB surgery services

4. Results for England and Wales

4.1 Patient characteristics

Key message

The majority of people with pancreatic cancer continue to be diagnosed at an advanced stage; 61% of people with pancreatic cancer in England (2022–2023) and 62% in Wales (2023-2024) had metastatic (stage 4) disease at diagnosis.

We analysed cancer data for 17,672 people diagnosed with exocrine pancreatic cancer between 1 January 2022 and 31 December 2023 at 119 NHS trusts in England, and 951 people diagnosed between 1 January 2023 and 31 December 2024 at six local health boards in Wales. Table 2 summarises the characteristics of people included in the Audit. The median age at diagnosis was 74 years in both England and Wales, and there were similar percentages of men and women.

Among people who had information on stage at diagnosis, the majority (61% in England, 62% in Wales) had metastatic (stage 4) disease. Information on stage was missing for 28% of people diagnosed in England and 25% in Wales. Around two-thirds of people with a recorded performance status (PS) had PS 0-1 (fully active or active), but information on PS was missing for 43% of people diagnosed in England and 12% in Wales.

Table 2. Characteristics of people diagnosed with exocrine pancreatic cancer in England (2022–2023) and Wales (2023–2024)

England (2022–2023)		**Wales (2023–2024)**	
No. of people	17,672	No. of people	951
Sex		**Sex**	
Men	52%	Men	51%
Women	48%	Women	49%
Unknown (n=0)		Unknown (n=8)	
Age at diagnosis (years)		**Age at diagnosis (years)**	
<60	13%	<60	10%
60–69	22%	60–69	21%
70–79	35%	70–79	41%
≥80	30%	≥80	28%
Unknown (n=0)		Unknown (n=8)	
Ethnicity		**Ethnicity**	
White	92%	White	99%
Asian or Asian British	3%	Asian or Asian British	<1%
Black or Black British	2%	Black or Black British	<1%
Mixed	1%	Mixed	<1%
Other ethnic group	2%	Other ethnic group	0%
Unknown (n=690)		Unknown (n=519)	
Index of Multiple Deprivation quintile		**Index of Multiple Deprivation quintile**	
1 – most deprived	17%	1 – most deprived	18%
2	19%	2	19%
3	21%	3	20%
4	22%	4	22%
5 – least deprived	22%	5 – least deprived	20%
Unknown (n=0)		Unknown (n=31)	

continued on p7

Table 2. Characteristics of people diagnosed with exocrine pancreatic cancer in England (2022–2023) and Wales (2023–2024)			
England (2022–2023)		**Wales (2023–2024)**	
TNM stage at diagnosis		**TNM stage at diagnosis**	
1	12%	1	12%
2	12%	2	12%
3	15%	3	14%
4	61%	4	62%
Unknown (n=5,003)		Unknown (n=242)	
Performance status[1]		**Performance status**	
0 – fully active	36%	0 – fully active	36%
1	32%	1	31%
2	17%	2	15%
3	13%	3	14%
4 – bedbound	3%	4 – bedbound	4%
Unknown (n=7,649)		Unknown (n=110)	

Note: Column percentages may not add up to 100% due to rounding. For further details about the definitions of characteristics, please refer to the Audit's methodology supplement and glossary.

4.2 Diagnosis, staging and treatment planning

Key messages

All people diagnosed with pancreatic cancer should have their care discussed at an appropriate multidisciplinary (MDT) meeting. Among people diagnosed in England (2022-23), 77% had a record of being discussed at an MDT meeting (limited data available for people diagnosed in Wales).

The use of preoperative biliary drainage (biliary stent) among people undergoing a Whipple operation without neoadjuvant treatment continues to vary across HPB specialist centres in England and Wales, ranging from 50% to 70%.

Around three-quarters (77%) of people diagnosed in England during 2022–2023 had a record of being discussed at a specialist multidisciplinary team (MDT) meeting, as recommended in national guidance (NICE 2018). In 16 of 119 NHS trusts, ≥90% of people had a record of MDT discussion, but this figure was less than 70% in 27 NHS trusts. People with missing information on stage at diagnosis or performance status (PS) were less likely to have a record of MDT discussion. Information on MDT meetings was available for 267 people (28%) diagnosed in Wales who had their information submitted via the new Cancer Dataset Forms (CDF). Among this group, 91% had a valid MDT meeting date recorded.

NICE guidance (2018) recommends that FDG-PET/CT (a combined PET and CT scan that uses a radioactive tracer called FDG) should be offered to people with localised pancreatic cancer to stage their disease before cancer treatment. In England, 55% of people with pancreatic cancer diagnosed 2021–2023 had an FDG-PET/CT scan before surgery, with variation across HPB specialist centres (IQR: 23–80%); 65% had an FDG-PET/CT scan and/or liver MRI scan. In Wales, 49% of people with pancreatic cancer diagnosed 2022-2024 had a PET scan before surgery. Information on the use of liver MRI was not available for people treated in Wales.

National guidance (NICE 2018) recommends that people with resectable pancreatic cancer and obstructive jaundice, who are sufficiently fit for surgery, should proceed directly to surgery rather than have preoperative biliary drainage. Among people undergoing a Whipple operation for pancreatic cancer without neoadjuvant chemotherapy, 57% in England and 32% in Wales had a biliary stent placed before surgery. This figure has increased from 49% in 2019 but varies widely across the 23 HPB specialist centres in England (interquartile range, IQR: 50–70%).

1 Performance status – a classification system to describe a person's functional status whilst performing routine activities of daily living. Scores range from 0 (fully active with no restrictions) to 5 (dead). Note: only scores of 0–4 are included in the audit. For further detail, please refer to the methodology supplement, Appendix 5.

4.3 Time from referral to diagnosis and start of treatment

Key messages

In England and Wales, over two-thirds of people (68% in England, 66% in Wales) diagnosed with pancreatic cancer were diagnosed within 21 days of referral from a GP, emergency or secondary care

People who went on to receive disease-targeted treatment typically waited over two months (median 74 days in England, 76 days in Wales) from referral to start treatment. Median time from referral to treatment varied across providers: 65.5 to 82 days in England (IQR of medians), 67 to 96 days in Wales (range across health boards). Patients referred from emergency care were less likely to receive disease-targeted treatment (29%) than those referred from GP or secondary care (43%).

Previous State of the Nation reports have examined time to diagnosis with pancreatic cancer following an urgent GP referral. This indicator has been revised to align with the HPB Best Practice Timed Pathway by including multiple referral routes (urgent GP, emergency, or secondary care).

In England, 68% of people were diagnosed within 21 days of referral (Table 3), with trust-level variation (IQR) at 62–75%. The median time from referral to treatment was 74 days, with trust-level variation (IQR) at 65.5–82 days. In Wales, 66% of people were diagnosed within 21 days of referral, ranging from 54% to 75% across health boards. The median time from referral to treatment was 76 days, with variation between health boards (range) at 67–96 days.

In England and Wales, the longest waits for treatment were experienced by those diagnosed following GP referral (England: 78 days, Wales: 84.5 days) compared with referral from emergency care (England: 67.5 days, Wales: 71.5 days) or secondary care (England: 65 days. Wales: 72 days). In England the median time from referral to diagnosis was longer for people with a histological diagnosis (via a tissue sample), but time to treatment was similar to that for people without a histological diagnosis. In England, people who were diagnosed following a referral from emergency care were less likely to receive treatment (29%) than those diagnosed following referral from GP or secondary care (43%).

Due to differences in the coding of referral pathways for England and Wales (see methodology supplement) direct comparison of figures is not recommended.

Table 3. Time from referral to diagnosis and referral to disease-targeted treatment, for people diagnosed with exocrine pancreatic cancer in England (2022–2023) and Wales (2023–2024), by referral pathway

	Time from referral to diagnosis, England			**Time from referral to diagnosis, Wales**		
	N	**Median (days)**	**IQR (days)**	**N**	**Median (days)**	**IQR (days)**
Overall	10,099	11	1–28	867	8	0–35
GP*	4,856	20	9–36	317	21	7-44
Emergency	2,075	1	0–11	310	1	0-14
Secondary care	3,168	6	0–19	240	4	0-32
	Time from referral to disease-targeted treatment, England			**Time from referral to disease-targeted treatment, Wales**		
	N	**Median (days)**	**IQR (days)**	**N**	**Median (days)**	**IQR (days)**
Overall	4,015	74	54–98	297	76	56–105
GP*	2,068	78	60–102.5	118	84.5	63–111
Emergency	592	67.5	50–93	82	71.5	53–97
Secondary care	1,355	65	46–93	97	72	52–106

* Urgent GP referrals for England, all GP referrals for Wales; IQR: Interquartile range

4.4 Disease-targeted treatment for pancreatic cancer

Key messages

Over half of people diagnosed with non-metastatic (stages 1-3) pancreatic cancer (57% in England, 50% in Wales) received a form of disease-targeted treatment (surgery, radiotherapy and/or systemic anti-cancer therapy) within 9 months of diagnosis. This figure varied across organisations (NHS trusts or local health boards), IQR: 45% to 65% in England, range: 35% to 58% in Wales.

Around a quarter of people diagnosed with metastatic (stage 4) pancreatic cancer (27% in England, 26% in Wales) received disease targeted treatment.

Rates of disease-targeted treatment were lower among older people and those with poorer performance status.

Among people undergoing surgical resection for pancreatic cancer in England, the percentage who receive chemotherapy or chemo-radiotherapy prior to surgery has increased from 6% in 2015 to 17% in 2023.

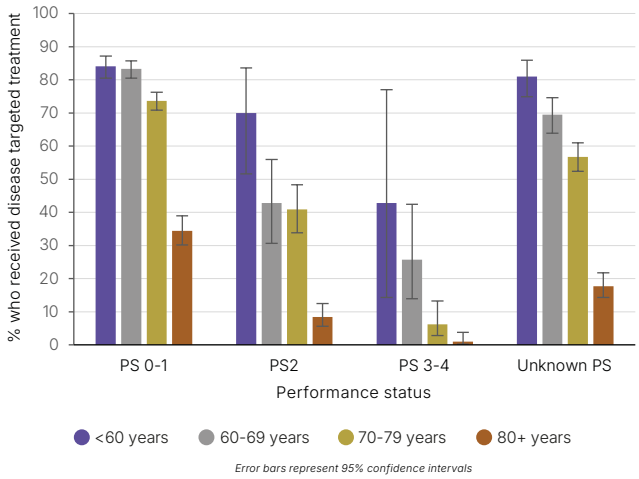
Of people diagnosed with non-metastatic (stages 1–3) pancreatic cancer, 57% in England and 50% in Wales received a form of disease-targeted treatment (surgery, radiotherapy and/or systemic anti-cancer therapy) within 9 months of diagnosis, compared to the national target of 65% set by NHS England's Cancer Programme in their Cancer Alliance Planning Pack. This figure varied widely across organisations in England (IQR 45–65%, across 103 diagnosing NHS trusts) and in Wales (range 35–58%, across 6 local health boards). Among those with recorded performance status (PS) 0/1, rates of treatment were 72% in England and 63% in Wales.

Among those with metastatic (stage 4) pancreatic cancer, 27% in England and 26% in Wales received disease-targeted treatment. This figure varied across organisations in England (IQR 20-32%, across 108 diagnosing NHS trusts) and in Wales (range 15-33%, across 6 local health boards). Among those with PS 0/1, these figures were 41% in England and 40% in Wales.

Rates of treatment were strongly related to performance status and age:

- Among those with non-metastatic disease who were fully active (PS 0), 80% in England and 76% in Wales received disease-targeted treatment; among those with poor performance status (PS 3 or 4), rates of treatment were 6% in England and 9% in Wales.
- Among those with metastatic disease who were fully active (PS 0), 48% in England and 48% in Wales received disease-targeted treatment; among those with poor performance status (PS 3 or 4), rates of treatment were 3% in England and 1% in Wales.
- The percentage of people receiving treatment decreased markedly with older age. Among people in England with stages 1-3 disease and good performance status (PS 0/1), only 34% of people aged ≥80 years received treatment, compared to 74% of those aged 70–79 years (Figure 1).

Figure 1. Percentage of people with stages 1-3 exocrine pancreatic cancer diagnosed in England during 2022-2023 who received a form of disease-targeted treatment (surgery, chemotherapy, radiotherapy), by performance status (PS) and age.



Note: Figure not presented for Wales due to small sample sizes in each subgroup

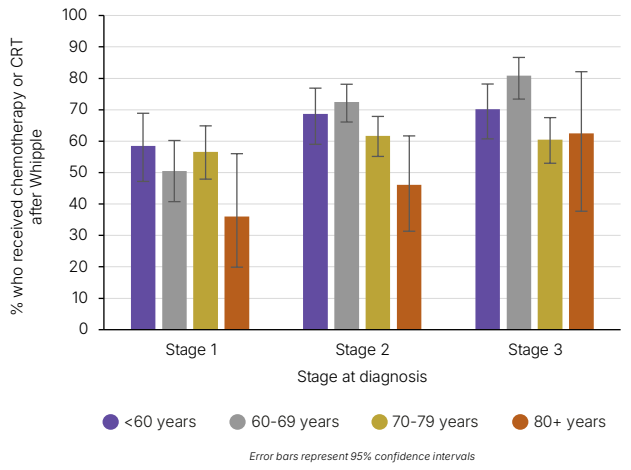
There was some evidence of higher treatment rates among people living in the least deprived areas: among those with non-metastatic disease in England, 60% of people living in the least deprived areas (IMD quintile) received disease-targeted treatment compared to 53% in the most deprived areas. However, these differences were reduced after accounting for performance status; for example, among those with performance status 0-1, 71% of people living in the most deprived areas and 73% of those in the least deprived areas had a record of receiving disease-targeted treatment.

Currently, NICE guidance recommends neoadjuvant therapy for people with pancreatic cancer only if it is given as part of a clinical trial (NICE 2018), but this guideline is now outdated and there is growing evidence for its use in people with tumours that are borderline resectable at diagnosis (PCUK Optimal Care Pathway Report). Among those undergoing surgical resection for pancreatic cancer, 16% in

England and 7% in Wales received chemotherapy or chemo-radiotherapy (CRT) prior to surgery. HPB specialist centre variation in England (IQR) was 9–18%. This represents an increase over time in England, from 6% for people diagnosed in 2015 to 17% for people diagnosed in 2023.

Adjuvant therapy is recommended for those people who are well enough after surgery to tolerate treatment (NICE 2018). Among those people undergoing a Whipple procedure, 62% in England and 63% in Wales received chemotherapy or CRT within 14 weeks after surgery. Treatment rates varied by stage and age (see Figure 2). There was variation across HPB specialist centres (IQR: 54–68% for 2021–23). These rates have increased over time in England, from 55% in 2015 to 63% in 2023.

Figure 2. Percentage of people undergoing a Whipple procedure for exocrine pancreatic cancer diagnosed in England during 2021-2023 who received chemotherapy or chemotherapy and radiotherapy (CRT) after surgery, by stage and age at diagnosis.



Note: Figure not presented for Wales due to small sample sizes in each subgroup

4.5 Supportive care for pancreatic cancer

Key messages:

Information about whether an individual was seen by a CNS around the time of diagnosis was missing for 45% of people diagnosed with pancreatic cancer in England. Of those with complete data, 88% were seen by a CNS around the time of diagnosis. People with longer survival after diagnosis were more likely to have a record of CNS involvement.

Among all people diagnosed with pancreatic cancer in England, 55% had a primary care prescription for pancreatic enzyme replacement therapy (PERT). Among those who survived at least 90 days after diagnosis, around two-thirds (67%) had a PERT prescription. People who received disease-targeted treatment were more likely to have a prescription for PERT than those who did not receive disease-targeted treatment (74% versus 57%).

Among people diagnosed with pancreatic cancer in England who had complete information about clinical nurse specialist (CNS) involvement, 88% were reported to have been seen by a CNS at diagnosis. This figure varied across organisations in England (IQR 83–98% across 81 NHS trusts). However, information on CNS involvement was missing for 45% of people, and trust-level variation is presented only for those trusts with CNS information available for at least 50% of their diagnoses. The percentage of people seen by a CNS was higher among those with longer survival after diagnosis: 90% of those who were alive at 30 days after diagnosis had a record of being seen by a CNS, compared to 79% of those who died within 30 days of diagnosis. Among the 267 people diagnosed in Wales who had their information submitted via the new Cancer Dataset Forms (CDF), 85% had complete information on CNS involvement. Among this subgroup, 91% had a record of being seen by a CNS.

Among all people diagnosed with pancreatic cancer in England (2022-2023), 55% had a primary care prescription for PERT. Among the subgroup of people who survived at least 90 days from diagnosis, this figure was 67% (IQR 57 to 76% across 119 NHS trusts). There was a notable difference in the rate of PERT prescribing between people who received disease-targeted treatment (74%) and those who did not receive treatment (57%). For people diagnosed in Wales, information on PERT prescribing was not available.

4.6 Survival outcomes for people with pancreatic cancer

Key message

Overall survival remains low among people diagnosed with pancreatic cancer (one-year survival: 23% in England and Wales; two-year survival: 11% in England; not reported for Wales due to limited availability of follow-up data).

Among people diagnosed with pancreatic cancer, 23% in England and Wales were alive at one year after diagnosis, while only 11% in England survived at least two years. Two-year survival figures are not reported for Wales because mortality data for people diagnosed in 2022 and 2023 were available only up to 2024 (insufficient follow-up).

Survival was particularly poor among those diagnosed with stage 4 disease: 10% of people with stage 4 disease in England and 9% in Wales survived to one year after diagnosis, compared to 46% of people with stages 1-3 disease in England and 40% in Wales (Table 4).

The audit uses a process to identify providers who may be 'outliers' for one-year overall survival. In this audit cycle, there were no organisations with survival that was statistically lower than expected (potential 'negative outliers') in relation to the national average, across England and Wales. Please see the supplementary results for case-mix adjusted survival rates by NHS organisation.

Among those who underwent a Whipple operation, survival was 96.4% at 90 days post-surgery in England and 100% in Wales, and 77.1% at one year after surgery in England and 86.1% in Wales.

Table 4. Survival among people diagnosed with exocrine pancreatic cancer in England (2022–2023) and Wales (2023–24), overall and by stage at diagnosis

	England				Wales			
Survival from diagnosis, %	Overall (n=17,667)	Stages 1–3 (n=4,947)	Stage 4 (n=7,719)	Unknown stage (n=5,001)	Overall (n=951)	Stages 1–3 (n=273)	Stage 4 (n=442)	Unknown stage (n=236)
30-day	78%	94%	73%	71%	79%	92%	68%	86%
90-day	54%	83%	39%	48%	55%	82%	35%	61%
1-year	23%	46%	10%	21%	23%	40%	9%	28%
2-year*	11%	24%	3%	12%	not available	not available	not available	not available

* Two-year survival calculated for people diagnosed between 1 January 2021 – 31 December 2022 in England to ensure sufficient follow-up.
Note: NHS services were impacted by the COVID-19 pandemic and so the figures for 2021 will be atypical to some degree.

4.7 Changes over time

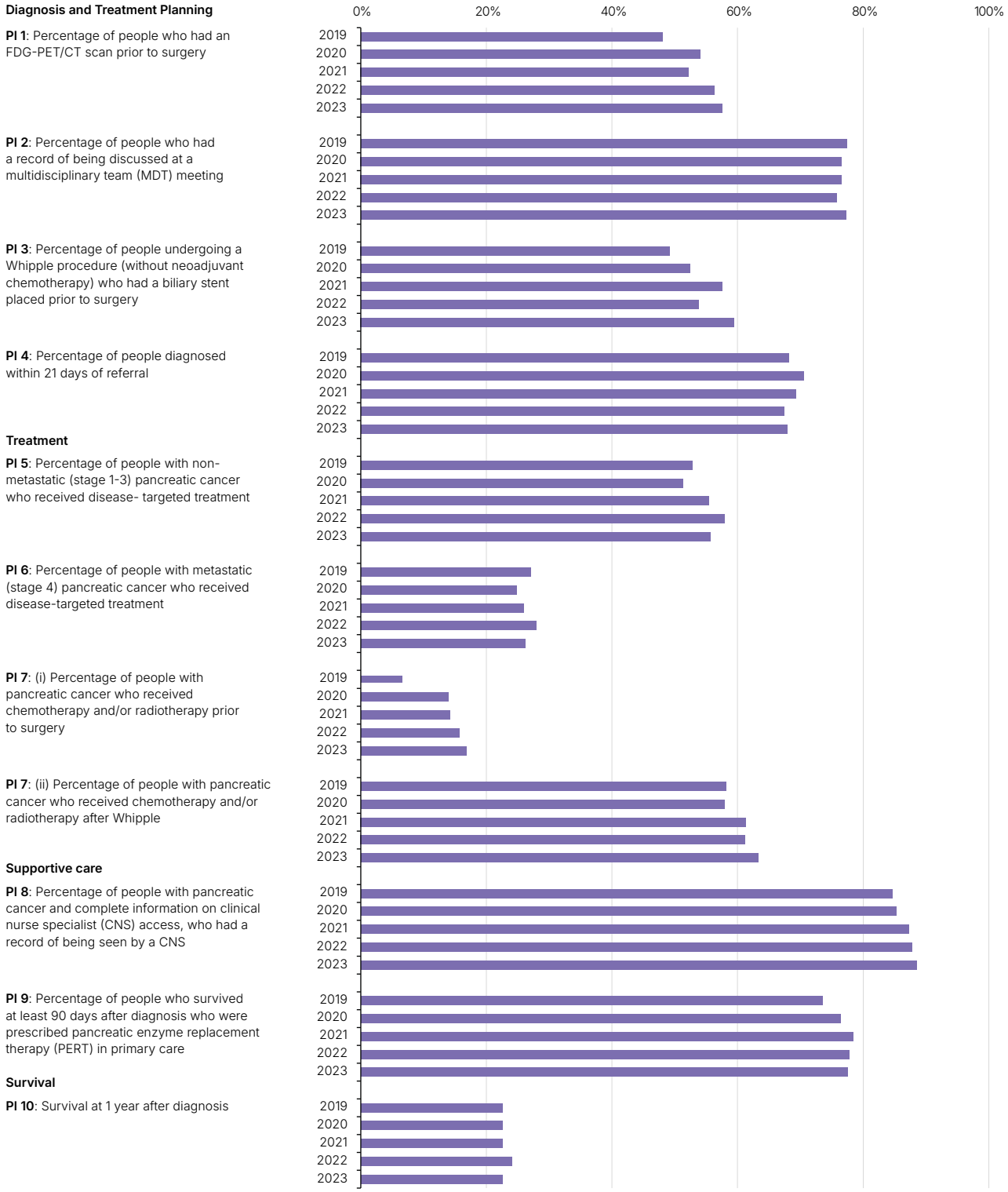
Figure 3 shows changes in the performance indicators over five calendar years for England.

There were increases in the percentage of people who had an FDG-PET/CT scan prior to surgery, from 48% in 2019 to 58% in 2023, and in the percentage of people with a biliary stent placed prior to Whipple procedure, from 49% to 59%, over the same period.

The percentage of people receiving chemotherapy or CRT prior to surgery has more than doubled, from 7% in 2019 to 17% in 2023. Evidence for its use in treating people with tumours that are borderline resectable at diagnosis has increased in recent years (PCUK Optimal Care Pathway Report), which likely accounts for the observed increase. The percentage of people receiving chemotherapy or CRT after a Whipple procedure increased more modestly, from 58% in 2019 to 63% in 2023.

All other indicators show small variations between years.

Figure 3. Annual results by performance indicator for England, by year of diagnosis



Note: Figures by year of diagnosis are not presented for Wales due to data being available for only three years (2022-2024) and small patient numbers on an annual basis for several indicators. The construction of some indicators (PIs 1, 3, 4, 7 and 9) has changed this year. Please refer to our methodology supplement for details. We recommend using Figure 3 to compare audit results over time rather than referring to earlier publications. This figure uses the most recent data and methods. All indicators have been re-calculated for each year using the most recent methods.

Data were impacted by the COVID-19 pandemic and so will be atypical to some degree during 2020-21.

5. Commentary

In this third State of the Nation Report from the National Pancreatic Cancer Audit, we describe the care received by people diagnosed with pancreatic cancer in England during 2022-2023 and in Wales during 2023-2024. We continue to report across key areas of the patient pathway, outlined in our Quality Improvement Plan, and describe patterns of care across regions and over time.

Most people with pancreatic cancer in England and Wales continue to be diagnosed at an advanced stage; 61% were diagnosed with metastatic disease. Although over two-thirds of people were diagnosed within the recommended 21 days of referral, there remains substantial variation in pathways to diagnosis and treatment, and in treatment rates. The reasons for excessively long pathways to treatment need to be identified locally, with action taken to address major bottlenecks. The Getting it Right First Time (GIRFT) pancreatic cancer specialty report (November 2025) recommended several measures to optimise diagnostic and treatment decision-making, including streamlined specialist MDT meetings, use of the PACT-UK template for standardised radiology reporting, and the implementation of a single-queue approach to diagnostic procedures.

Reducing variation in rates of disease-targeted treatment among people with non-metastatic (stages 1-3) pancreatic cancer continues to be an area of focus for the NPaCA. This year we launched a quality improvement intervention to support Cancer Alliances in England to improve treatment rates for people with pancreatic cancer, one of the NHS England Treatment Variation Group's priority recommendations. This intervention is supported by provider-level information on treatment rates published in NPaCA data dashboards. As noted in previous reports, preventing deconditioning among people diagnosed with pancreatic cancer should be a priority for MDTs, to support quality of life and ensure more people are able to receive treatment. This may require enhanced supportive care, prehabilitation, oncogeriatric services and dietetic support. The GIRFT report identified that the national shortage of clinical and medical oncologists is having a significant impact on the care of people with pancreatic cancer and highlighted a need to improve people's access to specialist HPB oncologist expertise to maximise opportunities for treatment.

Since the publication of our 2025 State of the Nation report, there have been discussions about the updates needed to NG85, and the Department for Health and Social Care has announced the development of site-specific cancer manuals in its new National Cancer Plan for England. Given that survival rates for people diagnosed with pancreatic cancer in England and Wales remain among the lowest in Europe, the development and implementation of new national guidance should be a priority.