

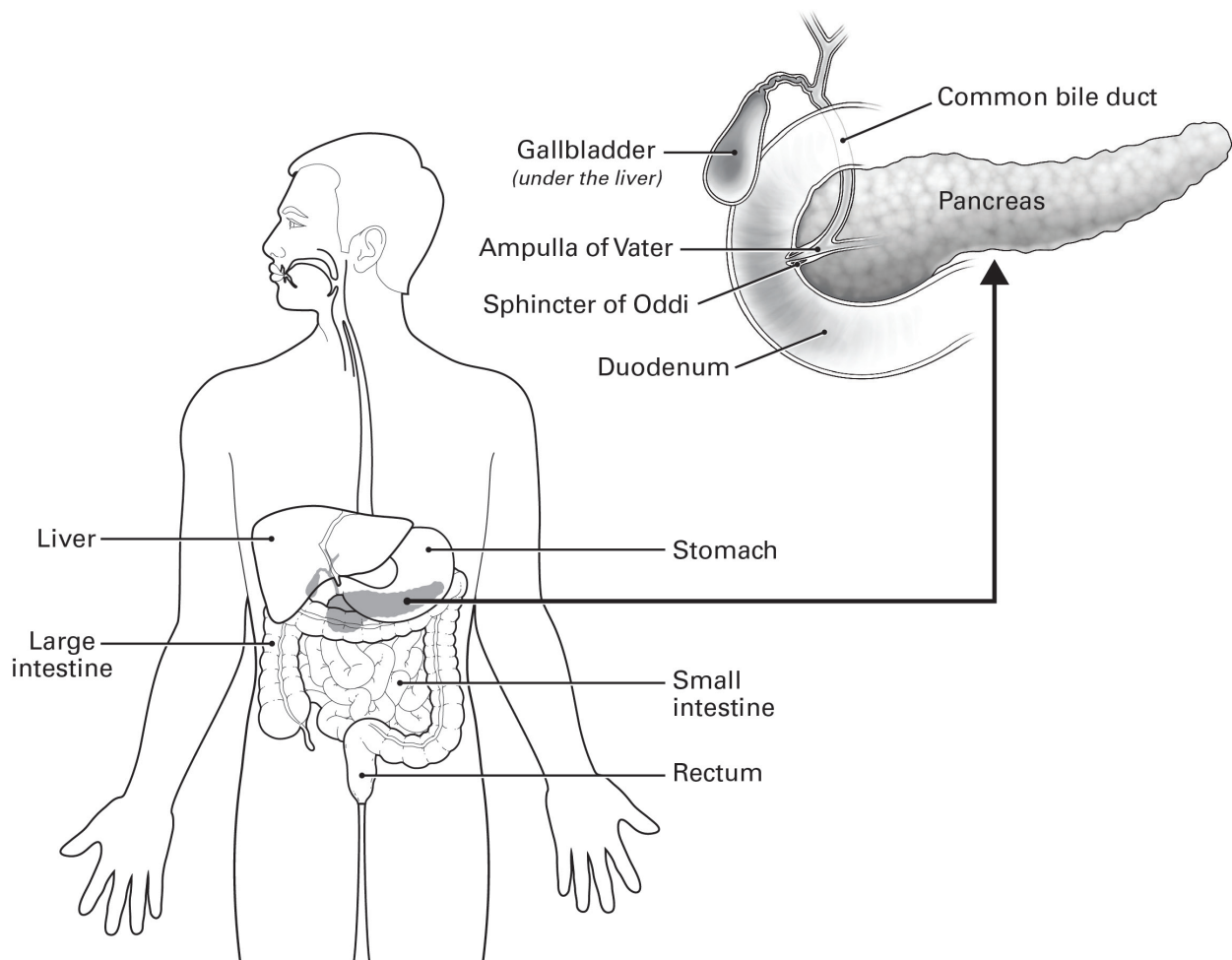


Quick Facts about Ampullary Cancer

Princess Margaret

What is the Ampulla of Vater?

The liver, gallbladder and pancreas produce important fluids to help you digest food. These fluids are carried through the common bile duct to the small intestine. The last centimetre of the common bile duct is called the Ampulla of Vater.



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What is ampullary cancer?

Ampullary cancer begins when normal cells in the Ampulla of Vater change and start to grow out of control. A mass of cells can form called a tumour.

At first, the cells are precancerous, meaning they are abnormal cells but not cancer yet. If the precancerous cells change into cancer or malignant cells, they can spread deeper or to other areas in the body. This condition is called ampullary cancer.

A tumour blocking the Ampulla of Vater can interfere with fluids entering the small intestine. Because these fluids (such as bile) can build up in your blood, they can cause jaundice or yellow skin.

What are the symptoms of ampullary cancer?

- Weight loss
- Nausea or vomiting
- Jaundice (yellow skin)
- Severe itching (pruritus)
- Abdomen pain
- Diarrhea (runny stool)
- Fever (temperature of 37.5° Celsius or higher)

What does stage mean?

Once a diagnosis of cancer has been made, the cancer will be given a stage.

Stage is used to describe:

- Where the cancer is located
- If or where it has spread
- If it is affecting other organs in the body (like the bile duct)

There are 5 stages for ampullary cancer:

Stage 0:	There is no sign of cancer in the Ampulla of Vater.
Stage 1:	The tumour is only in the inner layer of the small intestine and not the Sphincter of Oddi. This is the muscular ring around the Ampulla of Vater.
Stage 2:	The tumour has spread to the middle layer of the small intestine, and possibly the Sphincter of Oddi.
Stage 3:	The tumour has spread into the outer wall of the small intestine.
Stage 4:	The tumour has spread from the small intestine to other organs such as the pancreas or lymph nodes.

What does grade mean?

Grade describes how much the tumour looks and acts like normal tissue under a microscope. There are 4 grades (Grade 1 to Grade 4).

Lower grade cells look and act similar to normal cells. They are slow-growing and less likely to spread.

Higher grade cells look and act abnormally. They grow faster and are more likely to spread. The grade of cancer can help predict how quickly the cancer might grow.

How is ampullary cancer treated?

The type of treatment you receive will depend on many factors such as the tumour type, size, stage and grade. Treatment for ampullary cancer can be used separately or together.

There are 3 main types of treatment:

- 1. Surgery:** Surgery is the most common treatment for ampullary cancer. It involves making a small cut in the abdomen to remove the tumour and part of the pancreas. The lymph nodes may also be removed to see if the tumour has spread. If the tumour is large or has spread, your doctor may recommend a Whipple procedure or pancreaticoduodenal resection (please see “Other medical terms to know”).
- 2. Chemotherapy:** Chemotherapy is the use of drugs to kill or control cancer cells. Chemotherapy is often used soon after surgery to improve longer term control. It is most commonly used when surgery is not offered because cancer is found more widely spread than surgery can control.
- 3. Radiation therapy:** Radiation therapy is the use of high-energy x-rays or other particles to kill cancer cells. Radiation therapy can be used for treatment or to control the symptoms and pain of advanced cancer. Your doctor may recommend radiation therapy after surgery to have better control over the cancer.
- 4. Supportive and Palliative therapy:** Palliative therapy is treatment given to help control or reduce symptoms caused by advanced cancer. The focus of care is on quality of life and comfort and can be offered by a team at the hospital or at home.
Other supportive care considered include procedures to relieve blockage in the bile ducts or bowel to ease pain and prevent jaundice or bowel blockage. This can be done by either placing a tube or, sometimes, a biliary or bowel bypass operation. Other supports can include removing fluid from the abdomen with a needle (paracentesis) or pain medicines to relieve discomfort.

Coping with ampullary cancer

Dealing with the news of a cancer diagnosis can be very difficult. You are not alone. If you have any concerns or needs, please tell your health care team. They are here to care and support you through this time. Also, as a patient here at the Princess Margaret Cancer Centre, you have access to many resources to help you throughout your cancer journey.

These include:

- **Social workers** who can help you better cope with your diagnosis.
- **Registered Dietitians** that specialize in cancer and can help you with your nutrition and diet concerns.
- **The Patient & Family Library** (on the main floor), where you have access to a wide range of resources (like books, electronic books, audiobooks, DVDs), and you can ask a librarian to search for specific health information.
- **ELLICSR: the Health, Wellness & Cancer Survivorship Centre**, where patients and their families can find information on health and wellness, speak with healthcare professionals, meet other patients, and take part in health and wellness programs like gentle exercise and cooking classes. ELLICSR is located in the basement of the Clinical Services Building in the Toronto General Hospital.
- **The Palliative Care team** who can provide the care, comfort and support needed for those with advanced cancer.

For more information about the above support or other services available to you, please ask a member of your health care team (such as your doctor or nurse).



Questions to ask your doctor

Speaking to your health care team is important in helping you make decisions about your health care. Sometimes preparing a list of questions you want to ask can be helpful.

Here is a list of common questions that will be covered in your consultation. You may want to ask your team these and other questions if anything is missed or you need more information:

Here is a list of common questions you may want to ask your doctor:

1. What type of ampullary cancer do I have?
2. Can you explain my pathology report (test results) to me?
3. What stage is my ampullary cancer?
4. What grade is my ampullary cancer?
5. Has the cancer spread to my lymph nodes or anywhere else?
6. Can you explain my treatment options?
7. What clinical trials are open to me?
8. How will this treatment benefit me?
9. What is the expected timeline for my treatment plan?
10. How will this treatment affect my daily life?
11. Will I be able to work, exercise or do my usual daily activities?
12. What are the possible long-term side effects of my cancer treatment?
13. Where can I find emotional support for me and my family?
14. Who do I call if I have questions or a problem?
15. Is there anything else I should know?



Other medical terms to know

Benign: A tumour that is not cancerous.

Biopsy: The removal of a small cell sample that is used to check for cancer under a microscope.

Dysplasia: An abnormal growth of precancerous cells.

Gallbladder: A small, pear-shaped organ located under the liver. This organ concentrates and stores bile (a fluid that helps digestion).

Liver: An organ that is under your lungs and diaphragm (muscles that helps move your lungs). The liver collects and filters blood from the intestines, removing the waste form the body. It also stores energy and makes protein.

Lymph node: A tiny, bean-shaped organ that is found throughout your body. They are an important part of your immune system, and help your body recognize and fight infection.

Malignant: A tumour that is cancerous.

Metastasis: The spread of cancer from where the cancer began to another part of the body.

Oncologist: A doctor who specializes in treating people with cancer.

Pancreas: An organ found below the stomach. It produces digestive juices called enzymes that help break down food. The pancreas also makes hormones like insulin that help control blood sugar.

Peritoneum: The cells that line the abdominal space.

Prognosis: Chance of recovery.

Rectum: The last 15 to 20 centimetres of the large intestine. The rectum stores solid waste until it leaves the body through the anus.

Spleen: An organ in the abdomen area that is part of the immune system. The spleen produces and removes blood cells.

Surgical Oncologist: A doctor who specializes in treating cancer using surgery.

Tumour: A mass of cells that need a biopsy or removal

Whipple procedure: Also called a pancreaticoduodenectomy. A common surgery used to remove tumours in the pancreas. Usually involves removing part of the pancreas, the gallbladder, part of the duodenum (upper portion of the small intestine), the pylorus (a small portion of the stomach), and lymph nodes near the pancreas.

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