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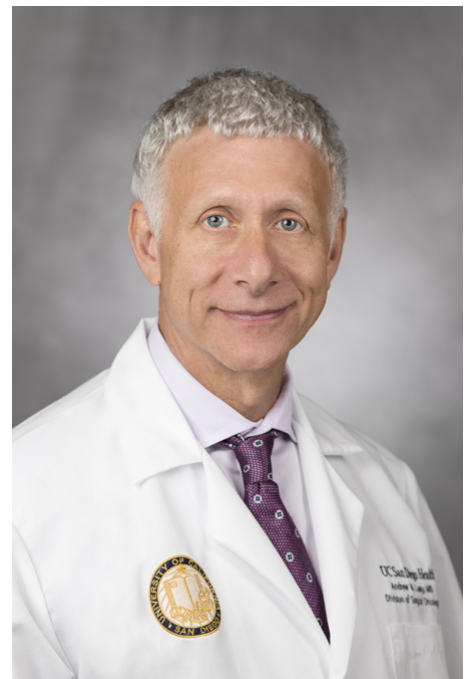
## Prevention and Screening Clinic at UC San Diego Health Helping to Reduce Pancreatic Cancer

Every day in the United States, 145 people are diagnosed with pancreatic cancer and every 12 minutes someone dies of the disease. Just 9 percent of patients survive five years past diagnosis. Even as more effective therapies are being developed, pancreatic cancer experts at UC San Diego Health want to improve these statistics with a newly launched [Pancreatic Cancer Prevention and Screening Clinic](#).

“Unfortunately, we are not at the point where we can prevent cancer in everyone, but we can make an impact on prevention immediately among people who have an increased risk of developing pancreatic cancer,” said Andrew Lowy, MD, chief of the Division of Surgical Oncology at Moores Cancer Center at UC San Diego Health. “And if we cannot prevent it, the next best thing we can do is detect the disease early when it is in an operable stage and there is a chance for cure.”

A multidisciplinary team, with expertise in genetics, imaging, endoscopic procedures, surgery and nutrition, is creating one of the first-of-its-kind clinics to develop a personalized prevention and early detection plan for each high-risk patient seeking care at San Diego’s only National Cancer Institute-designated Comprehensive Cancer Center.

“We can identify people at highest risk of developing pancreatic cancer and fit them into subgroups that allows us to personalize a prevention and screening plan based on their vulnerabilities,” said Lowy. “We can then make strides in prevention by educating people about modifiable risk factors, such as smoking and obesity.”



People with an increased risk of this disease include those who carry an inherited genetic mutation that can increase risk from 4 to 40 percent, those with a family history of pancreatic cancer, people with certain types of pancreatic cysts, a history of chronic pancreatitis or patients with newly onset type II diabetes.

*Andrew Lowy, MD, chief of the Division of Surgical Oncology at Moores Cancer Center at UC San Diego Health, is leading one-of-the-first of its kind pancreatic cancer prevention and screening clinic.*

Pancreatic cancer can develop from two kinds of cells in the pancreas: exocrine cells that produce enzymes to aid digestion and neuroendocrine cells, which make and release hormones that control body functions, such as air flow through the lungs, heart rate and blood sugar levels in blood. The exocrine type is more common and is usually detected at an advanced stage.

In addition to the prevention and screening clinic, UC San Diego Health is at the forefront of pancreatic cancer research with clinical trials for new therapies and genetic testing for family members of patients harboring a pancreatic cancer genetic mutation. In the lab, researchers are studying how pancreatic cancer cells become aggressive and promote therapy resistance. University of California San Diego School of Medicine has received numerous grants to fund this research, including a third, recently announced [Stand Up To Cancer grant](#).

“We are striving for the day when we will be able to prevent pancreatic cancer altogether,” said Lowy. “We are studying more active means of prevention through highly innovative clinical studies and research. We have a lot to offer people who are concerned about pancreatic cancer risk.”

Currently, surgery is the only potentially curative treatment option, but because disease metastasis is frequent, less than 20 percent of patients are suitable candidates and even when surgery is successful, it only provides long-term, disease-free survival in approximately 15 percent of patients.

According to the National Cancer Institute, approximately 29 percent of patients have locally advanced disease and 52 percent have disease that has already spread to other parts of the body.

Screening can help catch the disease before symptoms appear and the disease has metastasized. Endoscopic ultrasound exams and either magnetic resonance imaging (MRI) or computed tomography (CT) are used as the two primary screening tools. Which tool is used and frequency is based on individual risk and need.

Endoscopic ultrasound involves inserting a scope through the mouth until it reaches the stomach. The scope allows clinicians to see the pancreas through the stomach in fine detail without making an incision. If necessary, a biopsy can be performed during an endoscopic ultrasound to analyze any abnormal growths or tissue.

By preventing cancers through reduced risk factors and earlier detection, Lowy said the increase in pancreatic cancer cases in the United States can be stabilized. In 2018 an estimated 55,000 people will be diagnosed with pancreatic cancer and 44,000 will die.

“Pancreatic cancer is a relentless and difficult disease to cure. We want to prevent it or find it earlier,” said Lowy. “We know that elimination of modifiable risk factors can reduce risk. And, we know from several studies that you can diagnose cancer earlier if high-risk patients are screened regularly.”

For more information about the Pancreatic Cancer Prevention and Screening Clinic visit [health.ucsd.edu](http://health.ucsd.edu) or call 858-822-HOPE (4673).

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