



Barbara Rinehart

BOOK PANCREATIC CANCER

My responsibilities were: Worked with medical company to define content

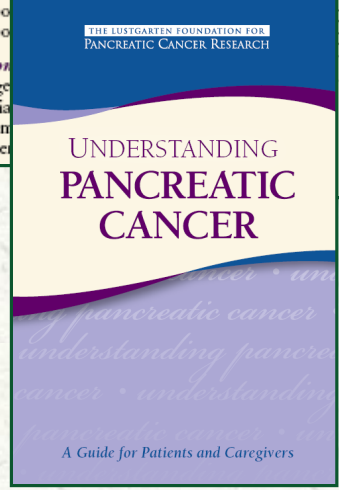
Researched topic and wrote 13 chapters

Compiled appendices, references, glossary, figures and captions, boxes, sidebars

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ABOUT THE ADVISORS VII ABOUT THIS GUIDE Section 1: Pancreatic Cancer The Pancreas Cancer of the Pancreas Types of Pancreatic Cancer Precursors to Pancreatic Cancer Section 2: Causes Genes and Pancreatic Cancer Risk Factors Family History and Pancreatic Hereditary Syndromes Section 3: Signs and Symptoms A Silent Disease Jaundice and Its Signs and Symptoms General Symptoms Other Illnesses Digestive Problems or Pain When to See a Doctor Section 4: Diagnosis Initial Examination Imaging Tests Biopsy Blood Tests Test Results Section 5: Staging Measuring Cancer TNM Classification System Staging System Clinical Classification Section 6: Making Decisions Making Decisions About Treatment Facing Treatment Challenges Getting Ready for Treatment Choosing a Treatment Other

Section 8: Complementary and Alternative Medicine Use of Complementary and Alternative Methods Definitions of Terms Types of Complementary and Alternative Methods Risks and Benefits Considerations Section 9: Clinical Trials Background Clinical Trial Phases Clinical Trial Participation How to Find a Clinical Trial Section 10: Supportive Care Controlling Side Effects Pain Nutrition Nausea and Vomiting Constipation Section 11: Coping Learning About Coping Developing a Support System Addressing Financial and Legal Matters Addressing End-of-Life Care Section 12: Caring for a Loved One Caregiving Coping Caring for Yourself Staying Connected With Your Loved One Caregiving and the Healthcare Team Section 13: Research into Pancreatic Cancer The Focus is on Pancreatic Cancer Causes Detection Treatment Foundation



SECTION 2 • CAUSES

GENES AND PANCREATIC CANCER

All the cells in the body contain DNA (deoxyribonucleic acid). DNA is the molecule in the cell nucleus that carries the instructions for making living organisms. When cells grow and divide, they also copy DNA. Sometimes mistakes called mutations occur during this copying process. Mutations in DNA occur frequently especially when cells divide. Cells have an exceptional ability to repair these changes in DNA. However, the DNA repair mechanisms don't catch all. When they do, these mutations in DNA can be passed along to future copies of the strand cell. Most abnormal cells don't get passed on. When they do, these abnormal cells continue to grow. unchecked, cancer may develop.

RISK FACTORS FOR PANCREATIC CANCER

- Smoking
• Diet
• Obesity
• Age
• Family history
• Medical factors
- Chronic pancreatitis
- History of stomach surgery (partial gastrectomy)
• Environmental exposure to certain chemicals

Not everyone with one or more of these risk factors will develop pancreatic cancer.

Table 5-1 provides a simplified version of the information given in this section. Remember that it is important to know the stage of your cancer to help make good treatment choices.

Table 5-1. Staging for Tumors of the Pancreas

Table with 5 columns: Classification for Staging, TNM, Description, Resectable, Locally Advanced, Metastatic. Rows include stages 0, IA, IB, IIA, IIB, III, IIIA, IIIB, IVA, IVB, and M1.

SECTION 6 • MAKING DECISIONS

MAKING DECISIONS ABOUT TREATMENT

The ultimate result of the process of cancer diagnosis and staging is a recommendation of a treatment plan. You will need to decide whether you will accept that recommendation and, ultimately, where you will be treated and by whom. Some basic questions to ask yourself before beginning treatment are listed in Box 6-1.

QUESTIONS BEFORE MAKING A TREATMENT DECISION

- Do I need any more information before I begin treatment?
• Do I have confidence in my doctor?
• Do I have confidence in the facility?
• Do I understand what will happen before, during, and after treatment?
• How do you know you're looking for the best treatment?
• Do I want to visit the "standard of care," or am I interested in participating in a clinical trial?

FACING TREATMENT CHALLENGES

The best treatment results are obtained if surgery can be included as part of the treatment when pancreatic cancer is found at an early stage, before it has spread. Despite the great increase in research into pancreatic cancer, however, early detection is uncommon. When diagnosed, people usually are older than 55, and most often are older than 65, and co-existing conditions may limit treatment options. These related risk factors may make patients very ill, upon limiting treatment options. Even so, treatment aimed at controlling symptoms and preventing additional harm may increase patient quality of life.

GETTING A SECOND OPINION

Keep in mind that the diagnosis and staging of cancer is a complicated process and that cancer is different in every person. Every person who

Section 6 • Making Decisions

- Where do you have the pain?
• How long have you had the pain?
• How bad is the pain, for example, on a scale from 1 to 10?
• Are you able to do anything to make the pain easier?
• Are you able to do anything to make the pain go away?
• How do you feel about the pain?
• How do you feel about the pain?
• How do you feel about the pain?
• How do you feel about the pain?

Section 6 • Research

Imaging tests. The most important tests used to detect pancreatic cancer are imaging tests. These tests use a variety of methods to see inside the body. Imaging tests include:
- Ultrasound
- Computed tomography (CT)
- Magnetic resonance imaging (MRI)
- Endoscopic ultrasonography (EUS)
- Laparoscopic ultrasonography
- Positron emission tomography (PET)
- Gallium-67 citrate scintigraphy
- Gallium-67 citrate scintigraphy

SECTION 7 • TREATMENT

HOW TO REDUCE YOUR SURGICAL RISKS

If you are a candidate for surgery, find a surgeon and a hospital with a great deal of experience in reducing your risks and increase your chances of a successful outcome. According to a study in the 2002 issue of The New England Journal of Medicine, the mortality rate for Whipple procedures for pancreatic cancer performed at low-volume centers was four times higher than at high-volume centers.

Procedures to Remove the Tumor

- Most of the pancreas (the beginning of the small intestine)
• Part of the duodenum
• Part of the bile duct
• Gallbladder
• Lymph nodes in the area of the pancreas

Section 8 • Complementary and Alternative Medicine

Assessment of Pain

- When assessing pain, your doctor will ask lots of questions:
- Onset
- Location
- Quality
- Intensity
- Radiation
- Aggravating and relieving factors
- What makes the pain better?
- What makes the pain worse?
- What are the effects of your pain on you? For example, lack of sleep, fatigue, irritability, depression.

Treatment for Pain

Pain Medication. Once the doctor knows the severity of the pain, a treatment can be chosen. Most doctors use a pain treatment approach developed by the World Health Organization (WHO) called the "WHO Three-Step Analgesic Ladder (Table 8-1). An analgesic is a medication whose primary purpose is to relieve pain.

Assessing Your Pain

- To clearly communicate what your pain feels like, you can use some of these descriptors:
- How sharp, aching, burning, throbbing, stabbing, pulsating, tingling, numb, or itchy
- How long it lasts
- How often it occurs
- How it affects your daily life

Section 10: Supportive Care

Controlling Side Effects

Pain. Nutrition. Nausea and Vomiting. Constipation.

Section 11: Coping

Learning About Coping

Developing a Support System. Addressing Financial and Legal Matters. Addressing End-of-Life Care.

Section 12: Caring for a Loved One

Caregiving

Coping. Caring for Yourself. Staying Connected With Your Loved One. Caregiving and the Healthcare Team.

Section 13: Research into Pancreatic Cancer

The Focus is on Pancreatic Cancer Causes. Detection. Treatment. Foundation.