

Treating Pancreatic Cancer

A Quick Guide

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This is a brief summary of the information on 'Treating 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.

The stages of pancreatic cancer

The stage of a cancer tells the doctor how far it has spread. It is important because treatment is often decided according to the stage of a cancer.

TNM stages of pancreatic cancer

TNM stands for Tumour, Node, Metastasis. This system can describe the size of a primary tumour (T), whether there are lymph nodes with cancer cells in

them (N) and if the cancer has spread to a different body parts (M).

- T stages - There are 5 stages of tumour size in pancreatic cancer. Tis (carcinoma in situ) is the smallest and T4 is the largest.
- N stages - There are 2 main N stages. They indicate if the pancreatic cancer has spread to the lymph nodes (N1) or not (N0).
- M stages - There are 2 M stages to indicate if the cancer has spread to distant body parts, like the liver or lungs (M1), or not (M0).

Number stages of cancer of the pancreas

Once the TNM categories have been decided, this information is grouped together to give the stage a number from 1 to 4. Stage 1 is the earliest stage and stage 4 is the most advanced stage of pancreatic cancer.

Statistics and outlook of pancreatic cancer

Outlook means your chances of getting better. Your doctor may call this your prognosis. With pancreatic cancer, the likely outcome depends on how advanced the cancer is when it is diagnosed.

On our website, we have quite detailed information about the likely outcome of different stages of pancreatic cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check each section of Cancer Research UK's patient information.. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The

statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Types of treatment for pancreatic cancer

The type of treatment you need for pancreatic cancer depends on the stage of the cancer, the type of pancreatic cancer you have, your general health, and your age and level of fitness.

Surgery and stents

If it is possible to remove your cancer and you are fit enough to cope with major surgery, then your surgeon will offer you an operation.

Even if your cancer cannot be removed, surgery can help to relieve symptoms. Most often, a small tube (stent) can be put in to relieve jaundice. Jaundice is common in pancreatic cancer, and its symptoms can make you feel very ill. Occasionally, your surgeon may suggest surgery to get round a blockage in your bowel and keep your digestive system working.

Chemotherapy and radiotherapy

Chemotherapy after surgery can help lower the risk of the cancer coming back. Chemotherapy is now recommended as a first treatment for advanced pancreatic cancer. But you will need to be well enough to cope with the side effects of this treatment.

Radiotherapy is used less often than surgery and chemotherapy to treat pancreatic cancer. Your specialist may suggest radiotherapy to try to shrink your tumour, to help relieve symptoms such as pain. Sometimes doctors may try a combination of radiotherapy and chemotherapy to treat cancers that cannot be removed with surgery.

Which surgery for pancreatic cancer?

Your surgeon will look at all your test results to decide whether it is possible to remove your pancreatic tumour. Your scans may show the size and position

of the tumour. A tumour that is less than 3cm across is most likely to be removable.

Removing the tumour completely

If it is possible to remove your cancer, your surgeon may suggest a Kausch-Whipple operation (usually called a Whipple's operation). This means removing part of your pancreas, the duodenum, part of the stomach and your gallbladder. Or your surgeon may suggest other operations to remove part, or all, of your pancreas.

Operations to relieve symptoms

You may have an operation to relieve symptoms such as jaundice or sickness caused by a blockage. Jaundice happens when the bile duct is blocked. It is not unusual for pancreatic cancer to block the bile duct by pressing on it or growing over it. Sickness can be caused by cancer blocking the top of your small bowel (duodenum). This blockage stops food passing from the stomach into the bowel.

Your surgeon may do an operation to bypass the blockage. Or instead of having surgery, you are now more likely to have a tube (stent) put in to keep your bile duct or duodenum open.

Surgery to try to cure pancreatic cancer

All operations to try to completely remove pancreatic cancer are major surgery and there are risks attached to them. But they are done to try to cure your cancer so you may feel it is worth taking some risks. Make sure you discuss the possible complications with your surgeon and ask all the questions you need to.

On our website, there are details of different operations including:

- PPPD (pylorus preserving pancreaticoduodenectomy)
- Whipple's operation
- Removing the pancreas (total pancreatectomy)
- Removing the tail of the pancreas (distal pancreatectomy)

If your cancer has spread then your surgeon will not offer you these operations. Unfortunately, only about 10 to 20 in every 100 people with pancreatic cancer (10 to 20%) are able to have surgery.

Surgery to relieve symptoms of pancreatic cancer

Relieving jaundice

Jaundice is caused by your bile duct being blocked. It is usual to unblock the bile duct by putting in a tube that holds it open. This is called a stent. You don't usually need an operation to have a stent put in. A specialist can put it in during an endoscopy or guided by an X-ray.

If this cannot be done, or doesn't work for you, you may have an operation to allow bile to drain by bypassing your blocked bile duct. Your surgeon can cut the bile duct above the blockage and reconnect it to the intestine.

Relieving a blocked digestive system

If your duodenum becomes partly or completely blocked by the cancer it can make you very sick. Any food or drink you swallow cannot pass through to the bowel in the normal way. It may be possible to have surgery to bypass the blockage. Below your duodenum, the surgeon attaches your small bowel directly to your stomach. This allows food you are digesting to pass through to the bowel.

Having your operation for pancreatic cancer

Before your surgery, you will need tests to make sure you are fit enough for your anaesthetic and to make a good recovery. These may include blood tests, a chest X-ray, tests to check that your heart is healthy and to see how well your lungs work. You will also need to learn breathing and leg exercises.

About 1 to 2 weeks before surgery you may have an appointment at the hospital pre assessment clinic. This prepares you for your operation and makes sure you are in the best possible health before surgery. You are likely to meet several members of your multi disciplinary team, including a surgeon, dietician and

physiotherapist. It is a good idea to take a list of any questions you have to this appointment.

You usually go into hospital the day before or morning of your surgery.

Immediately after your operation

When you wake up, you are likely to have several tubes in place to give you fluids and painkillers, and to drain the wound, drain your urine, and drain fluid from your stomach to stop you feeling sick. If you have had major surgery to your pancreas, you may also have a pump containing insulin.

It is important to tell your doctor or nurse as soon as you feel any pain. They need your help to find the right type and dose of painkiller for you.

After surgery to any part of the digestive system, the bowel usually stops working for a while. You will not be able to eat or drink anything straightaway. Your surgeon will tell you when you can start drinking sips of fluid. Gradually the amount you are allowed to drink will increase. And soon you will be able to try other fluids and then slowly start eating.

What to ask your doctor about surgery for pancreatic cancer

- Is it possible for me to have an operation to try to cure my cancer?
- Why is surgery not suitable for me?
- Why do I need an operation?
- Which type of operation should I have and why?
- Where is my nearest specialist centre for pancreatic surgery?
- What are the risks and benefits of having this operation?
- Will the operation cure the cancer?
- What is the cure rate for my stage of pancreatic cancer?
- What are the long term effects of this operation?
- Will I have pain after this operation?
- Will I be able to eat and drink normally after this operation?

- What are the possible complications of this type of operation?
- Is there a risk of dying because of the operation?
- Will I need any other treatment as well as surgery?
- Is there any treatment I can have instead of surgery?
- What will happen if I don't have the operation?
- How long will it take me to get better?
- How can I help myself get over the operation?

Chemotherapy for pancreatic cancer

Chemotherapy uses anti cancer (or cytotoxic) drugs to destroy cancer cells. You may have chemotherapy after pancreatic surgery. If the cancer was totally removed, the chemotherapy can lower the risk of cancer coming back in the future. If it wasn't possible to remove all the cancer, chemotherapy may help to shrink what was left behind.

Doctors are looking into chemotherapy or a combination of chemotherapy and radiotherapy before you have surgery (known as neo adjuvant treatment). The idea is that the treatment shrinks the cancer so that there is a greater chance of completely removing it with surgery. You are most likely to have this as part of a clinical trial.

You may have chemotherapy combined with radiotherapy for locally advanced pancreatic cancer. This may help shrink or slow the cancer down. For a few people, this treatment may shrink the cancer enough to make surgery possible. You may have this as part of a clinical trial as doctors are still looking at the best way of giving this treatment.

If you have symptoms of advanced pancreatic cancer, your doctor may suggest chemotherapy. It might shrink your cancer and help to relieve some of the symptoms. Chemotherapy may help to slow down the cancer growth for a while. Unfortunately chemotherapy doesn't help everyone with pancreatic cancer.

Radiotherapy for pancreatic cancer

Radiotherapy uses high energy rays to kill cancer cells. It is not often used to treat pancreatic cancer. But you

may have radiotherapy if it isn't possible to completely remove your pancreatic cancer with surgery. Your doctor may also suggest radiotherapy if you are not fit enough to have a long operation. Radiotherapy on its own is very unlikely to cure your cancer. But it may help to shrink it or slow its growth.

Radiotherapy with chemotherapy

Your doctor may suggest radiotherapy with chemotherapy for locally advanced pancreatic cancer. This may help shrink or slow the growth of cancer. The chemotherapy drug helps radiotherapy work better. You may have this as part of a clinical trial as doctors are still looking into the best way of giving this treatment. In a few people, this treatment may shrink the cancer enough to make surgery possible.

In trials, doctors are looking at giving this combination of treatment before surgery for early pancreatic cancer. They hope this treatment will shrink the cancer so that there is a greater chance of removing it all with surgery, and may reduce the risk of cancer coming back.

Radiotherapy to relieve symptoms

You may have radiotherapy if your cancer is causing symptoms such as pain. The treatment can shrink the tumours and relieve pressure which may be causing the pain. It also may help to relieve any blockage (obstruction) in your bowel.

About advanced pancreatic cancer

Advanced pancreatic cancer means the cancer has spread from where it started in the pancreas or has come back some time after you were first treated. In many people, pancreatic cancer can be quite advanced when it is first diagnosed and it is then not usually possible to cure it.

Even if the cancer is advanced, treatment is available to control your symptoms. You may have chemotherapy, radiotherapy or surgery for advanced pancreatic cancer. You may also have pain control with pain killing drugs or nerve blocks. You may be able to take part in trials of experimental treatments for advanced pancreatic cancer.

Deciding about treatment

It can be difficult to decide which treatment to try, or whether to have treatment at all when you have an advanced cancer. Your doctor will discuss the options with you. It can be helpful to talk over difficult decisions with someone outside your family and friends. There is information about counselling in the 'coping with cancer' section of our website.

Treatment to relieve the symptoms of a blocked bowel

It may be possible to use a drug called somatostatin (Octreotide) to help control symptoms of a blocked bowel instead of having an operation. Somatostatin is a hormone that is made naturally in the body. It can now be made artificially. It works by reducing the amount of fluid that builds up in your stomach and digestive system. This helps to stop you being sick and can relieve the bloating you feel.

Somatostatin is often used with steroids. These help to reduce swelling that is making the blockage worse. Unfortunately this type of treatment is only a temporary measure and the blockage will almost certainly return.

Other drug treatment

People with advanced cancer are very likely to lose a lot of weight. Steroids may help to increase your appetite.

Let your doctor or nurse know if you have pain. They can make sure that you get the drugs that work best to control your particular type of pain.

Your doctors may suggest you have chemotherapy to try to shrink and control the cancer.

Radiotherapy for advanced pancreatic cancer

Radiotherapy is not often used for advanced pancreatic cancer. But in some people it may help to relieve symptoms by shrinking the cancer. There is a maximum total dose of radiotherapy you can have to any part of the body. So if you had radiotherapy to your abdomen when you were first treated, more

radiotherapy to that area may not be an option for you.

You can have radiotherapy to another part of your body if your cancer has spread. The length of the course of treatment will vary, depending on the treatment you need and where in the body is to be treated. But courses to relieve symptoms are usually fairly short.

Doctors may suggest a combination of chemotherapy and radiotherapy (chemoradiation) for locally advanced pancreatic cancer to try to shrink and slow your cancer down. Chemoradiation causes more side effects than having chemotherapy or radiotherapy by themselves, and so doctors are looking into ways of reducing these side effects. Stents to relieve symptoms in advanced pancreatic cancer

Pancreatic cancer can sometimes block the bile duct or small bowel (duodenum), which can cause symptoms such as jaundice and sickness. Jaundice is where your skin and the whites of your eyes go yellow or darken. You may also have itching. To help relieve these symptoms, your doctor may suggest putting a tube, called a stent, into your bile duct or small bowel (duodenum) to keep the blockage open. This is generally a simple procedure that can be done with either a local anaesthetic or a sedative.

There are not really very many side effects from having a stent. You may need to take antibiotics for a few days afterwards to prevent infection. Unfortunately, stents can become blocked after a few months. If necessary, your stent can be replaced by the same method as before.

If you are unable to have a stent, or the stent does not work for any reason, your doctor may suggest bypass surgery to relieve your symptoms. This is quite a major operation. You may want to talk this over fully with your doctor and nurse and also with your close family and friends. No one can say how much you will benefit from the operation. But you may make a

good recovery and feel better for longer if you have the surgery.

Pain control in pancreatic cancer

Although pain is common in pancreatic cancer, it can be kept under control in nearly all patients. If you are having any pain, the sooner you get help the better.

There are many different painkillers. Morphine based drugs are the most common type of painkiller drug used in cancer. Some painkillers are given as stick-on skin patches, liquid medicines or tablets. Sometimes they are given through a small tube put just under the skin.

Both chemotherapy and radiotherapy can help control pain by shrinking the tumour. If you have pain that is difficult to treat, your doctor may suggest a nerve block. This is a way of killing or numbing a nerve to stop it causing pain.

What to ask your doctor about treating pancreatic cancer symptoms

- Is my cancer too advanced to be cured?
- How do you know?
- Can my cancer be controlled with treatment?
- What treatments are available?
- Will the treatment shrink the cancer, or slow it down?
- What are the side effects of the treatment?
- For how long will the treatment work?
- Are there any experimental treatments or trials I could try?
- Could you arrange for me to have a second opinion?
- What happens if I decide not to have the recommended treatment?
- Is there a counsellor here I could talk things through with?
- Will I be in pain?
- What can you offer to control pain?
- Is there a Macmillan or other specialist nurse to help us with pain and other symptoms?
- Is there anyone who can give us financial advice?
- Are there any state benefits I can claim?

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Follow up for pancreatic cancer

What happens during check ups?

After your treatment has finished, your doctor will want you to have regular check ups. Your doctor may examine you and ask how you are feeling and whether you have had any symptoms or are worried about anything.

You may also have blood tests, X-rays, CT scans or ultrasound scans. You will not have all these tests at every visit to your specialist.

If you are worried or notice any new symptoms between appointments, tell your doctor or clinical nurse specialist as soon as possible. You don't have to wait until your next appointment.

Feeling worried about follow up appointments

Many people find their check ups quite worrying. If you are feeling well and getting on with life, a hospital appointment can bring all the worry about your cancer back to you. You may find it helpful to tell someone close to you how you are feeling.

It is quite common nowadays for people to have counselling after cancer treatment. To find out more about counselling, look in the 'coping with cancer' section of our website.

Pancreatic cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Researchers are looking into causes, screening and diagnosis of pancreatic cancer, chemotherapy, radiotherapy, biological therapies (including vaccines, monoclonal antibodies and growth factor blockers),

gene therapy, treatment using light (photodynamic therapy) and controlling symptoms.

What to ask your doctor about treatment for pancreatic cancer

- What can you tell me about the stage of my cancer?
- What type of treatment do I need?
- If you are not sure about the stage, when will you know?
- How do you tell the stage of the cancer?
- What written information can you give me about these treatments?
- Is there any choice of treatments?
- Should I have any treatment before surgery?
- Should I have any other treatment after surgery?
- What are the risks and benefits of these treatments?
- What are the side effects?
- How can I help to reduce the side effects?
- How often will I have to come to the hospital for treatment?
- Is there any transport available?
- Is it possible to have any help with the cost of fares to the hospital?
- How long will the treatment last?
- Can I have a second opinion?
- Are there any experimental treatments or trials that might help me?
- Is there a counsellor here I could talk things through with?
- How often will you see me when my treatment is finished?
- What will happen at my follow up appointments?
- What should I do if I am worried between appointments?
- What pain control can you offer me?
- Do I have to have morphine, or are there other ways of controlling pain?

Notes

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)