

This resource has been developed as part of the Implementing Pathways for Cancer Early Diagnosis (I-PACED) project supported by the Victorian Government. It aims to increase GP awareness about critical primary care points as outlined in the pancreatic cancer Optimal Care Pathway – a nationally endorsed resource.

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 females with pancreatic cancer is 10%.

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

Hereditary conditions

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

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

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
 - ▶ Nausea/vomiting
 - ▶ Back pain
 - ▶ New-onset diabetes
 - ▶ Abdominal pain
 - ▶ Constipation.

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

†The incidence of pancreatic cancer in people below 40 years is extremely low. The cause of jaundice in people aged under 40 years is more likely to be caused by other conditions such as alcoholism and hepatitis. People aged under 40 years with jaundice should be referred on non-cancer related pathways.

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:

To gain access to your local HealthPathways visit <https://vtphna.org.au/care-pathways-and-referral/> or equivalent care pathways site.

Patient resource checklist

- ✓ Factsheets and resources at www.livelifter.com.au and cancervic.org.au/preventing-cancer/limit-alcohol
- ✓ 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**

Back pain	New onset diabetes	Diarrhoea	Constipation	Malaise	Nausea or vomiting	Abdominal pain	Loss of weight	Jaundice	PPV = Positive predictive value (%) or probability of Ca if Sx present
0.1	0.2	0.2	0.2	0.2	0.3	0.3	0.8	22	PPV as a single symptom
0.2*	0.3	0.2	0.3	0.3	0.3	0.4	2.0	8.9	Back pain
		0.4	0.4	0.5	0.7	0.9	1.6	22	New onset diabetes
			0.2	0.3	0.2	0.4	2.7	>10	Diarrhoea
				0.3	0.6	0.5	1.5	>10	Constipation
					0.5	0.6	0.9	>10	Malaise
						0.9	2.2	15	Nausea or vomiting
						1.0*	2.5	15	Abdominal pain
								>10	Loss of weight
								32*	Jaundice

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

Reference: 1. Stapley, S et al. The risk of pancreatic cancer in symptomatic patients in primary care: a large case-control study using electronic records. British Journal of Cancer. 2012; 106, 1940-44

