Managing pancreatic cancer in primary care

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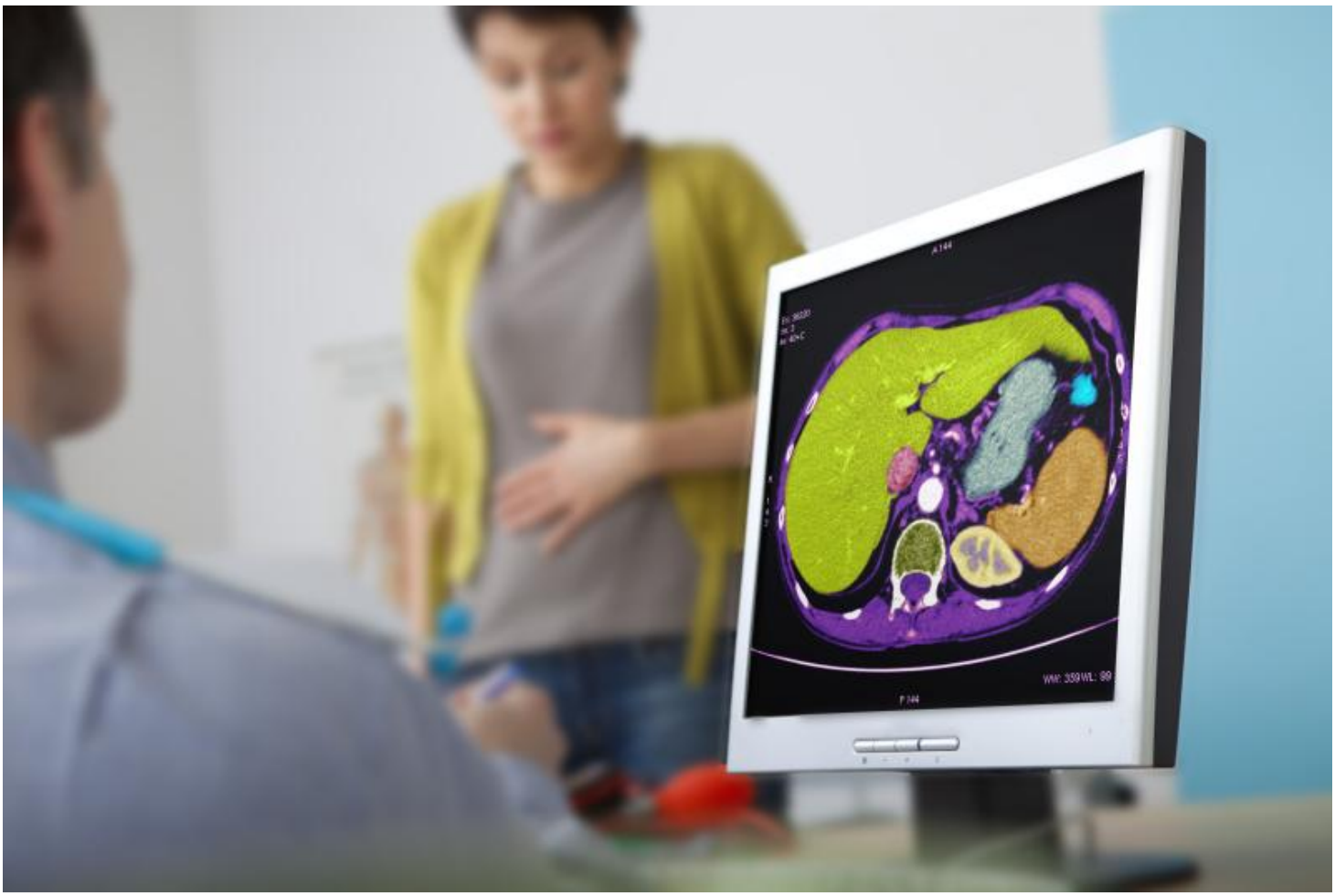

Early diagnosis is critical in enabling successful treatment of pancreatic cancer. General practitioners (GPs) are often the first to spot symptoms of the condition, and thus, play a vital role in ensuring early diagnosis. Dr. Cheah Yee Lee, a liver transplant and hepatopancreatobiliary surgeon at Gleneagles Hospital, Singapore spoke to Roshini Claire Anthony on how GPs can help with early detection of pancreatic cancer and improve outcomes for patients.

Introduction

While not among the 10 most common cancers in Singapore, pancreatic cancer is the fifth and sixth leading cause of cancer deaths in Singaporean men and women, respectively. The majority of pancreatic cancer patients are aged 60 and above.

Cure for pancreatic cancer is only possible via early presentation, diagnosis and treatment. Patients who present at an early stage may qualify for surgical resection, which is the only chance for cure.

Diagnosis

In the early stages, pancreatic cancer can be asymptomatic, which makes detection difficult. As the cancer grows, patients may present with weight loss, poor appetite and obstructive jaundice (symptoms include pale stools and dark urine), particularly for cancers located in the head of the pancreas. At later stages, patients may complain of pain due to local pressure symptoms or invasion of the nerve plexus by a tumour. Large tumours can also cause obstruction of the stomach or duodenum leading to early satiety and vomiting. Other more unusual symptoms include steatorrhoea, new onset diabetes mellitus, or pancreatitis.

Routine screening for pancreatic cancer in the general population is not recommended as no tests have been shown to be effective in reducing mortality in patients with average risk. A minority of patients with a strong family history of pancreatic cancer may have a genetic predisposition for cancer development. This select group of patients may benefit from genetic testing and screening. Endoscopic surveillance using endoscopic ultrasound, computed tomography (CT), or magnetic resonance imaging (MRI) scans may be used to perform such screening in these high risk patients.

A commonly used test in a general medical check-up is the CA19-9 tumour marker. CA19-9 levels may be raised in the presence of pancreatic cancer, though other disorders of the biliary system or lung may also lead to abnormal CA19-9 levels. When the common bile duct is obstructed by a tumour in the head of the pancreas, obstructive jaundice is demonstrated by high bilirubin (direct > indirect) and alkaline phosphatase levels.

Ca19-9, however, is not completely accurate in diagnosing pancreatic cancer and patients with early cancers may not have an elevated CA19-9 levels. Furthermore, there are multiple benign conditions of the biliary tree, liver, and lung which may cause an elevated CA19-9.

The main challenge remains to encourage early presentation and diagnosis. This can only be improved with consistent education to increase the public awareness of possible risks and symptoms. Since surgery is the only chance for cure, GPs also play an important role in correcting misconceptions and fears about surgery among the public so that this factor does not cause the patients to delay seeking treatment once symptoms develop.

Practice Guidelines

The National Comprehensive Cancer Network (NCCN) is a worldwide alliance of multiple leading cancer centres and provides useful information regarding cancer diagnosis, workup, treatment and prognosis for various types of cancers including pancreatic cancer. They have developed clinical practice guidelines for physicians and patient handbooks to help patients improve their understanding of the disease and treatment plans. Physicians will be required to sign up for an account (no fees) at the NCCN website (http://www.nccn.org) to access the educational materials which are constantly updated.

Treatment

GPs need a high index of suspicion when patients present with symptoms that may suggest the presence of a pancreatic tumour. In terms of early work-up of such patients, GPs can confirm the presence of jaundice by checking liver function tests and obtaining a CT or MRI scans to diagnose the presence of a mass. The other option is to have the patient seen by a specialist who can perform the necessary workup.

Treatment Side Effects

For patients who qualify for pancreatic surgery for tumour resection, side effects are dependent on the type of surgery. In the short-term post-operative period, patients tend to experience reduced appetite, weight loss, and varying degrees of pain from their incision. A minority of patients may also experience effects of pancreatic inadequacy typified by diarrhoea and worsening of pre-existing diabetes.

All my patients who undergo pylorus-preserving pancreatoduodenectomy will receive postoperative enteral feeding from day one. This feeding will continue until they are able to tolerate the intake of food and nutritional supplements by mouth. My patients are monitored very closely in my clinic after discharge to ensure that their nutritional status is optimized. GPs can help by regularly checking on a patient's calorie intake and weight, and modifying their intake of food or nutritional supplements as necessary. Pancreatic inadequacy can be managed with enzyme supplementation and adjustment of diabetic medications.

Managing Patient Expectations

GPs can play a crucial role in managing patient expectations especially if the GP is the first "port of call" after suspicion of the diagnosis. Even though pancreatic cancer is a lethal disease, patients who qualify for resection of their cancer can achieve long-term cure, particularly with appropriate adjuvant therapy. GPs will need to strike a balance between providing reassurance and hope for cure versus the reality that the treatment is complex and will not be feasible for all patients.

Disease Management Tools

The NCCN clinical practice guidelines for physicians are extremely helpful for GPs to be up-to-date regarding current management protocols, while the NCCN patient guidelines are useful to help GPs educate and support patients during their fight with cancer.

Conclusion

Pancreatic cancer is a lethal cancer due to poor tumour biology and late presentation. Surgical resection is the only chance for cure, and this treatment option is possible only if the patients present at an early stage. Therefore, early diagnosis and treatment is vital in order to improve our rates of cure for pancreatic cancer.

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Online Resources

National Comprehensive Cancer Network

www.nccn.org (http://www.nccn.org/)

National Institute for Health and Care Excellence (NICE)

http://pathways.nice.org.uk/pathways/gastrointestinal-cancers (http://pathways.nice.org.uk/pathways/gastrointestinal-cancers)

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