

Chemotherapy for pancreatic cancer

This fact sheet is for anyone who wants to know more about chemotherapy to treat pancreatic cancer. It explains how chemotherapy is given, the different drugs that may be used, the main side effects, and how these can be managed.

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This information is for people with an exocrine cancer such as pancreatic ductal adenocarcinoma. People with rarer pancreatic tumours such as neuroendocrine tumours (NETs) may have different chemotherapy. The NET Patient Foundation has more information – www.netpatientfoundation.org

Each hospital will do things slightly differently, and treatment will vary depending on your cancer, so speak to your doctor about your own situation.



You can also speak to our specialist nurses on our confidential Support Line. Call them free on **0808 801 0707** or email nurse@pancreaticcancer.org.uk

Chemotherapy for treating pancreatic cancer

Chemotherapy uses drugs to damage and kill cancer cells. It is one of the main treatments for pancreatic cancer. Different chemotherapy drugs are available to treat pancreatic cancer. They can be used in a variety of ways depending on how far the cancer has spread, and your general health. Chemotherapy can be used:

- before surgery to try to shrink the cancer so that there's a better chance of removing it (see page 3)
- after surgery to try to reduce the chances of the cancer coming back (see page 3)
- to slow down the growth of cancer that has spread to nearby structures, such as the blood vessels around the pancreas (locally advanced pancreatic cancer) – see page 4
- when the cancer has spread beyond the pancreas to other parts of the body (advanced or metastatic pancreatic cancer) – see page 4.

You may be given one chemotherapy drug on its own, or two or three different drugs together (combination therapy), depending on how fit and well you are. Chemotherapy can also be given together with radiotherapy (chemoradiotherapy). Or you might be able to have chemotherapy as part of a clinical trial. Clinical trials are research studies involving people, that aim to find new and better ways of providing treatment and care.



Read more about clinical trials on our website at pancreaticcancer.org.uk/clinicaltrials

The main chemotherapy drugs and combinations for pancreatic cancer are listed here with the brand name of each drug in brackets.

- FOLFIRINOX – a combination of oxaliplatin (Eloxatin[®]), leucovorin, irinotecan and Fluorouracil (5-FU)
- Gemcitabine (Gemzar[®])
- GemCap – gemcitabine (Gemzar[®]) and capecitabine (Xeloda[®])
- FOLFOX – oxaliplatin (Eloxatin[®]) with fluorouracil (5-FU) and folinic acid
- Nab-paclitaxel (Abraxane[®]) with gemcitabine.



We have detailed information about the different chemotherapy drugs available for pancreatic cancer on our website at pancreaticcancer.org.uk/chemotherapydrugs

Chemotherapy for borderline operable pancreatic cancer

Chemotherapy may be suitable for some people with borderline resectable (operable) pancreatic cancer. Borderline resectable cancer is cancer that has grown very close to the major blood vessels near the pancreas. It may be possible to remove the cancer, but it depends which blood vessels are affected and how far the cancer has grown. Chemotherapy aims to shrink the cancer to improve the chances of successfully removing it with surgery. This may be followed by radiotherapy.



Read more about surgery in our fact sheet, **Surgery for operable pancreatic cancer**, or on our website at pancreaticcancer.org.uk/surgery

Chemotherapy with radiotherapy (chemoradiotherapy)

Chemotherapy can be used in combination with radiotherapy, which uses high energy x-rays (radiation) to destroy cancer cells. This is known as chemoradiotherapy. The chemotherapy drug is given in the normal way but at a lower dose, together with a daily treatment of radiotherapy. The aim is for the chemotherapy drugs (and sometimes other drugs) to make the cancer cells more sensitive to the radiotherapy so that it works better.

Chemoradiotherapy may be suitable for people with borderline resectable (operable) cancer, where surgery may be an option (see section above), or for people with locally advanced pancreatic cancer (see page 4). It is still unclear how well chemoradiotherapy works for borderline resectable or locally advanced cancer, and clinical trials are looking at this.



Read more about radiotherapy at pancreaticcancer.org.uk/radiotherapy

Chemotherapy after surgery to remove cancer

If you have had surgery to completely remove pancreatic cancer, your oncologist (cancer specialist) will discuss with you whether having chemotherapy afterwards would be helpful. The aim is to try to reduce the chances of the cancer coming back.

The drugs most often used after surgery are gemcitabine and capecitabine. Recent research suggests that using gemcitabine together with capecitabine (GemCap) can reduce the chances of the cancer returning, but they can also be given separately.

Chemotherapy will usually start within 12 weeks of surgery, and is normally given for up to six months.



Read more about gemcitabine and capecitabine at pancreaticcancer.org.uk/chemotherapydrugs

Chemotherapy for inoperable cancer

Locally advanced pancreatic cancer

If you have cancer that has spread to nearby structures such as blood vessels around the pancreas, surgery to remove the cancer is very unlikely. You will usually be offered chemotherapy, and sometimes chemoradiotherapy. This may shrink the cancer and slow down its growth. For a small number of people, it may shrink the cancer enough to make surgery possible.

Advanced pancreatic cancer

If you have cancer that has spread from the pancreas to other parts of the body, surgery to remove it won't be possible. Chemotherapy can be used to help control the cancer and relieve any symptoms. Chemotherapy won't cure the cancer, but it may help you to live longer and improve the quality of your daily life. Talk to your doctor about all the chemotherapy options that may be available.

What drugs are used for inoperable pancreatic cancer?

The chemotherapy drugs you have will depend on a number of things, including:

- how well you are
- your medical history
- your blood test results (see page 10).

The first chemotherapy drugs you have are called first-line chemotherapy. This includes the following options.

Gemcitabine

Gemcitabine is one of the standard chemotherapy drugs for locally advanced and advanced pancreatic cancer. It can be effective in controlling the cancer and improving symptoms. It may be given on its own or with other chemotherapy drugs.

Gemcitabine can be given in combination with capecitabine (GemCap) to treat locally advanced cancer. It might also be an option for people with borderline resectable cancer as part of a clinical trial. In general, people who are less well may be offered gemcitabine alone, as they may be less able to deal with the effects of having several drugs.

FOLFIRINOX

FOLFIRINOX is a combination of drugs – leucovorin, fluorouracil (5-FU), irinotecan and oxaliplatin. It is only suitable for people who are fit and well enough to cope with several different drugs. This is because it can cause a lot of side effects that can be difficult to cope with. FOLFIRINOX may help to control inoperable pancreatic cancer for longer than gemcitabine.

Doctors sometimes change the way FOLFIRINOX is given to make it easier to deal with. For example, they may reduce the dose of some of the drugs, or remove the 5-FU. Your oncologist will discuss this with you.

Nab-paclitaxel (Abraxane®) with gemcitabine

Nab-paclitaxel together with gemcitabine maybe an option for treating advanced pancreatic cancer. A recent study found that people with advanced pancreatic cancer who had nab-paclitaxel combined with gemcitabine lived on average about two months longer than people who had gemcitabine alone.

Nab-paclitaxel is available on the NHS for people with advanced pancreatic cancer in Wales and Scotland. It is available in England and Northern Ireland for people with advanced pancreatic cancer who can't have FOLFIRINOX or GemCap (gemcitabine with capecitabine).



Read more about chemotherapy drugs on our website at pancreaticcancer.org.uk/chemotherapydrugs

Second-line chemotherapy

When one chemotherapy treatment stops working or if it hasn't worked, different chemotherapy drugs may be used to try to control the cancer for longer. This is called second-line chemotherapy. There are different options which may be tried.

- For people who are less fit and more at risk of side effects, capecitabine may be used after gemcitabine.
- People who have had FOLFIRINOX as first-line treatment, and who are fit enough for more chemotherapy, may be able to have gemcitabine (with or without capecitabine).
- People who have previously had gemcitabine with nab-paclitaxel may be able to have a combination of oxaliplatin and 5-FU (FOLFOX).

There are some clinical trials for second-line chemotherapy. Speak to your doctor or nurse about what chemotherapy treatments or clinical trials are available that might be suitable for you.



Read more about these chemotherapy drugs on our website at [**pancreaticcancer.org.uk/chemotherapydrugs**](http://pancreaticcancer.org.uk/chemotherapydrugs)

Find out about current clinical trials at [**pancreaticcancer.org.uk/clinicaltrials**](http://pancreaticcancer.org.uk/clinicaltrials)



You can also speak to our specialist nurses on our free Support Line.

Questions to ask

How will chemotherapy help me?

Which chemotherapy drugs would be suitable for me?

How long will my chemotherapy last?

What are the side effects and how long will they last?

Will chemotherapy make surgery to remove my cancer possible?

Will chemotherapy help me live longer?

Are there any other treatments available to me?

Will I have chemotherapy after my surgery?

What are the advantages and disadvantages?

If you're offered chemotherapy talk to your doctor and nurse about the advantages and disadvantages. We've included a list of possible questions to ask on pages 6 and 17, which you may find helpful.

Advantages

- Chemotherapy may shrink your cancer or slow down its growth, which can help you live longer and feel better (see page 4).
- After surgery, chemotherapy may reduce the risk of the cancer returning.
- You may have more regular check-ups, tests and contact with your medical team. Some people find this reassuring.
- For a small number of people with borderline resectable cancer, chemotherapy may shrink the cancer enough to make surgery to remove the cancer an option (see page 3).

Disadvantages

- Chemotherapy can cause side effects (see pages 9-14).
- You will need to go to the hospital often for treatment, which can be tiring.
- Chemotherapy affects everyone differently, and may not work so well for some people.

How is chemotherapy given?

Chemotherapy can be given as an injection or infusion into a vein (intravenous chemotherapy), as tablets, or a combination of both. This will depend on which drugs you are having.

Injection or infusion into a vein

Chemotherapy drugs that are given intravenously may be given:

- as an injection into a vein, which lasts a few minutes
- through a drip into a vein (intravenous infusion), for 30 minutes to a few hours
- through a small portable pump, that you can carry with you and take home.

You will usually have intravenous chemotherapy at the hospital as an outpatient. This means you won't need to stay in hospital overnight. You should be finished after a few hours and may be given drugs to take at home. There are different ways of giving intravenous chemotherapy. This will depend on the type of drugs you are having and your treatment plan.

Chemotherapy through a cannula

Chemotherapy can be given into a vein through a cannula. This is a thin plastic tube which is put into a vein in the back of your hand or lower arm. Once it is in place, drugs are given through a drip that is attached to the cannula, or through an injection given by the nurse. The cannula is removed after each treatment.

Central lines

You may be given chemotherapy through a central line, such as a PICC line, Hickman line or a portacath. These are long tubes that deliver drugs directly into a large vein in your chest or arm, and can stay in place for as long as your course of chemotherapy lasts. They may need to be flushed (washed through) regularly if they are not being used that week. They can also be used for taking blood tests. The different types of central lines are explained here.

- **PICC line (peripherally inserted central catheter).** A PICC line is the most common type of central line used. It is a thin flexible tube that is placed into a vein in your upper arm. The line runs up the vein, inside your arm and up into a large vein in your chest. A PICC line can be left in for many months and usually stays in place until your chemotherapy treatment is over. It is flushed once a week, unless it is being used for treatment.
- **Hickman line.** A Hickman line is a long, hollow tube that is placed into a vein in your chest under a local anaesthetic. Part of the tube remains outside the body. This has an entry point at the tip where treatment is given. Blood tests can also be taken through this line. The line is flushed once a week, unless it is being used for treatment.
- **Implantable port (portacath).** This is a soft, thin, plastic tube with a rubber disc (port) at the end. It can be put into a vein in your chest under a local or general anaesthetic. The port is just under your skin. Treatment is given through a special needle which is passed through your skin into the port. Blood tests can also be taken through this line. An implantable port can be left in for as long as you need treatment. It is flushed once a month.

Macmillan Cancer Support has diagrams and videos on their website, showing how different types of central lines are put in.

Chemotherapy taken as tablets (oral)

Some chemotherapy drugs, such as capecitabine, can also be given as tablets. Your doctor or nurse will tell you how you should take it.

What is a chemotherapy cycle?

Chemotherapy is normally given in 'cycles'. Each cycle includes one or more treatment sessions and a rest period to allow your body to recover before the next cycle starts. Cycles lasting two, three or four weeks are the most common.

Everyone responds differently to chemotherapy, and you will be closely monitored during your treatment. You will have a blood test before each chemotherapy dose. This is to check that your kidney and liver are working properly, and that your white blood cell and platelet levels have recovered enough from the previous cycle (see page 10). If the levels are too low (see page 11), treatment may be delayed to give the white blood cells or platelets time to recover. You will also have regular check-ups, usually just before each cycle.

Your chemotherapy team will give you information about your particular chemotherapy treatment.



Read more about cycles for each chemotherapy drug on our website at pancreaticcancer.org.uk/chemotherapydrugs



You can also speak to our specialist nurses on our free Support Line.

How does chemotherapy affect the blood?

Chemotherapy can affect the blood cells. Blood cells are made in the bone marrow, which is the substance in the middle of your bones. Chemotherapy damages bone marrow, which can cause a temporary drop in the number of blood cells.

This can cause side effects, which are explained below. This usually happens 7 to 12 days after each treatment session but this may vary depending on how often you are having chemotherapy.

There are three main types of blood cells.

- **Red blood cells** carry oxygen around the body. The part of the cell that carries the oxygen is called haemoglobin.
- **White blood cells** fight infection. The most common white blood cells are called neutrophils.
- **Platelets** are tiny cells that help the blood to clot.

You will have regular blood tests to check your blood cell levels while you are having chemotherapy. This is called a full blood count. If the blood cell levels fall, you may be at risk of:

- infection from low white blood cells
- anaemia from low red blood cells or low haemoglobin
- bleeding from a low platelet level.

This may delay your chemotherapy. Your blood cell levels usually return to normal with a longer break between treatments. The chemotherapy dose may also be reduced, to prevent this from happening again.

Infections

Chemotherapy can cause a drop in the number of white cells (neutropenia), which increases your risk of infection. These low levels usually recover over time without you having to do anything. Signs of an infection include:

- a high temperature – a temperature of 37.5°C or 38°C (depending on the advice you've been given by your chemotherapy team) is high if you are having chemotherapy
- feeling shivery and cold
- headaches
- aching muscles
- feeling generally unwell or tired (lethargic).

You may also have a cough, sore throat, or pain or burning when passing urine.

What do I do if I have a high temperature?

Your doctor or nurse should have given you a number to call for urgent advice. If your temperature goes above 37.5°C or 38°C phone the emergency number straight away. You should also phone if you suddenly feel unwell and have flu-like symptoms, even if your temperature is normal or low. If you can't get in touch with your medical team, go to your nearest accident and emergency (A&E) department and tell them you are having chemotherapy. Everyone having chemotherapy should have their own digital thermometer to check their temperature accurately.

An infection while you're having chemotherapy is a medical emergency and needs urgent treatment. Do not ignore these signs or think that they will settle down, as they won't without medical help.

If you develop an infection when you have a low white blood cell count, your chemotherapy may be delayed until your infection has cleared up and your blood cell count returns to normal. Your doctor may also prescribe a treatment called G-CSF (granulocyte-colony stimulating factor) to help prevent infection. This is given as an injection to help your body make more white blood cells.

It's also possible that you may get an infection but your white blood cell level stays normal. You will still need to see a specialist, but you may be allowed to go home with antibiotics. It may also be a good idea to get a flu and pneumonia vaccination before chemotherapy, but speak to your oncologist or nurse about this.

As chemotherapy increases your risk of infection, avoid any dental treatment once you begin chemotherapy treatment, unless it's urgent. If you do need urgent dental care, speak to your oncologist first.

Can I take paracetamol or ibuprofen while having chemotherapy?

Paracetamol and ibuprofen are generally safe painkillers. But they also lower the body's temperature, and can hide the symptoms of an infection without curing it. Always check your temperature before taking these painkillers. If it's high, contact your medical team on the emergency number that you should have been given before taking any medication.

Feeling tired, weak and breathless

Some chemotherapy drugs such as gemcitabine may cause anaemia (low red blood cells or low haemoglobin). This can make you feel tired, faint and short of breath. If the red blood cell level is very low you may need to be given extra red blood cells in a drip (blood transfusion). Sometimes, people are given medication called erythropoietin (EPO) which can help your body make more red blood cells – but this is not often used.

Bleeding and bruising

Platelets help your blood to clot. Chemotherapy can cause a drop in the number of platelets in your blood. This is called thrombocytopenia. If this happens, you may get nosebleeds, bleeding gums, tiny red spots on your skin (purpura), and you might also bruise more easily.

You may need a longer break from chemotherapy to allow your platelet levels to recover, and your treatment dose may need to be changed.

Other side effects of chemotherapy

Chemotherapy is carried in the bloodstream to cancer cells anywhere in the body. This also means that normal cells are affected, which can cause side effects. Most side effects usually improve when chemotherapy stops. Some of the main side effects are described here, but different drugs can cause different side effects.

Before you start treatment, talk to your doctor or nurse about the possible side effects. There are ways to manage them. You will also have regular check-ups with your oncologist during your treatment. They may change the dose of the chemotherapy drugs to reduce some side effects.



Read about the side effects of the different chemotherapy drugs on our website at pancreaticcancer.org.uk/chemotherapydrugs



You can also speak to our specialist nurses on our free Support Line.

Loose watery stools (diarrhoea)

Some chemotherapy drugs can cause diarrhoea. If this happens make sure you drink plenty of fluids, and tell your doctor or nurse as they can give you medication to help. If you have diarrhoea more than four times a day, ring the hospital on the emergency number you will have been given. Your chemotherapy may be delayed until the diarrhoea is better, or it may be reduced.



Read our tips for coping with diarrhoea in our booklet, **Diet and pancreatic cancer**, or on our website at pancreaticcancer.org.uk/diet

Extreme tiredness (fatigue)

Fatigue is a common side effect of chemotherapy. It can be hard to cope with, as it makes it more difficult to carry out your daily activities. It is usually worse towards the end of your treatment, but most people find their energy levels improve after finishing treatment.



Read more about coping with fatigue on our website at pancreaticcancer.org.uk/fatigue

Feeling and being sick (nausea and vomiting)

Chemotherapy can make some people feel or be sick. This usually happens a few hours after treatment, and can last a few days. Your doctor will usually prescribe you anti-sickness medicines before you start chemotherapy to help with this. If this doesn't work, speak to your doctor about changing to a different anti-sickness medication.



Read more about coping with feeling and being sick on our website at pancreaticcancer.org.uk/nausea

Loss of appetite

You may not feel like eating during chemotherapy. You may also feel sick, which can affect your appetite. If this happens and you can't manage to eat much, try eating little and often – for example three small meals and three snacks a day. If you don't feel like eating, speak to your doctor, nurse or dietitian. They can help you to manage this.



Read more about coping with a loss of appetite in our booklet, **Diet and pancreatic cancer**, or on our website at pancreaticcancer.org.uk/diet

Taste changes

Some chemotherapy drugs can make food taste different. Some people describe it as a metallic or cardboard taste. Sucking boiled sweets or using herbs and spices in your food can help. Your doctor or dietitian may also be able to give you advice on managing this. Taste changes usually improve with time.



Read our tips for coping with taste changes in our booklet, **Diet and pancreatic cancer**, or on our website at pancreaticcancer.org.uk/diettips

Sore mouth and mouth ulcers

You may get a sore mouth or mouth ulcers during chemotherapy treatment. This should get better when treatment ends. Clean your teeth regularly with a soft toothbrush, and avoid spicy or citrus foods that might sting your mouth. Your doctor or nurse can give you advice. They may give you an anti-bacterial mouthwash that can help.

Losing your hair

Chemotherapy drugs for pancreatic cancer may cause your hair to thin slightly, or may cause hair loss. Using a gentle shampoo (such as baby shampoo) and leaving your hair to dry naturally helps. Hair loss is more common with chemotherapy treatment that includes nab-paclitaxel or FOLFIRINOX. Your hair will usually grow back after treatment stops.

Your nurse can give you advice on coping with losing your hair. Macmillan Cancer Support also have information about hair loss.

Blood clots

Having pancreatic cancer means you may be more likely to get a blood clot in a vein. This is called a thrombosis or deep vein thrombosis (DVT). Some chemotherapy drugs can increase the risk of this happening.

Symptoms may include swelling, redness or pain in your arms or legs, sharp chest pain or shortness of breath. Blood clots are serious but they can usually be treated successfully. Tell your chemotherapy team straight away if you have any of these symptoms, or any other problems while having chemotherapy.



Read more about blood clots on our website at
pancreaticcancer.org.uk/bloodclots

Diet and pancreatic cancer

The pancreas plays an important role in digesting food, as it produces substances called enzymes that help to break down the food. Nutrients from the food can then be absorbed into the blood and used by the body. Pancreatic cancer can reduce the number of enzymes that your pancreas makes. This means that food is not properly digested. It can cause symptoms, including loss of appetite, weight loss, feeling and being sick, diarrhoea, oily floating poo (steatorrhoea), bloating and wind.

Problems with eating and digestion can be managed. Pancreatic enzyme supplements can help to break down food, and can make a big difference to how you feel. You should be told about them by your dietitian, doctor or nurse. If you haven't seen a dietitian, ask to be referred to one.



Read about pancreatic enzyme supplements and managing diet in our booklet, **Diet and pancreatic cancer**, or on our website at pancreaticcancer.org.uk/diet



Or speak to our specialist nurses on our free Support Line.

Check-ups before and during treatment

You will have regular check ups and blood tests before each chemotherapy cycle starts. This is to check your kidneys, liver and bone marrow are working normally, and to make sure that it's safe to have the next cycle (see page 9). You may also have a routine medical examination. This is to check that you are well enough to start treatment, and to check that there are no other problems such as an infection.

If you have locally advanced or advanced pancreatic cancer, you may have a CT scan about every three months to check how well the treatment is working.

What happens after my chemotherapy ends?

After you finish your chemotherapy, you will have a follow-up appointment (check-up) with your oncologist. You may have a CT scan and blood tests at this appointment. Your oncologist will also check that you are recovering from any side effects of chemotherapy.

The check-up is a good time to ask any questions and talk about any problems or concerns you have. Your oncologist will also talk to you about any further treatment that you might need.

If your cancer hasn't grown, you may be given another follow-up appointment in three months time. This will vary between hospitals.

If your cancer starts to grow, you may be able to have further chemotherapy. Or you may be offered other treatments to help manage your symptoms. This will depend on your type of cancer and how well you coped with the previous chemotherapy. Speak to your doctor about what is suitable for you.

If your doctor hasn't mentioned clinical trials to you, ask if there are any trials that may be suitable for you after you have had first-line or second-line treatment.



Read more about clinical trials and find trials for pancreatic cancer on our website at pancreaticcancer.org.uk/clinicaltrials

Coping with chemotherapy

Having pancreatic cancer and chemotherapy can affect you emotionally as well as physically. People find different ways to cope and there is support available. You may find that talking things through helps. Family and friends can be a fantastic support.

Some people prefer not to talk to family and friends because they don't want to worry them. You may choose to talk to your medical team. You should have a keyworker who is usually a specialist nurse. They can provide emotional support, and should be able to answer any questions or concerns that you may have. Or you might want to join our online discussion forum, or talk to someone trained to listen, like a counsellor.

Talking to others affected by pancreatic cancer may help, and there are support groups around the country where you can meet others.



You can also speak to our specialist nurses on our free Support Line. They have time to listen to your concerns and answer your questions.



Read more about:

- coping with the emotional effects of pancreatic cancer on our website at pancreaticcancer.org.uk/coping
- the support available at pancreaticcancer.org.uk/getsupport
- people's experiences of chemotherapy in the real life stories on our website at pancreaticcancer.org.uk/stories

Complementary therapies

Some people find complementary therapies help in coping with the side effects of chemotherapy. Some chemotherapy units or local hospices have complementary therapies available such as massage, relaxation, acupuncture and aromatherapy. Always tell your medical team before you start a complementary therapy, as some may affect your cancer treatment.



Read about complementary therapies for pancreatic cancer on our website at pancreaticcancer.org.uk/complementarytherapies

Going to work

You can work during treatment if you feel up to it, but you may need to agree flexible working with your employer. You may also be entitled to sick pay if you decide not to work.



We have information about work and money on our website at pancreaticcancer.org.uk/money

? Questions to ask

Can I have chemotherapy close to where I live?

What side effects am I likely to get, and how can they be managed?

What happens after chemotherapy?

What happens if my chemotherapy treatment doesn't work?

Further information and support

Pancreatic Cancer UK services

We are here for everyone affected by the pancreatic cancer.

We're here to support and listen

Our free and confidential Support Line is a lifeline for thousands of people affected by pancreatic cancer. Our specialist nurses understand the issues you might be facing and their expert help will support you in coping with pancreatic cancer.

Call free on **0808 801 0707** weekdays 10am-4pm, or email **nurse@pancreaticcancer.org.uk**

We're here with the information you need

We have the most up-to-date information on everything you need to know about pancreatic cancer through our website and publications or our Support Line. We can help you every step of the way through diagnosis and treatment options to managing your symptoms and the care you receive.

Go to **pancreaticcancer.org.uk/informationandsupport**

Download or order our free publications at **pancreaticcancer.org.uk/publications** or call **0808 801 0707**

Find an A-Z of medical words at **pancreaticcancer.org.uk/medicalwords**

We're here so you can share

Our Forum is a supportive place where everyone affected by pancreatic cancer can be there for each other online at any time of day or night:

forum.pancreaticcancer.org.uk

Local support groups mean you can meet other people to share your experiences: **pancreaticcancer.org.uk/supportgroups**

Our Living with Pancreatic Cancer Support Days provide local face to face support in an informal setting for people diagnosed with pancreatic cancer: **pancreaticcancer.org.uk/supportdays**

Useful organisations

Cancer Research UK

www.cancerresearchuk.org

Helpline: 0808 800 4040 (Mon-Fri 9am-5pm)

Information for anyone affected by cancer.

Healthtalkonline

www.healthtalk.org

Personal experiences presented in written, audio and video formats.

Macmillan Cancer Support

www.macmillan.org.uk

Support Line: 0808 808 00 00 (Mon-Fri 9am-8pm)

Provides practical, medical and financial support for anyone affected by cancer.

Maggie's Centres

www.maggiescentres.org

Centres around the UK, and online. Offer free, comprehensive support for anyone affected by cancer.

NET Patient Foundation

www.netpatientfoundation.org

Helpline: 0800 434 6476

Information and support for people with neuroendocrine tumours (NETs).

Pancreatic Cancer UK

This fact sheet has been produced by the Support and Information Team at Pancreatic Cancer UK. It has been reviewed by health professionals and people affected by pancreatic cancer.

References to the sources of information used to write this fact sheet, and a list of health professionals who reviewed it, are available on our website – **pancreaticcancer.org.uk**

Pancreatic Cancer UK makes every effort to make sure that our services provide up-to-date, unbiased and accurate information about pancreatic cancer. We hope that this information will add to the medical advice you have received, and help you make decisions about your treatment and care. This information should not replace information and advice from your medical team – please speak to your doctor, nurse or other members of your medical team about any questions or concerns.

Give us your feedback

We hope you have found this information helpful. We are always keen to improve our information, so let us know if you have any comments or suggestions. Email us at **publications@pancreaticcancer.org.uk** or write to the Information Manager at the address below.

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