

27 November 2020

Cancer Australia  
Locked Bag 3  
Strawberry Hills NSW 2012

Via email: [pancreaticcancerroadmap@canceraustralia.gov.au](mailto:pancreaticcancerroadmap@canceraustralia.gov.au)

Dear Cancer Australia,

**Re: National Pancreatic Cancer Roadmap**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the National Pancreatic Cancer Roadmap.

General practice is the patient's first point of contact within the healthcare system.<sup>1</sup> The holistic, patient-centred and relationship-based approach of general practice can help ensure the effective delivery of preventive care, as well as the coordination of treatment and reduction in fragmentation of care. General practitioners (GPs) also play a vital role in helping identify those at higher risk and providing advice on modifiable lifestyle risk factors (such as smoking and obesity), which can reduce cancer risk. The RACGP's [Guidelines for preventive activities in general practice](#) (the Red Book) and [Smoking, nutrition, alcohol, physical activity](#) (SNAP) guide provide evidence based guidance for GPs on preventive care and working with their patients on modifying lifestyle risk factors.

Comments related to the main issues and challenges of pancreatic cancer as well as improving outcomes for patients are outlined below.

**Issues and challenges**

The biggest issue is that no primary or main symptoms exist for pancreatic cancer.<sup>2</sup> Symptoms that develop tend to overlap with other health conditions making pancreatic cancer harder to diagnose.<sup>2</sup> GPs are aware of the main symptoms which would require urgent investigation including unexplained weight loss (especially in those over 60 years of age) and new onset of jaundice. Again, it should be noted, that these symptoms can apply to other conditions.

There is also currently no screening test for the general population that is available to detect pancreatic cancer at an early stage.<sup>2</sup>

Specific populations, such as those living in rural communities, culturally and linguistically diverse (CALD) populations and those people with fewer support systems are less likely to receive preventive care. As a result, pancreatic cancer, among other conditions, can be even more complex to diagnose and treat in these populations.

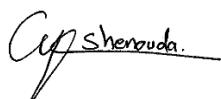
**Improving outcomes**

Allocation of resources for specific cancers should ideally match the patient mortality rate. More research and resources needs to be directed towards cancers which have the highest mortality.

Opportunities should be taken to increase the support available to those impacted by pancreatic cancer.

The RACGP appreciates the opportunity to engage in this important consultation. For any enquiries regarding this letter, please contact Stephan Groombridge, eHealth and Quality Care Manager on 03 8699 0544 or [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au).

Yours sincerely



**Dr Ayman Shenouda**  
Acting President

## References

1. The Royal Australian College of General Practitioners (RACGP). General Practice: Health of the Nation 2020 Report. Melbourne: RACGP 2020.
2. Loveday BPT, Lipton L & Thomson BNJ. Pancreatic cancer: An update on diagnosis and management. AJGP 2019. doi: 10.31128/AJGP-06-19-4957.