

# Chemotherapy for pancreatic cancer

This fact sheet is for anyone who wants to know about treating pancreatic cancer with chemotherapy. It explains how chemotherapy is given, the different drugs used, the main side effects of chemotherapy and how these are managed.

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This information is for people with the most common type of pancreatic cancer, pancreatic ductal adenocarcinoma. People with pancreatic neuroendocrine cancers may have different chemotherapy. Neuroendocrine Cancer UK has more information.

Each hospital may do things slightly differently, and treatment will vary depending on your health and your cancer diagnosis. Speak to your doctor or nurse about your treatment.

You can also speak to our specialist nurses on our confidential Support Line. Call free on **0808 801 0707** or email **nurse@pancreaticcancer.org.uk**

## Key facts

- Chemotherapy is drug treatment used to kill cancer cells. It is one of the main treatments for pancreatic cancer.
- Chemotherapy is used in different ways, depending on your cancer diagnosis and how well you are.
- There are different chemotherapy drugs used for pancreatic cancer. You may have one drug or several drugs together.
- Sometimes chemotherapy is used with radiotherapy. This is called chemoradiotherapy (see page 5).
- Chemotherapy can make you more at risk of getting an infection. An infection is an emergency if you are having chemotherapy, and needs treating straight away. Read about signs of an infection on page 13.
- Chemotherapy can also cause other side effects. These can include fatigue (extreme tiredness), feeling and being sick, runny poo (diarrhoea), blood clots in a vein, and tingling or numbness in your fingers or toes.
- There are ways to manage side effects. Tell your doctor or nurse if you have any side effects so that they can help.
- You will have regular check-ups and blood tests during chemotherapy to check you are well enough for each cycle of treatment.
- During and after your chemotherapy, you will have a CT scan every few months to check for any changes.

# How is chemotherapy used?

Chemotherapy can be used in different ways. It can be used:

- after surgery, to reduce the risk of the cancer coming back – see page 4
- before surgery, to try to shrink the cancer so there is a better chance of removing it – see borderline resectable pancreatic cancer on page 4
- to slow down the growth of cancer that can't be removed (locally advanced pancreatic cancer or advanced pancreatic cancer) – see pages 5-6.

## What chemotherapy drugs are used for pancreatic cancer?

There are different chemotherapy drugs that can be used to treat pancreatic cancer. You may have one drug on its own, or two or more drugs together.

The chemotherapy you have will depend on your test results and how well you are. Your oncologist (cancer doctor) will discuss this with you. Your nurse (sometimes called a clinical nurse specialist or CNS) can also help with any questions.

We have listed the drugs, with the brand name in brackets:

- FOLFIRINOX – which combines oxaliplatin (Eloxatin<sup>®</sup>), folinic acid (leucovorin), irinotecan and fluorouracil (5FU)
- Gemcitabine (Gemzar<sup>®</sup>)
- GemCap – gemcitabine and capecitabine (Xeloda<sup>®</sup>)
- Nab-paclitaxel (Abraxane<sup>®</sup>) with gemcitabine
- FOLFOX – which combines folinic acid, 5FU and oxaliplatin
- FOLFIRI – which combines folinic acid, irinotecan and 5FU.

FOLFIRINOX is only given to people who are well enough to have several drugs. This is because it can cause side effects that can be harder to deal with. Your oncologist (an expert on drug treatments for cancer) may lower the dose of some of the FOLFIRINOX drugs if you have lots of side effects. This is normal, and will mean you can continue having treatment (see page 12). Talk to your chemotherapy team about how to manage side effects. You can read more on pages 12-18.

Read more about the different chemotherapy drugs on our website at: [pancreaticcancer.org.uk/chemotherapydrugs](http://pancreaticcancer.org.uk/chemotherapydrugs)

## Chemotherapy after surgery to remove the cancer

You may be offered chemotherapy after surgery to remove the cancer (such as the Whipple's procedure). This is to try to reduce the chances of the cancer coming back. You may hear this called adjuvant chemotherapy.

There are three types of chemotherapy that may be used:

- FOLFIRINOX
- gemcitabine with capecitabine (GemCap)
- gemcitabine.

The type of chemotherapy you have will depend on how well you are. Speak to your chemotherapy team about what chemotherapy will be best for you.

You should be given time to recover properly from your surgery before starting chemotherapy, as you need to be well enough for six months of chemotherapy. Your chemotherapy should begin in the first 12 weeks after your surgery.

Pancreatic cancer and surgery to remove it can cause problems with digestion, including weight loss, losing your appetite, and changes to your poo. If you have any problems after surgery, speak to your doctor, nurse or dietitian to make sure these don't delay the chemotherapy. A dietitian is an expert in diet and nutrition. Read more about diet on page 19.

Read about surgery in our fact sheet: [Surgery to remove pancreatic cancer](#)

Or on our website at: [pancreaticcancer.org.uk/surgery](http://pancreaticcancer.org.uk/surgery)

## Chemotherapy for borderline resectable pancreatic cancer

Borderline resectable cancer is cancer that has grown very close to large blood vessels near the pancreas. Surgery to remove the cancer may be possible. But this depends on which blood vessels are affected and how far the cancer has grown.

You may be offered chemotherapy. You may hear this called neoadjuvant chemotherapy. Some people may then be offered chemotherapy together with radiotherapy (see below). The aim is to shrink the cancer away from major blood vessels so that there's a better chance of removing it.

You will have scans before, during and at the end of your treatment to see how the chemotherapy is working.

Read about borderline resectable pancreatic cancer in our booklet:

**Pancreatic cancer that can be removed by surgery**

Or on our website at: [pancreaticcancer.org.uk/stage3](http://pancreaticcancer.org.uk/stage3)

## Chemotherapy with radiotherapy (chemoradiotherapy)

Chemotherapy used together with radiotherapy is called chemoradiotherapy. Radiotherapy uses radiation to damage cancer cells and stop the cancer growing. The chemotherapy may make the cancer cells more sensitive to radiotherapy so that it works better.

Some people with borderline resectable cancer (see page 4) and locally advanced cancer (see page 6) may be offered chemoradiotherapy.

If you have chemoradiotherapy, you will normally have chemotherapy on its own for around three to six months to begin with. You will then have a CT scan. If this shows that the cancer hasn't grown or spread, you will start chemoradiotherapy.

The chemotherapy drug most often used with radiotherapy is capecitabine, which is a tablet. You will have radiotherapy and capecitabine five days a week, for five to six weeks.

Read about radiotherapy at: [pancreaticcancer.org.uk/radiotherapy](http://pancreaticcancer.org.uk/radiotherapy)

## Chemotherapy for cancer that can't be removed

If it's not possible to remove the cancer with surgery (inoperable cancer), you may be offered chemotherapy to help control the growth and spread of the cancer. This is called palliative chemotherapy. This means it can help with symptoms of the cancer but will not cure it.

## Locally advanced pancreatic cancer

Locally advanced pancreatic cancer is cancer that has spread to the large blood vessels near the pancreas, or to a number of lymph nodes. It's not usually possible to remove the cancer with surgery.

You may be offered chemotherapy, and sometimes chemoradiotherapy (see page 5). This may shrink the cancer and slow down its growth. It can also help with any symptoms and help you feel better. For a small number of people, this treatment may shrink the cancer enough to make surgery possible.

You may be offered FOLFIRINOX or gemcitabine with capecitabine (GemCap). If you are not well enough to deal with the possible side effects of these treatments, your oncologist may consider gemcitabine on its own.

You will have scans before, during and at the end of your treatment to see how the chemotherapy is working.

## Advanced pancreatic cancer

Advanced (metastatic) pancreatic cancer is cancer that has spread from the pancreas to other parts of the body. Surgery to remove the cancer won't be possible.

Chemotherapy may help to control the cancer and help with symptoms. It won't cure the cancer but it may help you live longer and generally feel better.

You will need to be well enough for chemotherapy. You will have a scan every three months to see how well the chemotherapy is working and how it's affecting you.

- You may be offered FOLFIRINOX if your doctor thinks you are well enough to deal with the possible side effects.
- Or you may be offered gemcitabine with nab-paclitaxel.
- If you are not able to have these treatments, your doctor may consider gemcitabine with capecitabine (GemCap).
- If you are not well enough for a combination of chemotherapy drugs, you may be offered gemcitabine on its own.

Speak to your chemotherapy team about which treatment may be best for you.

You might be able to have chemotherapy as part of a clinical trial (see page 7). Ask your oncologist if there are any trials that might be suitable for you.

Read about locally advanced and advanced cancer in our booklet:  
**[Pancreatic cancer if you can't have surgery \(inoperable cancer\)](#)**

Read about locally advanced cancer on our website at:  
**[pancreaticcancer.org.uk/stage3](http://pancreaticcancer.org.uk/stage3)**

And advanced cancer at: **[pancreaticcancer.org.uk/stage4](http://pancreaticcancer.org.uk/stage4)**

## Second-line chemotherapy

The first chemotherapy treatment you have is called first-line chemotherapy. If you need more chemotherapy, you may be given different drugs. This is called second-line chemotherapy. The aim is to control the cancer and any symptoms.

There are different second-line options which may be used.

- If you have had FOLFIRINOX, you may be able to have gemcitabine (with or without capecitabine).
- If you have had gemcitabine (with or without nab-paclitaxel), and are well enough to have further treatment, you may be able to have FOLFIRINOX, FOLFOX or FOLFIRI.
- If you have had gemcitabine and are not well enough to deal with more side effects, you may be able to have capecitabine.

Speak to your oncologist about which treatment may be best for you.

## Clinical trials looking at chemotherapy

Clinical trials are research studies involving people. They help doctors find new treatments or better ways of providing treatment. This includes trials looking at chemotherapy.

Read more about clinical trials in the UK on our website at:  
**[pancreaticcancer.org.uk/clinicaltrials](http://pancreaticcancer.org.uk/clinicaltrials)**

# What are the advantages and disadvantages?

There are pros and cons of chemotherapy. Speak to your doctor or nurse about these, and what they might mean for you. You might find the questions to ask on page 21 helpful.

## Advantages

- Chemotherapy may shrink your cancer or slow down its growth, which may help you live longer and help with your symptoms.
- For a small number of people with borderline resectable cancer, chemotherapy may shrink the cancer enough to make surgery to remove the cancer possible (see page 4).
- If you have chemotherapy after surgery, this may reduce the chances of the cancer coming back (see page 4).
- You may have more regular check-ups, tests and contact with your doctor when you are having chemotherapy. Some people find this reassuring.

## Disadvantages

- Chemotherapy can cause side effects (see pages 12-18).
- You will need to go to the hospital often for treatment, check-ups and tests, possibly on different days. This can be tiring.
- Chemotherapy affects everyone differently. It may not work so well for some people.



# How is chemotherapy given?

You will have your chemotherapy at the hospital as an outpatient, so you won't need to stay overnight.

You may be given medicines to take at home, such as anti-sickness medicine. It is important to tell your oncologist or nurse about any other medicine, vitamins or supplements you are taking before starting your chemotherapy.

Chemotherapy can be given in different ways.

- You may have it through a drip. This is called an infusion, which can take between 5 minutes and a few hours.
- Fluorouracil (5FU) may be given through a small pump, which you can carry with you and take home. This is used if you are having chemotherapy that takes longer than a few hours.
- Capecitabine is taken as a tablet, that you take at home.
- You may have a cannula or central line put in to have the chemotherapy.

## What is a cannula?

A cannula is a thin, plastic tube that is put into a vein in the back of your hand or lower arm. The chemotherapy can be given through a drip attached to the cannula, or through an injection into the cannula. The cannula will be removed after each treatment.

“My mum said it felt cold when the chemo was administered into the vein via a cannula.”

## What is a central line?

You may be given chemotherapy through a central line, such as a PICC line, Hickman line or a portacath. These are long, thin tubes that are put into a vein in your chest or arm. Central lines can stay in place for as long as your chemotherapy lasts.

The line will need to be flushed regularly with a small amount of liquid, even if it's not being used. This is to make sure it doesn't get blocked. The area where the line goes into your body will also be cleaned and dressed when the line is flushed. You will need to keep the area clean and dry. You may be given a covering to use when showering or bathing.

## Advantages and disadvantages of central lines

### Advantages

- The line stays in place through your chemotherapy treatment.
- You don't need to have a needle put in each time you have chemotherapy.
- The line can also be used for blood tests or giving fluids or antibiotics.
- The line can be used to give blood transfusions.

### Disadvantages

- The line may get blocked. Flushing the line will help prevent this. If it does get blocked, the line can be replaced.
- You may get an infection. This can be treated with antibiotics, and the line may be replaced, if needed.
- A blood clot can form. Flushing the line will help prevent this. If a blood clot does form, you will be given medicine for this.

We have more information about cannulas and central lines, including diagrams, on our website at:

[pancreaticcancer.org.uk/havingchemotherapy](https://pancreaticcancer.org.uk/havingchemotherapy)

## What is a chemotherapy cycle?

Chemotherapy is normally given in cycles. A cycle is the number of treatments planned over a set time, including a break before the next cycle. The break allows your body to recover between treatments. You may have a longer break if you need more time to recover from side effects or an infection (see pages 12-18).

A cycle normally lasts two, three or four weeks, but this will depend on the chemotherapy you are having. It is common to have three to six months of chemotherapy. This will depend on how well the treatment is working and how chemotherapy affects you. Your oncologist or nurse can tell you more about this.

Read more about the cycles for each chemotherapy drug on our website at: [pancreaticcancer.org.uk/chemotherapydrugs](https://pancreaticcancer.org.uk/chemotherapydrugs)

# Check-ups before and during treatment

You will have check-ups and blood tests before each cycle to make sure it's safe to have the next cycle. The tests check your kidneys and liver are working properly, and that your blood count has recovered enough from the last cycle (see page 12).

You will also have regular CT scans to check the chemotherapy is working.

- For chemotherapy after surgery, you will have a scan before treatment starts and another after it is completed.
- In every other situation, you will have a scan before treatment starts, then in the middle and at the end of treatment.

Read about what CT scans involve on our website at: [pancreaticcancer.org.uk/tests](https://pancreaticcancer.org.uk/tests)

# Side effects – how chemotherapy affects the blood

Blood cells are made in the bone marrow, which is in the middle of your bones. Chemotherapy can damage the bone marrow, which reduces the number of blood cells made. This can cause side effects.

There are three main types of blood cell.

- **White blood cells fight infection.** The most common type of white blood cell is called a neutrophil.
- **Red blood cells** carry oxygen around the body. The part of the cell that carries the oxygen is called haemoglobin.
- **Platelets** are tiny cells that help the blood to clot.

You will have regular blood tests, called a **full blood count**, to check your blood cell levels. If the number of blood cells drops, the main side effects are:

- risk of an infection from a low level of white blood cells (neutropenia) – see page 13)
- anaemia from a low level of red blood cells, or low haemoglobin (see page 14)
- bleeding or bruising from a low level of platelets (thrombocytopenia) – see page 14.

Depending on the test results your oncologist might want to wait an extra week or so for your blood cell levels to recover. Or they may decide to lower the dose of the chemotherapy so that your treatment can continue. This is quite normal with chemotherapy and nothing to worry about. It will not affect your treatment and is the best way to make sure you have chemotherapy regularly and feel as well as possible.

**Your chemotherapy team should give you a 24 hour emergency number to call if you are unwell or need information about side effects.** If you haven't been given a number, ask your nurse about this.

## Infections

A low level of white blood cells may mean that your body is less able to fight an infection.

**An infection is an emergency if you are having chemotherapy. It can be life threatening and needs treating straight away, as it won't get better without medical help.** Don't ignore the signs of an infection.

Signs of an infection include:

- a high or low temperature – your chemotherapy team will tell you what to watch out for
- feeling shivery and cold
- headaches
- sore muscles
- a cough or sore throat
- pain or burning when you pee
- feeling generally unwell or tired.

### What should I do if I have signs of an infection?

**Call the 24 hour emergency number (see page 12) if you have signs of an infection.** You should phone if you have any of these symptoms or feel suddenly unwell, even if your temperature is normal. Everyone having chemotherapy should have their own digital thermometer at home to check their temperature.

Antibiotics can be used to treat an infection. Your chemotherapy may be delayed until your infection has been treated.

Ask your chemotherapy team if you need any vaccinations before your chemotherapy. You should avoid any dental treatment once you start chemotherapy, as this can increase your risk of getting an infection. If you do need urgent dental care, speak to your oncologist first, and make sure you tell your dentist you are having chemotherapy.

You may have an injection called G-CSF (granulocyte-colony stimulating factor) during chemotherapy. This can help prevent infection as it helps your body make more white blood cells. It isn't used with all chemotherapy drugs, so your oncologist will speak to you about whether you will have it.

“We were also given a ‘chemo card’, so if we went to A&E he could be prioritised.”

“If you need to go to hospital, you may want to take a hospital bag packed with some essentials, just in case you need to stay overnight.”

## Can I take paracetamol or ibuprofen while having chemotherapy?

Paracetamol and ibuprofen can be used to help manage pain. But they can also lower your temperature. This can hide the symptoms of an infection and make you feel better but it won't treat the infection.

Always check your temperature before taking these painkillers. If it is high, call the 24 hour emergency number straight away.

## Anaemia

Some chemotherapy drugs can lower the number of red blood cells in the blood. This is called anaemia. It can make you feel tired, weak, faint and short of breath.

If your red blood cell level is very low you may need to be given blood through a drip. This is called a blood transfusion and will increase your red blood cell levels.

## Bleeding and bruising

Chemotherapy can lower the number of platelets in your blood. This is called **thrombocytopenia**. Platelets are cells that help blood to clot. If the number of platelets drops, you may be more likely to have nosebleeds, bleeding gums or tiny red spots on your skin. You may also bruise more easily than normal. If you have a nosebleed that doesn't stop after five minutes, call the emergency number.

# Other side effects of chemotherapy

We explain some of the main side effects in this section, but different drugs can cause different side effects.

Read about the side effects of each chemotherapy drug on our website at: [pancreaticcancer.org.uk/chemotherapydrugs](https://pancreaticcancer.org.uk/chemotherapydrugs)

Side effects can affect everyone differently, and you may not get all the side effects mentioned here. Your chemotherapy team should tell you about possible side effects and how they are managed. Ask them any questions you have and tell them about anything unusual. Side effects normally get better once your chemotherapy finishes.

Keeping a diary of any side effects you have can help you talk about these with your chemotherapy team. It can also help you keep track of how you feel during each cycle, and help you prepare for the next one.

You can speak to our specialist nurses on our free Support Line about side effects and how to deal with them.

## Fatigue (extreme tiredness)

Fatigue is a common side effect of chemotherapy. It isn't the same as just feeling tired. Fatigue can be physically, mentally and emotionally draining.

Some people find that the fatigue starts a few hours to a few days after having chemotherapy and starts to improve after a few days. It can take a few months after treatment for fatigue to fully improve.

There are things that can help. See how the chemotherapy affects you and how much activity you can manage. For example, you may want to do very little on the days after chemotherapy when you may have fatigue.

Read about fatigue in our booklet: **Fatigue and pancreatic cancer**  
Or at: [pancreaticcancer.org.uk/fatigue](https://pancreaticcancer.org.uk/fatigue)

## Runny poo (diarrhoea)

Some chemotherapy drugs can cause diarrhoea. If this happens, try to drink as much as you can manage so you don't get dehydrated. Dehydration is when the body loses more water than it takes in.

If you have diarrhoea more than four times a day, call the emergency number. Diarrhoea can be treated with medicine. Your chemotherapy may be delayed until the diarrhoea is better, or the dose of your chemotherapy may be lowered.

Read more about diarrhoea at: [pancreaticcancer.org.uk/bowelhabits](https://pancreaticcancer.org.uk/bowelhabits)

## Feeling and being sick (nausea and vomiting)

Chemotherapy can make some people feel or be sick. This usually happens a few hours after treatment and can last for a few days. You may be given anti-sickness medicines before you start certain types of chemotherapy. You will also be given anti-sickness medicines to take home. If you are taking the anti-sickness medicines and still feeling or being sick, call the emergency number. You may be able to change to a different medicine.

Read more about sickness at: [pancreaticcancer.org.uk/sickness](https://pancreaticcancer.org.uk/sickness)

"My mum tried quite a number of anti-sickness medicines until a combination worked."

## Loss of appetite, taste changes or a sore mouth

During chemotherapy you may not feel like eating much. Try eating smaller meals more often, for example three small meals and three snacks a day. If your appetite doesn't get better after a few days, tell your doctor, nurse or dietitian. Read more about diet and pancreatic cancer on page 19.

Chemotherapy can also cause a funny taste in your mouth. Some people say this tastes like metal or cardboard. Sucking boiled sweets and using herbs and spices in your food can help.



Chemotherapy can make your mouth sore and cause mouth ulcers. This can make eating and drinking uncomfortable. Clean your teeth regularly with a soft toothbrush and avoid foods that sting your mouth. Rinsing your mouth with cool water after eating can help. Using an alcohol free mouthwash regularly can help prevent ulcers.

Tell your chemotherapy team about any problems you have with your mouth. They can give you mouthwashes, medicines and gels to help. They can also check that you don't have an infection, such as oral thrush. This can cause taste changes but is normally easy to treat with anti-fungal tablets.

Read tips for dealing with a poor appetite and taste changes at:  
[pancreaticcancer.org.uk/diettips](https://pancreaticcancer.org.uk/diettips)

"After not having felt like eating for a few days he thought the food I cooked for him as he started to recover was the most delicious he had ever had – it was a jacket potato and some ham!"

## Losing your hair

Chemotherapy may cause your hair to thin or even fall out altogether. This is more common with FOLFIRINOX or nab-paclitaxel. Your hair should grow back after treatment. Using a gentle shampoo (such as baby shampoo) and leaving your hair to dry naturally helps.

Ask your nurse about things that can help you cope with hair loss, including ways to cover it up or referring you for a wig if you wish. You could also ask if scalp-cooling is available and suitable for you. This can help to protect the hair on your head during chemotherapy and reduce hair loss. You wear the cap for a period before, during and after your treatment.

Macmillan Cancer Support and Cancer Hair Care have more information about hair loss.

## Tingling or numbness in your fingers or toes

Some chemotherapy drugs can affect the nerves in your hands and feet, which can cause tingling or numbness. This is called **peripheral neuropathy**. It is most common for people having FOLFIRINOX, FOLFOX or nab-paclitaxel.

It may be worse when it is cold. Wearing gloves and warm socks and avoiding cold food and drinks may help. Peripheral neuropathy normally gets better after treatment. But for some people it can get worse in the first few months after treatment.

It's important to tell your chemotherapy team about any tingling or numbness, so it does not become a long term problem. They can change the dose of the chemotherapy drug that causes this, or you may stop the drug until it gets better. You may also be given medicines for any pain.

## Blood clots in a vein

A blood clot in a vein can block the flow of blood. This is called **deep vein thrombosis (DVT)**. You are more at risk of a blood clot if you have pancreatic cancer and are having chemotherapy.

Symptoms of a blood clot in a vein can include:

- pain, swelling or tenderness in an arm or leg
- your skin may look red or a different colour to normal in the affected area
- a sudden pain in your chest
- feeling short of breath, which can start suddenly or gradually.

Call the emergency number straight away if you have any of these symptoms or go to A&E. Blood clots can be serious and need treating straight away. Your chemotherapy team should tell you how to reduce the risk of blood clots and may give you blood thinning medicine. Move around as much as possible, and drink as much fluid as you can manage.

Read more about blood clots at: [pancreaticcancer.org.uk/bloodclots](https://pancreaticcancer.org.uk/bloodclots)

# Diet and chemotherapy

The pancreas produces enzymes that help to break down your food (part of digestion). Pancreatic cancer can cause problems with digestion. This causes symptoms such as weight and appetite loss, tummy pain and changes to your poo.

This can be managed with pancreatic enzyme replacement therapy (PERT). This replaces the enzymes your pancreas normally makes and helps to break down food. Brands include Creon<sup>®</sup>, Nutrizym<sup>®</sup> and Pancrex<sup>®</sup>.

PERT can help you cope better with chemotherapy. Most people with pancreatic cancer will need to take PERT. If you haven't been given PERT, ask your doctor or nurse about it. A dietitian can also help you manage digestion. If you haven't seen a dietitian, ask your GP, chemotherapy team or nurse to refer you.

Read about pancreatic enzymes in our booklet:

**Diet and pancreatic cancer**

Or on our website at: [pancreaticcancer.org.uk/diet](https://pancreaticcancer.org.uk/diet)

# Diabetes and chemotherapy

Diabetes is a condition where the amount of sugar in your blood is too high. If you have diabetes, speak to your oncologist, cancer nurse or diabetes nurse about how chemotherapy may affect your diabetes, and how to manage it. For example, some chemotherapy drugs are mixed in liquids which can affect your blood sugar levels. Steroids used to treat sickness may also affect blood sugar levels.

Read more about diabetes at: [pancreaticcancer.org.uk/diabetes](https://pancreaticcancer.org.uk/diabetes)

# What happens after chemotherapy?

After you finish chemotherapy, you will have an appointment with your oncologist. You may have tests, and your oncologist will ask you about any side effects. They will also talk to you about any further treatment you might need.

Once your chemotherapy has finished, you will have a CT scan every few months. If your cancer starts to grow, you may need to have more chemotherapy. Or you may be offered other treatments to manage your symptoms. This will depend on your cancer and how chemotherapy affected you.

If you need more treatment, your oncologist may mention clinical trials. Ask them about any trials that may be suitable for you.

# Coping with chemotherapy

Having pancreatic cancer and chemotherapy can affect you emotionally, and you will probably have lots of different feelings and worries. People find different ways to cope, and there is support available. Ask your nurse what support is available locally. Read about the support we provide on page 22.

“The support nurses at Pancreatic Cancer UK were my main source of support. It felt important to me to be able to talk to people who knew exactly what we were going through.”

Read more about coping with pancreatic cancer at:  
[pancreaticcancer.org.uk/coping](https://pancreaticcancer.org.uk/coping)



## Questions to ask your doctor or nurse

Medical appointments can sometimes feel overwhelming. You might find it helpful to write down any questions you have for your doctor, to take with you. Here are some suggestions.

How long will I have chemotherapy for?

Will chemotherapy make surgery to remove my cancer possible?

Will chemotherapy help me live longer?

Are there any clinical trials that are suitable for me?

How many cycles of chemotherapy will I have?

If the chemotherapy needs to be delayed or the dose reduced, how will this affect the cancer?

What side effects might I get?

How long will these side effects last?

What can help manage side effects?

How often will I have check-ups after chemotherapy?

What happens if chemotherapy doesn't work?

# More information and support

## We are here for you

If you or someone you care about has pancreatic cancer, we are here to help.

Find out more at: **[pancreaticcancer.org.uk/support](https://pancreaticcancer.org.uk/support)**

## Our specialist nurse Support Line

Our specialist nurses are experts in pancreatic cancer. They can talk for as long as you need, as often as you like. Whether you have a long list of questions or don't know where to start, they will provide practical, honest information to help you make the right choice for you.

Call free on **0808 801 0707** or email **[nurse@pancreaticcancer.org.uk](mailto:nurse@pancreaticcancer.org.uk)**

## Information about pancreatic cancer

Our website, videos and publications can answer your questions. The information can help you understand what you have heard from your medical team, and make decisions about your treatment and care.

Go to: **[pancreaticcancer.org.uk/information](https://pancreaticcancer.org.uk/information)**

Download or order our free publications at:

**[pancreaticcancer.org.uk/publications](https://pancreaticcancer.org.uk/publications)** or call **0808 801 0707**

## Real life stories

Whether you want to read other people's stories or tell your own, sharing experiences of pancreatic cancer could help.

Go to: **[pancreaticcancer.org.uk/stories](https://pancreaticcancer.org.uk/stories)**

## Webinars

Our regular webinars cover topics including diet, wellbeing and treatment. They are hosted by our friendly nurses and other experts, are informal, and you can ask questions. You can look back at previous sessions, or sign up to one.

Go to: **[pancreaticcancer.org.uk/webinars](https://pancreaticcancer.org.uk/webinars)**

## Useful organisations

### Cancer Hair Care

[www.cancerhaircare.co.uk](http://www.cancerhaircare.co.uk)

**Telephone: 01438 311322**

Support with cancer treatment related hair loss and hair care. Provide services tailored to all genders, ages, ethnicities and the LGBTQI+ community.

### Cancer Research UK

[cancerresearchuk.org](http://cancerresearchuk.org)

**Helpline: 0808 800 4040** (Mon-Fri 9am-5pm)

Information for anyone affected by cancer.

### Macmillan Cancer Support

[macmillan.org.uk](http://macmillan.org.uk)

**Support Line: 0808 808 0000** (7 days a week, 8am-8pm)

Provide practical, medical and financial support for anyone affected by cancer.

### Maggie's

[maggies.org](http://maggies.org)

**Tel: 0300 123 1801**

Centres around the UK and online offer free practical, emotional and social support for anyone affected by cancer.

### Neuroendocrine Cancer UK

[www.neuroendocrinecancer.org.uk](http://www.neuroendocrinecancer.org.uk)

**Helpline: 0800 434 6476** (Tues-Thurs, 10am-4pm)

Information and support for people with neuroendocrine cancers.

## **This fact sheet has been produced by the Support and Information Team at Pancreatic Cancer UK.**

We make every effort to make sure that our services provide up-to-date, accurate information about pancreatic cancer. We hope this will add to the medical advice you have had, and help you make decisions about your treatment and care. This information should not replace advice from the medical team – please speak to your doctor, nurse or other members of your medical team about any questions.

## **We would like to thank the following people who reviewed this information.**

- Dr Melissa Frizziero, Consultant Medical Oncologist, The Christie NHS Foundation Trust
- Dr Victoria Foy, Consultant Medical Oncologist, The Christie NHS Foundation Trust
- Deborah Needham, Acute Oncology Nurse Specialist, James Paget University Hospital
- Pancreatic Cancer UK Lay Information Reviewers
- Pancreatic Cancer UK Specialist Nurses

Email us at **publications@pancreaticcancer.org.uk** for references to the sources of information used to write this fact sheet.

## **Give us your feedback**

We hope you have found this information helpful. We are always keen to improve our information, so let us know if you have any comments or suggestions. Email us at **publications@pancreaticcancer.org.uk** or write to our Information Manager at the address below.

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