

**Pancreatic  
Cancer  
UK**

# **An introduction to Pancreatic Cancer**

**Virtual study session 13 October 2020 9-11am**

**Dietetic Management of Pancreatic Cancer – Introduction**

**Rachel Richardson, Pancreatic Specialist Nurse**

# Pancreatic Cancer UK

**10,000**

Pancreatic cancer cases  
in 2016, UK



Pancreatic cancer  
is the **11th most  
common cancer**

**9,000**

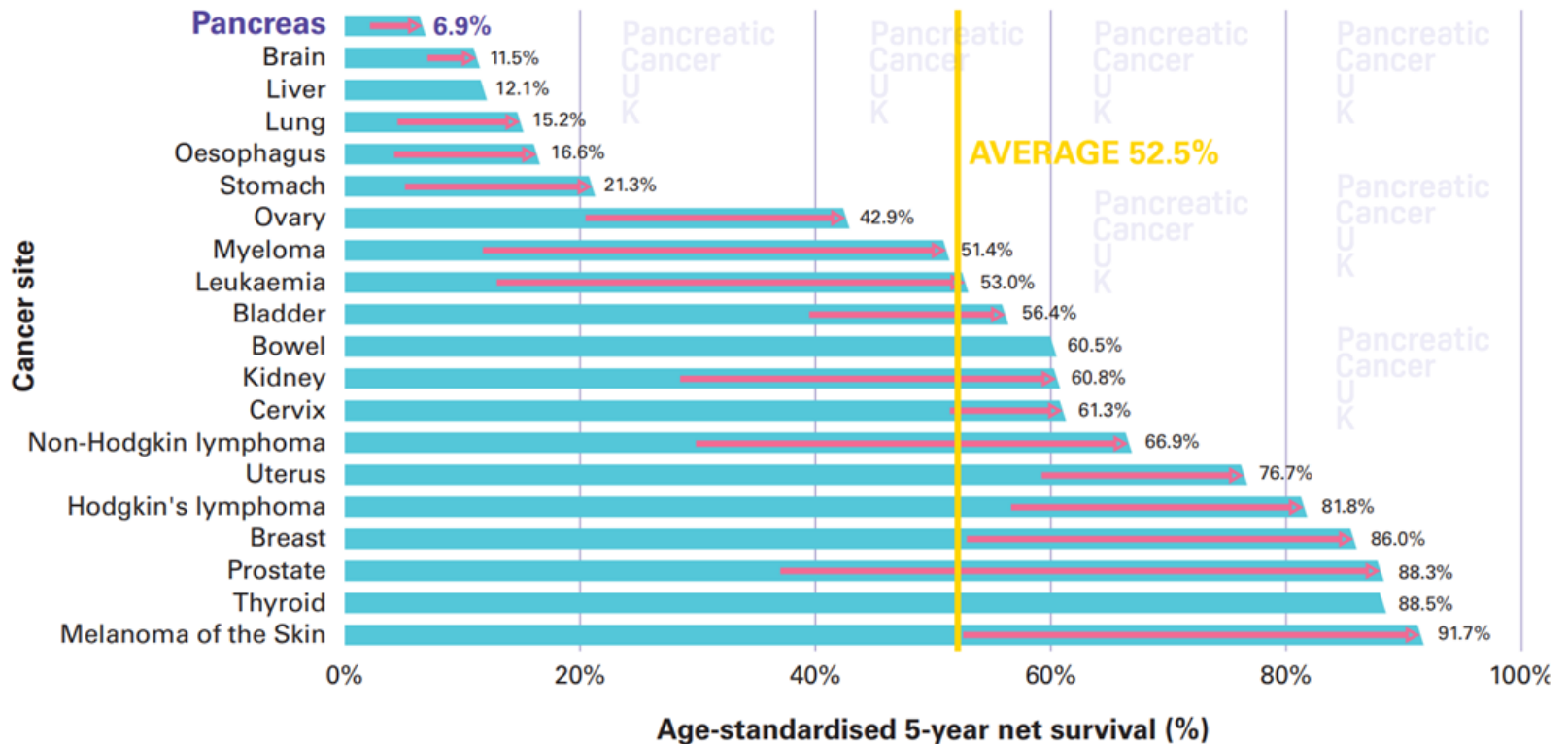
Pancreatic cancer deaths in  
2016, UK



Pancreatic cancer  
is the **5th biggest  
cancer killer**

## Deadliest common cancer

# Pancreatic Cancer UK



Five year survival for the 20 most common cancers in England. Five year survival in the period 2011-2015 (turquoise bars) and how it has changed (pink arrows) since 1971. 52.5% represents five year survival of 20 common cancers

# Five year survival in the last 45 years

## Tough to survive

**1 in 4** people with pancreatic cancer will die within a month

**3 in 4** people with pancreatic cancer will die within a year

**7%**  
Five-year survival

**24%**  
One-year survival



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

Copyright of Pancreatic Cancer UK

# Low survival rates

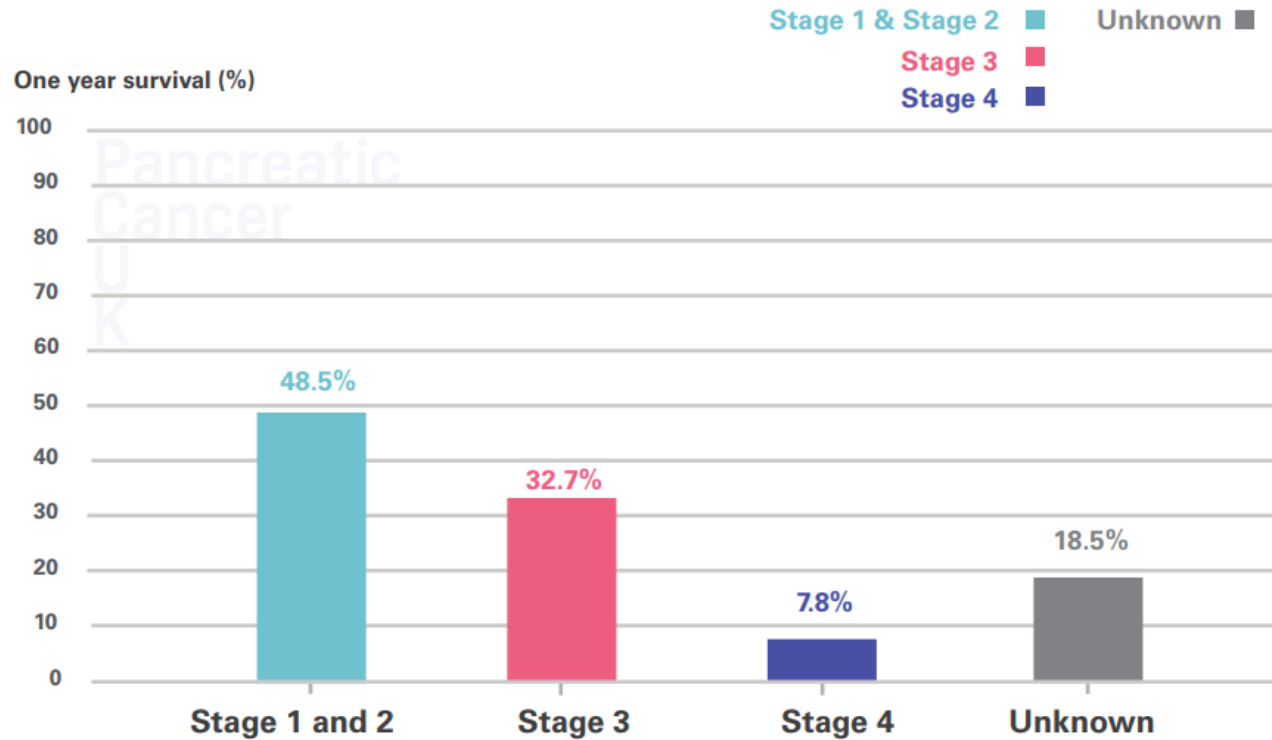
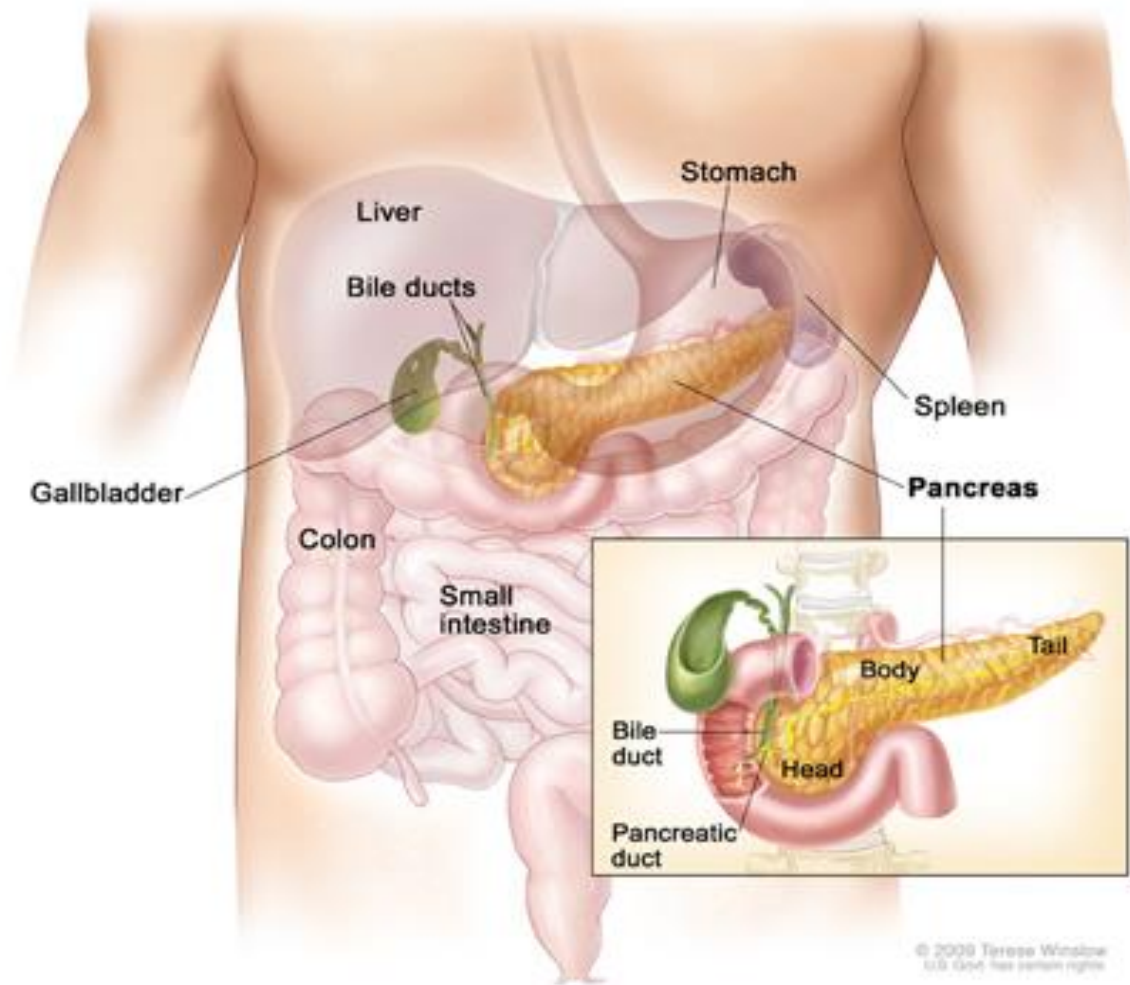


Figure 1: One year survival for people with exocrine pancreatic cancer diagnosed at each stage

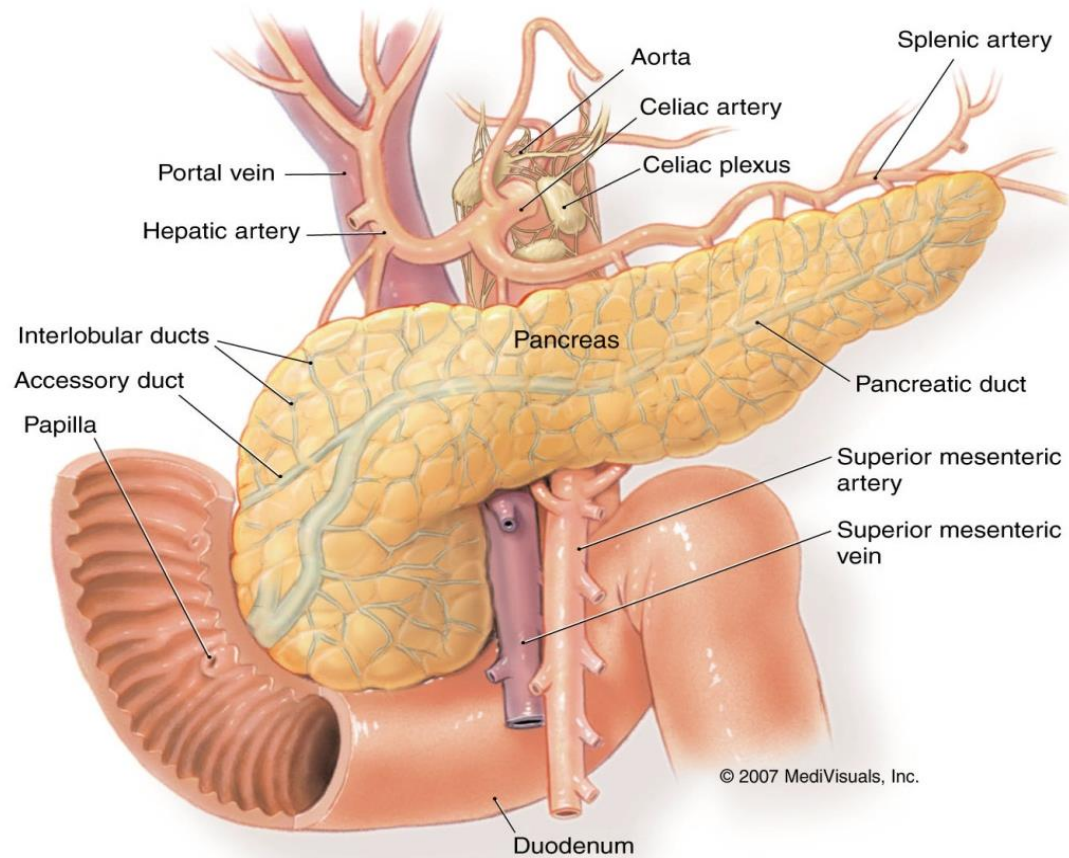
## Early diagnosis essential

# Where is the pancreas?

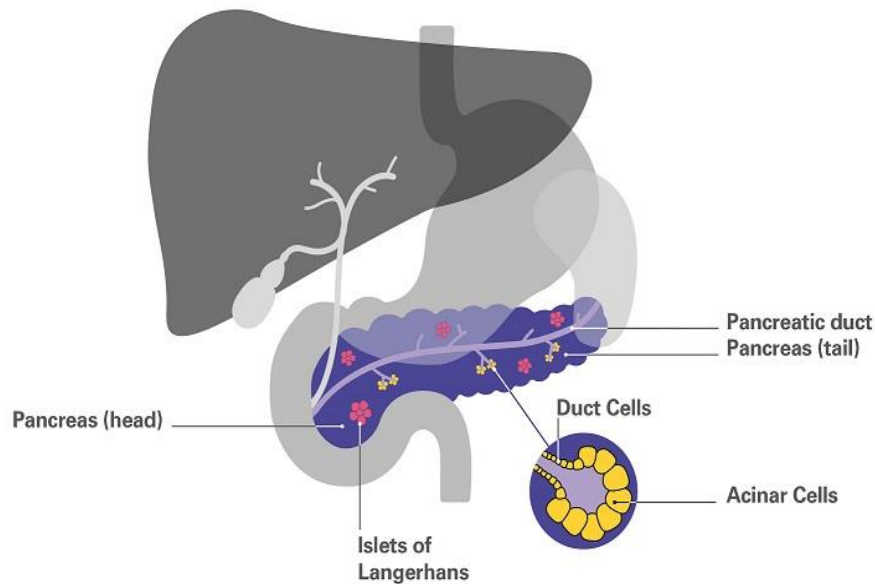


# Vessels surrounding

## Normal Pancreas



## Exocrine Pancreas

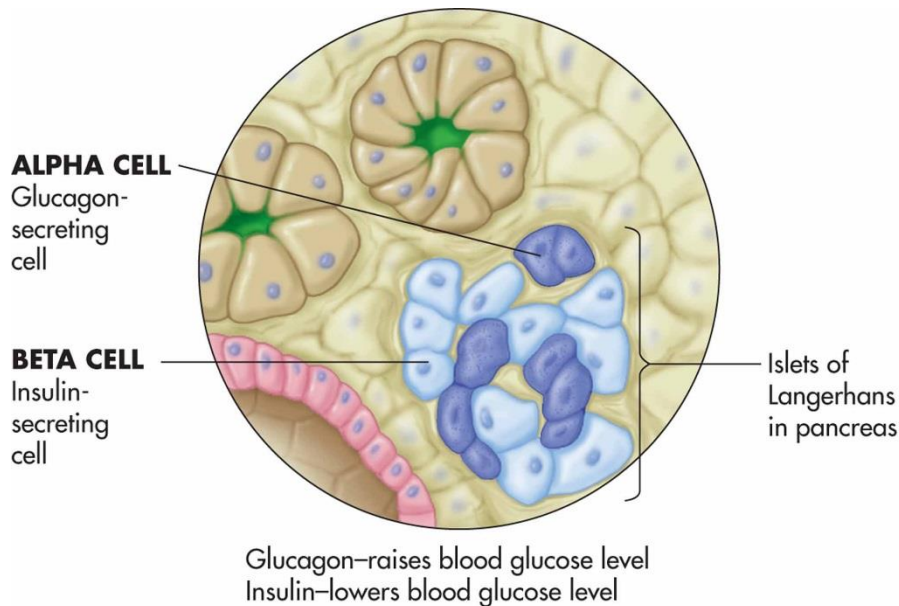


## Pancreas function

- Digestive function – helps breakdown carbs, fats, proteins in the duodenum.
- The pancreatic enzymes travel along the pancreatic duct and become activated when they reach the duodenum.
- It also produces bicarbonate which neutralizes the stomach acid entering the duodenum.



## Endocrine Pancreas



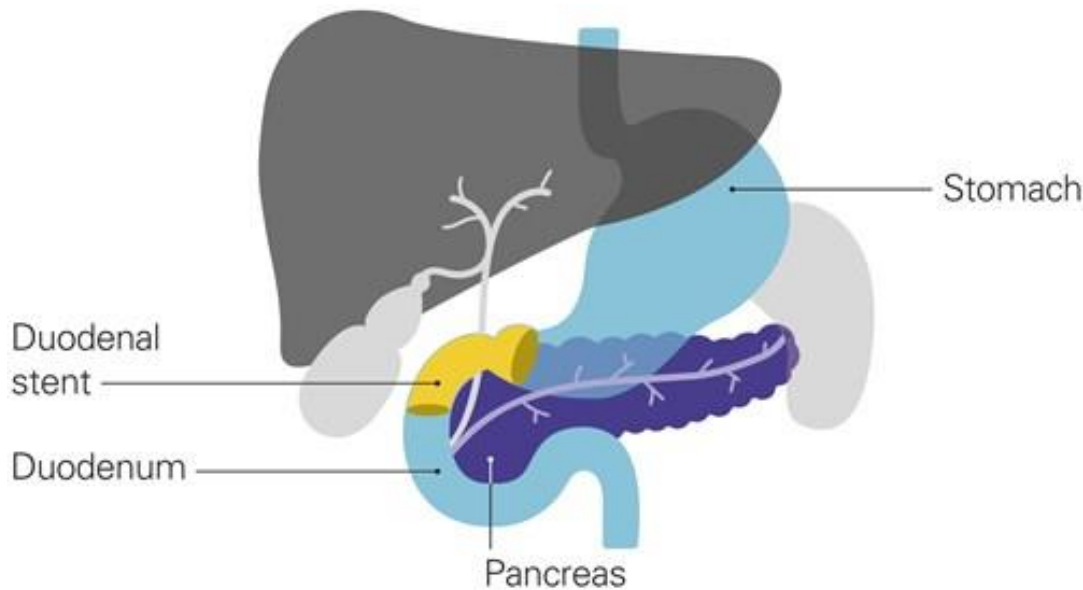
## Pancreas function

- Insulin is released to regulate blood sugar levels
- Glucagon is released when more sugar is required (ie: in the fright, fight, flight syndrome – stress response).
- Somatostatin - decreases or increases the amount of glucose/insulin as required.

- Abdominal pain +/- back pain
- Dyspepsia/reflux/bloating
- Fatigue
- Change in bowel habit (Constipation/Diarrhoea/Steatorrhea)
- Unintentional loss of weight/appetite loss
- New onset diabetes
- Jaundice
- Thromboembolism

- PEI, loss of appetite & weight loss
- Jaundice
- Ascites
- Gastric Outlet Obstruction
- Fatigue
- Psychological impact

# Gastric outlet obstruction



- Nausea and vomiting, dehydration, malnutrition and delay in treatments
- Goes on to occurs in up to 20% of PC patients
- Stenting improves symptoms, treatment options and Q of L

# Pancreatic Cancer UK

