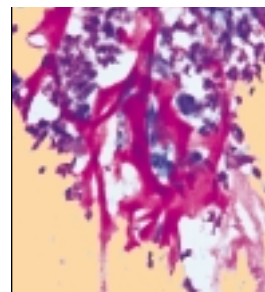


## TEN BEST READINGS ON PANCREATIC CANCER

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DiMagno EP, Reber HA, Tempero MA. AGA technical review on the epidemiology, diagnosis, and treatment of pancreatic ductal adenocarcinoma. American Gastroenterological Association. *Gastroenterology*. 1999;117:1464-1484.

This comprehensive literature review and the recommendations therein were prepared for the American Gastroenterological Association Clinical Practice and Practice Economics Committee.

Dergham ST, Dugan MC, Sarkar FH, et al. Molecular alterations associated with improved survival in pancreatic cancer patients treated with radiation or chemotherapy. *J Hepatobiliary Pancreat Surg*. 1998;5:269-272.

K-*ras*-negative patients with pancreas cancer show improved survival with radiation therapy compared to K-*ras*-positive patients. Expression of *p53* is associated with shorter survival when compared to no *p53* expression in pancreas cancer patients treated with radiation therapy or chemotherapy. Patients with pancreatic cancer whose tumors express *p21* show significant survival advantages when treated with chemotherapy or radiation therapy. An inverse relationship is observed with respect to *p21* and *p53* expression and clinical stage.

Cascallo M, Calbo J, Gelpi JL, et al. Modulation of drug cytotoxicity by reintroduction of wild-type *p53* gene (Ad5CMV-p53) in human pancreatic cancer. *Cancer Gene Ther*. 2000;7:545-556.

The combination of *p53* transduction and chemotherapy, under

a correct schedule of administration, appears to be a promising therapy for human pancreatic cancer.

Merchant NB, Conlon KC, Saigo P, et al. Positive peritoneal cytology predicts unresectability of pancreatic adenocarcinoma. *J Am Coll Surg*. 1999;188:421-426.

Positive peritoneal cytology (PPC) is associated with advanced disease and is highly specific in predicting unresectability of pancreatic adenocarcinoma, resulting in decreased survival. Antecedent fine-needle aspiration is not associated with an increased incidence of PPC, nor does it have a significant impact on overall survival.

O'Malley ME, Boland GW, Wood BJ, et al. Adenocarcinoma of the head of the pancreas: determination of surgical unresectability with thin-section pancreatic-phase helical CT. *AJR Am J Roentgenol*. 1999;173:1513-1518.

In patients with adenocarcinoma in the head of the pancreas, the degree of circumferential vessel involvement by tumor as shown by CT is useful in predicting which patients will have surgically unresectable tumors. A dilated gastroduodenal trunk should not be used as an independent sign of surgical unresectability.

Chang KJ, Nguyen P, Erickson RA, et al. The clinical utility of endoscopic ultrasound-guided fine-needle aspiration in the diagnosis and staging of pancreatic carcinoma. *Gastrointest Endosc*. 1997;45:387-393.

Endoscopic ultrasound (EUS)-guided fine-needle aspiration

The 10 best recent articles in the medical literature relating to pancreatic cancer are reviewed here.

Ten Best Readings

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(FNA) of the pancreas appears to be a safe and effective method that increases both the diagnostic and the staging capability of EUS in pancreatic cancer. EUS-guided FNA avoids surgery and provides additional imaging studies with a substantial cost savings.

Tham TC, Lichtenstein DR, Vandervoort J, et al. Pancreatic duct stents for "obstructive type" pain in pancreatic malignancy. *Am J Gastroenterol.* 2000;95:956-960.

Pancreatic stent placement for patients with "obstructive" pain secondary to a malignant pancreatic duct stricture appears to be safe and effective. It should be considered as a therapeutic option in these patients. It does not seem to be effective for chronic unremitting pain.

Pisters PW, Hudec WA, Lee JE, et al. Preoperative chemoradiation for patients with pancreatic cancer: toxicity of endobiliary stents. *J Clin Oncol.* 2000;18:860-867.

Preoperative chemoradiation for pancreatic cancer is associated with low rates of hepatic toxicity and biliary stent-related complications. The need for biliary decompression is not a clinically significant concern in the delivery of preoperative therapy to patients with localized pancreatic cancer.

Box JC, Douglas HO. Management of cystic neoplasms of the pancreas. *Am Surg.* 2000;66:495-501.

A descriptive outline is provided of the most common types of cystic neoplasms of the pancreas with a discussion of their preopera-

tive, intraoperative, and postoperative management.

Sosa JA, Bowman HM, Gordon TA, et al. Importance of hospital volume in the overall management of pancreatic cancer. *Ann Surg.* 1998;228:429-438.

Patients with pancreatic cancer who are to be treated with curative or palliative procedures appear to benefit from referral to a high-volume provider.