

UCLA awarded \$500,000 from the Canopy Cancer Collective for Patient Support

UCLA along with two other UCs, as part of the UC Pancreatic Cancer Consortium, has been awarded a total of \$1.5 million from the Canopy Cancer Collective to help improve patient outcomes. Canopy joins the long-standing efforts of the Hirshberg Foundation in advocating for and advancing patient care.

The [UC Pancreatic Cancer Consortium](#) (UCPCC) brings together the five UC campuses with medical schools – Davis, Irvine, Los Angeles, San Diego, and San Francisco – to unite pancreatic cancer scientists and clinicians in order to accelerate the progress and impact of their work. The vision to improve the lives of persons diagnosed with pancreatic cancer by translating innovative research into improved clinical care dovetails with the Canopy's goal to empower pancreatic cancer patients with new hope, treatments, and options. Agi Hirshberg, Founder and President of the Hirshberg Foundation, is honored to preside as the Chair of the Patient Advocacy Council for the UCPCC.

UC Los Angeles, UC San Francisco and UC San Diego each received a \$500,000 three-year grant for the implementation of integrated multidisciplinary care to improve the outcomes and well-being for all patients with pancreatic cancer. Their additional support builds upon the Hirshberg Foundation's work to center patient well-being as an integral part of the cancer treatment process, for without psychosocial care, true wellness cannot be achieved. Canopy Cancer Collective aims to provide the best available care for pancreatic cancer patients by connecting multiple institutions to foster collaboration among the top

care-providers, coordinate impactful patient services and deliver innovative, comprehensive, and effective care to their patients.

Timothy Donahue, MD, chief of the Division of Surgical Oncology at UCLA's Jonsson Comprehensive Cancer Center, is the Physician Champion leading the project through the [Hirshberg Center for Pancreatic Diseases](#), along with other great pancreas institutions across the country. This grant will expand upon and deliver more coordinated care in the Hirshberg Center for Pancreatic Diseases' Westwood IPU clinic and ultimately throughout the entire UCLA Health network.

Through this initiative, UCLA plans to improve and standardize pancreatic cancer care by focusing on nutrition, palliative care, genetic testing, clinical trial participation, quality of life, and patient education. One goal is to expand germline testing services to all pancreatic cancer patients in the UCLA Health Network, which has already seen a marked increase in referrals from 2019. Another area of interest is [nutrition](#), a topic we know is crucial and front-of-mind for patients and families. As part of the Canopy Cancer Collective, one goal is to provide nutrition support for all pancreatic cancer patients at UCLA. To that end, the IPU now includes a nutritionist on staff to provide nutrition assessment and intervention through the pre-operative and post-operative phases of surgery.

The other main objective of the Canopy Cancer Collective is to ensure that all pancreatic cancer patients in the UCLA Health Network, extending as far north as San Luis Obispo to Laguna Beach in the south, receive the same exceptional level of care established at the Hirshberg Center for Pancreatic Diseases. One aspect of this is the Clinical Quality Improvement Database, allowing doctors and staff to know in real-time every patient who is diagnosed with pancreatic cancer. This allows those

patients to receive genetic testing, nutritional support, clinical trial information and more.

We are honored to have the Canopy Cancer Collective join the Hirshberg Foundation's work to improve patient care and are excited to see pancreatic cancer providers collaborating to give patient new hope. The Canopy Cancer Collective Pancreatic Learning Health Network, funded through the 1440 Foundation, aims to help cancer centers deliver comprehensive, coordinated care to people with pancreatic cancer. These exciting collaborative projects are creating improved treatment options and better patient outcomes for all.

New research on enzyme MMP-7 holds potential for drug development

As we celebrate spring and the blooms to come, we are looking back at seeds planted through our Seed Grant Program, and are optimistic about the progress being made in pancreatic cancer research. Our 2019 Seed Grant cohort faced a difficult year for conducting research, establishing their labs and providing updates. We are catching up with these great scientists to share their progress and advances in pancreatic cancer research.

Steven R. Van Doren, PhD, a 2019 Seed Grant recipient at the University of Missouri has provided an update on his research including a published review on the importance of drug development that targets the protein-cutting enzyme MMP-7.

Recently published in *Biochemical Society Transactions*, Dr. Van Doren's review explores the current research and understanding of the protease matrix metalloproteinase-7 (MMP-7). It is known that MMP-7 is secreted by tumor cells and that high levels in circulation correlate with poor prognosis and limited survival of patients with pancreatic ductal adenocarcinoma (PDAC). MMP-7 is required for the early [acinar-to-ductal switch](#) that leads to pancreatic tumorigenesis in mice, is present throughout tumor progression, and promotes tumor cell metastasis (spread of cancer to other areas of the body). In addition, high MMP-7 expression appears to be a marker of poor survival rates and may be predictive of unresectable tumors.

One area of research into treating pancreatic cancer is enhancing response to chemotherapies in order to increase surgical candidacy and prevent relapse post-surgical resection. MMP-7 protects cells from programmed cell death by targeting death signaling proteins from the surface of tumor cells. This appears to be one of the mechanisms by which pancreatic tumor cells are able to resist chemotherapy. Twenty years ago it was predicted that blocking MMP-7 could make pancreatic tumor cells more sensitive to chemotherapeutics. Recently, an anti-MMP-7 monoclonal antibody was [shown](#) to increase the susceptibility of several pancreatic cancer cell lines to chemotherapeutic drugs, by increasing their apoptosis (cell death) and decreasing migration.

Thanks to funding from the Hirshberg Foundation, Dr. Van Doren was also able to connect with Dr. Rolf Brekken at the University of Texas Southwestern Medical Center, a specialty center for investigations of pancreatic cancer using mouse models. Together, they have begun the early stages of drug screening and evaluation.

We are hopeful that this research brings progress to the

treatment options available for pancreatic cancer. As Dr. Van Doren wrote, “I am grateful for the support from the Hirshberg Foundation to help enable this research. I am optimistic that targeting MMP-7 will advance treatment options” for all pancreatic cancer patients. It is thanks to your support that our momentum towards a cure continues.

[Read the complete article →](#)

Welcoming New Symposium Sponsor, GRAIL!

The Hirshberg Foundation is excited to welcome a new Symposium sponsor, GRAIL, LLC, a company at the leading edge of early detection. Welcoming leading medical professionals in the field of pancreatic cancer to our Annual Symposium on Pancreatic Cancer allows our patients, caregivers and families to learn about critical and groundbreaking advances. GRAIL has joined the medical community’s efforts to empower patients to detect cancer early with their Galleri® test. We are excited to share innovative advances that offer an opportunity to detect cancer earlier and save lives.

Galleri is a multi-cancer early detection (MCED) test; it detects signals found in DNA that cancer cells shed into the bloodstream. GRAIL’s innovative testing with Galleri has detected 50 types of cancer through a simple blood draw. Galleri allowed Jim, who was featured in a [NBC nightly news story](#), to detect pancreatic cancer at Stage II. Testing and continued early detection research broadens our understanding of

pancreatic cancer and brings us closer to the goal of regular cancer screenings.

The ultimate goal of early detection is to save lives as early as possible, screen people at-risk, and empower our communities with the necessary tools to achieve better outcomes. Advances in early detection not only impact the progression of disease, it can also decrease the financial burden many patients face. “Preventing cancer in the first place or detecting it early is the best way to reduce many costs associated with cancer treatment—patient out-of-pocket costs, health care payer costs, and indirect costs.” shares the American Cancer Society, Cancer Action Network.

As a Symposium sponsor, GRAIL representatives will be available to answer questions at the Symposium and discuss this technology one-on-one with patients and families in attendance.

What you should know:

- It can detect many cancers that are not commonly screened for today, to allow for earlier treatment.
- Today, 71% of cancer deaths are caused by cancers not commonly screened for.

Information about Galleri:

- Early cancer detection Testing with ease.
- Can be easily incorporated into a routine healthcare visit.
- Actionable results if a cancer signal is found, the results can point to where in the body the cancer is coming from with high accuracy to help your healthcare provider guide your next steps.

Important Galleri Safety Information

The Galleri test is recommended for use in adults with an elevated risk for cancer, such as those aged 50 or older. The Galleri test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider. Galleri is intended to detect cancer signals and predict where in the body the cancer signal is located. Use of Galleri is not recommended in individuals who are pregnant, 21 years old or younger, or undergoing active cancer treatment.

Results should be interpreted by a healthcare provider in the context of medical history, clinical signs and symptoms. A test result of “Cancer Signal Not Detected” does not rule out cancer. A test result of “Cancer Signal Detected” requires confirmatory diagnostic evaluation by medically established procedures (e.g. imaging) to confirm cancer.

If cancer is not confirmed with further testing, it could mean that cancer is not present or testing was insufficient to detect cancer, including due to the cancer being located in a different part of the body. False-positive (a cancer signal detected when cancer is not present) and false-negative (a cancer signal not detected when cancer is present) test results do occur. Rx only. For more information about Galleri, visit www.galleri.com.

Momentum Newsletter: Spring

2022

Spring is bustling with a renewed energy and calls to action; we're ready to turn the next corner and beat pancreatic cancer once and for all! For every positive impact we've had in the scientific and medical field, there is also a family in need of our support, resources and referrals. We are a community that understands this disease must be fought on many fronts. From our upcoming [Symposium](#) to new [research](#) applications, your generous support is what allows us to fund vital programs and fight alongside our patients, families and researchers. So, let's get ready for another exciting year of [Hirshberg Foundation events](#) that will raise awareness for pancreatic cancer communities near and far. Check out our upcoming events and what we've already accomplished in 2022!

The Hirshberg Symposium on Pancreatic Cancer returns on April 23, 2022

It is an honor to welcome patients and families back to Luskin for our annual Symposium. With a [virtual registration](#) option, we're ensuring all patients can take part in this educational and inspirational day. Our Symposium covers a diversity of topics presented by leading experts in language that is understandable and approachable. This year's impressive line up of doctors will tackle subjects from [screening and surveillance](#) for high-risk individuals to the [gut and tumor connection](#) to what to consider when weighing [precision medicine](#) or standard-of-care for pancreatic cancer treatment. The program concludes with a panel of patients and caregivers who will share their journey from diagnosis to the present. This day of hope is available free of charge to patients, caregivers and families

thanks to the generosity of our sponsors and donors.

[Support the Symposium today →](#)

Tour de Pier celebrates 10 years of fighting for a cure on May 22, 2022

Tour de Pier, the beloved outdoor cycling event on the Manhattan Beach Strand, celebrates 10 years of collaboration and fighting to cure cancer. The Tour de Pier is dedicated to supporting the cancer community, remembering those we have lost, and honoring all who battle this disease. With five 45-minute ride sessions lead by beloved instructors, we're riding in place to move charity forward. Bikes are limited and we will sell out – grab your bike today. We're making our 10th year one for the record books!

[Register for Tour de Pier →](#)

Purple Ribbon Events are Blossoming this Spring to Ensure Our Research Flourishes!

2022 [Purple Ribbon Events](#) kicked off spectacularly and have already demonstrated how much of an impact an event host can make in their community. First time event host, Madison Sanner, honored her father's birthday this year by planning and hosting the first-ever Sean R. Sanner 5k ([link to blog post](#)) in Lafayette, California. She successfully raised \$15,000 thanks to her generous family and friends who not only paid tribute to her dad's memory but also contributed towards our Seed Grant Program & Patient Support Services. Our Foundation is privileged to have

supporters across the country who plan events, both small and large, to shine a light on pancreatic cancer. Contact our Special Events Coordinator Julie Hirschberg at julie@pancreatic.org to start planning an event or create a personal Facebook Fundraiser!

[Start Planning a Purple Ribbon Event →](#)
[Create a Facebook Fundraiser →](#)

Transforming the LA Marathon into a Purple Party with Three Incredible Events!

The [Hirshberg Training Team](#) Crossed the LA Marathon Finish Line for the 19th consecutive year, raising over \$100,000 for research! With the most celebrated cheer station on the race course every year, our [Purple People Party](#) volunteers, cheered, danced to the music and flooded the sidelines to raise awareness. To top off the day, we were joined by our partners at CycleBar Santa Monica for the second year for a [Tour de Pier](#) Pop-Up. We lined the street with Tour de Pier bikes as our supporters enjoyed a taste of what's to come this May! A special thank you to our runners, donors, CycleBar riders and volunteers who made this day special and helped raise funds and awareness for pancreatic cancer.

Sixteenth Annual Symposium on Pancreatic Cancer

In collaboration with the UCLA Agi Hirshberg Center for Pancreatic Diseases

Luskin Conference Center

April 23, 2022

8:30 am – 3:00 pm

Schedule

8:30 am – 9:00 am	Check-in
9:00 am – 9:20 am	Welcome and Opening Remarks
	Agi Hirshberg, Founder & CEO
	Hirshberg Foundation for Pancreatic Cancer
	Vay Liang W. Go, MD
	Chair of the Hirshberg Foundation Scientific
	University of California, Los Angeles
	O. Joe Hines, MD
	University of California, Los Angeles
9:20 am – 9:40 am	Pancreatic Cancer Progress Report: Where
	Mark D. Girgis, MD
	University of California, Los Angeles
9:40 am – 9:45 am	Q & A

9:45 am – 10:15 am	Pancreatic Cancer Screening and Surveillance in H
	Marcia (Mimi) Canto, MD, MHS
	Johns Hopkins University School of Me
10:15 am – 10:25 am	Q & A
10:25 am – 10:40 am	Break
10:40 am – 11:10 am	Nutritional Myths with Pancreatic C
	Zhaoping Li, MD
	University of California, Los Ange
11:10 am – 11:20 am	Q & A
11:20 am – 11:50 am	Understanding the Gut and Tumor Connection in P
	Vikas Dudeja, MD
	University of Alabama at Birmingh
11:50 am – 12:00 pm	Q & A
12:00 pm – 12:10 pm	Survivor Photo
12:00 pm – 1:00 pm	Lunch
1:00 pm – 1:30 pm	Precision Medicine vs. Standard of Care fo
	O. Joe Hines, MD & J. Randolph Hech
	University of California, Los Ange
1:30 pm – 1:40 pm	Q & A
1:40 pm – 2:00 pm	UC Pancreatic Cancer Consortium: Collabora

	Timothy Donahue, MD
	University of California, Los Angeles
2:00 pm – 2:10 pm	Q & A
2:10 pm – 3:00 pm	Panel Discussion: Perspectives from Survivors
	Moderator:
	Judy Fortin
	Executive Director of Communications
	UCLA Health

Symposium Speaker Spotlight: Drs. Joe Hines and Randolph Hecht to discuss Precision Medicine vs. Standard of Care for Treatment

The Hirshberg Foundation is pleased to announce that Drs. Joe Hines and Randolph Hecht will be joining us at the 16th Annual Symposium on Pancreatic Cancer to present on the different approaches to the treatment of pancreatic cancer.

The current standard-of-care for patients with pancreatic ductal adenocarcinoma (PDAC) focuses on chemotherapeutic regimens and pancreatic cancer surgery. This treatment approach uses one standard to determine the course of treatment for all

individuals diagnosed with pancreatic cancer. Yet, with the increased availability of next-generation sequencing, doctors can now rapidly and affordably identify genomic alterations in tumors and potentially match them to an ever-growing number of targeted therapies.

Precision medicine has been an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person. This approach allows doctors and researchers to predict more accurately which treatment and prevention strategies will bring the best results, in contrast to a one-size-fits-all approach, with less consideration for the differences between individuals. Thanks to advances in research and technology, doctors and patients are faced with navigating the choice of precision medicine or standard-of-care when it comes to treatment.

Dr. Joe Hines is the Professor and Interim Chair of the UCLA Department of Surgery, Chair of the American Board of Surgery, past President of the American Pancreatic Association, and President of the Society of University Surgeons Foundation. Dr. Hines attended the University of Oklahoma College of Medicine, trained in general surgery at UCLA, including two years of research in gastrointestinal physiology, and was then recruited to the UCLA faculty in 1997. While at UCLA he has received the Department Golden Scalpel Award for teaching excellence twelve times and the UCLA School of Medicine Award for Excellence in Education. His research has focused on angiogenesis, cytokines, and pancreatic carcinogenesis, including the role of diet in modulating these processes. He served on the NIH Scientific Review Committee Tumor Progression and Metastasis. Dr. Hines was awarded the American College of Surgeons Traveling Fellowship to Germany in 2005, and was a James IV Traveling Fellow in 2011. He is past-President of the Society of University Surgeons and has

served as the Vice-President of the Pacific Coast Surgical Association, President of the Southern California Chapter of the American College of Surgeons, and was appointed to the Board of Governors of the American College of Surgeons. Dr. Hines serves on the editorial boards of Surgery, Journal of Gastrointestinal Surgery, JAMA Surgery, Annals of Surgery, and is an editor of Maignot's Abdominal Operations.

Dr. Hecht is a Professor of Clinical Medicine in the David Geffen School of Medicine at UCLA School of Medicine. He holds the Carol and Saul Rosenzweig Chair for Cancer Therapies Development and is the Director of the UCLA Gastrointestinal Oncology Program. Dr. Hecht graduated from Eastern Virginia Medical School. He took his internal medicine residency at Northwestern and completed fellowships in gastroenterology research at the University of Chicago, and in gastroenterology and medical oncology at UCLA. Dr. Hecht is an internationally known clinical and translational researcher in the field of gastrointestinal cancers. He has published widely on the molecular biology, early detection, and treatment of gastrointestinal malignancies. He has lead and is currently directing small trials with novel agents as well as large international trials in GI and pancreatic cancers using gene therapy vectors, growth factor inhibitors and new approaches to immunotherapy.

We are fortunate to have Drs. Joe Hines and Randolph Hecht joining us to share more about the future of *Precision Medicine vs. Standard of Care For Treatment* at the 16th Annual Symposium.