

# Let's Talk About Pancreatic Cancer



## Risk Factors:

- **Smoking** – Increases risk by damaging pancreatic cells.
- **Age (60+)** – Most cases occur in older adults.
- **Family history & genetics** – Inherited conditions like BRCA mutations raise risk.
- **Chronic pancreatitis** – Long-term inflammation may lead to cancer.
- **Diabetes (especially new-onset)** – Sudden diabetes can be an early warning sign.
- **Obesity** – Extra body weight may promote tumor growth.
- **Unhealthy diet** – Processed meats, red meats, and unhealthy fats may contribute.
- **Heavy alcohol use** – Can cause pancreatitis, increasing cancer risk.
- **Chemical exposure** – Workplace toxins (e.g., petroleum, metalworking) may raise risk.
- **Liver disease (e.g., cirrhosis)** – Linked to a higher chance of pancreatic cancer.

## Free Screening Resource:

Healthy Oregon Project offers free screening for those at risk of pancreatic cancer in Coos County. Visit [healthyoregonproject.com](http://healthyoregonproject.com) to join.

## Symptoms of Pancreatic Cancer:

- Unexplained weight loss
- Jaundice (yellowing of the skin and eyes)
- Pain in the upper abdomen or back
- New-onset or worsening diabetes
- Loss of appetite, or feeling of fullness
- Nausea and vomiting

## How to Talk to Your Doctor:

Be open and honest about your symptoms, no matter how minor they may seem.

Consider saying, "I'm worried about these symptoms I'm experiencing," and describe what they are, how often they occur, and if any specific actions make them better or worse.

Use the back of this flyer to write down any notes to discuss with your doctor, including family or medical history.

# My Symptom Checklist

## I have experienced these symptoms:

- ☐ Unexplained weight loss
- ☐ Jaundice (yellowing of the skin and eyes)
- ☐ Pain in the upper abdomen or back
- ☐ New-onset or worsening diabetes
- ☐ Loss of appetite, or feeling of fullness
- ☐ Nausea and vomiting

## My symptoms are happening:

- ☐ Daily
- ☐ A few times a week
- ☐ A few times a month
- ☐ Not regularly occurring

## Are your symptoms getting worse?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

## I know that I have:

- ☐ A family history of pancreatic cancer
- ☐ Diabetes
- ☐ Other significant medical issues

## Other notes or questions

I have for my doctor:

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## Symptom Diary Tracker

For a downloadable symptom diary, please visit  
[coosfightscancer.org/resources](https://coosfightscancer.org/resources)