UPPER GI CANCER - Pancreatic Cancer¹⁹

If the patient presents **with one or more** of the following red flags, then the referral should be triaged as 'High Suspicion of Cancer'.

| Red flags | YES or NO |
|--|-----------|
| Painless obstructive jaundice | |
| Unexplained weight loss with one or more of the following: | |
| new-onset diabetes | |
| new onset mid-back discomfort | |
| steatorrhoea | |
| nausea/vomiting | |

Obesity/BMI >35

- Family history of first degree relatives with pancreatic cancer;
- Genetic syndromes (hereditary breast and ovarian cancer syndrome, familial melanoma, familial pancreatitis, hereditary non-polyposis colorectal cancer, Peutz-Jeghers syndrome, Von Hippel-Lindau syndrome)

Investigations that would be consistent with an increased risk of pancreatic cancer

- Cholestatic liver dysfunction
- New onset diabetes
- HbA1c>41 (pre-diabetes)
- Elevated CEA and/or Ca19-9

¹⁹ Risk factors for pancreatic cancer (which when present increases the suspicion):

Smoking

[•] Chronic pancreatitis, especially with mass