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**Hwang - Focused Ultrasound
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10-year Pancreatic Cancer

Survivor **How long can I expect**

to live? What is my prognosis

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(Douglas Evans, MD) Cancer

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Cancer Patients: Less is More!
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This issue of the Surgical
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following topics: imaging for
pancreatic cancer EUS staging
and novel therapeutics for

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pancreatic cancer management
of cystic tumors management of
IPMN laparoscopic surgery for
pancreatic tumors current
concepts in the surgical
management of pancreatic
cancer management of borderline
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Surgery update on adjuvant trials
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neoadjuvant therapy for
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Current pancreatic cancer models are similar to that of colon cancer, in which there is a ...

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Accurate diagnosis and staging of

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pancreatic ductal carcinoma are therefore of great importance.

This paper reviews the state of the art for such diagnostic modalities as computed tomography, magnetic resonance imaging, endoscopic ultrasound, positron emission tomography,

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and laparoscopic surgery and
laparoscopic ultrasound for
diagnosis and staging of
pancreatic cancer.

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disease is a significant predisposing risk factor (odds ratio = 3.9) for pancreatic cancer; as many as 50% of all intraductal papillary mucinous neoplasms are associated with invasive adenocarcinomas; alteration of gene expression via methylation

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of a gene promoter region constitutes a potentially reversible method of tumor suppressor gene inactivation; > 400 transcriptional alterations of gene expression have been identified for pancreatic cancer; some ...

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**Current concepts in
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Metastasis 65 addition to various
chemokines such as CCL2, CCL7,

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CCL8, CCL3 CCL4. Such a milieu recruits circulating monocytes and stimulates their differentiation into macrophages (Pollard et al., 2004). At the primary tumour site, hypoxia-related factors and oncogenic induction of pro-

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ed with invasive
adenocarcinomas; alteration of
gene expression via methylation
of a gene promotor region

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constitutes a potentially
reversible method of tumor
suppressor gene inactivation;
>400 transcriptional alterations
of gene expression have been
identified for pancreatic cancer;
some common molecular markers
such as p53 and HER-2neu may

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be related to morphologic
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disease, standard of care includes
resection followed by adjuvant
chemotherapy \pm chemoradiation.

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This chapter will review the
current concepts surrounding
pancreatic cancer cachexia, its
clinical diagnosis,

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pathophysiology, and its known and proposed therapeutics. A multimodal approach utilizing nutritional support and pharmaceutical therapies is proposed to lead to the most successful management of pancreatic cancer cachexia.

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Epithelial pancreatic tumors, such as solid pseudopapillary tumor (SPT), pancreatoblastoma, acinar carcinoma, and ductal carcinoma

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arise from ductal and acinar cells or cells of unknown origin are more common than nonepithelial tumors such as lymphomas, primitive neuroectodermal tumors, and mesenchymal tumors [2].

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**Pediatric Pancreatic Tumors:
A Review of Current Concepts**

Pancreatic cancer begins in the tissues of your pancreas — an organ in your abdomen that lies behind the lower part of your stomach. Your pancreas releases

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enzymes that aid digestion and produces hormones that help manage your blood sugar.

Several types of growths can occur in the pancreas, including cancerous and noncancerous tumors.

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Pancreatic cancer - Symptoms and causes - Mayo Clinic

Cellular and molecular evolution of pancreatic cancer Pancreatic carcinogenesis occurs through an accumulation of genetic alterations that result in deregulation of tumor cell-

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autonomous and nontumor cell-
autonomous pathways.

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targeting ...**

Pancreatic cancer is a devastating
disease and resection at an early

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disease stage is the best chance of cure. Less than 20% of all patients present with a resectable tumor, while another 20% to 30% have locally advanced pancreatic cancer and the majority of the patient suffer from metastatic disease. Recently, it has been

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concepts in treatment and research An Issue Of Surgical Oncology Clinics
recognized that there is a 4th group of patients with so-called borderline resectable disease.

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Pancreatic cancer remains one of

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the most aggressive tumours with a 5-year survival rate of less than 5%. The dismal prognosis of this tumour entity that is associated with a high degree of drug resistance has not changed over the past decades. Since 1997, gemcitabine-based regimens

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have been the therapy of choice
for advanced pancreatic cancer.

**Current concepts and novel
targets in advanced
pancreatic ...**

Standard treatment for pancreatic
cancer usually consists of

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Surgery, chemotherapy, radiation, or combinations of each, depending on the cancer's stage. Beyond these standard treatments, NCI scientists continue to look for ways to treat pancreatic cancer more effectively.

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Pancreatic cancer remains a highly lethal disease in spite of new developments in early diagnosis, marked improvements

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in surgical morbidity and mortality, and introduction of promising adjuvant ...

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“Pancreatic cancer is the third leading cause of cancer death in

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the US, with primary ductal adenocarcinoma (PDAC) the most common type. The five-year survival rate is very much dependent on the stage of the cancer at the time of diagnosis. If found early, or at Stage 1, the five-year survival rate is 39

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neoplasm; Pancreatic cystic
tumors of mucinous type;
Pancreatic cystic lesions of non-
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endocrine tumors; Inflammatory
lesions and pseudotumors of the
pancreas; Ductal adenocarcinoma
of the pancreas; PanINs; Cytology

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