Pancreatic cancer

Signs and symptoms

Many people present with non-specific symptoms or are asymptomatic until advanced stages of the disease process. Persistent symptoms require further investigation.

- Jaundice
- Unexplained weight loss combined with any of the following:
  - Diarrhoea
  - Back pain
  - Abdominal pain
  - Nausea/vomiting
  - New-onset diabetes
  - Constipation.

The presence of multiple signs and symptoms, particularly in combination with other underlying risk factors, indicates an increased risk of pancreatic cancer.

Summary statistics

- In Victoria 2017, there were 480 new cases of pancreatic cancer in males and 467 new cases in females.
- The five-year survival for both male and female with pancreatic cancer is 10%.

Hereditary conditions

- Lynch syndrome
- Peutz-Jeghers syndrome
- Hereditary BRCA2-related breast and ovarian cancer syndrome

Risk factors

- Tobacco smoking*
- Older age
- Male (sex)
- Obesity
- Cystic lesions of the pancreas
- Chronic pancreatitis
- Family history of pancreatic cancer
- Asian/Pacific Islander ethnicity
- Longstanding diabetes mellitus (Type 2)
- Chronic alcohol consumption
- Heavy occupational exposure (such as certain pesticides, dyes and chemicals using metal refining).

*Most established risk factor, risk increases significantly with greater intensity and duration

Prevention

- Avoid smoking
- Avoid or limit alcohol intake
- Maintain a healthy body weight

Screening recommendations

No formal population-based screening programs

- People with a strong family history of pancreatic cancer and related hereditary conditions should be referred to a genetic counsellor, geneticist or oncologist for consideration of genetic testing
- The cancer antigen 19-9 (CA19-9) tumour marker is not recommended as a population screening tool for pancreatic cancer

Initial investigations include

- Where there is suspicion of pancreatic cancer:
  - Consider abdominal CT scan with pancreatic protocol
  - Early referral is indicated, usually prior to a definitive diagnosis being made
  - When jaundice is present, the following tests should be ordered within 48 hours and followed up rapidly:
    - Liver function tests
    - Abdominal ultrasound
    - CT where appropriate.
Referral pathway

- Prior to referral, discuss the cost implications to enable patients to make an informed decision regarding their choice of specialist and health service, including out of pocket costs: for example, radiological tests and specialist appointments.
- All patients with suspected or proven pancreatic cancer should be referred within one week to a gastroenterologist, oncologist or hepatopancreaticobiliary surgeon with expertise in pancreatic cancer management and linked to a multidisciplinary team (MDT).
- Information should include: relevant psychosocial, medical and family history, current medications, allergies and results of clinical investigations (imaging and pathology results).
- For information about pancreatic cancer specialists, see pancare.org.au/support/how-to-find-a-specialist/

Local referral process and proformas can be found at:

www.semphn.org.au/OCP

Patient resource checklist

- ✓ Arrange referral for behavioural support via Quitline www.quit.org.au or individual/group stop smoking service Quitline 13 78 48
- ✓ For additional practical and emotional support, encourage patients to call Cancer Council 13 11 20 to speak with an experienced oncology nurse or visit www.cancervic.org.au for more information about pancreatic cancer
- ✓ For translator assistance call TIS on 13 14 50
- ✓ Download the ‘What to expect – Pancreatic cancer’ guide at www.cancerpathways.org.au
- ✓ Pancare Foundation – for free information packs, support and resources, visit pancare.org.au or freecall 1800 220 099

The Optimal Care Pathways were developed through consultation with a wide range of expert multidisciplinary teams, peak health organisations, consumers and carers. They are nationally endorsed by the National Cancer Expert Reference Group, Cancer Australia and Cancer Council Australia.

For more information on the Optimal Care Pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways

Figure 1: Risk assessment tool

<table>
<thead>
<tr>
<th>Back pain</th>
<th>New onset diabetes</th>
<th>Diarrhoea</th>
<th>Constipation</th>
<th>Malaise</th>
<th>Nausea or vomiting</th>
<th>Abdominal pain</th>
<th>Loss of weight</th>
<th>Jaundice</th>
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<td>0.2</td>
<td>0.2</td>
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<td>0.3</td>
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<td>PPV as a single symptom</td>
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<td>0.2</td>
<td>0.3</td>
<td>0.3</td>
<td>0.4</td>
<td>2.0</td>
<td>8.9</td>
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<tr>
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<td>0.4</td>
<td>0.5</td>
<td>0.7</td>
<td>0.9</td>
<td>1.6</td>
<td>22</td>
<td>New onset diabetes</td>
<td></td>
</tr>
<tr>
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<td>0.3</td>
<td>0.2</td>
<td>0.4</td>
<td>0.2</td>
<td>0.4</td>
<td>2.7</td>
<td>&gt;10</td>
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</tr>
<tr>
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<td>0.6</td>
<td>0.5</td>
<td>1.5</td>
<td>&gt;10</td>
<td>Malaise</td>
<td></td>
<td></td>
<td>Constipation</td>
</tr>
<tr>
<td>0.5</td>
<td>0.6</td>
<td>0.9</td>
<td>&gt;10</td>
<td>Nausea or vomiting</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>1.0*</td>
<td>2.5</td>
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<td>Abdominal pain</td>
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<tr>
<td>&gt;10</td>
<td>Loss of weight</td>
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<td>Jaundice</td>
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</tr>
</tbody>
</table>

PPV = Positive predictive value (%) or probability of Ca if Sx present

Probability of cancer

- <1%
- 1-2%
- 2-5%
- >5%

*second presentation

Figure 1 shows the probability of pancreatic cancer for individual symptoms and pairs of symptoms, including second presentation of same symptom in people over 60 years.1