

Ask a Genetic Counselor: A Q&A to learn about testing & risks

The Hirshberg Foundation hosted an interactive Zoom webinar with genetic counselor Wendy Conlon to discuss how knowing your family history and your genetic makeup can affect medical care for you and your loved ones.

As part of Pancreatic Cancer Awareness Month and in preparation for the holidays, we offered an interactive Zoom webinar with Wendy Conlon, MS, CGC to discuss genetic testing for individuals and families dealing with pancreatic cancer. This event, perfect for those with a family history of pancreatic cancer or those who have questions for a genetic counselor, addressed how knowing your family history and your genetic makeup can affect medical care options for you and your loved ones.

Wendy began with a brief overview about genetic counseling and testing, what it entails and how to find a counselor. Then we opened the floor so Wendy could answer questions from how to get genetic testing to high-risk pancreas screenings to how these results can impact future health decisions.

You can listen to Wendy Conlon, MS, CGC genetic counselor with UCLA Health's Cancer Genetics Program, discuss the benefits and implications of genetic counseling and testing for you and your family. If you have a personal or family history of pancreatic cancer or other cancers, genetic counseling and testing may help you make decisions about your medical care and allow access to different, more precise, options for medical management. We discussed how family history alone can change recommendations for screening and surveillance even in the absence of an inherited gene mutation. Wendy addressed the difference between genetic testing for inherited gene mutations versus genetic

testing done on a tumor or cancer tissue specimen, and how that can impact your treatment options.

[Learn more about Wendy and the UCLA Health cancer genetic program.](#)

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Pancreatic Cancer: Our Goals and How to Achieve Them!

We are excited to have Dr. William H. Isacoff return to our [Patient & Family Webinar](#) series with a follow-up to his previous webinar [Chemotherapy for Pancreatic Cancer Patients: Less is More!](#) Dr. Isacoff is a fan-favorite and we are happy to have him share, once again, with our community.

Dr. William H. Isacoff, who leads the [Pancreatic Cancer Center of Los Angeles](#), has earned a reputation as one of the foremost gastrointestinal oncologists within the United States. He has developed treatment regimens which were not only more effective, but less toxic and extended the lives of pancreatic patients throughout the country. He continues to focus on the development of newer, more effective and less toxic treatments for patients with pancreatic cancer.

In July of 2020, Dr. Isacoff shared important information about his low dosage “metronomic” chemotherapy without radiation therapy. Dr. Isacoff and the Pancreatic Surgical Team at UCLA

have down staged more than 60 patients who upon initial diagnosis were felt to be inoperable. After successful “metronomic” treatment with a combination of chemotherapies, the patients were then able to become surgical candidates. In addition, as a result of the prolonged use of effective chemotherapy, 75% of the patients had lymph nodes that did not show metastatic disease. Dr. Isacoff shared these promising results and looks forward to continuing the conversation with his latest presentation.

[William H. Isacoff, M.D.](#), currently holds an academic appointment within the Department of Medicine at the David Geffen-UCLA School of Medicine. He serves on the Board of Directors of the Jonsson Comprehensive Cancer Foundation. He serves on the International Board of Governors of the Hebrew University of Jerusalem, and is a lifetime trustee of that university. He has designed clinical trials for and served as a consultant. He has worked for four decades to form better, safer and more effective treatments for patients battling pancreatic cancer and other gastrointestinal cancers.

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**New-onset Diabetes: A Clue to
the Early Diagnosis of**

Pancreatic Cancer

Dr. Suresh T. Chari, Professor of Medicine with The University of Texas MD Anderson Cancer Center and Fellow of the American College of Gastroenterology (FACG), will join our [Patient and Family Webinar Series](#) to discuss pancreatic cancer and new-onset diabetes. Suresh T. Chari, MD, will address the history of the link between diabetes and pancreatic cancer and the newest advances taking place to use diabetes as an early detection tool.

The relationship between diabetes mellitus, commonly known as type 2 diabetes, and pancreatic cancer has been known for over 150 years, yet it is still not fully understood. Diabetes is a disease that occurs when blood sugar, or [blood glucose](#), levels are too high. Insulin, a key hormone produced by [the pancreas](#), helps regulate blood sugar levels by carrying sugar into cells and lowering the amount of sugar in the bloodstream. In [prediabetes](#) and diabetes mellitus (type 2), cells become resistant to insulin and the pancreas is unable to produce enough insulin to compensate for the insulin resistance. Rather than being transported into the cells where it is needed for energy, sugar builds up in the bloodstream.

The complex relationship between type 2 diabetes and pancreatic cancer has been the subject of numerous studies. These studies suggest that long-standing type 2 diabetes is a modest risk factor for the development of pancreatic cancer. Studies show that the risk of pancreatic cancer in those with long-standing diabetes, defined as longer than 3 years, is 1.5 to 2.0 fold higher. This is not fully explained by shared risk factors between the two diseases such as obesity.

Conversely, patients with new-onset diabetes over the age of 50, have an 8-fold higher risk for having pancreatic cancer. In

these instances, it is believed that the tumor in the pancreas is what caused the diabetes. It appears that pancreatic cancer prevents the insulin-producing cells of the pancreas (islet cells) from adequately responding to insulin resistance. Thus new-onset diabetes may be a clue to the early diagnosis of pancreas cancer. However, the success of the strategy to use new-onset diabetes as a marker of pancreatic cancer will depend on the ability to distinguish pancreatic cancer-associated diabetes from the more common type 2 diabetes. This strategy helps provide a diagnosis for early, asymptomatic pancreatic cancer.

There is also [strong evidence](#) to show that pancreatic cancer causes diabetes. Hyperglycemia and diabetes mellitus occur in ~85% of pancreatic cancer subjects, with diabetes being present in 45% to 67% of pancreatic cancer patients, depending on how diabetes is ascertained. The majority (~75%) of diabetes in pancreatic cancer is new-onset, meaning the patient has had diabetes for less than 3 years. The new-onset diabetes often resolves with resection of the cancer through surgery. [New-onset diabetes](#) appears to be the only clue to the presence of asymptomatic sporadic pancreatic cancer. Nearly 25% of patients with pancreatic cancer are diagnosed with diabetes 6 months to 36 months before the diagnosis of pancreatic cancer.

Recently, the Enriching New-onset Diabetes for Pancreatic Cancer ([ENDPAC](#)) score has been proposed and validated as a way to identify a subgroup of new-onset diabetes subjects at very high risk for having pancreatic cancer. This score is based on three factors 1) age, 2) amount of weight lost and 3) rise in blood glucose in the year before new-onset diabetes. An [NIH study is now enrolling](#) 10,000 subjects with new-onset diabetes and will perform CT scans on the subgroup of new-onset diabetes patients with high ENDPAC scores.

It has taken nearly 200 years since the first observation that diabetes occurs in pancreatic ductal adenocarcinoma (PDAC) patients to use this correlation as a diagnostic tool. We are now close to using this observation to detect pancreatic cancer early.

[Suresh T. Chari, M.D.](#) is a Professor of Medicine with The University of Texas MD Anderson Cancer Center. Dr. Chari is a gastroenterologist clinician-investigator with an interest in pancreatic diseases. From 1999 through 2019, he was a faculty member at Mayo Clinic, Rochester. He led Mayo's Pancreas Interest Group and was Director of the Pancreas Clinic, the primary entry point for all patients with benign and malignant pancreatic diseases. His research work, funded by NIH since 2003, focuses on early detection of sporadic pancreatic cancer in subjects with new-onset diabetes.

Foundational work from Dr. Chari's group led NCI to recognize the study of diabetes as a top priority for pancreatic cancer research. As a result, a U01 Consortium to study this relationship, Consortium for Study of Chronic Pancreatitis, Diabetes and Pancreatic Cancer ([CPDPC](#)), was established up in 2015. In the first funding cycle of CPDPC, Dr. Chari was the site Principal Investigator of Mayo Clinic's Clinical Center. Since moving to MD Anderson Cancer Center a year ago, Dr. Chari and [Dr. Anirban Maitra](#) have successfully completed the renewal of the CPDPC as a Clinical Center in collaboration with Ochsner Clinic in Louisiana. Drs. Chari and Maitra and he are now Co-Principal Investigators of the Diabetes-Pancreatic Cancer Working Group within the CPDPC overseeing the assembly of a New-Onset Diabetes (NOD) Cohort.

Learn more about [Dr. Chari's Early Detection Initiative for Pancreatic Cancer \(EDI\)](#) through the National Institutes of Health (NIH).

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What You Should Know About Pancreatic Cysts

Dr. V. Raman Muthusamy, Medical Director of Endoscopy at UCLA Health and Professor of Clinical Medicine at David Geffen School of Medicine at UCLA, will join our [Patient and Family Webinar Series](#) to discuss what you should know about pancreatic cysts. Dr. Muthusamy will address common questions about pancreatic cysts as well as what they mean for future pancreatic cancer risk.

Pancreatic cysts, particularly among people over age 50, are increasingly common, particularly as imaging technology is getting better. While being diagnosed with a pancreatic cyst, or multiple cysts, may be scary, it is not necessarily cause for concern. Pancreatic cysts are also not the same as pancreatic cancer. Dr. Muthusamy will discuss the various types of pancreatic cysts as well as how they are diagnosed. He will address the risk for any cyst, especially those thought to be mucinous.

Most pancreatic cysts are found through CT scan or MRI imaging for other concerns. Others are discovered if there are complaints of abdominal pain, unexplained weight loss, nausea, or gastrointestinal (GI) concerns. Dr. Muthusamy will touch on the various imaging techniques used to identify cysts. He will also discuss the management strategies that have been developed

through numerous guidelines on how to manage the cysts. For patients who have a cyst that requires treatment, surgical removal remains the gold standard. Dr. Muthusamy will share some preliminary information on endoscopic treatment of cysts, although this approach is currently limited to research settings.

[Dr. V. Raman Muthusamy](#), MD, MAS is the Medical Director of Endoscopy at UCLA Health and Professor of Clinical Medicine at David Geffen School of Medicine at UCLA. He is recognized as a leader in advanced endoscopic procedures as well as his clinical research on new endoscopic technologies for the diagnosis and treatment of digestive disorders. Dr. Muthusamy is the lead author of the 2015 American Society of Gastrointestinal Endoscopy Guidelines on the Role of Endoscopy in Assessing Pancreatic Cystic Neoplasms and inflammatory cysts. He has authored over 300 published abstracts and manuscripts and is passionate about working to advance and improve the care of patients with digestive disorders. He and has been recognized by many organizations including Best Doctors and SuperDoctors and currently serves as President of the Southern California Society of Gastroenterology (SCSG).

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What Happens in the Operating

Room: Pancreatic Cancer Patients Should Know

Dr. Jonathan King, Assistant Professor in the Division of Surgical Oncology at UCLA will join our [Patient and Family Webinar Series](#) to talk about what happens in the pancreatic cancer operating room. He will address what to prepare for before surgery, what to expect on the day of surgery and how to plan for the best post-surgical care. Having a plan in place for each step in your surgical game plan can make the process smoother and assist with recovery times.

When pancreatic cancer is diagnosed in the early stages, or after chemotherapy to shrink a tumor (known as neoadjuvant therapy), surgery may be an option. Usually, surgery removes only the part of the pancreas that has cancer but, in some cases, the whole pancreas may be removed. The type of surgery depends on the location of the tumor in the pancreas. Surgery to remove a tumor in the head of the pancreas is called a Whipple procedure, the most common type of surgery for pancreatic cancer. If the tumor is in the tail of the pancreas, the surgeon may remove the cancerous areas along with your spleen and nearby lymph nodes, known as a distal pancreatectomy. There are also various operative approaches, including laparoscopic, robotic, or open surgery. Dr. King will address the types of surgery and the anatomy involved as well as the common approaches and what to expect from each.

Surgery for pancreatic cancer is a major operation and may require you to stay in the hospital for 7-10 days afterward. Dr. King will discuss how to prepare, including tips for nutrition, physical activity and a plan for post-surgical pain management. He will also address what to expect on surgery day, including

what to bring, questions to address and choices you may be asked to make such as epidural placement.

Once the surgery is complete, it takes time to heal and each person's recovery is different. You may have pain or discomfort for the first few days and it is common to feel weak or tired for a while. Depending on your surgery, it may be hard to digest food and you may feel bloated or full. Dr. King will address the in-hospital steps for post-surgical recovery including operative drains, activity in the hospital and dietary advice.

Dr. Jonathan King is an Assistant Professor in the Division of General Surgery at UCLA. He is a surgeon within the [Hirshberg Center for Pancreatic Diseases at UCLA](#), has presented at past [Symposiums](#) and was the [Honorary Medical Co-Chair](#) of the 2018 LA Cancer Challenge. He has expertise in robotic-assisted minimally invasive pancreas surgery and performed UCLA's first minimally-invasive pancreaticoduodenectomy (Whipple procedure). Dr. King is an enthusiastic surgical educator and is developing the UCLA residency training curriculum for robotic-assisted surgery.

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Cannabis Components and Cancer: What We Know and Where

We're Headed

Dr. Ziva Cooper, Director of the UCLA Cannabis Research Initiative, will join our [Patient and Family Webinar Series](#) to talk about the history of [cannabis](#) and what has been established with respect to cannabis and cancer. Dr. Cooper will discuss the origins of cannabis, its various cannabinoid components, current research and an exciting new study that may help cancer patients.

Dr. Cooper will spotlight a new study on the pain relief and appetite stimulating effects of cannabigerol (CBG), a minor cannabinoid that seems to lack the psychoactive side effects of THC. This research could provide a new tool to help manage the side effects of cancer treatment, such as loss of appetite and pain. The study will investigate whether CBG, alone or in synergistic combination with low doses of THC, can provide analgesic (pain relief) and appetite-stimulating properties in humans. It is particularly exciting as this will be the [first study of CBG](#) in humans.

Please join us for an hour of interesting conversation with Dr. Ziva Cooper on Friday, February 26th, 2021 at 1pm (PST). The presentation will be followed by a Q & A and our new **Survivor Chat**. During this time of isolation we continue to do what we can to bring our pancreatic cancer community together. Our **Survivor Chat**, is a space for patients and loved ones to have an opportunity to spend time talking amongst each other once the webinar is over. Share stories, information and ask questions of your fellow participants from the comfort of your living room!

As the Director of the UCLA Cannabis Research Initiative, [Dr. Cooper](#) strives to incorporate a translational approach to understating both the potential therapeutic and adverse effects associated with cannabis and cannabinoids. Dr. Cooper is also

Associate Professor-in-Residence in the Department of Psychiatry and Biobehavioral Sciences at David Geffen School of Medicine. Her current research involves understanding variables that influence both the therapeutic potential and adverse effects of cannabis and cannabinoids.

More about UCLA's Cannabis Research Initiative:

The UCLA Cannabis Research Initiative ([CRI](#)) is a strategic initiative out of the [UCLA Jane and Terry Semel Institute for Neuroscience and Human Behavior](#). As one of the first university programs focused on the multidisciplinary study of cannabis, they aim to bring together experts from diverse fields to advance the understanding the plant's impact on body, brain, and society. Despite unprecedented access, nearly a century of research restrictions and funding barriers have contributed to a lack of scientific knowledge about cannabis and hemp, particularly in regards to the therapeutic potential and the industrial applications. Their mission is to address the most pressing questions related to the impact of cannabis legalization through rigorous scientific study and discourse across disciplines.

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