

HPB CANCERS

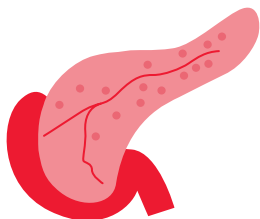
THINK A-G

Supporting earlier & faster cancer diagnosis



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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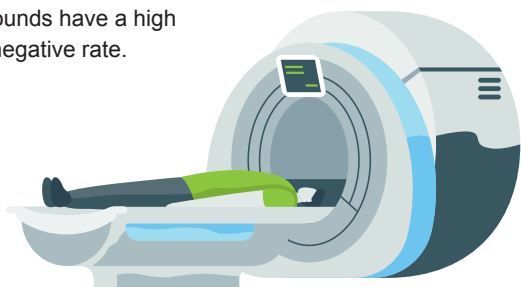
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CT SCAN

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



FAMILY HISTORY

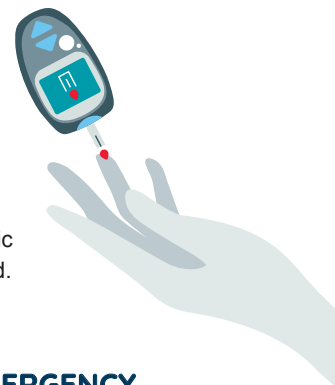
It is important to ask about family history when assessing symptoms. Risk of pancreatic cancer is higher in patients who have:

- 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)



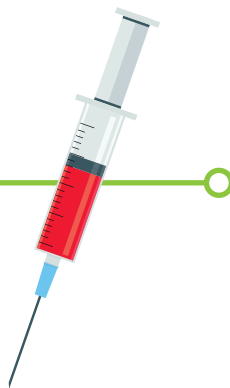
DIABETES

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



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.



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)