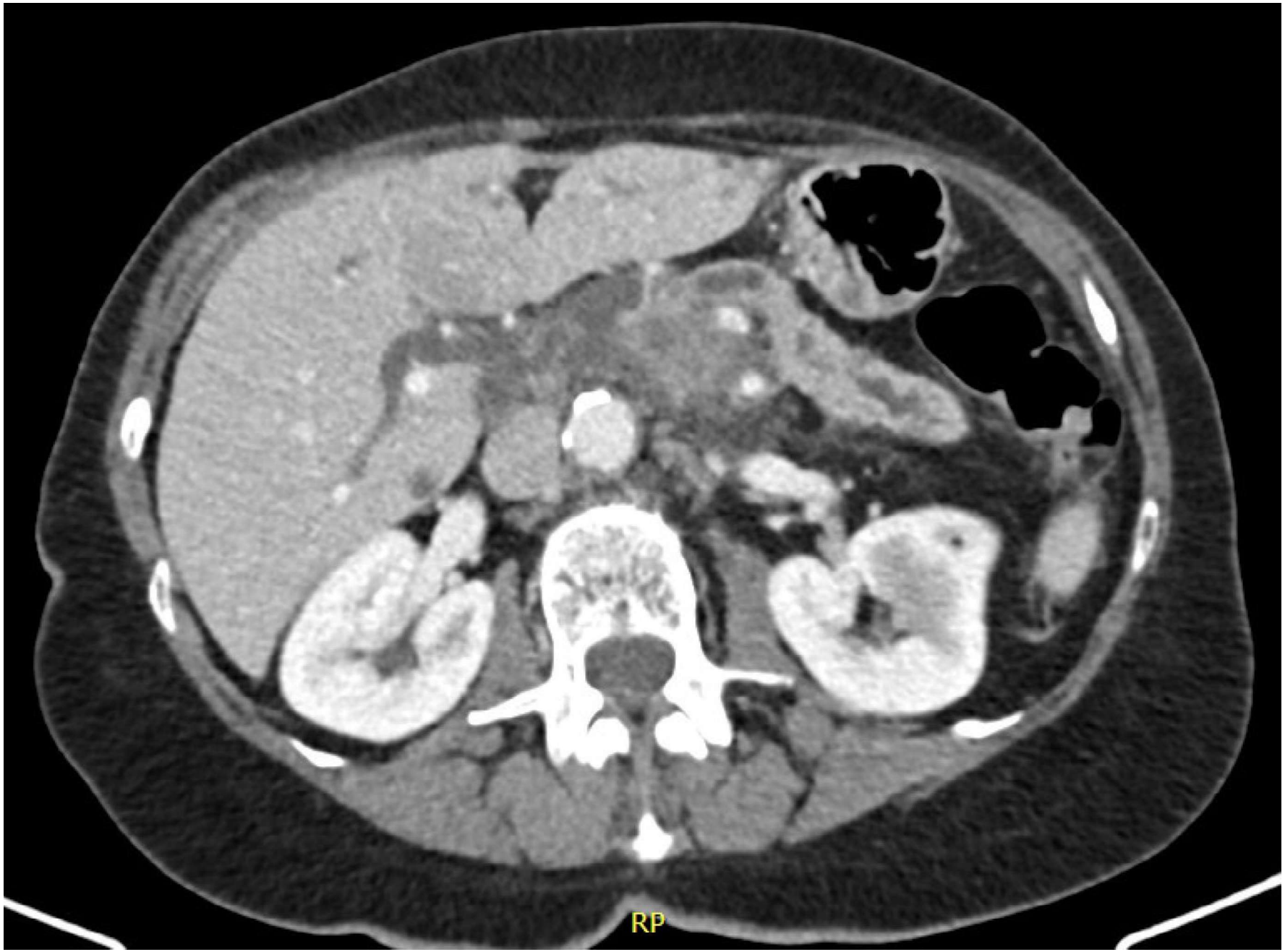
Pancreatic Adenocarcinoma

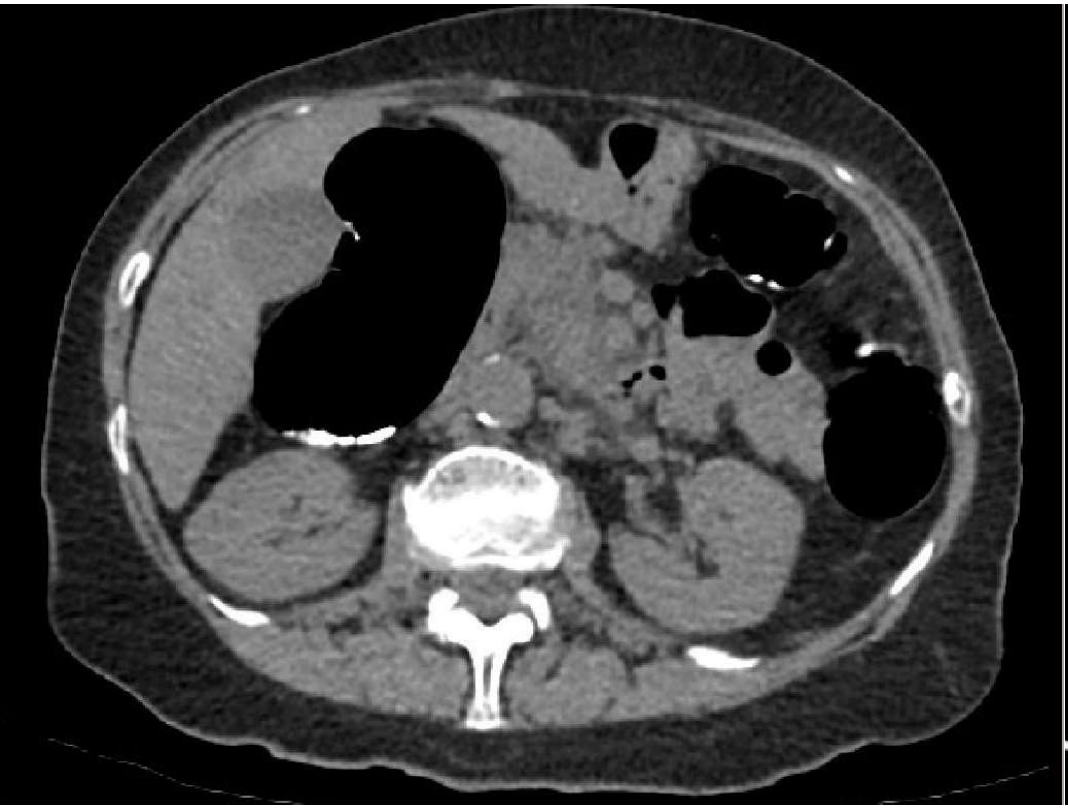
Pancreatic Cancer

Case Study 1

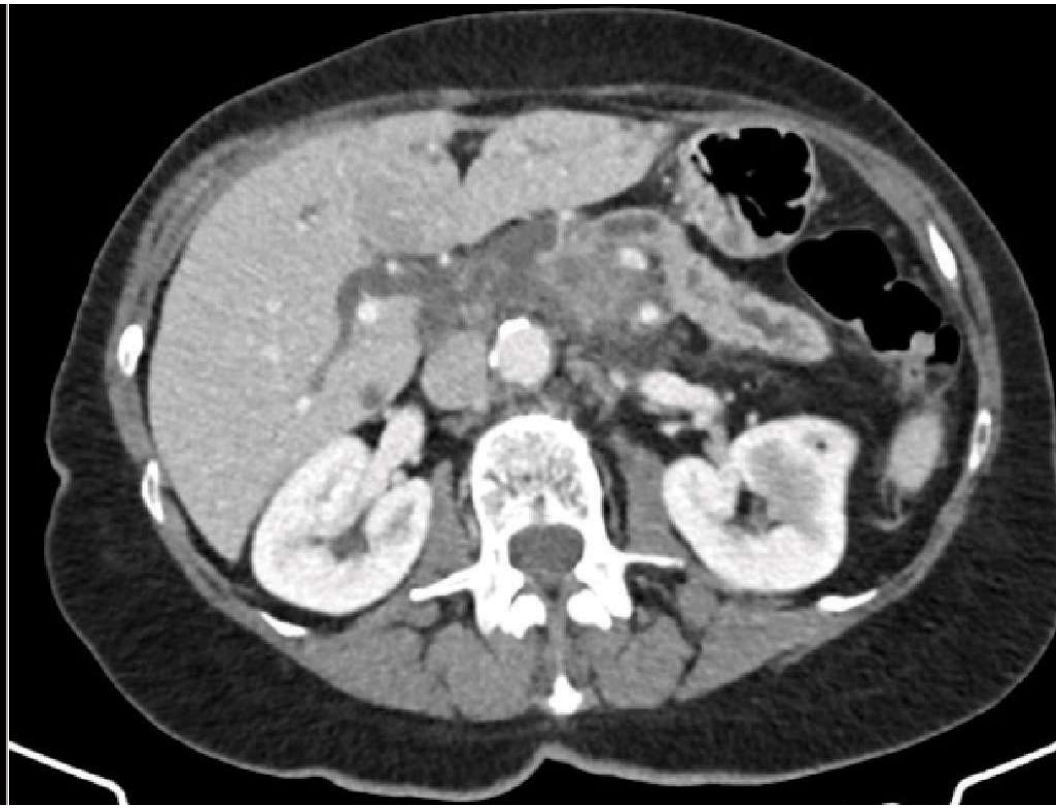
- 77y woman
- Presented to GP with bloating, epigastric pain radiating to the back, 3kg weight loss
- LFTs normal. CEA 30 (<3), CA19-9 282 (0-33)
- GP requested CT colonography
- 1 week later patient presented to ED with pain. Referred to surgical outpatients
- Seen in outpatients 2 weeks later - registrar noted elevated tumour markers - requested urgent CT abdo
- CT colonography done first (4 weeks from GP request) - reported as normal
- CT abdo done (4 weeks from surgical registrar request, 8 weeks since first presentation to GP)



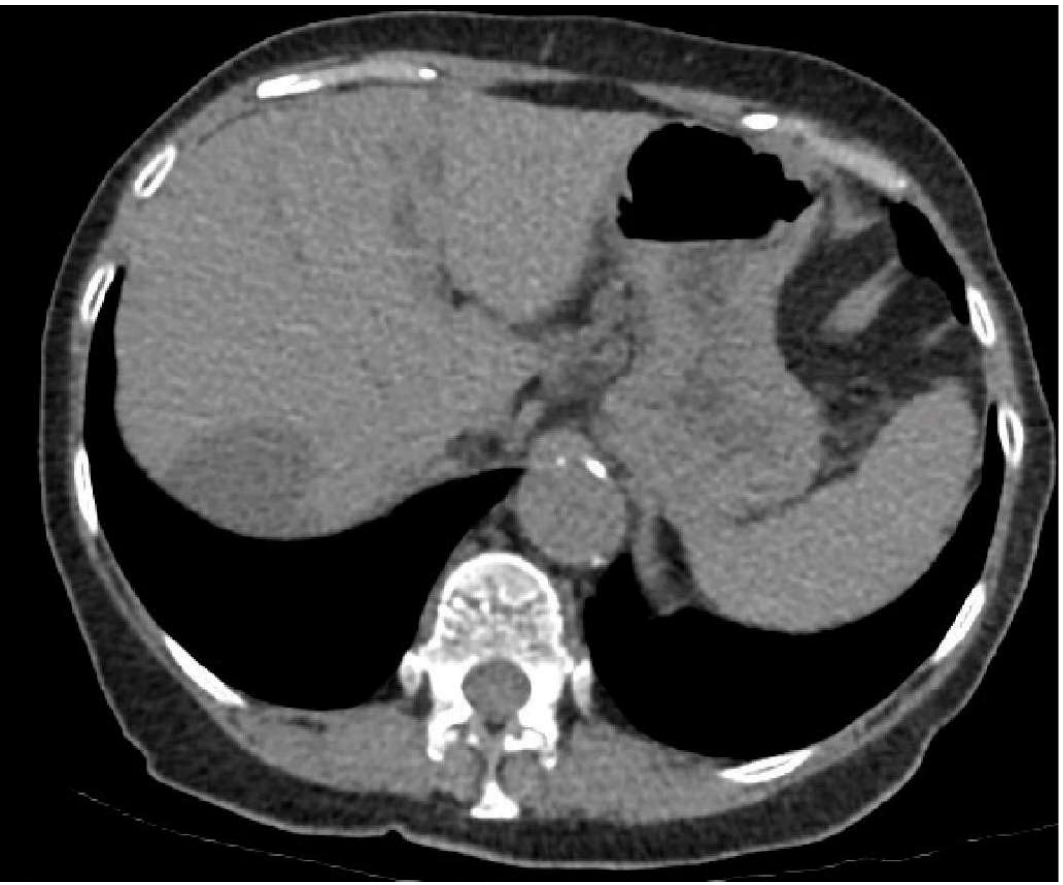
CT abdo with IV contrast



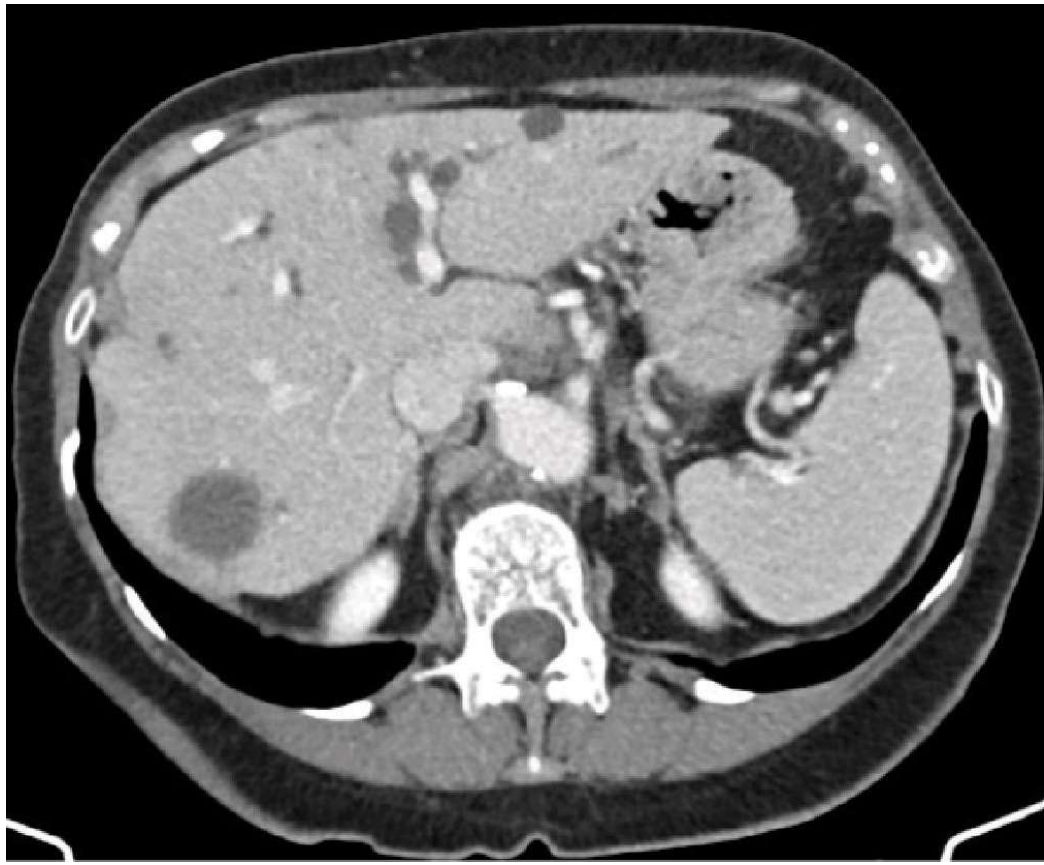
CT Colonography



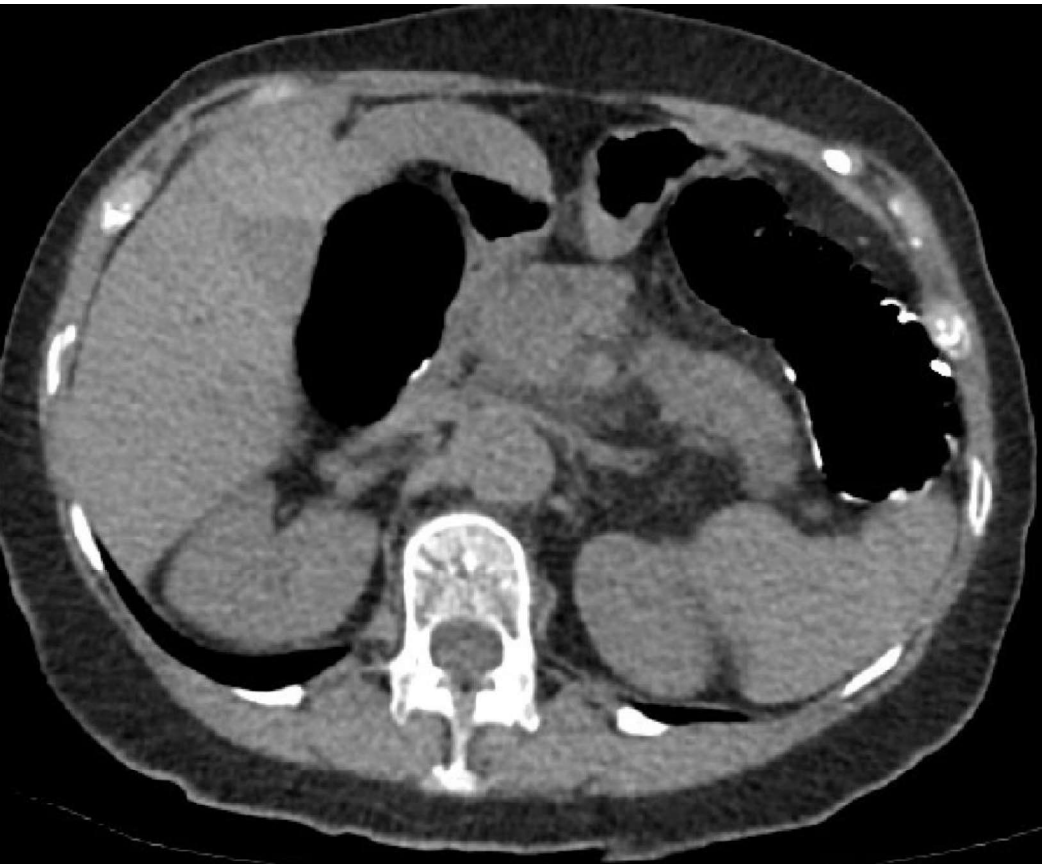
CT abdo with IV contrast



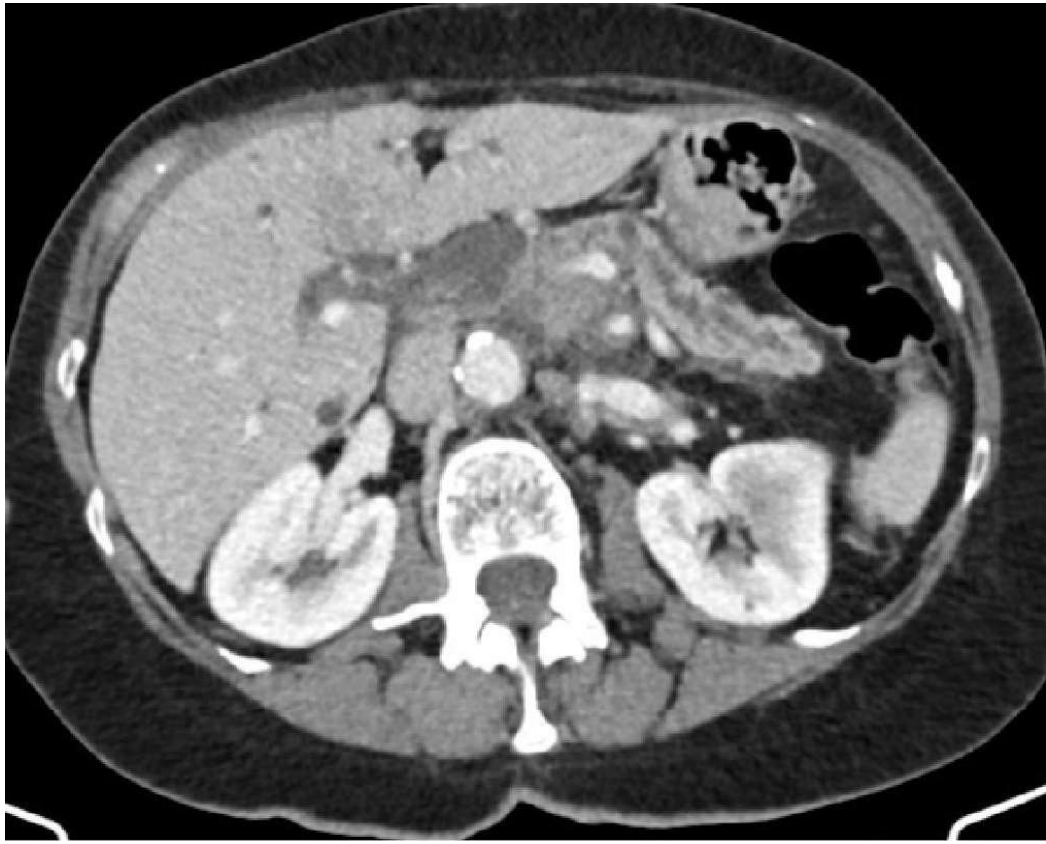
CT Colonography



CT abdo with IV contrast



CT Colonography



CT abdo with IV contrast

Pancreatic Cancer

Case Study 1

- Locally advanced pancreas cancer
- Unresectable due to SMA involvement
- Due to some delay in diagnosis, patient admitted to hospital from surgical clinic for UGI review

Pancreatic Cancer

Case Study 1

- ERCP - plastic stent
- Brushings negative
- Awaiting EUS biopsy for histological confirmation
- Referred for palliative chemo

Pancreatic Cancer Case Study 1

Case Study 1

- Take home points
  - Pancreatic cancer often presents late, with non-specific symptoms (pain is a late sign)
  - Delay in diagnosis is not uncommon
  - Use of tumour markers to screen for pancreas cancer not recommended
  - If looking for intra-abdominal malignancy, always give IV contrast
  - Would earlier diagnosis have changed this patient's outcome?
    - Probably not
- Prognosis?
  - 6-18 months survival

Pancreatic Cancer

Case Study 2

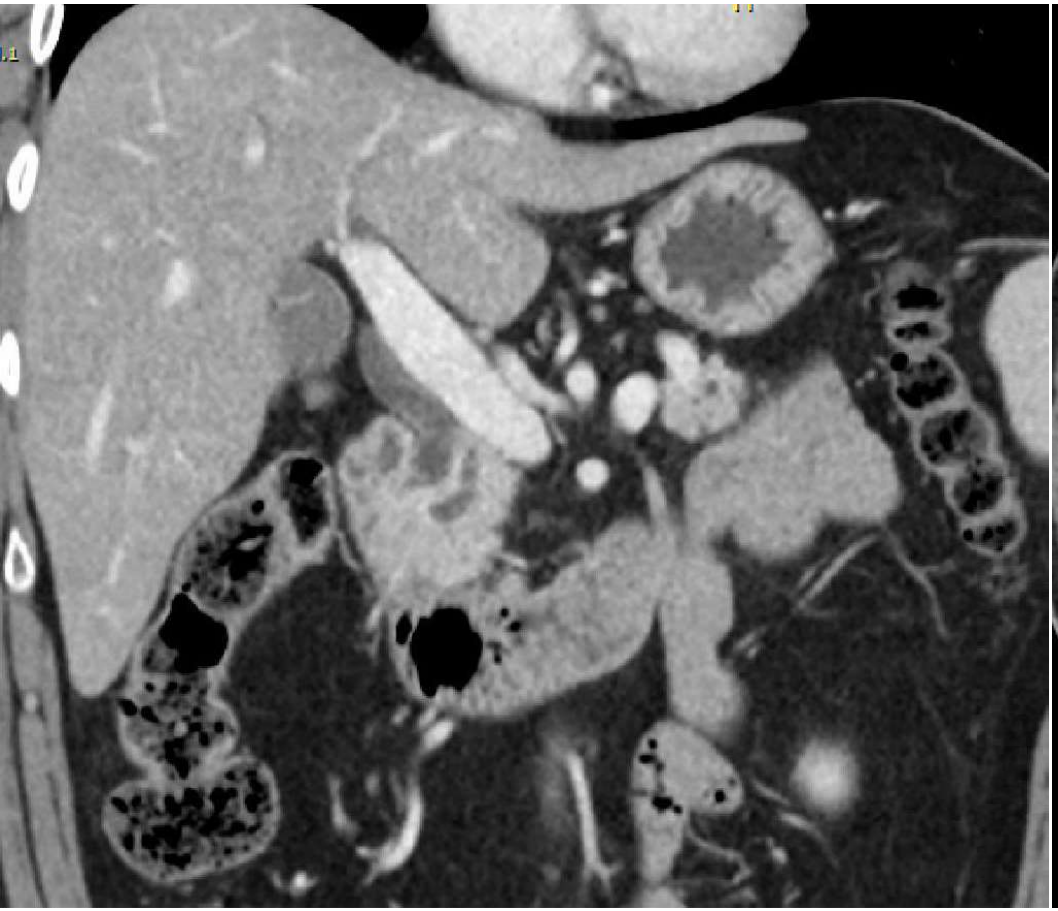
- 51y man
- Saw GP for a “general checkup”, some recent weight loss
- GP noted abnormal LFTs and new diabetes

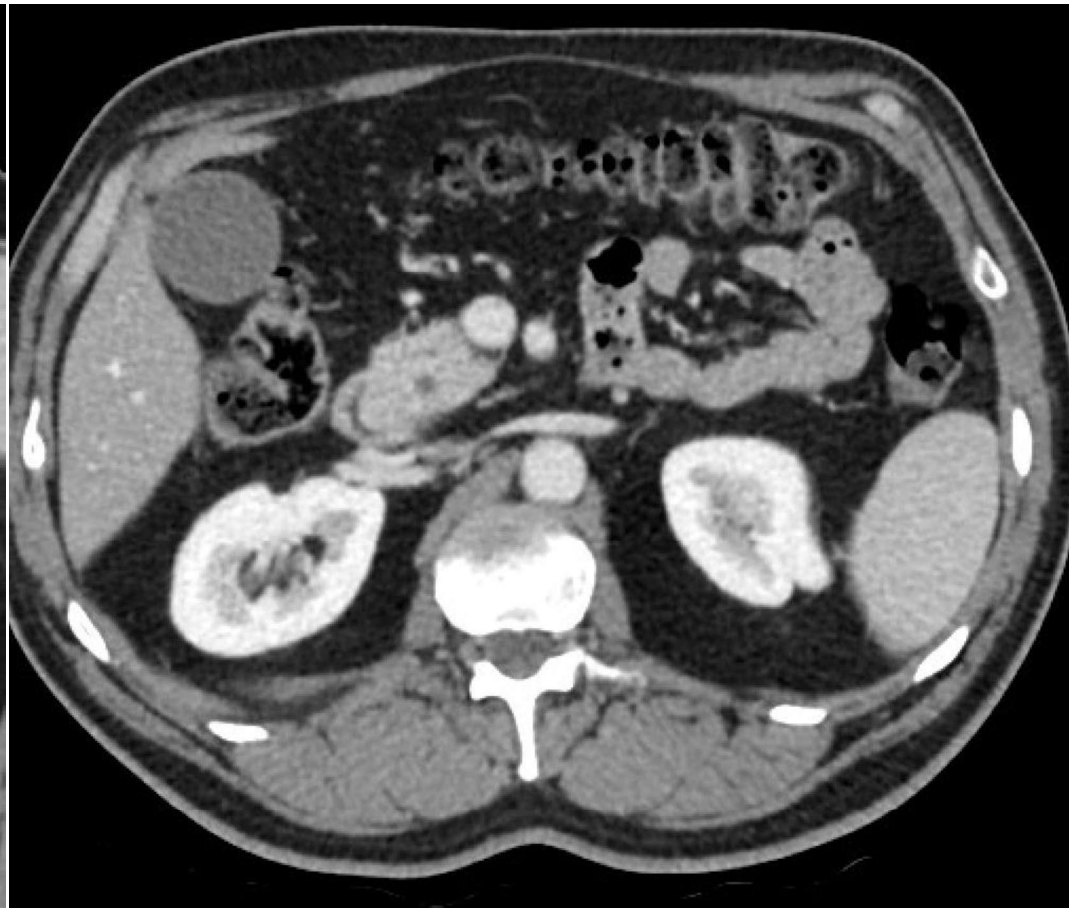
	18/02/22 11:38	18/02/22 11:38	22/02/22 12:16	24/02/22 13:10
Sodium				**133**
Potassium				4.2
Creatinine				84
Albumin	*39	*39	*41	42
Protein		***65**	*70	75
Globulin plasma		*26	*29	33
Bilirubin		***36**	***50**	**38**
GGT		***4139**	***4899**	**>3600**
Alkaline Phosphatase		***589**	***708**	**626**
CRP				**7**
ALT		***854**	***727**	**805**
Authorised by				Siemens Atellica
Glucose				**20.4**
b-Hydroxy Butyrate				**1.23**

Pancreatic Cancer

Case Study 2

- USS (urgent private) - dilated bile duct and pancreatic duct ("double duct sign" - worrying)
- Referred acutely into NSH
- CT showed periampullary mass causing biliary and pancreatic duct obstruction

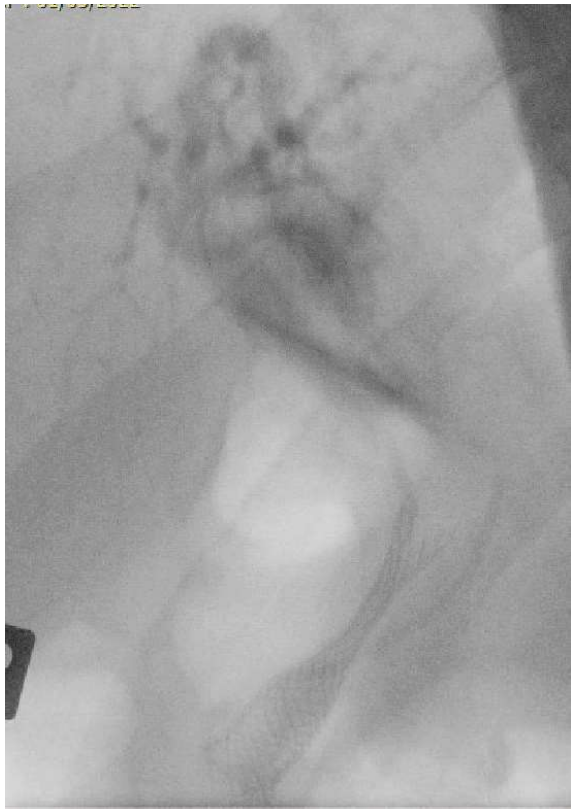


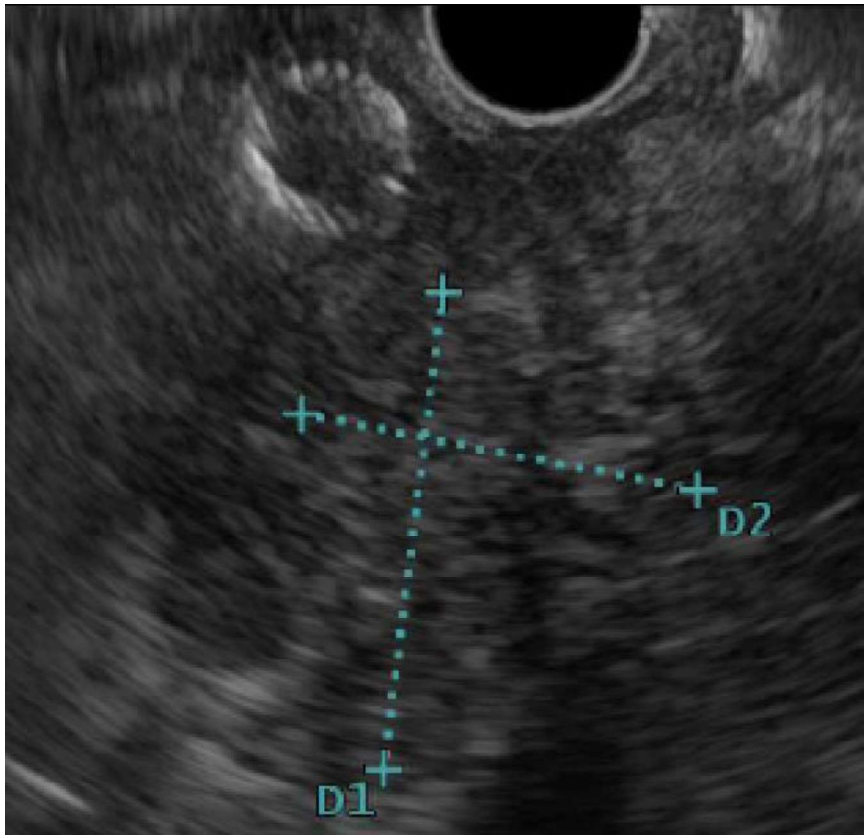


Pancreatic Cancer

Case Study 2

- ERCP stent
- EUS biopsy - adenocarcinoma





Pancreatic Cancer

Case Study 2

- Work-up complete and seen in UGI clinic (21 days since GP assessment)
- Whipple procedure 9 days later (concurrent right hemicolectomy for incidental early colon cancer diagnosed on CT)
- Uncomplicated recovery. Discharged day 11.
- Pathology
  - mod differentiated pancreatic adenocarcinoma, T3N1, PNI+, LVI+, R0
  - low grade colon adenocarcinoma, T1N0
- Referred for adjuvant chemotherapy

Pancreatic Cancer

Case Study 2

- Take home points
  - If a pancreatic cancer arises near the ampulla it will cause biliary obstruction, leading to earlier diagnosis
  - Even so, pancreatic cancer spreads early
- Prognosis?
  - 18m to 2 years survival