

Pancreatic  
Cancer  
UK

# Introduction to Pancreatic Cancer

## **Learning objectives**

- **Learn more about the statistics surrounding Pancreatic Cancer and what this might mean for your patients**
- **Learn more about the role of the pancreas in health and how pancreatic cancer can effect these functions**
- **Learn more about how pancreatic cancer can present, its signs and symptoms and how it is diagnosed.**
- **Explore how Pancreatic Cancer UK support you in supporting your patients**

**Pancreatic  
Cancer  
UK**

**Pancreatic Cancer is Tough**



## **Tough to diagnose**

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



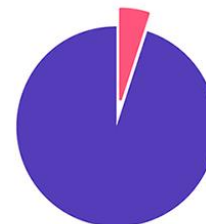
## **Tough to treat**

**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 Facts

- Pancreatic cancer has an extremely poor prognosis that has hardly changed over the last 45 years
- In the UK, pancreatic cancer is the 11<sup>th</sup> most common cancer, with an estimated **10,000 new cases** and **9,000 deaths** of pancreatic cancer were reported in 2016
- Pancreatic cancer is the **5<sup>th</sup>** biggest cancer killer and is predicted to become the **4<sup>th</sup>** 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 only **8%** of patients are currently **resected**
- 55% of patients are diagnosed with **metastatic disease**

# The deadliest and quickest killing cancer

10,000

Pancreatic cancer cases  
in 2016, UK



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

9,000

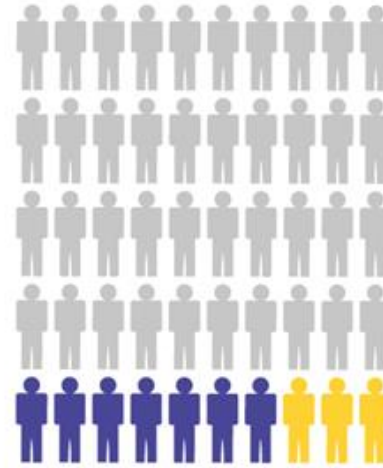
Pancreatic cancer deaths in  
2016, UK



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

7%

Five-year survival



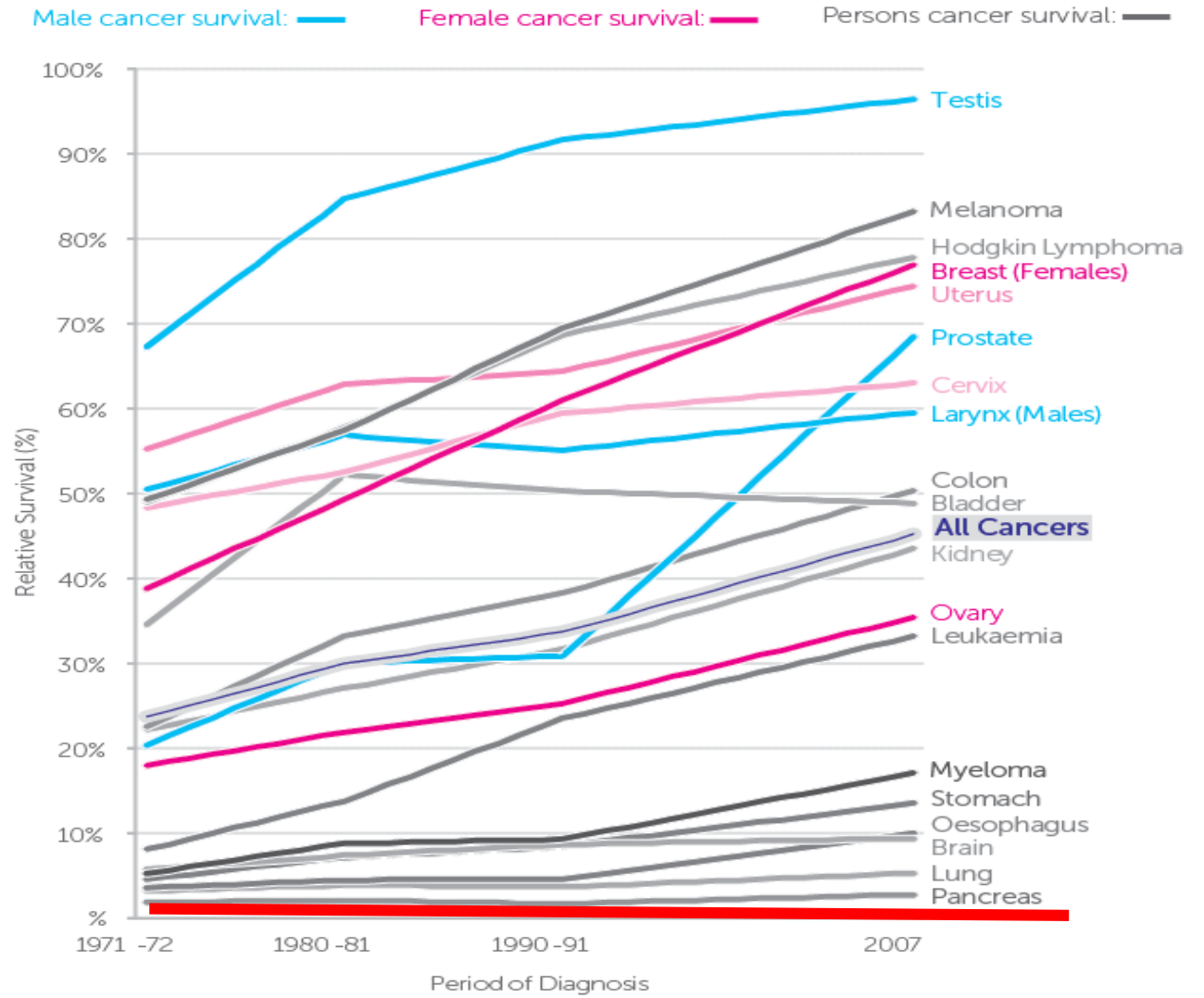
Pancreatic cancer has the **lowest  
survival of all common cancers**

24%

One-year survival



# 5 year survival rate hasn't improved in last 40 years



[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)



## Early diagnosis is essential to increase survival

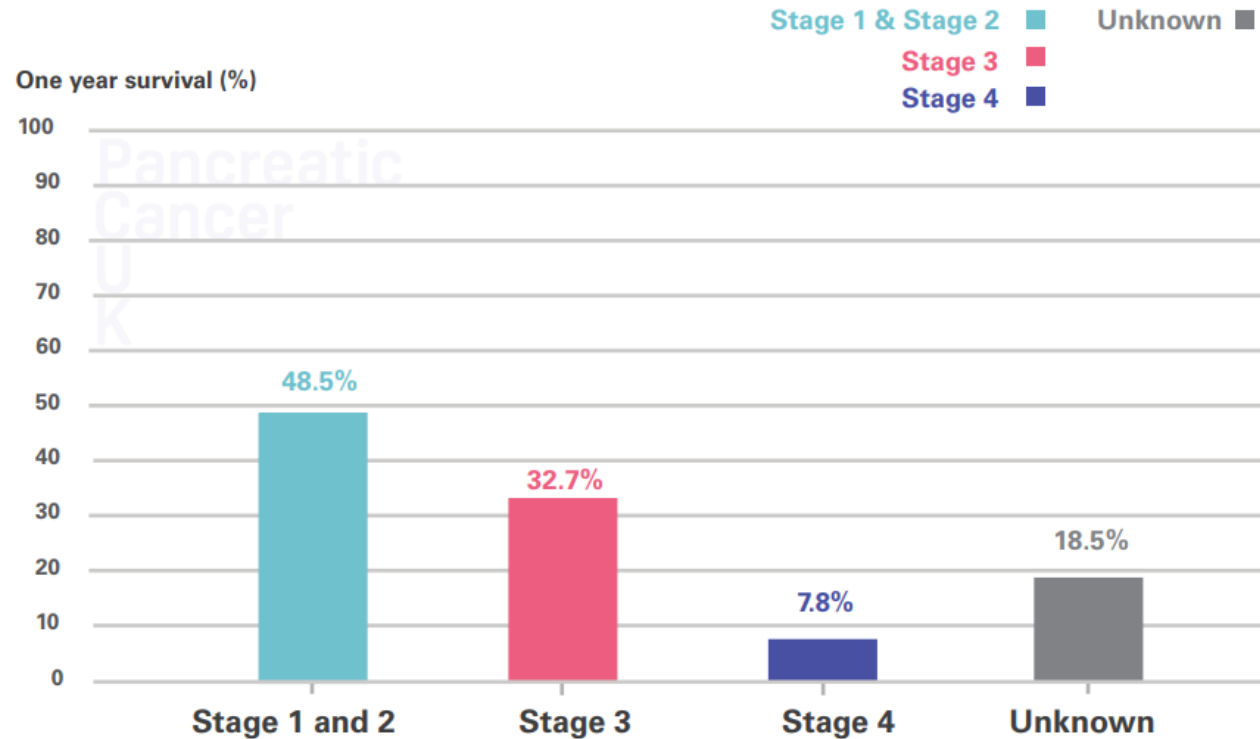


Figure 1: One year survival for people with exocrine pancreatic cancer diagnosed at each stage

- 48% of patients are diagnosed via A&E emergency route
  - One year survival of pancreatic cancer patients presenting via A&E is just 12%
  - Survival is 3x higher is diagnosed through GP referral
- 55% diagnosed with metastatic disease
- 30% diagnosed with locally advanced pancreatic cancer
- 15% operable disease at diagnosis
- 28 people get a pancreatic cancer diagnosis every day

## 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.

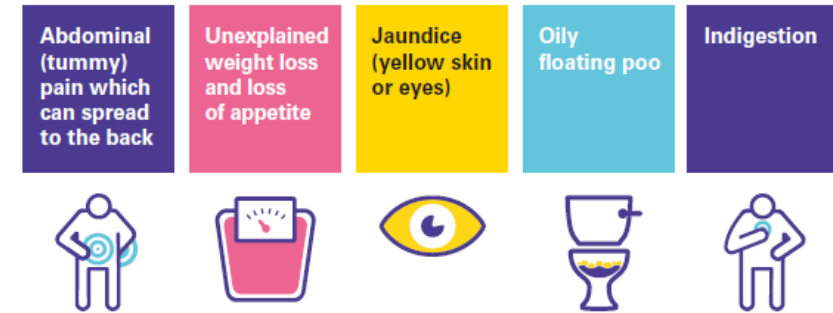
**Some** evidence has suggested that there are other things **may** also increase risk, such as alcohol, red and processed meat and hx of cancer – more research is needed.

## Signs and Symptoms

- 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.

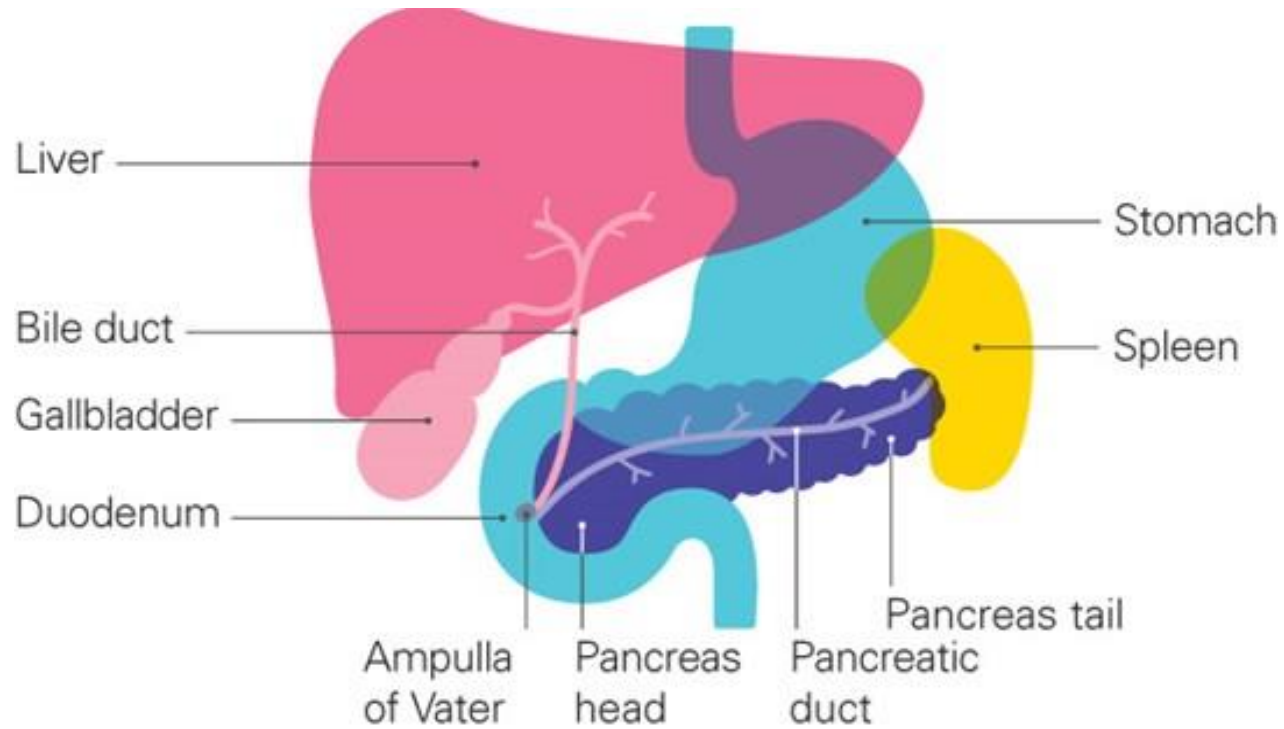
If you have any of these symptoms it might suggest a problem with your pancreas, such as pancreatic cancer.



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.

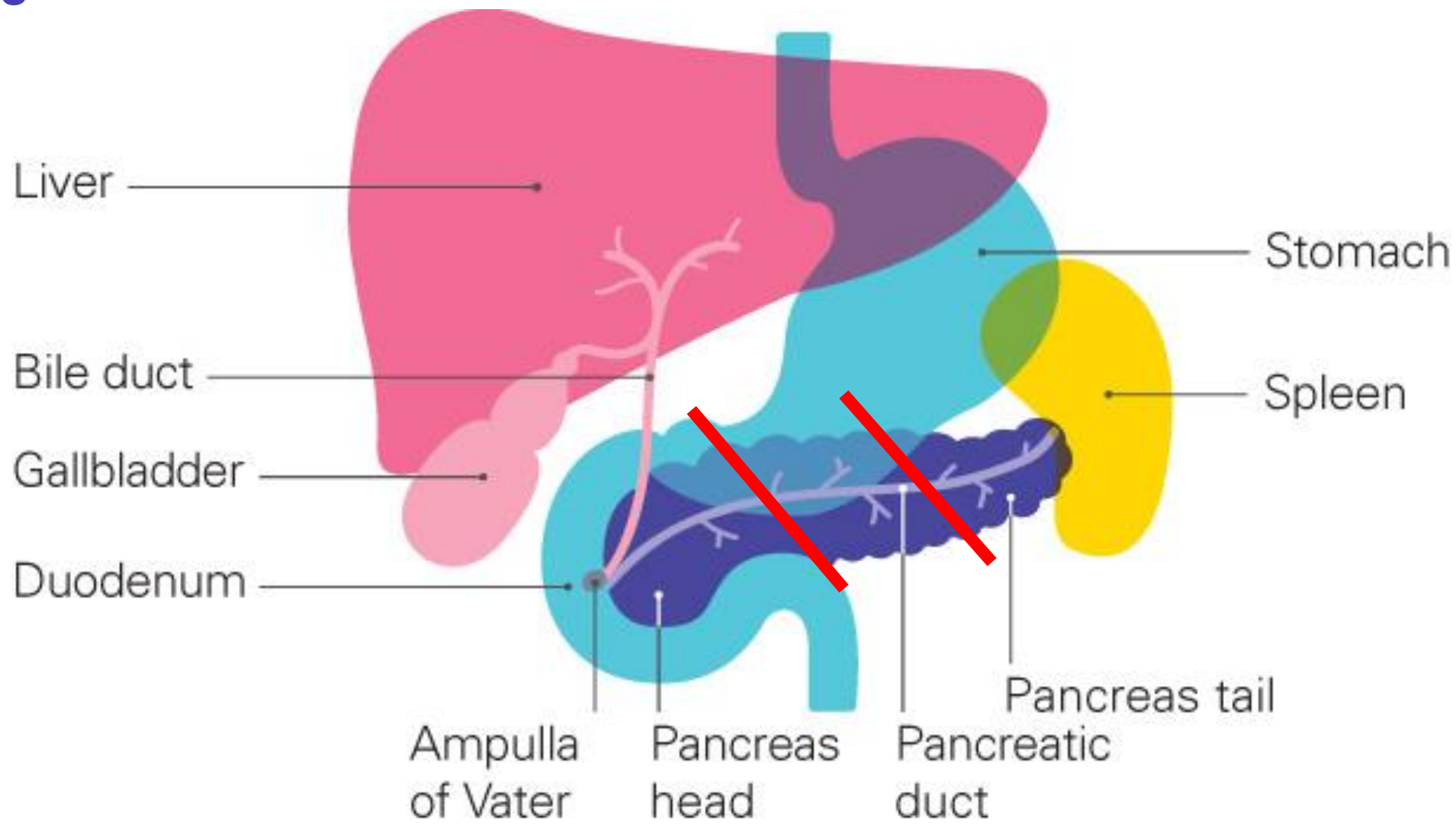
# The Pancreas

# Pancreatic Cancer UK

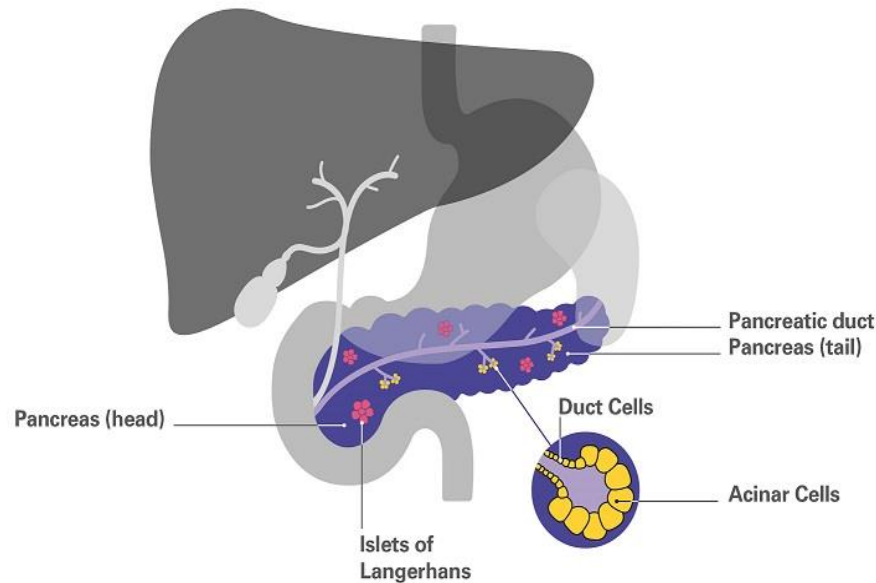


- Large gland situated deep in the abdomen in between the stomach and the spine.
- Plays an important role in digestion.
- Produces enzymes and hormones to help break down food and regulate blood sugar.

# Pancreatic Cancer UK



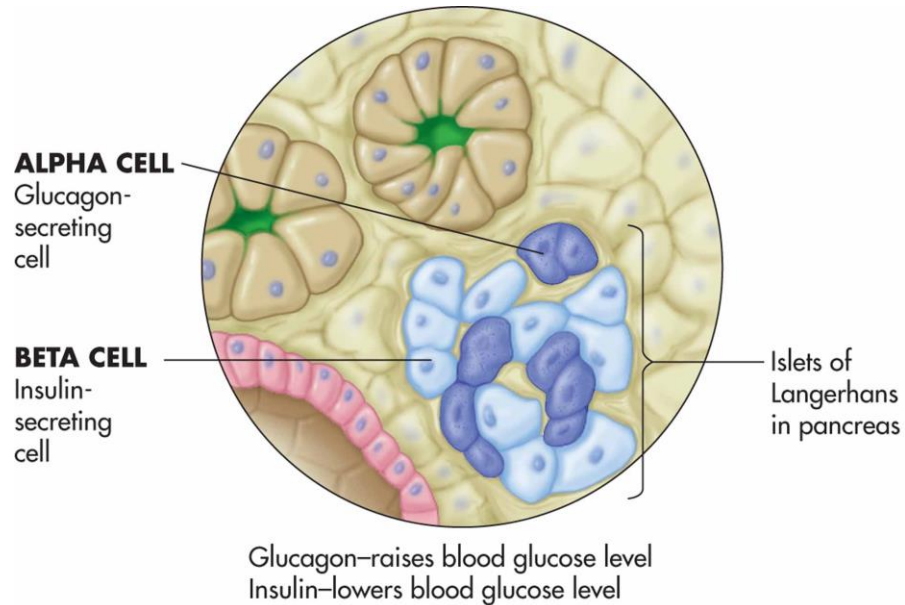
## Exocrine Pancreas



- Digestive function – helps break down carbs, fats, proteins in the duodenum.
- The pancreatic enzymes travel along the pancreatic duct and become activated when they reach the duodenum.
- They also stimulate release of bicarbonate which neutralizes the stomach acid in the duodenum.



## Endocrine Pancreas



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

## Pancreatic Adenocarcinoma & Pancreatic Neuroendocrine Tumours

### Is there a difference?

**YES**

### **Pancreatic Adenocarcinoma (PDAC)**

- Exocrine pancreatic cancer (including Pancreatic Ductal Adenocarcinoma (PDAC)) is the most common and aggressive subtype of pancreatic cancer
- Accounts for 95% of pancreatic malignancies
- Originates in the ductal cells
- 8% receive surgery
- 1 year survival 18.9%
- Ongoing symptoms management,
  - Diet, think pancreatic enzyme insufficiency (PEI) and pancreatic enzyme replacement therapy (PERT) <https://www.pancreaticcancer.org.uk/information/managing-symptoms-and-side-effects/diet-and-pancreatic-cancer/pancreatic-enzyme-replacement-therapy-pert>
  - Diabetic monitoring and treatment
  - Exercise
  - Psychological support

## **Pancreatic Neuroendocrine Tumour (pNET)**

- Endocrine pancreatic cancer is a rare cancer and largely less aggressive (although higher grade pNETs are more aggressive)
- Accounts for 5% of pancreatic malignancies
- Originates in the neuroendocrine cells within the pancreas – known as Islet of Langerhans
- 40% receive surgery
- 1 year survival 79.8%
- Still think.
  - Diet, think pancreatic enzyme insufficiency (PEI) and treatment with pancreatic enzyme replacement therapy (PERT)  
<https://www.neuroendocrinecancer.org.uk/neuroendocrine-cancer/diet-nutrition/>  
<https://www.pancreaticcancer.org.uk/information/managing-symptoms-and-side-effects/diet-and-pancreatic-cancer/pancreatic-enzyme-replacement-therapy-pert>
  - Diabetic monitoring and treatment
  - for this patient group as affect in the pancreas is the same as PDAC
- For pNET (and all NET) patient support and information  
<https://www.neuroendocrinecancer.org.uk/>

# **Presentation & Diagnosis**

## Challenges in early diagnosis

- Vague and non specific symptoms
- No simple diagnostic test
- Symptoms often don't present until a late stage

## Diagnosis and Referrals

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



**Blood tests** | CA 19-9 and CEA specific pancreatic tumour markers, however if raised does not necessarily mean 'cancer'.

**Abdominal Ultrasound** | inexpensive, non invasive. If highlights an abnormality, then CT requested.

**CT (computed tomography)** | often given IV injection of contrast to highlight blood supply to certain organs. Good diagnostic tool.

**MRI/MRCP (magnetic resonance imaging/cholangiopancreatography)** | useful  
addition to imaging, can be more specific for liver metastases and highlighting abnormalities with in the bile ducts

**ERCP – (endoscopic retrograde cholangiopancreatography)** | endoscope is passed through mouth, down the oesophagus into stomach and into the duodenum. A smaller tube is then inserted through the centre of endoscope and dye is injected to highlight any obstruction to its flow through the biliary system.

**PET – (Positron Emission Tomography)** | very specialised nuclear medicine scan that utilizes radioactive substances. Use more often with those cases with locally advanced disease

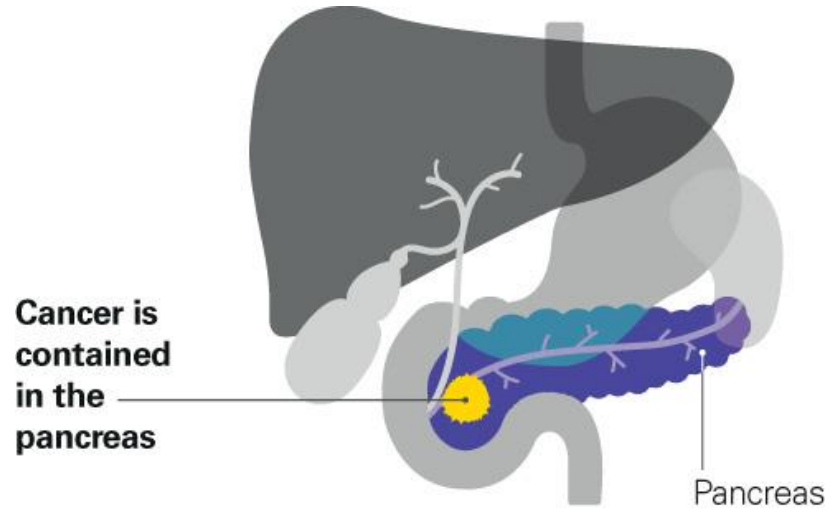
**EUS – (Endoscopic Ultrasound)** | Endoscope & ultrasound combined. Very accurate, good for visualizing Lymph nodes and taking biopsies in particular.

**Tissue Diagnosis is imperative for treatment to given.**

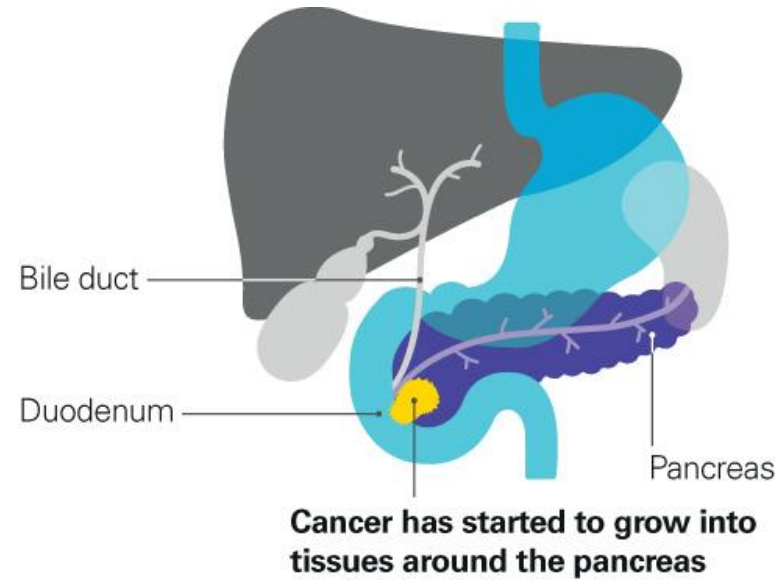
# Staging



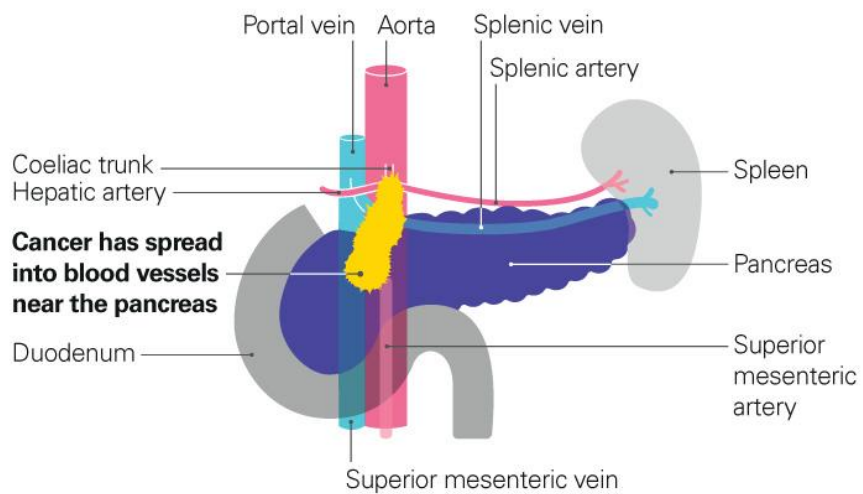
## Stage 1



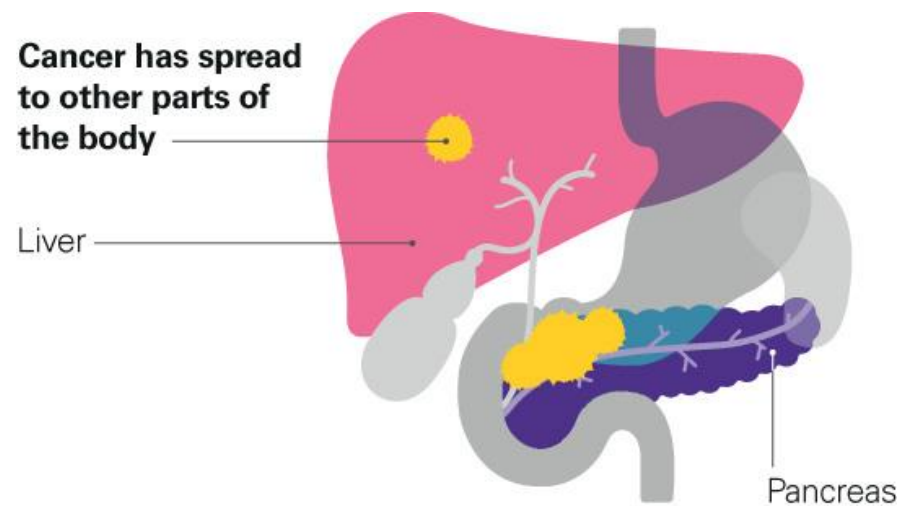
## Stage 2



## Stage 3



## Stage 4



**Table 2.** TNM classification 7th edition<sup>a</sup>

**Primary tumour (T)**

T0 = No evidence of primary tumour

Tis = Carcinoma *in situ*

T1 = Tumour limited to the pancreas, ≤2 cm in greatest dimension

T2 = Tumour limited to the pancreas, >2 cm in greatest dimension

T3 = Tumour extends beyond the pancreas but without involvement of the coeliac axis or the superior mesenteric artery

T4 = Tumour involves the coeliac axis or the superior mesenteric artery (unresectable primary tumour)

**Regional lymph nodes (N)**

NX = Regional lymph nodes cannot be assessed

N0 = No regional lymph node metastasis

N1 = Regional lymph node metastasis

(A minimum number of 10 lymph nodes analysed is recommended.)

The regional lymph nodes are the peripancreatic nodes which may be subdivided as follows:

Superior Superior to head and body

Inferior Inferior to head and body

Anterior Anterior pancreaticoduodenal, pyloric (for tumours of head only), and proximal mesenteric

Posterior Posterior pancreaticoduodenal, common bile duct, and proximal mesenteric

Splenic Hilum of spleen and tail of pancreas (for tumours of body and tail only)

Coeliac For tumours of head only

**Distant metastasis (M)**

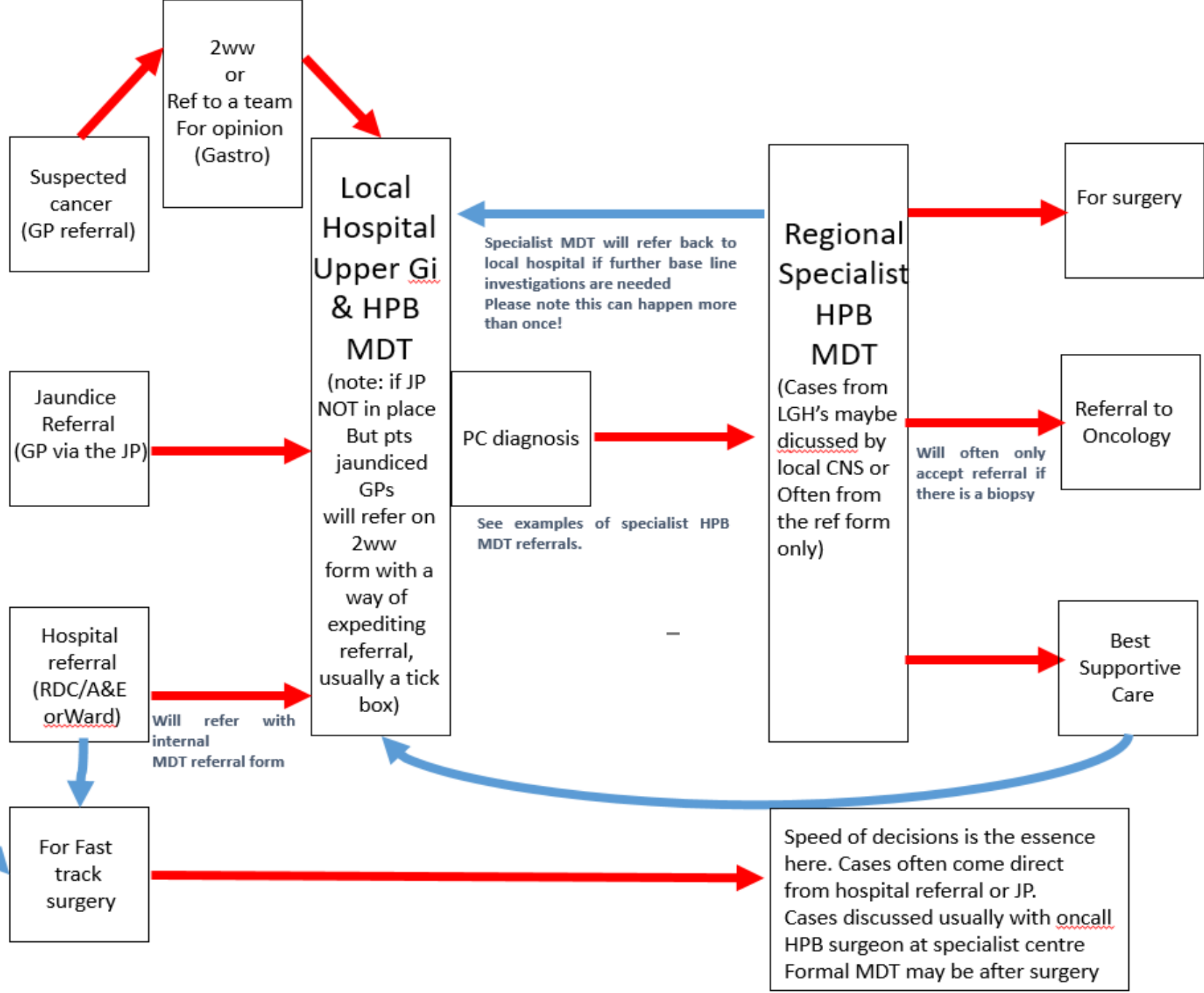
M1 Distant metastasis

<sup>a</sup>By permission of the American Joint Committee on Cancer (AJCC), Chicago, Illinois. The original source for this material is the AJCC Cancer Staging Handbook, Seventh Edition (2010) published by Springer Science and Business Media LLC, www.springer.com.



Cancer of the pancreas: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up†

Annals of Oncology 26 (Supplement 5): v56–v68, 2015  
doi:10.1093/annonc/mdv295



**Notes:**

- Not all areas will have JP or RDC
- Referral into JP can vary across regions
- FTS processes differ from hospital to hospital
- Specialist centres will also refer into MDT from their own catchment area

GP – general practitioner  
 JP – jaundice pathway  
 RDC – Rapid diagnostic centre  
 FTS – fast track surgery  
 2ww – 2 week wait, suspected cancer referral form

**Pancreatic  
Cancer  
UK**

# **Supporting those with Pancreatic cancer**



Providing cancer patients with information helps patients with decision making, prepares them for treatment and helps them cope with adverse effects associated with it, reduces anxiety and depression, increases satisfaction with treatment, improves communication with family and improves quality of life

The National Cancer Patient Experience survey reports that access to information and support is poorer in pancreatic cancer than in other cancers



## Publications

### New patient packs

- A pack for people with **operable pancreatic cancer** (stage 1 or stage 2)
- A pack for people with **inoperable pancreatic cancer** (stage 3 or stage 4)

Diet

Chemotherapy

Surgery

Stents

Fatigue etc

Easy read options

<https://publications.pancreaticcancer.org.uk/>



## **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 9am - 4pm**

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



**Pancreatic Cancer UK**

**You don't have to face pancreatic cancer alone**

Let us help you and your family today.

**Pancreatic Cancer UK**

**We're here to guide you through every stage**  
In addition to our nurse Support Line, our range of services are here when you need them most.

**Expert information**

Our free information covers everything about pancreatic cancer to help you understand your diagnosis, ask questions, make decisions and live as well as you can.



**Living with Pancreatic Cancer Online Support Sessions**

Our online support sessions are hosted by our specialist pancreatic cancer nurses and will give you the chance to connect with others who have also been diagnosed.



**Side by Side service for people having surgery**

This phone service connects you to trained volunteers who have already had pancreatic cancer surgery. They understand what you might be going through and share their own experiences of both before and after surgery.



**Online forum**

The forum is a supportive online space where everyone affected by pancreatic cancer can be there for one another at any time.



**Pancreatic cancer Support Groups**

Run by people affected by pancreatic cancer, these groups are an opportunity for people to meet others and support each other.



**Real life stories**

Read other people's experiences of pancreatic cancer on our website to find out how they coped with their diagnosis and treatment and their tips on looking after themselves.



Whether it's support for you, or a friend or family member, our services are available now. Find out more at

[pancreaticcancer.org.uk/getsupport](https://pancreaticcancer.org.uk/getsupport)

Or you can call one of our nurses on

**0808 801 0707**

**Pancreatic Cancer UK**

**Our specialist nurses are here to talk now**  
If your world has been turned upside down by a pancreatic cancer diagnosis, we are here to talk now. We can answer your questions, recommend practical steps and provide the emotional support you and your loved ones need, when you need it most.

**You don't have to face pancreatic cancer alone**  
Let us help you and your family today.

**Waiting for your call**

Specialists in pancreatic cancer, we are only a call or email away. You can contact us about anything - managing symptoms, questions about your diagnosis, treatment options or just to talk about how you're really feeling.

**A specialist nurse, dedicated to you**

We can assign a dedicated nurse who stays with you through everything and gets to know you and your situation. Supporting over 2,000 people affected by pancreatic cancer each year, we are specialists in pancreatic cancer.

**Unlimited time and bespoke follow-up**

From 4 minutes to 40 minutes, we can talk and listen for as long as you need. After your call, we can provide personalised information by email or post, explaining the next steps and giving you confidence to move forward.

**Nurse Support Line**

Specialists in pancreatic cancer, our friendly nurses are only a phone call away and are here to answer questions and talk for as long as you need.

**0808 801 0707**  
Mon to Fri 10am - 4pm

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

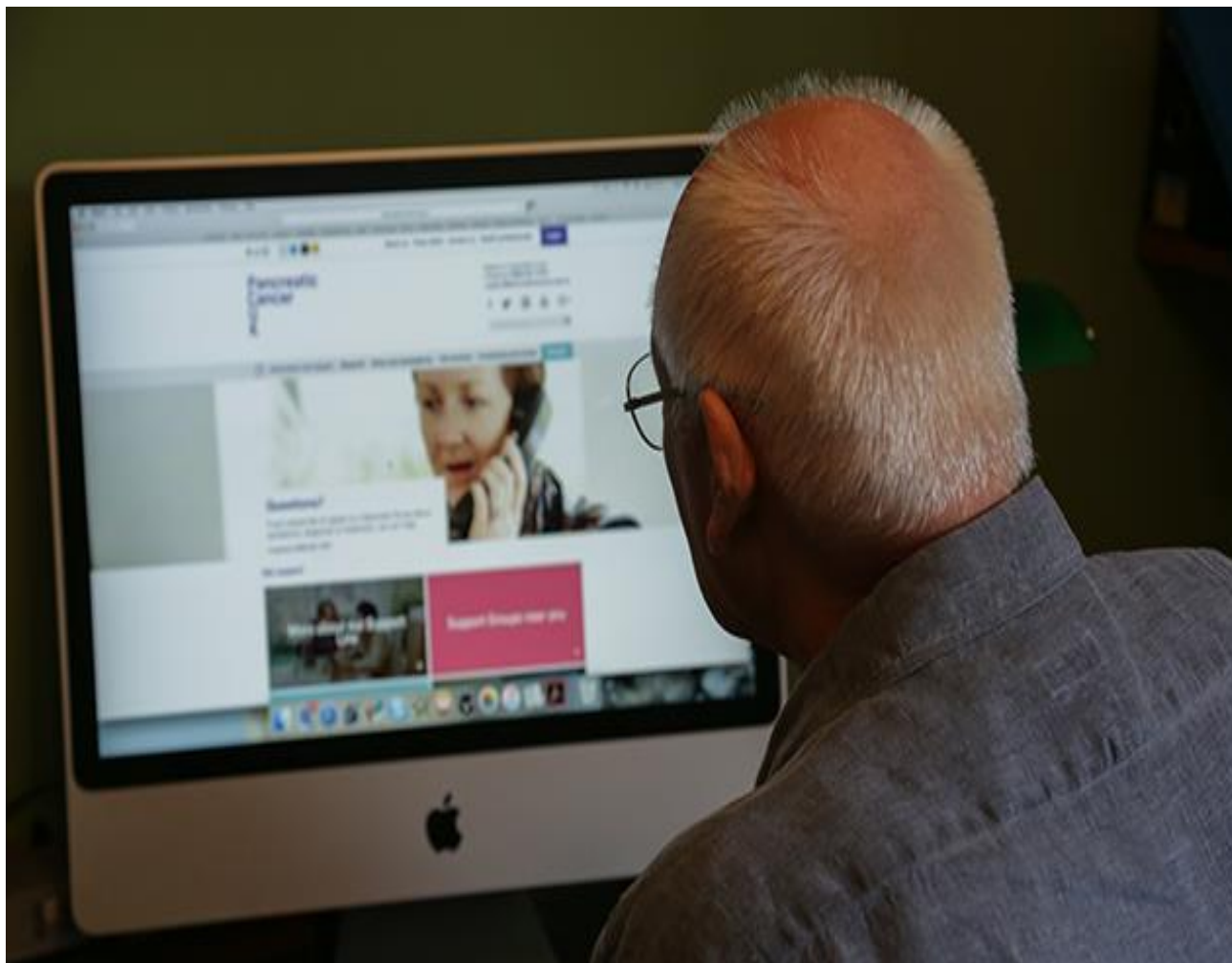
**Call our free and confidential Support Line today**

**0808 801 0707**

You can email our nurses at

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



## Website

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)

# Pancreatic Cancer UK

100% of people who have given us feedback said they would recommend attending one of our online support sessions to someone else who is diagnosed, or supporting someone, with pancreatic cancer.

- Newly Diagnosed
- Managing Nutrition and Pancreatic Enzymes
- Managing Chemotherapy
- Undergoing Surgery and Recovery
- and Family, Friends and Carers' Cuppa



<https://www.pancreaticcancer.org.uk/support-for-you/living-with-pancreatic-cancer-support-sessions/>

'I really did find it informative and took a great deal from it. It's easy to feel very alone with our problems especially during the current climate. It was so nice to be able to hear from others at different stages of the journey.'  
(Michelle from Lincolnshire)

'I found the session really helpful and felt comforted by the fact I wasn't alone' (Jeni from Portsmouth)

'The specialist nurses running the sessions are friendly, very experienced and knowledgeable. Attending the sessions left us feeling comforted and supported. It made us realise there is a vast community of people going through the same ordeal we can draw strength from.'  
(Theresa from Coventry)

'I found out such a lot about the enzymes, why I need them and how to use them effectively. I was very grateful for the clear and thorough information given.'  
(Vivien from Greater London)

'Don't hesitate, join. You will be treated with respect, you will be listened to, you will be seen.'  
(Terry from Essex)

'Getting people to talk is great and in some cases is highly amusing. We cannot underestimate the value of levity in our circumstances. Laugh and the world laughs with you is not a bad maxime.'  
(David from Leeds)

Pancreatic  
Cancer  
UK



Thank you. Any questions?

**Pancreatic  
Cancer  
UK**

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