UCLA’s 2019 Hirshberg Activity Summary Report Released

The 2019 Activity Summary from UCLA, a report that outlines the work we’ve funded on campus and evaluates the remarkable advances made in research and patient care, is now available. The Hirshberg Foundation continues to position the [UCLA Agi Hirshberg Center for Pancreatic Diseases]() as a hub for leading-edge investigations and a beacon of hope for patients and their families. During the past year, this focus on innovation and exploration continued to draw patients from all over the country to UCLA for consultation, treatment, and support.

The Center’s Integrated Practice Unit (IPU) focuses on pancreatic diseases and brings together surgeons, medical oncologists, radiation oncologists, pathologists, gastroenterologists, geneticists, and psychosocial care specialists. The collaborative approach enables them to work together on comprehensive and personalized care plans for individual patients. Patients also have access to pioneering clinical trials. In addition to the IPU, where patients with pancreatic adenocarcinoma cancer are being treated, patients that are diagnosed with pancreatic neuroendocrine cancer can be brought before the UCLA neuroendocrine tumor board. This board was created to better address the specific needs of patients with tumors that originate in hormone-producing cells, including pancreatic tissue and helps evaluate which protocols will be most beneficial for individual patients. The Center’s patients also have access to pioneering clinical trials.

The 2019 Summary also includes updates on the Ronald S. Hirshberg Translational Pancreatic Cancer Research Laboratory, UCLA Pancreas Tissue Bank, Psychosocial Care via the Simms/Mann

– UCLA Center for Integrative Oncology and our Seed Grant Program.

Read the full summary here.

$5.75 Million Grant to Help Researchers Study Obesity, Inflammation and Pancreatic Cancer

A combined team of Hirshberg Foundation-affiliated researchers from UCLA has been awarded a grant for $5.75 million to study the effects of obesity on pancreatic cancer formation. This grant will build upon work that the Hirshberg Foundation has been funding since it began in 1997.

“We know that the biological mechanisms of obesity, such as inflammation, can lead to the development of pancreatic cancer,” Dr. Guido Eibl, Laboratory Director of the Ronald S. Hirshberg Translational Pancreatic Cancer Research Laboratory and a UCLA Jonsson Comprehensive Cancer Center researcher, told UCLA. This study will look at the mechanisms that drive the formation of pancreas tumors with the goal of preventions strategies for those at higher risk.

The National Cancer Institute’s P01 grant will fund three distinct projects over a five-year period. This collaborative approach will include Dr. Eibl from UCLA, Dr. Enrique Rozengurt, Ronald S. Hirshberg Memorial Chair in Pancreatic Cancer Research at UCLA, and Dr. Stephen Pandol, long-time collaborator and member of the Hirshberg Foundation Scientific Advisory Board with Cedars-Sinai.

The first project, led by Dr. Guido Eibl, will investigate the links between diet, obesity, inflammation and pancreatic cancer while looking to evaluate potentially preventive strategies. The second project, spearheaded by Dr. Rozengurt, will investigate the potential for using statins and metformin, FDA-approved drugs to treat elevated cholesterol levels and diabetes, to prevent pancreatic cancer in high-risk individuals. The final project, coordinated by Dr. Pandol, will address the pancreatic microenvironment to better understand how obesity and inflammation impact the tumor and surrounding tissues. These highly synergistic and integrative projects are led by experienced pancreatic cancer researchers with a proven track record of successful collaboration over the past 12 years.

This pancreatic cancer research partnership includes input from the Hirshberg Foundation’s long-time researchers and doctors, including Dr. David Dawson, Director of the UCLA Pancreas Tissue Bank; Dr. Vay Liang Go, Chief of the Hirshberg Scientific Advisory Board; Dr. O. Joe Hines, frequent Symposium presenter; and Dr. Gang Li, professor of Biostatistics.

We are honored that so many Hirshberg researchers are part of this amazing team working towards prevention and increased treatment options. The collaborative effort of this project is at the heart of the Hirshberg Foundation’s mission of a cancer-free future. Our early Seed Grants are now bearing fruitful results and this great accomplishment is just another stepping-stone towards a cure. Thank you to our donors, your support helped make this possible.

Read the entire UCLA press release

Genetic Counseling for Pancreatic Cancer Patients and Families: Review and Updates During COVID-19

Many of the ways in which patients are able to receive care have changed in light of COVID-19. In order to keep our pancreatic cancer community informed, we are providing virtual support and resources for our pancreatic cancer community.

Genetics plays an important role in the treatment of pancreatic cancer, and COVID-19 has brought about some important changes in regulations around telemedicine and genetic counseling. Individuals with an increased genetic risk may benefit from lifestyle modifications to prevent cancer or from early diagnosis, when treatment may provide a better outcome.

Wendy Conlon, MS, CGC, is a genetic counselor with UCLA. She oversees surveillance of patients and their family members, provides risk assessment, genetic counseling and genetic testing to individuals with pancreatic cancer and their at-risk relatives. She helps individuals and families navigate their treatment options, as well as other cancer prevention strategies. In light of COVID-19, access to genetic counseling and testing is easier and more convenient, and Wendy shares these updates. We learn about the benefits of genetic counseling and ask Wendy questions about this important topic!

Watch Webinar

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Dr. Girgis Presents "Pancreatic Cancer: Advances in Research and Patient Care" for 2020

In response to the changing landscape of patient care brought on by COVID-19, we are providing a series of free webinars to provide virtual support and resources to our patients and their families. We are pleased to share information about the fourth in our series.

In an ever-changing world of advancements in the field of pancreatic cancer research we rely on our experts to keep us informed of breakthroughs and new medical guidelines. In 2017, Dr. Gigris provided an update on Advances in Pancreatic Cancer Surgery at our annual Symposium. Now, three years later, he presents on "Pancreatic Cancer: Advances in Research and Patient Care" as part of our ongoing webinar series.

In 2019, the landscape of pancreatic cancer care has evolved. Studies are showing that improved neoadjuvant (prior to surgery) chemotherapies are helping make the disease resectable for more patients. In the metastatic setting, new targeted agents have been approved for use in certain patients. Finally, advances in surgical technique are leading to improved preoperative outcomes. The webinar "Pancreatic Cancer: Advances in Research and Patient Care" focuses on these areas to provide a promising outlook for things to come.

Mark Girgis, MD, is an Assistant Professor of Surgery at the David Geffen School of Medicine at UCLA. His interests include robotic and minimally invasive approaches to surgical oncology and he is committed to the improvement of cancer care through innovative technological advancements.

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Heroes Among High-Risk Groups Keep Fighting

Throughout April, as part of National Minority Health Month, the Hirshberg Foundation has shared an important message of unity while providing critical information for those disproportionately impacted by pancreatic cancer. We’ve touched on genetics for Ashkenazi Jews and the high risks associated with chronic health conditions like diabetes for African Americans. Even as this month comes to a close, we will know it’s crucial that we continue to provide new information on this topic, discuss the risk factors and share personal stories to raise awareness year-round.

Together, we must be united in this fight because when pancreatic cancer impacts one group, it impacts us all. Share this information and resources with family, friends, neighbors and co-workers so that no one faces pancreatic cancer alone. Several fearless survivors, caregivers, family members, volunteers and event participants have also joined us in our efforts to elevate this conversation. They have generously shared their perspectives and stories to shine a light on this topic.

SURVIVOR Donald and Wife Carolyn

Read Story

SURVIVOR Dr. Norm and family

Read Story

“My husband’s pancreatic cancer was discovered by an Upper Endoscopic Ultrasound. I do not recall being informed or having a conversation that we may be at a higher risk because of our ethnic background. I think it’s very important that it be discussed more. I would like to see it be part of a checklist and gently approached by asking or informing minorities who are at high risk for pancreatic cancer. My words of inspiration to communities, families and other survivors of color is to have hope and live one day at a time. Also, Be Persistent. My husband went to the Doctor with symptoms in February and was not diagnosed until June after many tests and a hospitalization.”

-Addie
LACC Team Captain

“After the loss of my mother I became more aware of the risk as an African American and how important it is to seek help. High blood pressure is prevalent in my family history. As well as different forms of cancer. I feel a need to express to people of color how pancreatic cancer can go undiagnosed if certain health issues are not presented to physicians. My mother decided to

keep silent, and because of that it’s truly been a loss and a deep hole missing from my heart. Her cancer could have been prevented.”

-James
LACC Team Captain

“I was 18 years old at the time my mom was diagnosed but I believe she was feeling sick for a while. Shining a light on the topic of high-risk groups is meaningful to me because maybe this information could have saved my mother’s life 18 years ago. It could help save the life of someone who is battling pancreatic cancer and/or showing early symptoms now. I think healthcare professionals should be prepared to spend more time on marginalized groups and facilitate information for them. It’s important to not just talk but act…this is a step in the right direction.”

Alicia
HTT Member & LACC Team Captain

I am a SURVIVOR

My symptoms started back in 2008 when I felt tired all the time. I thought it was because I was working a lot of hours. It hit me when I was driving home one day, and it took me 3 hours to get home. That's because I had pulled over and fell asleep. It took me weeks before I told my wife and that's when I went to the doctor.

Once I saw the doctor and tests were run, I was told I have cancer. However, my doctor doesn't specialize in cancer, so I was referred to another doctor who ran more tests and discovered I have Neuroendocrine Tumors (Carcinoid Cancer). That doctor didn't have a clue of what to do. As far as I was concerned the clock was ticking. With a lot of prayers and our own research we found a doctor who was a specialist in Carcinoid Cancer. He told me that I have the same cancer that Steve Jobs had, where it started on the tip of the pancreas and the tumors moved to my liver.

It was never said to me I was high risk because of my race but I was told many people are misdiagnosed. I think shining a light on this topic only once a month is not enough to help people no matter what their ethnicity. I look at all of us as God's children and iron sharpens iron. I'm also blessed to have a family who cares and pushes me to continue the fight.

I've met many people since my journey began. I've heard their stories and most people don't do any research for themselves and you know the results. There is a lot of information out there and people need to do their research and then reach out to organizations for help. I realize that health care is a major factor for cancer. I didn't do any research on genetics or ethnicity specifically because that really didn't matter after I was told I have cancer.

I’ve been to many meetings about pancreatic cancer and how it can branch out to other physical problems. I’ve felt like a raisin in a bowl of rice and I truly don’t understand. I know someone who had pancreatic cancer and they invited me to a luncheon for survivors and caregivers. It was very informative, so I’ve told others about Hirshberg Foundation. I’ve been to 2 affairs and just to hear other people talk about living with cancer is support to me. There is a lot of help and support out there and you have to drop your color barrier because cancer is like a bullet it has no name on it. We’re all in this together.