

Pancreatic Cancer

Pancreatic cancer occurs when abnormal cells within the pancreas form a tumor. The disease forms in one of two different types of glands: exocrine (glands that make enzymes to aid digestion) and endocrine (hormone-making glands). Exocrine tumors, or adenocarcinoma, comprise more than 95% of pancreatic cancer cases. The prognosis and treatment of endocrine cancers of the pancreas, also called neuroendocrine tumors (NETs), vary from the more common exocrine cancers because they have different causes, risk factors, growth characteristics, symptoms, and treatment methods.

In 2024, pancreatic cancer is the third highest cause of cancer-related deaths in Texas. The survival rates for pancreatic cancer at any stage are lower than most forms of cancer, with only 13% of patients expected to survive more than five years. The low survival rates can be attributed in part to the lack of symptoms during early stages of the disease and the lack of a reliable screening test.

Statistics

- Pancreatic cancer ranks as the **third deadliest cancer in the United States** after cancers of the lung and colon.
- In 2024, an estimated **66,440 people will be diagnosed**, and **51,750 deaths** are expected in the U.S.
- In 2024, Texas is estimated to have **4,760 new cases** of pancreatic cancer and **3,600 expected deaths**.

Risk Factors

- **Age:** The risk of pancreatic cancer increases with age, with nearly all patients diagnosed after age 45, and about two-thirds of patients are 65 years of age or older. The average age at diagnosis is 70.
- **Race:** Those of Ashkenazi Jewish heritage and African Americans face a higher risk of pancreatic cancer than others.
- **Tobacco:** People who smoke cigarettes are approximately twice as likely to have pancreatic cancer. Using smokeless tobacco products or smoking cigars or pipes also increases risk. Smoking is thought to cause about 25% of pancreatic cancers.
- **Weight:** Those who are obese and those with extra weight around the waist face an increased risk of the disease.
- **Family History:** Those with a family history of the disease have an increased risk. In some cases, the incidence of pancreatic cancer in a family may be associated with a genetic mutation. Genetic tests may identify a person's risk.
- **Health Conditions:** Pancreatic cancer is more common in diabetics. Chronic pancreatitis due to a gene mutation, cirrhosis of the liver, or the bacteria *Helicobacter pylori* may also increase risk.
- **Industrial Exposure:** Working with chemicals used in dry cleaning and metal working increases risk.

Symptoms and Signs

Because the pancreas is located deep in the body, physicians often are unable to detect tumors during a regular checkup. By the time symptoms begin to appear, pancreatic cancer has often grown to an advanced stage and metastasized to surrounding organs, leading to a lower survival rate. If any of these symptoms are experienced, consult a physician:

- Yellowing of the skin or eyes
- Mid-back or abdomen pain
- Diabetes
- Unexplained weight loss
- Difficulty digesting foods
- Swelling of the gallbladder or liver
- Pale stools or dark urine
- Itching
- Nausea or vomiting
- Blood clots
- Weakness or fatigue
- Appetite loss
- Stomach bloating or discomfort
- Chills, sweats, and fever

Tips for Prevention

While there is no definite way to prevent pancreatic cancer, men and women can actively take steps to decrease their risk. Because smokers face a significantly increased risk, everyone should avoid smoking, as the use of tobacco also increases risk for a number of cancer types. Heavy alcohol consumption should also be avoided, as it can lead to certain conditions that increase pancreatic cancer risk, such as chronic pancreatitis. In addition, obesity can further complicate pancreatic cancer, so maintaining a healthy body weight through proper nutrition and consistent physical activity is recommended.

Treatment

Treatment options for pancreatic cancer patients often include surgery, radiation therapy, proton therapy, chemotherapy, targeted therapy, immunotherapy, ablation or embolization treatment, or palliative medicine. A combination of treatments may provide the best chance of disease control. In addition, clinical trials are conducted to identify new cancer therapies to improve treatment outcomes. Through participation in clinical trials, patients can help physicians identify new and promising drugs while expanding treatment options.

About Texas Oncology

With more than 550 physicians and 300 locations, Texas Oncology is an independent private practice, a member of The US Oncology Network, that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multidisciplinary care, and includes Texas Breast Specialists, Texas Center for Proton Therapy, Texas Colon & Rectal Specialists, Texas Imaging & Infusion Center, Texas Oncology Surgical Specialists and Texas Urology Specialists. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at [TexasOncology.com](https://www.texasoncology.com).

Sources: American Cancer Society, National Cancer Institute, and Pancreatic Cancer Action Network



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