Pancreatic Cancer

What you and your family need to know
The GI Cancer Institute is Australia’s only independent, non-profit organisation with the specific aim of raising awareness and funds to carry out clinical trials and research to test and improve treatments for gastro-intestinal (GI) cancers: a term for the group of cancers that affect the digestive system. This includes cancer of the oesophagus, stomach, liver, pancreas, gallbladder and biliary tract, large and small bowel, rectum and anus.

These trials are conducted by the Australasian Gastro-Intestinal Trials Group (AGITG), a multi-disciplinary collaborative group of medical and research professionals. Since 1991 this network of health professionals have been working to improve medical treatments for people with GI cancers.

Our vision is to create a world free from GI cancers.

We put patients with GI cancer at the centre of our research, saving and improving lives by accelerating the pace of discoveries that lead to cures. Our dedicated group of research and health professionals turn bold new ideas into life-saving clinical trials that help patients as quickly as possible.

Our clinical trials make a difference in three key ways:

- Providing access to the latest cutting-edge treatments for GI cancer patients
- Improving future treatments by delivering significant findings
- Providing information that influences the direction of best medical practice.
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Pancreatic cancer develops when malignant cancer cells, which are abnormal cells with uncontrolled growth, occur in parts of the pancreas. Most pancreatic cancers, around 90%, arise from exocrine cells, which are pancreatic cells that secrete substances to help the digestion of food.

The pancreas is a small gland, around 13cm long, located behind the stomach and joined to the start of the small intestine, called the duodenum. The role of the pancreas in the digestive system is to produce hormones that help regulate blood sugars and enzymes that help the body digest food.

The pancreas has both an exocrine and endocrine function. Most of the cells in the pancreas are exocrine cells, which secrete enzymes that assist in the digestion of food. The endocrine cells are responsible for producing hormones such as insulin and glucagon.

Pancreatic cancer begins in the lining of the pancreatic duct and spreads into the body of the pancreas. Cancerous cells can then spread further into the pancreatic blood vessels and nerves, blocking the bile duct. Afterwards, the cancer can also enter the lymphatic system and bloodstream and spread to other organs.
Symptoms of pancreatic cancer

Pancreatic cancer is difficult to diagnose early, because usually in the early stages there’s no pain and no obvious symptoms – and there’s no routine screening test. By the time it’s diagnosed, the cancer has often spread to other organs.

As the disease progresses, some symptoms can emerge. These can include:

• Pain in the upper abdomen
• Loss of appetite
• Nausea and vomiting
• Weight loss
• Changed bowel motions – either diarrhoea or severe constipation
• Jaundice – yellowish skin and eyes, and dark urine

*Speak to your doctor if you experience any of these symptoms.*
To confirm a diagnosis of pancreatic cancer and to find out whether it has spread, your doctor will conduct several tests.

Blood tests can reveal levels of a tumour marker called CA19-9, which is produced by some cancer cells, including pancreatic cancer. Blood tests can also show whether your kidney and liver are functioning normally. A biopsy may be conducted by taking a small sample of pancreatic tissue for examination under a microscope, to see if there is any evidence of cancer cells.

Imaging technologies that scan the inside of the body can help doctors get a clearer picture of a possible cancer diagnosis. Abdominal ultrasounds MRIs (magnetic resonance imaging) and CT (computer tomography) scans can create three-dimensional pictures of the pancreas and surrounding organs to reveal how big the cancer is and whether it has spread.

An endoscopic ultrasound may be performed to help find out if there are any small tumours in the pancreas. A thin flexible tube with an ultrasound probe at the end is inserted through the mouth into the small bowel. The probe emits soundwaves which create a detailed picture of the pancreas. In some cases, an X-ray of the pancreatic bile duct called an ERCP (endoscopic retrograde cholangiopancreatography) can help diagnose in more precise detail the cause of any pancreatic blockages, which may cause some symptoms.

**Risk factors for pancreatic cancer**

Some medical conditions can also increase pancreatic cancer risk:

- **Chronic pancreatitis**
- **Diabetes**
- **Previous surgery** such as partial removal of the stomach or gall bladder

Age is also a factor – most people diagnosed are over 65.

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**Simple things you can do to decrease your risk of pancreatic cancer**

- **Maintain a healthy diet**
- **Give up smoking**
- **Maintain a normal weight**
Treatment for pancreatic cancer

The treatment for pancreatic cancer depends on the location and size of the cancer, and whether the cancer is in the early or advanced stages. The health and age of the patient will also impact treatment recommendations by medical professionals.

Surgery
The main treatment for pancreatic cancer is surgery to remove the tumour from the pancreas as well as surrounding tissue. The extent of the surgery will depend on the location and size of the tumour. This can be accompanied by chemotherapy and radiotherapy, especially if the cancer has spread.

For early-stage pancreatic cancer, the most common surgical procedure is the “Whipple procedure” which aims to remove tumours in the head of the pancreas. During the Whipple procedure, the head of the pancreas is removed, as well as the duodenum, gall bladder and parts of the stomach.

When the tumour is in the tail or body of the pancreas, a distal pancreatectomy surgery is performed. If the cancer is large or in multiple places, there may be complete removal of the pancreas.

Chemotherapy
Chemotherapy is medication that kills or slows the growth of cancer cells. Chemotherapy can be given before surgery to help shrink a large tumour, or after surgery to decrease the risk of the cancer returning. Chemotherapy can also be used on its own to help control symptoms as a palliative treatment.

Side effects of chemotherapy
Chemotherapy can have side effects. Many side effects are temporary, but some may be serious and you may need medical attention.

Common side effects of chemotherapy include feeling very tired, feeling sick to your stomach, vomiting, sore mouth or mouth ulcers, difficulty swallowing, appetite changes, constipation or diarrhoea, and hair loss or thinning. You may also be more likely to catch infections.

If you have side effects, talk to your treatment team.

Radiotherapy
Radiotherapy (also known as radiation therapy) uses x-rays to kill cancer cells. Radiation may be used in combination with chemotherapy or on its own. Radiotherapy may be used before or after surgery depending on the situation at the time of diagnosis. It can also be
used to control symptoms including pain, bleeding or obstruction. Possible side effects of radiation therapy include skin changes (where the radiation is given), fatigue, nausea, vomiting and diarrhoea.

What happens if cure is not possible?

In some cases, the cancer may have spread to a point where cure is not possible. If this happens, your medical team may talk to you about palliative treatment.

Palliative treatment (also called palliative care) aims to improve your quality of life by relieving pain and helping to manage other symptoms.

Palliative treatment for pancreatic cancer may include surgery, radiotherapy, chemotherapy or other medicines. These treatments can help manage symptoms such as pain, bleeding, swallowing difficulty and nausea. They can also slow the spread of the cancer.

You may have thought about your preferences for being at home or at a palliative care centre when the cancer cannot be cured. Discuss this with your family and the palliative care team so that you have all the information needed to make this decision.

Clinical trials

You may be able to access new drugs and/or treatment protocols to treat bowel cancer through clinical trials.

Clinical trials are research studies that test new drugs or other treatments to see if they are better than current treatments. Participation in trials is voluntary and you will not be enrolled in a trial without your knowledge.

Over the years, clinical trials have improved treatments and led to better outcomes for people diagnosed with cancer. Talk with your doctor about whether there are any clinical trials that may be suitable for you.
The treatment and care of people with bowel cancer usually involves a team of health professionals, and may include a:

**General practitioner (GP):** Your GP will generally be the one to arrange the first tests to assess your symptoms

**Gastroenterologist:** Doctor who specialises in diseases of the digestive system

**Surgeon:** Doctor who treats diseases with surgery

**Medical oncologist:** Doctor who treats cancer with medicines such as chemotherapy

**Radiation oncologist:** Doctor who treats cancer with radiotherapy

**Cancer nurses:** Administer drugs, including chemotherapy; provide care and support

**Palliative care team:** Specialise in pain and symptom control to maximise wellbeing and improve quality of life

**Other health professionals:** Dietitian, physiotherapist, occupational therapist, social worker or counsellor, genetic counsellor or clinical geneticist
Taking care of yourself

Cancer can cause physical and emotional strain. It is therefore important to look after your general health and wellbeing as much as possible.

Maintain a healthy diet and weight
Eating right can be hard for anyone, and can be even harder during and after cancer treatment. This is especially true for cancers that affect the digestive tract like pancreatic cancer.

Pancreatic cancers and their treatments may affect what foods you can eat and how your body digests foods. You may find that some foods you had previously eaten may cause digestive problems. You may also find that you feel full more quickly, don’t feel like eating, or may have lost your sense of taste. Some patients with pancreatic cancer have problems with nausea, diarrhoea, sweating, and flushing after eating.

It’s important to make sure you eat and drink enough to maintain your weight and avoid malnutrition. If you are eating less than usual, it is often recommended to choose high energy, high protein foods. If you need help with your diet, ask your doctor for a referral to a dietitian with experience in cancer care.

Stay active
Physical activity may help to reduce tiredness and improve your mood. There is emerging data of the association of physical activity with lower risk of pancreatic cancer. Speak to your doctor about the amount and type of exercise that would be best for you.

Complementary and alternative therapies
Some people with cancer choose to use complementary or alternative treatments alongside their conventional cancer treatments. It is very important that you tell your doctor about any complementary medicines you are using or thinking about trying, as some may interact with or reduce the effectiveness of the cancer treatment your doctor has recommended. They may also have unwanted side effects.

Relationships with others, sexuality and intimacy
Having cancer can affect your relationships with family, friends and colleagues. Give yourself time to adjust to what’s happening and do the same for others.

Having pancreatic cancer and its treatment can also affect the way you feel about your body, your intimate relationships, the way you express yourself sexually and your sexual feelings (your ‘sexuality’). These changes can be very upsetting.

If you are able to have sex, your doctor may advise you to use contraception to protect your partner or to avoid pregnancy. Your doctor will talk to you about any precautions you may need to take. If having children is important to you, talk to your doctor before starting treatment.

*If you would like to discuss things further, ask your doctor for a referral to a counsellor.*
Helpful tips to maintaining a healthy weight:

- Eat what appeals to you
- Try different foods to see which ones you can tolerate best
- Snack often during the day (eat small meals every 2-3 hours, rather than 3 large ones)
- Eat slowly (this can help stop you from feeling full too quickly)
- Stay hydrated – drink liquids between meals
- Ask family and friends for help with cooking when you don’t feel well
- Speak to a dietitian for advice

Nourishing Chicken and Vegetable Soup

**Ingredients (Serves 4)**

- Cooking oil spray
- 1 onion, finely chopped
- 1 tsp chilli flakes (optional)
- 2 tsps minced garlic
- 1 lemon, zested and juiced
- 1 x 400g tin of diced tomato
- 3 cups reduced-salt chicken stock
- 400g lean chicken breast, sliced (for vegetarian option replace chicken with 400grm of four bean mix)
- 8 cups mixed diced vegetables (eg. carrots, capsicum, zucchini, green beans, pumpkin and potato)
- Fresh parsley to serve
- Optional to also serve with side of fresh bread

**Method**

1. Spray a non-stick pot or large frying pan with oil and place over medium high heat. Add onion, chilli flakes, garlic and lemon zest. Cook for 5 minutes, or until softened.
2. Add stock, diced tomato and lemon juice. Bring to simmer, then add chicken and cook for 3–4 minutes (replace chicken with four bean mix if desired) Add extra water if required depending on desired consistency.
3. Add vegetables and cook for 4–5 minutes, stirring occasionally, chicken and vegies are cooked through. Garnish with fresh Parsley serve. Add toasted Sourdough as desired.

**Modifications**

- If you require your meals to be blended, use minced chicken instead of breast and once soup is cooked add to blender using extra water to get desired consistency. Green beans may be more difficult to blend, recommendation to omit these if using the blender.
- If you are experiencing unintentional weight loss during your treatment boost this soup up with some extra calories by replacing the olive oil spray with 2-3 tps of olive oil when cooking and adding 2-3 tbsp of cheese when serving.
Being diagnosed with cancer leads to a wide range of reactions in different people. Many people experience strong emotional responses to cancer and its treatment. There can be fear, sadness, anger, fatigue, anxiety and fear of the cancer returning. Sometimes these emotions last longer than the disease or the treatment.

After being diagnosed with cancer, a period of sadness is normal. If you continue to feel sad or overwhelmed, if you have trouble getting up in the morning or if you no longer want to do things that previously gave you pleasure, you may be experiencing depression. This is common among people who have cancer. You may need help to deal with this.

Ask your doctor for advice. Your doctor can also refer you to a psychologist or psychiatrist for help, or can provide you with helpful information.

**Some useful websites you can go to for information about depression and anxiety:**

**Beyond Blue**  
*beyondblue.com.au*

**Black Dog Institute**  
*blackdoginstitute.com.au*

<table>
<thead>
<tr>
<th>Signs of anxiety</th>
<th>Signs of depression</th>
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<tr>
<td>• Constantly feeling agitated or angry</td>
<td>• Always feeling low or flat</td>
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<tr>
<td>• Having difficulty sleeping</td>
<td>• Losing interest in things that used to be enjoyable</td>
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<tr>
<td>• Having difficulty concentrating or making decisions</td>
<td>• Having difficulty sleeping</td>
</tr>
<tr>
<td>• Avoiding distressing issues and situations</td>
<td>• Poor appetite (although this may be due to cancer treatment)</td>
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<tr>
<td>• Feeling a constant need for reassurance</td>
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Managing financial stress
People diagnosed with cancer often worry about how they will manage the cost of treatment as well as being able to meet daily living expenses, especially if they are not able to work for a period of time during or after treatment. For some people, financial stress can lead to depression and anxiety.

If you are struggling financially, help is available. The Financial Planning Association of Australia (FPA) offers a Pro Bono Financial Planning Service for individuals and families affected by cancer. If you need financial assistance and counselling, you can contact Financial Counselling Australia (FCA) for help.

Some useful websites you can go to for information about financial assistance:
Financial Planning Association of Australia (FPA)
fpa.com.au/fpa-community/pro-bono-service
Financial Counselling Australia
financialcounsellingaustralia.org.au

Concerns about discrimination
Many people with cancer worry that they will be discriminated against or sacked if they need time off work for treatment. Being discriminated against at work because you have cancer is against the law and Australian employers are required to take reasonable steps to accommodate an employee’s illness. If you feel that you are being unfairly treated or discriminated against because of your illness or treatment, you can contact the Fair Work Ombudsman for help.

More information about fairness in the workplace can be found on the following websites:
Fair Work Commission
fwc.gov.au
Fair Work Ombudsman
fairwork.gov.au
Caring for someone with pancreatic cancer

Caring for someone who has cancer can be a difficult and emotional time. It may be hard for the patient to take part in daily planning and decision-making because they are dealing with the physical, emotional, and social effects of cancer and treatment. As a caregiver, you can have a significant influence on how the patient deals with their illness.

Caregivers may be partners, family members, or close friends. Caregivers are an important part of the patient's care team. As a caregiver, you may find yourself working closely with the patient’s care team and assisting with medications, managing side effects and helping to co-ordinate the patient’s care. Your encouragement can help the patient stick with their treatment plan and take other steps to get well, like eating healthy meals or getting enough rest.

Here are some things you can do when caring for someone with cancer:

• **Help with day-to-day tasks** – Help with simple activities like, shopping and preparing food, cleaning the house, doing laundry, paying bills.
• **Help with patient care** – Help patients get to and from doctors’ appointments, know how to manage medical problems at home, and know when to seek medical help.
• **Help the patient live as normal a life as possible.**
• **Provide emotional support** – Let the patient know you’re available, and encourage the patient to share their feelings, but do not press the issue.

You might find that the person you’re caring for is angry, quiet and withdrawn, or just sad. If they keep acting very sad or withdrawn, you might want to talk to the cancer care team about what could be causing it and what can be done.

• **Respect the patient's need to share, to remain quiet or to be alone** – Take your cues from the person with cancer. Some people are very private while others will talk more about what they’re going through.
• **Take care of yourself** – Care giving is a hard job, and many caregivers are there for their loved ones 24 hours a day for months or even years. Give yourself some time out and share your worries and concerns with somebody neutral, such as a counsellor or your doctor.

*If you, or someone you know, is caring for someone with stomach cancer, there is support available. Speak to your doctor or local cancer centre about carers’ services and support groups in your area.*
If you, or a family member or friend, have been recently diagnosed with pancreatic cancer, you may feel overwhelmed, scared, anxious and upset. These are all normal feelings.

Talking to someone who understands or who has had the same cancer or similar experiences to you can help. Sharing experiences, challenges and success with others who are in the same situation as you can reduce stress and feelings of isolation.

Contact with others may also provide you with reassurance that what you are experiencing is normal and usual as part of having cancer.

Ask for support from family and friends. Your doctor can also refer you to local services and relevant support groups.

Many useful resources are also available on the internet. The websites listed are good sources of support and information.

References:

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Funding the gap

GI cancers are amongst the least funded in Australia, compared to their impact in lives lost. Pancreas, oesophagus, stomach and bowel cancer have all fared significantly worse in funding than other major cancers such as leukaemia, melanoma, breast and prostate cancers, when compared to the number of deaths they caused.2

"We need to raise community awareness of gastro-intestinal cancers and funding for research – to match their devastating burden of death and disease."

Russell Conley,
Chief Executive Officer,
GI Cancer Institute & AGITG

To make an online donation go to gicancer.org.au/Donate or phone 1300 666 769

Our Privacy Policy is available on our website www.gicancer.org.au and contains further details about: (i) how we obtain, store and use the personal information we collect; (ii) where we send it; (iii) how you can access and correct it; (iv) how you can lodge a privacy complaint; (v) how we handle those complaints. You may contact our privacy officer with any queries via email: info@gicancer.org.au, or mail: PO Box M250 Missenden Road NSW 2050 or telephone: 1300 666 769.