Jreissati Pancreatic Centre

Epworth

Understanding your pancreatic cancer diagnosis

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Acknowledgements

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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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VICTORIAN CANCER AGENCY

VICTORIA State Government

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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.

Understanding your pancreatic cancer diagnosis

Being diagnosed with pancreatic cancer can be overwhelming. This guide has been developed to support you and your family with clear, practical information.

It includes:

- An overview of what pancreatic cancer is
- How it is diagnosed, staged, and graded
- What treatment options may be offered
- The roles of different health professionals involved in your care

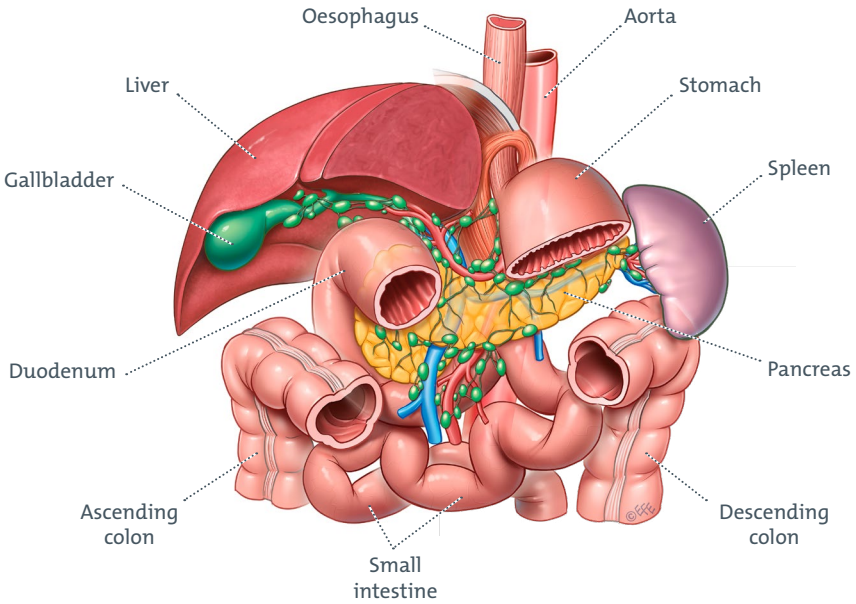
This resource does not replace medical advice. Always speak with your healthcare team about decisions that may affect your care.

Notes

What is the pancreas?

The pancreas is a gland located deep in your upper abdomen, behind the stomach and in front of the spine. It is about 15 centimetres long and has an important role in digestion and blood sugar control.

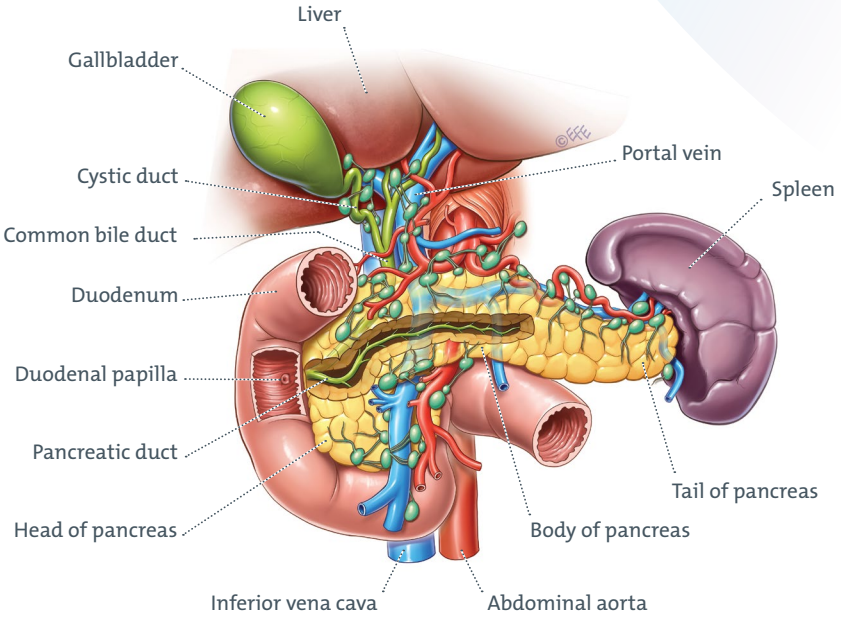
The hepatobiliary and upper gastrointestinal tract



Parts of the pancreas

Part	Location
Head	The wide end, located on the right side of the body near the small intestine
Body	The middle section
Tail	The narrow end, located on the left side of the body near the spleen

The pancreas



What the pancreas does

Function	Role in the body
Exocrine function	Produces digestive enzymes that help break down food and absorb nutrients. These enzymes travel through ducts from the pancreas into the small intestine.
Endocrine function	Produces hormones such as insulin and glucagon to regulate blood sugar levels. These hormones are released by the pancreas directly into the bloodstream.

When the pancreas is not working properly, it can lead to symptoms such as abdominal or back pain, poor appetite, unintended weight loss, oily or pale stools, and diabetes. These symptoms can occur when a tumour blocks the ducts that carry digestive enzymes to the small intestine or damages the tissue that produces these enzymes. Pancreatic tumours may also affect hormone production, including insulin and glucagon.

What is pancreatic cancer?

Cancer occurs when cells grow and divide in an uncontrolled way. This leads to the formation of a mass called a tumour. In pancreatic cancer, these abnormal cells develop in the pancreas and can interfere with how it functions.

Types of pancreatic cancer

There are two main types of pancreatic cancer, based on the type of cell where the tumour begins:

Type	Description	Frequency
Exocrine tumours	Start in the cells that produce digestive enzymes. The most common type is pancreatic ductal adenocarcinoma (PDAC), which forms in the ducts of the pancreas.	~95% of cases
Endocrine tumours (also called neuroendocrine tumours or NETs)	Start in the hormone-producing cells of the pancreas (islet cells). These can sometimes grow more slowly than exocrine tumours.	~5% of cases

Understanding the type of tumour helps guide treatment. Exocrine and endocrine tumours behave differently and often require different approaches. For example:

- Pancreatic ductal adenocarcinoma (PDAC) is often treated with surgery, chemotherapy or radiotherapy
- Neuroendocrine tumours may respond better to hormone therapies or targeted treatments

Your care team will explain the type of tumour you have and what this means for your treatment plan.

In most cases, pancreatic cancer is not inherited. However, if there is a strong family history or a known genetic condition, your doctor may recommend referral to a family cancer clinic.

Types of tests for pancreatic cancer

To diagnose pancreatic cancer, your care team will use a range of tests to locate the tumour, assess whether it has spread, and understand the best treatment options. These tests may include scans, endoscopic procedures, biopsies, and blood tests.

No single test gives all the information needed. Your care team will use a combination of results to confirm your diagnosis and develop your treatment plan.

Common diagnostic tests

Test type	Purpose	What it involves
Imaging	To identify a tumour, assess spread, and monitor treatment	› **CT scan:** Produces 3D images of the pancreas and surrounding organs › **PET scan:** Highlights areas of high activity that may indicate cancer › **MRI / MRCP:** Produces detailed images. MRCP focuses on bile and pancreatic ducts.
Endoscopy	To examine the digestive tract and collect samples	› **EUS (Endoscopic Ultrasound):** Uses a small ultrasound probe on a flexible scope passed through the mouth. Can take biopsies. › **ERCP (Endoscopic Retrograde Cholangiopancreatography):** Combines endoscopy and dye to view the ducts. May include stent placement.
Laparoscopy	Minimally invasive surgery to assess spread and take biopsies	Small incisions are made to insert a camera and instruments into the abdomen. This allows the surgeon to examine organs directly and collect tissue samples.
Biopsy	To confirm if the tumour is cancer and identify the type	Samples may be taken by needle (during imaging or endoscopy), laparoscopy or surgery. A pathologist examines the tissue.
Blood tests	To check overall health and look for tumour markers	Tests may include CA 19-9 and CEA. These tests help track cancer over time but are not used alone for diagnosis.

Staging and grading of pancreatic cancer

Once a diagnosis is confirmed, your care team will determine the stage and grade of the cancer. This helps them understand how advanced the cancer is and how quickly it may grow.

Staging

Cancer staging describes how far the cancer has spread in the body. Pancreatic cancer is commonly staged using two systems: the **TNM (tumour, nodes, metastasis) system and a four-stage system.**

TNM system

There are different staging systems used to determine the stage (extent) of cancers. The most common is the TNM system developed by the American Joint Committee on Cancer. The TNM system centres around three categories of information: tumour, nodes and metastasis.

T (tumour)	› provides information on the size and location of the original tumour › determines if the tumour has grown outside the pancreas into nearby blood vessels › a scale of T0–T4 will measure the tumour size • T0 = no evidence of primary tumour • T1–T4 = size of the tumour (higher number means larger tumour).
N (nodes)	› determines if the cancer has reached the lymph nodes › a scale of N0-N3 will measure the extent of spread to nodes • N0 = cancer hasn't spread to lymph nodes • N1–N3 = cancer has spread to lymph nodes (higher number means more nodes).
M (metastasis)	› determines if the cancer has spread (metastasised) to other parts of the body (lungs, liver, etc.) › a scale of M0–M1 will measure if the cancer has spread to other parts of the body • M0 = cancer hasn't spread to other parts of the body • M1 = cancer has spread to other parts of the body.

Four-stage system

There is also a four-stage classification system for cancer. Like the TNM system, the four different stages are used to determine the cancer's size and spread in your body.

Pancreatic cancer stages range from stage 1 to stage 4.

Stage 1	The cancer is small and is only located in the pancreas and hasn't spread to lymph nodes or other parts of the body.
Stage 2	The cancer has started to grow outside the pancreas into surrounding tissue and/or lymph nodes. It hasn't spread to nearby organs.
Stage 3	The cancer has spread into tissue, major blood vessels or nerves surrounding the pancreas. Cancer may be in the lymph nodes, but it hasn't spread to other parts of the body.
Stage 4	The cancer has spread to other organs, such as the liver, lung or bone.

Grading

The cancer grade describes how the cancer tissue sample looks when examined in a laboratory under a microscope. Cancer grading can also be described in terms of 'differentiation': well differentiated (grade 1), moderately differentiated (grade 2) or poorly differentiated (grade 3).

Grade 1	The cancer tissue looks most like normal pancreas tissue.
Grade 2	The cancer tissue is somewhere between normal and very abnormal pancreas tissue.
Grade 3	The cancer tissue is very abnormal pancreas tissue.

Both the **stage** and **grade** help guide your treatment plan and give your care team a clearer understanding of your cancer.

Your treatment team at Epworth

At the Jreissati Pancreatic Centre at Epworth, your care will be led by a team of specialists who work together to deliver coordinated, expert treatment. Your care plan will be tailored to your individual diagnosis, health and personal preferences.

We provide centralised care supported by a multidisciplinary team. This means different health professionals work together to review your test results, plan treatment, and ensure all aspects of your care are considered.

You may find the Notes section of this guidebook helpful for writing down any questions you would like to ask your care team.

You may not meet all of the professionals listed below straight away, but they are available to support your care when needed.

Pancreatic nurse specialist	Oversees your care across Epworth's cancer services. Acts as your main contact point and supports care planning and coordination.
Pancreatic or hepato-pancreatobiliary surgeon	Performs surgery for benign and malignant tumours affecting the pancreas and surrounding organs.
Gastroenterologist	Diagnoses and manages conditions of the digestive system.
Medical oncologist	Plans and oversees chemotherapy and other drug treatments.
Radiation oncologist	Plans and oversees radiotherapy if recommended.
Endocrinologist	Provides care if your cancer affects hormone levels, such as insulin.
Medical imaging specialists	Conduct and interpret imaging scans used for diagnosis and monitoring.
Palliative care or pain team	Helps manage cancer-related pain and advises on symptom relief.
Nurses	Provide day-to-day support, including treatment administration, education and care coordination. Includes nurses with specific training in pancreatic cancer.
Dietitian	Supports nutrition and helps manage changes in appetite or digestion.

Physiotherapist	Helps improve strength and mobility. Can also develop an exercise plan to manage fatigue or pain.
Occupational therapist	Offers strategies to support daily activities and modify living or working environments.
Palliative care team	Supports quality of life and symptom management at any stage of illness.
Pastoral care team	Provides spiritual and emotional support, regardless of religious beliefs.
Social worker	Offers practical support and can link you with community services, support groups or home care.
Psychologist/ counsellor	Will help support you emotionally after your diagnosis and during treatment.
Clinical research coordinator	Assists if you choose to participate in a research study and helps organise research-related appointments.

Receiving a cancer diagnosis can be overwhelming and emotionally challenging. It is important to discuss how you are feeling with your doctor, as they can connect you with health professionals who specialise in supporting people through a difficult cancer diagnosis.

Overview of treatment options

Treatment for pancreatic cancer depends on several factors, including the stage and type of cancer, your general health, and your personal preferences.

In some cases, treatment aims to remove or cure the cancer. In others, the goal may be to control the disease, manage symptoms or improve comfort and quality of life.

The main types of treatment include:

- Surgery: to remove the tumour if it is possible and safe to do so
- Chemotherapy: to slow the growth of the cancer, reduce symptoms, or shrink the tumour before or after surgery
- Radiotherapy: to destroy cancer cells using targeted radiation
- Supportive or palliative care: to relieve symptoms and maintain comfort at any stage of the illness

You may receive one or more of these treatments. They may be given together or in a particular sequence, depending on your treatment plan.

Your care team will explain each option in detail and support you in making decisions that reflect your goals and preferences.

For more information, we've developed separate booklets on:

- Chemotherapy for pancreatic cancer
- Surgery for pancreatic cancer
- Palliative and supportive care
- Managing pain

You can ask your pancreatic nurse or care team for copies of these resources.

Key takeaways

This guide is designed to help you understand your diagnosis, the tests you may have, and the care team involved in your treatment.

If you would like more information about specific aspects of treatment, such as surgery, chemotherapy, pain management or supportive care, speak with your nurse coordinator or treating team. They can provide additional resources tailored to your needs.

Contact us

Jreissati Pancreatic Centre at Epworth

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

pancreaticcentre.org.au

Glossary

Adenocarcinoma: A common type of cancer that begins in the glandular cells of the pancreas.

Benign: A tumour that is not cancer. It does not spread to other parts of the body.

Biopsy: A procedure that removes a sample of tissue to check for cancer under a microscope.

CA 19-9: A blood test that may help track pancreatic cancer over time.

Cancer grade: Describes how abnormal the cancer cells look under a microscope.

Cancer stage: Describes how far the cancer has spread in the body.

Chemotherapy: A treatment that uses drugs to destroy or slow the growth of cancer cells.

CT scan: A scan that uses X-rays and a computer to create detailed images of the body.

Endocrine function: The part of the pancreas that produces hormones like insulin.

Endoscopic ultrasound (EUS): A procedure that uses ultrasound through a scope to examine the pancreas and take biopsies.

ERCP: A test that uses a scope and dye to examine the bile and pancreatic ducts. It may also be used to place a tent.

Exocrine function: The part of the pancreas that produces enzymes to help digest food.

Laparoscopy: A minimally invasive surgery used to look inside the abdomen and take tissue samples.

Lymph nodes: Small glands that help fight infection. Cancer can spread to these.

Medical oncologist: A doctor who treats cancer using chemotherapy and other drug therapies.

Metastasis: The spread of cancer to other parts of the body.

MRI / MRCP: Scans that use magnetic fields to produce images. MRCP focuses on ducts in the pancreas and liver.

Neuroendocrine tumour (NET): A less common type of pancreatic cancer that starts in hormone-producing cells.

Pancreas: A gland in the abdomen that helps with digestion and blood sugar control.

Pancreatic ductal adenocarcinoma (PDAC): The most common type of pancreatic cancer, starting in the ducts of the pancreas.

Pathologist: A doctor who examines tissue samples to diagnose disease.

PET scan: A scan that shows areas of high activity in the body, which may indicate cancer.

Radiation oncologist: A doctor who treats cancer using radiotherapy.

Radiotherapy: A treatment that uses targeted radiation to kill cancer cells.

Stent: A small tube used to keep a duct open if blocked by a tumour.

Surgery: An operation to remove a tumour or relieve symptoms.

TNM system: A staging system that describes the tumour size (T), lymph node involvement (N), and spread to other parts of the body (M).

Tumour: A growth of abnormal cells. It may be cancerous or non-cancerous.

Additional resources

Cancer Australia

Cancer Australia is the Australian Government's national cancer control agency. The website provides clear explanations about how cancer is diagnosed and staged, as well as information on treatment pathways and support services.

www.canceraustralia.gov.au

Cancer Council Australia

Cancer Council offers practical information on cancer types, treatments and emotional wellbeing. The website includes downloadable booklets and details of support services such as helplines, counselling and financial assistance. Many resources are available in multiple languages.

www.cancer.org.au

Healthdirect Australia

Healthdirect is a government-funded service providing accessible health information for Australians. The website includes an overview of pancreatic cancer, common symptoms, treatment options and links to support programs.

www.healthdirect.gov.au/cancer

eviQ (Cancer Institute NSW)

eviQ provides free patient information developed by cancer specialists. It explains what to expect during tests and treatments, and is widely used in hospitals and cancer centres to support informed care planning.

www.eviq.org.au

Inherited Cancers Australia

Inherited Cancers Australia is a national charity that supports people affected by inherited cancer risk. The website offers practical information, peer support, downloadable guides and tools to help individuals and families navigate testing and make informed decisions.

www.inheritedcancers.org.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

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

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epworth.org.au/giving

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pancreaticcentre.org.au

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CONSUMER REVIEWED

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