

# Pancreatic cancer still hard to treat, but hope may loom at molecular level

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With the recent loss of actor Patrick Swayze to pancreatic cancer still fresh in our public consciousness, many people may be wondering why someone so apparently strong and fit couldn't beat this disease given all the reported advances in cancer detection and treatment. But then, pancreatic cancer tends to play by its own set of rules.

Among the leading causes of cancer death, pancreatic cancer has a survival rate of just five percent at five years. Moreover, whereas some forms of cancer can often be caught early through screening tests, such as mammography for breast cancer, there are currently no routine screenings for pancreatic cancer. This form of cancer also seems to defy early detection because it usually causes no obvious symptoms until it has reached an advanced—and typically inoperable—stage. “Unfortunately, the perception of pancreatic cancer as a very tough diagnosis is still accurate,” states Dr. Bradley Sachs of the Toledo Clinic Cancer Center. “We’re making slow progress, but we still have a long way to go before we can detect and treat it successfully.”

Targeted therapies, which unlike conventional chemotherapy, target cancerous cells while causing little harm to healthy cells, are beginning to show some promise in the treatment of pancreatic cancer and other forms of cancer. These drugs work by either interfering with the process that causes normal cells to become cancerous or by preventing the development of blood vessels that supply nutrients to cancerous tumors. Still, much work remains to be done before the promise of these therapies can be fully realized. Dr. Sachs points out that the future of pancreatic cancer treatment and prevention will probably be found at the molecular level. “Research is beginning to reveal that pancreatic cancer and other forms of cancer are

actually a multitude of diseases molecularly,” he explains. “And, if you take 100 pancreatic cancers, there’s a multitude of different switches that turn on to cause them. We’re getting closer to honing in on those molecular switches.”

Symptoms of pancreatic cancer might include loss of appetite, bloating, abdominal pain, upset stomach, unexplained weight loss, or “just not feeling quite right.” Some patients may experience jaundice, as well. Most of these symptoms, with the exception of jaundice, are so vague that they’re often allowed to persist for several months before a doctor is finally consulted, which is why so few cases are caught early on in the disease process.

Pancreatic cancer also seems to play by its own set of rules when it comes to risk factors. As Dr. Sachs observes, the majority of pancreatic cancer patients don’t seem to fit conveniently into any particular high-risk group. The genetic influence in pancreatic cancer is slight at best. In fact, only five to ten percent of people with pancreatic cancer have a first-degree relative with the disease.

“There are, however, some factors that seem to be associated with a slightly higher risk. Pancreatic cancer primarily affects people over age 65. It also affects more men than women and more African Americans than Caucasians, though it is not known why. Having a high insulin level or a condition that causes chronic inflammation of the pancreas, or chronic pancreatitis, can also be associated with an elevated risk. Modifiable risk factors include smoking and obesity,” he says.

Patients who are experiencing symptoms can undergo certain diagnostic tests, such as a CA 19-9 test, which checks the blood for a specific antigen produced by pancreatic cancer cells. However, this antigen is elevated in only about two-thirds of patients with pancreatic cancer and some non-cancerous

conditions can cause high levels of CA 19-9, so this test cannot be considered a reliable diagnostic tool by itself.

Endoscopic ultrasound is among the various diagnostic imaging studies that can be conducted to check for pancreatic cancer. During this procedure, a thin, lighted tube, called an endoscope, is passed through the mouth, into the stomach, and then into the duodenum to examine the pancreas and surrounding tissues for evidence of cancer.

In addition to ultrasound, the Toledo Clinic is equipped to provide the full gamut of imaging services, including X-ray, Computerized Axial Tomography (CAT scan), Magnetic Resonance Imaging (MRI), and Positron Emission Tomography (PET scan).

Still, a tool that can reliably screen for pancreatic cancer remains elusive. “What we really need is a good screening test. I believe that the exciting work being done in the arena of identifying molecules or compounds that signify the presence of cancerous cells is where that breakthrough will take place. It’s just going to take time,” says Dr. Sachs. Future breakthroughs in the detection and treatment of cancers, including pancreatic cancer, will likely arise from ongoing clinical research. To advance this goal, the Toledo Clinic helped organize the Toledo Community Hospital Oncology Program (TCHOP), which brings the latest in cancer research and studies to the Toledo area. Patients who generously participate in these vital TCHOP clinical trials help pave the way to a brighter future in cancer care, not only for themselves, but also for others already fighting the disease and those yet to be diagnosed.



**Bradley Sachs, DO**

## Toledo Clinic Cancer Center - Main Office

Toledo Clinic  
4235 Secor Road  
Building 1, Lower Level  
Toledo OH 43623  
Ph: 419-479-5605  
Fax: 419-479-5543

### Oregon

2751 Bay Park Drive  
Suite #206  
Oregon, OH 43606  
Ph: 419-691-4235  
Fax: 419-479-5543

### Maumee

5805 Monclova Road  
Maumee, OH 43537  
Ph: 419-794-7720  
Fax: 419-479-5543

### Bowling Green

960 West Wooster  
Suite #111  
Bowling Green, OH 43402  
Ph: 419-353-5419  
Fax: 419-479-5543

### Adrian, MI

777 Kimole Lane  
Adrian, MI 49221  
Ph: 517-263-2507  
Fax: 419-479-5543

### Monroe, MI

730 North Macomb Street  
Suite #418  
Monroe, MI 48162  
Ph: 734-242-7902  
Fax: 419-479-5543