

Deadly pancreatic cancer on the rise

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Almost always deadly and steadily on the rise, pancreatic cancer is on track to become the second-leading cause of cancer death in the nation within the next two years, according to a recent report.

Currently the fourth-leading cancer killer - and the reason behind the death of Apple founder Steve Jobs at age 56 - pancreatic cancer will likely surpass breast, prostate and [colorectal cancers](#) to rank behind only [lung cancer](#), the No. 1 cancer killer, said the report from the Pancreatic Cancer Action Network.

The higher ranking is partly because risk factors associated with pancreatic cancer are trending up, while deaths from the other top cancer killers are trending down, said Dr. Bose Debashish, a pancreatic-[cancer surgeon](#) at M.D. Anderson Cancer Center in Orlando, Fla.

The incidence of pancreatic cancer has been rising 1.5 percent each year since 2004, according to the [American Cancer Society](#). At the current rate, one in every 71 Americans will develop the disease in his or her lifetime.

One of the risk factors fueling the upward trend is Americans' lengthening lifespans. Nearly 90 percent of pancreatic-cancer patients are older than 55, and more than 70 percent are older than 65, according to the cancer society.

Increasing rates of obesity and diabetes also contribute to the rising

trend. So does smoking, which doubles or triples risk, said Debashish.

What also distinguishes this killer is that it's the only top cancer with a survival rate in the single digits: Only 6 percent of those who get it are alive in five years.

"Everyone who gets pancreatic cancer will likely die of it," said Debashish.

A few, like Alicia Decker of Oviedo, Fla., get lucky. Two years ago, the 34-year-old pharmacist and mother of two young children felt a pain in her side. She tried to ignore it but finally went to the emergency room.

A scan turned up something suspicious on her pancreas. That was the bad news.

"My first thought was, 'I'm going to die,' " said Decker, who didn't have any of the risk factors. Though overweight, she was not obese. She did not have diabetes, had never smoked and had no family history of the cancer.

The good news, however, was that the lesion appeared to be "on its way to becoming cancer," meaning it wasn't too late.

Debashish operated and removed part of Decker's pancreas. Today, she is healthy, active and cancer-free.

Debashish wishes he could nip more pancreatic lesions before they become cancer, but this type of cancer usually stays under the radar until it's advanced.

"We used to believe that pancreatic cancer was very aggressive and very fast," he said. "But that's not true. It actually moves slowly, and we're

bad at detecting it.

"If you put the disease on a 100-point scale, with zero being when the first cancer cell shows up, we're catching it at 90," Debashish said.

By the time this silent cancer presents with symptoms, he said, 85 percent of patients are not candidates for surgical correction.

Complicating treatment further, tumors in the pancreas - an essential organ responsible for producing insulin and aiding digestion - don't respond well to available chemotherapy agents.

Symptoms of pancreatic cancer include jaundice (which causes the skin to turn yellow), dark urine, a chalky stool, pain in the abdomen above the navel and unexplained weight loss, said Debashish. Some astute physicians spot the disease when a normal-weight patient presents with sudden-onset diabetes, he said.

Currently, the best hope lies in helping the 15 percent of patients who could benefit from a pancreatic resection to get it - and today only about half do.

"We are actually under-treating [pancreatic cancer](#) patients who have operable disease," Debashish said. Even patients whose cancers are borderline inoperable can convert to surgical candidates after treating the tumor with radiation and chemo.

"With quick, appropriate intervention," he said, "we can raise the grim 6 percent survival rate."

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