

Pancreatic cancer awareness primary care toolkit

November 2025



Hosted by The Royal Marsden NHS Foundation Trust

Pancreatic Awareness Month

November is Pancreatic Cancer Awareness Month and includes World Pancreatic Cancer Day on Thursday 20th November 2025.

This toolkit includes information on:

1. Incidence and mortality
2. Signs and symptoms
3. Risk factors and causes
4. 'Top Tips' to support referral
5. Support available to patients with a diagnosis
6. Education opportunities available from Pancreatic Cancer UK
7. Further information

Overview of pancreatic cancer

- In the UK, over **10,600 people** are diagnosed with pancreatic cancer each year.
- Less than **7%** of those diagnosed will survive beyond 5 years.
- Pancreatic cancer is the **5th most common** cause of cancer death in the UK.
- **Pancreatic Cancer is difficult to diagnose at an early stage**, as it is common for no symptoms to be experienced by the patient until it is at an advanced stage.

Symptoms of pancreatic cancer

More specific symptoms and signs develop as the cancer becomes more advanced and could be indicative of several abdominal cancers as well as pancreatic cancer, and may include:

- stomach or back pain
- unexplained weight loss
- jaundice, dark urine and itchy skin
- changes to patient faeces, such as pale, smelly faeces that float and are hard to flush, diarrhoea or constipation
- bloating, early satiety / nausea
- recently diagnosed diabetes or rapidly worsening diabetic control
- blood clots
- indigestion
- extreme tiredness for no reason

Risk and causes of pancreatic cancer (modifiable)

Smoking

- **Around 20% are caused by smoking.** Cigarettes, cigars, pipes and chewing tobacco all increase pancreatic cancer risk.

Alcohol

- **Long term inflammation of the pancreas (chronic pancreatitis).** About 70% are due to drinking high amounts of alcohol over a long time. Pancreatic cancer is more common in people with chronic pancreatitis.

Being overweight or obese

- **More than 10% are caused by being overweight or obese.**

ACTIONS FOR PRIMARY CARE:

- Support patients to make healthy lifestyle changes by signposting them to local lifestyle change support -for example:
 - Referral to local smoking cessation services - [Stop Smoking London - We're Here to Help You Quit Smoking](#)
 - Accessing support from local alcohol support services [Get Help Now | Drinkaware](#)
- Consider EMIS/ S1 prompts to check unexplained weight loss for patients recently diagnosed with diabetes

Risk and causes of pancreatic cancer (non-modifiable)

Getting older

- Pancreatic cancer is more common in older people. Almost half of all new cases are diagnosed in people aged 75 and over. Pancreatic cancer is uncommon in people under 40 years old.

Family history

- Sometimes pancreatic cancer is found to run in families - but only between 5 to 10% diagnosed with pancreatic cancer have a family history of it.
- Patients have an increased risk if they have a first degree relative with pancreatic cancer. This risk is higher if they have more than one first degree relative with the disease, or a first degree relative is diagnosed at a young age.

ACTIONS FOR PRIMARY CARE:

European Registry of Hereditary Pancreatitis and Pancreatic Cancer (EUROPAC)

EUROPAC is a research registry aiming to understand inherited conditions of the pancreas by recruiting people with a family history of pancreatic cancer and people who have been diagnosed with hereditary pancreatitis.

The programme is also offering surveillance (CT scan) to those who are considered to be at higher risk of developing pancreatic cancer. More information here: [Health Professionals | Welcome to EUROPAC](#)

- **If eligible and at risk, consider referral to EUROPAC to supporting ongoing research in this area and for patient to access surveillance under the programme.**

Risk and causes of pancreatic cancer (non-modifiable)

- The risk of pancreatic cancer is higher if they carry the faulty cancer gene BRCA1 and BRCA2. The evidence for the BRCA1 gene fault could increase the risk of pancreatic cancer by 2.5x and 3.5x for BRCA2.
- Faulty breast gene PALB2 gene is also linked to an increased risk of developing pancreatic cancer.
- The pancreatic cancer risk is higher in people who have:
 - Peutz Jeghers syndrome- >100x higher risk
 - Familial atypical multiple mole melanoma syndrome (FAMMM) - 13-38x higher risk
 - Lynch syndrome/hereditary non-polyposis colorectal cancer (HNPCC) - 9x higher risk
- Patients will often know about these conditions already, if one runs in their family.

ACTIONS FOR PRIMARY CARE:

Pancreatic Cancer UK's Family History Checker is a useful risk calculator that can calculate the patients' pancreatic cancer risk in their overall lifetime.

For patients concerned about their family risk, signpost them to the Pancreatic Cancer UK [Family History Checker](#).

Primary care top tips

Urgent Suspected Cancer Referral (USC) Criteria

- The lower age limit for referral on USC for suspected pancreatic cancer is **>50 years**.

2. SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL

Criteria for urgent referral suspected PANCREAS, LIVER, GALLBLADDER CANCER:

- Abdominal CT/MRI/ultrasound scan suggestive of pancreatic, liver or gallbladder cancer
- Age ≥ 40 with jaundice
- Upper abdominal mass consistent with an enlarged liver
- Upper abdominal mass consistent with an enlarged gall bladder
- Age ≥50 with weight loss AND any one of the following (please record which):
 - Abdominal pain
 - Back pain
 - New onset / rapidly worsening diabetes
 - Diarrhoea
 - Vomiting
 - Nausea
 - Constipation

Consider arranging URGENT DIRECT ACCESS CT ABDOMEN / PANCREAS if patient meets criteria above.

Pan London URGENT Suspected UPPER GI Cancer Referral Form

Direct Access CT Pancreas

- Direct Access CT Pancreas is available across all trusts in north west and south west London. The criteria for the scan as per NICE guidance is as follows: individuals **> 60 years** who experience unexplained weight loss and any of the following symptoms:
 - New Onset diabetes
 - Diarrhoea
 - Constipation
 - Back Pain
 - Vomiting
 - Nausea
 - Abdominal Pain

Primary care top tips

Diagnostic Pitfalls

- **Do not use CA19.9 in primary care as a diagnostic tool.** CA19.9 does not have the sensitivity or specificity to be a robust diagnostic tool in primary care
- **Do not be assured by a normal ultrasound** if symptoms and cancer suspicion remain.
- **CT Abdomen does pick up large masses, however, is not sensitive enough in detecting smaller pancreatic lesions** - if there is need to exclude pancreatic cancer as a diagnosis – **CT Pancreas is recommended**

ACTIONS FOR PRIMARY CARE:

- Check and review patient **tobacco history** (including passive smoking)
- Review **family history** of cancer in particular, pancreatic cancer
- Record patient's **weight measurement** and **BMI**
- Their **recent alcohol intake** (if applicable) - calculate your alcohol intake
- Review the needs of patients who have a **learning disability, a serious mental health condition, physical impairment or need a translator**
- Check patient's **contact details** are up to date
- Check if patient is available for any **follow up tests**
- Consider **referral to Non-site-specific service** for vague/persistent/progressive abdominal symptoms or unexplained weight loss
- Consider use of **direct access CT pancreas**

Primary care education

- Pancreatic Cancer UK have updated three-part introduction to pancreatic cancer course provides an overview of pancreatic cancer, from how it presents, and the symptoms associated with the disease, to treatment options and the ongoing supportive care needs of people with pancreatic cancer. [Introduction to pancreatic cancer course | Pancreatic Cancer UK - Courses](#)
- Pancreatic Cancer UK also offers events for healthcare professions and a range of resources, recordings to past webinars, upcoming conferences and support for your own events: [Events for health professionals - Pancreatic Cancer UK](#)
- The next upcoming webinar focuses on dietetic management and pancreatic cancer on 3rd December 2025 at 09:00-12:00pm. Book your place: [Dietetic management and pancreatic cancer, 3rd December 2025 - Pancreatic Cancer UK](#)



Dietetic management and pancreatic cancer, 3rd December 2025, 9.00 - 12.00pm, via Zoom Webinar

Join us to hear specialist dietitians discuss nutritional assessment and nutritional management in pancreatic cancer, including a spotlight session on pancreatic exocrine insufficiency (PEI) and the use of pancreatic enzyme replacement therapy (PERT).

Further information

Support for your patients

Pancreatic Cancer UK are here for everyone affected by pancreatic cancer.

- Their specialist nurses can answer questions about pancreatic cancer. Call **free** on **0808 801 0707** or email nurse@pancreaticcancer.org.uk.
- For more information, visit www.pancreaticcancer.org.uk/information or search 'NHS Pancreatic Cancer'

Useful links

- [Health professionals - Pancreatic Cancer UK](#)
- [Research into Early detection - Pancreatic Cancer UK](#)
- [Pancreatic cancer UK - Signs and symptoms](#)
- [Family History Checker](#)
- [EUROPAC study - Pancreatic Cancer UK](#)

Further information

NHS England's Primary Care Pancreatic Cancer Case-finding Pilot

- Most people with pancreatic cancer only recognise symptoms when their disease is at a late stage, but the NHS wants to reach out to people as early as possible so they can get the best treatment.
- Pancreatic cancer is the 5th most common cause of cancer deaths in the UK, with only 7% of people living 5 years or more after diagnosis.
- More than 300 GP practices across England will begin using the initiative. In West London, 12 GP practices in Merton and Brent will be taking part.
- Local GP practices will carry out searches of patient records as part of a two-year pilot using their GP IT systems to identify patients who have the symptoms.
- The initiative will test whether dedicated routine searches of patient records can lead to earlier diagnosis of pancreatic cancer, and better outcomes.

[RM Partners GPs taking part in NHS pilot to diagnose more pancreatic cancers earlier - RM Partners](#)

Further information

Research articles

<p>Pancreatic cancer incidence rates are higher in the Black ethnic group compared to White ethnic group.</p> <p>Incidence is lower in Asian ethnic group and in people of mixed or multiple ethnicities</p>	<p>Delon, C., Brown, K.F., Payne, N.W.S. <i>et al.</i> Differences in cancer incidence by broad ethnic group in England, 2013-2017. <i>Br J Cancer</i> 126, 1765-1773 (2022). https://doi.org/10.1038/s41416-022-01718-5</p>
<p>31% of pancreatic cancer cases in the UK are preventable:</p> <ul style="list-style-type: none"> - Smoking: 22% of pancreatic cases are caused by smoking. By stopping smoking completely, pancreatic cancer risk can be reduced. The risk of pancreatic cancer in people who stopped smoking 20 years ago is the same as for people who have never smoked. 	<p>Brown KF, Rungay H, Dunlop C, et al. The fraction of cancer attributable to known risk factors in England, Wales, Scotland, Northern Ireland, and the UK overall in 2015(link is external). <i>British Journal of Cancer</i> 2018.</p> <p>Bosetti C, Lucenteforte E, Silverman DT, et al. Cigarette smoking and pancreatic cancer: an analysis from the International Pancreatic Cancer Case-Control Consortium (Panc4)(link is external). <i>Ann Oncol</i> 2012;23(7):1880-8.</p>
<p>Pancreatic cancer risk associated with family history and genetic factors, which make up between 5-10% of all pancreatic cancers in the UK</p>	<p>Canto MI, Harinck F, Hruban RH, et al. International Cancer of the Pancreas Screening (CAPS) Consortium summit on the management of patients with increased risk for familial pancreatic cancer(link is external). <i>Gut</i> 2013;62(3):339-47.</p> <p>Klein AP. Identifying people at a high risk of developing pancreatic cancer(link is external). <i>Nat Rev Cancer</i> 2013;13(1):66-74.</p>
<p>Chronic pancreatitis, mainly due to smoking and alcohol intake, increases pancreatic cancer risk threefold</p> <p>Hereditary pancreatitis increases pancreatic cancer risk more than 50-fold.</p> <p>People with gallstones (cholelithiasis) are then also a 25% higher risk of pancreatic cancer, as it is often associated with pancreatitis.</p>	<p>Kirkegård J, Mortensen F, Cronin-Fenton D. Chronic Pancreatitis and Pancreatic Cancer Risk: A Systematic Review and Meta-analysis(link is external). <i>American Journal of Gastroenterology</i> 2017;112(9):1366-1372.</p> <p>Haddad A, Kowdley GC, Pawlik TM, et al. Hereditary pancreatic and hepatobiliary cancers(link is external). <i>Int J Surg Oncol</i>. 2011;2011:154673</p> <p>Gong Y, Li S, Tang Y, et al. Cholelithiasis and risk of pancreatic cancer: systematic review and meta-analysis of 21 observational studies(link is external). <i>Cancer Causes Control</i>. 2014;25(11):1543-51.</p>
<p>Types 1 diabetes is associated with a 34% higher risk of pancreatic cancer, and can be considered an early manifestation of pancreatic cancer</p>	<p>Sona M, Myung S, Park K, et al. Type 1 diabetes mellitus and risk of cancer: a meta-analysis of observational studies(link is external). <i>Japanese Journal of Clinical Oncology</i> 2018;48(5):426-433.</p> <p>Ben Q, Xu M, Ning X, et al. Diabetes mellitus and risk of pancreatic cancer: A meta-analysis of cohort studies(link is external). <i>Eur J Cancer</i>. 2011 Sep;47(13):1928-37.</p>
<p>NICE Recommendation for people with inherited high risk of pancreatic cancer:</p> <ul style="list-style-type: none"> - Pancreatic cancer surveillance via MRI/MRCP/EUS or CT scan 	<p>Recommendations Pancreatic cancer in adults: diagnosis and management Guidance NICE</p>