

Pancreatic Cancer

Exocrine Pancreatic Cancer

What is exocrine pancreatic cancer?

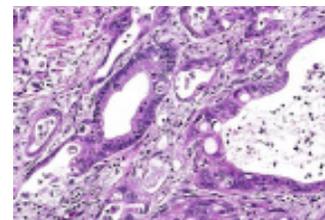
Exocrine pancreatic cancer is the most common type of pancreatic cancer. About 95 percent of more than 43,000 annual cases of pancreatic cancers begin in glands or ducts of the exocrine pancreas, where digestive juices are produced. Two-thirds of these cancers are found in the head of the pancreas, the remainder in the tail.

Who is most likely to have exocrine pancreatic cancer?

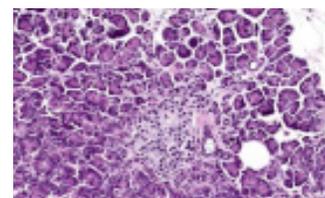
Exocrine pancreatic cancer is more common among men and African-Americans. Risk factors include smoking, long-standing diabetes, chronic pancreatitis, and certain hereditary conditions including hereditary pancreatitis, multiple endocrine neoplasia type 1 syndrome, hereditary nonpolyposis colon cancer (HNPCC; Lynch syndrome), von Hippel-Lindau syndrome, ataxia-telangiectasia, and the familial atypical multiple mole melanoma syndrome. Other risk factors include a family history of pancreatic cancer, older age, and obesity. Exposure to certain pesticides, dyes or chemicals related to gasoline is another risk.

What characterizes exocrine pancreatic cancer?

Exocrine pancreatic cancer is difficult to detect early because its symptoms are similar to other illnesses and because the pancreas is hidden behind other organs. Often, this type of cancer is not detected until it has spread. Symptoms include jaundice, abdominal pain, digestive problems, blood clots or fatty tissue abnormalities, chronic fatigue, fainting, or weight gain without eating too much. These symptoms coupled with the risk factors described earlier warrant a trip to see a doctor as soon as possible.



Malignant pancreatic cells.



Healthy pancreatic cells.

Definitions

Exocrine cells:

Cells in the pancreas that produce enzyme juices that help digest food.

Malignant:

Cancerous and capable of spreading.

Pathologist:

A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions.

How does the pathologist diagnose exocrine pancreatic cancer?

Your primary care physician will order **blood tests** for the pathologist to review. Your medical team also may order imaging tests such as **chest x-rays; CT, PET or MRI scans; or endoscopic ultrasound (EUS)** to view inside the body.

Laparoscopy allows physicians to view inside the body using a thin, lighted tube inserted through small incisions in the abdominal wall. **Endoscopic retrograde cholangiopancreatography (ERCP)** examines the bile ducts for narrowing or blockages sometimes associated with pancreatic cancer. **Biopsy specimens**, or tissue samples, can be gathered during both of these procedures.

What else does the pathologist look for?

The pathologist reviews the biopsy specimens and the results of all tests to make a diagnosis. If cancer is found, the pathologist can determine the **stage** of the cancer. Stage 1 exocrine pancreatic cancers are small and confined to the pancreas, and stage 4 tumors have spread beyond areas near the pancreas. Stages 2 and 3 describe conditions in between these two extremes. The chance of recovery depends on the type of exocrine pancreatic cancer, how far the cancer has spread, and your overall health.

For more information, go to www.cancer.gov (National Cancer Institute) or www.cancer.org (American Cancer Society). Type the keywords **pancreatic cancer** or **exocrine pancreatic cancer** or into the search box



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