



HOLY FAMILY
PARISH

PARISH NURSE MINISTRY NEWSLETTER

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Update on Pancreatic Cancer

Most Sacred Heart of Jesus Truly present in the Holy Eucharist, I place My Trust in You.

Pancreatic Cancer is an aggressive, deadly cancer. It is estimated that 75% to 80% of pancreatic cancers are metastatic when diagnosed. The incidence of pancreatic cancer increases with age and peaks between the ages of 60 and 70. The countries with the highest incidence are Israel, the United States, Sweden, and Canada. Pancreatic cancer is the fourth leading cause of deaths in the United States.

Risk Factor:

The exact etiology of pancreatic cancer is not known, but some risk factors have been identified.

- ◆ **Genetics:** About 5-10% of persons diagnosed with pancreatic cancer have an immediate family member who also has pancreatic cancer. A recent study shows a link between common variants of the gene that determines human blood type with an increased risk of pancreatic cancer.
- ◆ **Diabetes Mellitus:** There seems to be an association between diabetes and pancreatic cancer. There is a controversy as to whether the diabetes triggers pancreatic cancer or if the pancreas begins to malfunction prior to cancer development, thus causing the diabetes.
- ◆ **Smoking:** Smoking increases the risk of pancreatic cancer and the more a person smokes, the greater the risk.
- ◆ **Obesity and Inactivity:** Obese persons seem more likely to develop pancreatic cancer. Studies indicate that persons who exercise frequently were about half as likely to develop the disease compared to persons who did not exercise at all.
- ◆ **Alcohol Use:** Chronic alcohol abuse has been associated with an increased risk of pancreatic cancer.
- ◆ **Diet:** Data are contradictory concerning diet and the development of pancreatic cancer. Some studies suggest a link between diets high in fat and meat with an increased risk while other studies indicate that there is no identifiable association between diet and pancreatic cancer.

Signs and Symptoms: Symptoms most commonly associated with pancreatic cancer are: weight loss, pain in the lower back or abdomen, jaundice, diarrhea, anorexia, nausea and vomiting, indigestion, clay-colored stools, fatigue, and lesions on the skin, especially on the legs.

DIAGNOSIS: Definitive diagnosis is made via laparotomy and biopsy. Additional tests include CT scan or ultrasound of the abdomen to identify a mass, MRI to determine tumor size and location, endoscopic visualization and biopsy of the tissue sample.

TREATMENT: Treatment depends on the location of the tumor and the stage of the disease. Most tumors are adenocarcinomas located at the head of the pancreas. Tumors that are more rare in incidence are located in the body and tail of the pancreas and islet cells tumors. Treatment regimens usually consist of surgery (if indicated it appears to be resectable) and, at times, radiation and chemotherapy. Resectable pancreatic cancer means that on imaging diagnostic tests, the cancer has not metastasized. Radiation therapy can be used prior to surgery to shrink the tumor. Radiation therapy after surgery can be used to prevent or retard the return of the cancer. If the cancer is locally unresectable, chemotherapy has been shown to enhance the quality of life by improving pain control, decreasing consumption of analgesics, shrinking tumor size, and prolonging survival. New treatments for pancreatic cancer are being tested in clinical trials. For more information about such trials visit the National Cancer Institute's Website at www.cancer.gov and the American Cancer Society's Web site at www.cancer.org.

Excerpts for this article were taken from The Nightingale, Official Newsletter of the National Association of Physician Nurses, February 2011.

May you have a Happy, Healthy and Blessed Summer, from your Parish Nurse.

To contact Holy Family Parish Nurse Ministry call 330-688-6412 ext. 462 or view at www.holyfamilystow.org.