This fact sheet is for anyone with pancreatic cancer who is having chemotherapy. It provides information about how chemotherapy is given, the different chemotherapy drugs that may be used, the side effects, and how to look after yourself during chemotherapy.

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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 support@pancreaticcancer.org.uk
How is chemotherapy used for pancreatic cancer?

One of the most common treatments for pancreatic cancer is chemotherapy (using drugs to destroy cancer cells). For pancreatic cancer, chemotherapy is used in several different ways:

- before or after surgery to remove the cancer (resection) (see pages 10 and 6)
- when the cancer has spread to nearby structures such as the blood vessels around the pancreas (locally advanced pancreatic cancer) (see page 7)
- when the cancer has spread beyond the pancreas to other parts of the body (advanced or metastatic pancreatic cancer) (see page 7)
- on its own or in combination with radiotherapy (see page 10).

Chemotherapy drugs can be used in several different ways:
- one chemotherapy drug on its own
- two or three different chemotherapy drugs given together (combination therapy)
- together with radiotherapy (chemoradiotherapy).

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

What is chemotherapy and how does it work?

Chemotherapy uses anti-cancer drugs to destroy cancer cells. Normal healthy cells grow and divide in a controlled way. But cancer cells divide much more quickly and in an uncontrolled way, forming tumours. The chemotherapy drugs damage and kill the dividing cancer cells.

Chemotherapy is a systemic treatment, which means that it enters the bloodstream and can reach cancer cells around the body. But this means that normal cells are also affected. This happens particularly in areas of the body where cells are constantly being replaced – such as hair, skin, bone marrow and the lining of the digestive system. This is why chemotherapy may cause side effects such as nausea (feeling sick), diarrhoea (loose, watery stools), hair loss
and fatigue (extreme tiredness), and can make people more likely to pick up infections. Most side effects can be controlled and they will usually improve when chemotherapy treatment stops. See page 4 for information about the main side effects of chemotherapy.

Different chemotherapy drugs are available. They can be used in a variety of ways depending on:
- the type of cancer being treated
- where it is in the body
- how far it has spread
- your general health and fitness.

The information here is for people with an exocrine cancer. This is the most common type of pancreatic cancer – more than nine out of ten people (95 per cent) with pancreatic cancer have an exocrine cancer.

People with rarer endocrine cancers may have different chemotherapy and drug treatments available to them. These are also known as neuroendocrine tumours (NETs) or pancreatic (P)NETs. You can find out more from the NET Patient Foundation – www.netpatientfoundation.org

Read about the different types of pancreatic cancer on our website at pancreaticcancer.org.uk/types

**How is chemotherapy given?**

Each person’s chemotherapy prescription is prescribed and ordered individually. Your oncologist (cancer specialist) will work out the best chemotherapy drugs and exact dose for you. The dose you have depends on your body surface area, which is calculated using your height and weight.

Chemotherapy can be given intravenously (as an injection or infusion through a vein), as tablets, or a combination of both. You will usually have intravenous chemotherapy as an outpatient in the hospital’s chemotherapy unit, so you won’t need to stay in hospital overnight. Sometimes it may be given as an inpatient (where you stay in hospital), or in the community – for example, at mobile units or clinics in specific GP surgeries. You might even be able to have chemotherapy at home if you have private health insurance.
A course of 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 cycle to make sure your white blood cell and platelet levels are high enough (see below). If the levels are too low, treatment can 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 of treatment is due (see page 12).

Your chemotherapy team will give you information about your particular treatment, as well as contact numbers including who to call for urgent medical advice. Make sure you keep these details handy.

If you have any questions about your chemotherapy or what it involves call our specialist nurses on our free Support Line.

What are the side effects?

Chemotherapy drugs do cause side effects, though everyone is affected in different ways. Most people will get some side effects, but it’s unusual to get all the possible side effects. You might get more side effects if you have a combination of different chemotherapy drugs.

There are ways to manage the side effects, and you may be given medication to help with some of them. For example, you may be prescribed anti-sickness medication to deal with feeling sick (nausea). Make sure you take the medication exactly as you are told to.

Speak to your medical team if you get any side effects that you’re worried about, or that aren’t being properly controlled. You should have been given a phone number to contact them on. They can help you manage them.

If you have side effects that aren’t easily managed, your medical team may change the dose of the chemotherapy drugs to try to improve them. For example, if your chemotherapy is delayed several times because of low white blood cell levels, the dose of chemotherapy may be changed.
Perhaps the most significant side effect is the impact on your blood count. Chemotherapy can affect the bone marrow, which produces blood cells. This can result in:

- low levels of red blood cells (anaemia) which can make you very tired and sometimes breathless
- low levels of platelets (thrombocytopenia), which can lead to bleeding, as platelets help blood clots to form
- low levels of white blood cells called neutrophils (neutropenia), which makes you more likely to get to infections (see page 13).

You will have regular blood tests while you are having chemotherapy to check your full blood count (see page 12).

Another possible side effect is a blood clot forming in a vein (called a thrombosis, deep vein thrombosis or DVT). This is not very common. But having pancreatic cancer means you may be more likely to get a blood clot, and some chemotherapy drugs can also make it more likely. Symptoms may include swelling, redness or pain in your arms or legs, or shortness of breath (if the clot is in your lungs). Blood clots are serious but they can usually be treated successfully.

You can read more about blood clots on our website at pancreaticcancer.org.uk/bloodclots

Occasionally someone may have a rare or unknown side effect from their chemotherapy drug. This is very unusual, but if it happens, the medical team will do their best to treat it.

Speak to your medical team about the side effects of the chemotherapy drugs you are taking.

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

You can read more about the specific side effects of each drug on our website at pancreaticcancer.org.uk/chemotherapy
Chemotherapy after surgery to remove cancer

If you have had surgery to completely remove your cancer your oncologist will discuss with you the benefit of having chemotherapy afterwards. This form of chemotherapy is called adjuvant chemotherapy. The aim is to try to reduce the chances of the cancer coming back.

The drug most often used after surgery to remove the cancer is gemcitabine. Capecitabine may also be used. Occasionally, 5-fluorouracil (5-FU) may be an alternative treatment option.

Clinical trials are looking at the best ways to use these drugs after surgery (see page 17).

What are clinical trials?

Clinical trials are medical research studies that involve patients. They happen in all areas of medicine. They are the only way for researchers and doctors to find out whether a new treatment is better than a current one. In cancer, trials may include looking at new treatments, better ways of giving an existing treatment or controlling treatment side effects. Most trials in pancreatic cancer are looking at different treatment options with the aim of finding more effective treatments to improve survival and quality of life.

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

Read more about clinical trials, and find trials for people with pancreatic cancer, at pancreaticcancer.org.uk/clinicaltrials
When will I start chemotherapy?

You will need to have recovered well from your operation before starting chemotherapy treatment.

- You need to have recovered from any complications from your surgery, such as chest infections or bleeding.
- Your wound should have healed, with no signs of infection, such as if the wound becomes sore, red or inflamed, or is oozing.
- You should be able to eat and drink well, and your bowels should be working normally.
- You need to be back to a reasonable level of normal activity and fitness.

Chemotherapy will usually start within 12 weeks of surgery. It will be planned to be given for six months.

Chemotherapy for inoperable cancer

If you have cancer that has spread to nearby structures such as the blood vessels around the pancreas (locally advanced pancreatic cancer), surgery to remove the cancer completely is very unlikely. But sometimes chemotherapy or chemotherapy with radiotherapy (chemoradiotherapy – see page 10) can be used to shrink the cancer, slow down the growth of the cancer cells, and relieve your symptoms. For some people, this treatment shrinks the cancer enough to make surgery possible.

If you have cancer that has spread from the pancreas to other parts of the body (advanced cancer), surgery to remove it won’t be possible. Chemotherapy can be used to slow down the growth of the cancer and relieve your symptoms. Chemotherapy can’t cure the cancer, but it may help people to live longer and improve the quality of their daily life.

It is a good idea to talk to your specialist about the various chemotherapy treatment options that may be available and suitable for you. You may be eligible to take part in a clinical trial testing other chemotherapy drugs or chemotherapy combined with other treatments. You can ask your doctors if any suitable trials are taking place (see page 17).

We have information about current clinical trials on our website at pancreaticcancer.org.uk/clinicaltrials
First-line therapy

The first chemotherapy drugs you have are called first-line therapy. Different options for first-line chemotherapy are listed below. The choice of chemotherapy is usually based on a number of things, including:

- your physical fitness
- your medical history
- your blood test results
- your personal preference.

Speak to your oncologist about the chemotherapy options that are suitable for you.

Gemcitabine

Gemcitabine is a commonly used drug. It can be effective in controlling pancreatic cancer and improving symptoms. Gemcitabine may be given on its own or in combination with other chemotherapy drugs.

In general, people who are less physically fit may be offered gemcitabine alone, as they may be less able to deal with the effects of combined treatment. People who have a better level of fitness may be offered gemcitabine combined with other drugs.

FOLFIRINOX

A combination of drugs called FOLFIRINOX (leucovorin, 5-fluorouracil, irinotecan and oxaliplatin) may be suitable for people who are fit and well enough to cope with several different drugs. In a clinical trial, people with advanced pancreatic cancer who had FOLFIRINOX lived about four months longer than people who had gemcitabine alone.

FOLFIRINOX causes more side effects than gemcitabine, although one study found that people on FOLFIRINOX had a better quality of life for longer than those on gemcitabine. Doctors sometimes use different versions of FOLFIRINOX to make it easier to deal with.

Nab-paclitaxel with gemcitabine

A recent study found that people with advanced pancreatic cancer who had nab-paclitaxel (Abraxane®) combined with gemcitabine lived on average about two months longer than people who had gemcitabine alone.

Although this treatment is licensed for use in advanced pancreatic cancer in the UK, at the moment it is not available on the NHS in England or Northern Ireland. Your doctor may be able to apply for you to have it, if it’s suitable for you, but this
is only in exceptional cases. Nab-paclitaxel is currently available on the NHS for people with advanced pancreatic cancer in Wales and Scotland.

We have the most up-to-date information about accessing nab-paclitaxel on our website at pancreaticcancer.org.uk/abraxane

Nab-paclitaxel is also available in a number of clinical trials in the UK.

**Gemcitabine with capecitabine**
Gemcitabine given with capecitabine (GemCap) is another treatment option. In advanced cancer, GemCap is being used less since nab-paclitaxel was introduced. It might be an option for people with locally advanced cancer.

**Second-line therapy**
When a chemotherapy treatment stops working, different chemotherapy drugs may be used to try to control the cancer for a bit longer. This is known as second-line chemotherapy. Currently in the UK there is no standard second-line chemotherapy for pancreatic cancer, although there are options.

- A recent clinical trial showed that people who have previously had gemcitabine may respond to second-line therapy with a combination of oxaliplatin and 5-FU. This treatment is called FOLFOX.
- For people who are less fit and more at risk of side effects, capecitabine (or 5-FU) may be used after gemcitabine.
- People who have had FOLFIRINOX as first-line treatment and are fit enough for more chemotherapy may be able to have gemcitabine (with or without capecitabine).

There are some clinical trials for second-line chemotherapy. Early (phase 1) clinical trials and other clinical trials looking at new cancer treatments may be an option. Speak to your doctor or nurse about what treatments or clinical trials are available that might be suitable for you. Read more about clinical trials on page 17.

Read more about all these chemotherapy treatments on our website at pancreaticcancer.org.uk/chemotherapy

Find out about current clinical trials at pancreaticcancer.org.uk/clinicaltrials
Other uses of chemotherapy

Chemotherapy before surgery

Occasionally chemotherapy may be given before surgery, which is known as neo-adjuvant treatment. The chemotherapy may be given on its own, or may be followed by chemoradiotherapy. The aim is to shrink the cancer to improve the chance of the surgery being successful. It may be appropriate for someone who is a borderline candidate for surgery. This means that the cancer is very close to the major blood vessels near the pancreas. The surgeon may be able to remove the tumour, but it depends on which blood vessels are affected and how far the cancer has grown.

The evidence for the success of chemotherapy before surgery is still unclear, but there are clinical trials looking at it.

Find out more about current clinical trials on our website at pancreaticcancer.org.uk/clinicaltrials

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

Chemotherapy can also be used in combination with radiotherapy. This is known as chemoradiotherapy. The chemotherapy drug is given in the normal way but at a lower dose, together with a daily dose 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 is more effective.

Chemoradiotherapy may be used in patients who are borderline candidates (see above) for surgery. It may also be used for locally advanced cancers that have responded to chemotherapy but have not shrunk enough for surgery.

One phase II trial (known as SCALOP) looked at chemoradiotherapy for locally advanced pancreatic cancer. After four months of chemotherapy, chemoradiotherapy was given to patients whose cancer had remained stable or was responding to treatment. The study showed that people are able to deal with chemoradiotherapy given in this way. It also showed that capecitabine was a more effective drug than gemcitabine to combine with radiotherapy.
Main drugs for pancreatic cancer

The main drugs used in the UK to treat pancreatic cancer are listed below.

We have used the general (generic) name of each drug, with its brand name in brackets.

- Gemcitabine (Gemzar®)
- FOLFIRINOX
- Nab-paclitaxel (Abraxane®)
- Fluorouracil (5-FU)
- Capecitabine (Xeloda®)
- Oxaliplatin (Eloxatin®)

You can find out more about all these drugs, including how they are given and the side effects, on our website at pancreaticcancer.org.uk/chemotherapy

There are clinical trials looking at chemoradiotherapy for pancreatic cancer. Find out more on our website at pancreaticcancer.org.uk/clinicaltrials

Read more about radiotherapy at pancreaticcancer.org.uk/radiotherapy
Check-ups during treatment

You will usually see a specialist chemotherapy nurse or doctor at the start of each treatment cycle. During this appointment you will have blood tests taken to ensure that it is safe to continue with the next cycle. These will include:

- full blood count (FBC)
- kidney function
- liver function
- tumour markers, which are substances (proteins) produced by the cancer. These won’t be tested every time.

You will be weighed and your weight will be monitored throughout your treatment. You will also usually have a routine medical examination. If you have locally advanced or advanced pancreatic cancer, you may also have a CT scan every three months or so to check how the cancer is responding to treatment.

As well as looking at your test results the oncologist will talk to you about how you feel, to build up a complete picture. For example, you might be feeling a lot better after having chemotherapy, even though sometimes the scans don’t show any change in the cancer. Or you may have side effects that mean the dose of the chemotherapy needs to be changed.

You will also be asked about any side effects you have experienced from the last cycle of chemotherapy. If you can, it’s a good idea to keep a brief diary of any side effects you have, how long they lasted, how bad they were and so on. Most side effects are graded from 0 - 4, with 0 being no side effect and 4 being severe, life-threatening side effects. The oncologist will go through a specific list of questions to find out how you coped with the chemotherapy.

To treat you most effectively, your oncologist needs to balance the amount of any side effects and how bad they are with treating the cancer. So they will use all this information to decide whether or not to change the dose of the chemotherapy drug or, for example, to prescribe a different anti-sickness drug. Reducing the dose may help you to keep having the treatment. Alternatively, they may delay treatment to give you more time to recover from side effects.

Once your blood test results are back you will be told whether your blood count levels are good enough for you to go ahead with the next cycle of chemotherapy. You may not necessarily have your treatment on the same day as your clinic visit.

You will be given an appointment to see a specialist chemotherapy nurse before your next cycle. Make sure you have this before you leave the hospital.
Looking after yourself during chemotherapy

Everyone reacts differently to chemotherapy so it’s important to see how you respond and decide how much activity you can manage. Be kind to yourself and accept offers of help from family or friends. Chemotherapy causes fatigue (extreme tiredness) and it can take a number of months after treatment for your energy levels to get back to normal.

Some outpatient chemotherapy units have complementary therapies available such as massage, relaxation, acupuncture and aromatherapy. Some people find these therapies helpful in coping with the side effects of chemotherapy.

There are some useful tips here about looking after yourself during and after your treatment. You may get some side effects related to eating, including nausea, taste changes and a sore mouth.

Read about these on our website at pancreaticcancer.org.uk/diet

You can also read other people’s experiences of chemotherapy treatment in the real life stories on our website at pancreaticcancer.org.uk/stories

What if I get a temperature?

White blood cells that fight infections are called neutrophils. If your neutrophil count drops significantly, it can result in an infection. This can be an infection picked up from outside, or even from within the body. The body contains healthy bacteria, which are generally harmless. But when the neutrophil count drops, these bacteria can become harmful. This type of infection is known as neutropenic sepsis.

Signs of an infection include:

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

You may also have signs of a cough, sore throat, or pain or burning when passing urine.
During chemotherapy, a temperature of 37.5°C or 38°C is classed as high. Everyone having chemotherapy should have their own digital thermometer to check their temperature. If your temperature goes above 37.5°C or 38°C, phone the chemotherapy emergency contact number you will have been given. Different hospitals use slightly different temperatures, so check with your chemotherapy team when you should phone.

You should also phone if you suddenly feel unwell with flu-like symptoms, even if your temperature is normal. You don’t need to go to your GP, as once you are having chemotherapy, you can be seen as an emergency at any time.

**An infection is a medical emergency and needs urgent treatment. It is important not to ignore these signs or think that they will settle down, as this won’t happen without medical help. If you have any of these symptoms, call the number that your chemotherapy team will have given you.**

You will need to be admitted to hospital for intravenous antibiotics through a drip, to fight the infection. Over time, your neutrophil count will recover and you will be able to go home when your medical team think you are ready.

It’s also possible that you may pick up an infection but your neutrophil count stays normal. You will still need to see a specialist, but you may be allowed to go home with a course of antibiotics.

**Can I take paracetamol or ibuprofen while I’m on chemotherapy?**

Paracetamol and ibuprofen are generally very safe and effective painkillers. However, they also lower the body’s temperature, so should be used with caution during chemotherapy. They may hide an underlying infection by lowering your temperature and making you feel better, but they won’t cure the infection.

You should always check your temperature before you take paracetamol or ibuprofen. If it’s normal, it’s safe to take them. If it’s high, you should avoid taking them. If you’re not sure what to do, talk to your chemotherapy team.

**Hair care**

Most chemotherapy drugs used for pancreatic cancer don’t generally cause hair loss. You may find that your hair thins slightly, but you should keep most of it. It can help to use a gentle shampoo, such as baby shampoo.
It can help to reduce the amount of ‘friction’ caused to the hair follicles, for example by leaving your hair to dry naturally after you wash it. Avoid too much brushing, combing or straightening and only use hair products when absolutely necessary. If you have very long hair you may want to think about having it cut shorter.

The combination treatments FOLFIRINOX and nab-paclitaxel plus gemcitabine are more likely to cause hair loss, although it will grow back gradually once treatment stops.

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

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

**Having visitors**

Visits from family and friends, including children, can be a real boost and are part of leading a normal life. You can have as many visitors as you like, but make sure you don’t overdo it and tire yourself out.

If you know someone is unwell, it’s better to put off their visit until they are better so that you don’t increase your risk of getting an infection. This is particularly relevant with young children who pick up all sorts of bugs at school or nursery.

**Going out and about**

You can’t be expected to stay at home throughout your treatment. You may need to get out and about for all sorts of reasons, from getting some fresh air to grocery shopping or having a special day out. This means coming into contact with people who have coughs and colds and other bugs. But you don’t need to avoid people altogether. Just use common sense and follow standard hygiene practices like washing your hands after you’ve been out.

**Going out in the sun**

Some chemotherapy drugs can make you more sensitive to sunlight, which means you may quickly burn in the sun. It’s best to avoid direct sunlight, especially from 12-3pm, even in the UK. Always wear sun cream with a fairly high protection factor and protect your head and neck with a hat or scarf. It’s a good idea to stay in the shade wherever possible and drink plenty of water or other soft drinks to keep hydrated.
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. For example, chemotherapy can make you very tired, so shorter working days might help. Some working environments, such as classrooms, are less suitable for people having chemotherapy, so you might also want to talk to your oncology team about your work situation.

You may be entitled to sick pay if you decide not to work. It’s a good idea to check the regulations with your employer and have it confirmed in writing before you start your treatment. Macmillan Cancer Support has lots of information about work and cancer for employees and employers.

Drinking alcohol
It is all right to drink alcohol in moderation during your chemotherapy treatment, although you might find that it tastes different and you don’t enjoy it. You shouldn’t drink too much alcohol as it can make nausea worse.

Having a flu jab and pneumo jab
Having a flu jab to protect you from catching flu before you start chemotherapy or between chemotherapy cycles is recommended. A pneumo jab (pneumococcal vaccine) is also recommended to protect against uncommon but serious infections like pneumonia, meningitis and septicaemia.

Going to the dentist
Chemotherapy may affect your blood count, which can lower your resistance to infection. Because of this, routine invasive dental work isn’t recommended once you have begun chemotherapy treatment. You may have treatment from the hygienist if absolutely necessary. You can change any regular dental check-up appointments until after chemotherapy.

Emergency dental work such as treating an abscess or repairing a tooth that’s causing toothache is unavoidable. It’s very important to tell your dentist you are having chemotherapy. You should have a blood test (full blood count) to check you don’t have a low level of white blood cells, which can cause infection, or a low level of platelets that can cause bleeding. It’s best to have this done at the chemotherapy unit. They can tell you the result immediately and record what dental work you are having done.

As a precaution the dentist should give you antibiotics afterwards. These can sometimes be for a shorter period than the usual week’s course.
Chemotherapy and clinical trials

Clinical trials are medical research studies involving patients. Most trials in pancreatic cancer are for chemotherapy as it is the most common treatment. They may be testing out new combinations of existing drugs or adding new drugs to standard chemotherapy treatments. The aim is always to find more effective treatments to improve how long you live and the quality your daily of life.

You may be interested in joining a clinical trial as part of your chemotherapy treatment. Talk to your oncologist about any trials that might be suitable for you.

You could also call our specialist nurses on our free Support Line.

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

Questions to ask

Will chemotherapy enable me to have surgery to remove my cancer?
Will I have chemotherapy after my surgery?
Which chemotherapy drugs will work best for me?
What are the side effects of chemotherapy?
Will chemotherapy help control my cancer?
Will chemotherapy extend my life?
Will chemotherapy relieve any of my symptoms?
Where will I have this chemotherapy?
Can I have chemotherapy closer to where I live?
Are there any clinical trials involving chemotherapy I could take part in?
Can I go on holiday while having chemotherapy treatment?
Further information and support

Pancreatic Cancer UK services
We have a range of services to support you and your family in dealing with pancreatic cancer.

Our Support Line
Our Support Line is a lifeline for thousands of people affected by pancreatic cancer. Our specialist nurses understand the issues you might be facing. They are there for you, giving you personalised information and support that you need, when you need it.

Call us free and confidentially on 0808 801 0707 (Monday to Friday, 10am-4pm), or email us at support@pancreaticcancer.org.uk

Our information
We have the most up-to-date information on everything you need to know about pancreatic cancer on our website. We can help you every step of the way, from explaining your diagnosis and treatment options, to managing symptoms, and questions to ask at your appointments.

Go to pancreaticcancer.org.uk/informationandsupport

Download or order our publications, for free, at pancreaticcancer.org.uk/publications

Our online community
Our online community is a supportive place where everyone affected by pancreatic cancer can be there for each other. You’ll find others who understand what you’re going through, because they are going through it too.

Visit our forum at forum.pancreaticcancer.org.uk

Support groups
We help set up local support groups across the UK. You can meet other people to get support and share experiences.

Find out if there’s a group near you at pancreaticcancer.org.uk/supportgroups
Other sources of information and support

Cancer Research UK
www.cancerresearchuk.org
Helpline: 0808 800 4040 (Mon-Fri 9am-5pm)
Information for anyone affected by cancer.

Carers UK
www.carersuk.org
Advice Line: 0808 808 7777
Support, information and advice for carers.

Healthtalkonline
www.healthtalk.org
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
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).
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.