Diagnosis & management of metastatic pancreatic ductal adenocarcinoma (MPDAC)

Pancreatic ductal adenocarcinoma (PDAC) is a lethal disease with poor prognosis and is usually diagnosed at an advanced, incurable stage due to non-specific symptoms.



About 80-90% of patients present with unresectable tumours



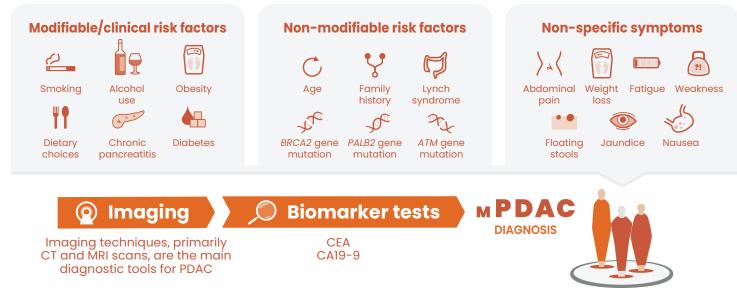
Only 13% of patients survive for 5 years



3rd leading cause of mortality in the US and 7th leading cause worldwide

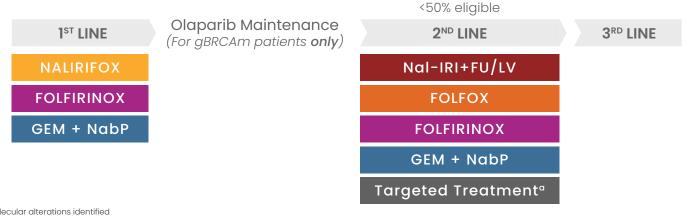
Diagnosis

1.7% of men and women will be diagnosed with pancreatic cancer at some point during their lifetime. Awareness of risk factors and symptoms is vital to aid early diagnosis to improve outcomes.



Treatment

Treatment selection hinges on factors such as performance status, co-morbidities, and molecular profiles, with systemic chemotherapy being the standard for metastatic PDAC.



°if molecular alterations identified

CA19-9, carbohydrate antigen 19-9; CEA, carcinoembryonic antigen; CT, computed tomography; FOLFIRINOX, folinic acid (leucovorin calcium), fluorouracil, irinotecan, and oxaliplatin; FOLFOX, folinic acid (leucovorin calcium), fluorouracil, and oxaliplatin; gBRCAm, germline BReast CAncer (BRCA) gene mutation; GEM + NabP, gemcitabine + nanoparticle albumin-bound pacilitaxel; mPDAC, metastatic pancreatic ductal adenocarcinoma; MRI, magnetic resonance imaging; Nal-IRI, nanoliposomal irinotecan; NALIRIFOX; Nal-IRI, fluorouracil/folinic acid (leucovorin calcium), and oxaliplatin; US, United States

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information and resources



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