

## PALLIATIVE TREATMENT OF PANCREATIC CANCER

### Pancreatic Cancer

- 5th leading cause of cancer deaths in the US
- poor prognosis 2° late detection
- prognostic factors include:
  - age
  - leukocytosis
  - C- reactive protein
  - GGTP
- Jaundice, gastric outlet obstruction, pain

### Pain

- dull, constant, burning localized at epigastrium in mid-back
- 2° tumor invasion of celiac and mesenteric nerve plexus
- oral/injectable analgesics
- celiac plexus block: side effects include injection site pain, diarrhea, temporary hypotension
- VATS splanchnectomy: long term analgesia rate 50% in 4 months

### Jaundice

- ERCP
  - Stents: late complications
  - plastic stents with high incidence of obstruction requiring replacement q2-3 mo
  - metallic stents longer lasting with lower incidence of occlusion
  - occlusion frequency 42%, stent patency 4.9 mo
  - early stent occlusion 2° improper position, clot/debris; late occlusion 2° biliary sludge
- Percutaneous transhepatic drainage
  - recommended for hilar obstruction (common hepatic/proximal bile): difficult to reach endoscopically
- Surgical Bypass: early complications
  - Choledochoduodenostomy: contraindicated 2° anastomotic leak and late obstruction from local tumor extension
  - Cholecystojejunostomy: nondilated ducts with cystic/CBD junction far from tumor; easier/safer to perform; higher incidence of recurrent jaundice requiring additional intervention
  - Choledochojejunostomy: dilated ducts with tumor close to cystic/CBD junction; lower incidence of recurrence

### Gastric outlet obstruction (classically 20% of pts, 3% per recent MSKCC study)

- ERCP
  - Stent: earlier resumption of PO intake, shorter length of stay
  - shorter survival

- Surgical Bypass
  - open vs laparoscopic gastrojejunostomy
  - more complications: pneumonia, wound infection, sepsis, ileus/SBO

### **Medical Therapy**

- 5-FU
- Gemcitabine
- Radiation

### **References**

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Dong-Seok Lee, M.D.  
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