

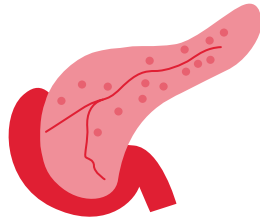
# HPB CANCERS THINK A-G

Supporting earlier & faster cancer diagnosis

## FAST FACTS

### ASK ABOUT SYMPTOMS

Presenting symptoms for pancreatic cancer are often vague and non-specific. It is important to ask specifically about steatorrhea, back pain and weight loss. Safety-netting is key. Patients should be given clear instructions about when to return if their symptoms do not settle.



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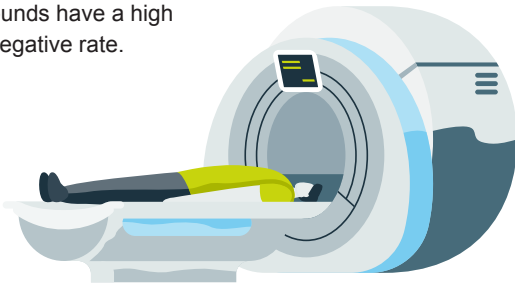
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### CT SCAN

An abdominal CT scan is the investigation of choice; ultrasounds have a high false negative rate.



### FAMILY HISTORY

It is important to ask about family history when assessing symptoms. Risk of pancreatic cancer is higher in patients who have:

- An affective first-degree relative and who have BRCA1, BRCA2, or PALB2 mutations
- Family history of Peutz-Jeghers syndrome
- Familial atypical multiple mole melanoma syndrome (FAMMM)
- Lynch syndrome/ hereditary non-polyposis colorectal cancer (HNPCC)

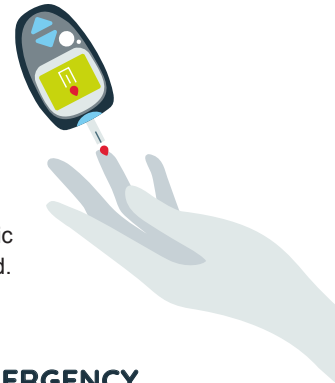


### BLOOD TESTS

Do not rely on negative blood test results. Normal liver function tests do not exclude pancreatic cancer and there are no specific tumour markers.

### DIABETES

Unexplained new-onset diabetes or diabetes which has recently become uncontrolled and presents with another sign of pancreatic cancer should be investigated.



### EMERGENCY PRESENTATION

Most cases of pancreatic cancer are diagnosed at a late stage and many are diagnosed via emergency routes. Refer early to avoid late presentations.

### GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

### REFERRAL PROCESS FOR GREATER MCR

GM referral form  
Bloods  
RDC referral  
(if appropriate)