

**Pancreatic
Cancer
UK**

An introduction to Pancreatic Cancer

Virtual study session 14 October 2020 2-4pm

Dietetic Management of Pancreatic Cancer – Advanced

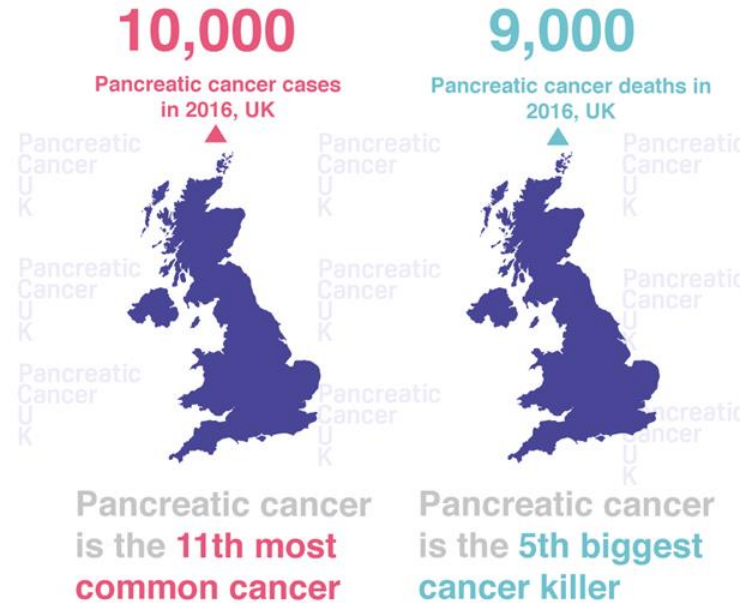
Rachel Richardson, Pancreatic Specialist Nurse

Pancreatic Cancer UK

Pancreatic cancer UK statistics:

Pancreatic cancer is a disease for which mortality closely parallels incidence

- 10,000 people diagnosed every year
- 9,000 people die every year



1 in 4



people diagnosed with pancreatic cancer will die **within a month**

In contrast, only 1 in 10 people will die on average if diagnosed with one of the 20 common cancers

3 in 4



people diagnosed with pancreatic cancer will die **within a year**

In contrast, only 3 in 10 people will die on average if diagnosed with one of the 20 common cancers

- Despite poor outcomes globally, the UK lags behind the rest of the world, ranking 29th out of 33 countries for five-year survival.
- One-year survival for pancreatic cancer ranges from 21% to 29% and five-year survival ranges from 4.8% to 10.6% across Cancer Alliances
- Variation in treatment and care exists between young and old, between inoperable and operable and between specialist centres and secondary care

Variation in survival

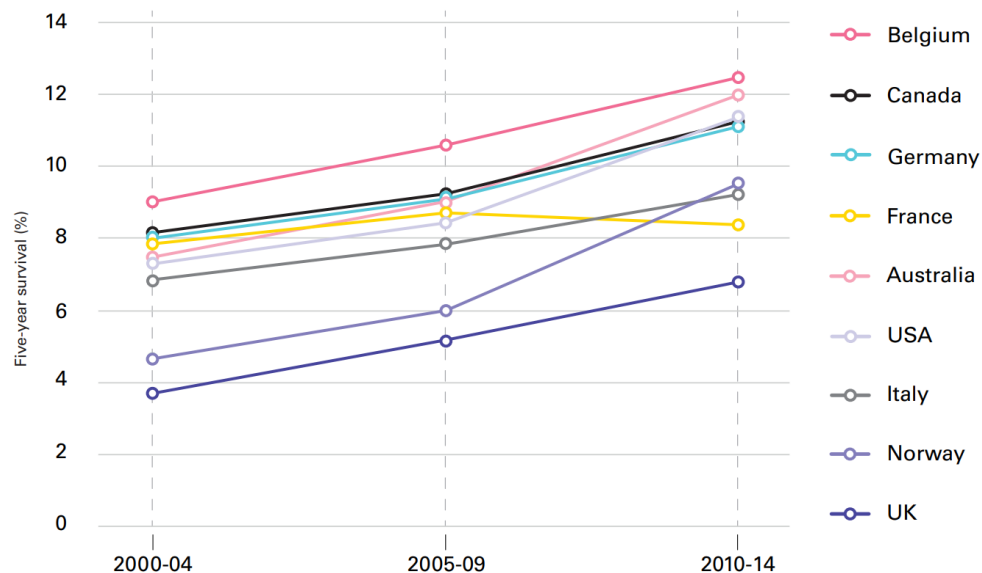


Figure 1: Five-year survival trend for pancreatic cancer between 2000-2004 and 2010-2014. Data adapted after CONCORD-3.

- Pancreatic cancer is predicted to become the **4th** biggest cancer killer by 2026
- The **5-year net survival** of pancreatic cancer is **6.9%**, the lowest of the 20 common cancers in England (2015)
- The only potential cure of pancreatic cancer is surgery; yet less than **10%** of patients are currently **resected** in the UK
- 51% of patients are diagnosed with metastatic disease

- 44% of patients are diagnosed via A&E (v's 22% in other cancers)
- Abdominal pain +/- back pain
- Dyspepsia/reflux/bloating
- Fatigue
- Change in bowel habits
- Unintentional weight loss
- New onset diabetes / Unstable diabetes
- Jaundice
- Clots

These are some of the symptoms that can indicate a problem with your pancreas, such as pancreatic cancer.



If you have jaundice you should go to your GP without delay. If you have any of the other symptoms and they are unexplained or persistent (lasting 4 weeks or more), visit your GP. Remember, these symptoms can be signs of other conditions and may not be pancreatic cancer.

Contact the Pancreatic Cancer UK Support Line

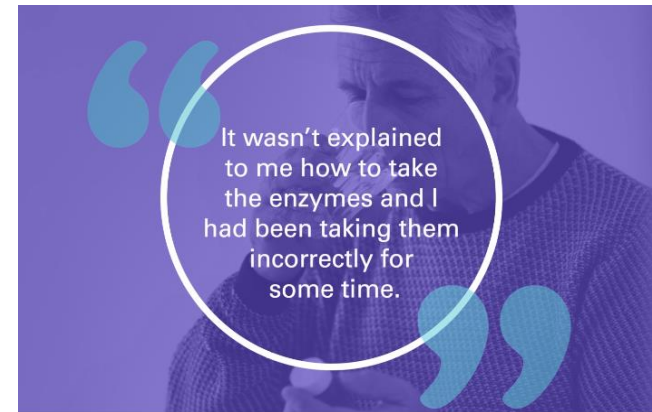
☎ 0808 801 0707 freephone weekdays 10am-4pm

✉ support@pancreaticcancer.org.uk

- PEI, loss of appetite & weight loss
- Jaundice
- Ascites
- Gastric Outlet Obstruction
- Fatigue
- Nausea / Vomiting
- Ongoing diarrhoea – other causes
- Psychological impact

Unmet nutritional and supportive care needs

- **PCUK commissioned PICKER/Oxford Brookes University to quantify the unmet care needs for pancreatic cancer patients**
 - Digestive problems were the most common supportive care needs (68%)
 - 20% of patients had not been offered a Dietician appointment (unresectable patients less likely than resectable patients to have been offered a Dietician apt (62% Vs 77%).
 - Those LEAST likely to have been seen/been offered a Dietician were those diagnosed within the last 6 months
 - 33% of those prescribed PERT felt they had not been given enough information on it.



Variation in access to Pancreatic Enzyme Replacement Therapy (PERT)

- Pancreatic Exocrine Insufficiency (PEI) is a common supportive care need for pancreatic cancer.
- PERT not only increases QOL through managing digestive symptoms and reducing weight loss, it can also increase tolerance to treatment and significantly extend the life of pancreatic cancer patients.
- NICE guidelines recommend PERT for all pancreatic cancer patients (both operable and inoperable patients)
- However only 54.5% of pancreatic cancer patients were found to have been prescribed PERT (RICOCHET – unpublished manuscript)



Thank you for listening