

About Pancreatic Cancer

A Quick Guide

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This is a brief summary of the information on 'About pancreatic cancer' from our website. You will find more detailed information on the website.

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You can view this information in a larger print on our website.

About the pancreas

The pancreas

The pancreas is part of the digestive system. It is a large gland, about six inches long and shaped like a leaf. The wide end of the pancreas is called the head. The thin end is called the tail. The bit in the middle is called the body.

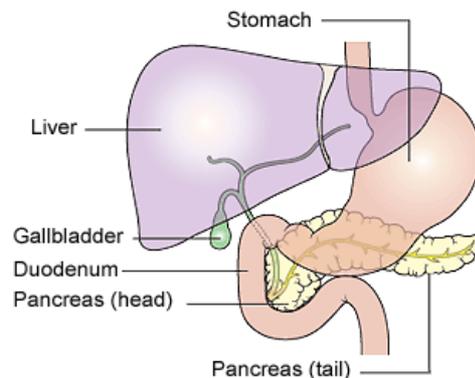


Diagram showing the position of the pancreas
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What does the pancreas do?

The pancreas has two important jobs in the body. The first is to produce the pancreatic digestive juices. The second is to produce insulin and other hormones to do with digestion. The part of the pancreas which produces the digestive juices is called the exocrine pancreas. The part of the pancreas which produces hormones, including insulin, is called the endocrine pancreas. The cancers that develop from these two different parts of the pancreas can behave differently and can cause different symptoms.

What happens if my pancreas is removed?

If you have part of your pancreas taken out, you will probably still make enough insulin. But your doctor will need to keep a very close eye on your blood sugar to make sure you do not develop diabetes.

If you have your pancreas completely removed, you will have to take pancreatic enzyme supplements and insulin. Because you won't be making your own insulin, you will effectively have diabetes.

Pancreatic cancer risks and causes

More than 8 out of 10 cases of pancreatic cancer (80%) are diagnosed in people aged 60 and over. It is uncommon in people under 40. There are some things that can increase your risk.

Smoking - This is known to increase your risk. Nearly 1 in 3 of pancreatic cancers (30%) may be linked to smoking.

Some medical conditions - Risk of pancreatic cancer is increased if you have a history of diabetes, long term inflammation of the pancreas (chronic pancreatitis), hereditary pancreatitis, stomach ulcers or certain types of cancer.

Diet - Eating processed meats may increase your increase your risk of pancreatic cancer. Studies show conflicting evidence on whether high levels of fat or sugar in your diet affect pancreatic cancer risk.

Body weight and exercise - Being overweight causes a small increase in the risk of pancreatic cancer. And doing little or no physical activity in your job may increase the risk.

Family history - Although this is not usually a factor, sometimes pancreatic cancer can run in families. There may be a genetic link in up to 1 in 10 cases of pancreatic cancer (10%).

Screening for pancreatic cancer

Screening means testing people for the early stages of a disease before they have any symptoms. Before screening for any type of cancer can be carried out, doctors must have an accurate test. The test must be reliable in picking up cancers that are there. And it must not give false positive results in people who do not have cancer.

At the moment, there is no screening test reliable enough to use for pancreatic cancer in people at average risk. Cancer of the pancreas is also a relatively uncommon disease. It would cost a lot of money to screen everyone for a disease that only a few people

get. So any screening test must be simple and cheap to perform.

Screening for people at a high risk of getting pancreatic cancer

It is more cost effective to screen people thought to be at higher than average risk of pancreatic cancer. But first we must be able to identify all those who are at higher risk. EUROPAC is an organisation involved in researching pancreatic cancer. They are running a screening programme for people who may be at high risk of developing it. This screening is for people over 40 years old who have

Hereditary pancreatitis

A high incidence of pancreatic cancer in their family (familial pancreatic cancer). On rare occasions people as young as 30 are considered, depending on their family history

If you are in one of these groups you have a 3 yearly CT scan or endoluminal ultrasound test. You will also have an ERCP. During this procedure, the doctor will take a sample of your pancreatic juice. The researchers examine this for changes in 3 particular genes (the genes are called K-Ras, p53 and p16). If they find any changes in these genes, you have the tests yearly. If there are no gene changes, you continue to have the tests every 3 years.

This screening programme cannot stop you getting pancreatic cancer. But the aim is to diagnose the disease at an early stage when it is easier to treat and is more likely to be curable. It is also part of a research programme that is trying to improve the genetic tests available for cancer of the pancreas.

EUROPAC run a register of families at high risk of pancreatic cancer. This is part of their research to identify faulty genes that increase risk of cancer of the pancreas. High risk families fill in a questionnaire and have blood samples taken when they join the register. If you think your family may be at risk, talk to your own doctor. He or she can put you in touch with the EUROPAC office.

Pancreatic cancer symptoms

The most common type of cancer of the pancreas are exocrine tumours. The symptoms can be quite vague. And they vary depending on where the cancer is in your pancreas – in the head, body or tail. Early symptoms can include weight loss, pain in the stomach area, back pain and jaundice.

More than half of patients have jaundice when they first go to their doctor. Jaundice without pain is the most common reason for first going to the doctor in patients who have pancreatic cancer that can be removed with surgery. Symptoms of jaundice can include yellowing of the skin and whites of the eyes, severe itching, darkened urine, and pale coloured stools (bowel motions).

Other symptoms

There are other symptoms that you can have with cancer of the pancreas. These include diabetes, itching, sickness, change in bowel motions, fever and shivering. There is an uncommon group of pancreatic tumours called neuroendocrine tumours. About a third of these produce hormones. The symptoms are different for each type, depending on the hormone the tumour makes.

Types of pancreatic cancer

You can get cancer in the head, body or tail of the pancreas. Between 7 and 8 out of 10 pancreatic cancers (70 to 80%) are in the head of the pancreas.

Exocrine cancers

The vast majority of cancers of the pancreas are exocrine in type. Most of these exocrine pancreatic cancers are ductal adenocarcinomas. These cancers start in the cells lining the ducts of the pancreas. The ducts are the tubes that carry the pancreatic digestive juices to the main pancreatic duct and the duodenum.

Other rarer types of exocrine pancreatic cancer are cystic tumours, cancer of the acinar cells and sarcomas. The treatment for these rarer types is similar to that for ductal adenocarcinoma.

Endocrine pancreatic tumours

These tumours are uncommon and are treated differently to exocrine tumours. Endocrine pancreatic tumours are also called neuroendocrine tumours. About a third of these produce hormones. They are named after the hormone they produce and include gastrinomas, insulinomas, somatostatinomas, VIPomas and glucagonomas. About two thirds of pancreatic neuroendocrine tumours do not produce hormones (called non functioning tumours).

Lymphoma of the pancreas

This is very rare and is treated differently to other types of pancreatic cancer.

Should I see a pancreatic cancer specialist

It can be very difficult for GPs to decide who may have a suspected cancer and who has something much more minor. But there are particular symptoms that mean your GP should refer you to a specialist straight away. These are:

- Jaundice
- Pain in your upper abdomen (above your tummy button) for no apparent reason, combined with weight loss and maybe back pain
- A lump in your upper abdomen that your GP can feel

For an urgent referral, you should ideally get an appointment within 2 weeks. If you have jaundice, your doctor may arrange for you to have an ultrasound scan urgently.

Do bear in mind that these are not the only symptoms of pancreatic cancer. Symptoms such as feeling sick and loss of appetite are also common symptoms of other medical conditions. So it would not be sensible for your GP to refer you urgently without particular symptoms or combinations of symptoms.

If you are concerned that your GP is not taking your symptoms as seriously as you think they should, you could print this page and take it along to an appointment.

What to ask your doctor about pancreatic cancer

- How will I know if I have pancreatic cancer?
- Am I more likely to get pancreatic cancer if I smoke or drink?
- I used to smoke. Does this mean I am more likely to get pancreatic cancer?
- Will changing my diet help to stop me getting pancreatic cancer?
- Can I be screened for pancreatic cancer?
- My father had pancreatic cancer. Does this mean I am more likely to get it?

For more information, visit our website <http://www.cruk.org/cancerhelp>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. Our information is based on the best current scientific evidence and reviewed regularly by leading clinicians and experts in health and social care.

For answers to your questions about cancer call our Cancer Information Nurses on 0808 800 4040 9am till 5pm Monday to Friday.

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in January 2013. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. Copyright Cancer Research UK 2013. Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and in the Isle of Man (1103)