PANCREATIC CANCER FACTS

The disease is the 3rd leading cause of cancer-related deaths in the United States.¹
By 2030, estimates show that pancreatic cancer will rise to the 2nd leading cause of cancer-related deaths.³
In 2020, an estimated 57,600 Americans will be diagnosed with pancreatic cancer and 47,050 will die from the disease.¹

KNOWN RISK FACTORS

- The cause of most pancreatic cancer is unknown.
- Risk factors for developing pancreatic cancer include:
  - Family history
  - Age
  - Chronic or hereditary pancreatitis
  - Smoking
  - Obesity
  - Long-standing diabetes (five-plus years)

SYMPTOMS

Patients with pancreatic cancer typically experience vague symptoms, which could also be confused with many other abdominal or gastrointestinal issues.
These symptoms can include:
- Abdominal and/or mid-to-upper back pain
- Weight loss
- Nausea/loss of appetite
- Jaundice (yellowing of the skin and eyes)
- Changes in stool (oily or watery)
- New-onset diabetes

DETECTION

There is no early detection test for pancreatic cancer and few effective treatments are available.

TREATMENT OPTIONS

SURGERY is only possible in less than 20% of patients with adenocarcinoma (which accounts for more than 90% of all pancreatic cancers).

RADIATION is sometimes offered before or after surgery and can be combined with chemotherapy.

CHEMOTHERAPY is usually offered when tumors cannot be removed surgically and can be used before and/or after surgery.

CLINICAL TRIALS are an option for eligible pancreatic cancer patients and may offer a patient the best opportunity for a positive outcome.

THE PANCREATIC CANCER ACTION NETWORK (PANCAN)

With the mission of fighting the world’s toughest cancer and saving lives, PanCAN attacks pancreatic cancer on all fronts: research, clinical initiatives, patient services and advocacy. Amplified by a nationwide network of grassroots support, PanCAN is determined to improve outcomes for today’s patients and those diagnosed in the future.

2. Rates are adjusted for normal life expectancy and are based on cases diagnosed in the SEER 9 areas from 2009 to 2015, followed through 2016.