



What to expect during each stage of treatment and beyond

Pancreatic cancer support

For information about pancreatic cancer or where to go for support call the Cancer Council on **13 11 20**.

Qualified cancer nurses can answer your questions about the effects of cancer, explain what will happen during treatment or link

you to support groups and other community resources.

If you need an interpreter, call TIS (the Translating and Interpreting Service) on 13 14 50. For support and advice for carers, call the Carers Association on 1800 242 636.

1. Initial investigations and referral

Your general practitioner (GP) will assess your symptoms (for example weight loss coupled with abdominal pain), conduct a physical examination and arrange blood tests if needed.

Your GP should also discuss your needs (including physical, psychological, social and information needs) and recommend sources of reliable information and support.

If pancreatic cancer is suspected, you will be referred to a specialist for further testing. Your GP will provide the specialist with information about your medical history, whether there is a history of cancer in your family, and your test results.

It can be helpful to bring a family member or friend with you to your appointments.

Tests you may have:

Ultrasound scan

This uses high-frequency sound waves to make an image of a person's internal body structures.

Assessment of liver function

A blood test to see how well your liver is working.

2. Diagnosis and staging

The specialist will discuss your test results with you and options for further testing. You should have a CT scan if you haven't already. This is to find out whether cancer is present and, if it is, its stage of development and if it has spread.

It can be helpful to contact cancer peer support groups and support groups for carers.

Further tests you may have:

Some people have further tests such as an MRI scan, a PET scan or a biopsy.

Computed tomography (CT) scan

Computer technology and x-rays are used to create detailed images of the body.

3. Treatment

To ensure you receive the best care, your specialist will arrange for a team of health professionals to plan your treatment based on your preferences and needs.

The team will be made up of health professionals who have experience managing and supporting a person with pancreatic cancer. Your specialist will tell you when the team will be discussing your case.

Your team should discuss the different treatment options with you including the likely outcomes, expected timeframes, possible side effects and the risks and benefits. Your doctor may also suggest you consider taking part in a clinical trial. You might want to ask for more time before deciding on your treatment.

Let your team know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment.

The treatment options depend on whether the cancer has spread beyond your pancreas. Pancreatic cancer is usually not found until it is advanced because symptoms can be vague or go unnoticed.

Treatment options for advanced pancreatic cancer (if the cancer has spread to other organs):

If the cancer has grown into structures near the pancreas but not spread further, treatment can involve a combination of chemotherapy and radiation therapy to the pancreas and surrounding tissues.

Chemotherapy may be given to treat cancers that have spread to other organs.

Radiation therapy (also called radiotherapy) may be given to you in combination with chemotherapy.

Treatment options for early pancreatic cancer:

If the cancer is found at an early stage and is contained within or around the pancreas, it might be 'resectable'. This means it may be possible to remove the cancer with surgery. You may also have chemotherapy and/or radiation therapy before or after surgery. This only happens in a small proportion of cases.

3. Treatment cont'd

The surgical procedure most commonly used to remove a pancreatic cancer is called the 'Whipple procedure'.

Surgery (Whipple procedure) is the most common treatment for people with early pancreatic cancer.

It is important that this surgery is performed by a surgeon who is very experienced in performing Whipple procedures and performs several of these operations every year.

Palliative treatment:

Palliative treatment will be used at different stages to relieve various symptoms and help to improve your quality of life.

For example, chronic pain is a common symptom of pancreatic cancer and is usually well controlled with medication. If the medication isn't helping enough, speak again with your GP or palliative care clinician about other options for pain relief.

For pancreatic cancer, it is valuable to have a palliative care physician who has experience with this disease.

A palliative care team should oversee the treatment for pancreatic cancer to ensure that your physical and emotional needs are being met.

For more information about cancer treatment and treatment side effects ask your doctor or **visit** www.cancer.org.au/about-cancer/treatment

4. After treatment

After your primary treatment is completed, your doctor should provide you with a treatment summary that details the care you received including:

- diagnostic tests performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- support services provided to you.

Your doctor will decide whether your ongoing care will be managed

by your GP or a palliative care physician.

You should both receive a follow-up care plan that tells you about:

- the type of ongoing care that is best for you
- care plans for managing any side effects of treatment, should they occur
- how to get specialist medical help quickly if you think the cancer has returned or got worse.

If you need extra help after treatment, your GP or palliative care physician can discuss your needs with you and refer you to appropriate health professionals and/or community organisations.

5. Living with cancer

Your doctor should discuss your needs with you during and after treatment (including your physical, psychological, social and information needs) and may refer you to another service or health professional for different aspects of your care.

Side effects: Some people experience side effects (for example tiredness) that continue beyond the end of treatment. Side effects sometimes might not begin until months after treatment has finished.

For more information about side effects ask your doctor or **visit** www.cancervic.org.au/about-cancer/survivors/long-term-side-effects

Advance care plan: Your doctor may discuss with you the option of developing an advance care plan. An advance care plan is a formal way of setting out your wishes for future medical care.

For more information about advance care planning ask your doctor or **visit** www.advancecareplanning.org.au

Palliative care: This type of treatment could be used at different stages to help you with pain relief, to reduce symptoms or to stop the spread of cancer.

For more information about palliative care ask your doctor or **visit** www.palliativecare.org.au

6. Questions of cost

There can be cost implications at each stage of the cancer care pathway, including costs of treatment, accommodation and travel. There can be substantial out-of-pocket costs if you are having treatment in a private health service, even if you have private health insurance. You can discuss these costs with your doctor and/or private health insurer for each type of treatment you may have.

If you are experiencing financial difficulties due to your cancer treatment you can contact the social worker at your local hospital.

For more information about cost of treatment **visit** www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment

For more information about accommodation and travel costs **visit** www.cancercouncil.com.au/get-support/practical-support-services

