

How is pancreatic cancer diagnosed?

This fact sheet is for anyone having tests for pancreatic cancer. Family members may also find it helpful. It explains the different tests that you might have, what they involve, and what your test results mean. There is also information about the support available to you.

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Every hospital will do things slightly differently, so speak to your GP, consultant or specialist nurse if you have any questions.



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

Why is pancreatic cancer difficult to diagnose?

Pancreatic cancer can be difficult to diagnose. This is because it doesn't usually cause many specific symptoms in the early stages, and symptoms can be quite vague. Symptoms can also be caused by more common conditions, such as:

- pancreatitis (inflammation of the pancreas)
- irritable bowel syndrome (IBS)
- gastritis (inflammation of the stomach lining)
- hepatitis (inflammation of the liver)
- gallstones.

Symptoms of pancreatic cancer may include:

- tummy (abdominal) and back pain
- unexplained weight loss
- indigestion
- loss of appetite
- changes to your bowel habits
- jaundice (yellow skin and eyes, and itchy skin).

Symptoms vary in different people and you may not have all of these symptoms. If you have jaundice, go to your GP without delay. If you have any of the other symptoms, you don't know why you have them, and they last four weeks or more, go to your GP.

Doctors will need to rule out all the possible causes for your symptoms. This means that you may need several different tests to help diagnose pancreatic cancer (see page 6), and it may take some time to get a diagnosis.

“ You may have just one of these symptoms, but it is still important to go to your GP.”



We have more information about the symptoms on our website at **pancreaticcancer.org.uk/symptoms**

Visiting your GP

Give your GP a good description of your symptoms, including any changes to your bowel habits. It can help to keep a diary of your symptoms and how often you have them. Mention anything unusual to your GP, even if you are not sure if it is relevant. If your GP asks you to come back and see them at a later date, make sure you do.

Some people see their GP several times before getting a diagnosis. If you have unexplained symptoms that last four weeks or more, go back to your GP until you get a firm diagnosis, or a referral for tests to find out what's causing them.



Read our **10 Top Tips** for helping you talk to your GP on our website at pancreaticcancer.org.uk/talkingtoyourGP

“ From when you suspect a problem, just note down any symptoms, however vague or insignificant you feel they may be.”

What will happen when I see the GP?

- Your GP may ask whether you have had any problems with eating or digesting your food, and whether you have had any changes with your bowels.
- They may ask whether you have been losing weight without intending to.
- They may examine your tummy for any swelling and to check if it is tender or painful.
- They may look at your eyes and the colour of your skin for signs of jaundice.
- They may take a urine or blood sample.

Will the GP refer me for tests?

Your GP may make a request (refer you) for tests at hospital to work out what is causing your symptoms. There is information about the tests used to diagnose pancreatic cancer on pages 6-12.

If you have jaundice, your GP should refer you urgently for a CT scan (see page 8). Your GP should also refer you for a CT scan (or ultrasound scan if a CT scan is not available) within two weeks if you are over 60 and have unexplained weight loss and **any** of the following symptoms:

- tummy or back pain
- nausea or vomiting (feeling or being sick)
- diarrhoea (loose, watery stools)
- constipation (problems opening the bowels) or
- have been diagnosed with diabetes in the past year.

Being referred urgently does not necessarily mean that you have cancer.

If you are very unwell, your GP may send you straight to hospital. Or you may go to accident and emergency (A&E) yourself. For example, you might go to hospital because you have severe pain. Once you are in hospital, the doctors can assess your symptoms and do tests to work out what's wrong. They can also treat any symptoms you have.

How long will I have to wait for my tests?

In England, Wales and Northern Ireland if you've been given an urgent referral for a test or scan because of suspected pancreatic cancer it should be done within two weeks. If you haven't heard anything within two weeks, speak to your GP.

Scotland do not have a two week urgent referral time for pancreatic cancer. But you will be referred as quickly as possible.

If your GP doesn't suspect cancer and you haven't been given an urgent referral, you may have to wait several weeks for tests.

People with pancreatic cancer can start to feel very unwell quite quickly. If your symptoms get worse or you start to feel more unwell while you are waiting for tests, speak to your GP, as you may need to be seen sooner. They can also help you manage symptoms.

? Questions to ask

Will you refer me for any tests?

What tests will I have?

How long will I have to wait to have these tests?

Who will contact me to arrange these tests?

Where will I go for the tests?

Will I see a specialist?

Who will arrange a follow up appointment after these tests?

Do I need to be referred urgently in case I have cancer?

The National Institute for Health and Care Excellence (NICE) have produced guidelines for health professionals diagnosing and caring for people with pancreatic cancer.

These guidelines cover England, Wales and Northern Ireland. Scotland do not follow the NICE guidelines, but have developed their own guidelines for referring people with suspected pancreatic cancer.

We have included some of the NICE recommendations in this fact sheet. You can read all the recommendations for pancreatic cancer on our website at **pancreaticcancer.org.uk/NICE**

Tests for pancreatic cancer

You may need several tests to work out what's causing your symptoms. If you are diagnosed with pancreatic cancer, your doctors will use the test results (see page 14) to help decide the best treatment for you.

Your hospital will give you detailed information about each test and where you need to go for your appointment. Ask your doctor for this information if you haven't been given it.

If you have any questions about the tests you are having and why you are having them, speak to your doctor.



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

What tests are used to diagnose pancreatic cancer?

You may have different tests at different times. For example, you may have tests which diagnose pancreatic cancer, but then need more tests to find out exactly what type of pancreatic cancer you have and what stage it is (see page 14). You probably won't need all the tests described here, and you may not have them in this order.

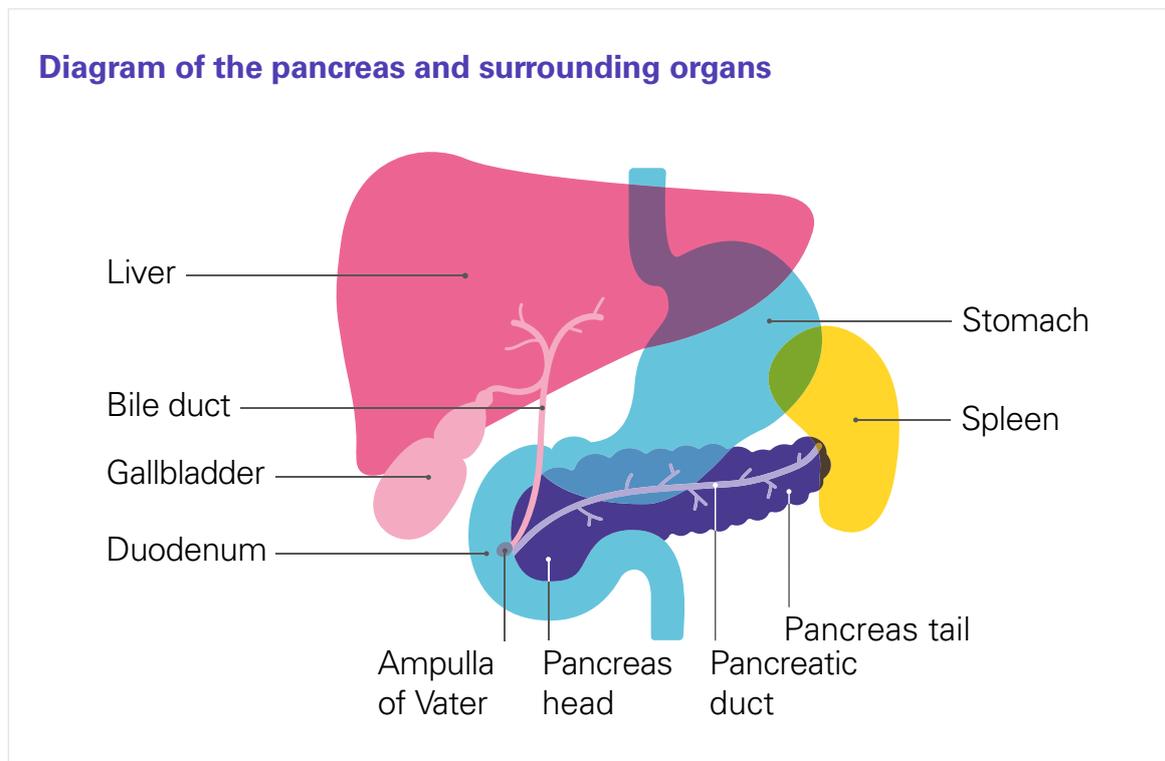


There are different types of pancreatic cancer. You can read more about these on our website at pancreaticcancer.org.uk/types

The tests used to diagnose pancreatic cancer include:

- blood tests (see page 7)
- an ultrasound scan of the tummy area (see page 7)
- a CT (computerised tomography) scan (see page 8)
- an MRI (magnetic resonance imaging) scan (see page 8)
- an EUS (endoscopic ultrasound scan) (see page 9)
- a biopsy (see page 9)
- a PET-CT scan (positron emission tomography) (see page 10)
- an ERCP (endoscopic retrograde cholangio-pancreatography) (see page 11)
- an MRCP (magnetic resonance cholangio-pancreatography) (see page 12)
- a laparoscopy (see page 12).

You may find this diagram helpful when reading about some of the tests below.



Blood tests

Blood tests are used to check your blood cell levels (blood count), how well your liver and kidneys are working, and your general health. If you have jaundice a blood test will show how severe the jaundice is.

Blood tests can also check for tumour markers that show up in the blood. Tumour markers are chemical substances produced by cancers. CA19-9 is a marker that may be used to help diagnose pancreatic cancer. But not all pancreatic cancers produce tumour markers, and other conditions that aren't cancer can also produce them. This means blood tests must be used together with other tests to make a diagnosis. Most blood tests can be done straight away.

Ultrasound scan of the tummy area (abdomen)

Ultrasound scans use sound waves to make a picture of the inside of the body. The images are displayed on a screen.

You will probably be asked not to eat anything for six to eight hours before the scan and only drink clear fluids. The scan is done while you are awake and lying on your back on a bed. Gel is spread on the skin of your tummy, then a probe is passed over the area. It can take up to 30 minutes and you can go home as soon as it's over.

CT (computerised tomography) scan

A CT scan uses x-rays to create a 3D picture of the pancreas and the organs around it. If you have jaundice and suspected pancreatic cancer, or have had another scan that showed a problem with your pancreas, you should be offered a CT scan.

If your diagnosis is still not clear after a CT scan, you should be offered a PET-CT scan (see page 10) or an EUS (see page 9) with a biopsy.

The NICE guidelines recommend that if you have been diagnosed with pancreatic cancer and haven't had a CT scan, you should be offered one. It is usual to have a CT scan of your chest and pelvic area (below your tummy) to check for any signs of cancer outside the pancreas and to decide the best treatment for you.



Read the NICE guidelines in full on our website at [pancreaticcancer.org.uk/NICE](https://www.pancreaticcancer.org.uk/NICE)

What does the scan involve?

You will be asked not to eat anything for six to eight hours before your CT scan and only drink clear fluids. Before the scan, you may be asked to drink a liquid containing a dye. This helps the different organs show up on the scan. You may also be given an injection into a vein to help to show up blood vessels.

You will be awake during the scan, and you won't feel anything. The radiographer who takes the scan won't be in the room, but can hear and talk to you during the scan. You will lie flat on a bed which moves through the scanner, and a series of x-rays will be taken from different directions. The CT scan usually lasts about 30 minutes, and you will probably be able to go home straight afterwards.

MRI (magnetic resonance imaging) scan

MRI scans use magnets and radio waves to build up detailed pictures of the pancreas and surrounding areas.

As the MRI scan uses magnets, you will be asked whether you have any metal implants in your body, such as a pacemaker or pins in your bones. You will need to wear loose clothing and make sure you have no metal objects on you, including zips and buttons.

What does the scan involve?

The scanner is shaped like a tunnel, and you will lie on a bed that moves into the scanner. The scanner is noisy so you may be given earplugs or headphones. You won't feel anything during the scan. You will be able to hear and talk to the radiographer who operates the scanner from outside the room. The scan usually takes 20-30 minutes and you can go home afterwards.

EUS (endoscopic ultrasound scan)

You may be offered an endoscopic ultrasound scan (EUS) together with a biopsy if your diagnosis is still not clear after having a CT scan. A biopsy involves taking tissue samples.

An EUS is usually done in hospitals which specialise in pancreatic cancer (see page 19).

What does the scan involve?

A thin, flexible tube (called an endoscope) is passed through your mouth and down into your stomach. The tube has a light at the end and a small ultrasound probe. The ultrasound probe creates detailed pictures that help to show where the cancer is in the pancreas, how big it is and whether it has spread outside the pancreas.

You won't be able to eat or drink for six to eight hours before the EUS. You will be given a throat spray of local anaesthetic to numb your throat and help stop you coughing during the procedure. You will also be given a sedative by an injection in your arm or the back of your hand. It won't put you to sleep but it will make you feel drowsy and relaxed. This makes it easier for the doctor to pass the endoscope into your stomach.

If you are having a biopsy with the EUS, a needle is passed through the tube to take tissue samples. This is called an EUS-guided fine-needle aspiration (EUS-FNA). You may hear this test called an EUS-guided fine needle biopsy (EUS-FNB) if a larger tissue sample is taken.

The EUS takes 30-60 minutes and you will probably be able to go home a couple of hours afterwards. You will need someone to take you home, as you can't drive for 24 hours after having a sedative.

Biopsy

A biopsy involves taking small tissue samples to be examined under a microscope. You may be offered a biopsy together with an EUS if your diagnosis is still not clear after having a CT scan.

A biopsy is the only way of being absolutely certain that you have pancreatic cancer. But it can sometimes be difficult to get enough tissue to make a definite diagnosis, and a second biopsy may be needed.

The results can show exactly what type of cancer you have, which may help the doctors decide on the most suitable treatment. You will need to have a biopsy to confirm your diagnosis before having chemotherapy, chemoradiotherapy (chemotherapy combined with radiotherapy treatment) or starting a clinical trial.

What does this test involve?

A biopsy can be taken during a CT scan (see page 8), EUS (see page 9), endoscopic retrograde cholangio-pancreatography (ERCP) (see page 11) or laparoscopy (see page 12).

If the biopsy is taken during a CT scan the doctor will put a needle directly through your skin into the area where they think there may be cancer, and remove a small sample of tissue. This is done under a local anaesthetic, so you will be awake but won't feel anything.

If you are having surgery for operable cancer, for example a Whipple's operation, you may not have a biopsy. The tissue removed during surgery will be examined under a microscope to confirm that it is cancer. If you're not sure if you have had a biopsy, ask your doctor or nurse about this.



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

Read about chemotherapy and chemoradiotherapy in our fact sheet, **Chemotherapy for pancreatic cancer**, or at pancreaticcancer.org.uk/chemotherapy

Read about clinical trials at pancreaticcancer.org.uk/clinicaltrials

PET-CT scan

This combines a CT scan (see page 8) with a PET (positron emission tomography) scan. A PET-CT scan helps to build up a clearer picture of the cancer and how it is behaving. It may be used to learn more about the stage of the cancer and how best to treat it (see page 14). It may also be used after you have been diagnosed to check if there is a chance of the cancer spreading, or to check how your treatment is working.

The NICE guidelines recommend that if a diagnosis is not clear following a CT scan, you should be offered a PET-CT scan. If you have been diagnosed with pancreatic cancer that is contained within the pancreas (localised pancreatic cancer) following a CT scan, you should also be offered a PET-CT scan. This helps to confirm whether it is possible to remove the cancer with surgery.

What does the scan involve?

A PET-CT scan is similar to a CT scan (see page 8). You won't be able to eat anything for at least four hours before the PET-CT scan, although you may be able to drink water. A small amount of a harmless radioactive substance, called flurodeoxyglucose (FDG), is injected into a vein in your arm before the scan. You will wait for about an hour after the injection to have the scan. The scan takes 20-45 minutes, and you can usually go home straight afterwards.

The FDG injection contains sugar, so people with diabetes may need to have their blood sugar levels monitored before they can have this scan. Speak to your doctor or nurse about this and what you can eat before the scan.

ERCP

An ERCP (endoscopic retrograde cholangio-pancreatography) is sometimes used to diagnose problems with the pancreas. It is usually used if your bile duct is blocked, to insert a small tube (called a stent) into the bile duct to unblock it. The bile duct is the tube that carries fluid (bile) from the liver to the duodenum (the first part of the small intestines) – see diagram on page 7.

What does this test involve?

An ERCP uses an endoscope and the procedure is similar to an EUS (see page 9). But an ERCP also involves taking x-rays. Dye is injected through the endoscope into the ampulla of Vater, which is where the pancreatic duct opens into the duodenum (see diagram on page 7). Any blockages will show up on x-rays.

While the endoscope is in place the doctor may use a small brush to take cells from the bile duct to check under a microscope. They may also take tissue samples for a biopsy (see page 9). If you are having a stent inserted with an ERCP and haven't already had tissue samples taken, the doctor should take a tissue sample during the ERCP.

If your ERCP is done to get x-rays and tissue samples, you will be able to eat within a couple hours, and will probably be able to go home after a few hours. You will need someone to take you home, as you can't drive for 24 hours after having a sedative. If your ERCP is done to insert a stent, you will usually need to stay in hospital for a couple of days.

You will be given details of who to contact if you have any problems after the ERCP.



Read about how a stent is inserted in our fact sheet, **Stents and bypass surgery for pancreatic cancer**, or on our website at pancreaticcancer.org.uk/stents

MRCP

An MRCP (magnetic resonance cholangio-pancreatography) is a type of MRI scan (see page 8) that looks at the bile duct, liver, gallbladder and pancreas. It can give clearer pictures of the bile duct and pancreatic duct, and any blockages in them.

You will usually be asked not to eat or drink anything for up to four hours before the scan. You may have an injection of a dye to help make the pictures clearer. You will be able to go home straight after the MRCP.

Laparoscopy

A laparoscopy is only done occasionally. This is a small operation, sometimes called keyhole surgery, which can be used to:

- help check that the cancer can be removed by surgery, before you have the actual surgery
- confirm a diagnosis of pancreatic cancer
- or work out the stage of the cancer (see page 14).

A biopsy may also be taken during a laparoscopy. In some cases, if a laparoscopy shows that the cancer has not spread, it may be possible to carry out surgery to remove the cancer at the same time as the laparoscopy.

What does a laparoscopy involve?

You will have a general anaesthetic, so you are asleep and won't feel anything. A long tube with a camera at one end is inserted through a small cut in your tummy, so that the doctor has a clear picture of inside of your tummy. Other small cuts may be made so instruments can be inserted to help with the examination.

Because of the general anaesthetic you won't be able to eat or drink for at least six hours before the laparoscopy. You will need to recover from the anaesthetic before you go home, but you may be able to go home on the same day. You will need someone to take you home and look after you overnight. You may need to take painkillers for a few days if the small wounds are uncomfortable.



If you have any questions about your tests, speak to your medical team. You can also speak to our specialist nurses on our free Support Line.

? Questions to ask

Have you done a biopsy as part of these tests?

When will I get my test results?

How will I get my test results?

Who can I contact if I have any questions?

How long will I have to wait for my test results?

It may take from a few days to a couple of weeks to get the test results – ask how long it will be when you go for the test. You can also ask who to contact if you don't hear anything. You will need an appointment with your consultant to find out what the results show and discuss what happens next. Find out more about what your test results mean on page 14.

Your test results should also be sent to your GP, and you may be sent a copy of the letter. If there's anything in the letter that is not clear, your GP or medical team can help explain what it means.



You might also find it helpful to talk things over with one of our specialist nurses on our free Support Line, as waiting for test results can be an anxious time.

What do my test results mean?

Your doctor will explain what the tests have found, and whether you have pancreatic cancer or not.

If you don't have pancreatic cancer

If the tests show that you don't have pancreatic cancer, you may be very relieved. But if you continue to have symptoms, make sure you go back to your GP to find out the cause of these so you get a proper diagnosis.

If you do have pancreatic cancer

If you do have pancreatic cancer, the results give your doctor detailed information about the cancer.

Depending on what tests you have already had, you may need some more tests after your diagnosis to find out what stage the cancer is and what treatment you may need. These tests may include a CT scan, MRI scan, PET-CT scan, an EUS or a laparoscopy.

If you have been diagnosed with pancreatic cancer you should be offered a CT scan if you haven't already had one. This is so doctors can work out the stage of your cancer and decide the best way to treat it. The CT scan should include your tummy, chest and pelvic area (below your tummy) to check for any signs of cancer outside the pancreas.

The stage of your cancer describes the size of the cancer and whether it has spread around the pancreas or to other parts of the body. Your doctor may tell you the stage of your cancer, and explain exactly what it means and how it affects your treatment options. Some doctors may just focus on whether or not your cancer can be removed with surgery, rather than the stage.

One type of staging uses numbers to describe the stage of the cancer.

Stage 1

The earliest stage – the cancer is contained inside the pancreas. This is known as **early, localised** or **resectable pancreatic cancer**. It may be possible to operate to remove the cancer (resectable).

- **Stage 1A** means that the cancer is smaller than 2cm.
- **Stage 1B** means that the cancer is larger than 2cm – but is still contained in the pancreas.

Stage 2

The cancer has started to grow into the duodenum (first part of the small intestines), bile duct or tissues around the pancreas, or there may be cancer in the lymph nodes near the pancreas. Lymph nodes are small glands found around the body, which are part of the immune system.

This may be **resectable pancreatic cancer** – it may be possible to operate to remove the cancer, depending on how far it has grown.

- **Stage 2A** means that the cancer is larger than 4cm and has started to grow outside the pancreas, but **has not** spread to the lymph nodes.
- **Stage 2B** means the cancer **has** spread to nearby lymph nodes.

Stage 3

The cancer has spread into the stomach, spleen, large bowel or into large blood vessels near the pancreas. This is usually **locally advanced** or **unresectable pancreatic cancer**, which means it is not possible to remove the cancer with surgery (unresectable).

However, it may very occasionally be **borderline resectable cancer** which means it may be possible to remove the cancer, but it depends which blood vessels are affected.

If you can't have surgery, you will still be able to have treatment with chemotherapy or chemotherapy combined with radiotherapy (chemoradiotherapy).

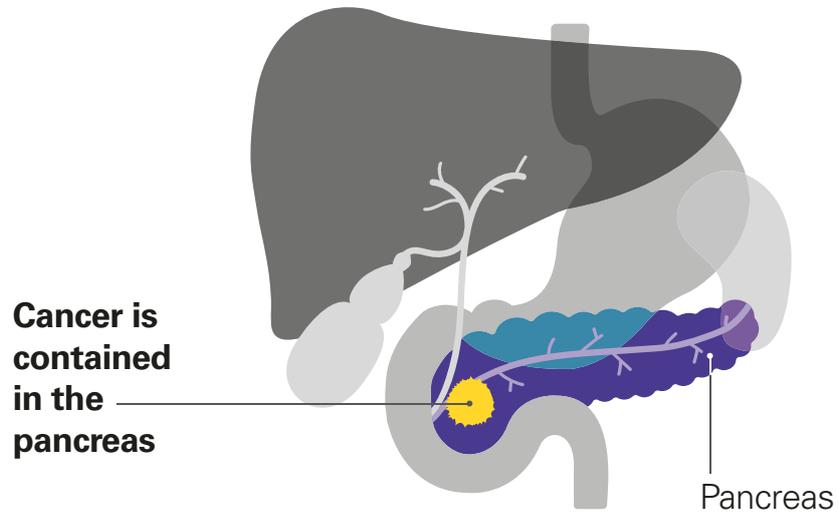
Stage 4

The cancer has spread to other parts of the body such as the lungs, liver or peritoneum (the lining inside the tummy wall). This is known as **advanced** or **metastatic pancreatic cancer**. It's not possible to remove the cancer with surgery (unresectable), as surgery can't remove all the cancer cells once they have spread to other parts of the body.

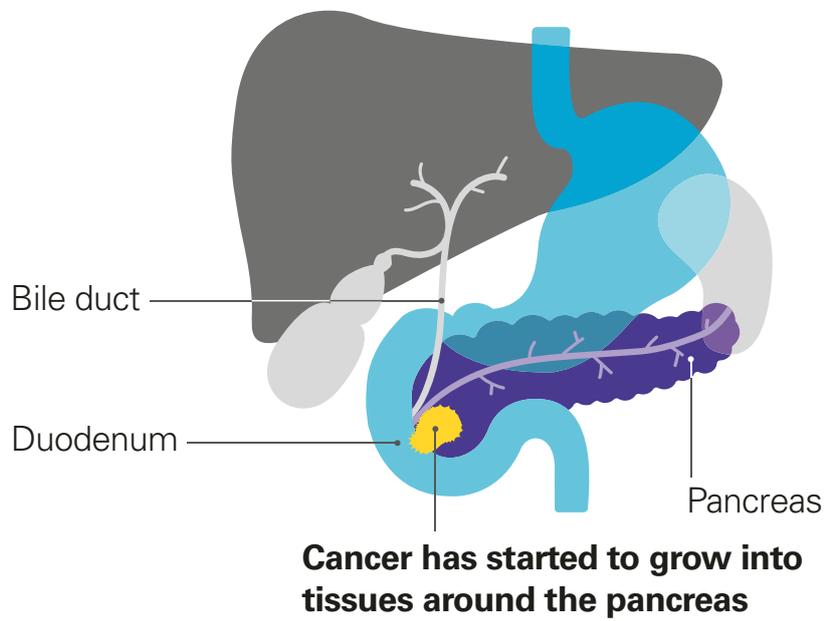
You may still be able to have treatment with chemotherapy to slow down the growth of your cancer.

The diagrams on the next page show the different stages.

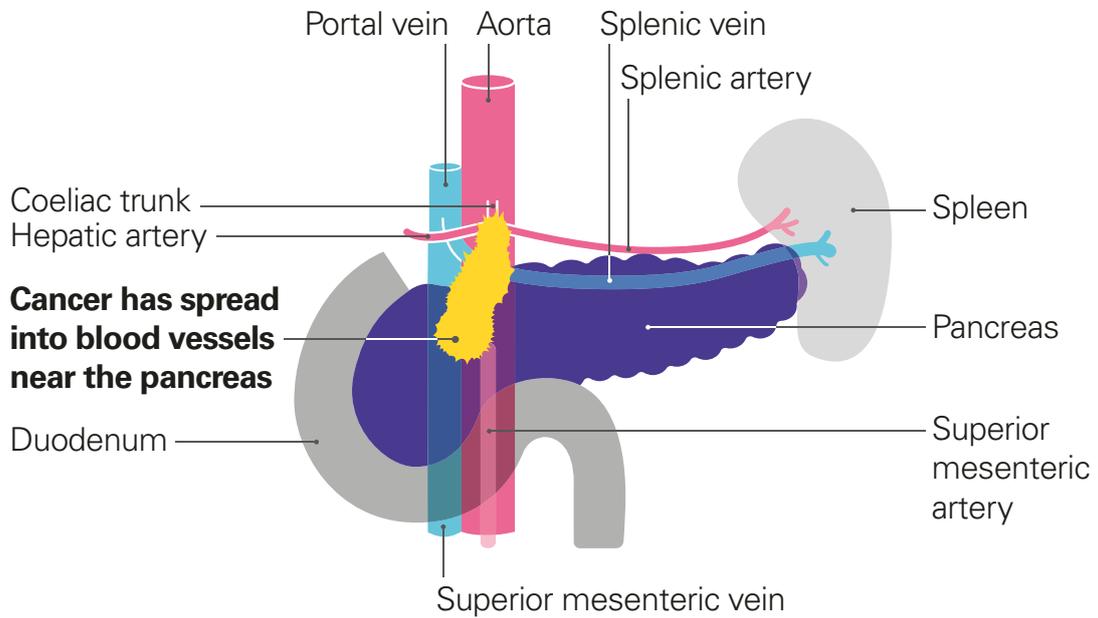
Stage 1 pancreatic cancer



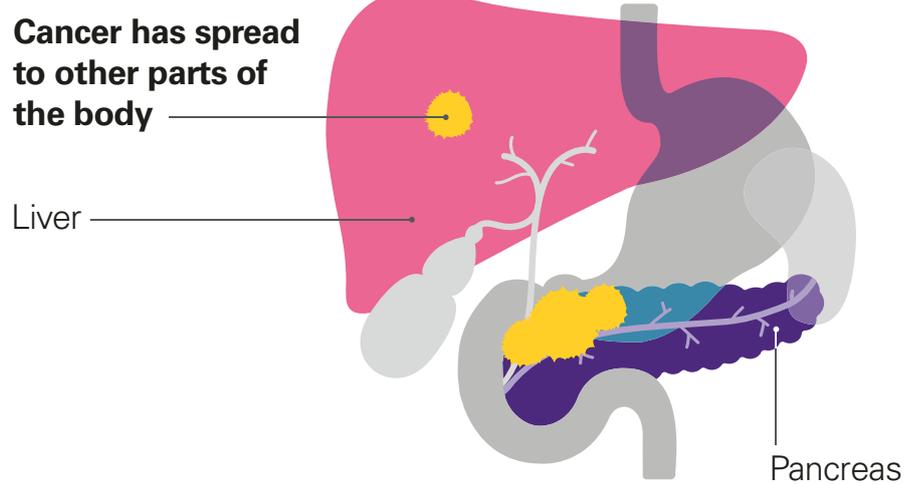
Stage 2 pancreatic cancer



Stage 3 pancreatic cancer



Stage 4 pancreatic cancer



Another system that is used is called TNM (Tumour, Nodes, Metastases) staging. You may only be given the TNM stage after you have had surgery to remove the cancer, if this is possible.

T is the size of the tumour.

- **T1:** the cancer is contained inside the pancreas, and is smaller than 2cm.
- **T2:** the cancer is contained inside the pancreas. It is larger than 2cm but no larger than 4cm.
- **T3:** the cancer is larger than 4cm and has started to grow into tissues around the pancreas, but it hasn't grown into the large blood vessels.
- **T4:** the cancer has grown into nearby large blood vessels.

N shows whether the cancer has spread to the nearby lymph nodes.

- **N0:** the cancer hasn't spread to nearby lymph nodes.
- **N1:** the cancer has spread to nearby lymph nodes.
- **N2:** the cancer has spread to four or more lymph nodes.

M shows whether the cancer has spread to another part of the body (metastatic cancer).

- **M0:** the cancer hasn't spread to other parts of the body.
- **M1:** the cancer has spread to other parts of the body, such as the liver or lungs.

? Questions to ask

What do the test results say about my cancer?

What stage is the cancer?

Has the cancer spread? If so where to?

What are my treatment options?

Are there any clinical trials available for me?

What happens next?

What happens next?

If you have been diagnosed with pancreatic cancer, your care should be reviewed at a specialist cancer centre where there is a team of specialists in treating pancreatic cancer. This team is called a multidisciplinary team (MDT). You should be involved in all decisions made about your care.



Read more about specialist centres and the multidisciplinary team on our website at pancreaticcancer.org.uk/specialistcentres

You will be given a main contact, often called a keyworker, who will usually be a specialist nurse. They will support you, and will be the person you speak to most.

What treatment will I have?

The treatment you receive will depend on the type of pancreatic cancer you have, where it is in the pancreas and the stage of the cancer. Other things like your age and general health will also be considered when choosing the best treatment for you.

Your medical team will discuss your treatment options with you, and you will be given time to think about your options before deciding what you want to do. Your treatment should start within 31 days of the treatment decision being made, if you are fit and well enough to have it.

If you have any questions about your diagnosis or treatment options, speak to your doctor or nurse.



You will probably have lots of questions. We have plenty of information about what to expect, including treatment options and coping with pancreatic cancer:

- on our website at pancreaticcancer.org.uk/informationandsupport
- in our booklet, **Pancreatic cancer: An overview of diagnosis and treatment.**



Our leaflet, **The care you should expect and receive: Patient Charter**, explains the standard of care everyone diagnosed with pancreatic cancer should have.

The National Institute for Health and Care Excellence (NICE) have produced guidelines for health professionals diagnosing and caring for people with pancreatic cancer in England, Wales and Northern Ireland. You can read all of the recommendations on our website at **pancreaticcancer.org.uk/NICE**

Coping with your diagnosis

Being told that you have pancreatic cancer may come as a shock. Everyone reacts differently and there is no 'right' way to feel. It's ok to be upset, angry, and to cry, shout or swear. If you have been unwell for some time, you may even feel a bit relieved that at least now you know what is wrong with you.

It can take time to come to terms with your diagnosis. You might find you have good and bad days. You will probably go through a range of emotions, from feeling positive and determined to get well again, to feeling low or worried about the future.

You and your family should be given information and support to help you deal with your diagnosis and manage the emotional impact of pancreatic cancer. This support should be tailored to your needs and the stage of your cancer, and continue to be available throughout your care.

We can provide a range of support – read more on page 22. There are also other organisations that can provide support on page 23.



You can speak to our specialist nurses on our free Support Line for information and support.



You can read more on coping with pancreatic cancer on our website at **pancreaticcancer.org.uk/coping**

Further information and support

Pancreatic Cancer UK services

We are here for everyone affected by pancreatic cancer.

We're here to support and to 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. 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, any time of day or night:

forum.pancreaticcancer.org.uk

Our Living with Pancreatic Cancer Support Days provide local face to face support in an informal setting for people with pancreatic cancer:

pancreaticcancer.org.uk/supportdays

Local support groups mean you can meet other people to share your experiences:

pancreaticcancer.org.uk/supportgroups

Useful organisations

Cancer Research UK

www.cancerresearchuk.org

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

Information for anyone affected by cancer.

Healthtalk.org

www.healthtalkonline.org/Cancer/Pancreatic_Cancer

Personal and patient 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

Tel: 0300 123 1801

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

National Institute for Health and Care Excellence (NICE)

www.nice.org.uk/guidance/ng85

NICE provide guidance, advice and information for health professionals. They have produced guidelines for the diagnosis and care of people with pancreatic cancer.

NHS Website

www.nhs.uk

Provide information about health conditions, living well, care, and local services in England.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk

Health information in Wales, including local services.

NHS Inform

www.nhsinform.scot

Tel: 0800 22 44 88 (Mon-Fri 8am-10pm, Sat-Sun 9am-5pm)

Provides information about health conditions, living well, and local services in Scotland.

nidirect

www.nidirect.gov.uk

Information about local services in Northern Ireland, including health services and information and support for carers.

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 our Information Manager at the address below.

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