

# **Introduction to Pancreatic Cancer**

## **12<sup>th</sup> November 2020**

# **Aims of the session**

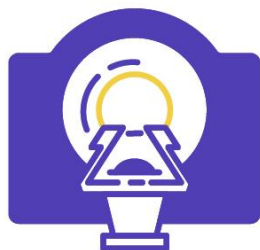
Develop a better understanding of pancreatic cancer by looking at:

- Facts & Figures
- Diagnosis
- Treatment
- Symptoms management
- Supportive care

Understand the role of Pancreatic Cancer UK

**Pancreatic  
Cancer  
UK**

**Pancreatic cancer  
is tough**



## **Tough to diagnose**

**80% are not diagnosed until the cancer is at an advanced stage.**



## **Tough to treat**

**Surgery is the only treatment which could save lives yet only 8% have it.**



## **Tough to research**

**Pancreatic cancer research historically underfunded. Over the last decade it's received only 1% of the cancer research budget.**

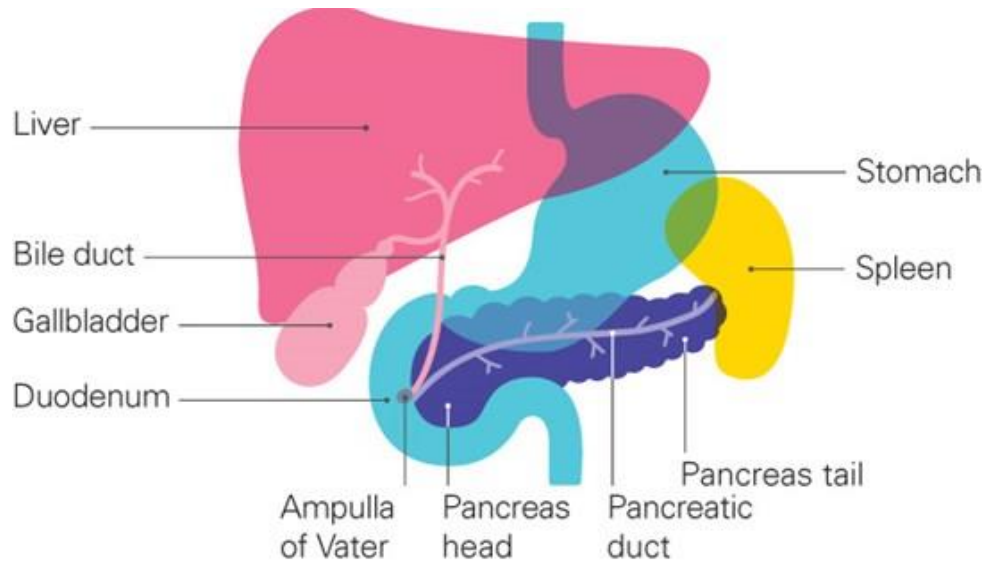


## **Tough to survive**

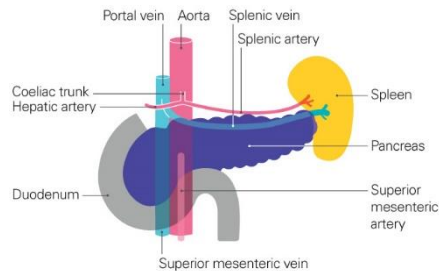
**Less than 7% of people with pancreatic cancer will survive beyond 5 years in the UK.**

# The Pancreas

# The Pancreas



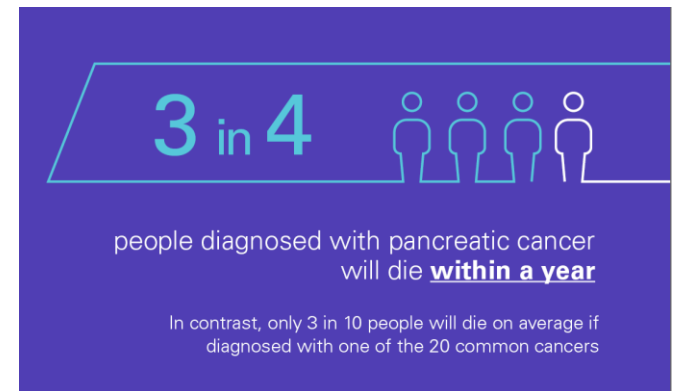
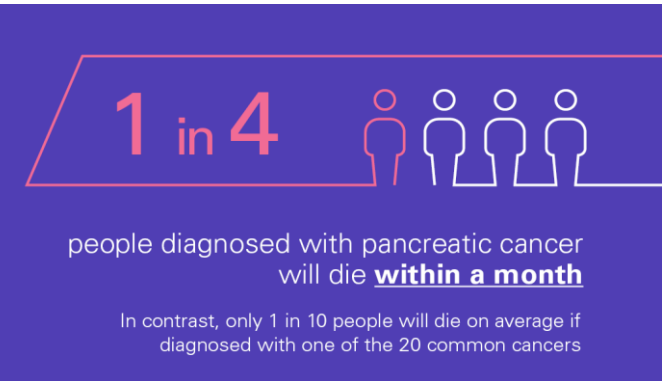
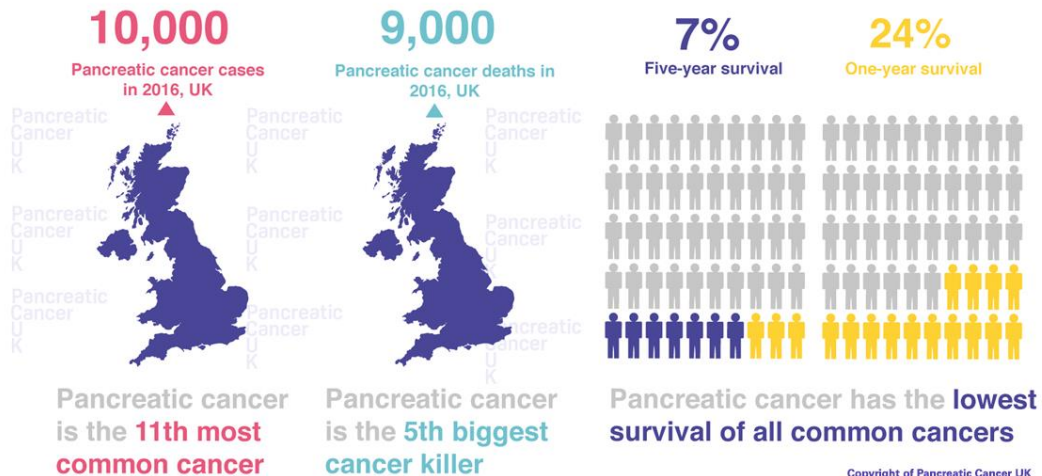
- Large gland situated deep in the abdomen in between the stomach and the spine.
- Plays an important role in digestion.
- Produces enzymes and hormones to help break down food and regulate blood sugar.



**Pancreatic  
Cancer  
UK**

# **Presentation & Diagnosis**

# The deadliest common cancer

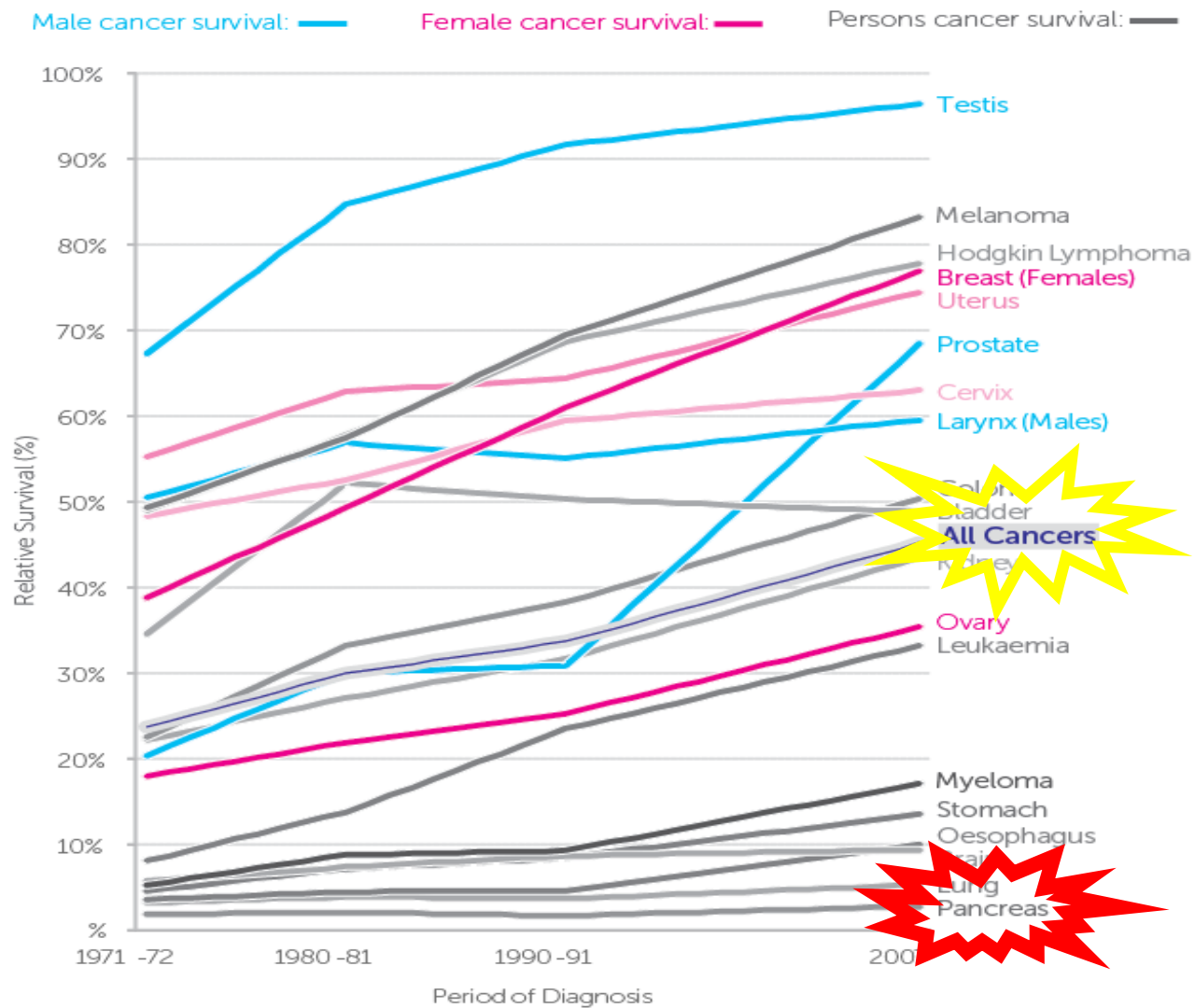


# Pancreatic Cancer UK



CANCER  
RESEARCH  
UK

[http://www.cancerresearchuk.org/sites/default/files/cstream-node/cs\\_surv\\_common.pdf](http://www.cancerresearchuk.org/sites/default/files/cstream-node/cs_surv_common.pdf)  
(October 2017)



## Statistics

- 11th most common cancer in the UK
- 48% of patients are diagnosed via A&E emergency route
- 55% diagnosed with metastatic disease
- 30% diagnosed with locally advanced pancreatic cancer
- 15% operable disease at diagnosis but only 8% undergo surgery

## What are the known risk factors?

There is **good** evidence that, age, smoking, being overweight, family history of cancer, pancreatitis and diabetes **may** increase your risk of pancreatic cancer.

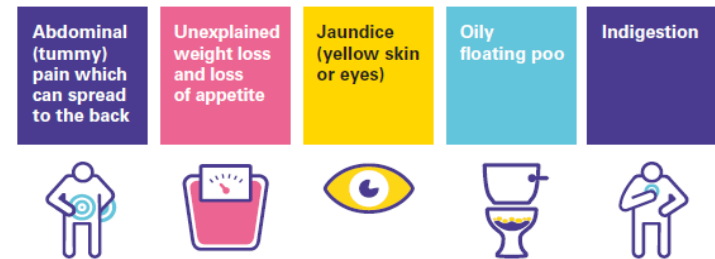
**Some** evidence has suggested that there are other things **may** also increase risk, such as alcohol, red and processed meat and hx of cancer – more research is needed.

# Signs & Symptoms

- 48% 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
- Jaundice
- Clots

## Nobody knows your body better than you.

If you have any of these symptoms it might suggest 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.

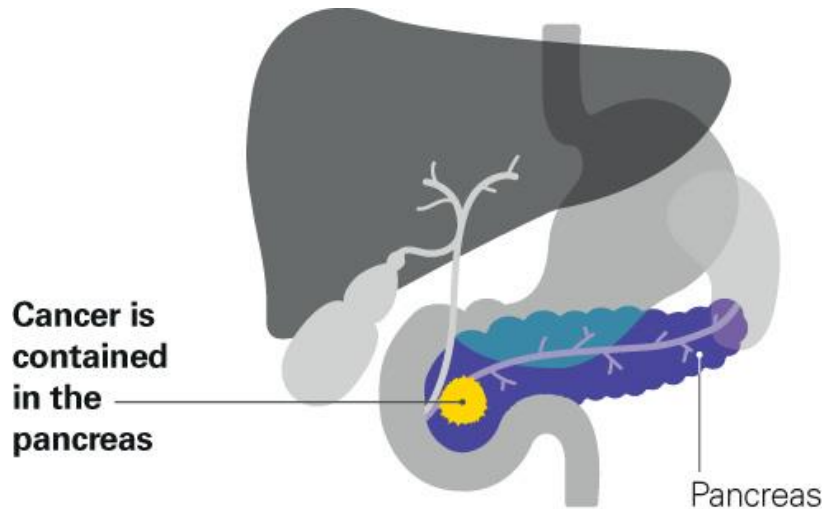
## Diagnosis and Referrals

- Diagnosis often complex
  - Multiple investigations
  - Delays
  - Internet
- Referrals – Specialist Centres
  - Communication issues
  - 2 week wait
  - 'Black hole' effect

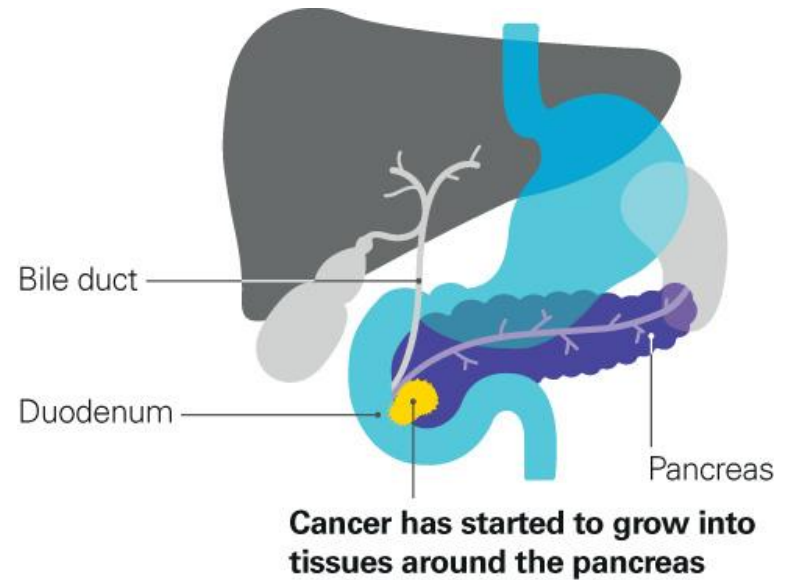


# Staging

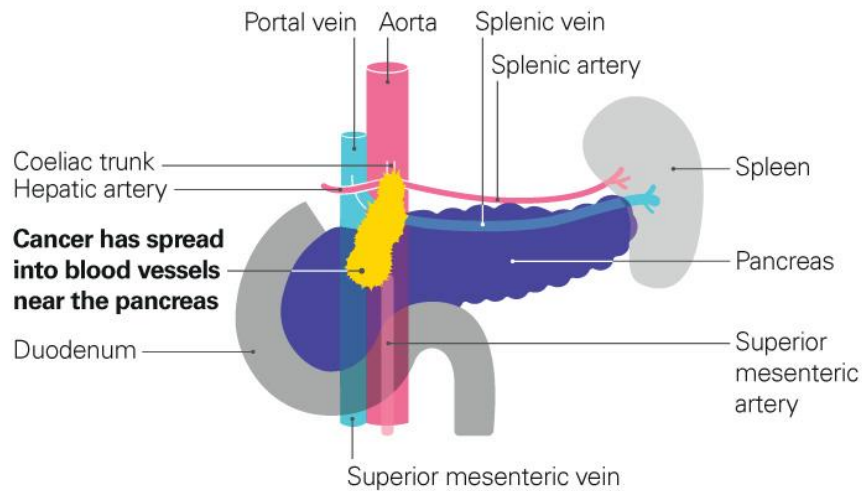
## Stage 1



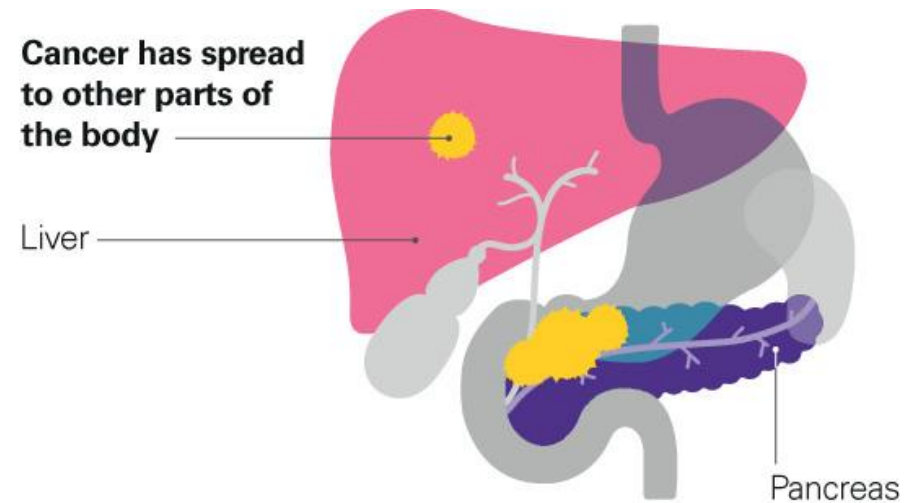
## Stage 2



## Stage 3



## Stage 4



Pancreatic  
Cancer  
UK

Treatment

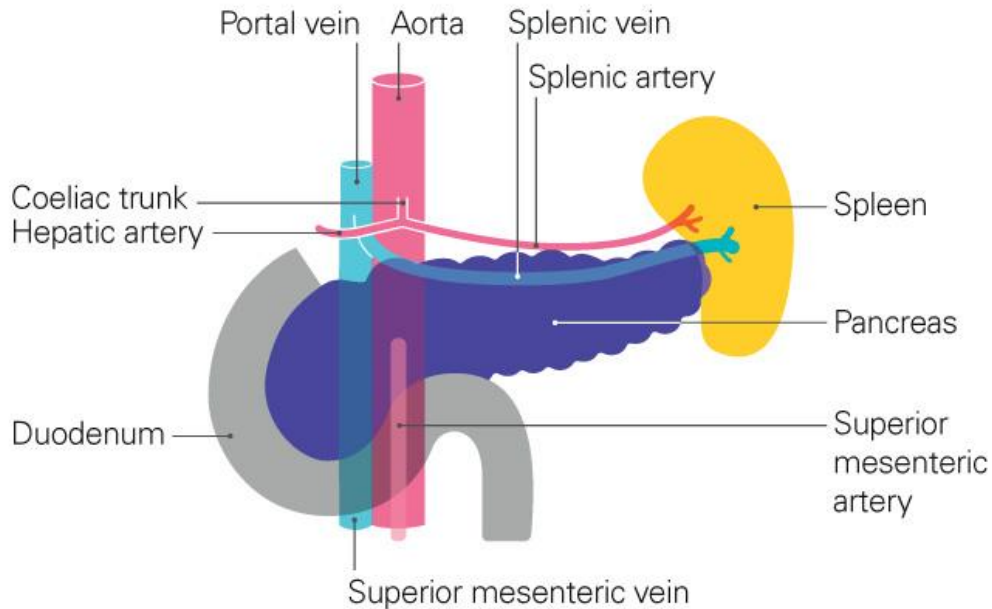
# Pancreatic Cancer is Undertreated

- ✓ **7 in 10** people with pancreatic cancer do not receive any active treatment, including surgery, chemotherapy or radiotherapy
- ✓ **Only 1 in 10** people with pancreatic cancer receive potentially curative surgery
- ✓ **Only 2 in 10** people will receive chemotherapy

## Treatment Options

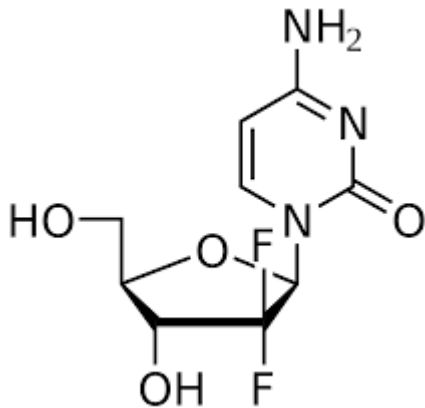
- Surgery
- Chemotherapy
- Chemo-radiotherapy
- Interventional procedures
- 'Palliative treatment'
- 'Supportive care'





- Whipple's operation (pancreaticoduodenectomy or PD)
- Pylorus-preserving pancreaticoduodenectomy (PPPD)
- Distal pancreatectomy
- Total pancreatectomy

# Chemotherapy



Chemotherapy can be used:

- Neo-ADJUVANT (before surgery to try to shrink the cancer so that there's a better chance of removing it)
- ADJUVANT (after surgery to try to reduce the chances of the cancer coming back)
- LOCALLY ADVANCED (to slow down the growth of cancer that has spread to nearby structures, such as the blood vessels around the pancreas)
- PALLIATIVE (when the cancer has spread beyond the pancreas to other parts of the body)

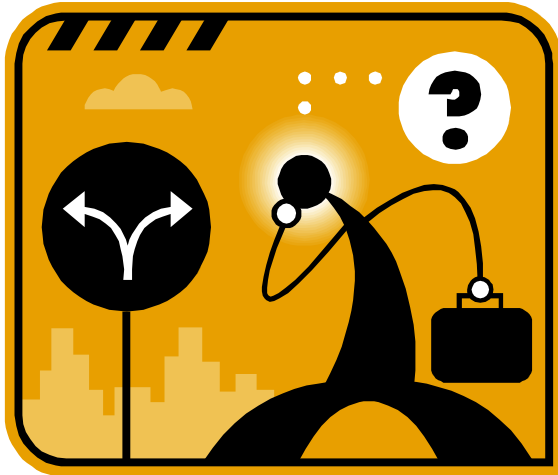


# Radiotherapy



- Radiotherapy is used to kill cells
- Can be given with chemo (chemo/rad)
- Given in neo-adjuvant, LA and advanced disease
- Being used more frequently in PDAC, studies continue

# Clinical Trials



## Questions

Who should we treat?

With how much drug?

How often?

In combination?

Is the drug working?

**How does the drugs make people feel?**

### Phase I

First in humans – is it safe?

Maximum tolerated dose

Small numbers of patients



### Phase II

Does the drug work?

Specific type of cancer

Involves more patients

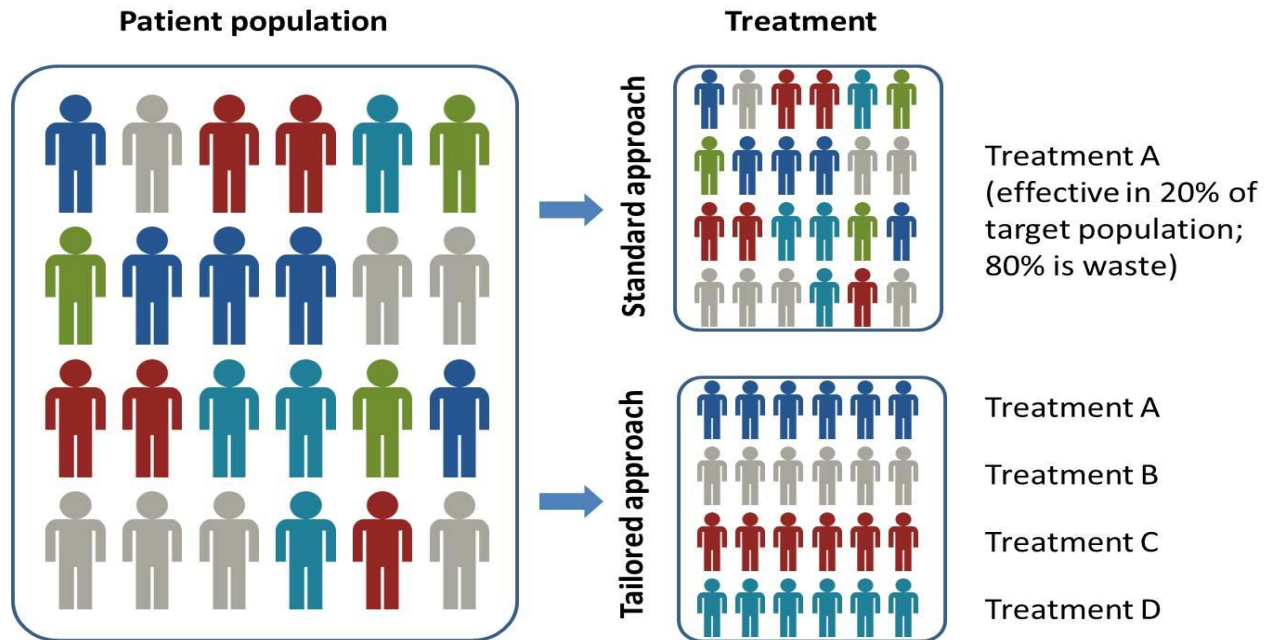


### Phase III

Is the drug better?

Specific type of cancer

Involves 100s of patients



# Supportive/Palliative Care

Should start at diagnosis is a lot of cases

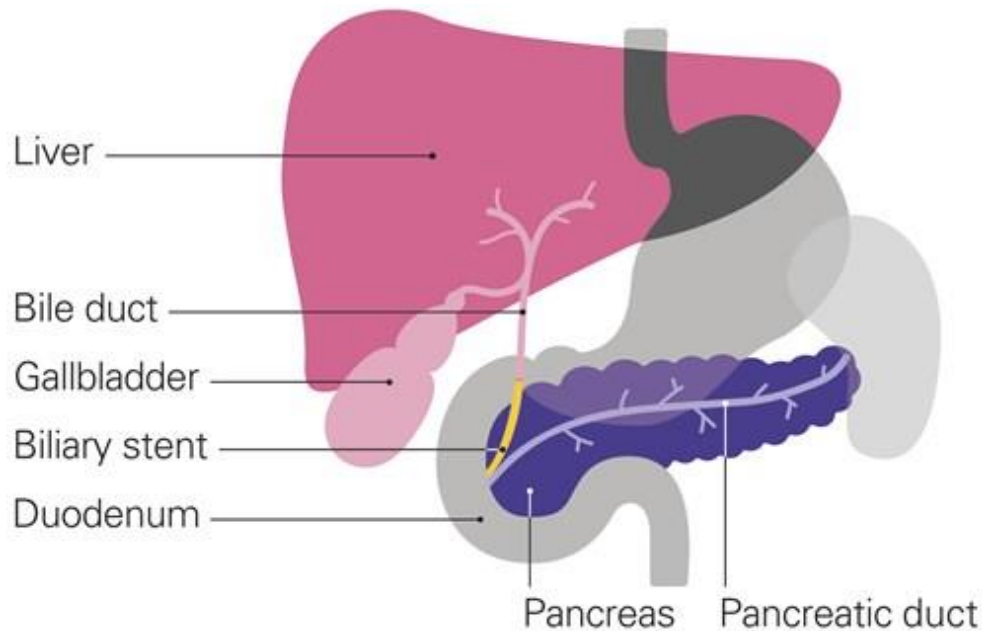
Consider -

- Referrals and sign posting
- Financial support
- GP liaison
- Identify when entering last year of life
- Gold standard Framework
- Communications

# Ongoing symptoms

- Jaundice
- Ascites
- Gastric Outlet Obstruction
- PEI, diet & weight loss
- Fatigue
- Financial
- Psychological support

# Biliary Obstruction



- 75% of HOP present with jaundice
- Elevated bilirubin, yellow skin & eyes, dark urine, pale stools, itching skin
- Is associated with decreased survival
- Stent to improve symptoms, treatment options & QoL

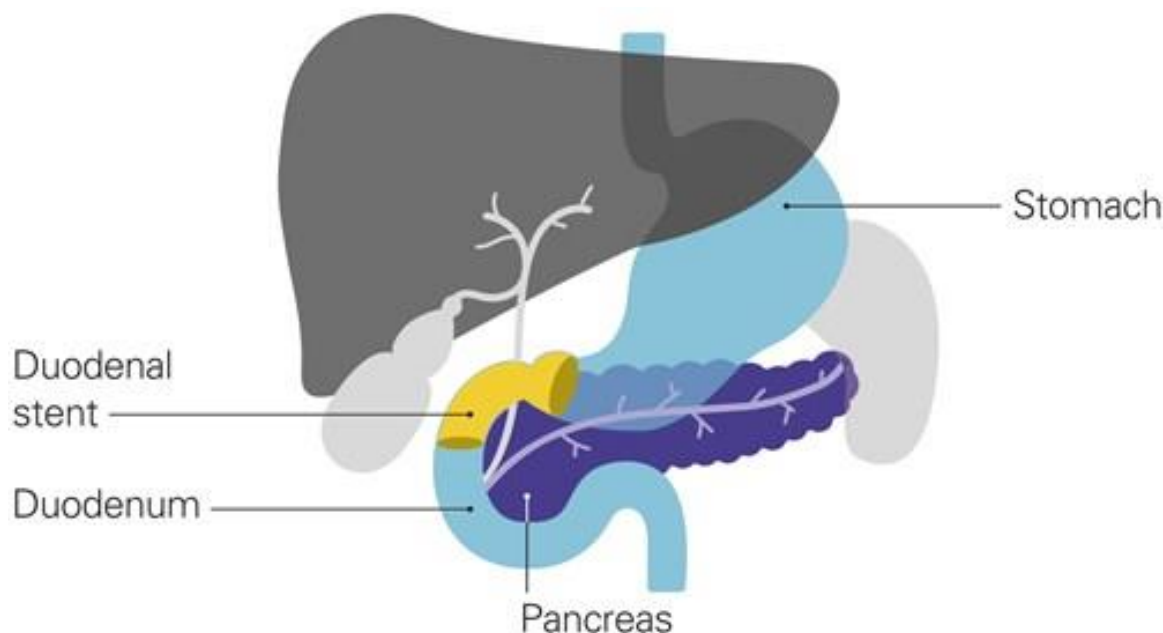
Abnormal accumulation of fluid in the abdomen. Its often multifactorial, effects 20% of patients however more common in advanced metastatic disease

## Symptoms

- Adbo swelling, discomfort and increased waist size
  - SOB
  - Decreased appetite, feeling full
  - Indigestion
  - Increased weight
  - Fatigue
  - Constipation, nausea & vomiting
  - Ankle swelling
- Diuretics, drainage, comfort measures

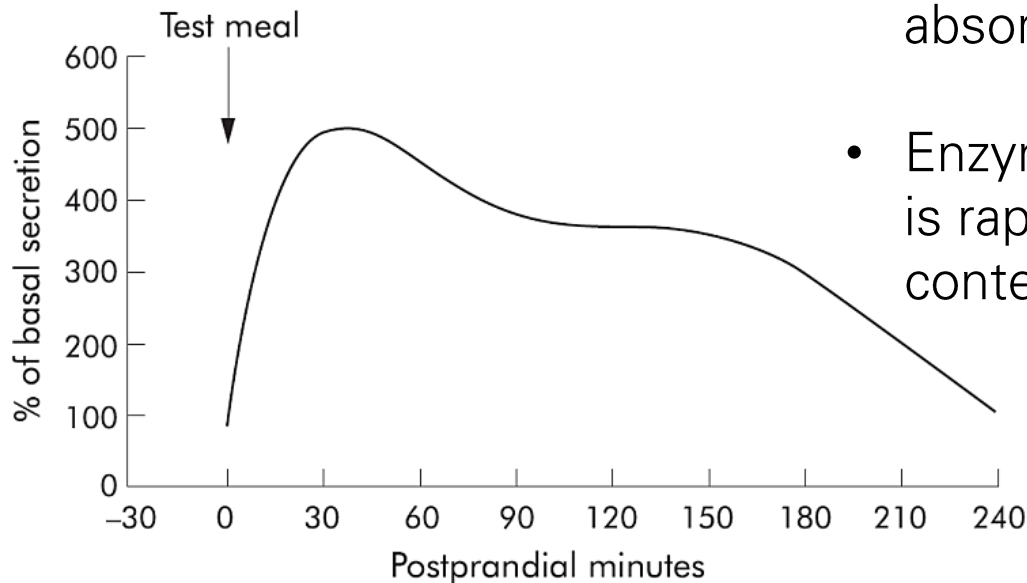


# Gastric Outlet Obstruction

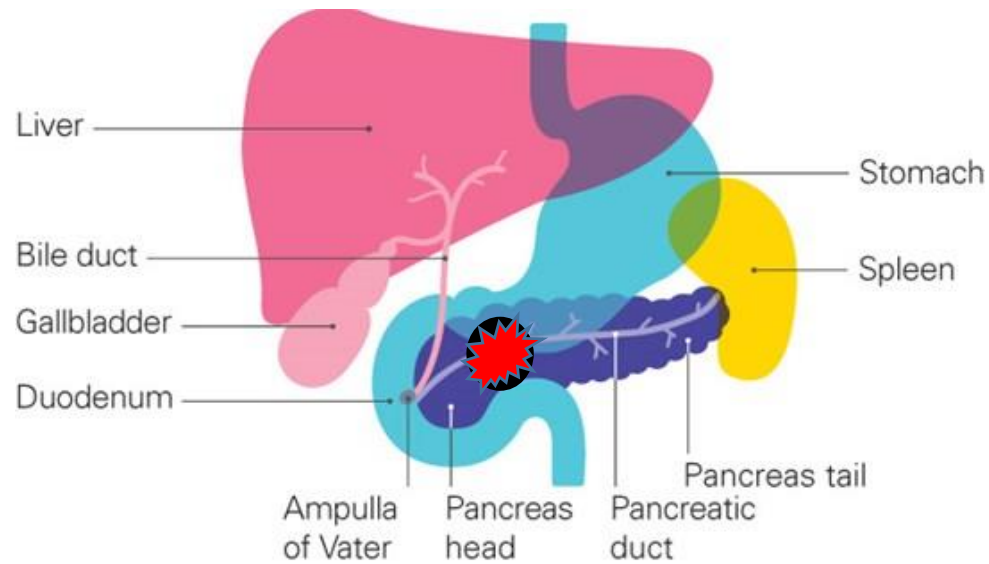


- 6% of PC patients present with GOO
- Nausea and vomiting, dehydration, malnutrition and delay in treatments
- Goes on to occurs in up to 20% of PC patients
- Stenting improves symptoms, treatment options and QoL

- The production of enzymes increased when starting to eat
- Assist in the digestion of fats, proteins and carbohydrates and the absorption of vitamins
- Enzyme delivery into the duodenum is rapid and appropriate to the content of the meal



## Pancreatic Cancer and PEI



## Symptoms

- Weight loss, despite eating
- Pale stools which are difficult to flush, oily or greasy stools
- Loose stool, diarrhoea or large, bulky stools
- Urgency to go to the toilet after eating
- Offensive/explosive stools and/or flatulence
- Reflux, burping, bloating, abdominal cramps
- Feeling of fullness
- Intolerance to previously 'favourite foods', change in tastes

## PERT

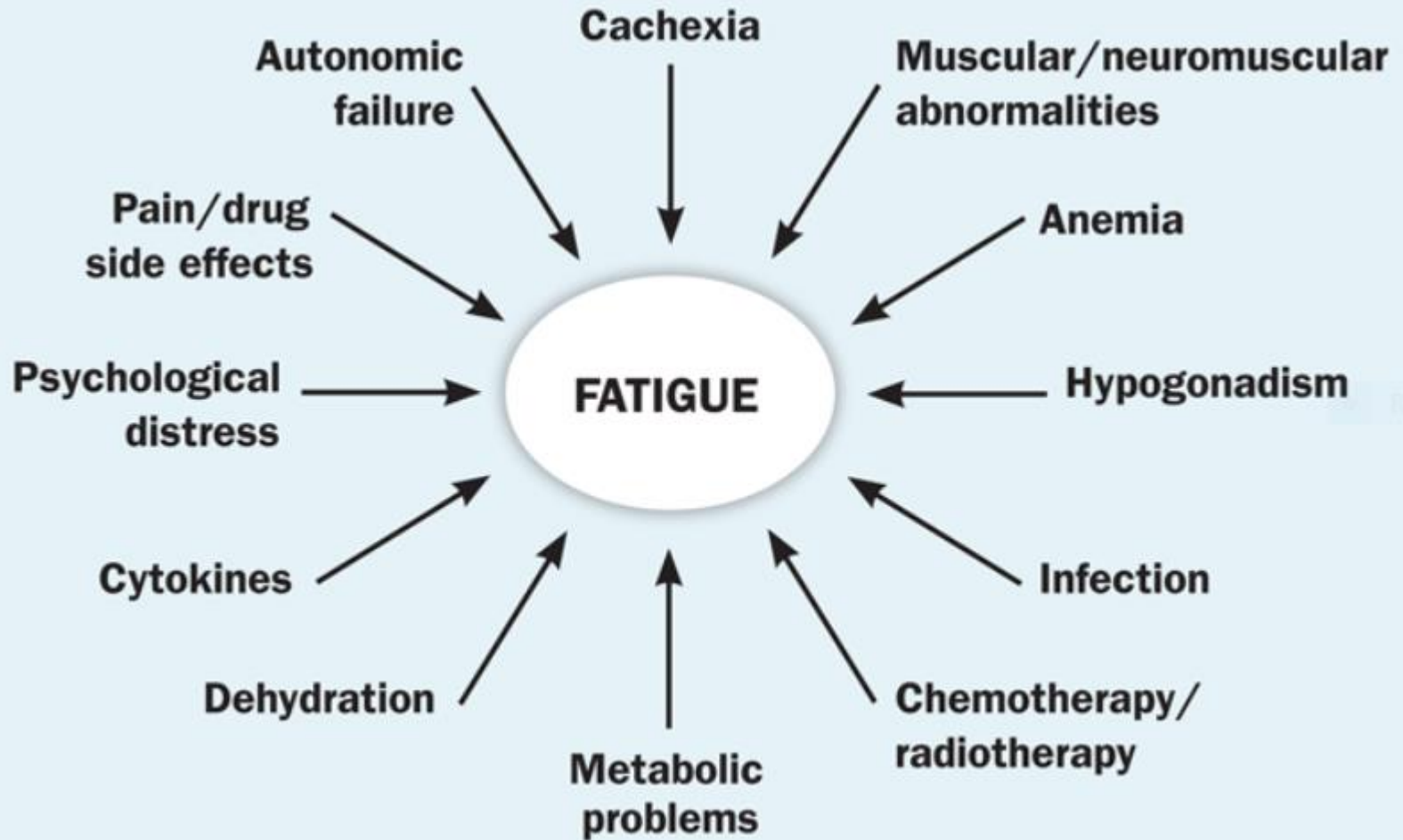
- Aims being to resolve symptoms
- Taken with food, escalating as per meal content & according to symptom control
- Given PPI – to lessen stomach acid
- Fat soluble vitamins may be lost –A, D, E and K
- Most people under dose
- Can open capsules & take with acidic food (apple sauce etc)
- Consider changing product/referral to gastroenterology
- On the ward PERT at the bed side is ESSENTIAL to ensure patient has easy access
- Patient education is essential
- Ensure GP awareness



## Diet and pancreatic cancer booklet

This booklet explains how pancreatic cancer can cause problems with diet, eating and nutrition.

It includes information on how to manage these problems including pancreatic enzyme supplements.



## Advice

- Discussions on managing energy, breaking up of daily tasks
- Discuss on individual aims and goals and how to achieve them
- Exercise
- Diet
- Signpost to support
- Communications

Think

- Low Hb
- Low deficiency
- Is this reversible?

## Diary for managing fatigue (extreme tiredness)

Keeping a diary can help you to monitor your fatigue and what makes it better or worse. This can help you manage it better. Sharing the information with your healthcare team will also help them offer you the most effective treatment for your fatigue.

	Monday			Tuesday			Wednesday			Thursday		
	am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve
Rate your fatigue from 0 to 10: 0 = no fatigue 10 = worst fatigue you can imagine												
How did you feel today (for example, happy, worried)?												
What did you do today?												

## Fatigue and pancreatic cancer

This fact sheet is for people with pancreatic who have fatigue. Their family may also find it helpful. It explains what fatigue is, what causes it, how it can be managed, and the support available.

Speak to your doctor or nurse if you have any questions about fatigue or how to manage it.

You can also speak to our specialist nurses on our Support Line about any questions you have about radiotherapy. You can call them free on 0808 801 0707, or email [nurse@pancreaticcancer.org.uk](mailto:nurse@pancreaticcancer.org.uk)

### Contents

What is fatigue? .....	1
What causes fatigue? .....	2
What can you do about fatigue? .....	8
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### What is fatigue?

Fatigue is extreme tiredness. It isn't the same as simply feeling tired. It can be a constant feeling of weariness or it can come on suddenly from one minute to the next, for no apparent reason. You may feel weak, unable to concentrate, or have problems sleeping.

Resting or sleeping may not help, so fatigue can be physically, mentally and emotionally draining. It can limit your ability to do everyday activities and enjoy life.

Speak to our specialist nurses on our free Support Line  
0808 801 0707  
[nurse@pancreaticcancer.org.uk](mailto:nurse@pancreaticcancer.org.uk)

## Benefits and Financial Support

- Recognise the 'price' of a cancer diagnosis
- Financial issues can cause worry when someone becomes ill
- Ability to work can be effected, work just doesn't mean employment
- Your patients may be able to claim benefits to help you in their situation.
- Your patients may also be able to get financial assistance from other organisations

## What can you do?

- Open & honest discussions, identify need
- Information & signposting
- Encourage self referral while continuing support those who need it.
- Macmillan information & benefits advice workers
- Maggie's
- Recognise those who are eligible for support as they are in the last year of life (All special rules claims for AA, PIP and DLA are reviewed after three years)

## Coping with pancreatic cancer

- Statistics
- Withdrawal
- Isolation
- Information overload
- Dealing with symptoms
- Self image



## Biggest current needs

**Symptom related:** bowel and digestion issues; fatigue/energy/sleep; pain management

**Treatment related:** better explanation of treatment options / timescales ; improved post-treatment follow-up; timely results; improved care co-ordination

**Psychological:** help to deal with anxiety/ uncertainty and how to stay positive; someone to talk to; support for families

**Prognosis:** clear and honest explanations; help to deal with fears

**Pancreatic  
Cancer  
UK**

**PCUK Support Services**



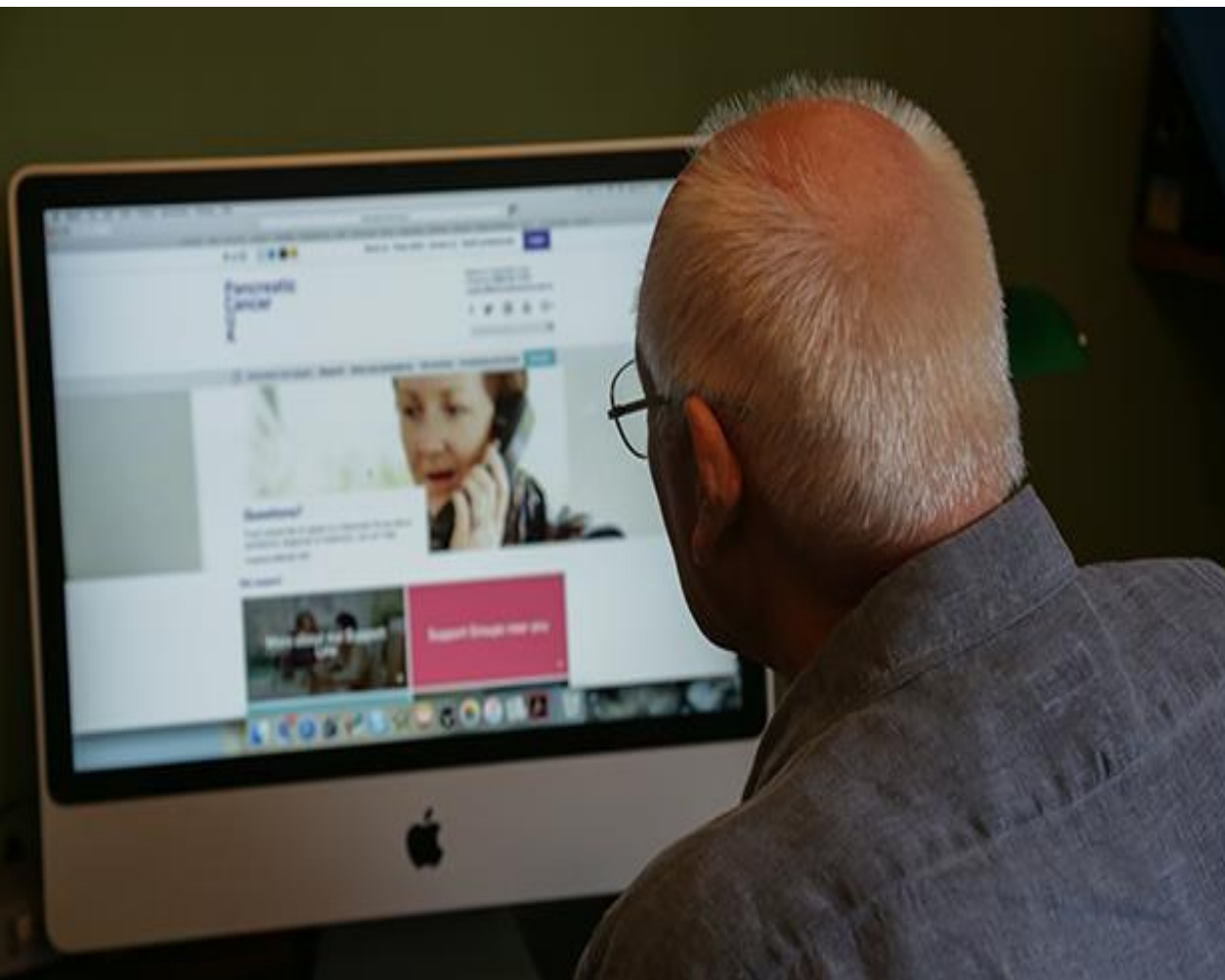
## Dedicated Support Line

We are here to support and listen. Our free and confidential Pancreatic Cancer UK Support Line is a lifeline for thousands of patients, families and friends. Our specialist nurses understand the issues you might be facing and will support you in coping with pancreatic cancer.

**0808 801 0707**

**Weekdays 10am - 4pm**

**[nurse@pancreaticcancer.org.uk](mailto:nurse@pancreaticcancer.org.uk)**



Access to information and support. Feel free to explore our real life stories, order or download our publications, visit our Forum, use our Clinical Trial Finder, or find out how you can get involved with the charity.

**[www.pancreaticcancer.org.uk](http://www.pancreaticcancer.org.uk)**



## Support Groups

Local support groups mean you can meet other people to share your experiences.

**[pancreaticcancer.org.uk/  
supportgroups](https://pancreaticcancer.org.uk/supportgroups)**



## **Real life stories**

Invaluable source of information and support, written by people with direct experience of pancreatic cancer.

“Being able to read other people’s experiences and thoughts has been a comfort to me and has helped me to feel stronger to get the best help for dad.”

**Pancreatic  
Cancer  
UK**

**PCUK Information**



## Information you can trust and understand

- Information Standard
- Based on the latest evidence
- Easy to understand
- Plain English Award Winners
- Reviewed by health professionals, patients and families
- Updated every two years



## Information and Support

We have the most up-to-date information on everything anyone would need to know about pancreatic cancer through our website and publications. We can help anyone every step of the way through diagnosis and treatment options, to managing symptoms and the care they receive.

They can read the information online, or order the publications to be delivered to their home / workplace

I'm supporting Pancreatic  
Cancer Awareness Month

November 2020



Purple Lights for pancreatic  
cancer

→

Pancreatic cancer symptoms  
quiz

→

Order your PCAM pack

Raise awareness this PCAM

→



Bake a Difference

→

World Pancreatic Cancer Day  
2016

→

The Big Purple Quiz

→

November is Pancreatic Cancer Awareness Month (PCAM) - a chance for us to come together, take on new challenges, organise events, fundraise and raise awareness of the disease.

There were lots of ways to get involved, from lighting up your local landmark to having a bake sale.

Every November supporters from across the UK hold events and activities for Pancreatic Cancer Awareness Month (PCAM). Could you get involved?

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

Abdominal  
(tummy)  
pain which  
can spread  
to the back



Unexplained  
weight loss  
and loss  
of appetite



Jaundice  
(yellow skin  
or eyes)



Oily  
floating poo



Indigestion



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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.

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Contact the Pancreatic Cancer UK Support Line

☎ 0808 801 0707 freephone weekdays 10am-4pm

✉ [support@pancreaticcancer.org.uk](mailto:support@pancreaticcancer.org.uk)

Thank you for listening  
Any questions?

**This is me |**  [lynne.mccallum@pancreaticcancer.org.uk](mailto:lynne.mccallum@pancreaticcancer.org.uk)