

Ready to start planning your care? Call us at [800-525-2225](tel:800-525-2225) to make an appointment.

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Memorial Sloan Kettering
Cancer Center

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Radiation therapy is used both before and after surgery. It's used:

With chemotherapy and surgery to kill all cancer cells and tumors that are just in the pancreas.

To shrink locally advanced tumors before surgery so the operation can be done safely.

To help with pain and other symptoms of metastatic pancreatic cancer. This is called [palliative radiation therapy](#). The goal is to make you comfortable, not to cure cancer that has spread.

Types of radiation treatment for pancreatic cancer

Stereotactic Body Radiotherapy (SBRT)

[Stereotactic body radiotherapy \(SBRT\)](#) is a type of radiation treatment. It's a very precise way to deliver high doses of radiation right to the tumor. SBRT is usually given in 5 sessions or less. This lets you have other treatments, such as chemotherapy, sooner.

Image-Guided Radiation Therapy (IGRT)

Another advanced technology we use is [image-guided radiation therapy \(IGRT\)](#). IGRT can treat tumors with even more accuracy than traditional radiation therapy. [IGRT](#) involves taking many 3D images of the tumor during treatment. This method lets us mold high-dose radiation beams to the shape of a tumor.

Ablative Radiation Therapy

Often the goal of radiation therapy is to make a tumor smaller. The goal of [ablative radiation therapy](#) is to kill a tumor. Ablative radiation therapy can treat pancreatic cancer when surgery cannot remove all of the tumor.

High-Dose Radiation Therapy

Surgery may not be possible for pancreatic cancer that has spread to nearby tissue and other areas. Even when the tumor is only in the pancreas, it's often near or wrapped around major blood vessels. This makes surgery hard.

MSK radiation oncologists have researched options other than surgery. We can offer high-dose radiation to some people who cannot have surgery. This method has a success rate that's similar to surgery.

High-dose therapy can help people with inoperable pancreatic tumors that are still only in the pancreas. With this treatment, you will have high-dose therapy in 15 or 25 sessions.

Spreading out the treatment over many sessions does less harm to nearby tissue and organs, including the stomach and intestines. MSK radiation oncologists are experts at high-dose therapy that helps keep healthy tissue safe.

Request an Appointment

Call [800-525-2225](tel:800-525-2225)

Available Monday through Friday, 8 a.m. to 6 p.m. (Eastern time)

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Precise, safe radiation treatment

MSK's radiation therapy experts use the latest methods to deliver radiation just to the tumor while keeping healthy tissue safe. They include image-guided radiation therapy (IGRT) and stereotactic body radiation therapy (SBRT). MSK uses PET simulator technology and an MRI simulator, letting us map out the treatment.

MSK radiation therapy experts know how to account for the movement of nearby organs. It's a challenge to track how organs move from one treatment to the next. For example, air in your bowel or stomach can affect the position of many organs.

Your doctors look at your CT scan for temporary motion or a shift that needs a change in your treatment plan.

Respiratory gating is a method that accounts for how your pancreas moves when you breathe. We deliver radiation only during certain points in your breathing cycle.

A clinical physicist (FIH-zih-sist), also called a medical physicist, helps make and use radiation treatments and technology. They will be there during your radiation procedures to confirm the correct dose is delivered just to the tumor. They use imaging technology to monitor your progress during and after radiation treatment.

Pancreatic cancer radiation treatment side effects

Not everyone has [side effects after radiation therapy](#). Side effects depend on the dose of radiation, the number of treatments, and your general health. The most common side effects are:

Nausea (feeling like you're going to throw up)

Fatigue (feeling very tired and having less energy than usual)

A little bleeding in your digestive tract (stomach or intestines). Out of every 100 people who get ablative radiation therapy, about 2 to 3 people have minor bleeding.

Skin and hair reactions

Swelling around the treatment area after IGRT

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