

How is pancreatic cancer diagnosed?

This fact sheet is for anyone having tests for pancreatic cancer. It explains the different tests that you might have, what they involve, and what your test results mean.

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

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Key facts

- Pancreatic cancer can be hard to diagnose. It often doesn't cause symptoms in the early stages, and symptoms may come and go to begin with.
- Symptoms vary from person to person. They may include indigestion, pain in your tummy or back, changes to your poo, losing weight without meaning to, jaundice and recently diagnosed diabetes.
- If you have any of these symptoms and you don't know why, see your GP. The symptoms may not be pancreatic cancer, but you should get them checked. If you have jaundice, go to your GP or A&E straight away.
- Your GP may refer you to hospital for tests (see page 6) to work out what is causing your symptoms.
- When you go for tests, ask when you can expect to get the results.
- Your test results may show you do not have pancreatic cancer. But if you still have symptoms, go back to your GP to find out what's causing them.
- If you do have pancreatic cancer, the test results will give your specialist doctor detailed information about the cancer. This will include the stage of the cancer (see page 14) and what treatment you may need. You may need further tests to help with this.
- The stage of your cancer describes the size of the cancer and if it has spread outside the pancreas or to other parts of the body.
- If you have pancreatic cancer your case should be reviewed at a specialist cancer centre with a team of pancreatic cancer specialists. This team is called a multidisciplinary team or MDT (see page 20). You will be given a main contact for the team, usually a specialist nurse, who will support you.
- Every hospital will do things slightly differently. Speak to your GP, consultant or specialist nurse if you have any questions.
- If you have been diagnosed with pancreatic cancer, our specialist nurses can support you and answer your questions.

Why is pancreatic cancer hard to diagnose?

Pancreatic cancer can be hard to diagnose. This is because it often doesn't cause symptoms in the early stages, and symptoms may come and go to begin with.

Symptoms vary from person to person and you may not have all of them. Symptoms may include indigestion, pain in your tummy or back, changes to your poo, losing weight without meaning to, or recently diagnosed diabetes. Some people get jaundice (yellow skin or eyes, and itchy skin). Having these symptoms doesn't always mean that you have pancreatic cancer, but you should get them checked out.

If you have jaundice, go to your GP or A&E straight away. If you have any of the other symptoms and they don't improve, go to your GP or contact NHS 111.

Read more about the symptoms of pancreatic cancer on our website at: pancreaticcancer.org.uk/symptoms

“You may have just one of these symptoms, but it is still important to go to your GP.”

“From when you suspect a problem, note down any symptoms, however vague or insignificant you feel they may be.”

Seeing your GP

Give your GP a good description of your symptoms, including any changes to your poo. It can help to keep a diary of your symptoms. Tell your GP about anything unusual, even if you are not sure it's important. They may do blood and poo tests. If your GP asks you to come back for another appointment, make sure you do.

Some people see their GP several times before getting a diagnosis. If you have unexplained symptoms that don't improve, go back to your GP and ask for further tests to find out what's causing them.

Read our **10 Top Tips** for helping you talk to your GP on our website at: pancreaticcancer.org.uk/talkingtoyourgp

"Sometimes you really need to push for tests to be done."

Will the GP refer me for tests?

Your GP may refer you to the hospital for tests to work out what is causing your symptoms. Doctors will need to rule out all other possible causes for your symptoms. You may need several different tests (see page 6).

If you need to be seen quickly

If you have jaundice, your GP should refer you urgently for tests.

Your GP should refer you for an urgent CT or ultrasound scan if you are over 60 (over 55 in Scotland), have unexplained weight loss and any of these symptoms:

- tummy or back pain
- nausea or vomiting (feeling or being sick)
- diarrhoea (runny poo)
- constipation (when you find it harder to poo)
- or you have been diagnosed with diabetes in the past year.

Being referred urgently does not necessarily mean that you have cancer.

If you are very unwell your GP may send you straight to hospital. Or you may go to A&E yourself, for example if you have severe pain. Once you are in hospital, the doctors can assess your symptoms and do tests to work out what's wrong. They can also treat any symptoms you have.

If your symptoms are not specific to pancreatic cancer

Symptoms may not be specific to pancreatic cancer. They can be caused by lots of other things. Your GP may refer you to a service that checks people for different health conditions, including cancer. Your GP may call this a community diagnostic centre (CDC) or rapid diagnostic centre (RDC). In Scotland, it is called the rapid cancer diagnostic service (RCDS). The GP may also mention non-specific symptoms pathways.

These services aim to diagnose people with non-specific symptoms that could be cancer more quickly. These symptoms include unexplained weight loss, extreme tiredness (fatigue), tummy pain or feeling sick (nausea). These are symptoms that people with pancreatic cancer often have.

Most people seen at a CDC will not have cancer. If you do have cancer, your test results will be sent to a team of specialists at the hospital, called a multidisciplinary team (MDT) – see page 20. The MDT will plan the next steps in your care.

How long will I have to wait for my tests?

In England, NHS guidelines say that people with suspected cancer should be diagnosed within 28 days. They also say that ideally, for people with suspected pancreatic cancer, the diagnosis should be within 21 days. Scotland, Wales and Northern Ireland don't have a set time for referral for suspected pancreatic cancer. But they all have a target for people with pancreatic cancer to start treatment within 62 days of being referred.

Wherever you live, you should be seen as quickly as possible. Ask your GP when you might have your tests. If you don't get an appointment within this time, contact your GP again.

If you are referred to a CDC you may have all your tests done on the same day if possible. And you will receive your diagnosis quickly.

If your GP doesn't suspect cancer and you haven't been given an urgent referral, you may have to wait several weeks for tests.

People with pancreatic cancer can start to feel very unwell quite quickly. If your symptoms get worse or you start to feel more unwell while waiting for tests, speak to your GP. You may need to be seen sooner. The GP can also help you manage symptoms.

If you feel very unwell and you can't see your GP, go to A&E.



Questions to ask your doctor or nurse

- Will you refer me for any tests?
- Do I need to be referred urgently in case I have cancer?
- Can I be referred to a community diagnostic centre (CDC)?
- What tests will I have?
- How long will I have to wait to have these tests?
- Who will contact me to arrange these tests?
- What should I do if I don't hear back about the tests?
- If there's a long wait, can I get tests done privately?
- What can I do to help with my symptoms?

Tests for pancreatic cancer

You may need several tests to work out what's causing your symptoms. If you are diagnosed with pancreatic cancer, you may then need more tests. These will help to find out the exact type of pancreatic cancer and what stage it is (see page 14). Your doctors will use all the test results to help decide the best treatment and care for you.

If you have any questions about the tests you are having and why you are having them, speak to your doctors.

You can also speak to our specialist nurses on our free Support Line with any questions.

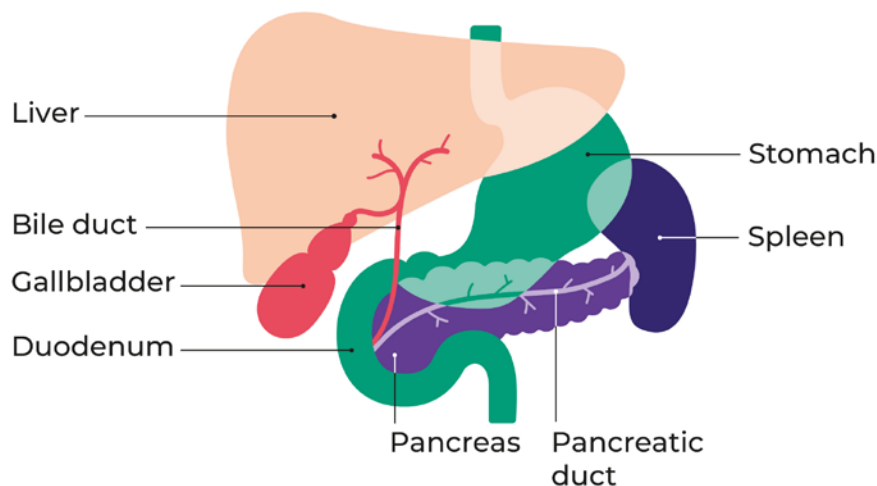
What tests are used to diagnose pancreatic cancer?

These tests are used to help diagnose pancreatic cancer. You may not need all these tests, and you may not have them in this order:

- blood tests (see page 8)
- ultrasound scan of the tummy (see page 8)
- CT (computerised tomography) scan (see page 8)
- MRI (magnetic resonance imaging) scan (see page 9)
- MRCP (magnetic resonance cholangio-pancreatography) (see page 9)
- EUS (endoscopic ultrasound scan) (see page 9)
- biopsy (see page 10)
- PET-CT scan (positron emission tomography) (see page 11)
- ERCP (endoscopic retrograde cholangio-pancreatography) (see page 11)
- laparoscopy (see page 12).

You may find this diagram helpful when reading about some of the tests.

Diagram showing the pancreas and surrounding organs



Blood tests

Blood tests are used to check your blood cell levels (blood count), how well your liver and kidneys are working, and your general health.

Blood tests can also check for chemical substances produced by cancers called tumour markers. CA19-9 is a marker that may be used to help diagnose pancreatic cancer. But not all pancreatic cancers produce tumour markers, and illnesses that are not cancer can also produce them. The doctors may test for CA19-9, but it won't diagnose cancer. If you are diagnosed with pancreatic cancer, it is sometimes used to monitor the cancer during treatment.

Ultrasound scan of the tummy

Ultrasound scans use sound waves to make a picture of the inside of the body. The images are displayed on a screen.

The scan is done while you are awake. Gel is spread on the skin of your tummy, then a probe is passed over the area. It can take up to 30 minutes and you can go home as soon as it's over.

CT (computerised tomography) scan

A CT scan uses x-rays to create a 3D picture of the pancreas and the organs around it. You should be offered a CT scan if you have suspected pancreatic cancer or another scan has shown a problem with your pancreas that could be cancer.

If your diagnosis still isn't clear after a CT scan, you should be offered a PET-CT scan (see page 11) or an EUS (see page 9) with a biopsy.

If you have been diagnosed with pancreatic cancer and haven't had a CT scan, you should be offered one. The CT scan helps to work out where the cancer is in the pancreas and check for any signs it has spread outside the pancreas. This can help decide the best treatment for you.

What does the scan involve?

You will be awake during the scan. You will have an injection of dye into a vein to help to show the blood vessels in the area. You won't feel any discomfort, but you may have a warm feeling while the dye is being injected.

You will lie flat on a bed that moves through the scanner, and x-rays will be taken from different directions. The CT scan usually lasts less than 15 minutes.

MRI (magnetic resonance imaging) scan

MRI scans use magnets and radio waves to build up detailed pictures of the pancreas and surrounding areas.

As the MRI scan uses magnets, you will be asked whether you have any metal implants, such as a pacemaker or pins in your bones. People with certain metal implants won't have an MRI because of the magnets in the scanner. You will need to make sure you have no metal objects on you, including jewellery or zips on your clothes.

What does the scan involve?

The scanner is shaped like a tunnel, and you will lie on a bed that moves into it. The scanner is noisy so you may be given earplugs or headphones. You won't feel anything during the scan. You will be able to hear and talk to the radiographer who operates the scanner from outside the room. The scan usually takes 20-30 minutes and you can go home afterwards.

MRCP (magnetic resonance cholangio-pancreatography)

An MRCP is a type of MRI scan (see above) that looks at the bile duct, liver, gallbladder and pancreas. It can give clearer pictures of the bile duct and pancreatic duct, and any blockages in them.

You may have an injection of a dye to help make the pictures clearer. The scan takes 20-30 minutes and you will be able to go home straight after it.

EUS (endoscopic ultrasound scan)

You may be offered an EUS together with a biopsy if your diagnosis still isn't clear after having a CT scan. It's also used to confirm a cancer diagnosis. A biopsy involves taking tissue samples (see page 10).

What does the scan involve?

A thin tube (called an endoscope) is passed through your mouth and down into your stomach. The tube has a light at the end and a small ultrasound probe. The ultrasound probe creates detailed pictures. This helps to show where the cancer is in the pancreas, how big it is and if it has spread outside the pancreas.

You will have a throat spray of local anaesthetic to numb your throat. You will also have a sedative, which won't put you to sleep but will make you feel drowsy and relaxed. This makes it easier for the doctor to pass the endoscope into your stomach.

If you are having a biopsy with the EUS, a needle is passed through the tube to take tissue samples. This is called an EUS-guided fine-needle aspiration (EUS-FNA). You may hear this test called an EUS-guided fine needle biopsy (EUS-FNB) if a larger tissue sample is taken.

The EUS takes 30-60 minutes. You will probably be able to go home a couple of hours afterwards. You will need someone to take you home, as you can't drive for 24 hours after a sedative.

Biopsy

A biopsy involves taking small tissue samples to be examined under a microscope. You may be offered a biopsy together with an EUS if your diagnosis still isn't clear after a CT scan.

A biopsy is the only way of being sure that you have pancreatic cancer. But it can sometimes be difficult to get enough tissue to make a diagnosis and a second biopsy may be needed.

The results can show exactly what type of cancer you have, which may help the doctors decide on the most suitable treatment. You will need to have a biopsy to confirm your diagnosis before having chemotherapy, chemoradiotherapy (chemotherapy combined with radiotherapy) or starting a clinical trial.

What does this test involve?

A biopsy can be taken during:

- an ultrasound scan (see page 8)
- a CT scan (see page 8)
- an EUS (see above)
- an ERCP (see page 11)
- a laparoscopy (see page 12).

If the biopsy is taken during a CT scan the doctor will put a needle through your skin into the area where they think there may be cancer. They will then remove a small sample of tissue. This is done under a local anaesthetic, so you will be awake but won't feel anything.

If you are having surgery to remove pancreatic cancer, such as a Whipple's operation, you may not have a biopsy. The tissue removed during surgery will be examined under a microscope to confirm that it is cancer.

If you are not sure if you have had a biopsy, ask your doctor or nurse about this.

PET-CT scan

This combines a CT scan (see page 8) with a PET (positron emission tomography) scan. A PET-CT scan helps to provide a clearer picture of the cancer. It may be used to learn more about the stage of the cancer and how best to treat it (see page 14). It may also be used after you have been diagnosed to check if there is a chance of the cancer spreading. And it may be used during treatment to check how your treatment is working.

If a diagnosis isn't clear after a CT scan, you should be offered a PET-CT scan. If you have been diagnosed with cancer that is contained in the pancreas (localised cancer), you should also be offered a PET-CT scan. This helps to confirm whether you can have surgery to remove the cancer.

What does the scan involve?

A PET-CT scan is similar to a CT scan (see page 8). A harmless radioactive substance called fluorodeoxyglucose (FDG) will be injected into a vein in your arm. You will have the scan about an hour after the injection. The scan takes 20-45 minutes, and you can usually go home straight afterwards.

The FDG injection contains sugar. So people with diabetes may need to have their blood sugar levels monitored before they can have this scan. Speak to your doctor or nurse about this.

ERCP (endoscopic retrograde cholangio-pancreatography)

An ERCP is sometimes used to diagnose problems with the pancreas. It is usually used if your bile duct is blocked, to put a small tube (called a stent) into the bile duct to unblock it. The bile duct is the tube that carries fluid (bile) from the liver to the duodenum (the first part of the small intestine). See the diagram on page 7.

What does this test involve?

An ERCP uses an endoscope and the procedure is similar to an EUS (see page 9). But an ERCP also involves taking x-rays. Dye is injected through the endoscope so that any blockages will show up on the x-rays.

While the endoscope is in place the doctor may use a small brush to take cells from the bile duct to check under a microscope. They may also take a biopsy (see page 10). If you are having a stent put in with an ERCP and haven't already had tissue samples taken, the doctor will take a sample during the ERCP.

If your ERCP is done to get x-rays and tissue samples, you will probably be able to go home after a few hours. You will need someone to take you home, as you can't drive for 24 hours after a sedative. If your ERCP is done to put a stent in, you may be able to go home on the same day or the next day.

You will be given details of who to contact if you have any problems after the ERCP.

Read more about putting in a stent in our fact sheet:
Stents to treat jaundice caused by a blocked bile duct
Or at: pancreaticcancer.org.uk/biliarystent

Laparoscopy

A laparoscopy is not done very often. This is a small operation, sometimes called keyhole surgery, which can be used to:

- help check that the cancer can be removed by surgery, before you have the actual surgery
- confirm a diagnosis of pancreatic cancer
- work out the stage of the cancer (see page 14).

A biopsy may also be taken during a laparoscopy.

If you have any questions about any of your tests, speak to your medical team.

You can also speak to our specialist nurses on our free Support Line.

How long will I have to wait for my test results?

It may take from a few days to a couple of weeks to get the test results. Ask how long it will be when you go for the test. You can also ask who to contact if you don't hear anything.

You will have an appointment with your consultant to find out what the results show and discuss what happens next.

Your test results should also be sent to your GP, and you may be sent a copy of the letter. If there's anything in the letter that's not clear, ask your medical team to explain what it means.

Waiting for test results can be an anxious time. You might find it helpful to talk things over with one of our specialist nurses on our free Support Line.



Questions to ask your doctor or nurse

Have you done a biopsy as part of these tests?

When will I get my test results?

Who will give me my test results?

Who can I contact if I have any questions?

What do my test results mean?

Your doctor will explain what the tests have found and if you have pancreatic cancer or not.

If you don't have pancreatic cancer

If the tests show that you don't have pancreatic cancer, you may be very relieved. If you still have symptoms, keep going back to your GP to find out what's causing them until you get a proper diagnosis.

If you do have pancreatic cancer

If you do have pancreatic cancer, this news may come as a shock. Read more about support and information to help you deal with your diagnosis on page 19.

The test results will give your doctor detailed information about the cancer.

You may need more tests after your diagnosis to find out what stage the cancer is and what treatment you may need. You should be offered a CT scan if you haven't already had one. Other tests may include an MRI scan, PET-CT scan or an EUS.

Ask your doctor how long you might have to wait for these test results. If you don't hear back within that time, get in touch with your specialist nurse or your doctor.

What does the stage of the cancer mean?

The stage of your cancer describes the size of the cancer and if it has spread outside the pancreas or to other parts of the body.

Your consultant may tell you the stage of your cancer and explain exactly what this means and how it affects your treatment options. Some doctors may just focus on if your cancer can be removed with surgery, rather than the stage. Ask your doctor if you would like to know the stage of the cancer.

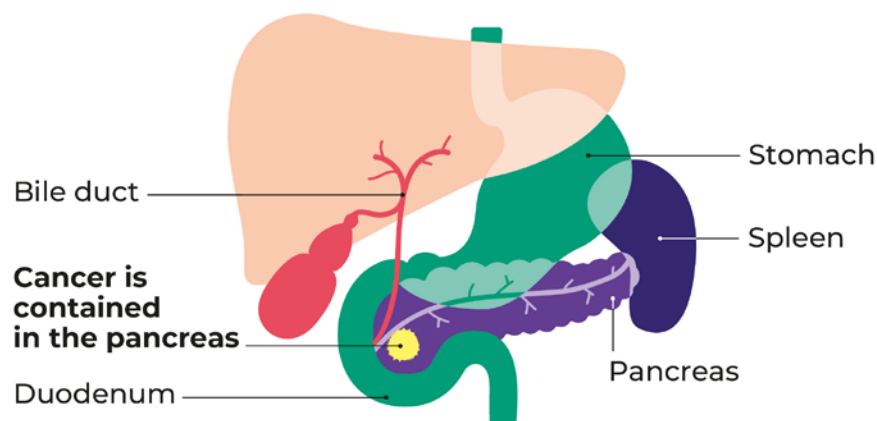
One type of staging uses numbers to describe the stage of the cancer. Read more on pages 15-18.

Stage 1 pancreatic cancer

The cancer is contained inside your pancreas. This is **early, localised pancreatic cancer**. It is also called **operable** or **resectable cancer** because surgery to remove the cancer may be possible.

- **Stage 1A** means that the cancer is smaller than 2cm.
- **Stage 1B** means that the cancer is 2-4cm in size but is still contained in the pancreas.

Diagram showing stage 1 pancreatic cancer



If you have been told you can have surgery to remove the cancer, read more in our booklet: **Pancreatic cancer that can be removed with surgery. A guide if you have just been diagnosed.**

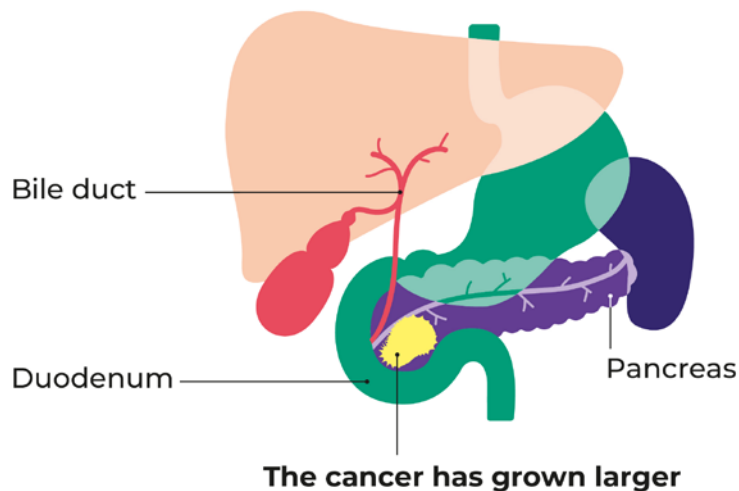
Stage 2 pancreatic cancer

The cancer may have grown larger. It may have spread to a small number of lymph nodes near the pancreas. Lymph nodes are small glands found around the body that are part of the immune system. The cancer hasn't spread to large blood vessels near the pancreas.

- **Stage 2A** means that the cancer is larger than 4cm but has not spread to the lymph nodes.
- **Stage 2B** means the cancer is any size but has spread to 1-3 lymph nodes.

You might be able to have surgery to remove the cancer, but this depends on how far it has spread. You might also have chemotherapy.

Diagram showing stage 2 pancreatic cancer



If you have been told you can have surgery to remove the cancer, read more in our booklet: **Pancreatic cancer that can be removed with surgery. A guide if you have just been diagnosed.**

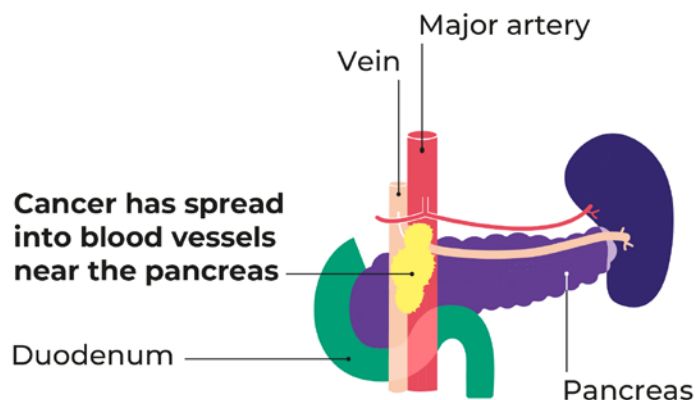
Stage 3 pancreatic cancer

The cancer has spread outside the pancreas. It may have spread to the large blood vessels near the pancreas, or to a number of lymph nodes. This is usually **locally advanced cancer** but it may occasionally be **borderline resectable cancer**.

If you have **locally advanced cancer**, it won't usually be possible to remove the cancer with surgery (inoperable or unresectable cancer). You may be offered chemotherapy, sometimes with radiotherapy, to slow down the growth of the cancer. For a small number of people, this may shrink the cancer enough to make surgery possible.

Borderline resectable cancer is cancer that has grown very close to the major blood vessels near the pancreas. You may be able to have surgery to remove the cancer, but it depends which blood vessels are affected. You may have chemotherapy and possibly radiotherapy to try to shrink the cancer, before your doctors consider surgery.

Diagram showing stage 3 pancreatic cancer



If you have been diagnosed with locally advanced cancer, find out more in our booklet: **Pancreatic cancer if you can't have surgery (inoperable cancer). A guide if you have just been diagnosed.**

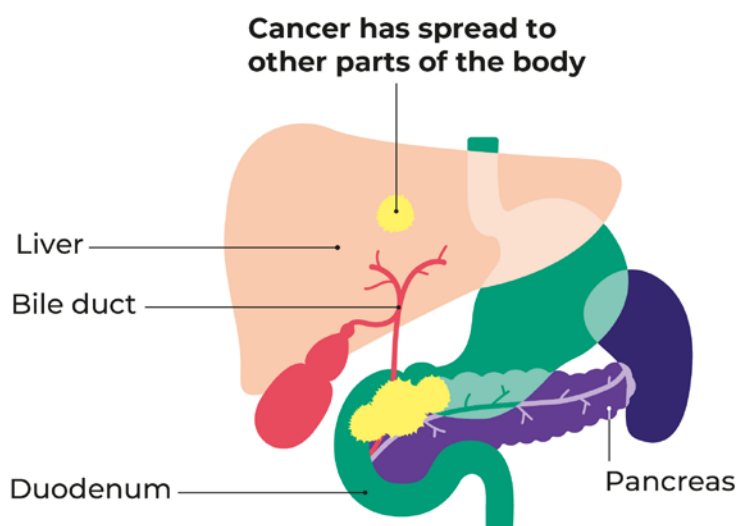
If you have been told you have borderline resectable cancer, read our booklet: **Pancreatic cancer that can be removed with surgery. A guide if you have just been diagnosed.**

Stage 4 pancreatic cancer

The cancer has spread to other parts of the body. It may have spread to the lungs, liver or lining of your tummy (peritoneum). This is **advanced** or **metastatic cancer**.

It's not possible to remove the cancer with surgery (inoperable or unresectable), as surgery can't remove all the cancer cells once they have spread to other parts of the body. You may still be able to have chemotherapy to slow down the growth of the cancer. There are also treatments to manage any symptoms.

Diagram showing stage 4 pancreatic cancer



If you have been told you have advanced cancer, you can find out more in our booklet: **Pancreatic cancer if you can't have surgery (inoperable cancer). A guide if you have just been diagnosed.**

TNM staging

Another system that is used is called TNM (Tumour Nodes Metastases) staging.

T is the size of the tumour.

- **T1:** the cancer is contained inside the pancreas and is smaller than 2cm.
- **T2:** the cancer is contained inside the pancreas. It is larger than 2cm but no larger than 4cm.
- **T3:** the cancer is larger than 4cm.
- **T4:** the cancer has grown into nearby large blood vessels.

N shows whether the cancer has spread to the nearby lymph nodes.

- **N0:** the cancer hasn't spread to nearby lymph nodes.
- **N1:** the cancer has spread to 1-3 nearby lymph nodes.
- **N2:** the cancer has spread to 4 or more lymph nodes.

M shows whether the cancer has spread to another part of the body (metastatic cancer).

- **M0:** the cancer hasn't spread to other parts of the body.
- **M1:** the cancer has spread to other parts of the body, such as the liver or lungs.

Doctors combine T, N and M to give the stage of the cancer.

Coping with your diagnosis

Being told that you have pancreatic cancer may come as a shock. Everyone reacts differently and there is no right or wrong way to feel. It can take time to come to terms with your diagnosis and you will probably go through a range of emotions.

The medical team (see page 20) should give you and your family information and support to help you deal with the emotional impact of pancreatic cancer. This support should be tailored to what you need and available throughout your care.

You can speak to our specialist nurses on our free Support Line for information and support. They can provide emotional support, as well as explaining what your diagnosis means, your treatment options, and how to manage symptoms.

You can read more about dealing with the emotional impact of pancreatic cancer on our website at:
pancreaticcancer.org.uk/coping

Read about all the support we provide on page 22. There are also other organisations that provide support on page 23.

Pancreatic enzyme replacement therapy

Pancreatic cancer can cause problems digesting your food. This causes symptoms like weight loss, indigestion and changes to your poo. The problems can be managed with capsules called pancreatic enzyme replacement therapy (PERT). If you have been diagnosed with pancreatic cancer and have problems digesting your food, you should be prescribed PERT.

Read more about PERT in our booklet: [Diet and pancreatic cancer](#)
Or at: pancreaticcancer.org.uk/diet

What happens next?

If you have been diagnosed with pancreatic cancer, your case should be reviewed at a specialist cancer centre with a team of pancreatic cancer specialists. This team is called a **multidisciplinary team (MDT)**. The MDT will use all the test results to work out the best treatment and care for you, based on the stage of your cancer. You might not meet everyone in the MDT, but your doctor or nurse should tell you what the MDT have decided.

You will be given a main contact, who will usually be a specialist nurse, sometimes called a clinical nurse specialist or CNS. They will support you and will be the person you speak to most. You may also meet a patient care coordinator, who works with the medical team to coordinate your care.

Patient care coordinators may only be available in some hospitals or may be called different things.

Waiting to hear about treatment can be an anxious time. Ask your nurse or doctor how long you may have to wait for the MDT's decision or for treatment to start. You may have lots of questions about your treatment and care. Ask your doctor or nurse anything you want to know.

You can also speak to our specialist nurses on our free Support Line with any questions.

We have information for people who have just been diagnosed. You can order these booklets at: pancreaticcancer.org.uk/publications

- If you have early, localised cancer or borderline resectable cancer, order: **Pancreatic cancer that can be removed by surgery. A guide if you have just been diagnosed.**
- If you have locally advanced or advanced cancer, order: **Pancreatic cancer if you can't have surgery. A guide if you have just been diagnosed.**
- Our **Newly diagnosed packs** contain key publications.
- You can also read more on our website at: pancreaticcancer.org.uk/justdiagnosed
- Our booklet, **What to expect from your care if you have pancreatic cancer**, explains the care everyone with pancreatic cancer should get.



Questions to ask your doctor or nurse

What do the test results say about my cancer?

What stage is the cancer?

Has the cancer spread? If so where to?

What are my treatment options?

What happens next?

Where can I get support?

More information and support

Pancreatic Cancer UK support

We are here for everyone affected by pancreatic cancer.

Our specialist nurses are here to talk now

If you are worried about pancreatic cancer or your world has been turned upside down by a diagnosis, we are here to talk now. We can answer your questions, recommend practical steps and provide the emotional support you and those close to you need, when you need it most.

Call free on **0808 801 0707** or email **nurse@pancreaticcancer.org.uk**

Expert information

Our free information covers everything about pancreatic cancer to help you understand your diagnosis, ask questions, make decisions and live as well as you can.

Go to: **pancreaticcancer.org.uk/information**

Download or order our free publications at:
pancreaticcancer.org.uk/publications or call **0808 801 0707**

Real life stories

Read other people's experiences of pancreatic cancer to find out how they coped with their diagnosis and treatment and their tips on looking after themselves.

Go to: **pancreaticcancer.org.uk/stories**

Useful organisations

Cancer Focus Northern Ireland

cancerfocusni.org

Nurse line: 0800 783 3339 (Mon, Weds, Fri, 9am-1pm)

Care and support for people affected by cancer and their families in Northern Ireland.

Cancer Research UK

cancerresearchuk.org

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

Information for anyone affected by cancer.

Macmillan Cancer Support

macmillan.org.uk

Support Line: 0808 808 00 00 (7 days a week, 8am-8pm)

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

Maggie's

maggies.org

Tel: 0300 123 1801

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

Tenovus Cancer Care

tenovuscancercare.org.uk

Tel: 0808 808 1010

Advice and support for people affected by cancer in Wales.

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 your medical team – please speak to your doctor, nurse or other members of your medical team about any questions.

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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