PATIENT EDUCATION

Pancreatic cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Pancreatic cancer is often found late because early symptoms are vague. Jaundice, back pain, or weight loss may appear. Surgery can remove some tumors in the head or tail of the pancreas when vessels allow. Many people receive chemotherapy first. Radiation is used for selected borderline-resectable tumors, for a positive margin, or for pain.

What you may notice

- Yellow eyes, dark urine, itching (jaundice)
- Mid-back or upper abdominal pain, worse after meals
- New diabetes or unexplained weight loss
- Family history of pancreas or related cancers

Usual care — the big picture

A high-quality CT and a pancreas-team review decide if surgery is possible. Stents treat jaundice. Nutrition and pancreatic enzyme replacement are common. Radiation is not automatic.

Where CureRays may fit. CureRays offers image-guided radiation when the pancreas conference agrees it will help margins, a vessel margin, or pain. We will state the goal. Confirm chemotherapy timing so we do not overlap in an unplanned way.

What radiation treatment usually involves

- Multidisciplinary review
- Simulation with attention to stomach and bowel filling
- A course length matched to the goal (including shorter focused courses when appropriate)
- Nausea, enzyme, and pain plans

Immobilization — why it matters

A vac-bag and a routine about eating before simulation help the stomach sit in a predictable place. Tell us about stents and drains.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Nausea, fatigue, and loose stool** (also from enzymes or chemo).
- **Stomach irritation.**
- **Rare / serious.** Fever with a blocked stent, severe pain, or vomiting blood.

What this means for you at CureRays

Ask whether the aim is to get to surgery, to control a tumor that will not be removed, or to ease pain. Those three courses are not the same.

Questions to ask

- Is my tumor resectable, borderline, or not an operation candidate?
- Where does radiation sit relative to chemo and surgery?
- What enzymes and food plan should I use?
- What fever or jaundice change is an emergency after a stent?

How to schedule or learn more

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