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

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This information is for people with the most common type of pancreatic cancer, pancreatic ductal adenocarcinoma. People with pancreatic neuroendocrine tumours (NETs) may have different chemotherapy. The NET Patient Foundation has more information at – www.netpatientfoundation.org

Each hospital may do things slightly differently, and treatment will vary depending on your cancer. Speak to your doctor or nurse about your treatment.

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 kill cancer cells. It is one of the main treatments for pancreatic cancer. Chemotherapy can be used in different ways. It can be used:

- after surgery, to try to stop the cancer coming back – see page 3
- before surgery, to try to shrink the cancer so that the surgeon has a better chance of removing it – see borderline resectable cancer on page 3
- to slow down the growth of cancer that can’t be removed by surgery (locally advanced or advanced pancreatic cancer) – see page 4.

Chemotherapy drugs used for pancreatic cancer

There are different chemotherapy drugs that can be used to treat pancreatic cancer. You may have one chemotherapy drug on its own, or you may have two or more drugs together – this is called combination chemotherapy.

The chemotherapy you have will depend on whether the cancer has spread, how well you are and the results of your blood tests. Speak to your oncologist (cancer doctor) or nurse about which chemotherapy treatment is best for you. We have listed the drugs, with the brand names in brackets:

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

FOLFIRINOX is only given to people who are well enough for a few different chemotherapy drugs. This is because it can cause side effects that can be hard to deal with. Your oncologist may change the dose of some of the FOLFIRINOX drugs to make it easier to cope with. Your chemotherapy team can talk to you about this, and there are ways to manage side effects – read more on pages 9-14.

We have more information about the different chemotherapy drugs on our website at pancreaticcancer.org.uk/chemotherapydrugs
Chemotherapy after surgery to remove the cancer

You should be offered chemotherapy after surgery (such as the Whipple’s procedure) to try to reduce the chances of the cancer coming back.

- Gemcitabine with capecitabine (GemCap) is used most often after surgery.
- You may be offered FOLFIRINOX instead of GemCap if you are well enough to deal with the possible side effects.
- If you aren’t well enough for GemCap, you may be offered gemcitabine alone, as it may have fewer side effects.

You should be given time to recover properly from your surgery before starting chemotherapy, as you need to be well enough for six months of chemotherapy. Chemotherapy may start up to 12 weeks after your surgery.

If you are having any problems eating after your surgery, speak to your doctor, nurse or dietitian to make sure these problems don’t delay the chemotherapy. A dietitian is an expert in diet and nutrition. Read more about diet on page 15.

Chemotherapy for borderline resectable pancreatic cancer

Borderline resectable pancreatic cancer is cancer that has grown very close to major blood vessels near the pancreas. Surgery may be possible, but it depends which blood vessels are affected, and how far the cancer has grown.

You may be offered chemotherapy. Some people may then be offered chemotherapy together with radiotherapy (see below). The aim is to shrink the cancer, so that there is a better chance of removing it. But we need more research into how well these treatments work. You may be offered chemotherapy before surgery as part of a clinical trial. Clinical trials are research studies involving people. They help doctors find new treatments, or better ways of providing treatment. Speak to your oncologist about any clinical trials that may be suitable for you.

If the cancer has grown around a blood vessel, it’s not usually possible to remove the cancer with surgery. You will be offered chemotherapy to help control the cancer.

Chemotherapy with radiotherapy (chemoradiotherapy)

Chemotherapy used together with radiotherapy is called chemoradiotherapy. Radiotherapy uses high energy x-rays (radiation) to damage cancer cells and stop the cancer from growing. The chemotherapy may make the cancer cells more sensitive to radiotherapy, so that it works better.
Some people with borderline resectable cancer (see page 3) and locally advanced cancer may be offered chemoradiotherapy. But we need more research into how well this treatment works, and you may be offered chemoradiotherapy as part of a clinical trial.

If you have chemoradiotherapy, you will normally have chemotherapy on its own for around three to six months to begin with. You will then have a CT scan. If this shows that the cancer hasn’t grown or spread, you will start chemoradiotherapy.

The chemotherapy drug most often used with radiotherapy is capecitabine, which is taken as a tablet. You will have radiotherapy and capecitabine every day from Monday to Friday, for five to six weeks.

Read about surgery in our fact sheet, Surgery to remove pancreatic cancer, or at pancreaticcancer.org.uk/surgery

Read about radiotherapy at pancreaticcancer.org.uk/radiotherapy

Chemotherapy for cancer that can’t be removed with surgery
If it’s not possible to remove the cancer with surgery (inoperable cancer), you may be offered chemotherapy to help control the cancer.

Locally advanced pancreatic cancer
Locally advanced pancreatic cancer is cancer that has spread to areas near the pancreas, such as the stomach, spleen or large blood vessels. It is unlikely that surgery will be possible.

You should be offered chemotherapy, and sometimes chemoradiotherapy (see page 3). This may shrink the cancer and slow down its growth. It can also help with your symptoms, and help you to feel better. For a small number of people, this treatment may shrink the cancer enough to make surgery possible.

You may be offered FOLFIRINOX, or gemcitabine with capecitabine (GemCap). If you are not well enough to deal with the possible side effects of these treatments, your oncologist should consider gemcitabine on its own.
Advanced pancreatic cancer
Advanced pancreatic cancer is cancer that has spread away from the pancreas to other parts of the body. Surgery to remove the cancer won’t be possible.

Chemotherapy may help to control the cancer, and help with symptoms. It won’t cure the cancer, but it may help you live longer and feel better generally.

You will need to be well enough for chemotherapy. You will have a scan every three months to see how well the chemotherapy is working and how it is affecting you.

- You may be offered FOLFIRINOX if you are well enough to deal with the possible side effects.
- Or you may be offered gemcitabine together with nab-paclitaxel (Abraxane®).
- If you aren’t able to have these treatments, your doctor may consider gemcitabine together with capecitabine (GemCap).
- If you aren’t well enough for a combination of chemotherapy drugs, you should be offered gemcitabine on its own.

Speak to your chemotherapy team about which treatment may be best for you. Read more about side effects and how they are managed on pages 9-14.

You might be able to have chemotherapy as part of a clinical trial – ask your oncologist if there are any trials that might be suitable for you.

Second-line chemotherapy
The first chemotherapy treatment you have is called first-line chemotherapy. If this doesn’t work or has stopped working, different drugs may be used to try to control the cancer for longer. This is called second-line chemotherapy.

There are different second-line options which may be used.

- If you have had FOLFIRINOX, you may be able to have gemcitabine (with or without capecitabine).
- If you have had gemcitabine (with or without nab-paclitaxel), and are well enough to have further treatment, you may be able to have FOLFIRINOX or FOLFOX chemotherapy.
- If you have had gemcitabine and are not well enough to deal with more side effects, you may be able to have capecitabine.

Speak to your oncologist about which treatment may be best for you.
What are the advantages and disadvantages?

There are pros and cons of chemotherapy – speak to your doctor or nurse about these. You might find the questions to ask on page 17 helpful.

Advantages

- Chemotherapy may shrink your cancer or slow down its growth, which may help you live longer and help with your symptoms.
- For a small number of people with borderline resectable cancer, chemotherapy may shrink the cancer enough to make surgery to remove the cancer possible (see page 3).
- If you have chemotherapy after surgery, this may reduce the chances of the cancer coming back (see page 3).
- You may have more regular check-ups, tests and contact with your doctor when you are having chemotherapy – some people find this reassuring.

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?

Most chemotherapy drugs are given:

- as an injection, which takes a few minutes
- through a drip – this is called an infusion, and can take between 30 minutes and a few hours
- through a small pump, which you can carry with you and take home – this is used if you are having chemotherapy that takes longer than a few hours.

Capecitabine is taken as tablets that you take twice a day, and you can take these at home. Your chemotherapy team will tell you how to take the tablets. You will have the other chemotherapy drugs at hospital as an outpatient. This means that you will go into the hospital for treatment, but won’t need to stay overnight.

You may also be given medicines to take at home, such as anti-sickness medicine. It is important to tell your oncologist or nurse about any other medicines you are taking before starting chemotherapy.

A cannula

A cannula is a thin, plastic tube which is put into a vein in the back of your hand or lower arm. The chemotherapy is given through a drip that is attached to the cannula, or through an injection into the cannula. The cannula will be 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 are put into a vein in your chest or arm. Part of the tube remains outside the body and is attached to a drip to give you your chemotherapy. Central lines can stay in place for as long as your chemotherapy lasts. Your doctor or nurse can tell you more about central lines.

You can read more about central lines on our website at: pancreaticcancer.org.uk/havingchemotherapy

“ My mum said it felt cold when the chemo was administered into the vein via a cannula.”
What is a chemotherapy cycle?

Chemotherapy is normally given in cycles. This is the time it takes to have your treatment and a break before your next cycle of treatment. The break allows your body to recover between treatments. You may have a longer break if you need more time to recover from side effects (see pages 9-14).

A cycle normally lasts two, three or four weeks – but this will depend on the chemotherapy you are having. It is common to have a six month course of chemotherapy, but this will depend on how well the treatment is working and how chemotherapy affects you. Your oncologist or nurse can tell you more about this.

Check-ups before and during treatment

You will have check-ups and blood tests before each chemotherapy cycle starts. This is to check that your kidneys and liver are working properly, and that your blood count (see page 9) has recovered enough from your last cycle. These tests make sure that it’s safe to have your next cycle and that there are no other problems, such as an infection (see page 9).

You may also have CT scans during your chemotherapy, to check how well your treatment is working. If you have advanced cancer, you will have a CT scan every two to three months. If you have chemotherapy after surgery, you may not have a CT scan until the end of your treatment.

You can ask our specialist nurses on our free Support Line any questions about how chemotherapy is given and check-ups.

Read about what CT scans involve on our website at pancreaticcancer.org.uk/tests
How does chemotherapy affect the blood?

Chemotherapy can affect the blood cells. Blood cells are made in the bone marrow, which is in the middle of your bones. Chemotherapy can damage the bone marrow, which reduces the number of blood cells. This can cause side effects.

There are three main types of blood cells.

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

You will have regular blood tests, called a **full blood count**, to check your blood cell levels. If the number of blood cells drops, the main side effects are:

- an infection, from a low level of white blood cells (see below)
- anaemia from a low level of red blood cells, or low haemoglobin (see page 11)
- bleeding or bruising from a low level of platelets (see page 11).

If you have these side effects your chemotherapy may be delayed while they are treated, or while your blood cell levels recover. The blood cell levels should return to normal after your treatment finishes, or if you have a longer break between treatment cycles. Your oncologist may lower the dose of your chemotherapy in your next treatment cycle, which can help stop these side effects from happening again.

Your chemotherapy team should give you an emergency number to call if you are unwell, or need information about side effects. Your nurse will explain when you should call them. If you haven’t been given a number, ask your nurse about this.

**Infections**

A low level of white blood cells may mean that your body is less able to fight an infection. **An infection is an emergency if you are having chemotherapy.** It can be life threatening and needs treating straight away, as it won’t get better without medical help. Don’t ignore signs of an infection.
Signs of an infection include:

- a high temperature (see below)
- feeling shivery and cold
- headaches and sore muscles
- a cough or sore throat
- pain or burning when you pass urine
- feeling generally unwell or tired.

**What do I do if I have a high temperature?**

A high temperature is 37.5°C or 38°C, depending on the advice of your chemotherapy team. It is a sign of an infection. Call the emergency number (see page 9) if you have signs of an infection. If you can’t get hold of the chemotherapy team, go to A&E. You should also phone if you have flu-like symptoms, even if your temperature is normal or low. A low temperature is 35°C and below.

Everyone having chemotherapy should have their own digital thermometer to check their temperature.

Antibiotics can be used to treat an infection. Your chemotherapy may be delayed until your infection has been treated.

If you are having gemcitabine, you may get some flu-like symptoms such as feeling hot, cold or shivery, and a headache. These symptoms normally happen while you are being given gemcitabine, or up to 24 hours later. These symptoms are a side effect of gemcitabine, not an infection. You should call your chemotherapy team about these symptoms if they don’t get better after a day.

**Can I take paracetamol or ibuprofen while having chemotherapy?**

Paracetamol and ibuprofen can be used to help manage pain. But they can also lower your temperature. This can hide the symptoms of an infection and make you feel better – but it won’t cure the infection.

Always check your temperature before taking these painkillers. If it is high, call your chemotherapy team on the emergency number straight away.

“We were given a ‘chemo card’, so if we went to A&E he could be prioritised.”
Anaemia

Some chemotherapy drugs can lower the number of red blood cells in the blood. This is called anaemia. It can make you feel tired, weak, faint and short of breath.

If your red blood cell level is very low, you may need to be given blood through a drip. This is called a blood transfusion, and will increase your red blood cell levels. Macmillan Cancer Support have more information about blood transfusions.

Bleeding and bruising

Chemotherapy can lower the number of platelets in your blood – this is called thrombocytopenia. Platelets are cells that help blood to clot. If the number of platelets drops, you may be more likely to have nosebleeds, bleeding gums or tiny red spots on your skin. You may also bruise more easily than normal. If you have a nosebleed that doesn’t stop after five minutes, call your chemotherapy team.

Other side effects of chemotherapy

We explain some of the main side effects in this section, but different drugs can cause different side effects.

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

Side effects can affect everyone differently, and you may not get all of the side effects mentioned here. Your chemotherapy team should tell you about possible side effects and how they are managed. Ask them any questions you have. Side effects normally get better once your chemotherapy finishes.

You can speak to our specialist nurses on our free Support Line about side effects and how to deal with them.
Extreme tiredness (fatigue)
Fatigue is a common side effect of chemotherapy. It isn’t the same as just feeling tired. Fatigue can be physically, mentally and emotionally draining.

Some people find that fatigue starts a few hours to a few days after having chemotherapy, and starts to get better after a few days. It can take a few months after treatment for fatigue to go away.

There are things you can do to help with fatigue. See how the chemotherapy affects you, and work out how much activity you can manage. For example, you may want to do very little on the days after chemotherapy when you are likely to have fatigue.

Runny poo (diarrhoea)
Some chemotherapy drugs can cause diarrhoea. If this happens, make sure you drink lots of fluids to avoid becoming dehydrated. Dehydration is when the body loses more water than it takes in.

If you have diarrhoea more than four times a day, call the chemotherapy team’s emergency number. They can give you medicine to control it. Your chemotherapy may be delayed until the diarrhoea is better, or the dose of your chemotherapy may be lowered.

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 for a few days. You will normally be given anti-sickness medicines before you start chemotherapy. Tell your chemotherapy team if these don’t help.
Loss of appetite, taste changes or a sore mouth

During chemotherapy you may lose your appetite and not feel like eating. If this happens, try eating small meals often – for example three small meals and three snacks a day. If your appetite doesn’t get better after a few days, tell your doctor, nurse or dietitian. Read more about diet and chemotherapy on page 15.

Chemotherapy can also cause a funny taste in your mouth, which can stop you enjoying some foods. Some people say this tastes like metal or cardboard. Sucking boiled sweets and using herbs and spices in your food can help.

Chemotherapy can make your mouth sore and cause mouth ulcers. This can make it uncomfortable to eat and drink. Clean your teeth regularly with a soft toothbrush and avoid spicy or citrus foods that might sting your mouth.

Tell your chemotherapy team about any problems you have with your mouth. They can check that you don’t have an infection in your mouth such as oral thrush. This can cause taste changes, but is normally easy to treat.

Read about dealing with a poor appetite and taste changes in our booklet, Diet and pancreatic cancer, or on our website at pancreaticcancer.org.uk/diettips

“After not having felt like eating for a few days he thought the food I cooked for him as he started to recover was the most delicious he had ever had – it was a jacket potato and some ham!”

“My dad found sucking on ice lollies a great way to alleviate the mouth sores.”

Losing your hair

Chemotherapy may cause your hair to thin. This is more common with FOLFIRINOX or nab-paclitaxel. Your hair should grow back after treatment. Using a gentle shampoo (such as baby shampoo) and leaving your hair to dry naturally helps.

Your nurse can help you cope with hair loss. You could ask them about a scalp-cooling cap. This may protect the hair on your head during chemotherapy, and reduce hair loss.

Macmillan Cancer Support have more information about hair loss.
Tingling or numbness in your fingers or toes

Some chemotherapy drugs can affect the nerves in your hands and feet, which can cause tingling or numbness (peripheral neuropathy). This is most common with FOLFIRINOX, FOLFOX or nab-paclitaxel. It may be worse when it is cold, so wrap up warm if you are going outside – wearing gloves and warm socks may help.

Peripheral neuropathy normally gets better after treatment. But for some people it can get worse in the first few months after treatment, or may never go away.

Tell your chemotherapy team about any tingling or numbness. They can change the dose of the chemotherapy drug that causes this, or you may stop having it until it gets better. You may also be given medicines for any pain.

Blood clots

If a blood clot forms inside a vein it can block the normal flow of blood. This is called deep vein thrombosis (DVT). You are more at risk of a blood clot in a vein if you have pancreatic cancer and have chemotherapy.

Symptoms of a blood clot can include:

• pain, swelling, or tenderness in one of your arms or legs
• your skin may look red or a different colour to normal in the affected area
• a sudden pain in your chest
• feeling short of breath, which can start suddenly or gradually.

Tell your chemotherapy team straight away if you have any of these symptoms, or go to your local A&E. Blood clots are serious, and need treating straight away.

Your chemotherapy team should tell you how to reduce the risk of blood clots. Try to move around as much as possible, and drink plenty of water. Your oncologist may also give you blood thinning medicine.

Read more about blood clots at pancreaticcancer.org.uk/bloodclots
Diet and chemotherapy

The pancreas plays an important role in digesting your food, as it produces enzymes that help to break down the food. Pancreatic cancer can affect this, which means that food is not digested properly. This can cause symptoms such as weight and appetite loss, tummy pain, and changes to your bowel habits.

These problems can be managed with pancreatic enzyme supplements, which help to break down food. These include Creon®, Pancrease®, Nutrizym® and Pancrex®. Sorting out problems with digestion can help you cope better with chemotherapy. If you haven’t seen a specialist dietitian, ask your GP or nurse to refer you to one. They can help manage these problems.

Chemotherapy can also affect how much you can eat and drink. Read more about this on page 13.

Diabetes and chemotherapy

Diabetes is a condition where the amount of sugar in your blood is too high. If you have diabetes, it is important to tell your chemotherapy team. Sometimes chemotherapy, side effects, and treatment for side effects can affect your blood sugar levels. This may change how your diabetes needs to be managed.

Speak to your oncologist, nurse or dietitian about how your treatment may affect your diabetes, and how to manage this.
What happens after my chemotherapy finishes?

After you finish chemotherapy, you will have an appointment with your oncologist. You may have tests, and your oncologist will ask you about any side effects. They will also talk to you about any further treatment that you might need.

Once your chemotherapy has finished, you will have a CT scan every few months to check how well the treatment has worked. If your cancer starts to grow, you may have more chemotherapy. Or you may be offered other treatments to manage your symptoms. This will depend on your cancer and how chemotherapy affected you. Speak to your oncologist about what is best for you.

If you need more treatment, your oncologist may mention clinical trials. Ask them about any trials that may be suitable for you.

Coping with chemotherapy

Having pancreatic cancer and chemotherapy can affect you emotionally, and you will probably have lots of different feelings and worries. People find different ways to cope, and there is support available.

You may find that it helps to talk things through.

- Family and friends can be a fantastic support. But some people prefer not to talk to family and friends because they don’t want to worry them.
- You can also talk to your medical team. You will be given a main contact who will usually be a specialist nurse. They can provide emotional support as well as medical care.
- You can speak to our specialist nurses on our Support Line. They have time to listen to your worries and answer your questions.
- Talking to others affected by pancreatic cancer may also help. We have an online discussion forum for anyone affected by pancreatic cancer. And we run Living with Pancreatic Cancer Support Days where you can meet other people affected by pancreatic cancer and get support.

"The support nurses at PCUK and the discussion forum were my main source of support. It felt important to me to be able to talk to people who knew exactly what we were going through."

Your medical team should ask you how you are feeling at different points during your care, and support you in managing any problems you have.
Questions to ask your doctor or nurse

How long will I have chemotherapy for?
Will chemotherapy make surgery to remove my cancer possible?
Will chemotherapy help me live longer?
Are there any clinical trials that are suitable for me?
Will I have a central line put in?
How many cycles of chemotherapy will I have?
What side effects might I get, and how long will these last?
Is there any medicine or advice to help me deal with side effects?
Do I need to be referred to a specialist dietitian during my treatment?
How will my diabetes be monitored during my chemotherapy?
How often will I have check-ups once my chemotherapy has finished?
What happens if my chemotherapy doesn’t work?
What support can I get?
Further information and support

Pancreatic Cancer UK services
We are here for everyone affected by 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. 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 diagnosed 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
www.healthtalk.org
Personal experiences presented in written, audio and video formats, including people talking about pancreatic cancer.

Macmillan Cancer Support
www.macmillan.org.uk
Support Line: 0808 808 00 00  (Everyday 8am-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.

NET Patient Foundation
www.netpatientfoundation.org
Helpline: 0800 434 6476
Information and support for people with neuroendocrine tumours (NETs).

National Institute for Health and Care Excellene (NICE)
www.nice.org.uk/guidance/ng85
NICE provide guidance, advice and information for health professionals.

NICE have produced guidelines for health professionals treating and caring for people with pancreatic cancer in England, Wales and Northern Ireland. We have included the recommendations that cover chemotherapy in this fact sheet. You can read all of the recommendations for pancreatic cancer on our website at pancreaticcancer.org.uk/NICE

There are other guidelines for cancer care and treatment in the UK. Find out more in our booklet, The care you should expect and receive: Patient Charter.
This fact sheet has been produced by the Support and Information Team at Pancreatic Cancer UK. We make every effort to make sure that our services provide up-to-date, accurate information about pancreatic cancer. We hope this information will add to the medical advice you have had, and help you make decisions about your treatment and care. This information should not replace advice from your medical team – please speak to your doctor, nurse or other members of your medical team about any questions.

We would like to thank the following people who reviewed this information.

- Pippa Corrie, Consultant and Associate Lecturer in Medical Oncology, Cambridge University Hospitals NHS Foundation Trust
- Caroline Fong, Clinical Research Fellow, Gastrointestinal Unit, Royal Marsden NHS Foundation Trust
- Roopinder Gilmore, Consultant Medical Oncologist, Royal Free London NHS Foundation Trust
- Deborah Needham, Acute Oncology Nurse Specialist, James Paget University Hospital NHS Trust
- Rose Polcaro, Clinical Nurse Specialist Pancreas and Biliary Tract Cancers, Royal Free London NHS Foundation Trust
- Pancreatic Cancer UK Lay Information Reviewers
- Pancreatic Cancer UK Specialist Nurses

Email us at publications@pancreaticcancer.org.uk for references to the sources of information used to write this fact sheet.

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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© Pancreatic Cancer UK August 2019
Review date August 2021

Registered charity number 1112708 (England and Wales), and SC046392 (Scotland)