

PRIMARY CARE 10 TOP TIPS

Pancreatic Cancer

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Pancreatic Cancer UK, registered charity in England and Wales (1112708) and Scotland (SC046392).

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- 1** Pancreatic cancer is often diagnosed late. Nearly 50% of diagnoses are made via an emergency presentation and 88% of those diagnosed via this route will die within one year. Survival is 3 times higher for patients diagnosed via GP referral.
- 2** While the risk factors for pancreatic cancer are still unclear, there is evidence that increasing age, smoking, being overweight, chronic pancreatitis and diabetes may increase the risk.
- 3** Around 10% of pancreatic cancers are related to high risk genetic syndromes. NICE recommends asking people diagnosed with pancreatic cancer if any first-degree relative has also had the disease, especially if they have Lynch syndrome. Surveillance is recommended for those with proven gene mutations or two or more first-degree relatives with pancreatic cancer. There is a registry study for these families (EUROPAC).
- 4** The symptoms of pancreatic cancer can be vague and varied and can include indigestion, abdominal pain and/or back pain, unexplained weight loss, nausea, loss of appetite, fatigue, new onset diabetes, or a change in existing diabetes and changes in bowel habit (both constipation or diarrhoea). As such it may mimic common conditions and may be easily missed.
- 5** While jaundice is seen as a classic sign of pancreatic cancer, and usually needs urgent referral, the NICE Guidelines don't differentiate between painful or painless, obstructive or non-obstructive jaundice.
- 6** Think pancreatic cancer in any adult patient of normal BMI with new onset diabetes, especially if aged over 60, or a previously stable Type 2 diabetic who suddenly becomes unstable. If common conditions such as GORD (gastro-oesophageal reflux disease), gallstones, irritable bowel syndrome, hepatitis or pancreatitis are not improving with treatment, could this be pancreatic cancer? Also worth considering pancreatic cancer in patients with new onset back pain associated with new gastrointestinal symptoms.
- 7** Encourage patients to keep a diary of their symptoms, including the frequency and period of time over which they occur. Safety netting with a defined timescale is important. You could suggest they return in one month if symptoms persist.
- 8** The best test to image the pancreas is a CT and should be the investigation of first choice. Around 10% of pancreatic cancers will be missed on abdominal ultrasound, and they usually will not be seen on a gastroscopy or colonoscopy, so these tests can be falsely reassuring. If CT scan is unavailable consider urgent suspected cancer referral.
- 9** Do not request tumour markers in a patient with suspected pancreatic cancer. They lack the sensitivity and specificity to be used in this way and are certainly not a diagnostic test.
- 10** The Pancreatic Cancer UK Support Line (0808 801 0707), staffed by specialist nurses, is available for healthcare professionals, patients and their family members who require more information or support.

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