

Pancreatic Cancer



What is the pancreas?

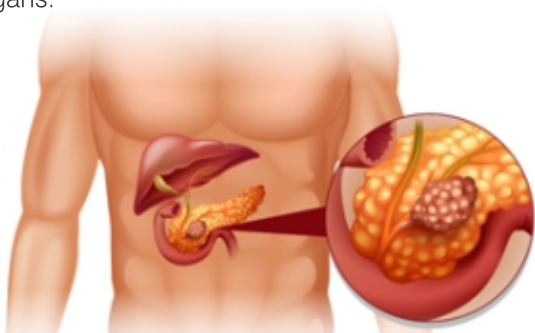
The pancreas is part of the digestive system. It does two main things.

- It makes pancreatic juices which contain substances called enzymes. These enzymes help to break down food so the body can absorb it. The pancreatic juices flow down a tube called the pancreatic duct, which runs the length of the pancreas and empties into the duodenum (the first part of the small intestine).
- The pancreas also makes hormones, including insulin, which controls sugar levels in the blood.

Both of these things can be affected if the pancreas isn't working properly.

What is Pancreatic cancer?

Several types of growths can occur in the pancreas, including cancerous and noncancerous tumors. The most common type of cancer that forms in the pancreas begins in the cells that line the ducts that carry digestive enzymes out of the pancreas (pancreatic ductal adenocarcinoma). Pancreatic cancer is seldom detected at its early stages when it's most curable. This is because it often doesn't cause symptoms until after it has spread to other organs.



What are the symptoms of pancreatic cancer?

Signs and symptoms of pancreatic cancer often don't occur until the disease is advanced. They may include:

- Abdominal pain that radiates to back
- Loss of appetite or unintended weight loss
- Yellowing of your skin and the whites of eyes (jaundice)
- Light-colored stools
- Dark-colored urine
- Itching over skin
- New diagnosis of diabetes or existing diabetes that's becoming more difficult to control
- Fatigue

What are the risk factors for developing pancreatic cancer?

- Smoking
- Diabetes
- Chronic inflammation of the pancreas (pancreatitis)
- Family history of genetic syndromes that can increase cancer risk
- Family history of pancreatic cancer
- Obesity
- Older age, as most people are diagnosed after age 65

What are the Complications of pancreatic cancer?

As pancreatic cancer progresses, it can cause complications such as: weight loss, jaundice, pain, indigestion and bowel obstruction.

How is the pancreatic cancer diagnosed?

Blood test: Tumor marker test used in pancreatic cancer is called CA19-9. It may be helpful in understanding how the cancer responds to treatment. But the test isn't always reliable because some people with pancreatic cancer don't have elevated CA19-9 levels, making the test less helpful.

Imaging tests: Techniques used to diagnose pancreatic cancer include ultrasound, computerized tomography (CT) scans, magnetic resonance imaging (MRI) and sometimes, positron emission tomography (PET) scans.

EUS (Endoscopic Ultrasound): This procedure uses an ultrasound device to make images of your pancreas from inside your abdomen. The device is passed through a thin, flexible tube (endoscope) down your esophagus and into your stomach in order to obtain the images.

Biopsy: A biopsy is a procedure to remove a small sample of tissue for examination under a microscope. Most often the tissue is collected during EUS by passing special tools through the endoscope. Less often, a sample of tissue is collected from the pancreas by inserting a needle through skin and into pancreas (fine-needle aspiration).

What are the treatment options for pancreatic cancer?

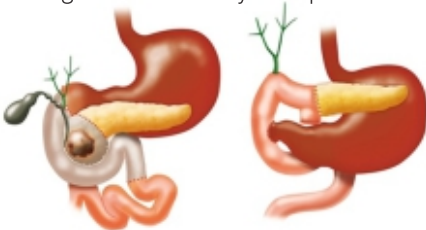
Treatment for pancreatic cancer depends on the stage and location of the cancer as well as on overall health of the patient.

Surgery

Surgery for tumors in the pancreatic head: If the cancer is located in the head of the pancreas, you may consider an operation called a Whipple procedure (pancreaticoduodenectomy).

Surgery for tumors in the pancreatic body and tail: Surgery to remove the left side (body and tail) of the pancreas is called distal pancreatectomy. The surgeon may also need to remove your spleen.

Surgery to remove the entire pancreas: In some cases, the entire pancreas may need to be removed. This is called total pancreatectomy. A person can live relatively normally without a pancreas but do need lifelong insulin and enzyme replacement.



Whipple procedure (pancreaticoduodenectomy)

Inserting a stent:

When pancreatic cancer is advanced or cannot be surgically removed, the aim of treatment is to control the cancer for as long as possible and to relieve symptoms. This is known as palliative treatment. If the cancer cannot be removed and is pressing on the common bile duct or duodenum, a stent may be inserted. A stent is a small tube made of either plastic or metal. It holds the bile duct or duodenum open, allowing the bile or food to flow into the bowel again. The stent is usually inserted during a procedure known as an ERCP (endoscopic retrograde cholangiopancreatography). In selected cases bile duct stenting is done preoperatively to reduce degree of jaundice.

Chemotherapy and Radiation therapy:

Chemotherapy uses drugs to help kill cancer cells. These drugs can be injected into a vein or taken orally. Chemotherapy can also be combined with radiation therapy (chemoradiation). Chemoradiation is typically used to treat cancer that hasn't spread beyond the pancreas to other organs. At specialized medical centers, this combination may be used before surgery to help shrink the tumor. Sometimes it is used after surgery to reduce the risk that pancreatic cancer may recur. In people with advanced pancreatic cancer and cancer that has spread to other parts of the body, chemotherapy may be used to control cancer growth, relieve symptoms and prolong survival. A person may need radiation treatments before or after cancer surgery, often in combination with chemotherapy. Sometimes, a combination of radiation and chemotherapy treatments is recommended when the cancer can't be treated surgically.



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