Common Symptoms of Pancreatic Cancer and Advance Care Planning

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Care and support through terminal illness

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Objectives of this session:

1. Common symptoms experienced in pancreatic cancer

2. Talk about 3 of these symptoms in greater detail

3. Advance Care Planning
    - The Reality
    - Importance of recognising dying
    - Importance of good communication
    - Importance of good documentation

Common symptoms experienced

1. Pain
2. Jaundice +/-itch
3. Weight loss
4. Nausea +/- vomiting
5. Bowel symptoms/changes
6. Indigestion

Jaundice +/- Itch

1. Jaundice:

- Can be presenting symptom/sign
- In advanced disease - could be due to liver not working or bile duct blocked - consider biliary stent

- Itch-
  - Dry skin- Good non fragranced emollient
  - Aqueous and menthol cream
  - Could be caused by build up of bile salts

Nausea +/- vomiting

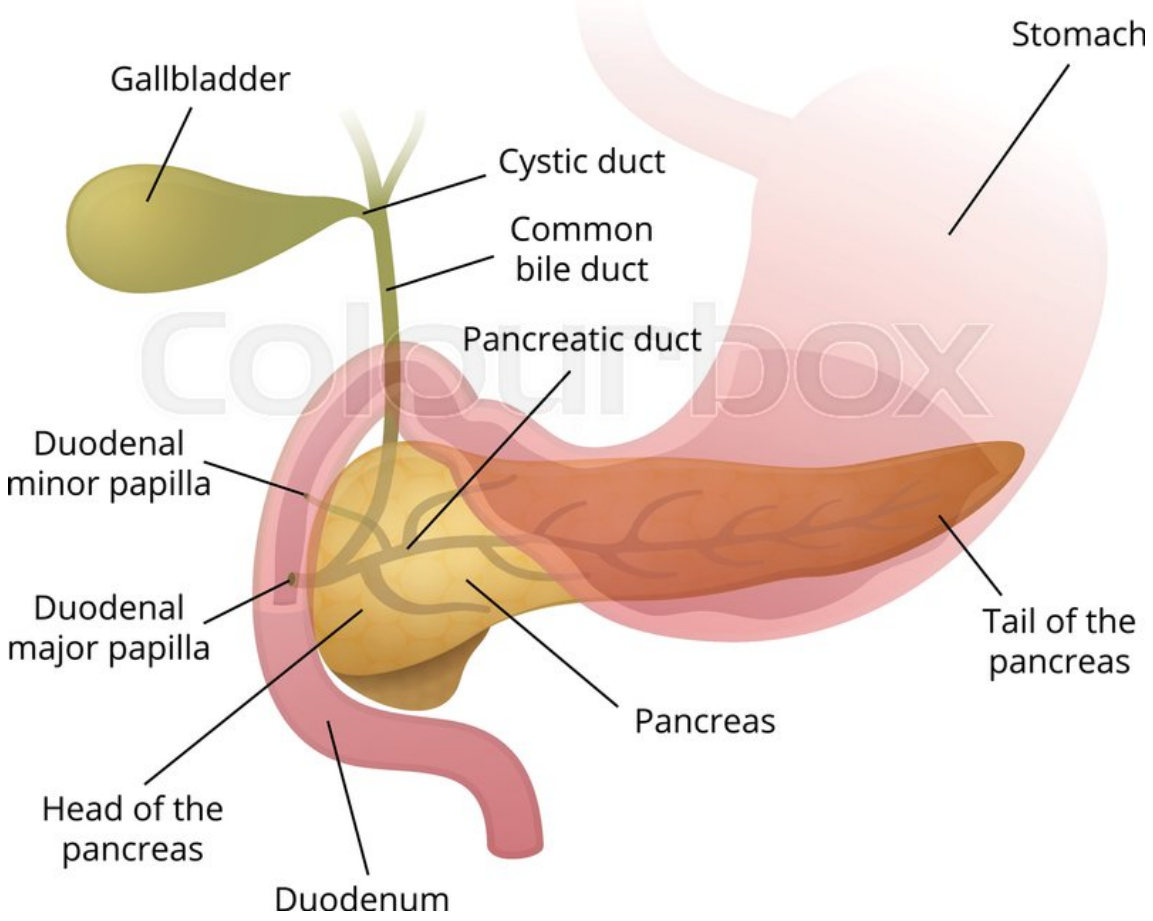
- **Depends on the cause – importance in taking a full N/V history**
- Is it nausea?
- Is it vomiting?
- Is there nausea before vomiting?
- Precipitates?
- Eases?

Always rule out reversible causes

Nausea +/- vomiting

- Possible causes:
- Cancer blocking the duodenum – consider duodenal stent
- Stomach emptying slowly – NG tube/venting gastrostomy – consider diabetes
- Liver not working properly
- Constipation
- Medication
- Anxiety

ANATOMY OF THE PANCREAS



Vectorstock.com

Bowel Changes

‘Many people with pancreatic cancer will notice a changes in their bowel habit’

(pancreaticcancer.org.uk)

So Why is this?

1) Constipation – drugs, decreased fluid intake, decrease in oral intake +/- decrease in mobility

2) Diarrhoea –

- Rule out infective cause
- Is it overflow?
- Could it be Steatorrhoea?

Steatorrhoea

‘the presence of excess fat in the faeces’ – Wikipedia

‘an increase in fat excretion in the stools’ – SA Azer (2019). Steatorrhoea

There are investigations to prove/define its presence and the cause e.g. faecal fat of >7g in 24 hours

Why does it happen?

In advanced pancreatic Cancer the cause is a decrease in pancreatic enzymes involved in fat absorption process

What do patients report?

Intermittent?

Foul-smelling

Difficult to flush away

Associated with weight loss and often malabsorption

How do we treat it?

Depends on the impact of the symptom on our patient

Need to consider the current performance status and quality of life of our patient – often only happens when there is 5-10% function

Previous fat restriction – but this is not advocated and adds to malnutrition and poorer quality of life

PERT – pancreatic enzyme replacement therapy – widely used in PEI (pancreatic exocrine insufficiency) for other conditions

PERT for malabsorption in patients with metastatic pancreatic cancer – October (2015) – http://spcare.bmj.com

Protocol for Cochrane review of PERT in advanced pancreatic cancer (2015/16)

Advance Care Planning

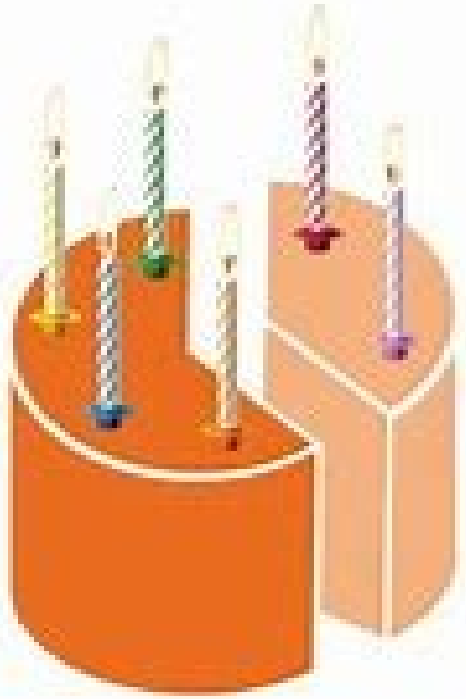
The Reality


1 in 3
babies
born in the UK
in 2013
are expected to celebrate their
100th
birthday
Thought-provoking discussion from the
Royal Geographical Society (with IBG)
www.21stcenturychallenges.org
Source: Office for National Statistics, 2013

61%

increase in the number of over 65s in the UK by 2032

Britain's over 65s already outnumber its under 16s




There are only two sure things in life, Son - Death and...
Actually, there's only one sure thing in life.

500,000 people die in England each year

This will rise to 590,000 in next 20 years

1 in 4 in the UK will die of cancer

Increasing ageing population = majority of people will be living with a number of conditions

For example approx. 30% of people over 85years old with cancer will also have dementia

(Dyingmatters.org)

Pancreatic Cancer

Pancreatic cancer has the lowest survival rate of all of the common cancers

1 year survival in England is only 23.7%

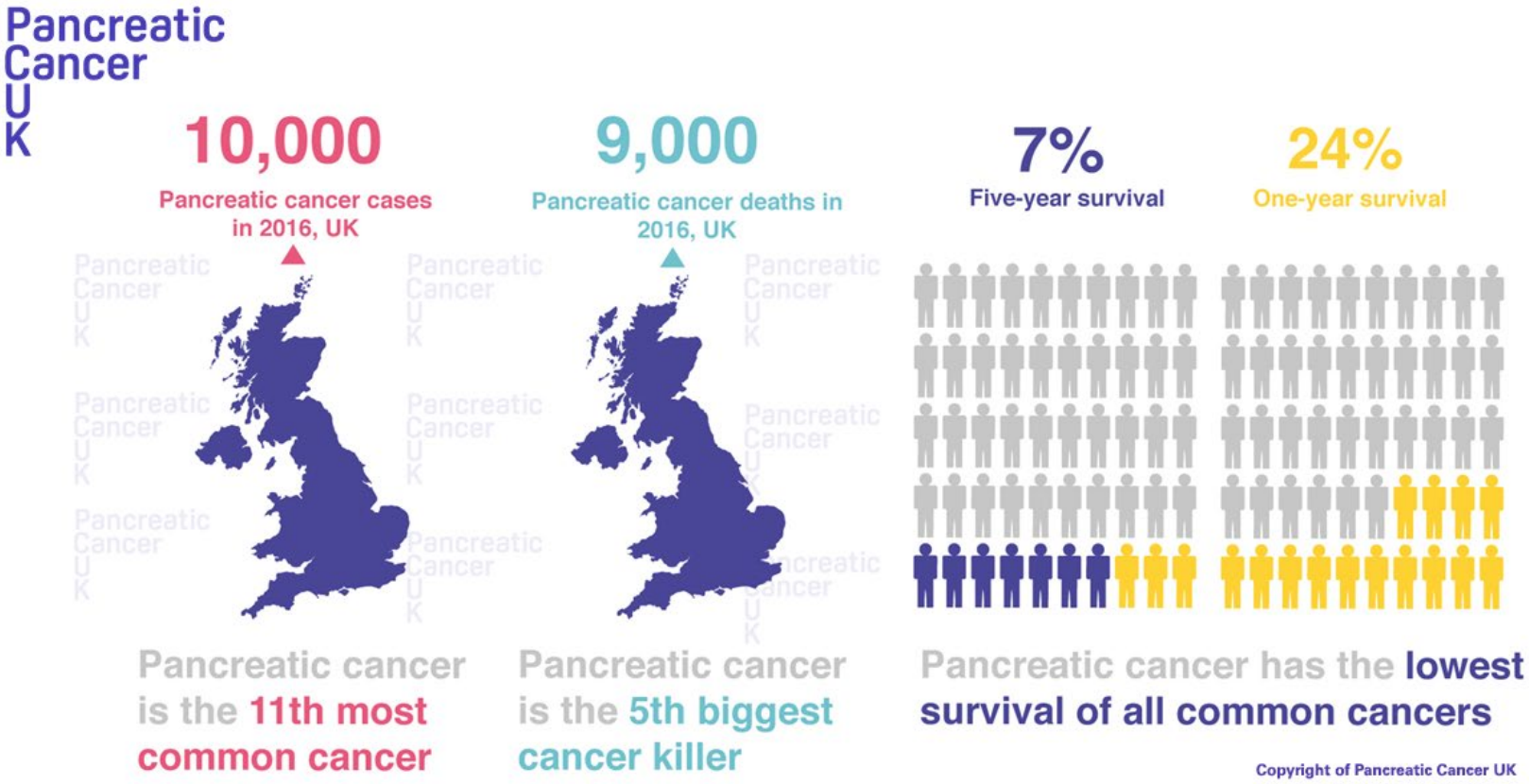
5 year survival is only 6.9%

3 in 5 people are diagnosed at stage 3 or 4 (advanced stage)

18% of people are diagnosed at either stage 1 or 2

www.pancreaticcancer.org.uk

The facts


Pancreatic Cancer UK
10,000
Pancreatic cancer cases in 2016, UK
9,000
Pancreatic cancer deaths in 2016, UK
7%
Five-year survival
24%
One-year survival
Pancreatic cancer is the 11th most common cancer
Pancreatic cancer is the 5th biggest cancer killer
Pancreatic cancer has the lowest survival of all common cancers
Copyright of Pancreatic Cancer UK

Major mismatch between preference of place of death and actual place of death

What % of people would prefer to die at home?

A. 25%
B. 35%
C. 55%
D. 70%

Major mismatch between preference of place of death and actual place of death

What % of people die in hospital?

A.20%
B.35%
C.50%
D.60%

Why do we need to recognise when a patient is approaching the end of their life?

- May allow for opportunities of shared decision making
- Prevent unnecessary interventions
- Help to ensure that the dying persons expressed wishes are considered
- Helps to avoid misunderstandings and unnecessary distress

- Good communication of a dying persons prognosis:
- Improves end of life care (good communication)
- Improves bereavement experience of those important to them

(nice.org.uk)

Why do we find it difficult to recognise that a person is reaching the end of their life?

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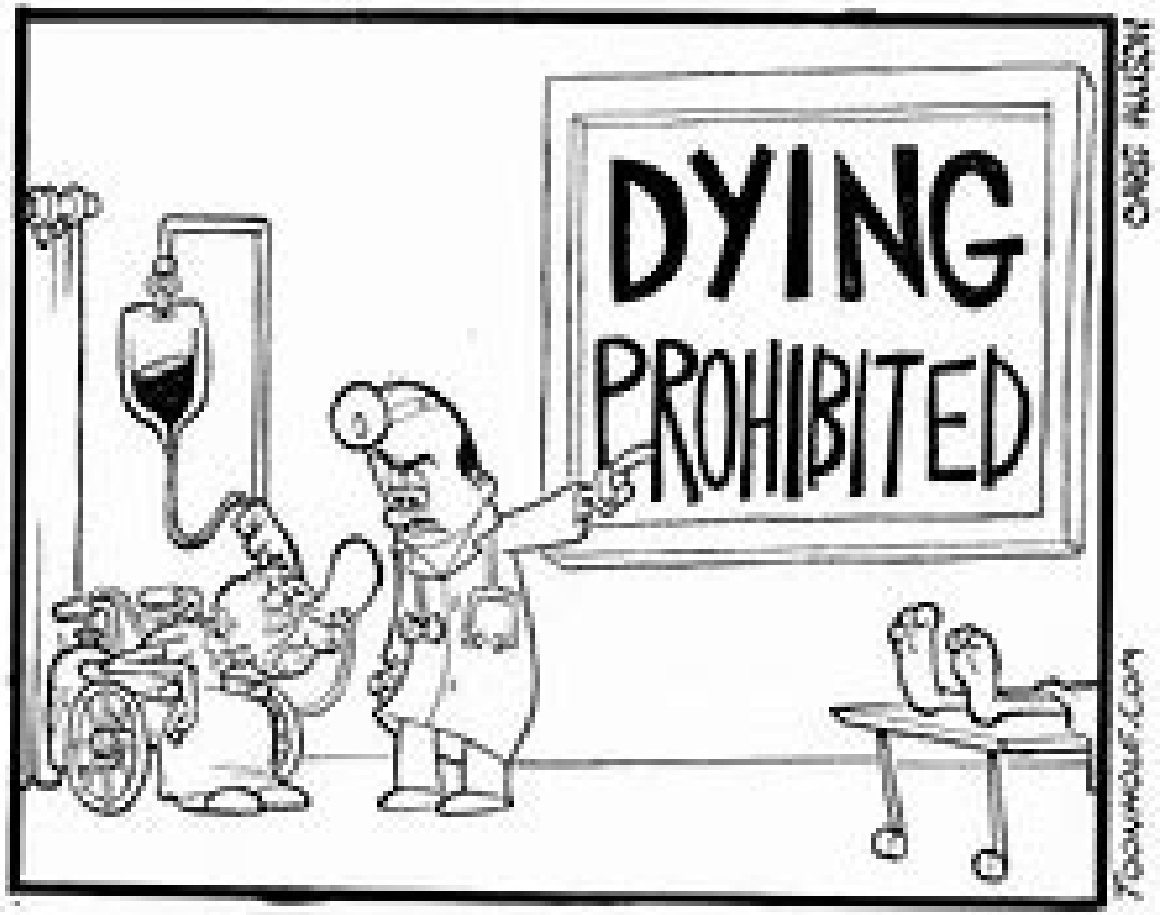
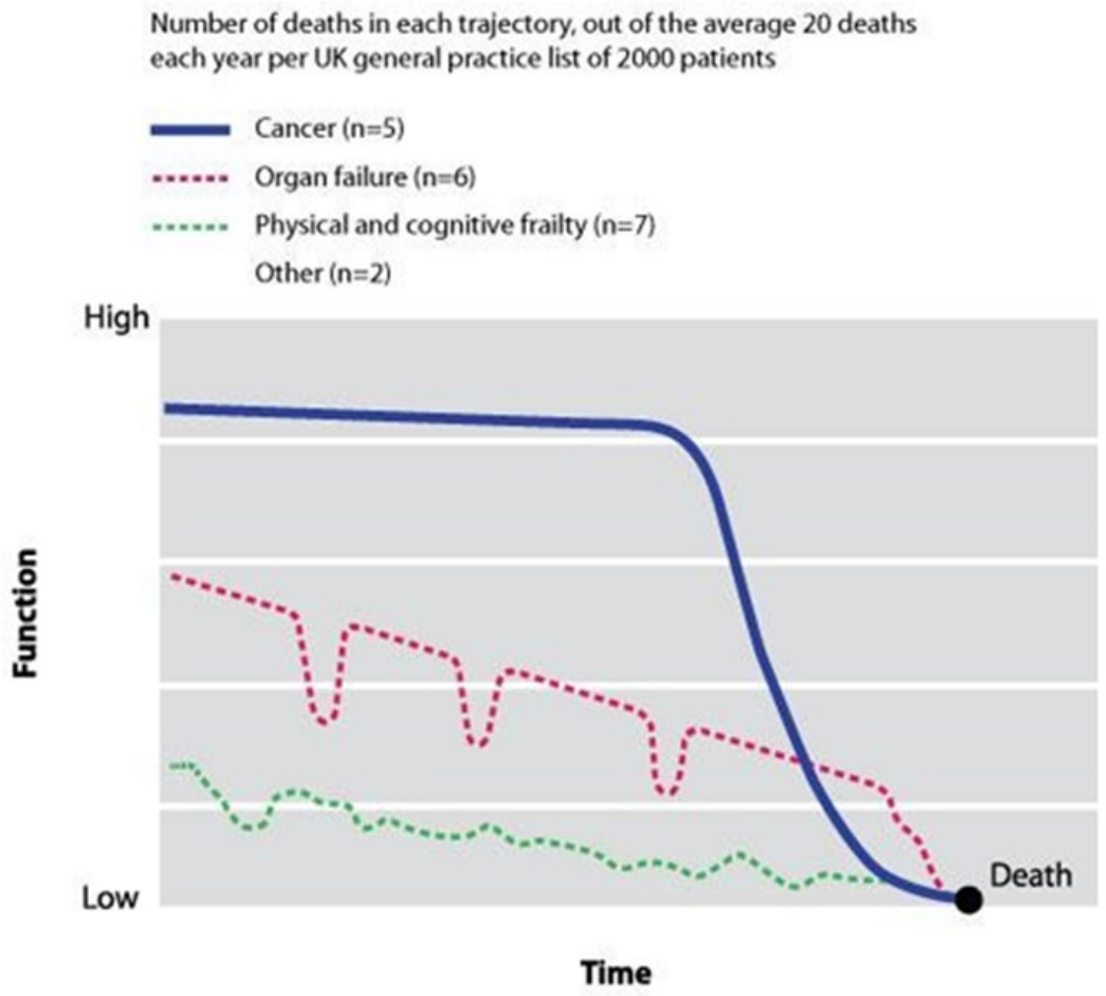
Why do we find it difficult to recognise that a person is reaching the end of their life?

1. This can be difficult – even for the most experience
2. We want to save lives
3. Acceptance only when interventions fail/run out of options
4. ?Pressure to provide medically futile treatment – patient/family/society
5. Tendency to shy away from dying and/or inability to acknowledge dying
6. Feelings of failure? Lack of experience? Lack of education/training?
7. Inadequate communication skills


DYING
PROHIBITED

Illness trajectories



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What signs are there to help us recognise someone is entering the last days of life?

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- Signs getting worse day by day or hour by hour
- Reduced mobility/bedbound
- Extreme tiredness and weakness
- Little interest in food or drink
- Difficulty swallowing oral medication
- Sleepiness and drowsiness
- Reduced urine output
- Changes in breathing
- New incontinence
- Increased restlessness, confusion +/-agitation
- No reversible cause for deterioration

(mariecurie.org.uk)

Who should diagnose dying?

- Multi-professional diagnosis
- Listen to the patient
- Listen to the family/carer
- Listen to instinct and experience

- You will not always get this right

WOULD YOU BE SURPRISED IF……

The patient died in the next 12 months?

6months?

1 month?

What about when you come in tomorrow?

How do we manage a person at the end of their life?

End of life management

- Symptom control
- Appropriate medications only – correct dose and route
- Stop inappropriate interventions
- Rationalise medications
- Consider anticipatory drugs

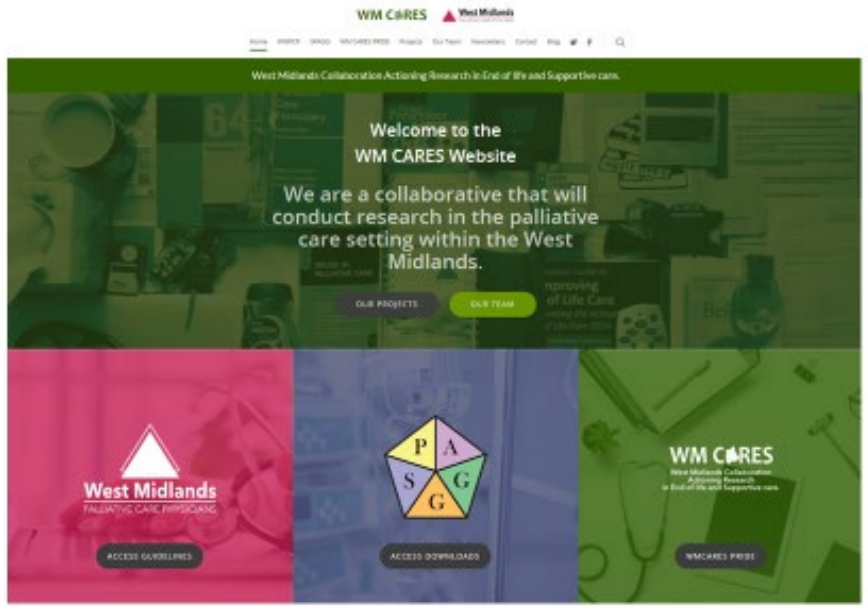
Anticipatory Prescribing

- Pain – first line Morphine s/c
- Nausea/vomiting – levomepromazine s/c
- Agitation –Midazolam s/c (or levo can be used)
- Secretions – hyoscine butylbromide s/c

- Different agreement on ‘just in case’ medications in different areas

- Authorisation to administer form

West Midlands Palliative Care Physicians (WMPCP) guidelines http://www.wmcares.org.uk



Care and support
through terminal illness

The importance of communication

Words used to say death and dying

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The Importance of communication

The importance of communication

- The earlier the better
- Important to ascertain patients level of involvement in decisions and amount of information
- More likely to lead to advance care planning discussions – patients wishes
  - Preferred place of care and death
  - What's important to you?
  - Ascertain and address any concerns/questions
  - Escalation of care and DNAR discussion
- Important to do whilst patient has capacity – (not everyone loses capacity)

The Importance of documentation

- The earlier the better
- Needs to be shared with all involved in patients care – need to d/w patient
- Needs to be regularly reviewed
- Needs to be made available to all healthcare professionals – avoid repetition
- Patient held documentation

The importance of sharing documentation and communication

www.respectprocess.org.uk Recommended
Summary plan for Emergency Care and Treatment.
Advance care planning document (national)

www.c-a-s-t-l-e.org.uk Care and Support towards life's end.
Advance care planning resource and documents (local website)

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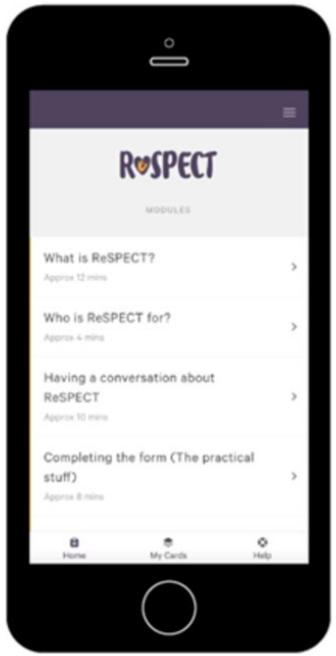
ReSPECT Process APP

The ReSPECT Process

ReSPECT Learning App



The ReSPECT Learning Web-

Summary

1. Common symptoms experienced in pancreatic cancer

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Thank you and any questions?

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