



Research

PANCREATIC CANCER ACTION NETWORK

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PANCREATIC CANCER: NEWS & UPDATES

March 2009

Alcohol Linked to Pancreatic Cancer Risk

<http://www.medpagetoday.com/HematologyOncology/OtherCancers/13098> (includes audio clip)

http://www.eurekalert.org/pub_releases/2009-03/gumc-grt022509.php

Harvard School of Public Health researchers report that a daily drinking habit may modestly increase the risk of pancreatic cancer. The risk was 22% higher (95% CI 3% to 45%) for individuals who had two or more drinks a day than for nondrinkers. Although risk rose gradually with intake ($P=0.05$ for trend), fewer than two drinks a day did not affect pancreatic cancer rates significantly in multivariate analysis of primary data from more than 860,000 men and women in 14 prospective studies.

University of Michigan Researchers ID Gene Involved in Pancreatic Cancer

<http://www2.med.umich.edu/prmc/media/newsroom/details.cfm?ID=1058>

University of Michigan Comprehensive Cancer Center researchers report they have identified a gene that is over expressed in 90% of pancreatic cancers. Expression of the gene called ATDC is on average 20 times higher in pancreatic cancer cells than in cells from a normal pancreas. ATDC appears to make pancreatic cancer cells resistant to current therapies.

Use of Northfield's PolyHeme[®] Mitigates Tumor Progression in Pancreatic Cancer Model

<http://www.chicagotribune.com/business/chi-northfield-labs-polyheme-mar5.0.808761.story>

Researchers from the University of Colorado at Denver/Denver Health Medical Center, Bonfils Blood Center in Denver, and University of Texas Southwestern Medical Center in Dallas have demonstrated that the use of Northfield's human polymerized hemoglobin (PolyHeme[®]) significantly reduces metastases and primary tumor growth in a mouse model of pancreatic cancer. The authors suggest that the use of PolyHeme in lieu of red blood cells may prolong survival in patients with pancreatic cancer who require transfusions.

Cancer's Growth Fueled by Transfusions

http://www.denverpost.com/news/ci_11963092

This study reports that cancerous tumors grew four times as fast in mice that received blood transfusions compared with mice that received a manufactured substitute for red blood cells. It's unclear exactly why donated blood makes tumors grow faster, but researchers suspect it has to do with a weakening of the immune system after a transfusion. This research gives a boost to polymerized hemoglobin, a blood substitute marketed under the name PolyHeme.

Optical Techniques Show Continued Promise in Detecting Pancreatic Cancer

http://www.upi.com/Science_News/2009/03/02/Technique_may_spot_early_pancreatic_cancer/UPI-91891236022840/

<http://www.chicagotribune.com/news/local/chi-pancreatic-cancerfeb23.0.2059512.story>

Northwestern University researchers report that they created a technique that can detect the early development of pancreatic cancer. The optical technology uses an analysis of adjacent tissue in the duodenum to detect the presence of pancreatic cancer. Results are published in the journal *Disease Markers*.

Study Sheds Light on Angiogenesis Inhibitors, Points to Limitations, Solutions

<http://www.sciencedaily.com/releases/2009/03/090302133306.htm>

UCSF researchers report that angiogenesis inhibitors, cancer drugs designed to starve tumors of their blood supply, succeed at first, but then promote more invasive cancer growth, sometimes with a higher incidence of metastases. Dr. Douglas Hanahan, PhD, professor of biochemistry and biophysics at UCSF and co-senior author on the paper remarks that, "a well vascularized tumor is well fed and happy. It has no driving force to become more invasive." He and his colleagues hypothesize from the mouse models that if the tumor's blood supply is cut off that this drives the cancer to become more invasive as it seeks more oxygen and nutrients. Dr. Hanahan is a 2007 Pancreatic Cancer Action Network Pilot Grant recipient.

Scans May be Able to Tell in Days if Chemotherapy Works

<http://www.msnbc.msn.com/id/29513672/>

Memorial Sloan Kettering researchers are exploring a new use for medical imaging that could reveal within a few days of the patient's treatment whether chemotherapy is working. This experimental imaging relies on PET scans and a different tracer substance. When used together to assess the effects of cancer treatment, it can reveal information about what the therapy is doing to a tumor even when there's no outward sign.



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Study Links Blood Type and Pancreatic Cancer

<http://harvardscience.harvard.edu/medicine-health/articles/blood-type-study-sheds-light-biology-pancreatic-cancer>
<http://www.forbes.com/feeds/hscout/2009/03/10/hscout624862.html>

Researchers at the Dana-Farber Cancer Institute report that individuals with type O blood have a much lower risk of developing pancreatic cancer, a finding that might help explain the origins of the disease. The study found that the chances of developing pancreatic cancer were greater for people with a blood type other than O: 32% higher for those with type A blood, 51% greater for type AB and 72% higher for type B.

Tiny Samples Could Yield Big Predictive Markers for Pancreatic Cancer

http://www.eurekalert.org/pub_releases/2009-03/fccc-tsc031009.php

A handful of proteins may one day help doctors distinguish between a harmless lesion in the pancreas and a potentially deadly one, say researchers at Fox Chase Cancer Center. The researchers believe that these protein biomarkers, if confirmed in subsequent studies, could represent reliable indicators of pancreatic cancer or precancerous pancreatic lesions, which would allow for earlier, perhaps more successful, treatment.

Neoadjuvant Chemoradiation May Permit Resection in Patients with Borderline Resectable Disease

<http://www.docguide.com/news/content.nsf/news/852571020057CCF685257573007997A0>

According to data presented at the Society of Surgical Oncology 62nd Annual meeting, neoadjuvant therapy of patients with borderline resectable pancreatic adenocarcinoma may help change the disease stage and help identify patients who are likely to benefit from pancreatic resection. Lead author Dr. Jayme B. Stokes from the University of Virginia reported there is a subset of patients who would not otherwise be able to undergo resection but, if treated preoperatively with radiation and chemotherapy, half of those patients could then go on to pancreatic resection with a survival benefit that comes along with resection of the cancer.

Multimodal Therapy Optimizes Survival in Pancreatic Cancer

<http://www.docguide.com/news/content.nsf/news/852571020057CCF685257574005CA34C>

Karyn B. Stitzenberg, MD, MPH, of Fox Chase Cancer Center reported at the Society of Surgical Oncology 62nd Annual meeting on a retrospective outcome review of 209 patients who underwent pancreatic resections for pancreatic adenocarcinoma between 1996 and 2006. Forty-four percent of patients (92/209) underwent chemotherapy and/or chemoradiotherapy prior to resection. Survival was compared for patients who received neoadjuvant chemotherapy and/or chemoradiotherapy and those who received surgery first. The surgery-first group included patients who had received surgery alone and those who had received surgery followed by chemotherapy and/or chemoradiotherapy. A substantial proportion of the patients treated with surgery first never receive adjuvant therapy," noted Dr. Stitzenberg. In the surgery-first group, only 79% received chemotherapy and/or chemoradiation afterward.

Pancreatic Cancer Not a Death Sentence

<http://savannahnow.com/node/685834>

Pancreatic cancer survivor Scott Zeberlein is featured in this article along with PanCAN Affiliate Coordinator Jane Miller and Zeberlein's physician, Dr. Steven T. Brower, director of cancer surgery at Memorial University Medical Center in Savannah, Georgia. Brower estimates that he and surgeons Dr. James Garber and Chris Senkowski perform 20 pancreas surgeries per year. Brower acknowledges pancreatic cancer surgery should be done by high-volume surgeons; in Brower's opinion 20 pancreas surgeries per year merits high volume status.

Pfizer's Phase III Sutent Trial Stopped Early; Drug Shows Definite Benefit in Pancreatic Islet Cell Cancer

http://www.pfizer.com/news/press_releases/pfizer_press_releases.jsp?rssUrl=http://mediaroom.pfizer.com/portal/site/pfizer/index.jsp?ndmViewId=news_view&ndmConfigId=1016273&newsId=20090312005308&newsLang=en
<http://www.reuters.com/article/healthNews/idUSTRE52B3SD20090312>

Pfizer's late-stage clinical study in Sutent (Sunitinib, SU011248) was halted early after the drug showed significant benefit in patients with advanced pancreatic islet cell tumors. An independent committee monitoring the study recommended halting it after concluding that patients on Sutent stayed free of disease progression for longer than those on placebo plus best supportive care.

Oroville, California Pancreatic Cancer Cluster Study Inconclusive

http://www.oroVILLEmr.com/news/ci_11892906

After an extensive study, state health officials can't say why the rate for pancreatic cancer in Oroville nearly doubled during 2004 and 2005. Their report concludes that the increase in cases could be coincidence. It recommends continuing to monitor the rate of cancer in the area. This story originally made headlines in January 2008 when an anonymous tip by a local woman alerted officials to this cancer cluster. The state Department of Public Health said this increase is statistically significant and at that time health officials were going to conduct detailed surveys of surviving pancreatic cancer patients or their relatives. Unfortunately, their investigation did not yield conclusive results.



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One Person's Genes Offer Clues to Pancreatic Cancer

<http://www.cancer.gov/ncicancerbulletin/031009/page5>

Abstract: <http://www.ncbi.nlm.nih.gov/pubmed/19264984>

Researchers at the Johns Hopkins Kimmel Cancer Center have shown for the first time that sequencing the genes in both the normal and the cancer cells of a single patient can reveal genes that are altered in both types of cells. Some of these changes, when they occur in the same gene in both the normal and the cancer cells, can help identify susceptibility genes. The team tested this strategy in a man with an inherited form of pancreatic cancer and discovered a gene that in some families appears to cause familial pancreatic cancer. Among some 20,600 sequenced genes, three had inactivating mutations in both copies of the gene. The researchers focused on a gene called *PALB2* because the mutations resulted in a truncated protein and because the gene has been linked to cancer previously. Further analysis showed that *PALB2* was mutated in three more patients with familial pancreatic cancer out of 96 patients tested.

Adjunctive Vitamin C Treatment in Cancer

<http://www.acor.org/news/display.html?id=7840>

Serious flaws in a recent study, which concluded that high doses of vitamin C reduce the effectiveness of chemotherapeutic drugs in the treatment of cancer, are revealed in the current issue of *Alternative and Complementary Therapies*. Criticism stems from two aspects of the study: the oxidized form of vitamin C (dehydroascorbic acid) and not actual vitamin C (ascorbic acid) was used; and in the mouse experiments, the animals were given toxic doses of dehydroascorbic acid, a compound that is not used as a dietary supplement in humans.

Shedding Light on Vitamin D and Cancer

http://professional.cancerconsultants.com/oncology_main_news.aspx?id=43293

A quickly growing body of evidence shows that vitamin D may help lower the risk of cancer, heart disease, and even premature death. Key studies in the 1930s and 1940s found clear links between rates of skin cancer or level of sun exposure and rates of *non-skin* cancers. As skin cancer rates or sun exposure went up, rates of non-skin cancer went down. It wasn't until the early 1980s, when researchers started building the hypothesis that vitamin D and sunlight could be the main factor helping drive down cancer rates in areas with higher sun exposure. By far the strongest evidence to date supports a link between vitamin D and colon cancer: people with higher vitamin D levels can have as little as half the risk of developing colon cancer as those with lower vitamin D levels. The cancer prevention benefits of vitamin D seem to reach well beyond colon cancer, with studies hinting that high vitamin D levels may substantially lower the risk of oral and esophageal cancers as well as pancreatic cancer.

End-of-Life Conversations Lower Costs, Improve Quality of Life

[http://www.cancer.org/docroot/NWS/content/NWS_1_1x_End-of-](http://www.cancer.org/docroot/NWS/content/NWS_1_1x_End-of-Life_Conversations_Lower_Costs_Improve_Quality_of_Life.asp)

[Life_Conversations_Lower_Costs_Improve_Quality_of_Life.asp](http://www.cancer.org/docroot/NWS/content/NWS_1_1x_End-of-Life_Conversations_Lower_Costs_Improve_Quality_of_Life.asp)

http://www.nlm.nih.gov/medlineplus/news/fullstory_81476.html

Advanced cancer patients who have end-of-life discussions with their doctors appear to have better quality of life in their final days and pay significantly less for that care, according to a new study published in the *Archives of Internal Medicine*. The research is based on data from the ongoing [Coping With Cancer](#) study, a large multi-site study tracking the health of advanced cancer patients and their primary caregivers. The study incorporates work from several research centers, including the Dana-Farber Cancer Institute, Yale University, and Memorial Sloan-Kettering with funding from National Institute of Mental Health and NCI.

NCCN Announces Updates to Pancreatic Adenocarcinoma Guidelines

<http://sev.prnewswire.com/health-care-hospitals/20090313/DC8355713032009-1.html>

The National Comprehensive Cancer Network announced updates to the Guidelines for Pancreatic Adenocarcinoma at its 14th Annual Conference. Notable additions include updates on when a laparoscopy may be beneficial to patients, clarification on diagnostic imaging protocols, and an overall emphasis on systemic therapy in all disease stages.

Avoiding Abandonment and Lack-of-Closure Issues in Terminally Ill Patients

<http://www.medscape.com/viewarticle/589331?src=mpnews&spon=7&uac=61043Sj>

Terminally ill cancer patients and their families can feel abandoned and the oncologists treating them can experience a lack of closure when there are no final communications between the two parties. The study urges all oncologists to continue to have some contact with their patients, even after patients leave their direct care and move to a hospice, thus eliminating any sense of "unfinished business" on both sides of the physician-patient relationship.



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Analysis of Fluorouracil-Based Adjuvant Chemotherapy and Radiation After Pancreaticoduodenectomy for Ductal Adenocarcinoma of the Pancreas: Results of a Large, Prospectively Collected Database at the Johns Hopkins Hospital

http://jco.ascopubs.org/cgi/content/abstract/26/21/3503?ijkey=d623943e3e7e43ae075842d8feb99bea712c5d3b&keytype=2=tf_ipsecsha

The study examined the efficacy of adjuvant chemoradiotherapy (CRT) after pancreaticoduodenectomy (PD) for pancreatic cancer (PC) in patients undergoing resection at Johns Hopkins Hospital. A final cohort included 616 patients who underwent PD and received fluorouracil (FU)-based CRT. The data suggested that adjuvant concurrent FU-based CRT significantly improved survival after PD for PC when compared with patients not receiving CRT. These data support the use of combined adjuvant CRT for PC.

Review for the above Johns-Hopkins article

Adjuvant Chemotherapy and Radiation Following Pancreaticoduodenectomy (PDD) for Pancreatic Adenocarcinoma: Summary of Trials and Future Directions

<http://www.ajho.com/Adjuvant-chemotherapy-and-radiation-following-PDD-for-pancreatic-adenocarcinoma-Summary-of-trials-and-future-directions/article/128664/>

In this article, the Drs. Tuli and Herman provide a concise review of the research findings reported in the Johns Hopkins analysis study. Dr. Herman is a 2007 Pancreatic Cancer Action Network Career Development Award recipient.

Commentary for the above article

Adjuvant Chemoradiotherapy for Pancreatic Ductal Adenocarcinoma: Postoperative Therapy is Not the Same as Adjuvant Therapy

<http://www.ajho.com/Adjuvant-chemoradiotherapy-for-pancreatic-ductal-adenocarcinoma-Postoperative-therapy-is-not-the-same-as-adjuvant-therapy/article/128748/>

In this article, Drs. Gannon and August provide commentary on the above research findings.

Pancreas Cancer Surgery Outcome Worse With Obesity

<http://www.reuters.com/article/healthNews/idUSTRE52F6M320090316>

http://www.medpagetoday.com/HematologyOncology/OtherCancers/13297?utm_source=mSpoke&utm_medium=email&utm_campaign=DailyHeadlines&utm_content=GroupB&userid=71759&impressionId=1237341864322

People who have undergone surgery for pancreatic cancer and are classified as obese (body mass index of 30 or more) don't live as long as those who are not obese. Dr. Jason B. Fleming from the University of Texas, Houston (also a speaker at the '08 LA Symposium) and colleagues looked at the outcomes of 285 patients with pancreatic cancer who were all treated at the MD Anderson Cancer Center. For patients with a BMI higher than 35, average survival was 13.2 months, compared with 27.4 months for those with a BMI of less than 23. Cancer was 12 times more likely to be found to have spread to the lymph nodes in patients with BMIs of 35 or more, compared to those with lower BMIs. The report is published in the *Archives of Surgery*.

Medical Center Doctors Use Thermal Therapy to Prolong Cancer Patients' Lives

http://www.txcn.com/sharedcontent/dws/txcn/houston/stories/khou090317_tnt_cancer-thermal-therapy.44b56726.html

(includes video)

Features a stage IV pancreatic cancer survivor's experience with thermal therapy at University of Texas.

Medical Breakthrough Helping Pancreatic Cancer Patients

<http://www.kptv.com/health/18957742/detail.html>

Features a pancreatic cancer survivor who underwent a treatment regimen by Dr. David Linehan at Washington University that entails surgery and radiation along with chemotherapy and the immune stimulator interferon. Dr. Linehan notes that only one of three pancreatic cancer patients can tolerate this aggressive treatment.

Don Hewitt, Creator of '60 Minutes,' Reportedly Suffering From Pancreatic Cancer

<http://www.foxnews.com/story/0,2933,509703,00.html>

Don Hewitt, the creator of CBS's "60 Minutes," has reportedly been diagnosed with pancreatic cancer and plans to undergo treatment at Memorial Sloan-Kettering Cancer Center.

CyberKnife Shrinks Tumor

http://www.mlive.com/living/saginaw/index.ssf/2009/03/cyberknife_shrinks_tumor.html

A Michigan newspaper features the story of a pancreatic cancer survivor who credits Cyberknife for his survival.



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Radiofrequency Ablation After Selective Internal Radiation Therapy with Yttrium90 Microspheres in Metastatic Liver Disease-Is it Feasible?

http://www.ncbi.nlm.nih.gov/pubmed/19269763?ordinalpos=3&itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum

Pylorus-Preserving Pancreaticoduodenectomy Versus Conventional Pancreaticoduodenectomy

http://www.ncbi.nlm.nih.gov/pubmed/19280281?ordinalpos=1&itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum

Arterial and Venous Resection for Pancreatic Adenocarcinoma: Operative and Long-Term Outcomes

http://www.ncbi.nlm.nih.gov/pubmed/19221327?ordinalpos=5&itool=Email.EmailReport.Pubmed_ReportSelector.Pubmed_RVDocSum

[Benefit of Postoperative Adjuvant therapy for Pancreatic Cancer: A Population-Based Analysis](#)

[Long Term Survivors with Metastatic Pancreatic Adenocarcinoma Treated with Gemcitabine: A Retrospective Analysis](#)

[Influence of Obesity on Cancer-Related Outcomes After Pancreatectomy to Treat Pancreatic Adenocarcinoma](#)

[Oral Osteonecrosis Associated with the Use of Zoledronic Acid: First Case of a Patient with Advanced Pancreatic Cancer and Bone Metastases](#)

[Early Clinical Experience Using High Intensity Focused Ultrasound for Palliation of Inoperable Pancreatic Cancer](#)