Engagement Report

Topic details

Title of policy or policy statement:	Gemcitabine and paclitaxel albumin for locally advanced non-metastatic pancreatic cancer (adults)
Programme of Care:	Cancer
Clinical Reference Group:	Chemotherapy
URN:	2423

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this policy proposition, and how this feedback has been considered.

2. Background

The pancreas is an organ that produces digestive enzymes, which help digest food and hormones, notably insulin which helps the body process sugar (glucose). Pancreatic cancer is the 10th most common cancer in the UK and is more common in older populations with 47% of new cases being diagnosed in people aged 75 years and over (Cancer Research UK, n.d.). Other risk factors include deprivation, ethnicity (more common in Black patients compared to White patients), smoking and obesity (Cancer Research UK, 2023).

Unfortunately, pancreatic cancer has a poor prognosis, with one- and five-year survival being only 21% and 3.3% respectively. This is lower than the European and American average survival rates (Cancer Research UK, n.d; National Cancer Institute, 2024).

Pancreatic adenocarcinoma is the most common type of pancreatic cancer, and this arises from the cells that produce digestive enzymes (exocrine glands) (Rawla et al, 2019). Symptoms of pancreatic cancer include yellowing of the skin (jaundice), weight loss and abdominal pain. The onset of these is usually gradual and subtle as symptoms only become evident once the tumour is of significant size. As a result, patients usually present as an emergency or at an advanced state.

At presentation, 30-40% of pancreatic adenocarcinomas are locally advanced, inoperable and non-metastatic (Conroy et al, 2023). This is collectively referred to as locally, advanced non-metastatic pancreatic cancer (LANPC). These cancers spread

in and around the pancreas, and may obstruct local vital structures, such as blood vessels.

In LANPC, surgery is not usually possible due to the size and/or location of the tumour and therefore, chemotherapy is the mainstay of treatment. This is mostly given for palliative intent (i.e. chemotherapy is unable to cure; however, for a minority of patients, chemotherapy may shrink their tumour enough to allow for surgery). The type of chemotherapy patients receive depends on functional status as measured by the Eastern Cooperative Oncology Group (ECOG) performance status. For patients with an ECOG performance status of 0 or 1 (i.e. they are physically fit), combination chemotherapy is offered. The combination chemotherapy used is most often a modified FOLFIRINOX regimen and this is made up of three different chemotherapy drugs (Macmillan Cancer Support, 2023):

- FOL - Folinic acid (this is not a chemotherapy drug – it is given to improve the efficacy of fluorouracil)
- F - Fluorouracil (5FU)
- IRIN - Irinotecan
- OX - Oxaliplatin

The modified FOLFIRINOX regimen is intensive for patients: they require central venous access (i.e. a line into a large vein, commonly in the neck, chest or arms), they must attend hospital frequently to connect and disconnect chemotherapy infusions, patients (or a trained relative/healthcare professional) must administer filgrastim injections to prevent low white blood cell count (neutropenia), and there is a high toxicity. As a result, modified FOLFIRINOX is only suitable for the fittest patients and tolerance can be an issue.

This policy proposition recommends the use of gemcitabine and paclitaxel albumin (also referred to as nab-paclitaxel) as an alternative to modified FOLFIRINOX. This combined chemotherapy regime is made up of two chemotherapy drugs, both given as a short intravenous (through a vein) infusion. Compared to modified FOLFIRINOX, gemcitabine and paclitaxel albumin is associated with a lower toxicity, does not require central venous access and patients do not need to administer filgrastim injections. Moreover, there is no need for an ambulatory pump and the infusion can be given in a single, short (approximately 2 hours) visit. Therefore, compared to modified FOLFIRINOX, gemcitabine and paclitaxel albumin may be more tolerable and convenient for patients, and is likely to require less NHS resources.

3. Engagement

NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to ‘make arrangements’ to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and reduce health inequalities under the Health and Social Care Act (2012).

The policy proposition underwent a two-week stakeholder testing between the 20th June 2025 to 4th July 2025 with registered stakeholders from:

- Chemotherapy Clinical Reference Group
- Royal College of Radiologists

- Royal College of Physicians
- Pancreatic Cancer UK

Respondents were asked the following consultation questions:

- Do you support the proposal for routine commissioning based on the evidence review and within the criteria set out in the proposal?
- Do you believe that there is any additional information that we should have considered in the evidence review?
- Do you believe that there are any potential positive and/or negative impacts on patient care as a result of making this treatment option available?
- Do you support the Equality and Health Inequalities Impact Assessment?
- Does the Patient Impact Summary present a true reflection of the patient and carers lived experience of this condition?
- Do you have any further comments on the proposal?
- Please declare any conflict of interests relating to this document or service area.

The comments have then been shared with the Policy Working Group to enable full consideration of feedback and to support a decision on whether any changes to the proposition might be recommended.

A 13Q assessment has been completed following stakeholder testing.

The Programme of Care has decided that the proposition offers a clear and positive impact on patient treatment, by potentially making a new treatment available which widens the range of treatment options without disrupting current care or limiting patient choice, and therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

4. Engagement Results

The policy proposition received 11 stakeholder responses:

- 6 healthcare professionals, including clinicians and pharmacist colleagues
- 3 Patients
- 1 Charity
- 1 NHS Provider

This number, as well as the range of stakeholders represented, this was deemed a very good level of response. All stakeholders supported the policy proposition and felt that this offered patients a positive change.

5. How has feedback been considered?

Responses to engagement have been reviewed by the Policy Working Group and the Cancer PoC. The following themes were raised during engagement.

Keys themes in feedback	NHS England Response
Relevant Evidence	
All stakeholders agreed that all the relevant evidence had already been identified.	No further action required.
Policy Proposition	

All stakeholders supported the policy proposition and noted that the policy would have a positive impact on patients.	No further action required.
Impact Assessment	
All stakeholders agreed with the Equality and Health Impact Assessment (EHIA) and Patient Impact Assessment (PIA).	No further action required.
Current Patient Pathway	
One stakeholder highlighted that in the patient pathway diagram in the policy proposition, it is not clear that patients may respond sufficiently to gemcitabine and paclitaxel albumin that they may be able to go on to have surgical resection with curative intent.	A footnote was added to the patient pathway in the policy proposition to refer clinicians back to the stopping criteria, where patients are recommended to stop chemotherapy if their disease can now be surgically resected.
One stakeholder commented that patients should have access to gemcitabine and paclitaxel albumin as a second line option after modified FOLFIRINOX for patients with LANPC and metastatic pancreatic cancer.	This policy proposition is only applicable to locally advanced, non-metastatic pancreatic cancer. The use of gemcitabine and paclitaxel albumin for metastatic pancreatic is commissioned through NICE. As shown in the patient pathway diagram, patients are able to choose from either modified FOLFIRINOX or gemcitabine and paclitaxel albumin as their first line treatment. Patients are able to have gemcitabine and paclitaxel albumin following modified FOLFIRINOX if there has been a 6 month gap between treatments. This gap is consistent with the trials from the three-paper summary, and there is no data on the use of gemcitabine and paclitaxel albumin straight after finishing modified FOLFIRINOX.
Potential impact on equality and health inequalities	
One stakeholder commented that the policy may have a particularly positive impact on elderly patients as gemcitabine and paclitaxel albumin provides an alternative chemotherapy option to modified FOLFIRINOX which they are unlikely to be able to tolerate.	No further action required.
Changes/addition to policy	
One stakeholder commented that the estimated 130 patients per year who are expected to be eligible for the policy may be an underestimation given that NHS England are aiming to diagnose pancreatic cancer earlier, so there may	The estimated numbers have been based on the latest available epidemiology figures on the number of patients with LANPC. From the stakeholder's comment, it is not possible to estimate how many of the

be more patients with LANPC in the future.	increased number of patients will have stage III pancreatic cancer (i.e. LANPC). If the policy is commissioned, the number of patients accessing treatment will be routinely reviewed.
One stakeholder commented that the policy proposition should provide explicit guidance to ensure appropriate pathways are in place for collaboration between local and specialist centers.	A footnote was added under the starting criteria on page 7 of the policy proposition stating that there should be appropriate shared care agreements in place between local and specialist centres. Providers should ensure there is adequate communication between teams at implementation and refer to the Chemotherapy Service Specification.

6. Has anything been changed in the policy proposition as a result of the stakeholder testing and consultation?

The following change(s) based on the engagement responses has (have) been made to the policy proposition:

- **Policy Proposition:**
  - Page 7: The following footnote was added to ensure that there are appropriate shared care agreements between local and specialist centres: "There should be appropriate shared-care agreements in place between local and specialist centres when patients are receiving treatment at local centres, including a point of contact when there are clinical queries or escalation to specialist input is required."
  - Page 9: A footnote was added to the final diamond on the patient pathway to clarify that clinicians should refer to the stopping criteria when making decisions about continuing or stopping treatment.
- **EHIA:** No amendments made.
- **PIA:** No amendments made.

7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposition?

No.