Jreissati Pancreatic Centre

Epworth

Chemotherapy, radiotherapy and non-surgical treatment

Jreissati Pancreatic Centre | Epworth

Acknowledgements

The Jreissati Pancreatic Centre at Epworth thanks our consumer advisors (Anna Kalla, Kelly Pollock, John Clements, Julie Loft, Michelle Lewien) and healthcare professionals whose knowledge and insights were vital to the creation of this guidebook. This resource is supported by the Victorian Government through the Victorian Cancer Agency, and Epworth Medical Foundation.

The Jreissati Pancreatic Centre at Epworth acknowledges the Traditional Custodians of Country across Australia. We recognise their continuing connection to land, waters, communities and culture.

We pay our respects to Aboriginal and Torres Strait Islander Peoples and to Elders past, present and emerging.

Note to readers

This booklet provides general information about pancreatic cancer. It is not intended to replace advice from your treating team or other qualified professionals. You should always speak with your doctor about decisions that may affect your health. If you require legal, financial or psychological support, we encourage you to seek advice from appropriately trained specialists.

Every effort has been made to ensure the information is accurate at the time of publication. However, evidence and clinical guidance relating to cancer care are continually evolving. The Jreissati Pancreatic Centre at Epworth is not responsible for any loss, injury or damage resulting from reliance on this material.

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About the Jreissati Pancreatic Centre at Epworth

Pancreatic cancer is the eighth most diagnosed cancer in Australia. In 2025, it was estimated that 4,825 people would receive a pancreatic cancer diagnosis. This would account for 2.8% of all cancer diagnoses in the country.[1]

The Jreissati family are all too familiar with the fear and uncertainty that follow a diagnosis of pancreatic cancer, having lived through the experience when Elias was diagnosed at age 54. Knowing the impact the disease has had on their family, Elias, his wife Colleen and the rest of the Jreissati family wanted to change the patient and family experience for others. This led to the establishment of the Jreissati Pancreatic Centre at Epworth in 2021. This Centre provides clinical care and support to patients with a diagnosis of pancreatic cancer, supports early diagnosis and better patient outcomes, advocates for patients and raises awareness and understanding of the disease. 100% of the funding it receives is directed into research, patient support and clinical care.

Our centre comprises three intersecting parts, each of which is integral to improving patient outcomes and experiences

- Comprehensive patient-centred clinical care
- Patient advocacy and support
- Clinical trials and research

We are a specialist centre offering a centralised model of care for pancreatic disease management. This means our patients have access to all healthcare professionals required for their care within a single centre and hospital network. International studies support the view that centralised care improves overall patient outcomes.[2] By managing patients through one main centre, case volume increases, which in turn enhances clinical expertise. This growing expertise drives innovation and leads to advances that will improve patient procedures and treatments in the future.

The **patient experience** is a central focus of our centre. Receiving a diagnosis of pancreatic cancer can be an overwhelming and emotional time, often bringing many questions and uncertainties. Knowing that you are not facing this alone, and understanding where to turn for support, is very important. Once you are referred to the centre, you will meet our pancreatic nurse coordinator, who will be there to guide and support you throughout your care at Epworth. They will be your first point of contact and are always available to answer any questions or concerns you or your family may have.

Chemotherapy for pancreatic cancer

This booklet explains what to expect if you are having chemotherapy for pancreatic cancer. It provides practical information about how chemotherapy works, what the treatment process is like, and how to manage side effects.

Chemotherapy is one of the main treatments used for pancreatic cancer. It can be given on its own, or alongside surgery or radiotherapy. Everyone responds differently. Your care team will tailor your treatment based on your individual needs.

This resource is designed to help you feel more prepared and supported. It can also be shared with your family or carers so they can better understand your treatment and how to support you.

This resource does not replace medical advice. Always speak with your healthcare team about decisions that may affect your care.

Watch our video on chemotherapy for pancreatic cancer.

Understanding chemotherapy

Chemotherapy is a type of cancer treatment that uses medicine to destroy cancer cells. It works by targeting cells that grow and divide quickly, like cancer cells. These medicines are usually given through a drip into a vein such as a cannula or port. Some may be given as tablets.

For pancreatic cancer, chemotherapy may be used on its own or with other treatments like surgery or radiation therapy. Your care team will explain why chemotherapy is recommended in your case. This might be:

- To try to shrink the cancer before surgery
- To reduce the risk of the cancer returning after surgery
- To slow the growth of cancer and manage symptoms if surgery is not possible

How chemotherapy is given

Chemotherapy is usually given in cycles. A cycle involves having treatment on one or more days, followed by a break to allow your body time to recover. You may receive chemotherapy once a week, once every two weeks, or once every three weeks, depending on the type of treatment you are having.

Chemotherapy is most often given through a drip into a vein (IV), usually at a hospital day unit. In some cases, you may be given a small portable pump to take home. This continues to deliver chemotherapy over a few days.

Your care team will explain the exact schedule based on your treatment plan.

How chemotherapy is used in treatment

Chemotherapy may be used at different points in your cancer care:

- Before surgery (neoadjuvant chemotherapy): to help shrink the tumour or improve the chances of a successful operation. It also gives your team information about how the cancer responds to treatment.
- After surgery (adjuvant chemotherapy): to reduce the risk of cancer returning by targeting any cancer cells that may still be in the body.
- On its own: if surgery is not possible, chemotherapy may be used to slow the growth of the cancer and help manage symptoms.

Your oncologist will explain the timing and goals of treatment in your situation. You may also receive other treatments alongside chemotherapy. This will depend on your care plan.

Common chemotherapy combinations for pancreatic cancer

Drug combination	How it is given	How long it takes	Common symptoms to expect
FOLFIRINOX (includes fluorouracil (5-FU), leucovorin, irinotecan, and oxaliplatin)	Intravenous (IV drip). Usually involves multiple drips over one day, often followed by a portable pump at home for 2 days	Every 2 weeks. Each infusion visit may take 4 to 6 hours	Fatigue, diarrhoea, nausea, low white blood cells (infection risk), mouth sores, numbness or tingling in fingers and toes (neuropathy), hair thinning
Gemcitabine + nab-paclitaxel	Both drugs given by IV on the same day	Given on Days 1, 8 and 15 of a 28-day cycle. Each visit takes about 2 to 3 hours	Fatigue, low blood counts, hair loss, nausea, peripheral neuropathy (tingling or numbness), swelling in hands or feet, diarrhoea, and rash
Gemcitabine alone	IV drip, usually a shorter infusion	Given once a week for 3 weeks in a 4-week cycle	Generally well tolerated. Possible side effects include fatigue, low blood counts, mild nausea, or flu-like symptoms

Your oncologist and nursing team will explain which combination you're receiving, what to expect, and how to prepare for each cycle. Not everyone experiences all side effects, and many people find that the first few treatments help them understand their own pattern of symptoms.

What to expect during chemotherapy

Starting chemotherapy can feel overwhelming, especially if you have never had treatment before. This section outlines what a typical treatment journey may involve, so you can feel more prepared and know what to expect.

Before treatment starts

You will usually meet with your oncologist and nursing team to discuss your treatment plan. This is a good time to ask questions or raise any concerns.

Some chemotherapy drugs may affect fertility. If this is relevant to you, or if you are of childbearing age, speak with your oncologist about contraception and fertility options before treatment begins.

Watch our video on what to expect during chemotherapy:

Before your first treatment, you will usually have:

- Blood tests to check things like your kidney function, liver function, and blood cell levels
- A CT scan or other imaging to provide a baseline before treatment
- A discussion and written information about what chemotherapy you'll receive and how it will be given
- Information about possible side effects and what to do if they occur

Peripherally inserted central catheter (PICC) lines and ports: what's the difference?

Some people receive chemotherapy through a cannula placed in the arm. If treatment is expected to continue for a longer period, your care team may suggest a PICC line or port. These devices make it easier to give chemotherapy and take blood tests.

	PICC line	Port (implanted port)
What it is	A thin, flexible tube inserted into a large vein in the arm	A small device placed under the skin, usually in the chest
How it is used	Used for giving chemotherapy, fluids, or taking blood	Accessed with a special needle during treatment, remains under the skin between uses
Placement	Inserted by a radiologist or doctor under local anaesthetic	Inserted during a minor procedure, usually under sedation or local anaesthetic
Care at home	Dressing to be changed by nursing staff once every 7 days, patient to keep the dressing protected when showering at home	Requires less frequent maintenance, no dressing needed when not in use
Visibility	Visible on the arm, with tubing and dressing	Not visible when not accessed
How long it stays in	Usually used for weeks to months	Can stay in for many months or longer if needed

Not everyone needs a PICC line or port. Your care team will explain which option is best based on your treatment plan, vein health, lifestyle and preferences.

On treatment days

Chemotherapy is usually given in a hospital day unit or cancer centre. You'll be told what time to arrive and how long the session is expected to take.

Here's what usually happens:

1. **Check-in and preparation:** A nurse will check your blood pressure, temperature, and blood test results. They may also ask about how you've been feeling since your last visit, and review your symptoms using a checklist to assess any changes in side effects.
2. **Cannula or port access:** A small needle will be placed in your arm or port to give the chemotherapy.
3. **Pre-medications:** You may be given medications beforehand to help reduce nausea or allergic reactions.
4. **Chemotherapy infusion:** The chemotherapy will be given through a drip. The length of time will depend on your treatment. Some sessions may take 1 to 2 hours. Others may take 4 to 6 hours.
5. **Observation and discharge:** Once your infusion is finished, you'll be monitored briefly before going home. You'll be given a schedule for your next appointment and a number to call if you feel unwell.

Some people feel well enough to continue with their day after treatment. Others prefer to go home and rest. Either is normal. For your first treatment, it is a good idea to bring someone with you and arrange transport home, as some pre-medications may cause drowsiness.

Between treatments

Each chemotherapy cycle is followed by a break to allow your body to recover. This break may last several days or weeks.

During this time:

- You may feel tired or unwell for a few days, then gradually improve before the next cycle
- You will have regular blood tests to monitor your response and check for any concerns
- Your care team may follow up by phone or in person
- You may find it helpful to keep a diary or calendar to track how you feel and notice any patterns

Everyone's experience is different. You may find some days are harder than others. Planning around these patterns may help.

Your care team

You will be supported by a range of health professionals during treatment, including:

- Medical oncologist: oversees your treatment and makes decisions about your care
- Nurses: give chemotherapy and support you throughout treatment. At Jreissati Pancreatic Centre, you will also be cared for by a pancreatic nurse specialist who will help navigate your diagnosis and treatment.
- Pharmacists: prepare your chemotherapy and check your medications
- Dietitians: assess nutritional needs and provides evidence-based dietary advice to support health, manage disease, and improve overall wellbeing.
- Allied health professionals: such as social workers, psychologists or physiotherapists, depending on your needs

Managing side effects

Chemotherapy affects everyone differently. Some people experience only mild side effects. Others may find certain treatments more difficult. It is not possible to predict how your body will respond, but understanding what to expect can help you feel more in control.

Side effects will depend on the type of chemotherapy, your general health and how your body processes the drugs. Many side effects are temporary and can be managed with support from your care team.

Common side effects

Below is a list of side effects commonly reported with pancreatic cancer chemotherapy. You may not experience all of these, or you may notice others not listed here.

Side effect	What to expect
Fatigue	Fatigue is very common. You may feel more tired than usual, even after resting. It often builds up over time with repeated treatments.
Nausea and vomiting	Some people feel queasy during or after treatment. You may be given medication to help with this.
Diarrhoea or constipation	Bowel habits can change during chemotherapy. Let your team know if it becomes difficult to manage.
Mouth sores	Small ulcers or a sore mouth may make eating uncomfortable. Doing regular mouth care (at least 4 times a day) can help reduce discomfort and prevent infection.
Taste changes	Food may taste bland, metallic or different than usual.
Hair thinning or loss	Some chemotherapy drugs may cause hair to fall out. Others may only cause minor thinning.
Skin and nail changes	Dryness, sensitivity or darkening of the skin and nails can occur with certain drugs.
Neuropathy	Tingling, numbness or a 'pins and needles' feeling in your hands or feet, usually caused by certain drugs (like oxaliplatin or nab-paclitaxel).
Increased risk of infection	Chemotherapy can lower your white blood cell count, making it harder to fight infections. A fever (38°C or higher) is a medical concern.
Low blood counts	You may be more likely to bruise or feel short of breath. These changes are tracked with regular blood tests.

Keeping track of side effects

Some people find it helpful to:

- Use a diary such as the My Care Plan or calendar to track how they feel after each treatment
- Note when side effects begin, how long they last and how severe they are
- Share this information with their care team during appointments

Tips that may help

Although your healthcare team will guide you in managing symptoms, patients often find these suggestions useful:

- Rest often but try to get light movement each day if you can
- Eat small, frequent meals if you're feeling nauseated
- Keep your mouth clean with gentle brushing and mouth rinses
- Stay hydrated, especially if you have diarrhoea
- Wear loose, comfortable clothing on days you feel sensitive or bloated
- Keep hands and feet warm if you experience nerve symptoms
- Avoid crowded places or unwell people if your immunity is low

When to contact your care team

Some symptoms need urgent attention. Call your care team or go to hospital if you have:

- A temperature of 38°C or higher
- Chills, sweats, or flu-like symptoms
- Sudden shortness of breath or chest pain
- Ongoing vomiting or diarrhoea that prevents you from being hydrated
- Unusual bleeding or bruising
- Confusion, dizziness or difficulty staying awake

If you are not sure whether to call, it is always safer to check.

Preparing for treatment

Starting chemotherapy can feel like entering unfamiliar territory. Your care team will guide you through each step. There are also practical things you can do ahead of time to help you feel more prepared and supported.

This section includes suggestions for getting organised at home, questions to ask your care team, and ways to reduce stress before treatment begins.

Getting organised at home

A small amount of preparation can make things easier. Before your first treatment, you may wish to:

- Stock your pantry and freezer with meals and snacks that are easy to prepare
- Set up a space where you can rest, with cushions, blankets, water and entertainment within reach
- Arrange transport to and from your first few treatments
- Plan for quiet days after your first cycle, in case you feel unwell
- Gather items you may need, such as a thermometer, lip balm, mild mouthwash, water bottle, notebook and medications

Questions to consider asking your care team

Having clear information can help reduce uncertainty. Before or during your first appointment, you might want to ask:

- What chemotherapy drugs will I receive, and how will they be given?
- How often will I have treatment, and how long will each session take?
- What side effects are most likely with this treatment?
- Who should I contact if I feel unwell or have questions after hours?
- Will I need a port or PICC line?
- Can I continue to work, drive or exercise during treatment?
- What support services are available if I need help at home or feel overwhelmed?

You might find it helpful to write down questions in advance or bring someone with you to take notes.

Planning around your chemo schedule

Once your treatment plan is confirmed, you can organise other parts of your life around it. You may wish to:

- Book important appointments on non-treatment days
- Let your workplace know if you will need time off or flexible hours
- Ask family or friends to help with meals, transport or errands
- Organise childcare or school pickups if needed
- Let others know that your plans may change, and that rest may take priority

You may not know exactly how you will feel until after your first cycle, so keep plans flexible.

Things to watch out for

Chemotherapy can lower the number of white blood cells in your body. This can reduce your ability to fight infections. Your care team will monitor your blood levels during treatment and let you know if extra precautions are needed.

Not everyone develops a low white cell count (neutropenia), but if your immunity drops, even a mild illness can become serious. Simple steps can help reduce your risk of infection.

Some people also receive medication such as Clexane (enoxaparin) to reduce the risk of blood clots. Your team will let you know if this is necessary.

Why it matters

Low white cell counts usually occur between 7 and 14 days after chemotherapy. During this time, your risk of infection is higher. Regular blood tests will check your levels. If needed, your care team will advise you to take additional precautions.

If you develop a fever or other signs of infection during chemotherapy, you must seek medical attention straight away. Prompt treatment can prevent complications.

Signs of infection to watch for

Contact your care team or go to hospital immediately if you have:

- A temperature of 38°C or higher
- Chills, sweats or flu-like symptoms
- Sore throat or cough
- Shortness of breath
- Pain when urinating
- Diarrhoea or vomiting that lasts more than a day
- Redness, swelling or pus around a wound or catheter site
- Feeling unusually tired, dizzy or confused

Even if it seems minor, it's always best to check.

Everyday ways to reduce infection risk

At home

- Check your temperature daily, as this can help pick up early signs of infection
- Wash hands often, especially before eating and after using the toilet
- Use separate towels and cutlery if others are unwell
- Clean kitchen surfaces and bathrooms regularly
- Cook meat and eggs thoroughly
- Avoid raw seafood, unpasteurised dairy, and buffet-style food
- Check food expiry dates and store leftovers safely

Out and about

- Avoid crowded places (e.g. shopping centres) during times when your immunity is lower (usually between 7 to 14 days after chemotherapy, when white blood cell counts tend to drop).
- Wear a mask in busy indoor areas or public transport if recommended
- Avoid contact with people who have colds, flu or stomach bugs
- Carry hand sanitiser when away from home
- Be careful around young children if they're unwell or recently vaccinated with live vaccines
- Let your team know if you plan to travel or attend large gatherings

Managing nutrition and appetite during chemotherapy

Eating well during chemotherapy can be difficult. You may feel nauseated, lose your appetite or find that foods taste different. Some people lose weight or have less energy. These changes are common, but there are ways to help you stay nourished and hydrated.

This section provides general information about managing food and fluids. If you have ongoing concerns about eating or weight loss, your healthcare team can refer you to a dietitian.

Watch our video on managing nutrition:

Why nutrition matters

- Eating well supports your body during treatment and recovery
- It can help maintain your weight and strength
- Good nutrition may reduce the risk of treatment delays due to low energy or immunity
- Staying hydrated can help reduce some side effects like fatigue, constipation and headaches

How can a dietitian help me?

Pancreatic cancer can cause diet and nutrition-related problems. This happens because cancer and its treatment can affect how your body breaks down and absorbs nutrients from the food you eat. Additionally, side effects of the disease can cause loss of appetite, resulting in you eating less food. This can lead to weight loss and not getting enough nutrition out of the food you eat.

Dietitians have the knowledge and experience to help you get the most out of the food you eat. It's recommended that you consult with a dietitian, as dietitians can help you to:

- manage dietary issues resulting from symptoms of cancer or its treatment
- create an individualised eating plan and provide nutritional education and counselling
- manage your diabetes
- help you to gain or maintain your weight
- improve your quality of life
- assist in answering questions related to nutrition and cancer misinformation.

Common challenges

What might happen	What may help
Poor appetite	Eat small meals more often. Even just a few bites every couple of hours is a good start. Keep snacks within reach.
Nausea	Stick to dry, bland foods like crackers or toast. Avoid greasy, spicy or overly sweet foods. Ginger or peppermint tea may help.
Mouth ulcers or sore mouth	Choose soft, moist foods (e.g. porridge, stewed fruit, scrambled eggs). Avoid citrus, vinegar or salty foods.
Diarrhoea	Eat plain foods such as rice, bananas and white bread. Sip fluids slowly throughout the day.
Constipation	Include fibre-rich foods (if tolerated), such as oats, fruit or vegetables. Drink water regularly. You may also need to use laxatives, especially if you're taking anti-nausea medications that can cause constipation.
Fatigue	Prepare meals in batches or ask others to help with cooking. Keep ready-to-eat options like soups, yoghurts or frozen meals on hand.

High-energy, high-protein ideas

During treatment, your body may need more calories and protein to maintain weight and muscle. If you're struggling to eat full meals, aim for small amounts of high-energy foods more often.

Some examples include:

- Full-fat yoghurt or custard
- Peanut butter on toast or crackers
- Cheese and biscuits
- Well-cooked eggs in any form
- Milk-based drinks or smoothies
- Nut bars, dried fruit or trail mix
- Soups with lentils, beans, or meat

If you've been advised to avoid certain foods (e.g. if your immune system is low), your team can guide you on what's safe.

Staying hydrated

It's easy to become dehydrated during treatment, especially if you are feeling sick or have diarrhoea. Ways to stay hydrated:

- Sip water throughout the day. Keep a bottle nearby.
- Try other fluids such as diluted juice, clear broths or herbal teas
- Add fruit slices or a splash of cordial to plain or soda water if the taste puts you off
- If drinking is difficult, try ice cubes, jelly or icy poles

Signs you may need more fluids include dry mouth, dark urine, dizziness or fatigue. Let your team know if this happens.

Digestive issues and pancreatic enzyme replacement therapy (PERT)

Pancreatic cancer or its treatment can affect how your body digests food. This is known as pancreatic exocrine insufficiency (PEI). It happens when the pancreas does not produce enough digestive enzymes to break down fat, protein and carbohydrates properly.

Symptoms of PEI may include:

- Bloating or cramping after meals
- Frequent diarrhoea or oily, floating stools (steatorrhoea)
- Excess wind or abdominal discomfort
- Unintentional weight loss or poor appetite
- Tiredness due to malabsorption of nutrients

These symptoms can develop gradually and may be mistaken for other side effects of cancer or treatment. PEI is very common in pancreatic cancer, even before diagnosis or surgery, and can affect your quality of life and ability to maintain weight.

To manage PEI, your care team may recommend pancreatic enzyme replacement therapy (PERT).

What is PERT?

PERT involves taking capsules that contain pancreatin, a mix of digestive enzymes (lipase, amylase and protease). These enzymes help break down fat, protein and carbohydrates in your food.

In Australia, the most commonly prescribed PERT product is **Creon®**.

There are currently no vegetarian or non-pork alternatives available. If this is a concern for you, we recommend speaking with a dietitian and, if helpful, someone from pastoral care or your community faith leader.

How PERT works

When you swallow PERT capsules with meals, the enzyme granules are released in your stomach and become active in the small intestine. This helps your body absorb nutrients and reduce digestive symptoms.

PERT does not replace your pancreas. Instead, it helps your body digest food more effectively.

How much PERT do you need?

There is no one-size-fits-all dose. The amount of PERT you need depends on what you are eating, your body weight, and your symptoms.

A general starting dose may be:

- 50,000 to 75,000 units for a main meal
- 25,000 to 50,000 units for snacks or milky drinks

For example, this might mean taking:

- 2 to 3 capsules of PERT 25,000 with a main meal
- 1 to 2 capsules with a snack or nourishing drink

You may need a higher dose for larger or high-fat meals. Do not reduce your food intake to avoid symptoms — instead, increase your enzyme dose as needed.

It may take several days to notice an improvement once you start enzyme therapy.

When to take PERT

- Take half your dose with the first few bites of food, and the rest during the meal
- Always take PERT when eating or drinking anything with fat, protein or carbohydrate
- If you forget a dose, take it with your next snack or meal. Do not double up.

You do not need PERT with:

- Drinks with only a splash of milk (e.g. tea or coffee)
- Clear fluids like water, juice, cordial or fizzy drinks (unless a fruit smoothie)
- Alcoholic drinks, unless they contain milk or egg
- Plain fruit or vegetables (e.g. apples, carrots, lettuce)
- Sweets like jelly babies, marshmallows or mints

How to take PERT safely

- Swallow capsules whole with cool water
- Do **not** chew or crush the capsules
- Do **not** take with hot drinks, as heat damages the enzymes
- Store PERT away from heat and sunlight

Key points about PERT use

- Take with the first bite of food
- Adjust your dose based on meal size and fat content
- Track your symptoms and meals in a diary
- A dietitian can help you find the right dose

Signs your dose may need adjusting

If you still have symptoms such as oily stools, bloating, nausea or weight loss, your dose may be too low. These are signs to tell your doctor or dietitian.

Taking too much PERT is not harmful, but may cause irritation or itching around the anus. True side effects from PERT are rare.

What happens if you take too much PERT?

Extra enzymes will pass through your body and come out in your bowel movements. They are not harmful, but high doses may cause irritation or itching around the anus. Side effects from PERT are uncommon. If you have bloating, nausea or wind, it is more likely that your dose is too low rather than too high.

Let your care team know if you still have symptoms such as fatty stools, bloating or weight loss. A dietitian can help you adjust the dose and find suitable meals.

Managing type 3c diabetes during chemotherapy

Some people with pancreatic cancer develop a type of diabetes known as type 3c diabetes. This occurs when the pancreas is not producing enough insulin because of the cancer or treatment. It is also called pancreatogenic or secondary diabetes.

Type 3c diabetes is different from type 1 or type 2. It requires a tailored approach to management and may occur alongside pancreatic exocrine insufficiency (PEI).

You may be diagnosed with type 3c diabetes:

- After part or all of your pancreas is removed
- If the tumour disrupts the pancreas' ability to produce insulin
- If inflammation, scarring or poor blood flow affect pancreatic function

Some people also experience changes in blood sugar during treatment due to:

- Steroid medications (commonly used during chemotherapy)
- Infection or stress, which can raise blood glucose levels
- Changes in appetite or food intake

You may need to:

- Check your blood sugar regularly using finger-prick tests or a continuous glucose monitor (CGM)
- Use insulin injections to manage blood sugar
- Adjust what and when you eat to help keep your blood sugar steady

A diabetes educator or endocrinologist can help you learn how to manage this and answer any questions.

Eating well with type 3c diabetes

- Eat regular meals and avoid skipping them
- Keep your portion sizes moderate
- Reduce foods with added sugars
- Choose whole fruits and milk in small amounts rather than sugary foods or drinks
- Eat more vegetables than fruit
- Reduce saturated fats, especially those from animal products
- Include a source of protein such as fish, dairy, eggs, lentils, tofu or soy products
- Include oily fish such as salmon, sardines or mackerel to support heart health

Let your care team know if you feel unusually tired, dizzy, very thirsty or notice changes in your weight or appetite, as these may be signs that your blood sugar levels need more attention.

When to see a dietitian

Ask your care team for a referral to a dietitian if:

- You are losing weight quickly
- You are unsure what or how much to eat
- You have symptoms such as steatorrhea, cramping or fatigue
- You are taking enzymes and need help with dosing
- You are managing diabetes or have concerns about blood sugar levels

A dietitian can provide a personalised eating plan and help you adjust it as your needs change.

General tips

- You do not need to follow special recipes. It's fine to eat the foods you would normally eat, or to try something new – just remember to take PERT with meals.
- There are no foods you must avoid because of cancer or surgery
- If you cannot eat large meals, try smaller meals and snacks more often
- Use smaller plates to make meals feel easier to manage
- If you cannot eat much at one time, eat again when you feel able
- Set realistic goals. Eating can be difficult during treatment and that is normal
- Keep frozen meals or leftovers for days when you cannot cook
- Keep snacks close by so you can eat when you feel ready
- Presentation can help make food more appealing
- Ask a friend or family member to help with cooking if food smells are off-putting
- A food diary can help you track what you eat, your enzyme doses and any symptoms

Practical tips and tricks

Chemotherapy affects more than just your body. It can also impact your energy levels, routines and ability to keep up with day-to-day tasks. This section shares practical strategies that may help you feel more in control.

Everyone's experience is different. What works for one person may not work for another, but these ideas may provide a useful starting point.

On chemo days

- Dress comfortably: Wear soft layers to adjust to changes in temperature during long sessions
- Pack a chemotherapy bag: Include snacks, water, lip balm, medications, a book or device and headphones
- Bring someone with you: A family member or friend can keep you company or take notes
- Ask for help with transport: You may feel fine, but it helps to have support, especially after your first treatment
- Eat lightly beforehand: A small, familiar meal may help if you are prone to nausea

Planning your week

You may notice a pattern of side effects during each cycle. This can help you plan activities around the days you feel well.

- Keep appointments or social events for your better days
- Allow time to rest after treatment, even if only for a day at home
- Let others know when you may need help with transport, meals or childcare
- Use a calendar, diary or app to keep track of appointments and medications

At home

- Stock up before treatment: Make sure you have food, clean clothes and any personal care items you may need
- Cook in batches or freeze leftovers: This reduces the need to cook on days when you are tired
- Keep medications and supplies organised: A labelled drawer or small box can help
- Display contact numbers clearly: Include your care team, local pharmacy and a trusted family member or friend

Notes

Mental and emotional wellbeing during chemotherapy

Chemotherapy doesn't just affect your body. It can also take a toll on your mental and emotional health. Many people feel a mix of emotions before, during and after treatment, including anxiety, sadness, frustration, or fear of the unknown. This is a normal response to a difficult situation.

You do not have to feel positive all the time, and there's no right or wrong way to feel. This section offers some practical ways to look after your mental wellbeing, and where to turn if you want extra support.

Common experiences

During chemotherapy, you may notice:

- Feeling anxious before appointments or scans
- Mood swings or irritability
- Trouble concentrating or remembering things ('chemo brain')
- A sense of isolation or disconnect from others
- Worry about the future, recurrence, or how others are coping

These feelings can come and go. You may feel fine one day and flat the next – that's part of the process, and it doesn't mean you're not coping.

What might help

Issue	Things that may help
Feeling overwhelmed	Break things down into small steps. Focus on what you can do today.
Trouble concentrating	Write things down, use reminders, or ask others to take notes at appointments.
Emotional fatigue	Take short breaks by reading, watching a show, or going for a walk.
Feeling isolated	Stay connected in ways that feel manageable, such as short calls, text messages, or visits on your terms.
Trouble sleeping	Try a calming routine before bed, avoid screens late at night, and speak with your care team if sleep problems continue.

Supporting yourself

- Let go of pressure to stay positive if it does not feel natural
- Set small, achievable goals, such as having a shower or eating breakfast
- Notice moments of joy or humour, even during hard days
- Spend time with people who understand how you feel
- Take each day as it comes. Not every day will feel the same

Complementary therapies

Some people choose to use complementary therapies during chemotherapy. These are non-medical treatments used alongside standard care to support wellbeing. They are not a substitute for cancer treatment.

Complementary therapies may help with relaxation, sleep, mood or managing side effects such as nausea and fatigue. However, not all therapies are suitable during chemotherapy. Some may interfere with your treatment. Always speak with your care team before starting anything new.

What are complementary therapies?

Complementary therapies include a wide range of approaches that aim to support physical, emotional or spiritual health.

Some examples include:

- Massage: gentle massage by a trained practitioner may help reduce muscle tension and promote relaxation
- Mindfulness and meditation: breathing exercises or guided meditation may help reduce stress
- Aromatherapy: essential oils or scented products may support relaxation, often used during massage
- Art or music therapy: creative activities can provide an emotional outlet or distraction
- Gentle exercise: walking, yoga or stretching may support energy levels if approved by your care team

These therapies are generally low-risk when delivered by trained professionals, but it's important to make sure the practitioner understands your medical condition and treatment.

What to be cautious about

Some products marketed as 'natural' or 'immune boosting' may not be safe during chemotherapy.

Be cautious with:

- Herbal supplements: these can affect how chemotherapy drugs are absorbed or processed
- High-dose vitamins or antioxidants: these may interfere with the effectiveness of treatment
- Unproven or alternative treatments: avoid any that claim to cure cancer or replace medical care
- Fasting or restrictive diets: these can lead to weight loss and low energy, which may be harmful during treatment

If you are unsure whether a therapy is safe, ask your oncologist, pharmacist or nurse before using it.

Understanding radiotherapy

Not everyone with pancreatic cancer will receive radiotherapy. It may be recommended in specific situations, either on its own or in combination with chemotherapy. This section provides an overview of when radiotherapy may be used and what to expect.

When is radiotherapy used?

Your oncologist may recommend radiotherapy:

- Before surgery, with chemotherapy, to shrink the tumour and improve the chance of successful removal
- After surgery, to reduce the risk of cancer returning in the same area
- If surgery is not possible, to help control the cancer locally
- To relieve symptoms caused by the tumour pressing on nearby organs, such as pain or digestive problems

Your care team will explain whether radiotherapy is part of your treatment plan and why it may be appropriate.

What radiotherapy involves

- Radiotherapy is usually given Monday to Friday on a regular schedule for several days or weeks
- Each session takes about 10 to 20 minutes and is not painful
- You will lie still on a treatment bed while a machine moves around you
- The machine delivers precise beams to the target area
- You do not become radioactive and it is safe to be around others afterward
- You will have a planning scan before treatment begins to ensure accuracy

Possible side effects

Side effects depend on the area being treated and the number of sessions. Common side effects may include:

- Fatigue, which can build over the course of treatment
- Nausea or loss of appetite
- Bowel changes, such as diarrhoea, bloating or cramping
- Skin irritation in the treatment area (redness or soreness)

Most side effects develop gradually and ease within a few weeks after treatment ends. Your team will monitor you closely and support you with symptom management.

Support during radiotherapy

You will continue seeing your care team during radiotherapy. Let them know if:

- You feel unwell between sessions
- You have concerns about continuing treatment
- You are experiencing side effects that are hard to manage

Dietitians, cancer nurses and radiation therapists are often available during radiotherapy. They can help with side effects, nutrition and emotional support.

Key takeaways

Chemotherapy can place physical and emotional demands on you. This guide is designed to help you feel informed, supported and prepared. You may find it helpful before treatment begins, during a cycle or after a challenging week.

A few final reminders:

- Everyone's experience of chemotherapy is different. Your care team will tailor your treatment as needed
- Most side effects can be managed. Let your team know how you are feeling
- Looking after your wellbeing is part of treatment
- Support is available. You do not need to manage this alone

If you have questions, concerns or need support, speak with your care team. They are here to help.

Contact us

Jreissati Pancreatic Centre at Epworth

Phone 03 9426 8880
Email EH-PancreaticCentre@epworth.org.au

pancreaticcentre.org.au

Glossary

Adjuvant chemotherapy: Chemotherapy given after surgery to reduce the risk of the cancer returning.

Anti-nausea medications: Medicines that help prevent or treat nausea and vomiting.

Blood counts: Tests that measure different types of cells in your blood, including red cells, white cells and platelets.

Cannula: A small plastic tube inserted into a vein, used to give chemotherapy or fluids.

Carer: A family member or friend who provides unpaid support to someone with a health condition.

Chemotherapy: A type of cancer treatment that uses medicine to destroy cancer cells or slow their growth.

Cycle (of chemotherapy): A period of treatment followed by a break to allow the body to recover.

Enzyme replacement therapy (PERT): Capsules that help with digestion by replacing the enzymes your pancreas is not making.

Fatigue: A feeling of extreme tiredness or lack of energy that does not improve with rest.

FOLFIRINOX: A combination of four chemotherapy drugs (fluorouracil, leucovorin, irinotecan and oxaliplatin) often used to treat pancreatic cancer.

Gemcitabine: A chemotherapy drug commonly used to treat pancreatic cancer.

Immunity: The body's ability to fight infection. Chemotherapy can reduce this, making you more likely to get sick.

Infusion: A way of delivering medicine slowly into the bloodstream through a drip.

Insulin: A hormone that helps control blood sugar levels. It may be needed if your pancreas is not working properly.

Low white cell count: A drop in the number of white blood cells, which can increase the risk of infection.

Medical oncologist: A doctor who specialises in treating cancer with medicines such as chemotherapy.

Mouth care: Cleaning your mouth regularly to reduce the risk of sores or infections during chemotherapy.

Neoadjuvant chemotherapy: Chemotherapy given before surgery to help shrink the tumour or test how the cancer responds to treatment.

Neuropathy: Numbness, tingling or pain in the hands or feet, often caused by chemotherapy.

Nutritional supplement: A drink or food product that adds extra calories, protein or nutrients to your diet.

Oxaliplatin: A chemotherapy drug often used as part of the FOLFIRINOX combination.

PICC line: A long, thin tube inserted into a vein in the arm to deliver chemotherapy over time.

Port (implanted port): A small device placed under the skin that allows easy access to a vein for chemotherapy.

Side effect: A secondary effect of treatment, such as nausea, fatigue or hair loss.

Support services: Programs or professionals that help patients and carers manage the emotional, physical and practical effects of cancer.

Temperature (fever): A temperature of 38°C or higher may be a sign of infection and needs urgent medical attention during chemotherapy.

Type 3c diabetes: A form of diabetes caused by problems with the pancreas, often following surgery or due to cancer.

Additional resources

General

Cancer Council

Cancer Council provides clear, national information about chemotherapy, including what to expect, how treatment works and common side effects. Their 'Understanding Chemotherapy' guide is designed for patients and carers, and is available in multiple languages. The website also links to support services, booklets, and a free telephone helpline.

www.cancer.org.au

Healthdirect Australia

Healthdirect is a government-funded website offering reliable, clinician-reviewed information about chemotherapy. Their site explains how chemotherapy works, possible side effects, and what to expect before and after treatment. It also links to local services, symptom checkers, and after-hours health advice.

www.healthdirect.gov.au/chemotherapy

eviQ (Cancer Institute NSW)

eviQ is a national resource developed by the NSW Cancer Institute, used by hospitals across Australia. Their patient section provides easy-to-read chemotherapy treatment summaries that explain each drug regimen, what side effects to expect, and when to seek help.

www.eviq.org.au

Diabetes Australia

People with pancreatic cancer may develop type 3c diabetes, or have changes in blood sugar due to chemotherapy. Diabetes Australia provides guidance on blood sugar monitoring, insulin use, and managing eating patterns during treatment.

www.diabetesaustralia.com.au

Carer Gateway

Carer Gateway is a national support service for people caring for a family member or friend. It offers free counselling, respite care, practical advice and referrals to local services. The website is easy to use and connects carers with support based on their location and needs.

www.carergateway.gov.au

Financial and legal advice

Cancer Council's Financial Assistance Program

Provides advice and support on a variety of topics including legal issues, financial planning, small business accounting, workplace (HR or recruitment) advice.

13 11 20

cancer.org.au/support-and-services/practical-and-financial-assistance

Community Legal Centres Australia

Provides links to local community legal centres across Australia.

clcs.org.au/legal-help

Cancer Council's Dealing with Debt factsheet

Information for people who are having trouble paying their debts.

cancer.org.au/assets/pdf/dealing-with-debts

Services Australia's Financial Information Service

Information on employment, disability, sickness and carer payments.

132 850

servicesaustralia.gov.au

Type 'Financial Information Service' in the search box

Cancer Council's Help with Bills factsheet

Explains options to help you pay your utility bills, including rebates, discounts, and concessions.

cancer.org.au/assets/pdf/help-with-bills-factsheet

Money Smart

Financial tips from the Australian Securities and Investments Commission (ASIC). Includes the Financial Advisers Register.

1300 300 630

moneysmart.gov.au

State Trustees

Public Trustees who can help you prepare a will and manage your finances. Contains links to public trustees by state and territory.

willshub.com.au/succession-law-resources/public-trustees/

Cancer Council's Superannuation and Cancer factsheet

Advice on finding and accessing super, tax implications of accessing super, and super-related insurance.

cancercouncil.com.au/wp-content/uploads/2022/09/Superannuation-and-Cancer.pdf

Counselling and mentoring services

Canteen

Free counselling and emotional support to young people and their families who are impacted by cancer.

1800 226 833

canteen.org.au

Care Search

Australian Government website that provides palliative care information and links to services for people affected by cancer.

caresearch.com.au

Kids Helpline

Telephone and online counselling service and crisis support for young people aged 5–25.

1800 55 1800

kidshelpline.com.au

Pancare support groups

Online and face-to-face support groups for patients and carers.

1300 881 698

pancare.org.au/living-well/support-groups/upper-gastrointestinal-cancer-support-groups

Pankind Support Navigator

(02) 7207 6970

support@pankind.org.au

Telephone support groups

The below telephone support groups are free, professionally facilitated support groups. They are open groups and you can join in whenever you feel well enough, on an ongoing basis, from anywhere in Australia.

Members are telephoned by Cancer Council so there are no costs to participate. You can be called on a landline or a mobile.

The Pancreatic Telephone Support Group meets the first and third Wednesdays of the month from 1.30pm–2.30pm (EST) and accepts new members at any time.

The Advanced Cancer Telephone Support Group meets the first and third Tuesday of the month from 1.30pm–2.30pm (EST) and is for people with a variety of cancers, including pancreatic cancer.

The Carers' Telephone Support Group meets the second and fourth Wednesdays of the month from 1.30pm–2.30pm (EST) and is for people caring for someone with any cancer, including pancreatic cancer.

To find out more about any of these telephone support groups, 1300 755 632 or email tsg@nswcc.org.au.

Medicare Safety Nets thresholds

Medicare Safety Nets have thresholds. When you spend certain amounts in gap and out of pocket costs, you may reach these thresholds. Once you've reached the thresholds, you'll begin to receive higher Medicare benefits. This means you'll receive more money back for certain Medicare-funded services.

servicesaustralia.gov.au/what-are-medicare-safety-nets-thresholds

Please make sure you register so that your payments are counted towards the threshold.

Information for carers

Carer Gateway

Links carers to local support services such as emergency respite care, counselling and peer support groups. Offers practical information, resources and support packages for carers.

1800 422 737

carergateway.gov.au

Carers Australia

National body working with state and territory Carers Associations to provide information and counselling for carers.

1800 242 636

carersaustralia.com.au

Advance care planning

Advance Care Planning Australia

Information about planning for your future healthcare, including advance care directives.

1300 208 582

advancecareplanning.org.au

My Values

A set of specially constructed statements designed to help you identify, consider and communicate your wishes about the medical treatment you would want in the later stages of life.

myvalues.org.au

Helpful guides and factsheets

Cancer Council's Employment and Cancer factsheet

This fact sheet answers some common questions people have about their rights. It explains federal employment laws and protections under anti-discrimination laws.

cancer.org.au/assets/pdf/employment-and-cancer

Cancer Council's Getting your Affairs in Order factsheet

Instructions on making a will, preparing documents that will help others to make decisions for you if you're not able to make them yourself, nominating a beneficiary for your superannuation and insurance, and sorting out legal and financial paperwork.

cancer.org.au/assets/pdf/getting-your-affairs-in-order-factsheet

My Aged Care

Established by the Australian Government to help you find and access the right government-funded aged care services.

You can call the My Aged Care Contact Centre on 1800 200 422.

Monday to Friday 8am to 8pm and Saturdays 10am to 2pm

myagedcare.gov.au

Notes

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Notes

References

1. Cancer Australia, *Pancreatic cancer in Australia statistics*, Cancer Australia, 2025, accessed 1 December 2025.
2. OO Faluyi, JL Connor, M Chatterjee, C Ikin, H Wong and DH Palmer, 'Advanced pancreatic adenocarcinoma outcomes with transition from devolved to centralised care in a regional Cancer Centre', British Journal of Cancer, 2017, 116:424-431.

Epworth Medical Foundation

Epworth

epworth.org.au/giving

Contact us

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This centre is funded by the generosity of donors to the Epworth Medical Foundation who share our vision for early diagnosis and cutting-edge treatment for patients with pancreatic cancer.

CONSUMER REVIEWED

PI2730_JPC_1026_CR1026