



Research

PANCREATIC CANCER ACTION NETWORK

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PANCREATIC CANCER: NEWS & UPDATES

January 31, 2009

Pancreatic Cancer Patients Find Hope in Experimental Treatment

<http://www.thedenverchannel.com/health/18434858/detail.html>

Although not disclosed specifically by name, the clinical trial referenced in this article is GenVec's phase III TNFerade trial for locally advanced unresectable pancreatic cancer.

Artificial Fever Used to Kill Pancreatic Cancer

<http://abclocal.go.com/ktrk/story?section=news/health&id=6593211>

Fever-range whole-body thermal therapy (hyperthermia treatment) is being studied at the University of Texas Health Science Center in Houston. Dr. Joan Bull conducts two pancreatic cancer hyperthermia trials at this institution studying thermal therapy's effect on increasing the efficacy of chemotherapy treatments.

Beating the Odds

<http://abclocal.go.com/wtvg/story?section=news/local&id=6592780>

The article covers the experience of a 56-year old woman diagnosed with stage IV pancreatic cancer. However, it also says that she underwent surgery, chemo and radiation and that she has been clear ever since which would imply she wasn't diagnosed with stage IV. Either way, from the description of her treatment it seems she is participating in Globelimmune's adjuvant vaccine trial, which means she had to have had resectable pancreatic cancer.

Shining Light on Pancreatic Cancer

<http://abclocal.go.com/kabc/story?section=news/health&id=6592181>

http://www.wptv.com/content/health/mb/story/Shining-a-light-on-pancreatic-cancer/Un4hbHsehUui-6-SD0_COW.csp

University of Michigan researchers are using light to help detect the differences between chronic pancreatitis and cancer. Different types of tissue have different interactions with light. The goal of this project is to create a fiber optic probe that would feed through a needle into the pancreas. A computer would read the differences in the spectrum of light from different cells, allowing doctors to know immediately if the patient is suffering from inflammation or cancer. Experts say light is safe for the body because of its non-ionizing radiation and also low in cost compared to existing diagnostic technologies.

Chemopreventive Agents in Black Raspberries Identified

<http://www.aacr.org/home/public--media/news.aspx?d=1237>

<http://www.acor.org/news/display.html?id=7685>

Researchers at the Ohio State Comprehensive Cancer Center found that anthocyanins, a class of flavonoids in black raspberries, inhibited growth and stimulated apoptosis in the esophagus of rats treated with an esophageal carcinogen. They are hoping to conduct human testing to examine the effectiveness in other organ sites. The researchers have conducted clinical trials using whole berry powder, which has yielded some promising results, but required patients to take up to 60 grams of powder a day. Now that they know anthocyanins in berries are almost as active as whole berries themselves, they hope to replace whole berry powder with its active components and then figure out better ways to deliver these components to tissues, to increase their uptake and effectiveness.

NCAA President Myles Brand Being Treated for Pancreatic Cancer

http://www.usatoday.com/sports/college/2009-01-17-brand-cancer_N.htm

<http://www.nytimes.com/2009/01/18/sports/ncaabasketball/18brand.html?ref=sports>

The NCAA president's pancreatic cancer was diagnosed shortly after the first of the year and he began chemotherapy treatments in Indianapolis last week. Brand states that his long-term prognosis is not good and the next few months will show if treatment is efficacious.



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Preoperative Therapy for Patients with Resectable Adenocarcinoma of the Pancreatic Head

<http://www.ajho.com/Preoperative-therapy-for-patients-with-resectable-adenocarcinoma-of-the-pancreatic-head/article/126528/>

MD Anderson provides a summary of the research findings for two sequential clinical trials examining the potential benefits of neoadjuvant therapy for localized resectable pancreatic cancer.

Neoadjuvant Treatment for Resectable Pancreatic Cancer: A New Standard of Care?

<http://www.ajho.com/Neoadjuvant-treatment-for-resectable-pancreatic-cancer-A-new-standard-of-care/article/126554/>

Dr. Andrew Ko, a 2003 Pancreatic Cancer Action Network Career Development Award recipient, provides commentary for the “pre-op” article authored by the MD Anderson team.

Medicare Expands Coverage for Cancer Drugs

http://www.nytimes.com/2009/01/27/health/27cancer.html?_r=1&scp=2&sq=medicare&st=cse

<http://dddmag.com/news-Medicare-Expands-Coverage-For-Cancer-Drugs-013009.aspx>

Medicare recently expanded its coverage for cancer drugs to include some treatments that have not received the Food and Drug Administration's full seal of approval. Proponents of the changes say such spending not only helps patients, but can also enhance medical understanding of which treatments work against various forms of cancer. Opponents argue that the new approach may waste money and needlessly expose patients to the side effects of drugs that may not help them.

Depression and Pancreatic Cancer: a Poorly Understood Link

[See attached pdf](#)

This article reviews the literature linking pancreatic carcinoma to depression as well as the appropriate therapeutic approach.

Cancer-Causing Gene Discovery Suggests New Therapies

<http://news.ucsf.edu/releases/cancer-causing-gene-discovery-suggests-new-therapies/>

University of California, San Francisco scientists discovered a novel way by which a much-studied cancer-promoting gene accelerates the disease. The finding suggests a new strategy to halt cancer's progress.

Spector Bill on NIH

Senator Specter will offer his NIH amendment to the Stimulus bill during Senate floor consideration of the economic recovery bill. The amendment would provide an additional \$6.5 billion for NIH, thereby bringing the total to \$10 billion. The current bill includes the following amounts: \$1.35 billion for research to be distributed to the Institutes and Centers proportional to their current funding level; \$1.35 billion for research at the discretion of the Office of the Director; \$500 million for NIH Buildings and Facilities; \$300 million for shared instrumentation and capital equipment. With the amendment, levels would be: \$7.85 billion for research to be distributed to the Institutes and Centers proportional to their current funding level; \$1.35 billion for research at the discretion of the Office of the Director; \$500 million for NIH Buildings and Facilities; \$300 million for shared instrumentation and capital equipment.

Higher Grades of Rash with Erlotinib Associated with Longer Overall Survival (OS) in Advanced Metastatic Pancreatic Cancer

<http://www.hemonctoday.com/article.aspx?rid=36401>

Patients with advanced metastatic pancreatic cancer who developed rash while assigned to gemcitabine and erlotinib (Tarceva) saw their OS improve as rash worsened, according to results from the AViTA study. This finding follows on what was observed in the original trial (PA.3 study by Moore and colleagues) that led to the approval of Tarceva in combination with gemcitabine for advanced pancreatic cancer. Efforts now focus on understanding who gets rash and why, and whether clinicians can predict who might benefit from the treatment.



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Report from the American Society of Clinical Oncology- *Cancer Advances 2008: Major Research Advances in Cancer Treatment, Prevention, and Screening*

<http://jco.ascopubs.org/cgi/reprint/JCO.2008.21.2134v1>

Each year ASCO independently reviews advances in clinical cancer research and identifies those that will have the greatest impact on patient care. Their 2008 report highlights 31 of the most significant advances during last year, including 12 that the editors considered to be major advances. The 12 research advances are grouped into six key areas including *Hard-to-treat cancers*. One of the 2008 advances against hard-to-treat cancers includes *gemcitabine* for pancreatic cancer. A large, randomized study of patients with early-stage pancreatic cancer that had been surgically removed found that 6 months of treatment with gemcitabine after surgery doubled disease-free survival and increased overall survival.

University of Virginia Researcher Receives Grant to Create a Method for Early Detection of Pancreatic Cancer

http://www.dailyprogress.com/cdp/news/local/article/scientist_gets_cancer_grant/34571/

Dr. Kimberly Kelly, assistant professor of biomedical engineering at UVa's School of Medicine and recipient of the 2007 Pancreatic Cancer Action Network-AACR Career Development Award in honor of Laurie and Paul MacCaskill, received a follow-up \$1.2 million grant from the National Cancer Institute to develop imaging agents for the early detection of pancreatic cancer. Dr. Kelly, in collaboration with Dr. Nabeel Bardeesy of Massachusetts General Hospital, who received the 2008 Pancreatic Cancer Action Network – AACR Pilot Grant in memory of Randy Pausch, already has isolated early pancreatic cancer cells from a mouse model of human pancreatic ductal adenocarcinoma. Dr. Kelly hopes to begin clinical trials that would allow the early detection of the most common form of pancreatic cancer within two years.

UC Davis Study Links Smoking with Most Male Cancer Deaths

<http://www.acor.org/news/display.html?id=7743>

The association between tobacco smoke and cancer deaths — beyond lung cancer deaths — has been strengthened by a recent study from a UC Davis researcher, suggesting that increased tobacco control efforts could save more lives than previously estimated. The epidemiological analysis, published online in *BMC Cancer*, linked smoking to more than 70% of the cancer death burden among Massachusetts men in 2003. This percentage is much higher than the previous estimate of 34% in 2001.

[Pancreatic Cancer-Related News Stemming from the GI Cancers Symposium co-sponsored by ASCO held in San Francisco, CA January 15-17, 2009:](#)

Antiangiogenic Agent Shows Promise in Advanced Pancreatic Cancer

<http://www.medpagetoday.com/MeetingCoverage/ASCOGI/12540>

Patients with unresectable pancreatic cancer had prolonged survival when a cationic liposomal formulation of paclitaxel, EndoTAG-1, was added to gemcitabine. The combination therapy more than doubled 12-month survival when compared with gemcitabine alone. The positive data from this phase II clinical trial strongly supports further development of EndoTAG-1 in advanced pancreatic cancer.

Rexin-G Shrinks Metastatic Tumors and Triples Survival Time in Chemotherapy-Resistant Pancreatic Cancer

<http://www.send2press.com/newswire/2009-01-0119-002.shtml>

<http://pharmalive.com/news/index.cfm?articleID=598780&categoryid=48>

Epeius Biotechnologies presented the results of their phase I/II study evaluating the safety and efficacy of Rexin-G in chemotherapy-resistant metastatic pancreatic cancer. Rexin-G was well tolerated and there was no dose-limiting toxicity. It improved patient survival in a dose-dependent manner: At Dose Level I, median progression-free survival was 3 months, and median over-all survival was 5 months, while at Dose Level II, median progression-free survival was greater than 3 months, and median over-all survival was greater than 9 months.



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RAD001 Benefits Patients with Metastatic Pancreatic Neuroendocrine Tumors

<http://www.medpagetoday.com/MeetingCoverage/ASCOGI/12541>

MD Anderson researcher reported that chemotherapy-refractory pancreatic neuroendocrine tumors had a two-to-threefold increase in progression-free survival with the mTOR inhibitor RAD001 compared with results from previous studies involving gefitinib (Iressa) and somatostatin analogs. RAD001 was well tolerated and had a positive risk-benefit ratio. The findings are from a study of 160 patients with advanced neuroendocrine tumors. Though slow growing, the tumors generally are incurable when they reach an advanced stage with median overall survival of about two years.

Abnormal DNA Repair Genes May Predict Pancreatic Cancer Outcomes

<http://www.aacr.org/home/public--media/news.aspx?d=1239>

<http://www.mdanderson.org/departments/newsroom/display.cfm?id=32553CF5-E139-4E97-B23CEF29D18BE639&method=displayFull&pn=00c8a30f-c468-11d4-80fb00508b603a14>

MD Anderson researchers identified genetic variations that may predict survival and outcomes for people with pancreatic cancer. These early findings have the potential to spare patients from the side effects and high costs of aggressive surgery, chemotherapy and/or radiation when such treatment is unlikely to provide any health benefit.

Abstracts

Adjuvant Radiotherapy for Pancreatic Cancer is Associated with a Survival Benefit Primarily in Stage IIB Patients

http://www.ncbi.nlm.nih.gov/pubmed/19159077?ordinalpos=3&itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum

Surgical Results After Preoperative Chemoradiation Therapy for Patients with Pancreatic Cancer

http://www.ncbi.nlm.nih.gov/pubmed/19142173?ordinalpos=5&itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum

Pancreatic Neuroendocrine Tumors: The Impact of Surgical Resection on Survival

http://www.ncbi.nlm.nih.gov/pubmed/19130464?ordinalpos=2&itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum

Systematic Review of Minimally Invasive Pancreatic Resection

http://www.ncbi.nlm.nih.gov/pubmed/19130151?ordinalpos=4&itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum

Patterns of Recurrence After Curative Resection of Pancreatic Ductal Adenocarcinoma

http://www.ncbi.nlm.nih.gov/pubmed/19131205?ordinalpos=9&itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum