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TREATING PANCREATIC CANCER

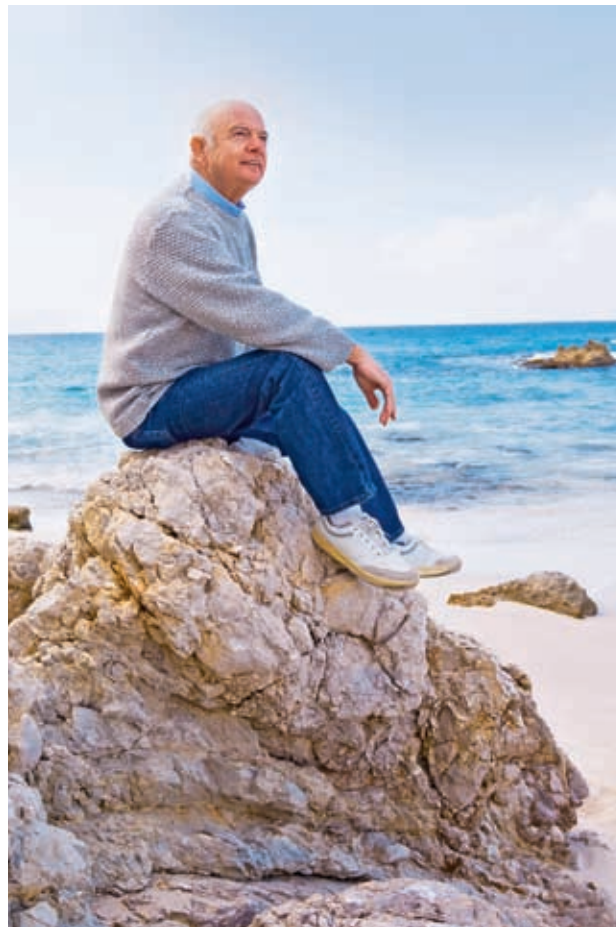
The pancreas is one of the body's most complex structures.

This fish-shaped gland located deep within the abdomen produces insulin and enzymes that help digest food and turn it into energy. It's also the site for one of the body's most lethal malignancies.

"Pancreatic cancer is swift and silent," says **Dr. John Lee**, a UC Irvine Healthcare pancreas and bile duct specialist. "Patients rarely have any symptoms until the disease has progressed. Consequently, about 85 percent of all cases are diagnosed in the advanced stages." As grim as this picture seems, steady progress is being made in treating the disease. Specialists with UC Irvine Healthcare are on the forefront of this effort. As a result, pancreatic cancer patients from far and wide are referred to UC Irvine's H.H. Chao Comprehensive Digestive Disease Center.

EUS and ERCP. Several tests are used to confirm the presence of this challenging disease. Among them is EUS—endoscopic ultrasound. "EUS can identify growths in the pancreas and surrounding areas that are too small to be seen by CT and MRI scans," says Lee. The procedure utilizes an ultrasound-equipped viewing instrument called an endoscope, which is introduced through the mouth into the stomach. During EUS, cell samples can also be taken, saving patients the stress and pain of a surgical biopsy. The EUS biopsy was pioneered by UC Irvine doctors. Specimens gathered during the procedure are used to assess the scope and nature of the disease.

"If the bile or pancreatic ducts are blocked or narrowed by a tumor, a procedure called endoscopic retrograde cholangiopancreatography (ERCP) can be performed," explains Lee. ERCP utilizes a lighted tube



UC Irvine specialists are on the forefront of pancreatic cancer treatment.

to place a stent in the bile duct, which keeps the structure open, relieving jaundice until surgery can be performed.

"If the patient is a candidate for surgery, the type of operation depends on the location of the tumor," says **Dr. David Imagawa**, a specialist in liver and pancreas surgery. If the growth is in the head of the pancreas, the Whipple procedure is performed. This operation is considered one of the most challenging procedures done today, and outcomes are strongly

linked to surgeons' experience. "More than 50 Whipple procedures are performed each year at UC Irvine, making it a high-volume center," says Imagawa. Another surgical procedure—a distal pancreatectomy—is performed to remove malignancies in the body and tail of the pancreas. UC Irvine doctors are among a small group of specialists nationwide who have mastered a minimally invasive approach to this operation, performing the second highest volume of laparoscopic distal pancreatectomies in the United States.

New hope. "Only about 15 percent of patients who have pancreatic cancer are eligible for surgery," says **Dr. Matthew Katz**, a pancreas and liver surgical oncologist who is also an expert in the Whipple and distal pancreatectomy procedures. "While we know that surgical intervention is necessary to cure patients with this disease, we also recognize that it is only one component of a comprehensive approach to pancreatic cancer, which should also include radiation and chemotherapy." At UC Irvine, doctors are developing multimodal therapeutic strategies to deal with this type of cancer.

"In cases where patients have been deemed inoperable at other institutions, radiation and/or chemotherapy can sometimes be used prior to surgery, allowing people to undergo curative therapy," says Katz. UC Irvine's Chao Family Comprehensive Cancer Center, one of only 40 National Cancer Institute-designated comprehensive cancer centers in the United States, is also involved in dozens of clinical trials, giving patients access to leading-edge therapies generally not available elsewhere. "These studies are the hope of the future," says Katz.