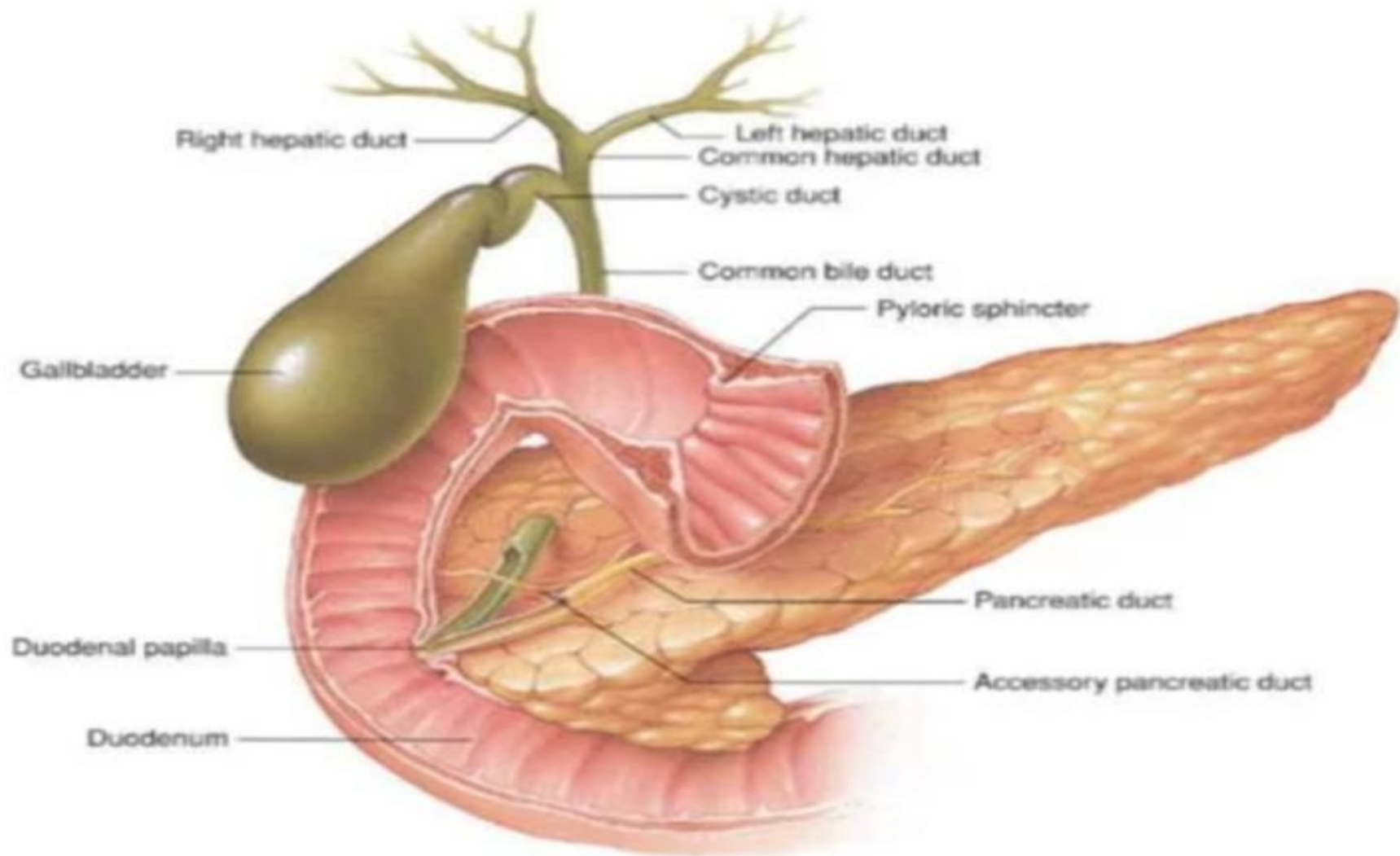
The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

**NAME : VISHWAJEET YEOLE
IMRAN PATHAN
SAYYAD YUNUS
TOPIC PANCREATIC CANCER OR
PANCREATITIS**

Pancreas Cancer

www.aboutcancer.com



Pancreas Cancer

Incidence (2014 Data)

46,420 (2.8%)

Deaths

39,590 (6.8%)

The 5 year survival is only 6.7%

Life time risk of developing this cancer is 1.5%



2014 Statistics

	Male	Female
New Cases	23,530 (2.7%)	22,890 (2.8%)
Deaths	20,170 (6.5%)	19,420 (7%)

Stage and Survival - SEER

<u>Stage</u>	<u>Incidence</u>	<u>Survival/5y</u>
Local	9%	25.8%
Regional	28%	9.9%
Distant	53%	2.3%

Risk factors for pancreatic cancer include the following

- Smoking
- Obesity
- Personal history of diabetes or chronic pancreatitis
- Family history of pancreatic cancer or pancreatitis
- Certain hereditary conditions

Symptoms



Most patients present with pain (in the back)
weight loss or jaundice

Tumors in the head of the pancreas are more
likely to have jaundice,

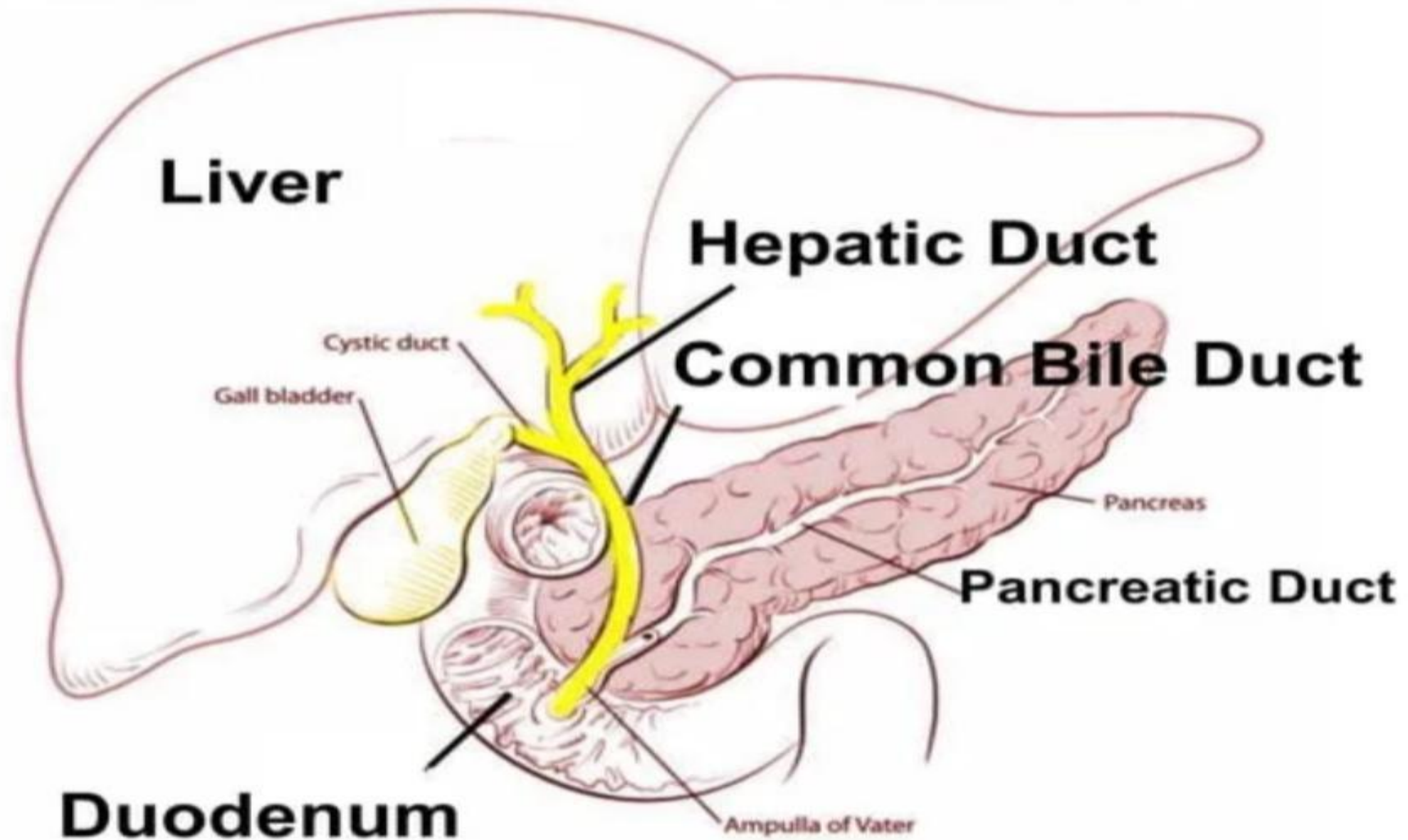
Those that arose in the body or tail, more
likely pain and weight loss.

Symptoms of Pancreas Cancer

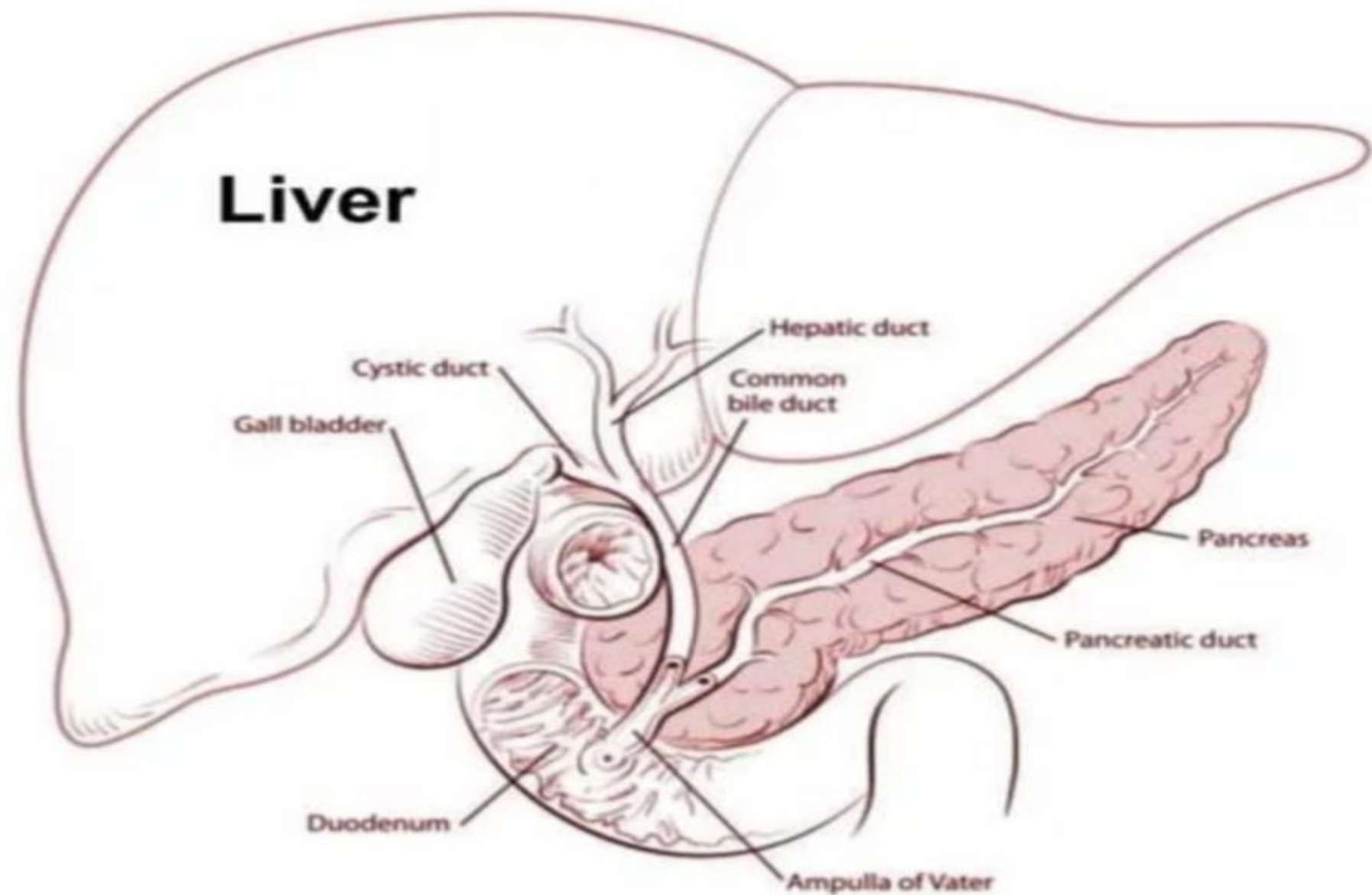
- Asthenia (weakness) – 86 percent
- Weight loss – 85 percent
- Anorexia (no appetite)– 83 percent
- Abdominal pain – 79 percent
- Epigastric pain (stomach) – 71 percent
- Dark urine – 59 percent
- Jaundice – 56 percent
- Nausea – 51 percent
- Back pain – 49 percent
- Diarrhea- 44 percent
- Vomiting – 33 percent
- Steatorrhea (fatty stools)– 25 percent
- Thrombophlebitis – 3 percent



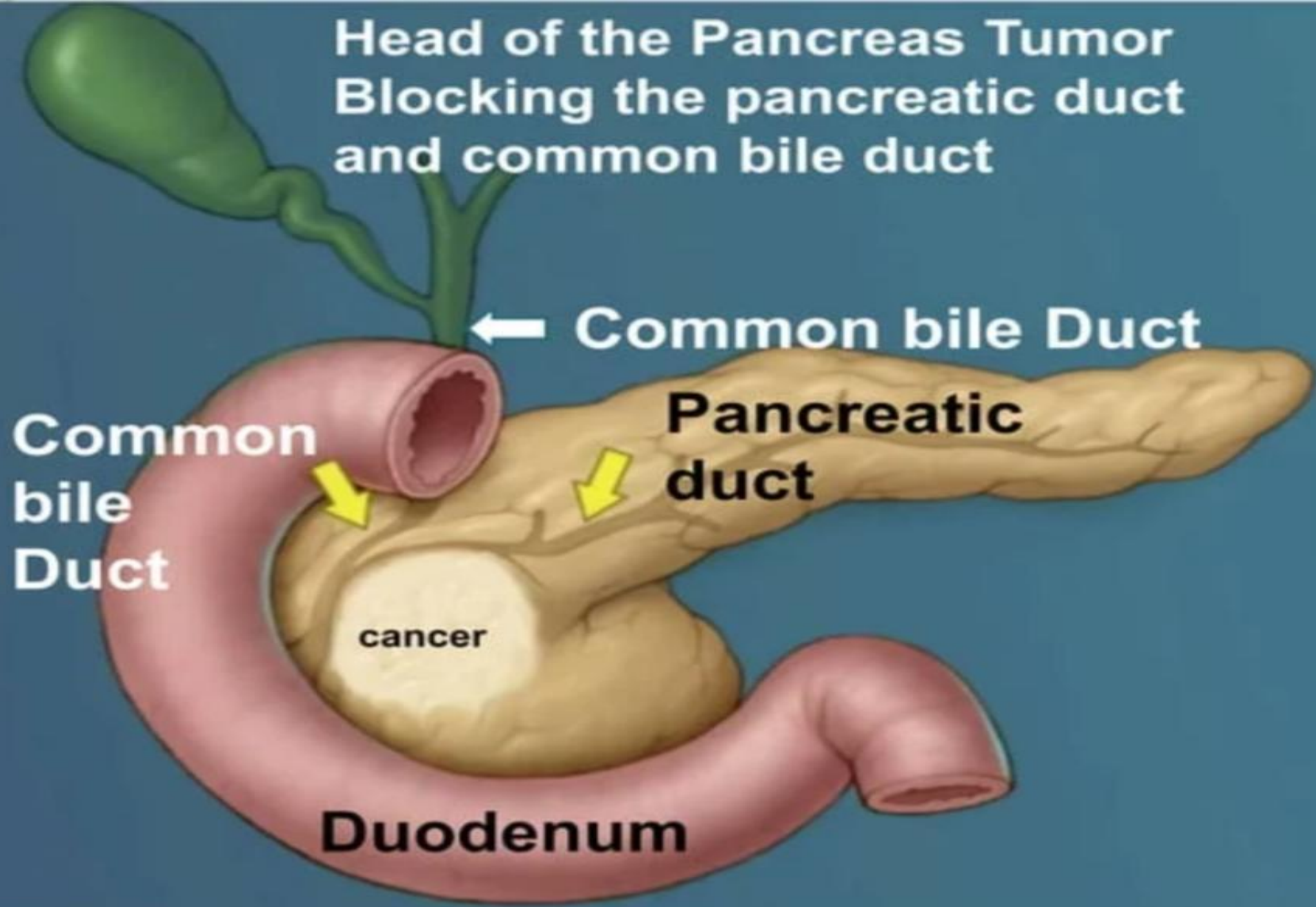
Bile: passes through the common bile duct through the head of the pancreas on it's way to the duodenum



Bile: yellowish fluid produced in the liver that aids in digestion of fat in the small intestine



Head of the Pancreas Tumor
Blocking the pancreatic duct
and common bile duct



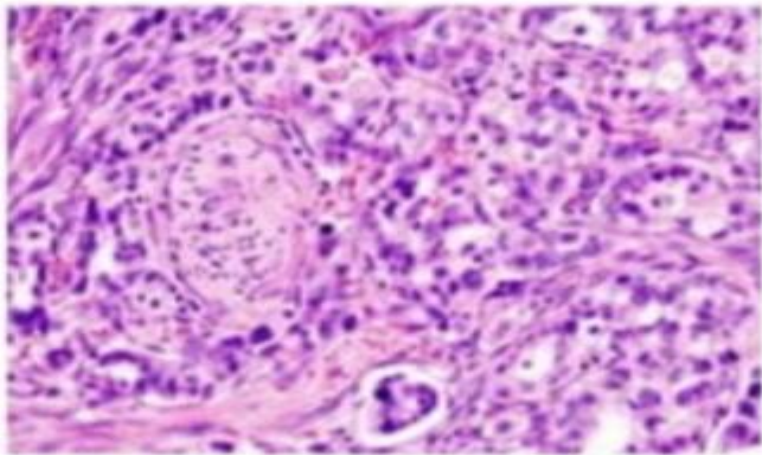
Signs of Pancreas Cancer

- Jaundice (yellow) – 55 percent
- Hepatomegaly (large liver) - 39 percent
- Right upper quadrant mass – 15 percent
- Cachexia (wasting) – 13 percent
- Courvoisier's sign (nontender but palpable distended gallbladder at the right costal margin) – 13 percent
- Epigastric mass (felt lump in stomach) – 9 percent
- Ascites (abdominal fluid) – 5 percent

Pathology

Ductal **adenocarcinoma** accounts for about 85% of all neoplasms. And more than 95% of all pancreatic cancers arise from the exocrine (digestive enzymes) elements.

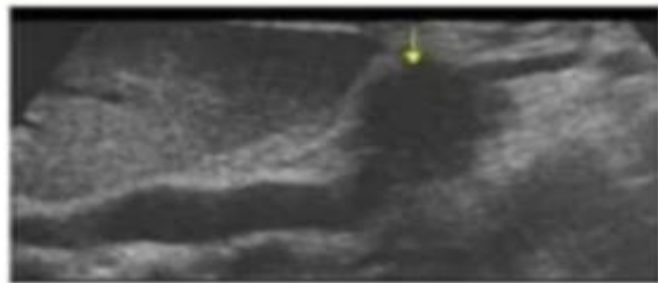
Cancers that arise from the endocrine cells (neuroendocrine, islet cells) account for 5% or less



Tests used to evaluate and stage pancreas cancer

- Routine blood tests e.g. liver products like bilirubin
- Elevated tumor markers (CA 19-9 or CEA)
- MRI, CT scans, Ultrasound
- Endoscopy including endoscopic ultrasound or ERCP
- Laparoscopy
- Biopsy

Ultrasound



study of 900 patients who underwent ultrasound to work up painless jaundice, anorexia, or unexplained weight loss

The sensitivity for detection of all tumors in the pancreas was 89 percent Among the

779 patients who were followed over time and established not to have developed a pancreatic tumor, nine had false-positive US findings (specificity 99 percent).

Summary of Treatment

1. Resection is the only chance for a cure, and resectable patients should undergo surgery without delay followed by adjuvant therapy
2. Borderline resectable patients may benefit from neoadjuvant therapy and then surgery
- 3. Unresectable patients may benefit from chemotherapy or chemoradiation**
- 4. Metastatic disease may benefit from chemotherapy or other palliative treatments**

Chemotherapy for Metastatic Pancreas Cancer

- FOLFIRINOX (oxaliplatin (Eloxatin), irinotecan (Camptosar) , leucovorin, fluorouracil)
- Gemzar (gemcitabine) + Abraxane (albumin bound paclitaxel)
- Gemzar + erlotanib (Tarceva, EGFR drug)

•THANK YOU SIR 😊