

Coping® magazine does not endorse or recommend any particular treatment protocol for readers, and this article does not necessarily include information on all available treatments. Articles are written to enlighten and motivate readers to discuss the issues with their physicians. Coping believes readers should determine the best treatment protocol based on physicians' recommendations and their own needs, assessments and desires.

It is hard to stage pancreatic cancer accurately by imaging tests. Doctors must do their best to decide before surgery whether there is a good chance the cancer can be completely removed. Surgeons usually consider a pancreatic cancer *resectable* (completely removable by surgery) if it is staged as T1, T2, or T3. That means it doesn't extend far beyond the pancreas, especially into nearby large blood vessels (T4). There is no accurate way to assess the lymph node spread of the tumor before surgery.

Treating Resectable Pancreatic Cancer If imaging tests show a reasonable chance of completely removing the cancer, surgery should be done if possible, as it offers the only chance to cure this disease. Based on where the cancer started, either a pancreaticoduodenectomy (Whipple procedure) or a distal pancreatectomy is usually used.

In most but not all cases, either chemotherapy alone or chemotherapy plus radiation therapy (chemoradiation) is used as well. This treatment may be given before or after surgery. Some centers favor giving it before surgery because the recovery after surgery is often long, which can delay or even prevent its use. But it is not yet clear whether this approach is better than giving it after surgery. Many surgeons are concerned about preoperative therapy. They feel that patients may become weakened and are therefore less able to withstand the surgery.

A recent study has shown that giving gemcitabine chemotherapy after surgery can delay the average time before cancer returns by about six months. It also seems to help patients live longer. 5-FU was commonly used in the past after surgery, but now gemcitabine is used more often. There is currently an ongoing study comparing 5-FU and gemcitabine as adjuvant therapy to see if one is better than the other. It is not yet clear whether adding radiation to chemotherapy would result in more of a benefit.

Treating Locally Advanced Pancreatic Cancer Locally advanced cancers of the pancreas are those that have grown too far to be completely removed by surgery, but have not yet reached distant parts of the body. Several studies have shown that attempts to partially remove these cancers do

Exploring Your Options for Pancreatic Cancer Treatment

not help patients to live longer. Therefore, surgery has a limited role in these cancers. It is used mainly to relieve bile duct blockage or to bypass a blocked intestine caused by the cancer pressing on other organs.

The standard treatment options for locally advanced cancers are chemotherapy with gemcitabine either alone or along with radiation therapy. A recent study showed that combining radiation with gemcitabine helped patients with locally advanced cancers live longer than giving gemcitabine by itself. At some cancer centers, patients with locally advanced disease receive chemotherapy and radiation together and are then re-evaluated to see if the cancer has shrunk enough to be completely removed by surgery. Sometimes, patients are able to have surgery at this point.

Treating Metastatic (Widespread) Pancreatic Cancer Because these cancers have spread through the lymphatic system or bloodstream, they cannot be removed by surgery. These cancers have also spread too far to be treated by radiation therapy alone. Even when imaging tests show that the spread is only to one area of the body, it has to be assumed that small groups of cancer cells (too small to be seen on imaging tests) are already present in other organs of the body.

Chemotherapy with gemcitabine is the standard treatment for advanced pancreatic cancer. It can cause the cancer to shrink and help patients live longer. People who get chemotherapy also seem to have fewer symptoms related to their cancer. Adding other drugs to gemcitabine may improve the chance the tumors will shrink and may help people live longer. So far, only erlotinib and capecitabine have been shown to help some patients live longer when

given along with gemcitabine. Overall, the benefit of giving erlotinib along with gemcitabine was very small (patients lived about two weeks longer). Erlotinib doesn't seem to help all patients, so experts are trying to find a way to figure out who should get the drug and who should try something else. Capecitabine also only seemed to help some of the people who received it with gemcitabine. Most doctors give chemo with gemcitabine for pancreatic cancer, and consider adding another drug on a case-by-case basis.

Because the treatments now available are largely unsatisfactory, people may want to think about taking part in a clinical trial involving chemotherapy combinations (with or without radiation therapy) and new targeted therapies.

Doctors don't agree on what is the best therapy to give someone when gemcitabine stops working. If a patient wants more treatment and is strong enough, different chemo drugs may be used. Some patients are given one of the targeted agents. Enrolling in a clinical trial may be the best choice at this point.

Treating Recurrent Pancreatic Cancer Cancer that returns after surgery (recurrent cancer) is essentially treated the same way as metastatic cancer, and is likely to include chemotherapy if the patient can tolerate it.

Treating Cancer of the Ampulla of Vater The ampulla of Vater is the area where the pancreatic duct and the common bile duct empty their secretions into the duodenum (the first part of the small intestine). Cancer of this site can arise from the pancreatic duct, the duodenum, or the common bile duct. Surgery with pancreaticoduodenectomy (Whipple procedure) is often successful as cancer treatment with a five-year survival rate of 30 percent to 50 percent. More advanced ampullary cancers are treated like pancreatic cancer. In many patients, ampullary cancer cannot be distinguished from pancreatic cancer until surgery has been done. Post-operative chemoradiotherapy is often recommended in patients who have had successful resection of their ampullary carcinoma. ■

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Angels Among Us

Imerman Angels was founded so that no one will ever have to fight cancer alone.

by Philip Chang

At age 26, Jonny Imerman was diagnosed with testicular cancer. After several rounds of treatment and the loving support of family and friends, Jonny has been cancer free since 2003. During his healing, he noticed how many people fought cancer alone, without the support of family and friends.

Jonny envisioned that cancer survivors could be living proof that a cancer fighter can win, too.

Jonny envisioned that cancer survivors could be "angels" to those fighting the battle – providing walking, living proof that a cancer fighter can win, too.

Today, Imerman Angels connects a person fighting cancer with someone who has beaten that same type of cancer, completely free of charge. This one-on-one, mentor-type relationship

is provided to anyone needing support during his or her battle with cancer, anywhere across the country and worldwide.

"By 2013, our goal is to connect any cancer fighter in the world with a survivor within 24 hours," says founder Jonny Imerman. The pairings are made

according to age, sex, location, marital status (married, single, children), and type of cancer.

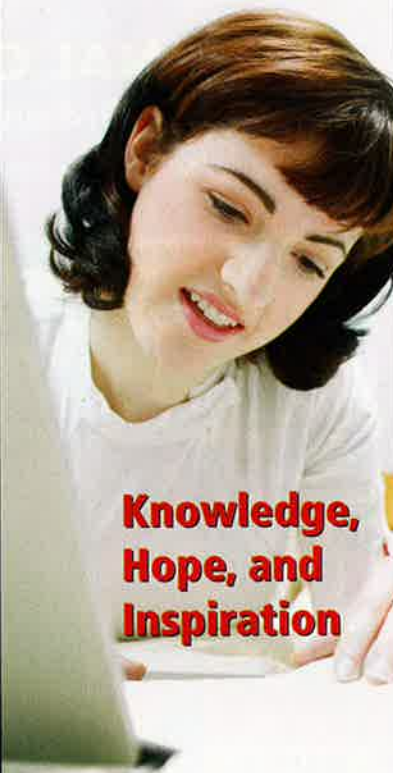
Imerman Angels also connects caregivers, who are paired in two different ways: either they are connected with another caregiver, or they are put in touch with a survivor. This enables caregivers to vent their concerns and

speaking with a survivor who can tell them exactly what their loved one is facing.

The kind of support Imerman Angels provides is different from what a cancer fighter can receive from family members or physicians because it comes from someone who has been through the process. It's also what makes this service so valuable to people living with cancer.

"Absolutely no one, except someone who has gone through exactly what I've gone through and survived, could have helped me fortify my resolve to live in the powerful way my angel did," says Katie Blossfield Iannitelli, a breast cancer survivor.

Action! For more information about Imerman Angels, visit ImermanAngels.org. If you would like to be connected with an angel, call toll-free (877) 274-5529 or e-mail info@imermanangels.org. ■



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