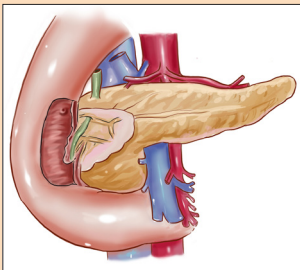


Caring for the Continuum of Patients With Pancreatic Cancer: The Importance of Survivorship Care Planning

Tessa Polakowski, MS, RN, AGNP-C, Melanie Kerr, MS, RN, AGPCNP-BC, and Ashley Gregg Durand, MS, RN, AGPCNP-BC



© Hakan Corbaci/Thinkstock

Background: Pancreatic cancer is widely recognized as one of the most formidable cancer diagnoses. However, whether aggressive treatment is undertaken or not, it is critical for all care providers to understand the treatment plan. Survivorship care plans are a new trend in improving communication between the providers and the patient.

Objectives: The current article will outline the pathophysiology, risk factors, diagnosis and prognosis, treatment, and potential complications of pancreatic cancer.

Methods: The importance of survivorship care planning will be demonstrated through a case study presentation and evidence-based discussion. In addition, a general template for a survivorship care plan has been included.

Findings: Based on a review of current literature and recommendations, it can be concluded that survivorship care planning would be beneficial for all patients with cancer. This simple tool has the potential to improve coordination of care and patient satisfaction.

Tessa Polakowski, MS, RN, AGNP-C, is the inpatient gastroenterology nurse practitioner at the Ohio State University Wexner Medical Center and Melanie Kerr, MS, RN, AGPCNP-BC, was, at the time of writing, a nurse at the Ohio State University Comprehensive Cancer Center—Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, both in Columbus; and Ashley Gregg Durand, MS, RN, AGPCNP-BC, is a nurse practitioner in neurology at OrthoNeuro in New Albany, OH. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Polakowski can be reached at tessa.polakowski@osumc.edu, with copy to editor at CJONEditor@ons.org. (Submitted April 2014. Accepted for publication June 8, 2014.)

Key words: pancreatic cancer; survivorship; care plan

Digital Object Identifier: 10.1188/15.CJON.E21-E24

Cancer is the second leading cause of death in the United States (Centers for Disease Control and Prevention, 2010). Pancreatic cancer represents only 2.7% of new cancer diagnoses, but it is the fourth leading cause of cancer death within the United States (Torgerson & Wiebe, 2013). Pancreatic cancer is an aggressive form of cancer with an average five-year survival rate of 6% (Torgerson & Wiebe, 2013). In 2014, an estimated 46,420 new cases of pancreatic cancer were diagnosed, and about 39,590 people died of the disease (National Cancer Institute, 2014). Survivorship can be defined as the process of living with, through, and beyond cancer (Morgan, 2009). Although substantial progress has been made in understanding the biology of pancreatic cancer, structured survivorship care planning is still lacking in practice (Morgan, 2009).

Pathophysiology

The pancreas is a complex organ made of exocrine and endocrine glands. The exocrine glands release pancreatic enzymes

into the duodenum that help to digest foods. The endocrine cells release insulin and glucagon into the bloodstream to regulate blood glucose. More than 95% of the cells in the pancreas are exocrine glands, and exocrine tumors (adenocarcinomas) are the most common type of pancreatic cancer (American Cancer Society, 2014). Pancreatic adenocarcinomas evolve through alterations of noninvasive precursor lesions, typically pancreatic intraepithelial neoplasias (Vincent, Herman, Schulick, Hruban, & Goggins, 2011).

Risk Factors

Pancreatic cancer can result from genetic or environmental factors (MacIntyre, 2011). Unmodifiable risk factors include male gender, advanced age, African American race, family history of pancreatic cancer, and chronic pancreatitis (Broudo, 2010). Potentially modifiable risk factors include obesity, sedentary lifestyle, poor dietary intake, diabetes mellitus, cirrhosis of the liver, cigarette smoking, and possibly alcohol consumption