



Pancreatic Cancer Action Network



OUTREACH

A Publication of the Pancreatic Cancer Action Network

Research and Scientific Affairs

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Chairman of the Board's Message

Dear PanCAN Friends:

Greetings from everyone at PanCAN! The springtime is always a busy and exciting time at PanCAN and this year is no different. In March, PanCAN hosted our first annual Scientific Summit and Board of Director's Meeting. This was an opportunity for our Scientific Advisory Board, Medical Advisory Council, Board of Directors and other members of the scientific community to come together and discuss future strategic planning for PanCAN's research program. There were many wonderful ideas presented that PanCAN will incorporate into our overall strategic plan to expand the PanCAN research opportunities available to the research community.

PanCAN is proud to announce the launch of our Grassroots Advocacy Program. With 87 volunteer affiliates across the United States, we have the power to reach and activate people. More than 15,000 people participated in PanCAN events throughout 2005. Now, with an advocacy element in place, we will be able to accelerate our push for legislation that supports research funding and raise awareness about pancreatic cancer with Congress. Please read more about our advocacy program on our website.

We are also thrilled to be hosting three educational symposia this year through our Patient and Liaison Services (PALS) program, including Chicago in April, New York in June and Los Angeles in November. In addition, PanCAN staff will be attending many of the professional meetings this spring, including the American Society of Clinical Oncology (ASCO), the American Association for Cancer Research (AACR), the Oncology Nursing Society (ONS) and the Association of Oncology Social Work (AOSW). These meetings give us the opportunity to let healthcare professionals know about PanCAN and the services that we have to offer to patients, and gives our staff the chance to learn about the latest advancements in research and treatment.

The springtime is also a busy time for all of our volunteers around the country. Due to the great weather nationwide, many events are held in local communities to help raise funds for PanCAN and awareness about pancreatic cancer. Make sure to check out our calendar of events for activities taking place in your community.

Thank you for your continuing support and your positive enthusiasm to help us make a difference in the pancreatic cancer community! Happy springtime!

Warm regards,

Tim Ennis
Chairman of the Board

President Bush's FY 2007 Budget Proposal Cuts Cancer Research By \$40 Million

PanCAN rolls out strategic action plan in response

Research and discovery is one of the most important avenues for progress in the fight against pancreatic cancer. Yet, the President's budget, which was sent to Congress on Monday, February 6, 2006, proposes freezing funding for the National Institutes of Health (NIH) and cuts cancer research at the National Cancer Institute (NCI) by \$40 million.

The pancreatic cancer research community is alarmed by the proposed cuts to the NCI. We've worked hard to garner financial support for our research community, leading to increases in funding from \$17.5 million in 1999 to approximately \$56 million in 2005. The proposed cuts will result in fewer grants - estimates are that 656 grants would be cut - but at this point we don't know what these estimates mean for the pancreatic cancer research community.

We do know that the President's proposed budget will slow the development of life-saving cures and treatments. At PanCAN, we oppose this budget proposal, and in response, we have developed and implemented a strategic action plan to ensure that the pancreatic cancer patient community's voice is heard. The plan includes three strategic components: grassroots advocacy, nationwide activities, and an ongoing commitment to pancreatic cancer research.

Grassroots Advocacy

PanCAN is proud to announce the launch of our Grassroots Advocacy Program. With 87 volunteer affiliates across the United States, we have the power to reach and activate people. More than 15,000 people participated in PanCAN events throughout 2005. Now, with an advocacy element in place, we can and we will be able to create awareness, raise money for research, and advocate for legislation to support research funding

The Grassroots Advocacy Leaders spearheading this initiative are:

Carole Tonks, New Jersey
Deborah Pelosi, New York
Janet Adams, Arizona
Michelle Hackbarth, California
Nancy Peterson Anderson, Minnesota
Paula Tobias, Ohio

In addition, the following Team Hope Coordinators were selected to pilot an affiliate advocacy component:

Elizabeth Whiteley, Indiana
Jessica McSpadden, Arkansas
Karen Trimble, Pennsylvania
Lori Koelsch, Ohio
Virginia Griffin, Texas
Wendy Walsh, Arizona

This cadre of committed volunteers will target elected officials, local media, and business and industry leaders in their communities to urge them to support an increase in cancer research funding. Additionally, they will work to grow our advocacy numbers, person-by-person, district-by-district, state-by-state, so that when election time nears, every member of the House of Representatives and every member of the Senate will know that this issue is important and that they will be held accountable for their actions.

In 2005, PanCAN made more than 150 educational visits to Congressional offices. This year we will make more than 200 visits.

Nationwide Presence

PanCAN has the staff in place to make our presence known at the national level. In Washington, DC, PanCAN is represented by Julie Pawelczyk, a federal affairs representative with more than 15 years of experience in the healthcare sector, on issues related to the budget and appropriations. Ms. Pawelczyk meets on a weekly basis with members of the House of Representatives, the Senate, and key staffers providing education and insight about budget and appropriations issues related to cancer funding. Her intelligence is used in developing PanCAN position statements and strategic actions for our grassroots component.

Our efforts in Washington, DC also focus on developing relationships with federal agency officials and scientists and researchers who work at the NIH and the NCI. BatesNiemand began this high level representation for PanCAN in February, 2006. Mary Beth Buchholz, Vice President of Government Affairs and Jennie Dunn, Director of Scientific and Regulatory Affairs will be working to set-up meetings

with PanCAN and federal agency officials to create communication and dialogue that could potentially expand PanCAN's research and funding opportunities.

Additionally, PanCAN's efforts on the national and grassroots front are directed and supported by two staffers in our California headquarters. Elizabeth Thompson serves as the Director of Research and Scientific Affairs and Carolyn Kraft serves as our full-time policy analyst, providing research and analysis for our executive staff, consultants, and grassroots members.

PanCAN also sits on several national committees taking a leadership role in formulating plans of action for cancer advocacy. We are members of and support the strategic work of these organizations:

One Voice Against Cancer: A cancer coalition comprised of 57 organizations representing millions of cancer patients and their families. This group focuses on the budget and appropriations process and works to engage grassroots membership. PanCAN will be part of a national advocacy campaign, on Capitol Hill, April 25 - 26, 2006. As part of this effort, we expect that we will have 35 PanCAN representatives advocating for cancer research. The combined attendance for this lobby day will be more than 300 people.

National Coalition for Cancer Research: A coalition comprised of cancer advocacy and cancer research leaders. This group focuses on the budget, the appropriations process, and has done background work on the NIH reauthorization working to set a strategic direction. The members of the board of NCCR, professional consultants, and executive staff will be on the Hill lobbying and educating members of Congress for a day in September, 2006. The combined attendance for this lobby day will be more than 40 people.

Cancer Leadership Coalition: A coalition comprised of cancer advocacy organizations. This group brings together thought leaders in every sector to examine issues in a thoughtful manner to be strategically combined into action plans.

The AdHoc Group for Medical Research: A coalition working together to support increased funding for the

President Bush's FY 2007 Budget Proposal Cuts Cancer Research By \$40 Million

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National Institutes of Health.

Working to Accelerate Research

In January, PanCAN joined with C-Three, the Colorectal Cancer Coalition, to train and develop research advocates in gastrointestinal cancer. This group of trained volunteers will represent PanCAN and C-Three, and our respective patient communities, at Specialized Programs of Research Excellence (SPORES), Clinical Trials Working Groups, Southwest Oncology Group (SWOG), Eastern Cooperative Oncology Group (ECOG), the Food and Drug Administration (FDA), and many more places. This is the beginning of a special partnership, a GI Coalition, between two dynamic organizations.

PanCAN met March 3 – 5, 2006 in California with our Board of Directors and a selected group of scientific and medical experts to chart a course for a deeper direct investment in pancreatic cancer research. We believe that the outcomes of this meeting will serve as a roadmap for PanCAN's pancreatic cancer research funding over the next three to five years. This meeting will allow us to seize upon public/private partnership opportunities and to continue to attract and retain bright,

young scientists to the field of pancreatic cancer research.

Also in March, PanCAN was at the table with members of the SPORE leadership in Dallas to talk about the future of that program and to discuss what we can do, as advocates, to ensure the ongoing health and welfare of translational research programs. This important meeting brought together cancer research leaders from every area and more than 20 advocates representing national organizations.

PanCAN will continue to work closely with members of the research community to talk about successes and challenges in the field of pancreatic cancer. We will also be present at every major cancer meeting this spring and early summer learning firsthand about the advances in pancreatic cancer. PanCAN is then quick to incorporate new information into the development of our patient education materials through our Patient and Liaison Services (PALS) program. Finally, we pledge to support and push for research in major medical centers, pharmaceutical companies, and biotech companies that will extend lives, and ultimately eradicate pancreatic cancer.

"Progress is not automatic; the world grows better because people wish that it should, and take the right steps to make it better."

– Jane Addams

For some, looking ahead at a long journey is daunting. At PanCAN, we don't spend a lot of time gazing down the long road. We simply don't have that luxury. We create a plan. We chart a course, and as Jane Addams said, we take the right steps to make it better. We are moving toward progress and we invite you to join us in this movement.

What you can do to help

The President's budget request is the starting point for the FY 07 appropriations process. Congress is now tasked with crafting the final funding bills for FY 07.

TAKE ACTION NOW! Write your U.S. Senators and U.S. Representative in Congress and urge them to **OPPOSE** the \$40 million in cuts proposed for the National Cancer Institute for Fiscal Year 2007. Please visit PanCAN's website at www.pancan.org to download a draft letter.

2006 PanCAN Grant Recipients

PanCAN is delighted to announce the recipients of the 2006 PanCAN research grants. These grants provide funding to scientists at a critical stage in their careers, allowing them to further their research and eventually compete for federal funding. PanCAN is proud to contribute to increasing the number of scientists who commit their careers to pancreatic cancer research.

PanCAN-AACR Michael Landon Career Development Award

Daoyan Wei, PhD

MD Anderson Cancer Center

The role of KLF4a in pancreatic cancer

PanCAN-ASCO Career Development Award

David Chang, MD, PhD

MD Anderson Cancer Center

Treating Pancreatic Cancer with the Well-characterized Anti-allergy Drug Cromolyn, Through a Novel Mechanism of Action

PanCAN-ASCO Samuel Stroum Young Investigator Award

Jennifer Tseng, MD

University of Massachusetts
Memorial Medical Center

Development of a malignancy prediction rule for cystic lesions of the pancreas

PanCAN will announce two additional recipients of the PanCAN-AACR Career Development Award for 2006. At the time of press, these individuals have not yet been selected.

Radiation Therapy for Pancreatic Cancer

Radiation therapy is the use of various forms of high energy rays targeted at a tumor in order to kill cancer cells or prevent them from spreading. Unlike chemotherapy, which exposes the entire body (systemic) to cancer-fighting medicine, radiation therapy is focused local therapy affecting only the tumor and the surrounding tissue.

Radiation therapy works by damaging the genetic material of cells in the tumor. Rapidly growing cells, such as cancer cells, are more sensitive to radiation damage than normal cells. For this reason cancer cells are more likely to die from radiation, while normal cells are more likely to recover from the effects of radiation and function properly in a way that cancer cells cannot.

Radiation therapy is typically used to either stabilize pancreatic tumors that are inoperable in an effort to keep the disease from progressing, to try and shrink the tumor to permit surgery, to destroy cancer cells that may remain in the area after surgery, or to relieve pain caused by cancer. Because radiation therapy is a focused local therapy, it is not typically used to treat cancer cells that have spread to other areas of the body.

Types of Radiation Therapy

⌘ **External beam radiation therapy** is radiation delivered from a machine located outside of the patient's body that does not touch the patient's skin or tumor. Receiving external beam radiation is similar to receiving an x-ray in that it is a painless, bloodless procedure. External beam radiation is usually given five days a week (Monday – Friday), for two to five weeks on an outpatient basis.

⌘ **Internal radiation therapy**, also called brachytherapy, involves the implantation of a small amount of radioactive material in or near the cancer. This type of radiation is rarely used in the treatment of pancreatic cancer.

Radiation therapy may be used alone or in combination with other cancer therapies, such as chemotherapy or surgery. When given in conjunction with radiation, the chemotherapy dose is usually lower than what is generally administered when given alone. Chemotherapy acts as a "radiosensitizer" which can enhance the effect of the radiation on the tumor. The chemotherapy drugs most commonly used in conjunction with radiation therapy for pancreatic cancer are fluorouracil (5-FU) and gemcitabine (Gemzar®).

Side Effects of Radiation Therapy

Although patients do not feel anything while they are receiving radiation treatment, the effects of radiation gradually build up over subsequent treatments. The most common side effects of radiation therapy for pancreatic cancer are nausea, diarrhea, fatigue, and

loss of appetite. These side effects usually peak 4-5 weeks after the first radiation treatment and resolve soon after treatment is complete (within 1-2 weeks). Patients may experience mild skin redness, but this is uncommon in pancreatic cancer treatment. Many of the side effects can be treated with medications and ointments prescribed by a doctor.

Other Methods Being Studied

The following types of radiation therapies are under investigation for improving the treatment of pancreatic cancer. They have not been proven to be more effective or result in fewer side effects than conventional radiation treatment in pancreatic cancer.

⌘ **Intensity-Modulated Radiation Therapy (IMRT)** is an advanced mode of high-precision radiotherapy that "shapes" the radiation beams more closely to the three dimensional shape of the tumor. Higher doses of radiation are delivered within the tumor and lower doses to nearby healthy tissue, thereby leading to fewer side effects when compared with conventional radiation therapy. In contrast to stereotactic radiation (described below), IMRT is usually delivered over the course of five to six weeks and does not require implanted metallic seeds to be placed.

⌘ **Cyberknife®** is stereotactic radiation therapy that uses a robotic arm to deliver x-rays with a high degree of precision from many different angles to the tumor. The treatment can usually be accomplished with large doses of radiation given in 1-3 treatments. In order for this treatment to be delivered safely and effectively in pancreatic cancer patients, the problems of tumor motion and protection of the duodenum must be addressed. These problems are typically addressed by implanting metallic seeds in the tumor before treatment and by having patients hold their breath while the machine is active. Very few centers do this complex treatment and there is currently no published evidence that it is better than conventional radiation therapy for pancreatic cancer.

Brachytherapy, IMRT and Cyberknife® treatment have not been proven to be more effective or to result in fewer side effects than conventional radiation treatment in pancreatic cancer. Higher doses of radiation with these treatments could be harmful if administered incorrectly. These radiation methods should not be administered to people with pancreatic cancer outside the setting of a clinical trial.

For more information about radiation therapy contact the PALS program at 877-272-6226 or medinfo@pancan.org.

Patient and Liaison Services (PALS)



Need information about pancreatic cancer, treatment options and support resources? PanCAN's Patient and Liaison Services (PALS) program is here to help.

Contact PALS via phone or email to be connected one-on-one with a PALS Associate. A PALS Associate can answer questions about pancreatic cancer, provide information about treatment options, perform a personalized clinical trials search and offer additional support resources all at no charge. In addition, a customized educational packet is sent to each individual after contact is made with PALS.

We encourage people to use PALS as many times as necessary to get the information needed throughout diagnosis and treatment. Each time an individual contacts PALS, he or she will be connected with the same PALS Associate for continuous case management.

PALS Associates are available Monday through Friday from 9:00 am to 5:00 pm Pacific Time. Contact PALS toll-free at 877-272-6226 or by email at medinfo@pancan.org. The PALS program and educational materials are provided at no charge.

Diagnostics and Tumor Measurement

CA 19-9™ and CEA Tumor Markers

At present, sufficiently accurate diagnostic blood tests for pancreatic cancer are not available. Many different tumor marker tests are being studied in an attempt to facilitate early diagnosis. Since pancreatic cancer is usually not discovered until symptoms persist, after the disease has silently progressed, it is imperative to research plausible options for early detection.

The perfect test would be one in which a blood test with a positive result would definitively indicate the presence of cancer cells in the pancreas. Beyond that, a test that would determine the stage and progression of disease during treatment would be ideal. There is currently no tumor marker test that encompasses all these qualities. Since accurate diagnosis is the main hurdle before treatment, it is important to have the tools necessary to facilitate early diagnosis, thereby initiating treatment earlier.

Tumor markers are molecules circulating in the blood that are associated with cancer. They are produced either by the tumor itself or by the body in response to the presence of cancer or certain noncancerous conditions such as pancreatitis, gallstones and jaundice. Tumor markers are not elevated in every person with pancreatic cancer, especially in the early stages of the disease.

Measuring Tumor Markers

Measurements of tumor markers can be helpful when used along with additional diagnostic tools in the detection and diagnosis of pancreatic cancer. However, measurements of tumor marker levels alone are not sufficient to diagnose. Additional tests such as CT scans and biopsies must be used to accurately diagnose and stage cancer. Currently, tumor marker tests are only one component in the diagnosis and treatment continuum of pancreatic cancer.

Some tumor markers may also be measured during treatment to monitor a patient's

response. A decrease or return to normal in the level of a tumor marker may indicate that the cancer has responded favorably to therapy. If the tumor marker level rises, it may indicate that the cancer is growing. Finally, measurements of tumor marker levels may be useful after treatment has ended as a part of follow-up care to check for recurrence.

It is important to note that tumor markers, particularly the CA 19-9™, may be deceptively elevated following a course of treatment, especially radiation. This is due to the treatment "killing" the tumor cells which causes them to slough off, therefore registering a higher level in the blood.

To determine the presence of a tumor marker, a physician obtains a sample of blood. The sample is sent to a laboratory to determine the presence of specific tumor markers which may indicate cancer.

Until such time that there is a definitive diagnostic test that is accurate, easily reproduced and cost effective, we do have the following tumor marker tests that have shown some promise when used in combination with other detection and diagnostic measures. The two most common tumor marker tests to track pancreatic cancer are the CA 19-9™ and CEA.

CA 19-9

CA 19-9™ is a monoclonal antibody often found in patients with gastrointestinal adenocarcinoma. CA 19-9™ is currently the most widely used tumor marker for following the progression of pancreatic cancer. Measured through a blood test, it is useful in assisting with initial diagnosis; however, it is exceedingly more functional in measuring the effectiveness of cancer treatment by tracking the patient's CA 19-9™ levels over time. Supplemental imaging studies and tissue samples are required in conjunction with CA 19-9™ levels in order to establish a precise diagnosis.

For the purposes of evaluating treatment, a decreasing or stable CA 19-9™ level generally indicates response to treatment and an increasing level may indicate the progression of disease. This blood test, in conjunction with periodic CT scans, will indicate whether the cancer is in remission or is continuing to grow.

CEA

Carcinoembryonic antigen (CEA) is another tumor marker becoming more prevalent in the monitoring of pancreatic cancer patients. CEA is normally found in small amounts in the blood of most healthy people, but may become elevated in people who have pancreatic cancer. As with the CA 19-9™, elevated CEA levels can be detected with noncancerous conditions including cirrhosis, inflammatory bowel disease, and pancreatitis. Not every patient that has pancreatic cancer will register a positive level on a CEA tumor marker test.

Also similar to the CA 19-9™, CEA is used to monitor recurrence. If the patient is deemed resectable and the tumor is removed, CEA levels will usually return to normal within 1-2 months following surgery. However, if the CEA level remains elevated, then persistent disease may be indicated. This test is not infallible and can give false positives due to other conditions or false negatives in early stages of the disease.

Continued Research

Advances in tumor marker tests may contribute to earlier detection of pancreatic cancer, improved treatment methods and better monitoring of the disease. Perfecting a suitable blood test for pancreatic cancer is an area of active research as it would enable screening for individuals considered at-risk.

For more information about tumor markers contact the PALS program at 877-272-6226 or medinfo@pancan.org.

Questions to ask the doctor about tumor marker tests

1. Which tumor marker tests should I consider?
2. How and where will the test be conducted?
3. What conditions can be detected with the recommended tumor marker tests?
4. How quickly will I receive the results and from whom?
5. What are the chances of receiving unreliable results with my test?
6. What other tests might I need with a tumor marker test?
7. If I have cancer, can a tumor marker test help with treatment planning?
8. Will the tests monitor my treatment and indicate a recurrence of the cancer?
9. How often should I have the tests repeated?
10. If I have one type of cancer, will tumor marker tests indicate my risk for other cancers?

Diet and Nutrition

Pancreatic Enzymes



Julie Meddles, RD, LD



Maria Petzel,
RD, LD, CNSD

Doctors sometimes prescribe digestive enzymes, including pancreatic enzymes, to improve digestion and absorption of food in several conditions that cause malabsorption. Some of these conditions are: pancreatic insufficiency, after surgery of the pancreas (e.g., Whipple procedure, total pancreatectomy), pancreatic obstruction due to stone formation in the pancreatic/biliary duct, pancreatic/duodenal tumors or ductal narrowing, and cystic fibrosis.

Pancreatic enzyme replacement therapy should be considered for patients exhibiting signs/symptoms of pancreatic insufficiency.

Pancreatic insufficiency is common in pancreatic cancer patients and may cause:

- ✘ vague abdominal discomfort or pain
- ✘ abdominal distention
- ✘ excessive flatus (gas)
- ✘ belching
- ✘ diarrhea
- ✘ steatorrhea (fat in the stool)
- ✘ weight loss

Fat absorption usually cannot be restored to normal but the goal should be to eliminate diarrhea, restore adequate nutrition, minimize symptoms and prevent weight loss.

Every person is different and needs different amounts of enzymes; some even adapt after they have healed from surgery. Although the dose is individualized for each patient, some recommendations are common for

the optimal way to take the pancreatic enzymes.

- ✘ Most people start by taking 1 pill with snacks and 2 with meals and increasing as needed.
- ✘ For best results enzymes should be taken with every meal and snack that contains fat: meat, dairy, bread, snacks, and desserts.
- ✘ Dosage: 4,000 units of lipase per 5-7 grams of fat OR 30,000 to 40,000 units of lipase at meals and 10,000 units of lipase at snacks.
- ✘ It is very important that enzymes be taken at the beginning of the meal or snack. Enzymes can also be taken throughout the meal. Enzymes generally do not work well if forgotten and taken at the end of a meal.
- ✘ If meal intake increases, pancreatic enzymes may need to increase to accommodate the increase in food.
- ✘ Capsule
 - One brand/batch may work better than another so it is best to start with one brand and stick with it.
 - If swallowing a capsule is difficult, capsules may be opened: sprinkle on applesauce or other soft food and **swallow without chewing**. Open capsules should not be taken with milk, custard, ice cream, or other dairy products because the higher pH of these foods may dissolve the enteric coating and destroy the enzyme activity.
- ✘ Tablet
 - May be faster acting than the capsule form but not as strong. It is okay to crush this tablet.

The most common side-effect of enzymes is constipation. However it is possible for enzymes to cause nausea or diarrhea, though

this is uncommon.

Pancreatic enzyme replacement may help prevent weight loss and control symptoms of malabsorption, such as gas, bloating, fullness, and diarrhea. In general, as long as it is not contraindicated, a trial of pancreatic enzyme replacement to see if it helps is acceptable. The decision to use pancreatic enzymes as well as any change in dose or brand of enzyme should be made cautiously and only under medical supervision.

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References:

Braga M, Zerbi A, Dal Cin S, De Franchis R, Malesci A, Di Carlo V. Postoperative management of patients with total exocrine pancreatic insufficiency. *Br J Surg*. 1990;77:669-672.

Drug Facts and Comparisons. 56th ed. St Louis, MO: Facts and Comparisons; 2002. Sarnar, M. Treatment of Pancreatic Exocrine Deficiency. *World J Surg* 2003;27:1192-1195.

Ellison NM, Chevien E, Still CD, Dubagunta S. Supportive care for patients with pancreatic adenocarcinoma: symptom control and nutrition. *Hematology/oncology Clinics of North America*. 2002;16:105-121.

Guyton AC, Hall JE. *Textbook of Medical Physiology*, Philadelphia, PA: Saunders; 2000.

Otter, F. Supportive Nutritional Management of the Patient with Pancreatic Cancer. *Oncology*. 1996;9S:26-32.

Recipe Old Fashioned Pancakes

INGREDIENTS:

- 1 8-fl-oz can Vanilla ProSure®
- 1½ cups all-purpose flour
- 3 teaspoons baking powder
- 1 teaspoon salt
- 1 tablespoon white sugar
- ½ cup 1% milk
- 1 egg
- 3 tablespoons margarine, melted

DIRECTIONS:

1. In a large bowl, combine the flour, baking powder, salt and sugar.
 2. Add the ProSure, milk, egg and butter.
 3. Mix until smooth.
 4. Heat a griddle sprayed with non-stick oil over medium heat.
 5. Pour the batter onto the pan using approximately ¼ cup for each pancake.
 6. Brown on both sides and serve hot.
- Makes 8 servings. Recipe taken from www.prosure.com.

Story of Hope and Inspiration

By Jean S., Cropell, AL



Jean and her husband, Harold

I am writing my story with the wish that it may give others HOPE, something I wasn't given.

I am a nurse who retired early and became a full time gardener. My husband, a cardiologist, and I have four acres and live on a beautiful lake that

we irrigate from. We have over three hundred rose bushes, hundreds of azaleas, camellias, Japanese maples, and thousands of different kinds of flowers. Gardening is our passion besides sailing and enjoying wine.

It all started eighteen months before the diagnosis with bowel changes, which I attributed to my coffee. Then I started to experience a pain in my left mid abdomen. I attributed this pain to all the hard work I was doing in the yard. I turned fifty during this time and had a colonoscopy which was normal. So as the pain continued I thought nothing of it. In the spring of 2004, I noticed I was getting tired sooner

in the day and was losing weight. On June 9, 2004 I couldn't stand the pain any longer. My husband ordered an ultrasound and CT of my abdomen. BAM! There it was, a 3.5 x 3.5 cm tumor in the body and tail of my pancreas that was attached to back wall of stomach. I was referred to a surgeon and I saw him the very next week. After several more CT scans he said "No surgery, inoperable." His advice was radiation to control my pain.

The surgeon told me to go online and check out PanCAN, but not to read other websites. He put me in a study of Xeloda® (capecitabine) and radiation which I started in July. The CT scan four weeks later showed no shrinkage. Then, I did 9 weeks of Xeloda® only. November's CT scan showed some shrinkage. At this point, he decided to give me aggressive drugs. He started me on Gemzar® (gemcitabine) and Eloxatins oxaliplatin). March's CT/PET scan showed dramatic shrinkage. This CT scan gave me, my husband, and my surgeon hope. Then I took Gemzar® and Taxotere® (docetaxel) followed by Tarceva® (erlotinib).

July's CT and PET scans showed no cancer! I was scheduled for surgery!!!

On August 11, 2005 I had a distal pancreatectomy and splenectomy. I had clean margins and lymph nodes and was declared free of cancer.

The best part about having this cancer --- it has shown me that there is always HOPE even when the doctors tell you to go home and make your final plans.

This journey has been a unique one. It has shown me how many friends that I have and how wonderful they are. Someone drove me to all my radiation treatments, to all my doctors appointments, and all my IV chemo treatments. I never had to go alone. I have come to appreciate the courage required to never give up. Today's modern medicine is constantly working for a cure. I am one of the lucky ones. I am blessed.

Caregiver's Corner

Support for Caregivers

Being a caregiver can be a very rewarding experience. However, at times this role can also be an overwhelming responsibility. Besides trying to deal with the normal emotions associated with knowing that a loved one has been diagnosed with pancreatic cancer, a caregiver may also be dealing with additional feelings of stress, fatigue, and frustration. A caregiver must take care of him/herself and reach out for support in order to better help themselves and their loved one.

The following are several tips to help caregivers ensure their emotional well-being.

- ✘ Ask for help when needed. Ask family members, friends or neighbors for help with errands, caring for your loved one or household chores.
- ✘ Stay informed. Go to doctor's appointments with your loved one. Ask questions and seek clarification on difficult-to-understand answers. Keep in contact with doctors, nurses, and other health professionals when questions arise about your loved one's symptoms or treatment plan.

- ✘ Seek out support from friends who are willing to listen to frustrations or challenges and offer support.
- ✘ Try to get adequate sleep as often as possible.
- ✘ Seek expert help if needed - home health services, psychologists, counselors or other specialists.
- ✘ Take some time every day to do something personal:
 - Take a walk or go to the gym.
 - Take a meditation or yoga class.
 - Write in a journal.
 - Call a friend or have a night out with friends.
 - Read a book.
 - Enjoy a cup of coffee or tea.
 - Get a massage.
 - Do whatever is refreshing and renewing.

There are several ways for caregivers to find peer-to-peer support. One method is to participate in a support group. There are a number of in-person pancreatic cancer specific support groups across

the country and most of them are for both patients and caregivers.

Another method of finding support is to join a pancreatic cancer specific internet support group. Additionally, there are online message boards and email groups that are dedicated to the topic of pancreatic cancer. There is also a telephone support group that takes place once a week specifically for pancreatic cancer caregivers.

PanCAN offers yet another way to connect with other caregivers. The Survivor and Caregiver Network is comprised of volunteers who are willing to speak over the phone or via email with others. These volunteers are an amazing source of inspiration and support.

If you would like to connect one-on-one with another caregiver through the Caregiver Network or to find out more about other support resources please visit the PanCAN website at <http://www.pancan.org/Patient/support.html> or contact a PALS Associate at 877-272-6226 or medinfo@pancan.org.

**Saturday, June 17, 2006
Marriott Financial Center
New York, NY**

Pancreatic Cancer Symposium

An Event to Educate and Create Awareness

N E W Y O R K

Join us for the first PanCAN Pancreatic Cancer Symposium in New York. Speakers from various New York institutions will offer information on a range of pancreatic cancer topics, including symptom management, chemotherapy and clinical trials, radiation therapy and much more.

No charge to attend. Registration is required. Detailed information and online registration is available at www.pancan.org.

Patient Educational Materials for Health Professionals

An Overview of Pancreatic Cancer



Diet and Nutrition: Nutritional Concerns with Pancreatic Cancer



Clinical Trials: Considering Participation in a Clinical Trial



Patient and Liaison Services (PALS) brochure



PanCAN educational booklets and brochures are available for your hospital or clinic at no charge. To request a complimentary supply of materials, visit the PanCAN website at www.pancan.org/Healthcare/educationalbooklets.htm or call 877-272-6226.

Team Hope

PanCAN Team Hope Affiliates educate their communities and raise awareness about pancreatic cancer. Affiliates are volunteer-based and host activities and events to help PanCAN fulfill its mission. If you are interested in attending an event or volunteering, contact us at volunteer@pancan.org or call 877-272-6226. Please see the back page of this newsletter for a calendar of upcoming Team Hope events.

PanCAN welcomes our newest Team Hope Volunteer Coordinators!

New Team Hope Affiliates:

Wendy Maddox, Team Hope North Carolina - Southwest

Theresa Dukovich, Team Hope Pennsylvania - West

Elizabeth Whiteley, Team Hope Indiana - Fort Wayne

Pauline Bowlin, Team Hope Louisiana - Northwest

Tami Cowan, Team Hope Nebraska - Omaha

Volunteer Spotlight

Two high school seniors raise awareness and funds

By Victoria Seng

In 2003, my uncle, Will Seng, was diagnosed with stage IV pancreatic cancer, and I was exposed to a whole new world of information about pancreatic cancer. Shocked by these facts, I was inspired to make a difference in the life of my uncle and others. I launched a pancreatic cancer research fundraiser at my school, Our Lady of Good Counsel High School in Wheaton, MD. I kicked it off in December of 2003 by giving a speech at a whole-school assembly in hopes of convincing students to see outside of their problems and appreciate my concern for a huge problem – the lack of sufficient funding for pancreatic cancer research. My drive was successful, raising four hundred dollars for research, but what was most rewarding to me was the genuine gratitude I received from my uncle, who passed away later that month.

In November of 2004, I ran another fundraiser. Although I raised less money, I was not disheartened and began to plan a fundraiser for my senior year with the assistance of my best friend, Kristin Schwab. We saw our ideas turn into realities as our plans for November of 2005 were approved. We held an assembly at which Dr. Anirban Maitra, a pancreatic cancer researcher and the recipient of a PanCAN Career Development Award, and Dr. Keith Bellizzi, a cancer survivor and rider from Bristol-Myers Squibb's Tour of Hope with Lance

Armstrong, shared their experiences and wisdom about cancer with the entire school.

Kristin and I gathered even more information about cancer awareness and held a teach-in, which about twenty students attended. At the teach-in, we showed a video produced by the Tour of Hope team that presented the importance of clinical trials, and a close teacher friend of ours shared her story – she had battled cancer twice in her lifetime. Like the years before, bake sales and collection drives were held, but this time with even more enthusiasm and success because Kristin and I had been able to reach out to our peers more than before. The assembly and teach-in had really affected our school community. Teachers and students who had family members who were affected by pancreatic cancer stopped to talk to me and Kristin in the hallways and volunteered to help with the fundraiser.

I am truly happy that my three years of fundraising have been successful, but I would not have been able to do it without the help of PanCAN. Because of PanCAN I was motivated to make a difference in the life of my uncle and in the lives of other cancer patients. Due to my passion for cancer research, I now am interested in pursuing a career in oncology.

I hope to continue fundraising in the future... at college!



Mike Mullendore, Dr. Keith Bellizzi, Kristin Schwab, Dr. Anirban Maitra, Victoria Seng, and school principal John P. Graham

Congratulations PanCAN Running Team! _____

Thirty PanCAN Running Team members raised awareness and funds to honor loved ones through the ING Miami Marathon and Half Marathon on January 29, 2006. Athletes from across the country met on January 28 for a pre-race pasta dinner and gathered early the following morning for a team photo before the 6:00 am race start. Participants ran and walked through cool Caribbean breezes as they watched the sun rise over Miami Beach. After running over the bay and through the communities of Coral Gables and Coconut Grove, marathoners and half-marathoners took a quick rest and congregated once again for a post-marathon celebration on the patio of the Marriott Biscayne Bay.

The Running Team honored loved ones affected by pancreatic cancer by meeting outstanding physical challenges and raising over \$75,000 for PanCAN. Many of the thirty participants plan to return for another PanCAN Running Team experience.



America's Finest City Half Marathon

Join the PanCAN Running Team to raise awareness and funds
while meeting a personal challenge.

The next PanCAN Running Team Event:

America's Finest City Half Marathon
San Diego, CA
August 20, 2006

Contact volunteer@pancan.org for more information and to join the team.

Team Hope Awareness Events

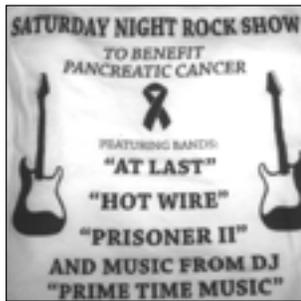
CONNECTICUT

With a balmy 27 degrees and snow falling, 60 people came out on December 4th in support of the **2nd Annual Gail's Trail Run** at the Ward Pound Range Reservation in Westchester, NY. The event raised \$500 with additional income anticipated from matching donations.

The WCC Charity Foundation of Milford held a golf tournament in the summer of 2005 and raised \$13,400.

The Community Outreach Club members of Waterbury sold chocolate chip cookies and handmade purple ribbons, raising \$140.

ILLINOIS



Audrey & Mike Montalto and friends, along with other relatives of pancreatic cancer survivors, hosted the

Saturday Night Rock Show on August 27, 2005. The event was held at Pioneer Lanes Bowling Alley in Plainfield in honor of Audrey's parents. Audrey's mother is currently battling pancreatic cancer, and her father, Gene Majka, passed away 11 days after the event. It was a wonderful show with performances from 3 bands: *Hotwire*, *Prisoner II* and *At Last*. DJ *Prime Time Music* also donated time and talent for the evening's entertainment. Bob McMillen of the Chicago Rush held an autograph signing, and the use of the Bowling Alley and all of the food was generously donated. Over \$18,000 was raised through ticket sales, donations, raffles and a silent auction. Raffles and a silent auction along with ticket sales and donations raised \$18,000.00 from this event! They will be holding this event annually so look for them this coming August. They are hoping for a bigger and better event to support the cure!

Saint Alphonsus/Saint Patrick School Purple Ribbon Campaign – Lemont, IL.

Lauren Slesur and the students of the Saint Alphonsus/Saint Patrick School organized a campaign to raise awareness and funds during Pancreatic Cancer Awareness Month.



of 1st Grade Teacher Kristina Hansel and school principals Mrs. Bruno and Mrs. Chiamonte, 1,624 purple ribbons were hung, raising \$1,624. Lauren has been personally touched by pancreatic cancer. She lost her grandfather, John Talamonti, in 2002 and her 2nd Grade Teacher, Angela VanHouten, in 2005. In addition, Lauren's uncle, Dr. Mark Talamonti, is a pancreatic cancer surgeon and the Chairman of PanCAN's Medical Advisory Council.

Ten pancreatic cancer survivors and their families gathered at Metropolitan MD on Saturday, February 11 for a **Celebration of Survival** hosted by PanCAN Team Hope Illinois - North. It was a wonderful afternoon and everyone enjoyed the chance to get to know each other better and share stories and suggestions. Special thanks to OSI Pharmaceuticals for providing the lunch, to Jewel Food Stores for providing the coffee and cookies, and to Metropolitan MD for hosting the event.

KANSAS

Mikki Bennett of Overland Park designed purple notepads that say "Help Find a Cure" and sold them with purple pens. The fundraiser, which raised over \$250 was not only a Bat Mitzvah project for Mikki, but a labor of love in memory of her grandmother, Naomi Indin.

LOUISIANA



Southeastern Louisiana University hosted the **2nd Annual Women's Basketball Game for PanCAN** on February 11 in Hammond. Coach Lori Davis Jones and her husband Brad were shocked to find that Brad's aunt, Bobbye

The campaign goal was to string purple ribbons across the ceiling of the entire school, and with the help

Sloan, was diagnosed with the disease in 2004. Sloan, the wife of Utah Jazz head coach Jerry Sloan, passed away in June 2004. PanCAN shared the spotlight with the Mary Bird Perkins Cancer Center, and volunteers helped to collect donations and raise awareness for pancreatic cancer. Volunteers on hand included new Team Hope Coordinator Pauline Bowlin of Team Hope Louisiana – Northwest, Richard Purdy, Emma Purdy, Bobbie Boykin, and SLU student Melissa LaPluma.

MINNESOTA



Team Hope Minnesota – Minneapolis hosted the dress rehearsal of a holiday play for children,

A Winnie-the-Pooh Christmas Tail, on November 10. Partnering with Stages Theatre, we raised \$5,000 through ticket and refreshment sales, and a boutique of trendy jewelry, which was donated. It was a great way to also kick off the season of giving as any unsold tickets were donated to two local children's charities.

MARYLAND/DELAWARE



Team Hope Maryland – Northeast, with the support of Team Hope Delaware, held the **2nd**

Annual "Jacquelyn Mordenti Lauer People and Pooches for PanCAN" walk on the Wilmington Delaware Riverfront on October 22. It was a rainy and blustery day but participants were more than willing to brave the weather in support of the cause. Approximately 65 walkers attended and 15 virtual walkers from across the country registered to walk in their home communities on the day of the event. Highlights of the day included a DJ, slide show, raffle prizes and the ever popular doggie costume contest. This year the event was blessed by having three survivors in attendance who acted as the official judges

Continues on Next Page

Team Hope Awareness Events

Continued from page 12

for the doggie costume contest. Over \$12,800 was raised.

MARYLAND

Friends of Phillip Katz held a benefit dinner and auction on November 29 in his honor. Through the generosity of the 125 attendees and friends of Phillip, the event held at the Caves Valley Golf Club in Owings Mills raised over \$18,700.

MASSACHUSETTS



On February 18th at the Moonlight Café in Ludlow, the **Chili for Charity** fundraiser raised over \$3,000. There were 17 crock pots of chili donated, and the raffle prize table

was overflowing with 70 items that had been donated by local businesses, friends, and relatives.

NATIONAL CAPITAL AREA



Eighteen volunteers from Team Hope National Capital Area helped provide information about PanCAN, its programs, and pancreatic cancer to those who

attended the **NBC4 Health & Fitness Expo** in Washington, DC on January 14-15. This is the largest health information fair open to the public in the nation's capital, and was attended by well over 70,000 people.

NEW YORK

Olivia (age 9) and Gregory (age 8) DeMeo of Holtsville organized their **2nd Annual Haunted Trail** on Halloween, raising \$225. This fundraiser was held in their own back yard in honor of their grandfather, Vincent D'Adamo, who died of pancreatic cancer in 2004.

The **Reader's Digest Global Information Technology Department**, based in Pleasantville, NY, spearheaded a raffle during the December holidays, raising \$1,732.

NORTH CAROLINA

Chelsea Moody, a senior at a local high school, spearheaded her **2nd Annual Letter Writing Fundraising**

Drive, raising \$1,916 - more than double last year's drive. Chelsea's efforts are in honor of her grandmother, a pancreatic cancer survivor.

PENNSYLVANIA

The Nursing Club at Bucks County Community College in Newton, sold purple candles in the month of November in support of Pancreatic Cancer Awareness Month, raising \$250.

VIRGINIA

The Student Council from St. Agnes Catholic School in Arlington held a bake sale and proudly raised \$228.

The **1st Annual Mark Bleiweis Memorial "3 on 3 Basketball Tournament"** was held in McLean on December 3-4, to honor Mark's contribution as a coach to McLean Youth Basketball. With over 100 teams, the event was truly a community effort where coaches from other McLean Youth sports volunteered in addition to the Langley High School girls Varsity team. Former Washington Wizards Basketball Star Gheorghe Muresan, who stands 7'7", made a special appearance at all three gyms where the tournament took place. The tournament raised \$2,900.

WISCONSIN



On February 26, Team Hope Wisconsin - Southeast's **3rd Annual Walk for a Cure** indoor fun walk took place at Southridge Mall in Greendale. Over

600 people attended, including 8 survivors - double the number of survivors in attendance in previous years. Walkers enjoyed shopping at the silent auction, which raised nearly \$5,000 of the total of more than \$50,000 raised at the event. Thanks to Team Hope Illinois-North for setting up a PanCAN Store at the event and to Team Hope Wisconsin-Northwest for hosting a virtual walker event in Rice Lake, Wisconsin. A special THANK YOU to the attendees, volunteers and sponsors who make this event possible - You are making a difference! Save the date for next year's event: February 25, 2007.

Simple Event Suggestion

Tell your story online while raising awareness and funds by creating a personal fundraising page at www.firstgiving.com/teamhope.

Sisters **Sue Frost** and **Anne Mitchell** of Phoenix, Arizona and Pleasanton, California participated in the **Freescale Austin Marathon** in February in loving memory of their father. They raised \$6,800 through their personal fundraising page. www.firstgiving.com/anneand-sue.

Allison Hartstone of Englewood Cliffs, New Jersey recently held a **Non-Event** and raised funds online through a personal web page in support of her father-in-law, who is currently battling pancreatic cancer. Alison saved the time and expenses required to hold an event and focused her energy on sending email appeals to friends and family. She raised \$7,796 through her efforts. www.firstgiving.com/hartstone.

Donna Fried of Knoxville, TN ran the **New Las Vegas Marathon** in her mother's memory and raised \$1,512. She gave her page a title: Every Step Counts. www.firstgiving.com/donnasmarathon

To create a personal fundraising page for PanCAN, log on to www.firstgiving.com/teamhope. Contact PanCAN's Team Hope staff at volunteer@pancan.org or 877-272-6226 for help in getting started.

This Mother's Day, Share Love by the Dozen



There's nothing like a Mother's love. Perhaps that is what makes Mother's Day the holiday with the high-

est sales for flowers. This Mother's Day, give Mom the gift that gives twice... flowers from pancan.flowerpetal.com.

When you link to flowerpetal.com from PanCAN's website to purchase flowers and gift baskets, you receive delivery at no additional charge and 12% of the proceeds are donated to PanCAN. If ten percent of everyone receiving this newsletter purchased a dozen roses for \$64.99, that would result in an almost \$50,000 donation to PanCAN! Show Mom how special she is this Mother's Day while supporting PanCAN at the same time.

PanCAN participates in many donation programs, so we encourage you to shop with a purpose. Some of the programs include Amazon.com (4-10%), ShopforCharityDay.com (2-50%), CardsWithAHeart/elvite.com (10%) and MissionFish.org/E-Bay (seller determines %). For more information on these and other ways to support PanCAN, log onto our website at www.pancan.org/donate/ other. You must go through PanCAN's website in order for the donation to occur. Thank you for making a difference in the pancreatic cancer community. Happy shopping!

How You Can Help

Through the kindness and generosity of our donors, PanCAN is working to provide hope to pancreatic cancer patients and their families.

PanCAN offers many ways to give. Take part in one of our local Team Hope events; attend our annual gala, *An Evening with the Stars*; or donate by check or credit card online or by phone or mail. Make a gift of securities, such as appreciated stock; give at the workplace, through the United Way or the Combined Federal Campaign; or donate your car or frequent flyer miles. Leave a legacy gift to PanCAN by including us in your estate plans. For example, you can name us as a beneficiary of your Will or Living Trust, Insurance Policy or Retirement Plan. You can even underwrite one of PanCAN's advocacy, awareness and research initiatives through our special gift program. Or, if you own or run a

business, you can partner with PanCAN through our cause-related marketing program.

However you choose to give, each dollar you contribute brings us one step closer to our vision of a world without pancreatic cancer. And you can be sure that we are investing these dollars wisely. Eighty-six percent of every dollar donated to PanCAN goes directly to programs and research. For this reason, Charity Navigator, an organization that analyzes the financial health and efficiency of more than 2,600 charities, has given PanCAN its highest rating of four stars.

To find out which gift option is best for you, please call PanCAN toll free at 877-272-6226 or visit our website at www.pancan.org. For questions about legacy gifts and special gifts, please contact the Director of Development, Ned Anthony, at 877-272-6226 or via email at nanthony@pancan.org.

New PanCAN Merchandise

The PanCAN Store has five new items for your shopping pleasure - two key chains, a fleece blanket, an umbrella and a chunky Swarovski crystal bracelet. Additional new items are coming soon, including a PanCAN license plate frame, candle, purple ribbon socks and more. Some old favorites have been marked down to make room for the new items. Visit the store today at www.pancan.org/store. If you would like to share item suggestions for the PanCAN store, please email Susan Dennis at sdennis@pancan.org.



Sparkly purple awareness ribbon key chain



Daisy floral purple awareness ribbon key chain



Chunky Swarovski crystal and silver bracelet



PanCAN fleece blanket



PanCAN umbrella

Ralph Lauren Benefit for PanCAN

Shop at Ralph Lauren Beverly Hills from 6 to 8 pm on May 2, 2006 and benefit PanCAN. A portion of the sales during this special shopping event will be donated to PanCAN.

Ralph Lauren Beverly Hills

444 N. Rodeo Drive, Beverly Hills, CA 90210

May 2, 2006 6:00 to 8:00 pm

For more details, please contact Al James at 877-272-6226 or ajames@pancan.org.



PANCREATIC CANCER INFORMATION



National Headquarters:
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El Segundo, CA 90245
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Fax: (310) 725-0029
www.pancan.org

To remove your name from future mailings, or make changes to your contact information, please cut and paste your address label from below and return it to:

Mailing List, PanCAN, 2141 Rosecrans Avenue, Suite 7000, El Segundo, CA, 90245.
We appreciate your help!

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CALL PALS 877.272.6226

Calendar

Start Date	Event Name	City	State	Contact
4/7/06	Pancreatic Cancer Symposium - Chicago	Chicago	Illinois	Michelle Duff at mduff@pancan.org
4/8/06	2nd Annual Melissa Yazman Memorial Benefit Ride	North Little Rock	Arkansas	Larry Beck at (501) 676-1325
4/23/06	Bowling for a Cure	Warren	Ohio	Janice Cicero at cabinoff7@aol.com
4/23/06	Pedaling for Pat and Aunt Mary Helen Bike Ride	Washington	DC	Dana Thompson at dthompson@friend.ly.net
4/25/06	One Voice Against Cancer (OVAC) Lobby Days	Washington	DC	Rita Anne DeSouza at rdesouza@pancan.org
4/30/06	A Walk in the Woods for Andy, Liz and Luke	Hopkinton	Massachusetts	Christina Coffey at coffeeycoursen@comcast.net
5/2/06	Ralph Lauren Beverly Hills Benefit for PanCAN	Beverly Hills	California	Al James at ajames@pancan.org
5/3/06	Association of Oncology Social Work (AOSW) Annual Meeting	Minneapolis	Minnesota	Michelle Duff at mduff@pancan.org
5/3/06	Oncology Nursing Society (ONS) Annual Congress	Boston	Massachusetts	Michelle Duff at mduff@pancan.org
5/14/06	Trails to a Cure - 8 Mile Run/3 mile Walk	Chester	Connecticut	Stephen Hancock at stephen82941@sbcglobal.net
5/20/06	Abelon Memorial Walk	East Hartford	Connecticut	Jennifer Dempsey at dempsey.jl@easthartford.org
6/2/06	4th Annual Rod Rogers Memorial Golf Tournament	Kansas City	Kansas	Jennifer Vogel at jvogel@pancan.org
6/2/06	American Society of Clinical Oncology (ASCO) Annual Meeting	Atlanta	Georgia	Michelle Duff at mduff@pancan.org
6/3/06	5K Walk with the Dogs	Nashville	Illinois	Christi Merritt at Rcmerr78@aol.com
6/3/06	2nd Annual Elizabeth I. Negos Walk for Hope	Bonita	California	Lily Villaverde at lvillaverde@pancan.org
6/9/06	Joe's Jacksonville Jamboree	Jacksonville	Alabama	Joe Donahue at soajoe@bellsouth.net
6/13/06	Ride Across America 2006	Oceanside, CA to	Atlantic City, NJ	David Kiser at team4gone@sbcglobal.net
6/17/06	2nd Annual Fish for a Cure	Lake Forest	Illinois	Sara Mahler at gwminc@comcast.net
6/17/06	Pancreatic Cancer Symposium - New York	New York	New York	Michelle Duff at mduff@pancan.org
6/19/06	The Bill Anderson Charity Golf Classic	St. Paul	Minnesota	Lynne Berg at lberg@midwestsignandscreen.com
6/22/06	The 4th Annual Tom Gorman Memorial Golf Outing	Mechanicville	New York	Pam Lopez or Glen Babineau at Rensselaer Honda
6/24/06	Fishing for Hope Rodger L. Rickenbrode Memorial	Belmar	New Jersey	Chris Rickenbrode: reservation@fishingforhope.com
6/24/06	5th Annual Race to Make a Difference	Westlake	Ohio	Teresa Combs at tcombs@pancan.org
6/24/06	Pedaling the C & O Canal for PanCAN		Maryland	Mike Thron at mike@mdangler.net
6/24/06	2nd Annual PanCAN Summer Jam	Madison	Connecticut	Maureen Lewis @ volunteerc@pancan.org
7/15/06	2nd Annual Gene Thieme & Ron Gutmann Bowl	Leo	Indiana	Aubrey Burns at alburns@indiana.edu
8/6/06	4th Annual Walk to Make a Difference	Evanston	Illinois	Valerie Powley at vpowley@pancan.org