HEAR FROM OUR EXPERTS

Mark A. Healy, MD
Surgical Oncology

Pancreatic Cancer: What Patients Need to Know

Pancreatic cancer is often called a “silent killer” — not because it’s rare, but because it’s notoriously difficult to detect in its early stages. By the time symptoms appear, the disease has often progressed, making treatment more complex and outcomes more uncertain. Despite being one of the less common cancers, pancreatic cancer carries one of the highest mortality rates, underscoring the urgent need for greater awareness, earlier diagnosis and continued research.

Here, Mark Healy, MD, surgical oncologist at Salinas Valley Health, discusses what makes pancreatic cancer so challenging, the latest advancements in detection and treatment and what individuals can do to better understand their risk.

What Exactly Does the Pancreas Do?

Most people don’t think much about their pancreas, but it plays two vital roles in the body. As an endocrine organ, it produces insulin and other hormones that regulate blood sugar by releasing them directly into the bloodstream. As an exocrine organ, it secretes digestive enzymes into the intestines to help break down food. Located deep in the upper abdomen, the pancreas sits behind the stomach, in front of the spine, and next to the spleen.

“With regard to how it looks, if you ever see a picture of a pancreas or a drawing, we often say it looks like a fish. It has a head and a tail, which we sometimes divide the tail further and call the more middle portion the body and the distal portion the tail,” notes Dr. Healy. “But, that's what it looks like. It sits really far in the back of your upper abdomen.”

The Pancreatic Cancer Timeline

For clarity, when referring to pancreatic cancer in this context, it means the more common exocrine pancreatic cancer—which accounts for about 95% of all cases and affects the cells that produce digestive enzymes. While neuroendocrine pancreatic cancers also exist and can be serious, they are much rarer and are not the focus of this particular article. Exocrine pancreatic cancer is among the deadliest cancers worldwide.

“It is the third leading cause of cancer deaths in the U.S., even though it's not even in the top ten in terms of new diagnoses per year. The reason for this level of severity and death is metastasis. Meaning, the cancer starts in your pancreas, but then it becomes deadly when it spreads to other organs or other parts of the body,” explains Dr. Healy.

About half of all pancreatic cancer patients are diagnosed at stage IV, when the cancer has already spread to other organs. Of the remaining half, only around 20% have tumors that are

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immediately operable. The rest fall into a gray area where the cancer hasn't clearly spread but needs to shrink before surgery is possible.

For a long time, it was unclear whether this late-stage diagnosis was due to delayed detection or the aggressive nature of the cancer. A 2010 Nature study revealed that pancreatic cancer develops slowly— taking about 10 years from the first mutation to form a tumor, another five years for it to gain the ability to spread, and patients typically die about two years after that. This suggests a 17-year window from initiation to death, yet experts often only identify the cancer in its final stages.

"Knowing that and knowing how much time there is gives me a lot of hope as far as early detection as a possibility in the future, thankfully at a much more treatable stage," shares Dr. Healy. "Unfortunately, we're still working on getting to that point with new tests."

Why Does Pancreatic Cancer Develop?

Most patients diagnosed with pancreatic cancer have no identifiable cause, and for many, doctors can only attribute it to bad luck. While rare genetic syndromes can increase risk in some families, these cases are uncommon.

However, there are known risk factors, with smoking being a major one. Smokers have a 50% higher risk of developing pancreatic cancer compared to non-smokers, and that risk increases with heavier cigarette use—making it yet another compelling reason to quit.

Some studies have suggested that a BMI of 30 or greater is associated with a significantly increased risk of pancreatic cancer, especially when those same patients are physically inactive. "So, two things you can do to lower your risk are to work to get down to a healthy body weight and at least participate in moderate physical activity and exercise," encourages Dr. Healy.

Pancreatic Cancer Symptoms: What to Watch For

The symptoms of pancreatic cancer are often vague and non-specific, making early detection difficult. Common signs include fatigue, unintentional weight loss, loss of appetite, upper abdominal or back pain, nausea and vomiting. More specific symptoms can include dark urine, jaundice (yellowing of the skin and eyes), and, in rare cases, a palpable abdominal mass or abdominal swelling due to fluid buildup (ascites).

"If someone comes into the primary care provider's office or the emergency room or really any healthcare setting with these symptoms of abdominal pain, back pain, nausea and vomiting, more often than not, the cause is not going to be pancreatic cancer. It's going to be something else that causes these symptoms, just by the odds," assures Dr. Healy. "Jaundice is usually the telltale sign, even without pain. However, many of these cancers don't present with jaundice."

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Managing and Treating Pancreatic Cancer

When diagnosing and managing pancreatic cancer, there are three key steps: naming it, staging it, and treating it.

1) **Naming it** involves identifying symptoms (like abdominal pain, weight loss, or jaundice), followed by imaging—usually a CT scan—to detect a mass. A biopsy, often done via endoscopic ultrasound, confirms the diagnosis. As the saying goes, "tissue is the issue"—a sample is essential for diagnosis.
2) **Staging it** means determining how far the cancer has spread. Additional CT scans of the chest, abdomen, and pelvis help detect whether the cancer has spread to organs like the liver or lungs (which would be stage IV). Lymph node involvement is assessed to determine intermediate stages (like stage IIb or III), while early stages (I and IIa) depend on tumor size and lack of lymph node spread
3) **Treating it** almost always involves chemotherapy, even for patients eligible for surgery. Chemotherapy is essential for long-term survival and is often given before surgery to improve outcomes. The best survival rates are seen in patients with non-metastatic cancer who receive both chemotherapy and surgical removal of the tumor. Additional treatment, including post-surgery chemotherapy or, in rare cases, radiation, may be needed based on surgical findings.

The most effective care comes from a multidisciplinary team that collaborates to plan and sequence treatment, like the approach offered at Salinas Valley Health.

"Pancreatic cancer is a very deadly cancer, much more so than how often it is diagnosed. Over the past ten to twenty years, we have made significant advancements in treatment. Surgical techniques have improved the morbidity and mortality, yet it remains a very life-threatening disease. Anytime you get a diagnosis, you want to make sure you're seen by a multidisciplinary group of people who can bring all the information together about your disease and make an informed recommendation," urges Dr. Healy. "Ultimately, as the patient, you're the decision maker as to how to treat the cancer. But, you need the best information possible."

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