What Every Patient Should Know After a Diagnosis of Pancreatic Cancer

"The most important decision in pancreatic cancer care is often the first one—choosing the right team to guide you from the very beginning."

Few words are more frightening than, *"You have pancreatic cancer."*

In a single conversation, life changes. Patients and their families are suddenly faced with difficult decisions, unfamiliar medical terminology, and an overwhelming amount of information. There are appointments to schedule, scans to obtain, specialists to meet, and treatment decisions that often feel impossibly urgent.

It is natural to think that treatment should begin immediately.

Pancreatic ductal adenocarcinoma (PDAC), the most common form of pancreatic cancer, is an aggressive disease that deserves prompt attention. But one of the most important lessons we have learned over the past two decades is that **moving quickly is not the same as moving thoughtfully**.

The goal is not simply to start treatment as soon as possible.

The goal is to start the right treatment.

After caring for many patients with pancreatic cancer, one of the most important lessons I have learned is that pancreatic cancer is rarely cured by surgery alone.

As a surgical oncologist specializing in pancreatic cancer, I have devoted my career to caring for patients facing this diagnosis. I have spent years learning how to safely perform some of the most complex operations in modern surgery, always with one goal in mind: to give patients the greatest possible chance of long-term survival and, when possible, a cure.

When I began my training, surgery was often viewed as the cornerstone of treatment for patients whose tumors could be removed. Today, we understand that pancreatic cancer is frequently a systemic disease, even when the tumor appears confined to the pancreas on imaging. For many patients, the greatest chance of long-term survival comes from a carefully coordinated treatment strategy that combines chemotherapy, surgery, and, for selected patients, radiation therapy. Just as importantly, the **sequence** of these treatments matters.

Unfortunately, pancreatic cancer is often diagnosed after it has already spread beyond the pancreas. At the time of diagnosis, approximately half of patients have metastatic disease, meaning the cancer has spread to distant organs such as the liver, lungs, or the lining of the abdomen. Although remarkable progress continues to be made in pancreatic cancer

research, metastatic pancreatic cancer is not currently considered curable with today's treatments. In these situations, treatment focuses on controlling the cancer, prolonging survival, maintaining quality of life, and helping patients live as well as possible.

For patients whose cancer has **not** spread beyond the pancreas, there may still be an opportunity for treatment with curative intent. Achieving that opportunity depends on much more than simply finding an experienced surgeon. It begins with an accurate diagnosis, high-quality imaging, thoughtful staging, and a treatment plan developed by specialists who care for patients with pancreatic cancer every day.

One of the greatest advances in pancreatic cancer care has been the recognition that no single physician has all the answers. The best decisions are made when specialists from multiple disciplines work together. This multidisciplinary team typically includes a surgical oncologist, a medical oncologist, and a radiation oncologist, along with radiologists, gastroenterologists, pathologists, genetic counselors, dietitians, and supportive care specialists. Each brings a different perspective, and together they develop an individualized treatment plan based on the biology of the tumor, the stage of the disease, and the patient's overall health and goals.

In my experience, one of the greatest determinants of receiving the right treatment is not how quickly the first treatment begins—it is whether the right team is involved from the very beginning.

This guide was written to help patients and their families understand what that evaluation should include, why each step matters, and how to become informed partners in one of the most important decisions of their lives. My hope is that by understanding how pancreatic cancer is evaluated and treated, you will feel more confident asking questions, participating in decisions, and ensuring that you receive the highest quality care possible.