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Red Flags

- Unexplained abdominal pain radiating into the back
- Unexplained weight loss
- Recent onset of jaundice, often pain free
- Ascending cholangitis

Background – About Suspected Pancreatic Cancer

Early diagnosis offers the only means of improving survival, with 15% only of patients being suitable for curative intervention.

A high index of suspicion is required to ascertain an early diagnosis and suitability for intervention.

Assessment

1. **Ask** and record if the patient identifies as being of Aboriginal or Torres Strait Islander origin. Consider the specific cultural and spiritual needs of each patient.

   **Ask if the patient identifies as being of Aboriginal or Torres Strait Islander origin**

   If a patient or their family want to know why you are asking this question, you may reply with:
   - We ask this question of everyone.
   - It enables us to help you access extra services that are funded for Aboriginal and Torres Strait Islander peoples, such as support to buy medications and extra funded visits with some health care providers.
   - This information helps our practice and the health care providers we refer you to, to provide culturally safe care.

   **Cultural and spiritual considerations for Aboriginal and Torres Strait Islander People**

   - Consider advice for communicating with Aboriginal and Torres Strait Islander people.

     **Advice for communicating with Aboriginal and Torres Strait Islander people**

     - Encourage patients to book a longer consultation, to allow sufficient time for discussion and building trust.
     - Only use traditional terminology such as "Aunty" and "Uncle" if invited to do so.
     - Consider the role of factors such as gender, kinship, family ties, language barriers and socio-economic issues.
     - Offer the patient:
       - the option of seeing a health professional of the same gender or if this is not possible, referral to another service.
       - the option to have support person present, such as a family member, a community member, or an Elder.
       - access to funding assistance to overcome any identified or potential financial barriers e.g., ITC Funding. See also Integrated Team Care Program.

   - Acknowledge and respect how cultural, spiritual and historical beliefs and experiences impact on decision-making.
Respecting Aboriginal and Torres Strait Islander people’s decision-making processes
- Aboriginal and Torres Strait Islander knowledge, values, beliefs, cultural needs, and health history may strongly inform decision-making processes about treatment and ongoing care.
- If possible and if requested by the patient, support the inclusion of cultural practices e.g., involvement of a traditional healer, or performing ceremonies.

- Be aware the term “survivor” may have negative connotations for historical reasons.
- Proactively explore and monitor symptoms of pain.

Considerations for assessing and managing pain in Aboriginal and Torres Strait Islander people
Aboriginal and Torres Strait Islander patients may not actively report pain or other needs.
- Offer patients the option to discuss their needs with a health professional of the same gender.
- If available, use a pain tool that is culturally appropriate for the local community.
- Allow sufficient time to discuss and explain the options, usage, and side-effects of pain relief in full.
- Be aware of:
  - significant cultural practices regarding which family members can assist with providing pain relief, and how pain medication is administered.
  - fears that pain relief medicines may accelerate the passing of the patient.

- Understand how the concept of family is different for Aboriginal and Torres Strait Islander people.

Considerations when discussing family with Aboriginal and Torres Strait Islander people
For Aboriginal and Torres Strait Islander people:
- the concept of family is broader than being genetically related.
- be sensitive when taking a family history, as discussing members of the stolen generation may be distressing.
- Be sensitive when referring to people who have died – check and ask permission. There may be cultural taboos in discussing Sorry Business (referring to people who have died).

- Be supportive and understanding if appointments are missed, and facilitate follow-up or rebooking.

Appointments for Aboriginal and Torres Strait Islander people
- Patients who identify as Aboriginal and Torres Strait Islander people may have complex factors e.g., family and community responsibilities, or previous experiences with mainstream medical services, that make it difficult for them to attend appointments.
- The following supports may facilitate this process:
  - Recall and reminders
  - ITC funding
  - Referral to an Aboriginal Liaison officer, support, or health worker.

- Aboriginal and Torres Strait Islander people are more likely to have multiple co-morbidities that can impact treatment outcomes.

- Ensure contact details are up to date.
- If available, use assessment tools and resources designed specifically for Aboriginal and Torres Strait Islander people.
Aboriginal and Torres Strait Islander assessment tools and resources
See SCNAT-IP – online tool that assesses the supportive care needs of Aboriginal and Torres Strait Islander cancer patients and their families.

For more information, see principles for care provision for Aboriginal and Torres Strait Islander Peoples.

2. Take a **history**.
   Check for:
   - pain – often right upper quadrant and radiating into the back
   - new alcohol intolerance if a drinker
   - dark urine due to bilirubin
   - weight loss
   - nausea and/or vomiting
   - anorexia
   - pale buoyant motions
   - family history
   - **Predisposing factors**
     - Obesity
     - Older age
     - Male
     - Smoking
     - Alcohol abuse
     - Diabetes
     - Pesticide and chemical exposure (EPTC and pendimethalin)
     - Hereditary cancer syndromes:
       - BRCA1/2-associated breast and ovarian cancer syndrome
       - Familial atypical mole melanoma (FAMM) syndrome
       - Lynch syndrome

3. Perform an **examination**, including testing the urine for bilirubin on Dipstix.
   **Examination**
   Check for:
   - jaundice including scleral icterus
   - evidence of weight loss
   - abdominal distension
   - weakness particularly in proximal muscles
   - fever
   - hepatic tenderness
   - evidence of DVT
   - ascites

4. If pancreatic cancer is suspected based on history and examination, arrange appropriate **blood tests** and **imaging**.

   **Blood tests**
   - FBE
   - LFT
   - Electrolytes, urea, and creatinine
   - Lipase
Consider:
- carbohydrate 19-9 antigen and CEA
- hepatitis A, B, C screen

**Imaging**
- Upper abdominal ultrasound with pancreatic views.
- Abdominal CT scan with pancreatic protocol.
- ERCP, percutaneous transhepatic cholangiography (PTC), and/or endoscopic ultrasound with tissue biopsy may be performed by a specialist gastroenterologist or a hepatobiliary and upper gastrointestinal surgeon. These would not normally be ordered in general practice.

**PET-CT** is not yet considered a standard test for the initial diagnosis of pancreatic cancer, but useful for staging.

**Management**

1. If imaging suggests a diagnosis of pancreatic cancer or pancreatic cancer is suspected, tissue diagnosis being preferred, refer for immediate hepatobiliary and upper GI surgery assessment or immediate gastroenterology assessment.

2. If the patient identifies as Aboriginal and Torres Strait Islander, understand their **specific cultural and spiritual needs** when discussing and delivering treatment options, or when offering referral to **specific Indigenous services**. For all referrals, to both mainstream and Indigenous services, ensure Indigenous status is clearly marked on the referral.

**Cultural and spiritual considerations for Aboriginal and Torres Strait Islander People**
- Offer referral to culturally appropriate social and emotional wellbeing services.
- Consider including an expert in the multidisciplinary team, to provide culturally appropriate care to Aboriginal and Torres Strait Islander people.
- Provide culturally appropriate information or resources about the signs and symptoms of recurrent disease, secondary prevention, and healthy living.

**Referral Options for Aboriginal and Torres Strait Islander people**
- For hospital referrals, consider engaging support from the Aboriginal Hospital Liaison Officers.
- For community referrals, consider referral to an Aboriginal Community Controlled Health service.
- For care coordination, support and advocacy throughout treatment, consider referral to Integrated Team Care Program.

3. Consider that patients with suspected pancreatic cancer will generally be managed in a multidisciplinary environment for staging and proposed intervention, if any. See **Pancreatic Cancer – Established**.

4. Consider using coeliac axis block for pain management early in the disease, performed by a specialist interventional radiologist.

5. Consider using an interpreter if needed.

6. Consider using Aboriginal and Torres Strait Islander support services.
Referral

- If pancreatic cancer is suspected, refer for immediate hepatobiliary and upper GI surgery assessment or immediate gastroenterology assessment.
- If Aboriginal and Torres Strait Islander patient, offer referral to specific Indigenous services. For all referrals, to both mainstream and Indigenous services, ensure Indigenous status is clearly marked on the referral.
- For consideration of coeliac axis block for pain management, consider referral to a specialist interventional radiologist.
- Consider using:
  - an interpreter if needed.
  - Aboriginal and Torres Strait Islander support services.

Information

For health professionals

Further information

- American Cancer Society – Pancreatic Cancer
- Cancer Council Australia:
  - Optimal Care Pathway for People with Pancreatic Cancer
  - Quick Reference Guide: Optimal Care Pathway for People with Pancreatic Cancer
- Cancer Institute of NSW – eviQ: Cancer Treatments Online [requires free subscription]
- Cancer Research UK:
  - Pancreatic Cancer
  - Pancreatic Cancer Risk Factors
- NIH National Cancer Institute – Pancreatic Cancer Treatment (PDQ): Health Professional Version

For patients

- Cancer Council:
  - Cancer: What to expect
  - Pancreatic Cancer: What to Expect
- Cancer Council Victoria – Aboriginal Communities: Information
- National Indigenous Cancer Network – About Cancer
- Pancare Foundation – About Pancreatic Cancer

References

Select bibliography


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