The median survival of patients with metastatic pancreatic cancer is three to six months, making the diagnosis difficult to accept for patients, family, and healthcare providers. Therapeutic options are improving, but the treatment of advanced disease remains palliative. For oncology nurses, understanding the therapeutic and palliative options can provide these patients and their caregivers with additional information to make appropriate and individualized healthcare decisions.

Jessica MacIntyre, ARNP, NP-C, OCN®, is a nurse practitioner in the Sylvester Comprehensive Cancer Center and the Leonard M. Miller School of Medicine at the University of Miami in Florida. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.

**Etiology and Risk Factors**

Pancreatic cancer results from the accumulation of acquired genetic mutations (Vogelstein & Kinzler, 2004). Unlike other malignancies, pancreatic cancer involves several genetic abnormalities. One study suggested that each pancreatic cancer cell carries an average of 63 genetic mutations (Jones et al., 2005). A high proportion of pancreatic cancer is associated with genetic predisposition syndromes (Vogelstein & Kinzler, 2004). "..."