



Pancreatic Cancer – Information Toolkit

Working together | Improving together

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Look out for this icon
for **further
information**



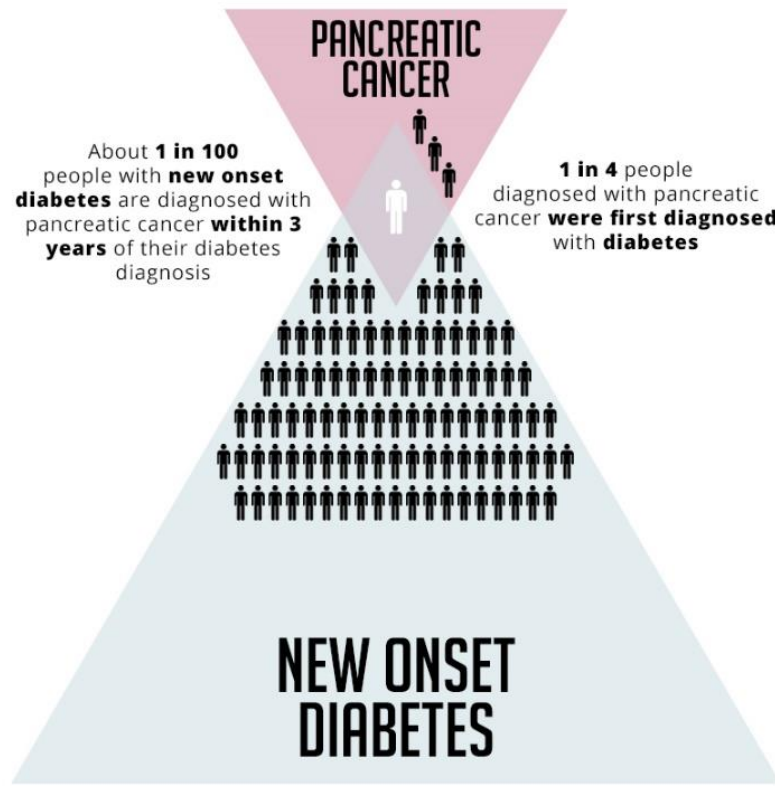
Look out for this
icon for **training
resources**



Purpose of this toolkit

This information toolkit aims to improve the awareness and understanding of the risk factors, signs and symptoms of pancreatic cancer. It is targeted towards primary and community care colleagues and includes a range of learning resources, guidance and supporting materials.

Key message throughout this toolkit: **unexplained new-onset diabetes can be an early warning sign for pancreatic cancer.**



Why is early diagnosis important?

If a cancer is diagnosed at an early stage, there is a **much greater chance of being able to treat the disease successfully**, often with less invasive procedures and fewer long-term side effects.

It is also important that we **diagnose cancers as fast as possible so that treatment can start quickly** and as accurately as possible - for example, identifying the genetic make-up of an individual's tumour tells us how best to treat it.

People diagnosed earlier with cancer are not only more likely to survive, but importantly also to **have better experiences of care, lower treatment morbidity**, and improved quality of life compared with those diagnosed late.

Early diagnosis of pancreatic cancer

Diagnosing pancreatic cancer is difficult and can take a long time; often with many visits to the doctor. Around 80%¹ of pancreatic cancer patients are not diagnosed until the cancer is at an advanced stage. At this late stage, surgery is usually not possible – and this is the only known treatment that has the potential to cure the disease.

For eligible patients, surgery is the best option for long-term survival of pancreatic cancer. It can increase a patient's survival by about ten-fold.



- [Pancreatic Cancer UK](#)
- [Pancreatic Cancer Action](#)
- [Primary Care Top 10 Tips](#)

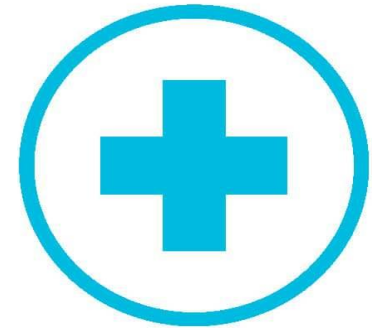
Click below for training resources



National data

The importance of diagnosing pancreatic cancer early is further supported by the poor national position:

- Almost half of all patients are diagnosed as an emergency presentation
- Only 1% of people diagnosed with pancreatic cancer today are predicted to survive their disease for at least ten years
- Less than 8% of people survive beyond five years
- Pancreatic cancer survival in the UK has not improved in the last 40 years
- Patients diagnosed in time for surgery, the chances of surviving beyond five years increases tenfold



Half of all patients are diagnosed as an emergency



For those diagnosed in time for surgery their chance of surviving beyond five years increases tenfold



- [Cancer Research UK Stats](#)
- [Pancreatic Cancer Facts](#)

Surrey and Sussex Cancer Alliance data

The situation across the Surrey and Sussex Cancer Alliance (SSCA) further adds to the need for improvement:

- Only 21% of pancreatic cancer patients are **diagnosed early** (stages 1 or 2) (2019)¹
- 51% patients are diagnosed through **emergency presentation** (2022)²
- Over 60% of areas have a **higher pancreatic cancer incidence rate than the England average** (17.2 people per 100,000 population) (2016-2018 CCGs)³



- [Cancer Research UK Stats](#)
- [Pancreatic Cancer Facts](#)

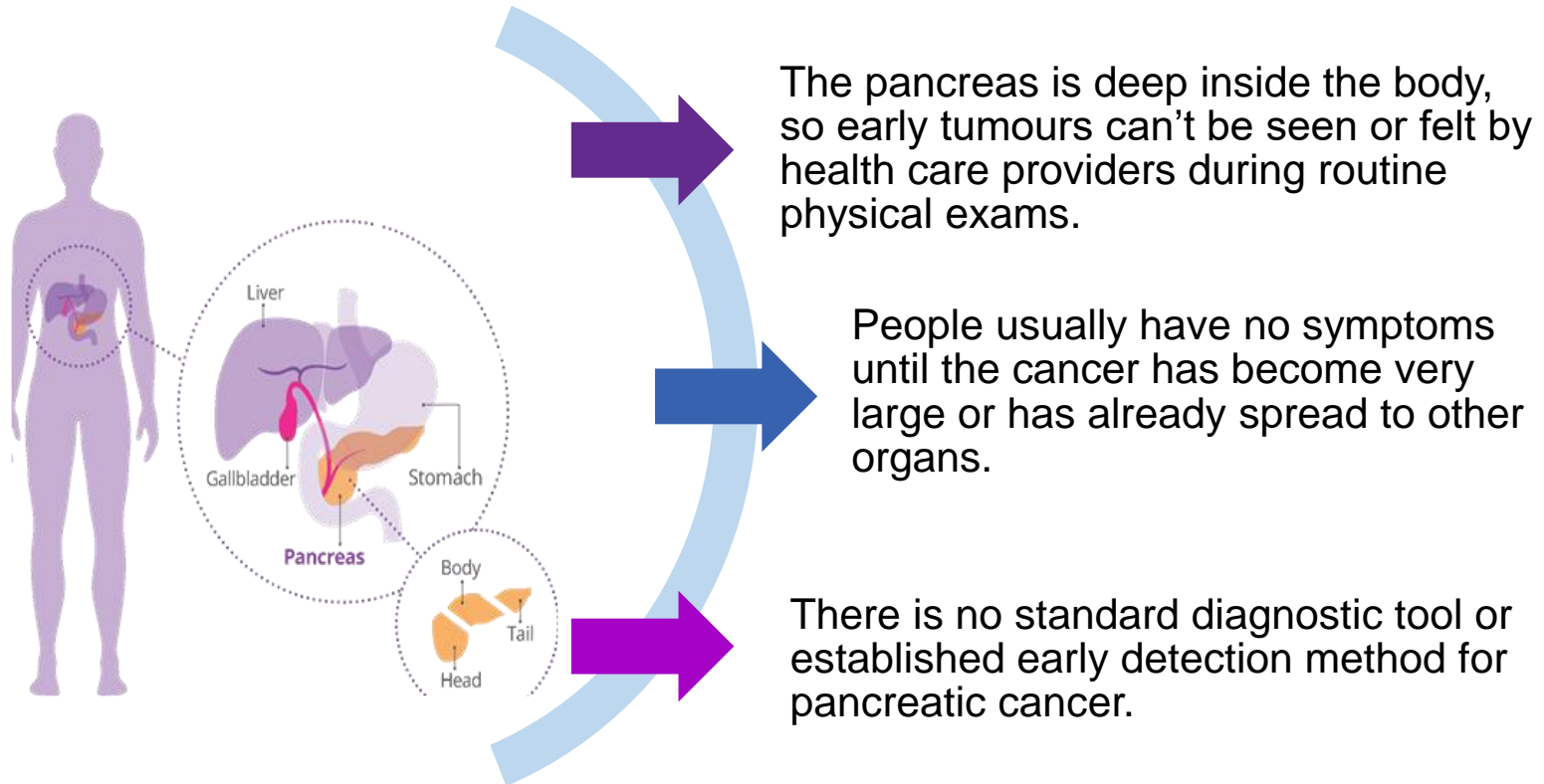
1. National Disease Registration Service, Cancer Data. (2019)

2. Rapid Cancer Registration Dataset, CancerStats (2022)

3. Rapid Cancer Registration Dataset, CancerStats (2016-2018)

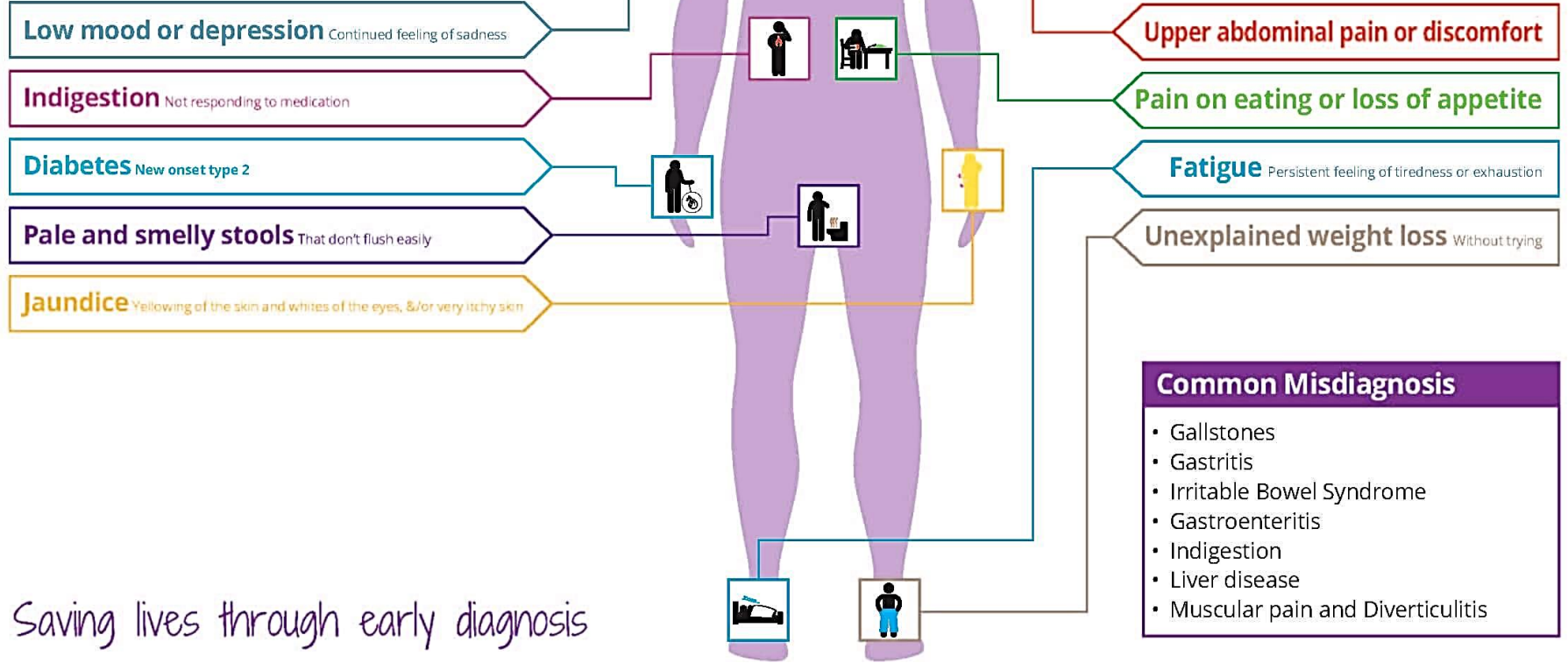
Challenges in early diagnosis

Pancreatic cancer is hard to diagnose early. The main challenges in early diagnosis are:



- [Why is pancreatic cancer diagnosed late?](#)
- [Pancreatic Cancer UK: Early Diagnosis Challenge](#)
- [Early Detection Information and Research](#)

Signs & Symptoms of pancreatic cancer



Saving lives through early diagnosis

Main risk factors

Age

Pancreatic cancer is more common in older people. In the UK, 47% of people diagnosed are over 75 years old. It is uncommon in people under 40 years old.

Smoking

Smoking increases the risk of pancreatic cancer. The risk increases the longer someone has smoked and the amount smoked. In the UK, one in five pancreatic cancers are caused by smoking.

Being overweight

Being overweight or obese increases the risk of pancreatic cancer. In the UK, approximately, 12% of pancreatic cancers are caused by people being over weight.

Family history of pancreatic cancer

In the UK, 5-10% of people diagnosed with pancreatic cancer have a family history. The risk increases further if more than one first degree relative has been diagnosed with pancreatic cancer or if the first degree relative was diagnosed at a young age.

Pancreatitis

People with chronic pancreatitis have increased risk of pancreatic cancer. If the chronic pancreatitis is hereditary the risk of pancreatic cancer is higher.

Diabetes

Diabetes can be a risk factor and a symptom of pancreatic cancer. People with diabetes have a higher risk of developing pancreatic cancer.

More than one of the above risk factors increases the overall risk of pancreatic cancer.

Other possible risk factors

Some research has suggested that the following things may increase your risk of pancreatic cancer. But more research is needed.

History of cancer

The risk of pancreatic cancer can be higher if an individual has already had other cancers.

Alcohol

There is some evidence that drinking a lot of alcohol may increase the risk of pancreatic cancer and of getting it at a younger age, but it's not clear exactly how much alcohol may increase the risk.

Red and processed meat

Eating red meat or processed meat may increase the risk of pancreatic cancer, particularly meat cooked at high temperatures.

Gallstones and gall bladder surgery

Some evidence suggests that people who have gallstones or have had their gall bladder removed (cholecystectomy) may have an increased risk of pancreatic cancer.

Click below for training resources



- [Risk Factors and Causes](#)
- [Risk Factors Fact Sheet](#)



New-onset diabetes and pancreatic cancer

Diabetes, especially Type 2, is common among the general population. However, unexplained new-onset diabetes should be investigated as a possible indicator of pancreatic cancer. It is also important to ask patients about other symptoms of pancreatic cancer such as steatorrhea, back pain and weight loss.

[NICE NG12 guidelines](#) recommend an urgent direct access CT scan (to be performed within 2 weeks), or an urgent ultrasound scan if CT is not available, to assess for pancreatic cancer in **people aged 60 and over with weight loss** any of the following: **diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new-onset diabetes**.

Refer people using a urgent suspected cancer pathway referral (for an appointment within 2 weeks) for pancreatic cancer if they are aged 40 and over and have jaundice.

- [NICE NG12 guidelines](#)
- [Fact Sheet - Explaining the NICE guidelines for diagnosing and managing pancreatic cancer](#)
- [Diabetes resources for health professionals](#)
- [Managing diabetes if you have pancreatic cancer](#)
- [University of Liverpool - Overview of the pancreatic cancer risk in people with New Onset Diabetes](#)
- [Pancreatic cancer could be diagnosed up to three years earlier](#)



Ardens SystemOne and EMIS

Ardens has created a variety of cancer resources to assist with identifying patients who may have a potential cancer diagnosis, and to support their ongoing management once diagnosed.

The **new Diabetes alert** will be displayed if you are adding a new diagnosis of diabetes to a patient's record and they are over the age of 60, advising the user to consider the possibility of pancreatic cancer.

Clinical Safety Warning

If you are adding a new diagnosis of diabetes in a patient over the age of 60:

NICE Cancer guidelines recommend you consider urgent abdominal CT to exclude pancreatic cancer **if the patient has noticed any weight loss**, to rule out pancreatic cancer.

See: <https://rebrand.ly/NICEsuspcang12> for more details

Alert provided by www.ardens.org.uk

OK Cancel



- [Ardens Cancer Resources](#) – EMIS
- [Ardens Cancer Resources](#) – SystemOne

QCancerScore

QCancer scores offer a host of tools that can calculate and display the risk of cancer across a range of tumour sites. There are several scores under the QCancer banner. QCancer is fully integrated into EMIS web, further information on this is on the link below.

QCancer works out the risk of a patient having a current but as yet undiagnosed cancer taking account of their risk factors and current symptoms. It does not give a diagnosis of cancer, but a risk of having one as yet undiagnosed.

Other tools include 10 year, which works out the risk of a patient developing cancer over the next 10 years given their individual risk factors.



- [QCancer Calculator and Guidance](#)
- [Macmillan QCancer information](#)

Ardens Cancer Symptom Analyser

The [Ardens Cancer Symptom Analyser](#) supports clinicians in identifying whether a patient's symptoms and findings meet the criteria for referral based on [NICE NG12 Suspected Cancer Guidelines](#).

The Cancer Symptom Analyser consist of the following resources:

- [Suspected Cancer Symptoms Template](#) - designed to record details of the patients presenting symptoms.
- [Suspected Cancer Analyser Template](#) - offers the appropriate NICE NG12 suspected cancer guidance, depending on the symptoms recorded for the patient.



• [Ardens Cancer Symptom Analyser and How It Works](#)

Know your codes:

Family History of Pancreatic cancer: **SNOMED concept ID 429000004**

This code is now available on EMIS and SystemOne

Cancer Research UK Symptom Reference Guide



Surrey and Sussex
Cancer Alliance

This symptom reference guide for suspected cancer recognition and referral has been developed by Cancer Research UK and the Royal College of General Practitioners to summarise NICE Guideline 12 Suspected cancer: recognition and referral.

Scan the QR code or click the link to view the comprehensive guide.

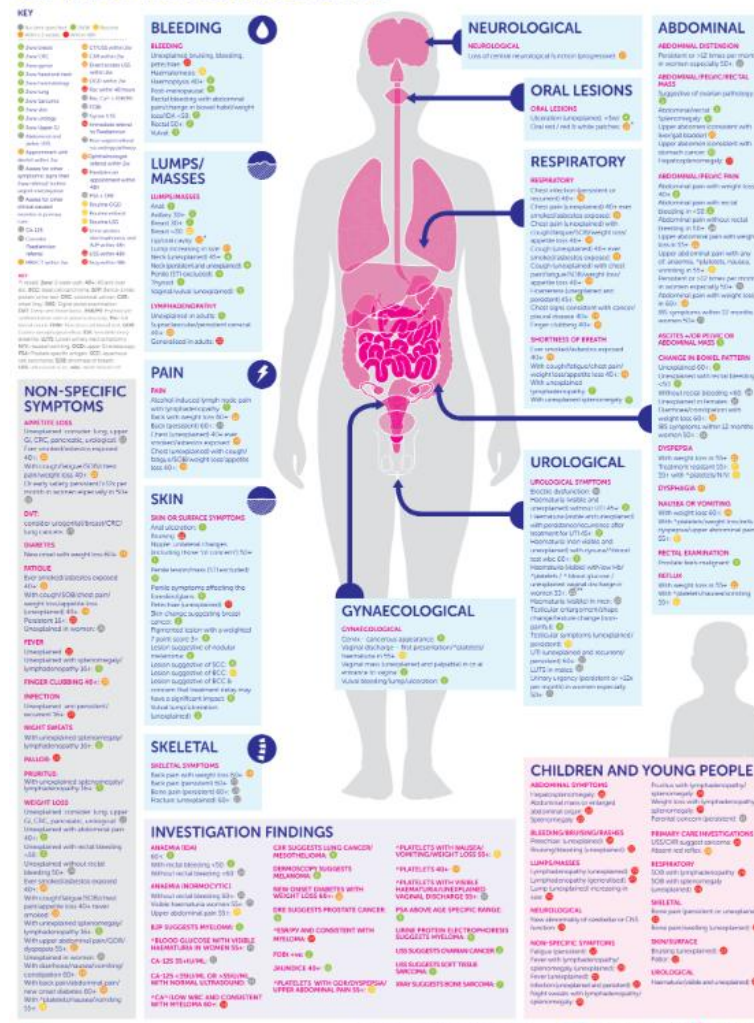


SCAN ME



- [Cancer Research UK Symptom Reference Guide](#)
- [Order a free copy](#)

NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL SYMPTOM REFERENCE GUIDE



GatewayC Cancer Maps

The Cancer Maps are an RCGP award-winning interactive reference tool which summarise the NICE NG12 guidelines.

The three maps allow healthcare professionals to quickly reference NG12 guidelines in just a few clicks, acting as a reassuring referral guide and a helpful safety-netting tool in discussion with patients.

The screenshot shows the GatewayC Cancer Maps interface. At the top, it says 'NICE guidance' and 'All maps' with buttons for '1', '2', and '3'. Below this are three maps: Map 1 (Lung, Oesophagus, Stomach & Duodenum & Liver, Pancreas), Map 2 (Breast, Ovarian, Cervical, Endometrial, Uterine, Testicular, Prostate, Bladder, Kidney, Thyroid, Salivary, Skin), and Map 3 (Brain, Blood, Bone, Bowel, Colon, Gallbladder, Kidney, Liver, Pancreas, Prostate, Skin, Stomach, Testis, Thyroid, Uterus, Vagina). On the right, there is a list of symptoms including abdominal pain, anorexia, back pain, bleeding, blood glucose, bone pain, bowel habit change, bruising, chest infection, chest pain, chest signs, constipation, cough, diabetes, diarrhoea, dyspepsia, dysphagia, erectile dysfunction, fatigue, fever, finger clubbing, fracture, haematemesis, haematuria, haemoptysis, hepatoplenomegaly, leucocytosis, leucopenia, lump, mass, nausea, night sweats, organomegaly, pallor, pelvic pain, petechiae, plasma viscosity, post-menopausal bleed, pruritis, rectal bleeding, recurrent infection, reflux, shortness of breath, thrombocytosis, ulceration, urinary symptoms, vaginal discharge, vomiting, weight loss, and white cell count.

The screenshot shows the 'Background and Risks for Pancreatic Cancer' section. The background is a mind map of pancreatic cancer. The text is as follows:

Background and Risks for Pancreatic Cancer

Background

- 10th most common cancer
- 96% diagnosed in people > 50yo
- 50% cases in women, 50% in men
- more common in white and black people than Asian people
- survival (all stages)
 - 1 year - 20%
 - 5 year - 5%
 - higher for pancreatic endocrine tumours

Risks

- lifetime risk
 - men 2%
 - women 2%
- 31% cases preventable
 - smoking (30% cases)
 - alcohol, 36 units/day (70% cases)
 - obesity (10% cases)
- medical conditions
 - chronic pancreatitis (3x increased risk)
 - gallstones (25% increased risk)
 - type 1 diabetes (34% increased risk)
- genetic mutations
 - BRCA2 variants, increased risk in men relative to women
- family history
 - parent, sibling or child affected by:
 - pancreatic cancer (62-78% increased risk)



- [GatewayC – Introducing Cancer Maps](#)
- [Cancer Maps Tool and Tutorial](#)

Inherited Risk of Pancreatic Cancer

About 10% of pancreatic cancers are hereditary meaning that for every 10 people with the disease, one likely had increased risk due to genetic mutations. Mutations that happen during a person's lifetime, rather than inherited mutations, cause most pancreatic cancers.

Mutated DNA can pass from generation to generation (germline mutations). These mutations may lead to hereditary pancreatic cancer. This is the only way the disease can be inherited.

Most individuals with inherited and other risk factors for developing pancreatic cancer are not aware of their risk or involved in any surveillance.

As early diagnosis plays such an important role in outcomes and survival for pancreatic cancer, understanding and monitoring risk factors is a key area for improvement.

NICE guidance NG85 [Pancreatic cancer in adults: diagnosis and management](#) recommends surveillance for people with an inherited high-risk, to detect pancreatic cancer earlier.



Image credit: <https://arielmedicine.com/patients-v1/guide-pancreatic-cancer/>

Read more about
[Family History of Pancreatic Cancer](#)
from Pancreatic
Cancer UK.



Pancreatic Cancer Surveillance – NG85 Recommendations for Inherited Risk

Pancreatic cancer in adults: diagnosis and management

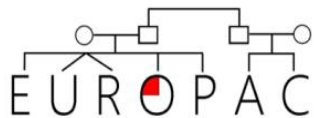
NICE guideline [NG85] Published: 07 February 2018

NICE



People with inherited high risk of pancreatic cancer

- 1.1.13 Ask people with pancreatic cancer if any of their first-degree relatives has had it. Address any concerns the person has about inherited risk.
- 1.1.14 Offer surveillance for pancreatic cancer to people with:
- hereditary pancreatitis and a PRSS1 mutation
 - BRCA1, BRCA2, PALB2 or CDKN2A (p16) mutations, and one or more first-degree relatives with pancreatic cancer
 - Peutz-Jeghers syndrome.
- 1.1.15 Consider surveillance for pancreatic cancer for people with:
- 2 or more first-degree relatives with pancreatic cancer, across 2 or more generations
 - Lynch syndrome (mismatch repair gene [MLH1, MSH2, MSH6 or PMS2] mutations) and any first-degree relatives with pancreatic cancer.
- 1.1.16 Consider an MRI/MRCP or EUS for pancreatic cancer surveillance in people without hereditary pancreatitis.
- 1.1.17 Consider a pancreatic protocol CT scan for pancreatic cancer surveillance in people with hereditary pancreatitis and a PRSS1 mutation.
- 1.1.18 Do not offer EUS to detect pancreatic cancer in people with hereditary pancreatitis.



Read more from NICE guidance NG85 [Pancreatic cancer in adults: diagnosis and management.](#)

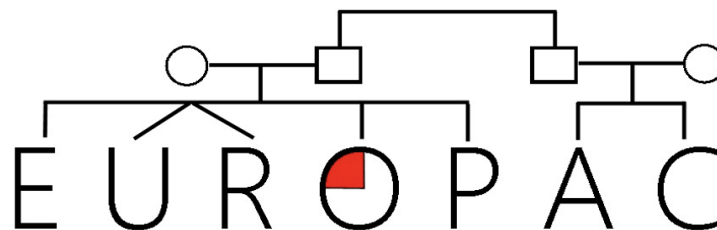
The European Registry of Hereditary Pancreatic Diseases (EUROPAC)

In order to ensure people with inherited risk factors have access to a high-risk surveillance pathway aligned to NG85 NICE guidance, NHS England and Cancer Alliances nationally have partnered with **The European Registry of Hereditary Pancreatic Diseases** ([EUROPAC](#)).

EUROPAC is a registry for families with histories of Familial Pancreatic Cancer and Hereditary Pancreatitis. They [recruit people with a family history of pancreatic cancer and people who have been diagnosed with hereditary pancreatitis](#), with over 2000 families registered since 2007. They offer [secondary pancreatic cancer screening to those who are at a higher risk of developing pancreatic cancer](#), with other 700 individuals undergoing active annual surveillance.

Using the family history that individuals provide, EUROPAC can assess their lifetime risk of developing pancreatic cancer. [Surveillance is offered on a yearly basis, and use a combination of CT, EUS, MRI and blood tests.](#)

EUROPAC's aim is to [develop early detection methods for pancreatic cancer](#), by better understanding risk and offering surveillance to those who take part and to continuously refine who to and how they provide surveillance to individuals.



Who should be referred to EUROPAC?

Familial Pancreatic Cancer

- Two or more first-degree relatives with pancreatic cancer (with first-degree kinship)
- Three or more relatives with pancreatic cancer (on the same side of the family)
- Carrier of known genetic mutation BRCA1, BRCA2, PALB2, CDKN2A (p16), ATM or Lynch syndrome (mismatch repair gene [MLH1, MSH2, MSH6 or PMS2] mutations) and one or more relatives with pancreatic cancer
- Carrier of Peutz-Jeghers syndrome
- Hereditary Non-Polyposis Colorectal Cancer (HNPCC)
- Familial atypical multiple mole melanoma (FAMMM)

Hereditary Pancreatitis

- Families with two or more relatives with idiopathic pancreatitis
- Families with at least one case of pancreatitis and a confirmed causative mutation in the PRSS1 gene

EUROPAC Regional Surveillance Navigators

Regional Surveillance Navigators are the central point for referrals from providers and main contact for new and existing participants at their delegated surveillance centres, enrolling eligible individuals into EUROPAC and assisting with all aspects of surveillance.



The Surveillance Navigator covering the Surrey & Sussex Cancer Alliance region is **Beata Gubacsi**.

Beata is the first point of contact for study participants and healthcare professionals, providing information about EUROPAC, processing referrals to registration, and providing support for navigating surveillance appointments.

Beata can be contacted for queries and referrals as below:
Secure NHS email: Beata.Gubacsi@liverpoolft.nhs.uk
Telephone: 0151 794 0717



The nearest surveillance centres for most SSCA patients are currently likely to be Southampton and London but additional sites are being explored.

EUROPAC Referral Process

There are three main referral routes into the regional navigators.



Secondary care

- Familial cascading from those diagnosed
- We expect most patients to come via this route



Genetic services

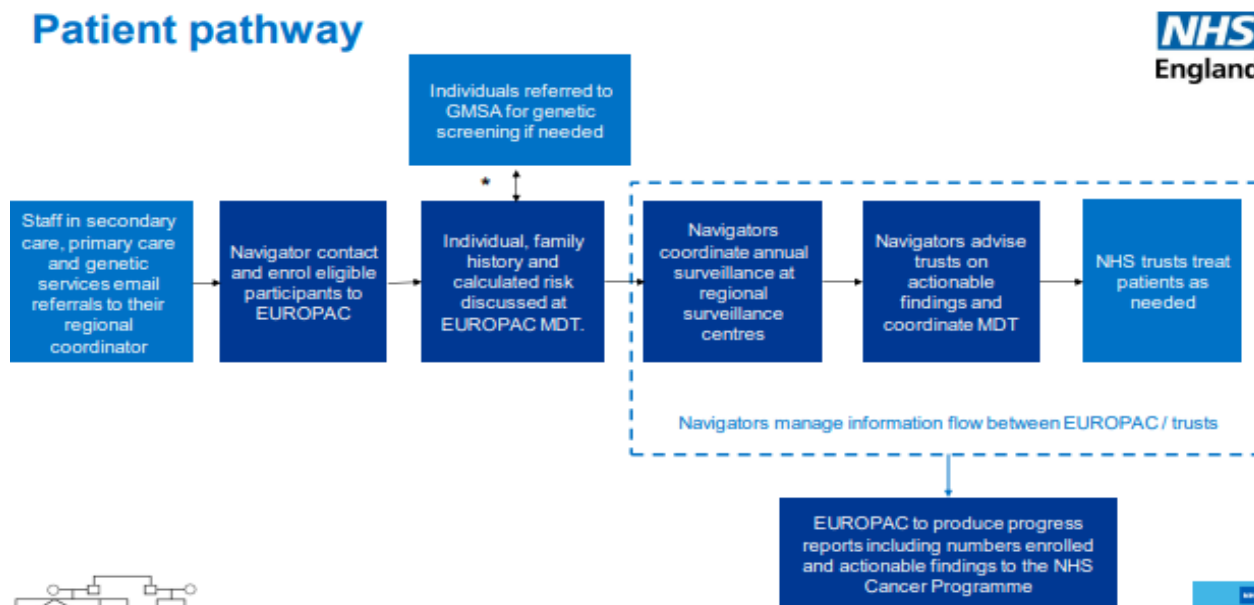
- Refer those who have a known mutation and relative with pancreatic cancer
- Link with BRCA & Lynch Syndrome programmes



Primary care

- GPs refer individuals with known family history of pancreatic cancer
- SNOMED code: Family history of malignant neoplasm of pancreas (429000004)

Patient pathway



EUROPAC Referral Resources



Surrey and Sussex
Cancer Alliance

EUROPAC have developed a referral form and information sheet for healthcare professionals to refer patients to the registry here [EUROPAC](#), which can be found on the Surrey & Sussex Cancer Alliance website. Or download them here:

[EUROPAC referral form](#)
[HCP information sheet](#)

EUROPAC website

<https://www.europactrial.com/>

EUROPAC participant Information sheets for familial pancreatic cancer and hereditary pancreatitis below:

[EUROPAC Familial Pancreatic Cancer](#)
[EUROPAC Hereditary Pancreatitis](#)

The image shows a 'EUROPAC Referral Sheet' form. At the top, there is a logo for EUROPAC (The European Registry of Hereditary Pancreatic Diseases) and contact information: EURO PAC Office, Cancer Research Centre, 200 London Road, Liverpool L3 9TA, UK. Tel: +44 (0)151 795 1256, email: europac@liv.ac.uk, www.europactrial.com.

The form is divided into several sections:

- Participant Details:** Includes fields for Participant Name, NHS Number, Participant address, Participant contact Number, MF, Date of Birth, Post Code, and Your Reference Number.
- Family History (Tick appropriate):** Includes checkboxes for:
 - 2 or more First Degree Relatives with pancreatic ca (For example, parent and grandparent, parent and sibling, parent, 3 or more cases of pancreatic cancer in the family)
 - 1 or more cases of pancreatic cancer with an associated Peutz-Jeghers Syndrome
 - Two or more relatives with idiopathic pancreatitis
 - One case of idiopathic pancreatitis
 - Family history of pancreatitis and PRSS1
- Other:** A text field for additional information.
- Referral Documents:** Includes checkboxes for Pedigree, Lab Report, and Confirmations, each with Yes/No options.
- Referrer Details:** Includes fields for Referrer Name, Date, and Referrer Email address.

At the bottom, it says 'Page 1 of 1', 'IRAS ID 248099', and 'Version 1.0 Dated 11/05/2023'. The University of Liverpool logo is also present.

The image shows an 'EUROPAC Health Care Professional Information Sheet'. At the top, there is a logo for EUROPAC (The European Registry of Hereditary Pancreatic Diseases) and contact information: EURO PAC Office, Cancer Research Centre, 200 London Road, Liverpool L3 9TA, UK. Tel: +44 (0)151 795 1256, email: europac@liv.ac.uk, www.europactrial.com.

The sheet contains the following information:

- Background:** Around 10% of pancreatic cancer cases are linked to these inherited factors. These occur in families with a history of either pancreatic cancer or hereditary pancreatitis or who carry an at-risk genetic mutation predisposing to these conditions. NICE guidance (NG85) recommends surveillance for people with an inherited high-risk ideally to detect pancreatic cancer earlier. EUROPAC's aim is to develop early detection methods for pancreatic cancer, by better understanding risk and offering surveillance to those who take part and to continuously refine who to and how we provide surveillance to individuals. NHS England is working with EUROPAC to provide a route from the NHS into their national surveillance program run at NHS Trusts across the country for people who may be at high risk of pancreatic cancer.
- What is EUROPAC?** The European Registry of Hereditary Pancreatic Diseases (EUROPAC) is in the first instance a registry for families with histories of Familial Pancreatic Cancer and Hereditary Pancreatitis. We register these individuals and collect their family history as well as samples for research purposes. The EUROPAC study also runs surveillance programs for individuals who are deemed high-risk. Using the family history individuals provide we can assess their lifetime risk of developing pancreatic cancer. Surveillance is offered on a yearly basis, and we use a combination of CT, EUS, MRI and blood tests. We are an open-ended study with no confirmed end date supported by The University of Liverpool, Pancreatic Cancer UK, NHS England, NIHR, and Cheshire and Merseyside Cancer Alliance.
- What are the benefits of joining the EUROPAC study?** For those who join the registry, they will be contributing to research into pancreatic cancer. Individuals who join the registry will be able to provide blood and urine samples that will be used across several studies to better understand pancreatic cancer. As a part of registration, individuals will have a formal risk assessment for pancreatic cancer including the risk of their relatives, and may be offered surveillance. Those who are eligible and wish to take part in our surveillance programme will be able to access a structured surveillance program tailored to them and their risk. Their risk will be reassessed on an annual basis including their family members. Individuals on the surveillance program will also have access to the EUROPAC team for any questions in relation to pancreatic cancer and their risk.
- Who is eligible?** The EUROPAC study has two cohorts, familial pancreatic cancer and Hereditary Pancreatitis.
 - Familial pancreatic cancer:**
 - Two or more relatives of first-degree kinship (e.g., sibling, parent and grandparent) affected by pancreatic cancer.
 - Three or more relatives affected by pancreatic cancer (on the same side of the family i.e., maternal, or paternal).
 - Carrier of a known genetic mutation and one family member affected by pancreatic cancer.
 - Carrier of Peutz-Jeghers.
 - Hereditary Pancreatitis:**
 - Families with two or more relatives with idiopathic pancreatitis
 - Families with at least one case of pancreatitis and a confirmed causative mutation in the PRSS1 gene

Please note this is our registry criteria and does not determine eligibility for surveillance. A risk assessment is conducted as part of registration to determine eligibility for surveillance.

At the bottom, it says 'Page 1 of 2', 'IRAS ID 248099', and the University of Liverpool logo. The Pancreatic Cancer UK logo is also present.




Further Resources

Source	Resource
	<p><u>Symptoms of pancreatic cancer Z-card</u></p> <p><u>Order free materials</u></p> <p><u>Fact Sheet - Explaining the NICE guidelines for diagnosing and managing pancreatic cancer</u></p> <p><u>Risk Factors</u></p> <p><u>Diabetes resources for health professionals</u></p> <p><u>Managing diabetes if you have pancreatic cancer</u></p> <p><u>Diabetes and pancreatic cancer</u></p> <p><u>Pancreatic Cancer UK: Early Diagnosis Challenge</u></p>
	<p><u>Cancer Research UK Stats</u></p> <p><u>Cancer Research UK Symptom Reference Guide</u></p> <p><u>Order a free copy</u></p>
	<p><u>University of Liverpool - Overview of the pancreatic cancer risk in people with New Onset Diabetes</u></p>




Further Resources

Source	Resource
	<p><u>Order free awareness materials</u></p> <p><u>Living with pancreatic cancer/Type 3C diabetes</u></p> <p><u>Resources for Healthcare Professionals</u></p> <p><u>Pancreatic Cancer Facts</u></p> <p><u>Why is pancreatic cancer diagnosed late?</u></p>
<p>NICE National Institute for Health and Care Excellence</p>	<p><u>NICE NG12 Guidance</u></p>
 <p>National Library of Medicine</p>	<p><u>New-onset Diabetes: A Potential Clue to the Early Diagnosis of Pancreatic Cancer</u></p> <p><u>New-onset diabetes in pancreatic cancer: a study in the primary care setting</u></p> <p><u>New onset diabetes and pancreatic cancer</u></p> <p><u>Pancreatic cancer could be diagnosed up to three years earlier</u></p>
	<p><u>Pancreatic cancer risk factors</u></p> <p><u>Diabetes and Pancreatic Cancer - Diet and Nutrition</u></p> <p><u>Early Detection Information and Research</u></p>

Further Resources

Source	Resource
	<p><u>Ardens Cancer Resources</u></p> <p><u>Ardens Cancer Symptom Analyser and How It Works</u></p>
<p>QCancer</p>	<p><u>QCancer Calculator and Guidance</u></p>
	<p><u>Macmillan QCancer information</u></p> <p><u>Primary Care Top 10 Tips</u></p>
	<p><u>GatewayC – Introducing Cancer Maps</u></p> <p><u>Cancer Maps Tool and Tutorial</u></p>

Training

Source	Resource
	<p><u>Access GatewayC's 'Pancreatic Cancer – Early Diagnosis' course</u></p> <p><u>Cancer Keys - New onset diabetes and pancreatic cancer</u></p>
	<p><u>Introduction to pancreatic cancer- Online course for GPs</u></p>
 Royal College of General Practitioners	<p><u>Pancreatic Cancer: Early Diagnosis in General Practice</u></p>

How we developed this toolkit

We have created this guidance and resource pack in collaboration with a number of partners and would like to thank them for providing information and insight.



Please note: the information in this pack is up to date as of October 2023 but may be subject to change. It is advisable to check sources for further updates.

We hope that you find this toolkit useful. If you have any questions, please contact us through our email: rsch.sscaadmin@nhs.net

[Click here for more information on earlier diagnosis of pancreatic cancer on our website](#)