

WORKING TOGETHER FOR A CURE



OUTREACH

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A Publication of the Pancreatic Cancer Action Network



Rachel Florian and Marlene Webster, members of the TeamHOPE Marathon Team, proudly wear medals they earned by finishing the ING Miami Half-Marathon in January.



Chairman of the Board's Message

Dear PanCAN Friends:

It has been a busy and exciting time since I began my term as Chairman of the Board this past November. In February, I was thrilled that PanCAN hosted our first annual educational patient symposium in my hometown, Tampa, Florida. We now look forward to three more symposia in the coming year in Chicago, New York and Los Angeles.

Due to your support, a very successful gala this past November, growth of our community outreach efforts, and the success of our Fall Campaign, PanCAN recently announced that we will be funding two Pilot Grants this year in addition to seven Career Development Award Grants. Providing Pilot Grants was a recommendation that came out of a meeting of our Board of Directors, Scientific Advisory Board and Medical Advisory Board in March 2006. The Pilot Grants will provide seed money for innovative research that might otherwise have trouble receiving funding. The announcement of our Pilot Grant Program and the fact that we are funding seven Career Development Awards this year could not come at a better time due to the stagnant federal funding for all cancer research in our country right now. Private money has to step in and try to fill some of these gaps, and PanCAN is proud to be able to step up to the plate.

Again, with the current state of federal cancer research funding, the dates of our first annual PanCAN Lobby Days in Washington DC on April 22nd-24th is also good timing. PanCAN's Lobby Days will give our community the opportunity to educate Members of Congress about pancreatic cancer and why cancer research funding should be a national priority. The Lobby Days are important to start the training of our community to become advocates so we can continue to push for federal research funding all year long.

The next few months are a busy time for all of our TeamHOPE volunteers around the country who are helping PanCAN host events and educate their communities about pancreatic cancer. To find a TeamHOPE affiliate, or event near you, please visit our website at www.pancan.org or call our office at (877) 272-6226 to see how you can be involved.

As always, we are grateful for your support and appreciate your enthusiasm for creating positive change in the pancreatic cancer community.

Best wishes,

Jason Kuhn
Chairman of the Board

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Translational Research: From Bench to Bedside

On page 4, please find a glossary of terms as found in this article.

SPORES, Specialized Programs of Research Excellence, are translational research programs established by the National Cancer Institute (NCI). There are three pancreatic cancer SPORES that play an important role in advancing the science for pancreatic cancer. With current cuts in federal funding, the pancreatic cancer SPORES are at risk of being cut. PanCAN wants to explain why it is important to keep this program alive for our community.

The SPORES were originally established in 1992 by the NCI in response to a Congressional mandate to take basic scientific discoveries into clinical application. This is referred to as translational research – taking basic science like studying a cell and integrating laboratory and clinical investigations so that the output is something that can be used in patients. This is where the term “Bench to Bedside” comes from. Besides an emphasis in translational research, the SPORE program also has a heavy emphasis on collaboration including collaboration within the funded institution, among academic medical centers, with current NCI programs and with public-private partnerships. A unique and special quality of the program is the inclusion of patient advocates at the local and national levels.

What are the major components of a SPORE program?

- Translational Research Projects (minimum of four projects)
- Specialized Cores (Specimen Core required)
- Research and Career Development Programs
- Basic Science and Clinical Co-Leaders
- Research must lead to a Human Endpoint within five years

The NCI program opened with 20 SPORES in 1992/1993 (breast cancer, prostate cancer, lung cancer and gastrointestinal cancer were funded) and while it expanded incrementally year over year, it was not until 1999 that 10 additional disease sites were added. Then, from 2000 – 2004 the program grew dramatically. At its height in 2004, there were 61 SPORES crossing 14 disease sites with a total budget of \$135 million.

The pancreatic cancer SPORE program was initiated in the year 2002 and three SPORES have been awarded. Those three original SPORES were at MD Anderson, Houston, TX; the Mayo Clinic, Rochester, MN; and University of Alabama, Birmingham, AL (UAB).

What are the goals of the Pancreatic Cancer SPORES?

The ultimate goal of these SPORES is to reduce the pancreatic cancer incidence, morbidity, and mortality. To accomplish this, it will be necessary to assemble a critical mass of laboratory and clinical scientists who will work together and then translate the findings to innovative research with patients. Specific objectives for SPORES in pancreatic cancer are to:

- 1) build the capacity for translational research in pancreatic cancer across disciplines;
- 2) establish consortia to ensure appropriate access to pancreatic cancer patients and tumor tissues and promote the development of pancreatic cancer family registries;
- 3) expand the research foundation in pancreatic cancer via development and improvement of animal and in vitro model systems that can be translated into human disease applications;
- 4) foster collaborations between basic and clinical or applied research scientists;
- 5) provide career development opportunities in translational pancreatic cancer research for both junior investigators and established scientists wishing to refocus their careers; and
- 6) develop extended collaborations in critical areas of research need with laboratory, clinical, and population scientists in the parent and other institutions.

Why are the SPORE programs important for pancreatic cancer research? And why is this important to me?

1. SPORES provide funding to study research that takes discoveries more quickly from the laboratory to pancreatic cancer patients.

The entire NCI pancreatic cancer portfolio (federal dollars) is only \$66.7 million – that includes all grants with a 25% and above focus in pancreatic cancer. SPORE grants in pancreatic cancer have a 100% focus on pancreatic cancer – there are few other funding mechanisms that offer this specialized focus for our cancer.

2. SPORES are one of the only mechanisms which offer the building and development of the infrastructure needed to move research to the next level. The development of biospecimen repositories is an important part of this strategy. The SPORE programs call for the development of “Specimen Cores” or biospecimen repositories at the initial phase. Biospecimen repositories contain human pancreatic cancer tissue which is vital for conducting research. Currently, Mayo Clinic, MD Anderson, and UAB all have annotated pancreatic cancer biorepositories. If the SPORES are not renewed (or if they are not funded in the future), we do not know what will happen to the collections or the research that was initiated because of this precious and limited resource.
3. The SPORE programs require/demand that each SPORE has a mentorship program for new investigators. In 2005, no NCI grants in the “K” category, the only other grant program for young investigators, were made to pancreatic cancer researchers. Today, only the SPORE program and PanCAN’s Career Development Award program offer a place to invest in the “future” of pancreatic cancer research.

Most importantly, pancreatic cancer is finally starting to gain momentum. In the past seven years, we have started to see a shift - there are more investigators interested in the disease, there are more clinical trials being conducted, and there are more dollars allocated to pancreatic cancer research. Now, is not the time to stop the research momentum for a disease that was starting behind the start line to begin with. Now, is the time to fight for the progress we have gained in the past seven years and continue to expand programs in pancreatic cancer research.

What can you do?

You can join with PanCAN in letting your members of Congress know that the SPORE program is essential for the success of pancreatic cancer research. Ask them to protect this special program.

A report on translational research will be published in June outlining new programs and new opportunities for translational research – we

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Researchers – PanCAN Announces New Pilot Grant Program!

The Pancreatic Cancer Action Network announces the launch of the Pilot Grant Awards Program. The goal of the Pilot Grant Program is to support innovative research in pancreatic cancer. This research may be basic, translational, or clinical in nature. Particular consideration will be given to projects that are innovative, non-duplicative of other efforts and have the potential for national application. Applications were due April 2, 2007. Look at the website, www.pancan.org, and/or the next issue of the newsletter for more information about the program and, very soon, for information about the grantees who will be recipients of this new award.

Translational Research: From Bench to Bedside cont.

eagerly await that publication. However, it is likely that those recommendations will not be funded and/or implemented until 2008 or possibly even 2009. Until we have another viable solution,

we want to ensure that this unique and special program continues. We cannot afford to put this research on hold for one or two years. **FUND THE SPORE program!**

Go to: www.pancan.org to learn more about writing your members of Congress about funding for cancer research.

GLOSSARY

SPORES: Specialized Programs of Research Excellence

NCI: The National Cancer Institute is the federal agency that funds cancer research in this country.

NIH: The National Cancer Institute is one of many agencies under the National Institute of Health.

Shared or Specialized Cores: Each SPORE must have a dedicated component for collecting and distributing human pancreatic cancer tissue (biospecimen repositories). The tissues may be frozen or archived paraffin blocks, slides, or fluids such as serum, plasma, urine, or sputum samples. This should be a true tissue resource – or integrated and coordinated consortium of resources across multiple institutions - that can be used to generate and test translational hypotheses, rather than a small collection of heterogeneous samples. The tissue core should also include the essential pathological, clinical and family history information needed for conducting a wide range of translational pancreatic cancer research. Appropriate informatics capability for tracking, as well as linkage to clinical and follow-up data sets, should be demonstrated.

Biospecimen Repositories: Biospecimens are biological materials (such as tissue, blood, plasma, and urine) and their derivatives (such as DNA, RNA and protein) that can be used for diagnosis and basic research. When cancer patients undergo procedures such as biopsies

or surgery in which malignant tissue is removed for diagnostic or therapeutic purposes, it is often possible for a small amount of the excised specimen to be stored and later used for research. Many patients have given consent for their biospecimens to be applied to research, in the hope that the resulting knowledge might help other patients in future years. It is important to note that such biospecimens are being collected for research purposes, not for use in transplantation or other medical products.

Why are biorepositories important?

Biorepositories are “libraries” in which biospecimens are stored, either for clinical or research purposes. These biospecimens are frequently annotated with information such as demographic or clinical data about the patient from whom the biospecimen was taken. Biorepositories are critical to enabling modern molecular-based research (including genomics, proteomics, molecular imaging, etc.) that will drive the development of a new generation of targeted diagnostics and therapies (i.e., personalized medicine) to improve clinical outcomes for patients.

How are biospecimens used in research?

Following the mapping of the Human Genome in 2000, biological research has moved into what is called the “genomic age.” This designation refers to the ability of scientists to study disease at the most basic “molecular” level, by identifying genes and their function, and understanding the role genetics plays in the origin and progression of disease. Other emerging fields of study include proteomics

– the study of the full set of proteins encoded by the genome – and pharmacogenomics, which seeks to link the human genome to variation in patient response to pharmaceuticals.

In addition to molecular information, scientists are also analyzing a vast amount of clinical information from patient records and clinical trials. From this data, it is possible to identify patterns that provide a pathway to understanding disease sub-types, and potential strategies for diagnosing and treating disease in new and more effective ways.

Human biospecimens can provide a bridge between emerging molecular information and clinical information, by enabling researchers to study the molecular characteristics of actual human disease, and then correlating those patterns with what is known about the clinical progression of the disease. Specifically, human biospecimens can be used to:

- Identify and validate drug targets (such as specific genes or gene products).
- Identify disease mechanisms.
- Develop screening tests for “biomarkers” associated with certain sub-types of a disease.
- Group patients based on their genetic characteristics and likelihood of positive response, for testing of new drugs.
- Group patients based on the “biomarkers” of their disease to determine which treatment is appropriate.

Update: Mayo Clinic SPORE in Pancreatic Cancer

An example of one of the pancreatic cancer SPORES at work is at Mayo Clinic. SPORE investigators at Mayo Clinic constitute a multidisciplinary and multi-campus program to understand, diagnose, and treat pancreatic cancer. The SPORE has facilitated assembly of an infrastructure that promotes discovery, enabling more rapid translation from the laboratory to the patient. The Mayo Clinic SPORE supports four full translational research projects that have focused on understanding the causes of pancreatic cancer and how the tumor develops in the pancreas.

One of the major impediments to research in pancreatic cancer has been the very nature of the disease itself. Pancreatic cancer human tissue is very important for studying the disease and

looking at comparative data to see treatment and population trends. However, obtaining and storing tissue is not done in a systematic way across institutions, tissue banks are expensive, and many times tissue is not taken at all. The Mayo SPORE supports a state-of-the-art patient and tissue registry in pancreatic cancer so that scientists and clinical investigators can now design and execute studies based on patient data. Patients who visit Mayo Clinic at any of its three campuses (Rochester, MN; Jacksonville, FL; or Scottsdale, AZ) are in most cases providing pre-treatment blood samples for a variety of different types of research studies and are asked to complete a survey. If they do receive surgery, their waste tissue samples are snap frozen and paraffin preserved tissues are retrievable for

research. A highly sophisticated database enables tracking from patient recruitment to follow-up, and is linked back to their tissue sample. To date, 1,977 patients have agreed to participate, including 1,260 with adenocarcinoma of the pancreas, the most common form of pancreatic cancer. This type of tissue registry will dramatically improve the quality of and types of studies that can be done, and provides a much more representative scope of patient tissue to explore the implications of any basic discovery.

As the Mayo SPORE demonstrates, the SPORE program is important to advancing the science in pancreatic cancer and we need to work hard to fight for this important program.

PanCAN's Advocacy Program

Get Involved! Stay Involved!

We know we need more basic and translational pancreatic cancer research so that we can find a cure, better treatments, and early detection tools, but how do we get it? It takes people raising their voice about the need for research and particularly making sure that they are heard by the people responsible for deciding how much the federal government will invest... Congress. You have a critical role in letting them know how pancreatic cancer should be reflected in their priorities. Speaking out to these government officials is advocacy. Anyone who engages in advocacy activities is a PanCAN advocate.

PanCAN is currently seeking individuals who are interested in helping us coordinate our advocacy efforts at the local TeamHOPE Affiliate level. At press time, the following individuals had agreed to fill the Advocacy Coordinator role. Our goal is to have an Advocacy Coordinator in every affiliate across the country. Please contact PanCAN if you

do not see your affiliate listed and you would be interested in this position.

- Carol Ferguson, Florida-Tampa Affiliate
- Christina Jagielski, Georgia-Atlanta Affiliate
- Becky Bultemeier, Illinois-Central Affiliate
- Betsy Kunkle, Maine Affiliate
- Christina Davis, Maryland-Baltimore Affiliate
- Tammy Murphy, Massachusetts-West Affiliate
- Gwendolyn Davis and Amanda Stein, Michigan-Detroit Affiliate
- Maris Berg, Missouri-St. Louis Affiliate
- Debbie Gallucci, New Jersey Affiliate
- Melissa Brink, NY Capital District Affiliate
- Paula Tobias, Ohio-Cleveland Affiliate
- Amy Crim, Ohio-Columbus Affiliate

- Nanette Jaeger, Oregon-Portland Affiliate
- Jutta Stallman, Pennsylvania-Harrisburg Affiliate
- Julia Cerzosimo, Pennsylvania-Philadelphia Affiliate
- Jan Bernasconi, Vermont Affiliate
- Tara Carolfi, Wisconsin-Madison Affiliate

Whether you are an advocate or an Advocacy Coordinator, you do not need to worry about being an expert in research funding issues. You just need to be passionate about the need for more pancreatic cancer funding. We hope to have new people to welcome to the Advocacy Coordinator position in July's newsletter.

We hope that you will consider being an advocate or even an Advocacy Coordinator for PanCAN. Further, we hope that many of you are planning to join us in the first ever Pancreatic Cancer Lobby Day on April 22-24 in Washington, D.C. It will be a truly amazing and inspirational event.

One person can make a difference through advocacy

By Paula Tobias, TeamHOPE Ohio-Cleveland Advocacy Coordinator



Paula Tobias

Five years ago my husband was diagnosed with pancreatic cancer and it changed my life.

Thankfully, my hand was one of the lucky ones and just passed his five-year survival mark in February 2007. But the fear of this disease is never gone.

I am grateful that we beat the odds. My career has been crunching numbers and working with

statistics; knowing the survival rate scared me into becoming involved in raising awareness of this terrible disease through advocacy.

Since my husband's diagnosis, we have met and have been touched by many families and pancreatic cancer patients who have not won the fight as we did. Through advocacy, I have been able to be the voice for those who are no longer here to fight for the research dollars pancreatic cancer deserves.

Through my work with PanCAN, I have had the opportunity to speak with my Members of Congress and their staff about increasing funding for cancer research. While this may be daunting to some people, it should not be! Remember it is an elected official's job to represent their constituents and listen to what the people they represent have to say. While it took some persistence to arrange meetings with my Congressional Members in their local offices, once I arrived they were very nice, welcoming, and listened. In my experience, I have found that most Members of Congress have been touched by cancer in some way so they were interested in listening to me.

I also participated in the One Voice Against Cancer (OVAC) Lobby Day last spring. It was very moving to hear advocates representing all forms of cancer from across the country tell their stories to our government leaders in Washington, D.C. I hope that many of you are planning to be at PanCAN's Lobby Day in April.

I urge everyone to be an advocate for pancreatic cancer research funding in some way. By joining together as individuals, we can raise our collective voice. It is our tax money the federal government is budgeting and we must hold them accountable to fight for our loved ones and fund the war on cancer.

If I bring attention and awareness to just one more person through advocacy, I feel I have done my job. The key is to keep talking about pancreatic cancer to everyone and anyone. When I go to races, golf outings, church functions, social gatherings, and meetings with elected officials, I tell my story. PanCAN makes it easy to do these types of activities and is happy to help provide advice and guidance.

One voice can make a difference.

TeamHOPE

PanCAN TeamHOPE 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 events or volunteer opportunities, please contact us at volunteer@pancan.org or call us toll-free at (877) 272-6226.

PanCAN welcomes our newest TeamHOPE Coordinators!

Stacey Macaudda and Jennifer Meaney, *TeamHOPE Massachusetts – Boston*

Sharon Lukas and Gael Sandoval, *TeamHOPE Michigan – Detroit*

Anne Travisano, *TeamHOPE New Jersey*

Linda Eisenberg, *TeamHOPE New York – Albany*

Lindsay Redmond, *TeamHOPE New York – Manhattan*

Sue Ann Pieri, *TeamHOPE Texas – Houston*

Ron Russotti, *TeamHOPE Vermont*

Kylee Carolfi, *TeamHOPE Wisconsin – Madison*

Expanding the Pancreatic Cancer Action Network Through TeamHOPE

TeamHOPE, the Pancreatic Cancer Action Network's volunteer program, is working to strengthen and expand its reach in cities across the country. TeamHOPE Affiliates, run entirely by volunteers, work tirelessly to promote awareness of pancreatic cancer and educate the public. Affiliate members plan and host events ranging from fund-raising walks to pancake breakfasts while raising funds and much-needed community awareness. Along with raising funds and awareness, TeamHOPE works to increase federal funding for pancreatic cancer research. With guidance from PanCAN's government affairs staff, TeamHOPE volunteers have written to their elected representatives and arranged meetings in home districts to make their officials understand the importance of this funding. In short, TeamHOPE Affiliates represent PanCAN in their respective communities, reach out to elected officials, healthcare professionals and the public, and raise funds through community events.

Experience shows that organizations with well-established structures are better able to stand the test of time and serve their communities for the long-term. To that end, PanCAN has been working to solidify the structure of individual affiliates, providing resources for volunteers and ensuring a long life for each location. But to power each of these affiliates, it takes committed volunteers, who are passionate about finding a cure for pancreatic cancer and want to get involved. Affiliates have a number of roles, each fulfilling a particular function of TeamHOPE's mission. The different roles also allow individuals to pick and choose what they would like to work on and prevent any one person from being overburdened with them all.

The leader of each Affiliate is the TeamHOPE Affiliate Coordinator. Working with staff in the PanCAN office, the Affiliate Coordinator oversees the work of the Affiliate and makes sure other volunteers have what they need to do their part. An Education & Outreach Coordinator works with volunteers in the affiliate to distribute PanCAN and PALS materials to healthcare professionals and the public, represents PanCAN at community events and builds relationships with other organizations in the area to expand PanCAN's reach. The affiliate's Advocacy Coordinator works to translate PanCAN's national strategy for increasing federal research funding into local action, organizing visits to elected officials, educating and inviting them to attend PanCAN events. This role will be particularly important as we launch our own Pancreatic Cancer Lobby Day this spring and expand our advocacy efforts.

Beyond these core roles, each TeamHOPE Affiliate aims to have a Media Representative, a volunteer whose sole responsibility is to work with local media to raise awareness and garner public attention for the pancreatic cancer community. Affiliates can also have Event Coordinators, who lead particular fund-raising or awareness events in the community.

TeamHOPE volunteers are an integral part of PanCAN's strategy to spread the message of hope. When working within the structure of affiliates, each individual's energy is focused into a collective force to be reckoned with.

To find the TeamHOPE Affiliate nearest you and how you can get involved, please visit www.pancan.org and click on Volunteer Efforts. We are confident that with the support of our amazing volunteers, we will soon have TeamHOPE Affiliates in most major cities, reaching more and more patients every day.

Volunteer Spotlight



Kathy and her sister, Sharon

When Sharon Rouse passed away in July of 2005, Sharon's sister, Kathy Cooper, promised that she would not sit back and watch. She promised to join the fight against pancreatic cancer, holding fund-raisers every year to support the work of PanCAN. She has made good on her promise, hosting bake and craft sales at work, and this year's event will be a pancake lunch. The

lunch will be held at her workplace, the Rose-Hulman Institute of Technology, where sixty employees have already signed up and others unable to attend have given generously to support the event. Out of a group of 500 employees, three others have been diagnosed with pancreatic cancer in the past three months and are united in their fight. Kathy writes, "The more we give of ourselves the more people will be helped... and our best friends and our sisters will be with us longer." Kathy's co-workers sent a letter to PanCAN praising her for giving of herself and spreading hope to others, all while working through her own grief over her sister. [photo]

It is through committed individuals like Kathy that the Pancreatic Cancer Action Network reaches the public. Their stories, their fight, are what fuels the movement to create change. We are grateful to them for dedicating themselves to this cause, and applaud them, like you, for working to make a difference for patients.

The TeamHOPE Marathon Team in Miami

On January 28th, members of PanCAN's TeamHOPE Marathon Team ran in the ING Miami Marathon. Twenty-five ran the half-marathon and three ran the marathon, so far raising nearly \$70,000. These twenty-eight men and women from across the United States had trained for months in preparation for the event all while raising an average of \$2500 each. For many, it was the first endurance event they had ever participated in.

Once the runners and their families arrived in sunny Miami, they gathered to share experiences and meet the rest of the team at a pre-race pasta dinner. One of the highlights of the weekend was being able to tell their

stories about what brought them to PanCAN and what motivated them to take on the challenge of the event.

On race day, the runners gathered at the start line in the early dawn hours and we are proud to say that every single runner finished their race. Winning and losing were secondary to the accomplishment of having trained for and competed in this phenomenal challenge. The day was a celebration of the runners' achievements and the people honored. The tenacity of these runners was symbolic of the Pancreatic Cancer Action Network and its supporters, as they took action and spread awareness.



All photos provided by Bob Gordon



TeamHOPE Marathon Team Goes International!

The next city on the Marathon Team calendar is Montreal, Canada. On September 9th, our team will participate in its first event outside of the United States. The Montreal International Marathon is part of the Festival de la Santé Oasis, an annual event since 1991 to encourage Quebecers to improve their physical fitness. A myriad of other activities take place throughout the weekend, making this event fun for the whole family. This race is a wonderful opportunity to support PanCAN while exploring this cosmopolitan city. To learn more about how to become a member of the PanCAN TeamHOPE Marathon Team, please contact John O'Hara at johara@pancan.org.

TeamHOPE Events

Arizona



In its fourth year, the **Seena Magowitz Golf Classic** continued its tradition as one of the largest events in the

nation benefiting PanCAN. Golfers from around the country gladly braved the chilly morning air in Phoenix to enjoy some friendly competition on a beautiful course. Spearheaded by Roger Magowitz and the Seena Magowitz Foundation, the event has grown substantially, with a record crowd and generous sponsorships raising almost \$90,000 for PanCAN.

California



On January 22, Tyler Gastwirth of Oak Park completed a very special mitzvah project by holding a **fund-raising event** at

BJ's Restaurant to honor the memory of his grandfather. BJ's generously donated 15% of meal purchases for that day to PanCAN. The event successfully raised over \$1,500, including donations made online through Tyler's website.



Members of the Bay Area TeamHOPE Affiliate walked in the **Kaiser Run Walk Thrive** event

on February 4, raising almost \$25,000. The walkers met bright and early at the starting line and donned purple PanCAN t-shirts before starting the 5K walk through Golden Gate Park. Nearly 10,000 people attended the event, and the TeamHOPE walk team boasted 35 members. Michelle Monhart, TeamHOPE Affiliate Coordinator, organized the team and thanks everyone who participated.

Sheryl and Bud Hyler generously hosted **A Special Reception in Memory of Larry Kwicinski**, where guests enjoyed a lovely afternoon and special performance by Adriana Kwicinski in honor of her father. The reception raised over \$20,000 for PanCAN, and the Kwicinskis followed it with a similar event in Toronto, Canada.

Colorado

Carol Herold of Keenesburg ran a **holiday**

gift wrapping service to benefit PanCAN in December. Carol and her team spread holiday cheer and raised over \$750.

Connecticut

Riders in the **1st Annual Poker Run in Memory of Richard Donston** roared through Litchfield Hills on September 10 and raised almost \$2,000.

Delaware

Young Morgan Kaplan of Wyoming donated \$550 from her **Bat Mitzvah** in honor of her grandparents Lila and Herb Kaplan, who both passed away from pancreatic cancer.

District of Columbia



Eighteen TeamHOPE volunteers provided information about PanCAN, its programs,

and pancreatic cancer to the over 80,000 people in attendance at the **NBC4 Health & Fitness Expo** in Washington, DC on January 13 and 14. This is the largest health information resource event in the nation's capital that is open to the public.

Florida

Participants in the **Hunter's Ridge Golf and Country Club Outing** raised \$1,700 for PanCAN on November 12.

Georgia

Runners from Georgia participated in the **2nd Annual Triple Lakes Trail Race** on October 7 in North Carolina, raising almost \$10,000 for PanCAN. The 40-mile run and marathon challenged runners of all levels, taking them through some of the most beautiful scenery in the state.

Iowa



After losing her father to pancreatic cancer on July 13, 2005, Jody M o a t s decided to walk across the state of Iowa to raise money and awareness for pancreatic cancer research. She called it **Hike Iowa for Hope** and walked for those who have survived, are living with or who have passed away from this disease. The journey began on September 1 in Sioux City and ended on

September 17 in Dubuque. Jody averaged 15 to 20 miles per day, covering a total of 300 miles, and at the end of the hike, raised close to \$8,000. Along the way she and her team met many who had lost loved ones to pancreatic cancer and were thrilled to have a survivor walk alongside them for a few miles. Jody, her husband Scott and daughter McKenna hope to walk across the state again in 2007.

Louisiana

On December 2 over 200 participants gathered in Lake Charles for the **TeamHOPE Walk in Memory of Wayne Remy**. Walkers and sponsors raised an incredible \$20,000, which have been designated for pancreatic cancer research. Kristi Remy, the event coordinator, is grateful to her community, whose support made the event such a success, and looks forward to another event in 2007.

Maryland

Social Security Administration employees held a **bake sale** on November 2 at the Agency's Baltimore, MD headquarters. They distributed informational pamphlets and purple ribbons for people to wear in honor of loved ones. In addition to selling baked goods, a raffle was held of items donated by Social Security employees. This event was particularly personal to the employees that coordinated the fundraiser: Laura Train lost her sister, grandmother and uncle to pancreatic cancer while Caryn Miles lost her father. The event succeeded in raising awareness and more than \$1,400.

Massachusetts

Greg Shine has arranged for a \$25 **donation to PanCAN for each goal scored by the Berkshire Bruins Pee Wee Hockey team** between December 2006 and March 2007. Already the Bruins have helped raise \$1,450.

Michigan

Participants in the **Pancreatic Cancer Benefit Dance** in Cedar Springs raised over \$3,500 with their event, which included a raffle.

New Jersey

Susan Steinbach ran in the **Atlantic City Marathon** on October 15 in memory of her brother Russell. Not only did Susan raise money and honor her brother, she was the first female runner to cross the finish line and was interviewed by local news media. This afforded Susan a wonderful opportunity to talk about her cause and her brother to her entire community.

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Twelve-year-old Eli Silverstein provided **holiday gift wrapping** at the Barnes & Noble in Edison and collected donations for PanCAN. Over the course of a few days, Eli raised \$518 in memory of his uncle Alan Kersh.

Debbie Gallucci helped organize a **charity shopping day** at Bloomingdale's in Short Hills on December 6. PanCAN supporters were encouraged to shop in the store and online, as 10% of the day's proceeds would be sent to PanCAN.

New York

On Thanksgiving Day TeamHOPE New York-Capital District members represented PanCAN at the annual **Turkey Trot** in Troy. Special thanks to Richard Strohl, who arranged the group's attendance at the event and carried a PanCAN banner the last half-mile of the trot in honor of Jack Madden, who passed away earlier in the year of pancreatic cancer. TeamHOPE was fortunate to have a table stationed right at the start line and raised \$270 while handing out purple ribbons and providing information to 4,000 attendees. Many thanks to the volunteers who gave up part of their holiday to raise awareness.

Runners in the **2nd Annual Gail's Trail Run** donned their gaiters and took to the trail on December 10 to raise nearly \$1,000 for PanCAN. Event organizer Clay Tebbetts is happy to report that Barclay's Capital agreed to match the proceeds from this year's run.

North Dakota

Students at **Steele-Dawson High School** raised almost \$700 in honor of Arlen Rohrich, father of one of the students.

Pennsylvania

On November 19, Domenica Libertella ran in the **Philadelphia Marathon** in honor of her father Vincent, who died of pancreatic cancer. Domenica ran to raise awareness and much-needed funds for research and succeeded, raising over \$2,500.

South Carolina



The Harry L. Anderson Memorial Tournament, held on September 24, filled a golf course with

144 golfers by offering admission of only \$50 per person. Besides the golfers' fees, money was raised through a silent auction, raffles and additional donations for a grand total of \$14,700. Committee Chairperson Aileen Chetti extends her thanks to the event sponsors, participants, and the committee members who worked tirelessly to make the event a success.

Tennessee

On November 15, TeamHOPE Tennessee-Central held its first **Awareness Fair** at La Paz Restaurant in Green Hills. Governor Phil Bredesen, Nashville Mayor Bill Purcell, and Franklin Mayor Tom Miller proclaimed November 15, 2006 Pancreatic Cancer Awareness Day. The proclamations were on display at the event and proved that with the power of a voice we can bring attention to the elected officials of our state. Over delicious food and drinks affiliate volunteers, survivors, family, friends and caregivers brainstormed ideas to raise money and awareness in the community. PanCAN

merchandise giveaways rounded out the night of fun and education. Special thanks to La Paz Restaurant, Lida Burke and all of the TeamHOPE volunteers who made this event successful.

Texas



On November 7, Brandi Monteverde held the **Zsa Zsa's Jewels sale** to benefit PanCAN. The event honored

the memory of Brandi's fashion-loving mother Becky Evetts, who was affectionately known as "Zsa Zsa" to her grandchildren. Each piece of handmade jewelry was marked with a purple crystal ribbon. The event raised \$1,400 and Brandi plans to make it an annual affair.

Utah



The Howard Kadwit Memorial Race Day raised approximately \$18,000 on January 16 in

Deer Valley. Participants skied the Nastar Race Course then enjoyed both live and silent auctions. Approximately 150 people attended the après ski event. The evening was underwritten by Mark Fischer, John Carroll, Ned Brickman and Deer Valley Resort, and generous donations were made by Deer Valley Resort and Frontier Bank. The day was a wonderful tribute to Howard Kadwit, who loved to ski.

Save The Date...
October

Pancreatic Cancer Symposium – Los Angeles
Friday, October 26, 2007

Beverly Hilton Hotel, Beverly Hills, California

10th Annual An Evening With The Stars
Saturday, October 27, 2007

Beverly Hilton Hotel, Beverly Hills, California

Details on registration and reservations coming soon at www.pancan.org

Patient and Liaison Services (PALS)

PanCAN's Patient and Liaison Services (PALS) program has already had a busy 2007, hosting two educational symposia and attending oncology conferences for continuing education.

The expansion of our symposia to four cities across the U.S. has helped PanCAN effectively reach out to and educate many different communities. On February 17, the very first Pancreatic Cancer Symposium – Tampa took place at the H. Lee Moffitt Cancer Center & Research Institute on the campus of the University of South Florida. On March 31, PanCAN returned to Chicago for its third Pancreatic Cancer Symposium held at Northwestern Memorial Hospital. Together, these two symposia had over 400 attendees, including almost 100 pancreatic cancer survivors.

In order to remain current in the field of pancreatic cancer research, PanCAN sends its PALS staff members to oncology conferences and training opportunities. In January, members of the PALS team attended the American Society of Clinical Oncology Gastrointestinal Cancers Symposium (GI-ASCO) in Orlando, Florida. They met with specialists in the field of pancreatic cancer to better understand the future of pancreatic cancer clinical research. Also in January, two PALS Associates attended the Pancreatic and Biliary Endoscopy Symposium at Cedars-Sinai Hospital in Los Angeles, California. They witnessed live endoscopic ultrasound (EUS) procedures and met with gastrointestinal specialists. Additionally, a PALS staff person represented PanCAN at the American Psychosocial Oncology Society annual meeting in March.

PALS Associates are available to share information and provide resources during expanded hours: Monday – Friday, 8:00 am – 5:00 pm Pacific Time. All services are offered free of charge by phone at (877) 272-6226 or by email at pals@pancan.org.

Diagnostics Computed Tomography (CT) Scans

Diagnosing pancreatic cancer is often challenging. There is difficulty in diagnosing pancreatic cancer in the early stages due to symptoms that are vague, mimic other common ailments or are simply not present. If a patient has symptoms that suggest pancreatic cancer, a variety of tests may be performed to make an accurate diagnosis.

Imaging studies are tests that provide visual information about the pancreas and surrounding tissues. These tests are very important in diagnosing and monitoring pancreatic cancer.

Computed tomography (CT) (also called Computerized Axial Tomography or CAT scan) is a diagnostic procedure that uses special x-ray equipment to obtain cross-sectional, three-dimensional pictures of the body. A CT scanner rotates around the body and produces image "slices" of the body while the patient lies on the table. A computer then compiles the images to give a series of detailed cross-sectional pictures of the inside of the body. Unlike an x-ray image, which shows only bone, CT images have the unique ability to show soft tissue, bone, and blood vessels. When the CT scan is used with an oral or intravenous contrast substance, it can show tumors of the pancreas and areas where the cancer may have spread.

There are many applications for the CT scan as it is used in pancreatic cancer. The CT scan can be used to detect the presence of a tumor, provide information in the form of pictures about the size and location of a tumor, and determine whether the tumor has spread. This information can help plan for surgery or radiation. Additionally, CT scans can be used to guide biopsies and even to determine whether tumors are responding to treatment.

There are two types of CT scans available. The conventional CT scan uses an x-ray beam directed at several different angles and levels in the abdomen.

Very small, controlled amounts of x-ray radiation are passed through the body and the different tissues absorb the radiation at different rates. With a standard x-ray, an image of the inside of the body is captured when special film is exposed to the absorbed x-rays. With a CT scan, the film is replaced by an array of detectors that measure the x-ray profile. A computer processes the images into approximately 1/2-inch cross-sectional slices of the body. Often, a contrast dye may be administered orally or intravenously (IV) to help make the organs visible on the resulting images. The second type of CT test is known as a spiral, or helical, CT scan. In this imaging test, the x-ray beam remains on continuously, unlike the conventional CT scan. In spiral CT scans, the x-ray beam rotates around the patient as the patient lies on a slowly moving table. The spiral CT is more efficient and produces three-dimensional images that are more detailed than conventional CT images.

CT scans are not painful, have very few associated risks and are considered non-invasive imaging studies. Patients undergoing CT scans will be exposed to a small amount of radiation. The amount of radiation exposure from a CT scan can be slightly higher than from a regular x-ray. In rare instances, some people experience an allergic reaction to the contrast dye used during a CT scan. Symptoms of a mild allergic reaction include itching and small bumps on the skin. A more serious allergic reaction may include shortness of breath and swelling of the throat or other parts of the body. The patient should notify the technician immediately if he/she experiences any of these symptoms during or after the CT procedure.

For more information about CT scans, contact a Patient and Liaison Services (PALS) Associate by phone at (877) 272-6226 or by email at pals@pancan.org.



Photo adapted from the *Overview of Pancreatic Cancer* booklet

Cancer Clinical Trials

What is a Clinical Trial?

Many people affected by cancer have heard the phrase “clinical trial” and wondered what exactly it is and what it would be like to participate. According to the National Institutes of Health, a clinical trial is a research study in human volunteers to answer a specific health question. Clinical trials are funded or sponsored by a range of sources including pharmaceutical companies, medical centers, foundations, advocacy groups, physicians, and federal agencies such as the National Institutes of Health. They can take place in many locations such as hospitals, university medical centers, community clinics, and physicians’ offices. Clinical trials are governed by a rigorous review and oversight process designed to protect the rights and safety of patients who participate.

There are several different types of clinical trials including: treatment, screening, diagnostic, prevention and supportive care trials. The most well known type of clinical trial is the treatment trial in which a new drug or therapy, new combination of drugs, or new surgical or radiation therapy approach is tested for safety and effectiveness in a controlled setting. Clinical trials progress in an orderly series of steps called phases. Any new therapy must successfully complete the following three clinical trial phases before undergoing Food and Drug Administration (FDA) approval:

- Phase I trials are the first step in testing a new therapy in humans. The investigational therapy is tested in a very small group of patients to determine the safety, the appropriate dosage level, and the best way of giving the treatment (by mouth, injection, etc.). Patients are closely monitored for side effects and the dose is adjusted as necessary.
- Phase II trials test the new therapy in a larger group of patients, typically with a specific type of disease, to evaluate the effectiveness of the therapy against the disease. Patients are closely monitored for a response to the treatment and if enough patients positively respond the trial moves to Phase III.
- Phase III trials compare the new therapy to the currently approved standard treatment in a large number of patients. Phase III trials are randomized, meaning patients have an equal chance of being assigned to either the new therapy or the approved standard treatment group. If the new therapy is found to be effective and meets safety requirements an application will be submitted for FDA approval.

Many patients have a common misconception that by participating in a phase III trial they may be randomized to receive a placebo (sugar pill) or receive no treatment at all. The reality is that patients in a treatment trial will either receive the best standard treatment currently approved for that disease or receive the investigational therapy.

Placebos are never used in place of treatment on cancer clinical trials.

Why are Clinical Trials Important?

Clinical trials are essential to cancer research because they contribute to the overall knowledge and progress against cancer. Many of today’s most effective cancer treatments began in clinical trials. Patients who take part in a clinical trial may be helped by the treatment they receive. Although there is no guarantee that an investigational therapy will be effective, many patients feel that the possible benefits outweigh the risks. If a new therapy is found to be effective the trial participants are among the first to have access to it before it is widely available.

The more patients who participate in clinical trials, the faster essential research questions can be answered that can lead to better treatment options. The advancement of new therapies for the treatment of cancer is jeopardized by the lack of patient awareness and participation in clinical trials.

Clinical Trial Awareness

Although there are about 5,000 cancer clinical trials taking place on an ongoing basis, research has consistently shown that only a small percentage of newly diagnosed patients are aware of the possibility of participating in a clinical trial for the treatment of their cancer. According to a recent study conducted by the Coalition of Cooperative Cancer Groups and Northwestern University, only one in ten cancer patients (10%) are made aware of opportunities to participate in a clinical trial; of those patients only 3% reported participating and an additional 3% declined to participate although they were eligible. Almost three quarters of cancer patients aware of clinical trials learned about them from a physician - additional sources included other health care professionals (6%), internet (5%), media (4%), and advocacy groups (3%).

This study also found that of those who participated in a cancer clinical trial, an overarching majority

reported having a positive experience. Very few reported feeling like a “guinea pig”. Over 90% reported they had been fully informed of the trial’s risks and benefits, were treated with dignity and respect, and would recommend participating in a clinical trial to others with cancer.

Clinical Research Findings

As a clinical trial advances through the series of phases, researchers typically report their study results or preliminary findings at scientific meetings, to medical journals, and to various government agencies. PanCAN attends many professional oncology and scientific meetings to learn about the latest treatments and research findings in pancreatic cancer research.

For the fourth consecutive year, PanCAN representatives started off the new year attending the fourth annual Gastrointestinal Cancers Symposium. This multi-sponsored annual symposium is designed to educate and update physicians and other professionals on the latest research findings related to gastrointestinal cancers. There are very few educational opportunities that solely address gastrointestinal cancers in a multidisciplinary forum; this three-day symposium functioned not only as a valuable opportunity for PanCAN to learn about the latest research in pancreatic cancer but also as a platform to connect with healthcare professionals who research and treat this disease.

While this symposium did not unveil landmark findings for pancreatic cancer research, the preliminary yet promising results of a phase II immunotherapy trial and stimulating discussions by renowned pancreatic cancer specialists underscoring the future direction of research in pancreatic cancer were highlights of the symposium. For further information about the pancreatic cancer research presented at the Gastrointestinal Cancers Symposium visit the PanCAN website at www.pancan.org/Healthcare/GIASCO2007.htm.



Educational Booklet on Clinical Trials

Learn more about participation in clinical trials with PanCAN’s educational booklet. To request a complimentary copy, please contact a Patient and Liaison Services (PALS) Associate by phone at (877) 272-6226 or by email at pals@pancan.org.

Diet and Nutrition

Managing Taste Changes

Patients with pancreatic cancer may experience sensory changes that interfere with food intake. The most common sensory change involves taste. Taste changes are an alteration in how flavors are perceived. The five primary tastes that our taste buds distinguish are sweet, sour, bitter, salty and umami (savory). Taste changes may include the complete loss of taste (ageusia), partial loss of taste (hypogeusia), a distorted sense of taste (dysgeusia), or an unpleasant taste (cacogeusia).

Changes to an individual's sense of taste can accompany the onset of pancreatic cancer or treatments for it, specifically chemotherapy. Approximately 50% of patients receiving chemotherapy experience taste changes. Chemotherapy drugs most commonly associated with taste changes include platinum drugs, such as oxaliplatin (Eloxatin®), carboplatin (Paraplatin®), and cisplatin (Platinol®). Other non-platinum chemotherapy treatments such as paclitaxel (Taxol®) and fluorouracil (5-FU) have also been known to affect taste. Lastly, biological therapies, such as interleukin and interferon, have also been associated with taste changes. Both the cause and duration of taste changes associated with biological therapy are unclear.

During chemotherapy, some foods may taste overly strong, salty or metallic, while others will have little taste at all. Sometimes, foods that were once enjoyable may become unpleasant. It is important to be patient and remain flexible when working with doctors or other health professionals to find solutions.

Taste changes can contribute to anorexia, malnutrition and weight changes. While changes in how things taste may seem like a minor side effect of cancer treatment, it is important to find ways to cope because these changes can affect health and well-being. Changes in taste may cause loss of appetite, making it difficult

to get adequate nutrition and result in weight loss. Weight loss is a common complication of both disease and therapy and can compromise treatment schedules.

There is not a clear reason for taste changes, although it is thought to be a result of the damage to the cells in the oral cavity, which are especially sensitive to chemotherapy. Damage caused by chemotherapy drugs can change the taste receptor cells in the mouth that signal flavors to the brain. How long these changes last is different for everyone and depends on the treatment. However, taste changes usually resolve following the completion of treatment.

There is no one magic solution for taste changes that suits everyone, but there are steps individuals can take to reduce the impact. It is recommended that adjustments be made to a patient's diet in order to promote proper nutrition and a positive reaction to treatments. Finding foods that taste appealing may be a process of trial and error. Some people experiencing taste changes avoid their favorite foods to prevent the possibility of spoiling them for the future. People with pancreatic cancer should work with their caregivers and dietitians to find foods that taste pleasant and are rich in nutrients.

Since there are no medications to address taste changes, patients who are experiencing this side effect should speak with their doctors and dietitians about making changes in food choice and preparation to minimize the impact.

Tips for addressing taste changes:

- Eat small, frequent meals and healthy snacks.
- Do not eat 1-2 hours before chemotherapy and up to 3 hours after therapy. It is common to develop a taste aversion to foods eaten during this time,

so it is particularly important to avoid your favorite foods.

- Remember that taste perception changes from day to day.
- Include foods from all the food groups in the diet each day – this minimizes taste fatigue.
- Drink eight glasses of liquids each day to keep well hydrated.
- Substitute poultry, fish, eggs and cheese for red meat.
- Use herbs and spices to improve flavor.
- Use plastic utensils if food tastes like metal.
- Chilled or frozen food may be more tolerable than warm or hot food.
- Try tart foods, such as citrus fruits or lemonade, unless mouth sores are present.
- Avoid bad odors, as these may affect appetite.
- Maintain healthy oral hygiene.
- Rinse mouth with water, salt water or a baking soda and salt water solution before eating.
- Brush your teeth and over your tongue before and after meals to help stimulate your taste buds.
- Avoid tobacco products.

Other disorders or medications may also be responsible for taste changes, so it is important to discuss these changes with a physician or dietitian.

For more information regarding taste changes, contact a Patient and Liaison Services (PALS) Associate by phone at (877) 272-6226 or by email at pals@pancan.org.

Recipe: Ginger-Marinated Grilled Portobello Mushrooms

Portobello mushrooms are available year-round, but are best in the spring and fall. They have thick stems, fleshy caps and virtually no fat or sodium. Their large size and firm texture makes them good for stuffing and grilling. Their hearty texture allows them to be used as a meat substitute.

Ingredients

- 4 large Portobello mushrooms
- 1/4 cup balsamic vinegar
- 1/2 cup pineapple juice
- 2 tablespoons chopped fresh ginger, peeled
- 1 tablespoon chopped fresh basil

Directions

1. Clean mushrooms with a damp cloth and remove their stems. Place in a glass dish, stemless side up.
2. To prepare the marinade, in a small bowl whisk together the vinegar, pineapple juice and ginger. Drizzle the marinade over the mushrooms. Cover and let marinate in the refrigerator for about 1 hour, turning mushrooms once.
3. Prepare a hot fire in a charcoal grill or heat a gas grill or broiler. Away from the heat source, lightly coat the grill rack or broiler pan with cooking spray. Position

the cooking rack 4 to 6 inches from the heat source.

4. Grill or broil the mushrooms on medium heat, turning often, until tender, about 5 minutes on each side. Baste with marinade to keep from drying out.
5. Using tongs, transfer the mushrooms to a serving platter. Garnish with basil and serve immediately.

Serves 4

This recipe is published by the Mayo Clinic online at www.mayoclinic.com under the Healthy Recipes diabetes meal plan.

Story of Hope and Inspiration

By Gary H., Fircrest, WA



Gary and his wife, Mary

I would like to begin my story with these words to all those with pancreatic cancer: THERE IS HOPE!

I was a medical representative for a pharmaceutical company for 32 years. For twenty of those years I discussed treatments and patient education for patients with breast, prostate, and lung cancer. I knew a little about pancreatic cancer since my best friend was diagnosed with islet cell carcinoma in 1998.

I started work early on April 6th, attending a tumor board meeting at a cancer clinic in Seattle. I ran upstairs to check in with one of the nurses when she turned to me and said, "You sure look tan, have you been on vacation?" A quick look in a mirror told me something was wrong. I knew the signs of jaundice.

Two weeks later, two CTs, many labs, an ERCP, and a diagnostic laparoscopic procedure confirmed I had a tumor on the head of my pancreas with a spot on the liver. I was not a candidate for surgery and I needed to see the oncologist. I was probably more fortunate than most pancreatic cancer patients because I had an employer that understood cancer, many friends and doctors to advise me, and a wife who was willing to do whatever it took to make a difference in my survival.

The oncologist at the cancer center told me he hadn't chosen to be a pancreatic cancer specialist, pancreatic cancer had chosen him. He sees over 200 new patients a year with the disease. I started chemotherapy in May 2005 with a combination of gemcitabine (Gemzar®) and docetaxel (Taxotere®). Being in cancer clinics was what I did every day for work, but being on the receiving end of the IV needle is a daunting experience.

We started chemotherapy with a positive attitude - a "laughter is the best medicine" approach to every challenge we met. I tolerated chemo well, with just a few aches and pains a couple of days after therapy. I have now received over 50 chemo infusions and continue to tolerate it well. In fact, one of the nurses named me "the chemo stud", and since my wife is part Native-American, we call her my "chemo sabe". (The Lone Ranger was called "Kemo Sabe" by his sidekick Tonto, who said it meant "faithful friend" in his native language.)

The best news came on my one-year anniversary of chemo in May 2006. I had a "complete response" to chemotherapy. The cancer on my pancreas was gone. This is truly a rare occurrence, one that I personally call a miracle. My prayers and those of others were answered.

This made me realize I needed to do more about this disease. I have become a volunteer for the Survivor and Caregiver Network of PanCAN, helping people to better understand their disease and offer them HOPE, too. My wife and I have attended the last two PanCAN symposia in LA. We find it uplifting to hear new developments and to visit and share experiences with other survivors and caregivers. I met my 'hero' at the symposium in 2005. He is 72 years young, full of life, and going on his fourth year of survival with metastatic disease. This month we will join others in Washington, DC to lobby our legislators for more research funding for this disease.

We have been able to travel in between treatments to Hawaii, Montana, Yellowstone, Puerto Rico, and Las Vegas. My wife, Mary, and I will be in Italy next month as we celebrate our 30th wedding anniversary.

All this is not to say I haven't had my down days and I know I am not cured. But I approach each day and what it offers as it comes. So far, every one of these days has been sweet.

Pancreatic Cancer Symposium

An Event to Educate and Create Awareness

PanCAN welcomes you to the second
Pancreatic Cancer Symposium – New York!

New York Marriott East Side Hotel
Saturday, June 23, 2007

Visit www.pancan.org or call (877) 272-6226 in May for more details.



Pancreatic Cancer Symposium – Tampa

On February 17, PanCAN hosted its first-ever Pancreatic Cancer Symposium in Tampa. As with most PanCAN events, the Symposium was a true collaboration and team effort. The momentum to host the Symposium in Tampa was brought forward by PanCAN's Chairman of the Board, Jason Kuhn, a Tampa resident and business owner. Physicians and other staff from H. Lee Moffitt Cancer Center dove right in to help plan and produce the Symposium. Additionally, members of PanCAN's Medical Advisory Council and other volunteers pitched in to create a special day for pancreatic cancer survivors and their families in Tampa.

More than 160 people from the Tampa area and beyond (as far away as California) enjoyed the day long Symposium and opportunities to meet others with similar diagnoses. PanCAN was honored to have Dr. William Dalton, the CEO and Center Director at Moffitt, give the welcome and opening remarks.

The morning general session featured Dr. Jason Klapan from Moffitt on the topic of Current

Diagnostic Tools; Maria Petzel, a Registered Dietitian from MD Anderson Cancer Center on Nutrition Concerns; Dr. Jordan Berlin from Vanderbilt-Ingram Cancer Center on Treatment Combinations; and PanCAN President and CEO, Julie Fleshman with an overview of the services and programs PanCAN offers the community.

During lunch attendees and speakers sat together and enjoyed one another's company. Attendees took the opportunity to ask questions of the speakers and share common experiences with other survivors and caregivers. The highlight of the day occurred just after lunch, when the almost 40 pancreatic cancer survivors in attendance gathered for a group photograph.

In the afternoon, Symposium attendees chose amongst four breakout sessions: Surgery with Dr. Mokenge Malafa from Moffitt; Common Psychological Problems with Dr. Carlos Sanchez from University of Miami; Symptom Management and Quality of Life with Jessica

MacIntyre, a Registered Nurse from University of Miami; and Screening for Early Pancreatic Cancer with Dr. Marcia Canto from Johns Hopkins University.

The final event of the day was a social gathering with food and drinks and plenty of conversations and laughter. Speakers and attendees mingled and shared stories, experiences, questions and information.

PanCAN thanks our many partners in making this day possible. The following companies provided educational grants towards the Symposium – Lilly, Genentech, OSI Pharmaceuticals. Special thanks to our friends at H. Lee Moffitt Cancer Center for their incredible support and assistance.

Individuals who were not able to attend the Symposium in Tampa may download slide presentations at www.pancan.org or may request the slide presentations by calling (877) 272-6226.



PanCAN was honored to have forty pancreatic cancer survivors at the first-ever Pancreatic Cancer Symposium – Tampa

Raising the Bar

PanCAN is pleased to announce that it has received the single largest gift in its history, \$500,000 from the Blum Kovler Foundation.

The Foundation's extraordinary gesture will bolster the twin pillars of PanCAN's mission—our public policy effort to secure increased federal funding for pancreatic cancer research and our private program to nurture new science. Publicly and privately funded research are both crucial to the quest for a cure. This gift will help PanCAN increase its impact in both areas.

PanCAN will recognize the Foundation's singular act of generosity by creating the Blum Kovler Foundation New Opportunities Initiative. The Initiative will provide a permanent rubric for PanCAN's most innovative projects and programs. The ability to respond quickly to new challenges is a hallmark of our philosophy.

The Blum Kovler Initiative will showcase our work at its most dynamic.

Like so many PanCAN supporters, the Foundation's reasons for giving are rooted in a family's personal experience with pancreatic cancer. Marjorie Blum Kovler died of the disease in 1970 and it is her two sons, Jonathan and Peter, who are directors of the Foundation. Back then, little attention was paid to pancreatic cancer; information about it was hard to come by and patients largely had to fend for themselves. The Kovler family has been stalwart in helping PanCAN tear down this wall of silence.

PanCAN was born of a faith in the power of people working together for the improvement of all. We are proud to uphold this ideal and grateful to have the support of such a devoted benefactor as we pursue our vision of a world without pancreatic cancer.

Is a Planned Gift in Your Future?

"Will my gift make a difference?" This question has probably crossed the mind of just about anyone who has ever considered giving to charity. At a time when the headlines bring news of ever larger charitable donations, one can be forgiven for thinking that philanthropy is only for the very wealthy. Nothing could be further from the truth.

More than 30,000 people made gifts to PanCAN last year and every one of these contributions, from modest to large, made a difference. The fact is that no single gift is responsible for our success. It is the cumulative expression of charitable support from tens of thousands of individuals and organizations across the country that sustain and help us thrive.

But even if your means are modest, you still might be capable of giving more than you realize. One need not possess vast wealth to make a big gift. A special class of donation called a "planned gift" could allow you to boost the level of your charitable support while producing financial advantages for you and your family.

The term "planned giving" refers to charitable gifts that are strategically planned in advance to benefit both the charitable organization of choice and the donor. Planned gifts combine the virtues of philanthropy with the principles of financial planning. By leveraging assets such as savings, stock holdings, real estate, retirement plans and insurance policies, planned gifts provide the donor with a powerful philanthropic tool. First, they

enable you to increase and extend the impact of your giving in order to better advance the cause that is most meaningful to you. Second, they can be used to create a lasting philanthropic legacy in your name, thereby affirming your most deeply held values, or to honor the memory of a loved one. Third, they provide valuable tax benefits and can even be designed to produce supplementary income during your retirement. Finally, they are flexible in that they are able to produce financial and charitable benefits now, in the future, or both.

Popular types of planned gifts include Bequest by Will or Living Trust, Charitable Gift Annuity, Charitable Remainder Trust, and Charitable Lead Trust. We welcome the opportunity to work with you and your legal or financial advisor to create a planned gift to meet your specific goals and needs.

To receive more information about PanCAN's Planned Giving program, please contact Ned Anthony at nanthony@pancan.org or (877) 272-6226.

Here are several reasons why you may want to consider making a planned gift to PanCAN.

1. Leave a philanthropic legacy in your name or honor a loved one in perpetuity.
2. Reduce your income tax.
3. Avoid capital gains tax.
4. Increase current income.
5. Eliminate probate expenses.

Fall Campaign Sets Record

PanCAN is proud to share the results of our fall fund-raising campaign. The campaign, timed to coincide with Pancreatic Cancer Awareness Month in November and the subsequent holiday season, sought to secure support for PanCAN's expansion of its services and programs in the months and years ahead.

So how did we do? In a word: spectacular. Not only did we surpass our goal of \$1.7 million, but we set a new record for year-end fund-raising by bringing in more than \$2 million in commitments between November 1 and December 31. To all of you who helped make the campaign such a big success, we would like to extend our heartfelt thanks. Because of you, we can provide vital medical information to more people in need through our PALS program; increase our funding for innovative scientific research through our Career Development Award Program; and make an even stronger case for more federal research dollars for pancreatic cancer through our education, public policy and outreach efforts.

Because pancreatic cancer is such a stubborn adversary, we have decided to try to repeat our success of last fall by launching a special spring fund-raising campaign. Our goal this time is to raise \$1.6 million by June 30. If you have not made a gift to PanCAN recently or have never given at all, please take this opportunity to fill out the enclosed donor form and send it in with your check or money order made payable to PanCAN. You can also donate by credit card by visiting our website at www.pancan.org, clicking the "Donate Now" button, and filling out our secure online form.



National Headquarters:
 2141 Rosecrans Avenue, Suite 7000
 El Segundo, CA 90245
 Toll Free: (877) 272-6226
 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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Help support PanCAN!

Visit our store at
www.pancan.org/store

Calendar

Event Start Date	Event Name	City	State	Contact
4/14/07	V-Twins 101 Ride for Hope	Camarillo	California	Chris Calaprice, jojo_dogboy@msn.com
4/15/07	Ride for Awareness 2007 Cross-Country Bike Ride	San Diego	California	Ash Trace, switchplate@hotmail.com
4/21/07	Paws for Pancreatic Cancer	Houston	Texas	Brandi Monteverde, brandi@pawsforpancreaticcancer.org
5/2/07	PanCAN Night with the Braves	Atlanta	Georgia	Brittany Black, bblack@pancan.org
5/4/07	"Celebration of Hope" Dinner and Auction	Seattle	Washington	Jennifer Morabito, jmorabito@pancan.org
5/19/07	Six Flags Charity Day - Coasters for a Cause	Gurnee	Illinois	Valerie Powley, vpowley@pancan.org
5/20/07	PanCAN Bowling for a Cure 2007	Warren	Ohio	Janice Cicero, cabinoff7@aol.com
6/1/07	Rod Rogers Memorial Golf Tournament 2007	Kansas City	Kansas	Jennifer Vogel, jvogel@pancan.org
6/2/07	2nd Annual 5K Walk with the Dogs	Nashville	Illinois	Christi Thompson Merritt, rcmerr78@aol.com
6/2/07	3rd Annual Elizabeth I. Negos 5K Walk for Hope	Bonita	California	Lily Villaverde, lvillaverde@pancan.org
6/16/07	Longmont Leap for PanCAN	Longmont	Colorado	Shawna Busby-Hirman, sbusby@pancan.org
6/16/07	5th Annual Walk Through the Vineyards	Rutherford	California	Michelle Monhart, mmonhart@pancan.org
6/16/07	TeamHOPE Boston 5K Run	Framingham	Massachusetts	Stacey Macaudda, smacaudda@pancan.org
6/16/07	TeamHOPE Cleveland Race to Make a Difference 2007	Cleveland	Ohio	Teresa Young, tyoung@pancan.org
6/18/07	The Bill Anderson Charity Golf Classic	West St. Paul	Minnesota	Roger Olson, rolson@midwestsign.com
6/21/07	The 5th Annual Tom Gorman Memorial Golf Outing	Mechanicville	New York	Pam Lopez, edlovesaruba@hotmail.com
6/23/07	PanCAN Summer Jam 2007	Madison	Connecticut	Maureen Lewis, mlewis@pancan.org
7/24/07	2nd Annual PanCAN Night at AT&T Park	San Francisco	California	Michelle Monhart, mmonhart@pancan.org
7/30/07	Chick-Fil-A Fundraiser for PanCAN	Canton	Ohio	Rebecca Campbell, rcampbell@pancan.org
8/3/07	PanCAN Night with the Portland Beavers Baseball	Portland	Oregon	Liz Potter, epotter@pancan.org
8/12/07	Chicago TeamHOPE Walk	Chicago	Illinois	John O'Hara, johara@pancan.org