Pancreatic Cancer: A diagnostic guide for GPs

Treatment resistant dyspepsia
- Indigestion symptoms that are not responding to PPIs.

New onset type 2 diabetes mellitus
- Underweight
- Normal weight
- When there is no associated metabolic condition or family history of diabetes.

Back and/or epigastric pain
- Radiating dorsally
- Relieved by sitting & leaning forward
- The back pain is often described as where the bra strap would sit.

New Onset IBS like symptoms in those > 45 years
- Common misdiagnosis of pancreatic cancer.
- It is essential to rule out pancreatic cancer as a cause for bloatedness, flatulence and change of bowel habit especially if a patient has never had an IBS diagnosis before.

Risk factors
- **Age**, the risk of having pancreatic cancer is low until the age of 50 when it increases sharply
- **Smoking** is attributed to a third of cases
- **Family history** of pancreatic cancer
- **High BMI**
- **Presence** of BRCA 1 or 2 genetic mutation

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Refer using a ‘suspected cancer pathway referral’ (for an appointment within 2 weeks) for pancreatic cancer if they are aged 40 and over and have jaundice.

Urgent (within two weeks) direct access CT scan, or urgent ultrasound scan if CT is not available.

Consider for patients aged 60 and over with weight loss **AND** any of the following:
- Diarrhoea
- Back pain
- Abdominal pain
- Nausea

Painless obstructive jaundice
- Yellowing of the skin and whites of the eyes
- Pruritus
- Dark urine and pale stools

Altered bowel movements
- Increased frequency
- Offensive smelling stools
- Steatorrhea

Unexplained weight loss, vomiting & anorexia
- Possible signs of malignancy
- Unexplained weight loss is a red flag
- Can occur without any pain or apparent change in digestion.

Saving lives through early diagnosis