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Survey

We estimate this survey will require 10 minutes to complete. Please note that “family member” is meant to be synonymous with the appropriate decision maker for the patient.

Country of residence:
1. United States
2. Canada
3. Africa
4. Australia / New Zealand
5. Europe
6. Scandinavia
7. Asia
8. Other

Do you currently work in the same country you were trained in?
1. Yes
2. No

How would you best describe your training?
1. General Surgery residency
2. Hepato-Pancreato-Biliary (HPB) surgery fellowship
3. Surgical Oncology fellowship
4. Other

How would you best characterize your practice?
1. Mainly HPB surgery
2. Surgical Oncology and HPB surgery
3. Gastro-Intestinal Oncology and HPB surgery
4. General Surgery and HPB surgery

Years in practice:
1. <5
2. 6 – 10
3. 11 – 15
4. 16 – 20
5. >20

How would you best characterize the hospital setting in which you work:
1. University affiliated teaching hospital
2. Referral hospital not affiliated to a University
3. Rural/Community Centre
4. Remote

In your hospital, how many surgeons perform surgeries for HPB related oncology conditions?
1. One
2. Two
3. Three

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4. Four
5. More than four

Who in your institution is primarily responsible for making the end of life decisions when treating a critically ill HPB patient?
   1. Critical care attending / intensivist
   2. Admitting surgeon

Does your local government body (country/state/province/county) have a medical futility law stating that if continued care of a given patient is “medically futile”, then the clinician may de-escalate care, regardless of what the family member requests?
   1. Yes
   2. No

Do you have access to an ethics review / consultation service at your institution?
   1. Yes
   2. No

If available, do you use this service often?
   1. Yes
   2. No
   3. Not available

If you have used an ethics consultation service, how often was it helpful?
   1. Always
   2. Usually
   3. Occasionally
   4. Never
   5. Never used

Do you have access to a multidisciplinary oncology team and/or HPB multidisciplinary team for pre-operative consultations where patients with HPB related cancers can be discussed?
   1. Yes
   2. No

If available, do you use this service often?
   1. Yes
   2. No
   3. Not available

Do you consider operative pancreatic resection a potential curative procedure for pancreatic adenocarcinoma?
   1. Yes
   2. No

Which of the following has a greater impact on your decision to proceed (or not) to a resection for pancreatic adenocarcinoma?
   1. Age
   2. Medical comorbidities

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3. Both

At what age does this become a factor?
1. < 50 years old
2. 51-65 years old
3. 66-80 years old
4. > 80 years old
5. Does not matter

To achieve a negative margin for a pancreatic head adenocarcinoma during a Whipple’s procedure, would you resect/reconstruct the portal vein confluence?
1. Yes
2. No

When identifying a non-resectable locally advanced pancreatic head adenocarcinoma intra-operatively in a patient with no pre-operative gastric outlet or biliary obstruction, what would best describe your approach?
1. Operative biliary and gastric bypass (“double bypass”)
2. Gastric bypass without biliary bypass
3. No surgical bypass. Future obstructive symptoms can be managed with non-surgical approaches (biliary/duodenal stents)

When identifying liver metastasis/peritoneal carcinomatosis in the setting of a pancreatic head adenocarcinoma intra-operatively in a patient with no pre-operative gastric outlet or biliary obstruction, what would best describe your approach?
1. Operative biliary and gastric bypass (“double bypass”)
2. Gastric bypass without biliary bypass
3. No surgical bypass. Future obstructive symptoms can be managed with non-surgical approaches (biliary/duodenal stents)

How would you typically describe the utility of a Whipple’s procedure for pancreatic head adenocarcinoma to your patients?
1. Curative operation. Once the tumor is removed, you are cured of your cancer;
2. Curative operation with a possible, but small risk, of recurrence of the tumor;
3. Curative operation but a high risk of tumor recurrence;
4. I do not discuss cure rates in detail with patients

Do you use celiac plexus boc for palliation in patients with non-resectable/metastatic pancreatic head carcinoma?
1. Yes
2. No

Are your patients routinely admitted to the ICU after a Whipple’s procedure?
1. Always
2. Selectively
3. Rarely
4. Never
When facing a severe post-operative complication after a Whipple’s procedure, how would you best describe your approach?

1. Aggressive care including CPR/intubation/transfer to ICU/prolonged ICU stay if necessary
2. Maximum medical management including transfer to the ICU but excluding CPR/intubation/prolonged ICU stay
3. Maximum medical management excluding CPR/intubation/transfer to ICU
4. Preference towards comfort care

Is there a specific time point after a Whipple’s procedure where you would consider withdrawing care in a patient that remains in the ICU for post-operative complications?

1. approximately 10 days
2. approximately 20 days
3. approximately 30 days
4. Continue ICU care as long as necessary
5. Would not consider ICU care for a post-operative complication

Do you commonly encounter resistance from other medical professionals (ie. Intensivists) to treat patients with a complication from a Whipple’s procedure?

1. Yes
2. No

Do you routinely obtain an internal medicine/anesthesia consultation prior to a Whipple’s procedure?

1. Yes
2. No

For high risk patients, do you obtain an ICU/critical care service consultation prior to a Whipple’s procedure?

1. Yes
2. No

How do you typically follow patients post resection of a pancreatic head adenocarcinoma?

1. Scheduled visits and radiological/biochemical surveillance
2. Scheduled visits with biochemical surveillance only
3. Scheduled visits only
4. Unscheduled visits (on a PRN basis only)

Do your hospital/institution resources influence decisions in your practice when treating Hepato-pancreato-biliary related neoplasms?

1. Yes
2. No

Does patient insurance status impact your treatment plan for pancreatic head adenocarcinoma?

1. Yes
2. No
3. Not applicable (all patients are automatically insured)

Does patient insurance status impact your treatment plan for palliation of patients with pancreatic head adenocarcinoma?

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4. Yes
5. No
6. Not applicable (all patients are automatically insured)

Do you routinely consider neoadjuvant therapy (chemo/radiotherapy) for patients with pancreatic head adenocarcinoma?
1. Yes
2. No

How do you discuss the efficacy of adjuvant chemotherapy for patients with pancreatic head adenocarcinoma?
1. Provide specific values and data of efficacy
2. Avoid specific discussions of efficacy
3. Refer to the medical oncologist

How often does your opinion/viewpoint on the treatment of pancreatic head adenocarcinoma differ significantly from your colleagues (i.e. at your institution)?
1. Frequently
2. Infrequently
3. Never

Have you ever had to transfer the care of a patient to a colleague because of a conflict with the patients or his/her family over the treatment plan of a pancreatic head adenocarcinoma?
1. Yes
2. No

Do you believe your opinion/practice regarding resection for treatment of a pancreatic head adenocarcinoma changed over time (i.e. with experience)?
1. Yes
2. No

Do you believe your faith (i.e. religion) influences the treatment of a pancreatic head adenocarcinoma?
1. Yes
2. No

How would you classify your religious beliefs?
1. Agnostic
2. Atheist
3. Buddhist
4. Christian
5. Hindu
6. Jewish
7. Muslim
8. Other

Do you believe that the treatment of Hepato-Pancreato-Biliary related neoplasms varies across countries / cultures?
1. Yes
2. No