Pancreatic Carcinoma

- Most common pancreatic adenocarcinoma of ductal epithelium, 95% develop from the exocrine portion – ductal epithelium, acinar cells, connective and lymphatic tissue.
- Neuroendocrine tumors have better survival rates
- Tobacco smoking, obesity and diabetes increases risk
- Families with BRCA-2 mutations are associated with high risk of breast cancer, also have an excess of pancreatic cancer
- Rarely diagnosed before the age of 40
- Kidney cancer is the most common cancer to spread to the pancreas followed by colorectal cancer

Signs and symptoms
1) Pain in the upper abdomen, pain may be worst at night and increase over time, slightly relived overtime
2) Jaundice
   - Results when cancer is at the head of the pancreas, obstructing the common bile duct
3) Unexplained weight loss, due to the loss of appetite of poor digestion
4) Tumor may compress neighboring organs, disrupting digestive processes, making it difficult for stomach emptying, which may cause nausea and a feeling of fullness.
5) Long standing diabetes is a known risk for diagnosis
6) Trosseau sign of malignancy, involving episodes of vessel inflammation due to blood clot (thrombophlebitis) which are recurrent or appearing in different locations over time
   - Particularly associated with pancreatic and lung cancer
   - Hypercoagubility (tendency to form blood clots) – some adenocarcinomas secrete mucin that interact with selectin found on platelets, forming small clots