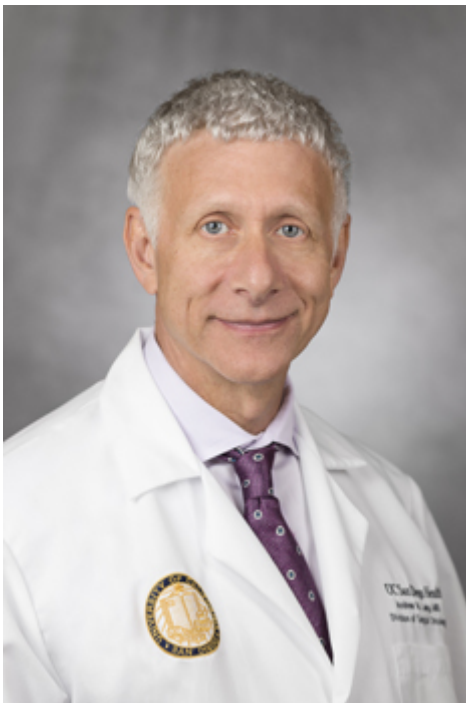


## Preventing Pancreatic Cancer: A Q&A with Surgical Oncologist Andrew Lowy, MD

By Yadira Galindo | December 19, 2018

**E**very 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. Prevention and early detection can help at-risk persons reduce their chance of developing pancreatic cancer or may aid in more effective treatment.



The newly launched [Pancreatic Cancer Prevention and Screening Clinic](#) aims to do just that. Led by [Andrew Lowy, MD](#), chief of the Division of Surgical Oncology at Moores Cancer Center at UC San Diego Health, a multidisciplinary team with expertise in genetics, imaging, endoscopic procedures, surgery and nutrition, is creating a first-of-its-kind clinic to develop personalized prevention and early detection plans for high-risk patients seeking care at San Diego's only National Cancer Institute-designated Comprehensive Cancer Center.

### **What is pancreatic cancer and who is at risk?**

The pancreas is a large gland located behind the stomach. It makes enzymes that aid digestion and hormones that regulate blood-sugar levels. Like all organs, the pancreas is made up of cells. Pancreatic cancer develops when abnormal cells grow out of control. It can develop from two kinds of cells in the pancreas: enzyme-producing exocrine cells and hormone-producing neuroendocrine cells, which control body functions, such as air flow through the lungs, heart rate and blood sugar levels in blood. The exocrine type of pancreatic cancer is more common and is usually detected at an advanced stage.

People with an increased risk of this disease include those who carry an inherited genetic mutation that can increase risk from four 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 new onset type II diabetes. 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.

### **Can pancreatic cancer be prevented?**

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. 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. We know that elimination of modifiable risk factors, such as smoking and obesity, can reduce risk.

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

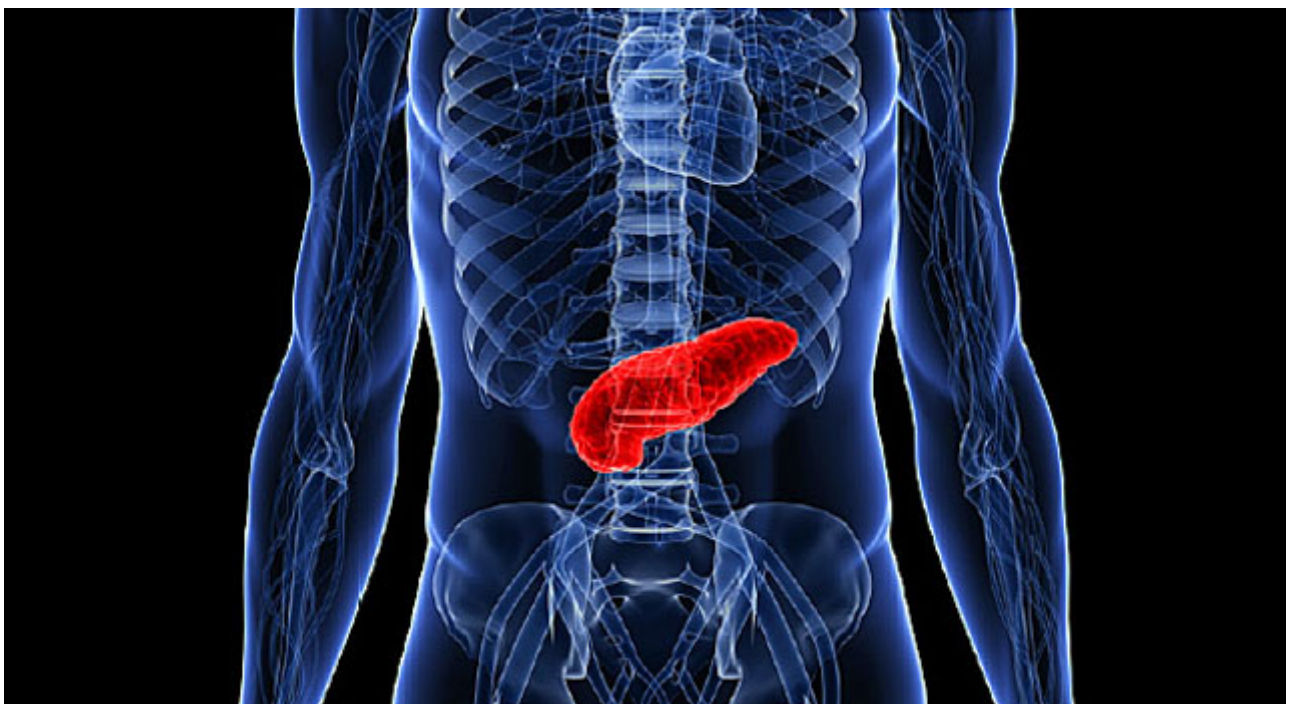
### **If prevention does not work, what is the benefit of early detection?**

We know from several studies that if high-risk patients are screened regularly, you can diagnose cancer earlier, before symptoms appear and the disease has metastasized (spread). 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.

Currently, surgery is the only potentially curative treatment option, but because disease metastasis is frequent, less than 20 percent of patients are suitable candidates. The smaller the cancer is at the time of detection, the greater the chances of cure; thus detecting pancreatic cancer early improves outcomes for patients.

### **What is the screening process?**

We utilize endoscopic ultrasound exams and magnetic resonance imaging as the



two primary screening tools. Which tool is used and its frequency is based on individual risk and need. Any of these options are outpatient services so patients do not need hospitalization. Screening is typically conducted annually and is modified based on each patient's risk.

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.

Patients can call in themselves or be referred by their health care providers. We will assess the needs of each patient individually and customize their clinic visit based on their reasoning for coming. Some may see a genetic counselor, a gastroenterologist, a surgeon or nutritionist. The goal is to identify each person's risk for developing pancreatic cancer and do what we can to prevent it or find it early and treat it.

*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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