

Diagnosis and management of pancreatic cancer: A review for physicians

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Pancreatic cancer is the fourth leading cause of death from cancer, and while family physicians in Canada only see 1 cases a year, the number of cases is expected to increase as the population ages. A review in *CMAJ* (*Canadian Medical Association Journal*) provides an evidence-based overview of diagnosis and treatment of the disease for general physicians.

The main risk factor for pancreatic cancer is smoking, although about 20% of patients have a family history of the disease. Symptoms usually manifest 10 years after the start of the disease, which means screening has theoretical benefits although there are no evidence-based standardized screening protocols. For people with hereditary pancreatic cancer, screening on a limited investigational protocol begins 10 years before the youngest relative was diagnosed or at age 40, whichever comes first. Diagnostic tests include abdominal ultrasounds and CT scans, the latter being used to diagnose the stage of cancer and the location of the position of the tumour in relation to vessels and other organs.

Surgery can be successful for cancers that have not spread beyond the pancreas, with a 5-year survival of 15%, but higher in some cases (25

More information: www.cmaj.ca/lookup/doi/10.1503/cmaj.111697

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