

WORKING TOGETHER FOR A CURE



OUTREACH

VOLUME VII, ISSUE 1 - JANUARY 2007

A Publication of the Pancreatic Cancer Action Network



*Nancy Daly Riordan,
Emily Couric Public
Service Award honoree,
and Dr. Ralph Hruban,
Medical Visionary
Award honoree
at An Evening
with the Stars,
November 2006.*



Chairman of the Board's Message

Dear PanCAN Friends:

It is an honor to begin my term as Chairman of the Board and a privilege to represent PanCAN as we expand our services throughout the pancreatic cancer community. My predecessor as Chairman, Tim Ennis, set a high standard for leadership, and I want to thank him for his hard work and dedication to our wonderful organization.

I have big plans for PanCAN in the year ahead. But the new services that we want to provide and the breakthrough research that we want to fund requires that we escalate our fundraising efforts. We are on the brink of a new era in pancreatic cancer research, and there has never been more optimism from the scientific community. I want to carry our message to a wider audience and bring more awareness about pancreatic cancer, in the hopes of raising substantially more money to fight this disease. The extraordinary power of PanCAN to inspire generosity in others was overwhelmingly evident at our Evening with the Stars gala in November. Together, we raised more than two million dollars, which was three times our original goal. That's an amazing accomplishment, and it will have an enormous impact on our patient services, our community outreach, national and local public policy, and our ability to fund new research.

This event was a wonderful start on our new journey together. As we continue ahead I want to offer my gratitude to everyone, because PanCAN's growth and success would not be possible without you, our incomparable supporters. We are deeply grateful for all that you do. I look forward to serving you and working with you this coming year.

With warm wishes for the New Year,

Jason Kuhn
Chairman of the Board

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Leadership by Example



Host Jay Mohr and Chair Jason Kuhn during Fund-a-Cure

PanCAN's new Board Chairman, Jason Kuhn, believes that actions speak louder than words. This past November, he proved it with an extraordinary philanthropic gesture that was a defining moment of our Evening with the Stars gala.

Evening with the Stars traditionally culminates with a lively display of generosity that we call Fund-a-Cure. Fund-a-Cure gives guests an opportunity to donate money specifically for pancreatic cancer research and has become the single largest source of support for PanCAN's effort to accelerate the search for a cure.

But the need for research dollars remains great. So this year Jason decided to raise the bar by publicly pledging \$250,000 to Fund-a-Cure and challenging others in the room to do the same. The effect was immediate. PanCAN's Vice Chair,

Michael Sweig, matched Jason's commitment dollar for dollar with his own pledge of \$250,000. Bob and Carole Daly contributed \$150,000. Former Los Angeles Mayor, the Honorable Richard Riordan, and his wife, Nancy Daly Riordan, who was honored at the event with the Emily Couric Public Service Award, Jane and Terry Semel, and Paul MacCaskill each made gifts of \$100,000. By the time it was over, Fund-a-Cure had raised over \$2.1 million, more than five times the amount raised in 2005.

Jason's gesture is a perfect illustration of leadership by example. It is mirrored across the country each year in the actions of the many thousands who have embraced PanCAN's vision of a world without pancreatic cancer. Their inspiring dedication is the key to our success.

Road to Commitment



Chairman Jason Kuhn and wife Susie

When Roger Kuhn was diagnosed with pancreatic cancer in 2003, his son Jason contacted PanCAN to find out more about the disease and the available treatment options. Afterwards, he sent in a gift to show his appreciation.

After Roger lost his battle with pancreatic cancer, Jason continued the fight. Like so many others who have watched family members succumb to this terrible disease, Jason decided to channel his grief into action by getting involved with PanCAN. Indeed, so impressive was his commitment that he was soon invited to join the Board of Directors.

On November 3, the PanCAN Board of Directors recognized Jason's exemplary dedication by electing him Chairman. He is well suited to the

role. With degrees in accounting, finance and law, and a successful business track record as the owner of a chain of car dealerships, Jason has the experience necessary to guide PanCAN on a path to continued growth.

In addition to providing generous philanthropic support, Jason has worked to expand PanCAN's visibility in Tampa, where he lives with his wife Susie and two children, and throughout South Florida. He participated in PanCAN's recent site visit to Tampa's Moffitt Cancer Center, and to the University of Miami Sylvester Comprehensive Cancer Center. In February, PanCAN will return to Moffitt to host a Pancreatic Cancer Symposium, our first in Tampa, for patients and families who live in the southeastern United States.

How to Support PanCAN:

Explore Your Online Options 

We have improved our website in recent months to make it easier for you to learn about the many ways you can support PanCAN. Our home page now features links to dedicated sections on specific donation-related topics, such as how to include PanCAN in your estate plans, how to support individual PanCAN programs, how to give to PanCAN through your workplace, and how to donate your car to PanCAN.

In addition, we have upgraded our online giving option to give you greater flexibility. For example, we have introduced a recurring gift option that lets you donate a fixed amount monthly on your credit card, rather than making a single annual gift all at once.

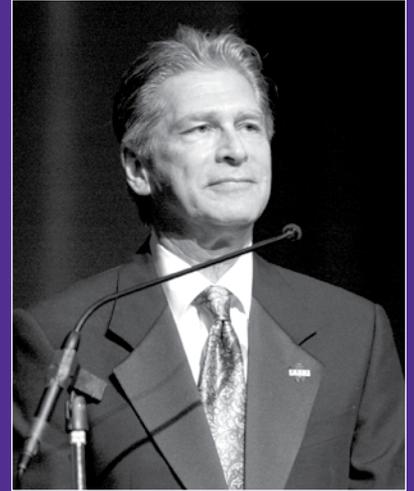
We hope you will take the time to explore these new features in the months ahead. To get started, simply go to www.pancan.org and click "Donate" at the top of the screen.

HOLLYWOOD

An Evening with the Stars Goes Hollywood



Event Co-Chair Linda Daly



Event Co-Chair Dr. William Isacoff



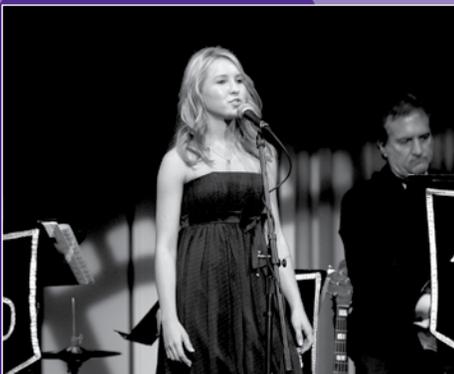
California's First Lady, Maria Shriver, and friends



Ray and Sue Neighbor



The Hollywood and Highland Center,
home of the Kodak Theater



Adriana Kwicinski makes her Hollywood debut



Sally and Tim Ennis



Survivor Evelyn Neuman.
Each survivor in attendance was gifted with a gorgeous
long-stemmed rose during dinner.



The City of Los Angeles approved a motion sponsored by Councilman Bill Rosendahl which proclaimed November as Pancreatic Cancer Awareness Month. The historic event took place at Los Angeles City Hall with Mayor Antonio Villaraigosa, former Mayor Richard Riordan and Nancy Daly Riordan, and the entire 15-member Los Angeles City Council in attendance.

The City of Los Angeles honored Emily Couric Public Service honoree Nancy Daly Riordan and her husband at the gala by dedicating a popular Los Angeles nature trail in their names. (l-r) Honorable Richard Riordan, Councilwoman Wendy Greuel, Nancy Daly Riordan, Councilwoman Jan Perry, Councilman Bill Rosendahl



Dr. and Mrs. Ralph Hubran with Richard Riordan



Dancers capture the glory days of Hollywood and Busby Berkley musicals



Comedian and Host Extraordinaire Jay Mohr



The Grand Ballroom at the Kodak Theater, site of the Oscar Ceremonies' annual Governors Ball, was magnificently decked out in true Hollywood style for *An Evening With the Stars*



38-year pancreatic cancer survivor Robert Harris and "Joan Rivers" lookalike



Philanthropist Eli Mohr

Research and Funding Snapshot 2007

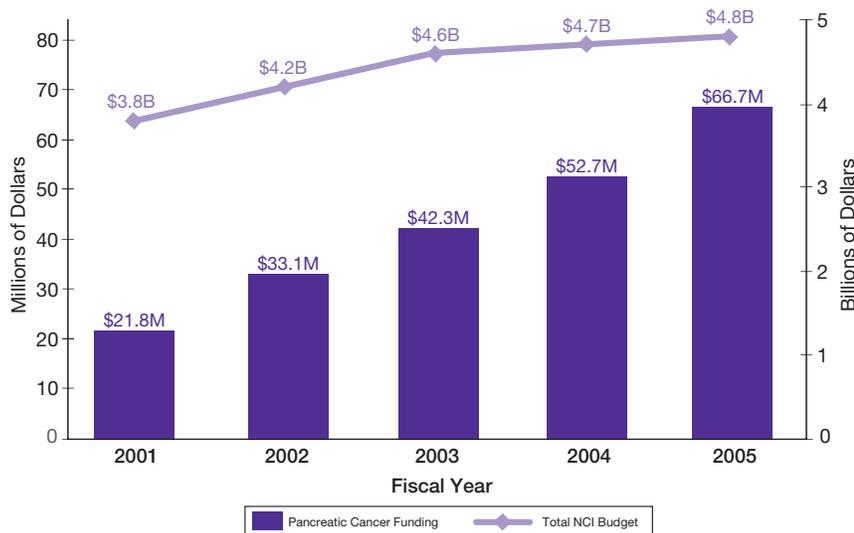
Since PanCAN was founded in 1999, our priority in advocacy has been to increase the amount of federal funding available to support pancreatic cancer research. Your voice does make a difference! This snapshot of the state of the field is intended to provide you with highlights regarding how much money was given out to the research community for pancreatic cancer research, examples of the kinds of research initiatives where this money was placed (along with links to the National Cancer Institute's website so you can go online and learn more about the areas of interest to you), and finally,

some statements from the NCI highlighting the opportunities they see in the field of pancreatic cancer research.

Trends in NCI Funding for Pancreatic Cancer Research

The National Cancer Institute's (NCI's) investment in pancreatic cancer research has increased from \$21.8 million in fiscal year 2001 to \$66.7 million in fiscal year 2005. The estimated NCI investment is based on funding associated with a broad range of peer-reviewed scientific activities.

NCI Pancreatic Cancer Research Investment



Examples of NCI Research Initiatives Relevant to Pancreatic Cancer

- Three pancreatic cancer-specific **Specialized Programs of Research Excellence (SPOREs)** are moving results from the laboratory to the clinical setting. spores.nci.nih.gov/current/pancreas/pancreas.html
- The **Pilot Studies in Pancreatic Cancer** program promotes innovative research across multiple disciplines to better understand the etiology of pancreatic cancer and to promote its early detection, prevention, and treatment. grants.nih.gov/grants/guide/pa-files/PA-06-303.html and grants.nih.gov/grants/guide/pa-files/PA-06-314.html
- The **Pancreatic Cancer Research Map**, a public website, allows the pancreatic cancer research community to search a comprehensive list of investigators and research projects relevant to pancreatic cancer. www.cancermap.org
- **Cancer Nanotechnology Platform Partnerships** are developing technologies for new products in such areas as molecular

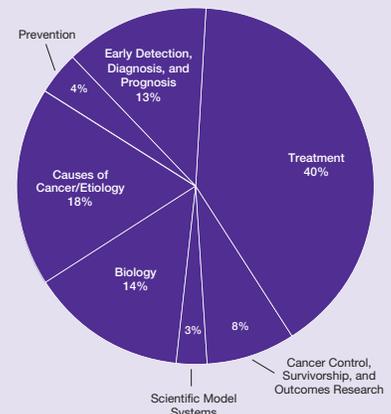
imaging and early detection. One partnership is studying the use of nanoparticles in the diagnosis and therapy of pancreatic cancer.

nano.cancer.gov/alliance_awards/fact/platforms.asp

- NCI's intramural **Gastrointestinal Malignancies Faculty** facilitates interactions among basic, epidemiological, translational, and clinical researchers. ccr.cancer.gov/faculties/faculty.asp?facid=156
- The **Early Detection Research Network (EDRN)** is dedicated to identifying and testing new biomarkers for detection and risk assessment. Studies related to pancreatic cancer are under way in the EDRN biomarkers development laboratories and clinical and epidemiologic centers. edrn.nci.nih.gov
- The **Pancreatic Cancer Home Page** provides up-to-date information on pancreatic cancer treatment, prevention, genetics, causes, screening, testing, and other topics. www.cancer.gov/pancreas

Selected Opportunities for Advancement of Pancreatic Cancer Research

NCI Pancreatic Cancer Research Portfolio



Percentage of Total Dollars by Scientific Area Fiscal Year 2005

Data on training grants are not included in this figure. A description of the relevant research projects can be found at the NCI Cancer Research Portfolio website at: <http://researchportfolio.cancer.gov>

OBJECTIVES

- Improve our understanding of normal pancreas biology and pancreatic adenocarcinoma development and identify genetic/environmental factors and interactions that contribute to pancreatic cancer development.
- Develop nationwide tissue and data repositories, molecular profiling resources, and bioinformatics tools for pancreatic cancer research. Use these resources to develop prevention and early detection interventions.
- Establish models for studying environmental factors, gene-environment interactions, chemoprevention, chemotherapy, radiation therapy, vaccines, and imaging to improve understanding of pancreatic cancer risk, prevention, diagnosis, and treatment.
- Identify and develop surveillance and diagnosis methods for early detection of pancreatic cancer.
- Expand and sustain training and career development activities in pancreatic cancer research and medicine to build a comprehensive, multidisciplinary research community focused on this disease.

January is a Great Month to Reach Out to Your Senators and Representatives! _____

When the 110th Congress convenes in January 2007, the November election results will have brought about a shift in power from a Republican to a Democratic majority and will likely produce some significant changes in the way Washington does business. There will be new Leadership in both the House and the Senate, including new leaders on the Committees that handle cancer research funding, and there will be many new Members of Congress who will need to learn about and support our need for more federal funding for pancreatic cancer research.

Though the 109th Congress did not finalize the funding levels for Fiscal Year 2007 before it adjourned in November, our expectation is that the funding levels will remain fairly static. With the new Congress, we have an opportunity to educate policy makers about pancreatic cancer and the need for increased

federal funding for the next fiscal year, which will begin on October 1, 2007.

PanCAN's staff will be meeting with many of the new members and new leaders, but we encourage you to reach out to them as well. There are many ways in which you can be an advocate! One easy way is to go to the Public Policy section of PanCAN's website and send in a letter to your Senators and Representatives about the need for increased federal funding for pancreatic cancer research. You can also call your Senators' and Representative's offices and ask for a meeting sometime when they are home.

To find their phone numbers and local office addresses, go to www.senate.gov and/or www.house.gov and enter your zip code. You will then be taken to the Members' website which will have information on their District offices.

Look What You Accomplished in November! _____

Thanks to each and every one of you who took the time to participate in PanCAN's Raise Your Voice campaign in November. By setting up personal fundraising pages and writing to your federal officials and local editors, you made a huge difference in raising awareness of pancreatic cancer and how important it is to find a cure! Adding your personal stories in such touching detail dramatically illustrated to everyone how profoundly pancreatic cancer affects our families, our friends, neighbors and coworkers.

74 people set up fundraising pages through www.firstgiving.com/teamhope and collectively raised over \$33,900 online!

Total messages sent to Congress: 1,715

Total messages sent to the Media: 1,420



Join Us in Washington D.C. this Spring for PanCAN's First Very Own Lobby Day!

Plan to join us for PanCAN's inaugural Lobby Day on April 22-24 in Washington DC. It should be an amazing and energizing experience! If you have any questions or need further information, please call us at (877) 272-6226, email us at advocacy@pancan.org or visit www.pancan.org/lobbyday.

Raise Your Voice Year 'round for PanCAN!

Now that it is January and a new Congress is starting, there's a lot that must be done to carry our mission forward – here's how to stay involved in PanCAN's advocacy efforts:

1. One of the first things that the new Congress will do in the early months of 2007 is to set a general budget for all federal government spending. Send an email to your Senators and/or Representatives to let them know that federal funding for pancreatic cancer research should be a priority by going to PanCAN's Public Policy – Take Action website (www.pancan.org/Public/take.html).
2. Mark your calendars and plan to attend **PanCAN's Lobby Day** on April 22-24 in Washington, DC.
3. Do you have new Senators or a new Representative? January is a perfect time to reach out to your newly elected officials to educate them about pancreatic cancer. Learn about your new Senators by going to www.senate.gov and your new Representatives by going to www.house.gov.
4. Invite your elected officials to a Team Hope affiliate meeting to help them learn what activities and events are planned in their area during 2007.
5. Are you interested in becoming even more involved in PanCAN's Advocacy efforts? Contact your local Team Hope Affiliate to learn more about what's being planned by and for *your* community.

Patient and Liaison Services (PALS)

PanCAN was honored to present the seventh annual Pancreatic Cancer Symposium – Los Angeles. Held on November 3-4, this educational event brought together almost 200 members of the pancreatic cancer community, including 42 survivors.

Dr. Mark Talamonti, Chairman of PanCAN's Medical Advisory Council, opened the day with a warm and rousing welcome. Both the morning's general session and the afternoon breakout sessions provided attendees with chances to meet and learn from some of the leading pancreatic cancer specialists in the fields of oncology, genetics, nutrition, and palliative and supportive care. During the closing session, attendees were treated to an inspirational talk from five-time Olympian and pancreatic cancer survivor Willye White. The evening social hour ended the day on a festive note and featured updates from several PanCAN research grant recipients.

PanCAN would like to extend a heartfelt thanks to all of the day's speakers, whose energy and generosity provided the perfect start to what would be a truly exciting and successful Weekend of Hope.

Summaries of most of the day's presentations can be found on the following pages of this newsletter. In addition, slide presentations can be downloaded from the website at www.pancan.org/Patient/lasymp06slides.html

Special thanks to the following companies who provided generous educational grants for the Symposium: Eli Lilly & Company, Genentech/OSI Oncology, Novartis and OrthoBiotech.

Diagnostics and Tumor Measurement

Dr. Mark Pochapin, Director of the Jay Monahan Center for Gastrointestinal Health, addressed the crowd at the Los Angeles Symposium with a dynamic, informative presentation at the start of the day. Dr. Pochapin acknowledged the fact that a pancreatic cancer diagnosis often illicit fear, as many heads in the audience nodded in agreement. This fear, unfortunately, is often propagated by healthcare professionals. Dr. Pochapin emphasized that anyone who derails hope is doing a great disservice. The focal point of his presentation encompassed the future of diagnostic and tumor measurement tools to promote hope. These tools will pave the way to earlier detection and better treatment options.

Although each patient is unique, there are standard symptoms seen in most pancreatic cancer cases. Pain, jaundice, and weight loss are among common red flags that initially send people to the doctor. Dr. Pochapin discussed the diagnostic tools that may be used if a pancreatic cancer diagnosis is suspected. Scans (Ultrasound, CT, PET, MRI) are often used in conjunction with tumor marker blood tests (CA 19-9) and endoscopic ultrasounds (EUS/ERCP).

Ultrasound, CT, MRI and PET Scans

Of all the scans, an ultrasound is the least invasive. This scan can distinguish between liquids and solids. The ultrasound is able to detect dilated ducts and solid biliary tract obstructions that can present as jaundice. The CT (Computerized Tomography) scan revolutionized imaging techniques. The CT scan has been successful in finding smaller, and therefore more treatable, tumors. MRI (Magnetic Resonance Imaging) will not replace the CT scan, but is complementary. MRI uses radiation which is not appropriate for some patients and may not always distinguish between tumor tissue and other common symptoms such as edema. Additionally, due to its magnetic properties, certain patients with pacemakers cannot undergo this procedure. PET (Positron Emission Tomography) scans are becoming more widely used with pancreatic cancer. PET scans show how cells metabolize glucose. Studies are underway, but it has not been shown to be any more beneficial than the EUS, ERCP, CT

or MRI in most cases. A PET scan may help locate metastatic disease that was not apparent through other diagnostic means.

CA 19-9

The CA 19-9 test is a tumor marker test. It is not meant for screening purposes as it can be elevated by other cancers, lifestyle or benign conditions. As with the other diagnostic measures, it is important to combine this blood test with scans if pancreatic cancer is suspected.

EUS and ERCP

ERCP (Endoscopic Retrograde Cholangiopancreatography) allows a physician to visualize the pancreas and bile duct. A stent can be placed through an ERCP to relieve a build up of bile and alleviate jaundice. The EUS (Endoscopic Ultrasound) is similar to the ERCP. However, a doctor can obtain a tissue sample with an EUS. If a pancreatic cytopathologist is present, cells can be obtained and examined in the room making possible an immediate diagnosis.

The Future of Diagnostics

Although there is not one single, conclusive diagnostic test for pancreatic cancer, there are a myriad of established diagnostic tests that can be used in concert to provide an accurate diagnosis. Dr. Pochapin remarked, "The time now is the most hopeful time in the history of cancer. The future holds great promise for additional innovations." Dr. Pochapin sees the possibility of a contrast that will be used to specifically highlight pancreatic tumor tissue. Additionally, it would be of great benefit to isolate early genetic changes that can be screened through blood, bile or stool samples. Dr. Pochapin would also like to see an EUS-guided injection of an anti-tumor agent directly into a pancreatic mass in the future.

"When a patient has cancer the whole family is sick," Dr. Pochapin said in conclusion. "PanCAN provides resources, hope and a hand to hold." **For more information regarding diagnostics and tumor measurement, please contact a PALS Associate at (877) 272-6226 or pals@pancan.org.**

Chemotherapy Combinations and Clinical Trials

Dr. Heinz-Josef Lenz of the University of Southern California Norris Comprehensive Cancer Center spoke to a room of attentive survivors, family members, and health professionals about chemotherapy combinations and clinical trials for pancreatic cancer.

Dr. Lenz began his presentation by highlighting three pancreatic cancer treatment milestones that have occurred during the last decade:

- Since 1997, gemcitabine (Gemzar®) has been a standard treatment option for patients with unresectable pancreatic cancer. A Phase III trial found that patients receiving gemcitabine experienced greater clinical benefit response than those receiving 5-fluorouracil (5-FU). Today, gemcitabine is still the mainstay standard treatment option for patients with unresectable pancreatic cancer.

Continued on Next Page

Chemotherapy Combinations and Clinical Trials cont.

- More recently, a European study reported in 2005 the interim results from a Phase III trial showing the addition of capecitabine (Xeloda®) to standard chemotherapy (gemcitabine) in previously untreated advanced pancreatic cancer significantly extended patient survival. This was the first time scientific data showed that adding a second chemotherapeutic drug to gemcitabine demonstrated an improved outcome.
- In November 2005, the targeted agent erlotinib (Tarceva®) was approved by the U.S. Food and Drug Administration (FDA) in combination with gemcitabine for the treatment of advanced pancreatic cancer. Erlotinib blocks EGFR (epidermal growth factor receptor) a protein that gives tumor cells signals to grow and spread. While a modest benefit, this trial was the first demonstration of a targeted agent in combination with chemotherapy to inhibit the growth of pancreatic cancer and achieve increased survival. This study also emphasized the value of targeting EGFR in treating pancreatic cancer.

Dr. Lenz provided an overview of several studies that evaluated the effects of other chemotherapeutic agents in patients with pancreatic cancer including: gemcitabine and oxaliplatin (Eloxatin®); chemotherapy plus radiation with 5-FU versus gemcitabine; gemcitabine and cetuximab (Erlitux®); and gemcitabine and bevacizumab (Avastin®).

A Phase III gemcitabine and oxaliplatin trial compared three regimens in patients with advanced pancreatic cancer: 1) 30-minute infusion of gemcitabine versus 2) fixed dose rate (extended infusion) gemcitabine versus 3) gemcitabine and oxaliplatin. The results showed that the addition of oxaliplatin to gemcitabine did not increase survival. However, fixed dose rate gemcitabine showed therapeutic benefit, including greater tumor shrinkage and survival.

A Phase III study of adjuvant pre- and post-surgery chemotherapy plus radiation with 5-FU versus gemcitabine for resected pancreatic cancer found the addition of gemcitabine to post-operative adjuvant 5-FU chemoradiation significantly improved survival in patients with resectable pancreatic head adenocarcinoma only.

Results from a Phase II trial of cetuximab and gemcitabine found that the addition of cetuximab improved survival for patients with advanced pancreatic cancer. Interim analyses of a subsequent Phase III trial of cetuximab and gemcitabine reported tumor shrinkage in one out of every four patients on study. Dr. Lenz stated that the final results of this Phase III trial are expected during the first quarter of 2007. As with erlotinib, cetuximab also works by inhibiting EGFR. The most common cetuximab toxicity is the development of an acne-like rash on the face and chest. A number of studies have reported a positive correlation between the severity of the cetuximab-induced rash and survival - patients who developed the rash survived longer than those who did not develop a rash. The consistency of this observation across studies of various cancers suggests that the rash may be an important clinical indicator of efficacy with EGFR inhibiting therapies.

Dr. Lenz explained that newer anticancer strategies under investigation include drugs like bevacizumab, an anti-angiogenic therapy, which interferes with tumor blood vessel growth. Tumors rely on a generous blood supply for survival and release angiogenic (growth) factors such as vascular endothelial growth factor (VEGF), which stimulates the formation of new blood vessels. VEGF is frequently overexpressed in pancreatic ductal adenocarcinoma, and angiogenesis inhibitors like bevacizumab aim to stop tumor growth by inhibiting VEGF. This prevents the formation of new blood vessels and reduces the cancer's supply of oxygen and nutrients,

enabling chemotherapy to penetrate the tumor to halt growth or shrink it. A Phase II bevacizumab and gemcitabine trial in unresectable pancreatic adenocarcinoma proved to be a well-tolerated treatment combination. The trial showed positive results including superior response rate and increased survival than with gemcitabine alone. However, a subsequent Phase III trial of bevacizumab and gemcitabine as first-line treatment for advanced pancreatic cancer failed to show improved survival.

The different outcomes between the Phase II and III bevacizumab and gemcitabine trials, Dr. Lenz explained, is likely due to recent findings that VEGF is not the only angiogenic factor involved in tumor growth, noting that some patients do not respond to bevacizumab. Interleukin-8 (IL-8), an angiogenic factor, has been shown to play an important role in tumor blood vessel formation and cancer progression; moreover, pancreatic tumors have been found to have high IL-8 levels. A study that examined bevacizumab and cyclophosphamide in patients with recurrent ovarian cancer found that only a subset of patients responded to the regimen. Further investigation revealed this patient subset differed genetically suggesting that IL-8 may be a potential molecular predictor of who will respond to bevacizumab-based chemotherapy.

Dr. Lenz concluded that the future in pancreatic cancer lies in tailoring medicine to the genetic profile of the patient and creating an individualized treatment regimen based on the specific characteristics of a patient's tumor. He emphasized the importance of examining early genetic events in the development of pancreatic as well as finding better early detection screening methods.

For information about treatment options including clinical trials, contact a PALS Associate at (877) 272-6226 or pals@pancan.org.

Surgery for Pancreatic Cancer

Dr. Douglas Evans of M.D. Anderson Cancer Center began the session on surgery for pancreatic cancer by summarizing the anatomy of the pancreas and surrounding organs and how this anatomy affects surgical intervention.

Pancreas Anatomy and Function

The pancreas is about six inches in length, lies behind the stomach, and has two main functions. These functions are 1) the manufacturing of enzymes necessary for proper digestion of food and 2) the production of the hormones insulin and glucagon, involved in metabolism. The bile duct runs from the liver to the pancreas where

it meets with the pancreatic duct. These ducts end at the ampulla of Vater where they enter the uppermost portion of the small intestine called the duodenum. This anatomic region of the abdomen is completely fused. This is why in pancreatic surgery it is often necessary to remove several other organs, or portions of organs, along with the pancreas as one unit.

Whipple Procedure

The most common surgery performed to remove pancreatic tumors is called the Whipple procedure, or pancreaticoduodenectomy. During this procedure, the surgeon removes the head

of the pancreas, gallbladder, duodenum, small portion of the stomach, and lymph nodes near the head of the pancreas. The surgeon then reconnects the remaining pancreas and digestive organs so that pancreatic digestive enzymes, bile, and stomach contents will flow into the small intestine during digestion.

Common Issues

According to Dr. Evans, pancreatic cancer survivors face several issues unique to this disease that may affect their ability to receive

Continued on Next Page

Surgery for Pancreatic Cancer cont.

treatment. Biliary obstruction, gastric outlet obstruction, and pain are the primary issues. In many cases, tumors on the head of the pancreas will block the bile duct and cause an obstruction. This obstruction leads to an unhealthy back-up of bile in the liver, which then causes a build up of bilirubin in the blood stream. When bilirubin accumulates in the blood, patients may experience jaundice, or a yellowing of the skin and eyes, dark urine and light or clay-colored stools. For many patients, this biliary blockage will limit the treatments available. In order for a patient to receive proper treatment, biliary blockages need to be relieved with stents or surgical biliary bypasses.

Gastric outlet obstruction is another common issue for pancreatic cancer survivors. Gastric obstruction can occur if the tumor is in a location where it blocks the passage of material through the duodenum. If the duodenum is blocked, the patient does not receive adequate nutrition. Gastric outlet obstruction can also prevent a patient from

being able to undergo chemotherapy or surgery. This condition can be treated with bypass surgery, tube feeding into the small intestine, or duodenal stents.

The last issue that can affect treatment for pancreatic cancer survivors is pain. According to Dr. Evans, many pancreatic cancer patients suffer from higher disease burden than patients of other cancers. Simply put, the same amount of cancer in a pancreatic cancer patient will likely cause more pain and more problems than another type of cancer. The ability to administer treatment and the success of the treatment, whether surgical or systemic, is dependent on the overall health of the survivor. Having a functioning liver, satisfactory caloric and protein intake, and pain control is very important for pancreatic cancer patients.

Advancements

According to Dr. Evans, the good news regarding pancreatic cancer is that there have been many advances in recent years. There have been

advances in pre-treatment staging, all forms of therapy, and in palliative care.

One place where pancreatic cancer surgery has seen significant advancement is in staging guidelines. Often, pancreatic tumors are staged based on their resectability rather than given a number. Many patients' tumors are staged as either *resectable* or *unresectable*. However, it is becoming more recognized that there is actually a third group that must be included. Some patients are now being staged as *potentially resectable*. These patients usually have locally advanced disease. For these patients, surgery might not be an immediate option, but after neo-adjuvant (pre-surgical) therapy, surgery may become a viable option.

PanCAN thanks Dr. Evans for this highly informative presentation. **For more information about surgery for pancreatic cancer please contact a PALS Associate at (877) 272-6226 or pals@pancan.org.**

Diet and Nutrition

The Diet and Nutrition information session of PanCAN's Los Angeles Symposium was presented by Maria Petzel, RD, LD, CNSD, a senior clinical dietitian at M.D. Anderson Cancer Center. Her presentation focused on dietary symptoms and side-effects of pancreatic cancer and its treatments. She talked about pancreatic exocrine insufficiency, supplements, and general eating recommendations. Ms. Petzel discussed how common symptoms and side-effects can include diarrhea, constipation, nausea, and even taste changes.

Causes of Diarrhea

Ms. Petzel mentioned that possible causes of diarrhea are exocrine insufficiency, lactose intolerance, and even bacterial overgrowth, all of which can cause feelings of indigestion, cramping, frequent stools, and loose stools. Possible treatments for diarrhea are use of pancreatic enzymes to help with the exocrine insufficiency, eating lactose free dairy or taking lactase to help with lactose intolerance, and taking antibiotics to help fight bacterial overgrowth.

Exocrine Insufficiency

The pancreas produces the enzymes responsible for digesting fats, proteins, and sugars in food. A common symptom of pancreatic cancer is exocrine insufficiency in which the enzymes responsible for breaking down the fats, proteins, and sugars are either

not being produced or not being produced in adequate amounts. Patients who have pancreatic insufficiency due to disease, treatment, or surgery should speak to their medical teams about taking supplemental pancreatic enzymes. In addition, regular use of an acid reducing medication is likely to enhance the enzyme activity. Ms. Petzel cautioned that one brand of enzymes may work better than another, depending on the individual, and may even vary from one batch to another. She explained that certain companies are starting to follow strict guidelines in the production of enzymes, but that it is best for individuals to start with one brand and stick with it. Ms. Petzel also mentioned that every person needs different amounts of pancreatic enzymes. Amounts needed may vary depending on disease and treatment. Most people start by taking one pill with snacks and two pills with meals and increase as needed. It is also very important that enzymes be taken both at the beginning of the meal or snack and throughout the meal in order to mimic the body's natural digestion.

Nausea, Constipation and Pain

In addition to diarrhea and exocrine insufficiency, Ms. Petzel provided tips on nutrition for people experiencing nausea, constipation, and pain. Some patients even experience taste changes as a side-effect of treatment.

One recommendation is to rinse the mouth prior to eating with a solution of baking soda and water or water with lemon (if no mouth sores are present) in order to reduce bacteria in the mouth and provide a fresh palate. If patients are experiencing a metallic taste, using plastic or glass utensils and serving ware may help. Additionally, using tart flavors such as pickles, lemons, and vinegar may enhance dull tasting food. Adding vinegar to fresh fruit and sweeteners to overly salty foods may help make the food more appealing.

Eating Recommendations

As general eating recommendations, Ms. Petzel recommended eating lean cuts of meat, beans, low-fat or fat-free dairy, nuts, and protein powders as good sources of protein. Calories should also be obtained from fats (as tolerated), including nuts, avocados, olives and oils such as olive, canola, and peanut. Fruits, vegetables and complex carbohydrates also provide good sources of calories. Additionally, most patients require six to twelve cups of non-alcoholic and non-caffeinated fluid per day to maintain adequate hydration. The use of non-diabetic and diabetic liquid nutritional supplements may also be used to obtain proper nutrition.

For more information about diet and nutrition, contact a PALS Associate at (877) 272-6226 or at pals@pancan.org.

Personal Empowerment for Caregivers

Ms. Shirley Otis-Green, a licensed clinical social worker and Senior Research Specialist at the City of Hope National Medical Center, led a compassionate and interactive discussion about the challenges and rewards of being a caregiver and shared useful strategies for personal empowerment. While no two caregiving situations are identical, the one clear commonality amongst those in attendance was that each person is caring for a loved one with pancreatic cancer. This created a palpable feeling of unity and solace as Ms. Otis-Green began her talk.

Understandably, a loved one's cancer diagnosis is a devastating surprise that instantly changes everything. The diagnosis does not just affect the patient, it also affects the caregiver. While caregiving can be immensely rewarding and is deeply appreciated by the cancer survivor, it takes courage, commitment and motivation. Caregivers serve many roles at the same time, and the responsibility can at times become overwhelming. Caregivers commonly deny their own needs and express feelings of guilt and selfishness for taking time for themselves. However, Ms. Otis-Green explained that caregivers who do not look out for their own needs do so at the expense of their physical and emotional health. One particular risk for caregivers is compassion fatigue, which is a state of being associated with caring for someone in distress.

Signs of compassion fatigue:

- Somatic (bodily) symptoms of stress
- Impact on mood (feelings of depression, anxiety, anger, etc.)
- Impact on performance (quantity and quality)
- Desire for distance or detachment
- Dissatisfaction with role of caregiver

She added that most caregivers use **negative coping strategies** to deal with stress, including:

- Emotional distancing

- Apathy/depression
- Sarcasm
- Hopelessness/helplessness
- Generalized negativity including anger, frustration, and hostility
- Substance abuse
- Over/under eating
- Blame, guilt, fatigue
- Over/under sleeping
- Severely criticizing and/or punishing oneself

Ms. Otis-Green stressed that being a good caregiver requires being a good self-provider and tending to one's own needs. This means striving for personal balance, having a plan and a back-up plan, and employing positive coping strategies for handling stressors. Among the various **positive coping strategies** available she discussed the following:

- Adjusting expectations
- Engaging in self care (exercise, eat, sleep)
- Nurturing yourself (treating oneself as if you were your own best friend or caregiver)
- Using humor daily
- Celebrating even small achievements
- Identifying and addressing your own "unfinished business"
- Cultivating optimism—practice making lemonade from life's lemons
- Developing stress relief skills
- Using positive self-talk

She added that caregivers need to increase their tolerance for ambiguity, claim responsibility for themselves, live passionately, be "mindful of the moment," and live in the now.

To receive more tips for caregivers, contact a PALS Associate at (877) 272-6226 or pals@pancan.org.

Story of Hope and Inspiration



Dr. Mark Talamonti and Ms. Willye White

In the sports world, African American women in the 20th century have created new pages in the annals of sports history filled with record-shattering accomplishments. Against formidable competition, they have displayed a level of determination, dedication, perseverance and excellence that is virtually unparalleled elsewhere.

One such distinguished athlete, Ms. Willye White, was a guest speaker at PanCAN's L.A. Symposium in November. The first woman to compete for the U.S. in five Olympiads, Willye White was the top American long jumper during the 1960's and 70's, set the national record on seven occasions and held that record for 16 years. Willye recently added one more victory to her long and illustrious life – she became a survivor of pancreatic cancer.

At the Symposium, Willye shared with attendees how her athletic training has become a metaphor for many aspects of her life. To be an athletic champion, she said, she had to practice, compete, believe in herself, and have faith. As she simply stated, "Sport prepared me for life". Based on her athletic experiences, Ms. White knew that to beat pancreatic cancer she would need to make it a team effort, and that she would need to rely on her faith to see her through to the finish. However, she also asserted that in whatever manner one chooses to move forward, he or she must have a plan, "for a dream without a plan is only a wish". Willye White is a true champion, and her grace, courage and tenacity in beating pancreatic cancer sets an example for all to applaud.

Pancreatic Cancer Symposium

An Event to Educate and Create Awareness

Tampa, Florida

February 17, 2007

H. Lee Moffitt Cancer Center
of the University of South Florida

Chicago, Illinois

March 31, 2007

Robert H. Lurie Comprehensive Cancer
Center of Northwestern University

New York, New York

June 2007

Location to be determined

Legal and Insurance Issues

PanCAN had the pleasure of adding Barbara Ullman Schwerin to an artillery of resources available at the Los Angeles Symposium. Ms. Schwerin is the founding Director of the Cancer Legal Resource Center at Loyola Law School.

Ms. Schwerin shared her knowledge of the general structure of managed care and health reform legislation including HMOs, PPOs, COBRA, Medicare, Medicaid, and the Health Insurance Portability and Accountability Act (HIPAA).

HMO vs. PPO: Typically these are employer sponsored plans. Plan descriptions and covered items are listed in the evidence of coverage book. Changes can be made during open enrollment only.

COBRA (www.dol.gov/dol/topic/health-plans/cobra.htm) allows an individual to keep group health coverage after leaving a job and requires the employee take an affirmative step to enroll. When an individual is no longer eligible for health coverage, the employer must provide a specific notice regarding rights to COBRA. The individual then has 60 days to

decide whether to elect COBRA continuation insurance.

Social Security (www.ssa.gov) includes Medicare, Medicaid, SSI, and SSDI. It can take time to qualify and start coverage. Contact Social Security at 1-800-772-1213 as soon as possible in a qualifying situation.

Medicare Part A generally pays 80% of approved charges, in-patient hospital charges, and up to 100 days in a skilled nursing facility. Part B covers doctor's visits, physical therapy, outpatient and other medical supplies and services. Finally, Medicare Part D covers prescription drugs.

Medicare has a shared monthly cost; therefore, it is recommended to schedule surgery or other invasive procedures toward the beginning of the month. If treatment rolls over into the next month, then the individual will have two months of shared cost.

HIPAA (www.ncsl.org/statefed/hr3103.htm) prohibits any group health plan from creating eligibility rules or assessing premiums based on health status, medical history, genetic information,

or disability. As long as the individual has not had a 63 day lapse in coverage and if there has not been treatment (actual or recommended) within the last 6 months then the diagnosis would not be considered a pre-existing condition.

Be diligent and read insurance paperwork. With any plan, individuals may appeal a coverage decision. Generally, appeals must be submitted in writing to the insurance company. Appeal protocol is listed in coverage documentation. Individuals having difficulty rectifying situations with insurance companies should contact their state's Department of Insurance.

Finally, it is important to know and use buzz words. Let the health plans know that you are an educated consumer. Reference HIPAA when being denied coverage. Request a change from group to individual coverage *without going through medical underwriting*. This will preclude the insurance provider from viewing medical records.

For more information on insurance or other financial resources, contact a PALS Associate at (877) 272-6226 or pals@pancan.



Over 40 pancreatic cancer survivors came together for a day of education and camaraderie at the 2006 Pancreatic Cancer Symposium – Los Angeles. Photography by Douglas Gates

November Spotlight: PanCAN Purple _____

Thank you for making this November a month to remember! As part of this year's awareness activities, we asked you, the members of the PanCAN community, to Raise Your Voice. And so you did! Not only were we flooded with pictures and stories for Picture Yourself Purple Day, people across the country performed Random Acts of Purple to help spread the word about our cause. Some highlights:

- ⌘ At Ohio State University's Arthur G. James Cancer Hospital and Solove Research Institute, PanCAN supporters held a "Paint Your Clinic Purple" event. Participants wore purple and passed out purple cupcakes and ribbons.
- ⌘ 3-year-olds in the Little Angels Preschool in Barrington, Illinois were encouraged to wear purple on November 15th to support their

teacher, who had lost her father to pancreatic cancer.

- ⌘ Over 600 PanCAN car magnets were purchased from the store in November!

PanCAN sends a heartfelt thank you to all those who participated in Picture Yourself Purple Day. Your images and words serve as an inspiration to us all. Because everyone who participated is a winner in our book, we had a hard time narrowing down our finalists for the top prizes and ended up choosing six photos, each tied for 1st, 2nd and 3rd place!

To see these photos and other notable entries, please visit www.pancan.org for a link to the Picture Yourself Purple photo gallery.



First place winners: The employees of Pharmatech, Inc. of Denver, Colorado and the Louisiana Workers' Compensation Corporation of Baton Rouge, Louisiana



Second place winners: The staff of the Warren General Hospital and Cancer Care Center in Warren, Pennsylvania and the staff of the Social Security Administration in Baltimore, Maryland



Third place winners: Students at Sixth Ward Middle School in Thibodaux, Louisiana and the Smith family of Springdale, Maryland



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!

Janet Adams and Susan Kay Schultz, *TeamHOPE Arizona - Greater Phoenix*

Barbara Ochoa, *TeamHOPE California - Orange County*

Ken Cuzeman, *TeamHOPE Maryland - Baltimore*

Marianne Duggan, *TeamHOPE Massachusetts - South Shore*

Mary Murray, *TeamHOPE Massachusetts - West*

Susan Dertke Hendin, *TeamHOPE Missouri - St. Louis*

Paula Smykil and Nancy Redfield, *TeamHOPE New Hampshire*

Rebecca Campbell, *TeamHOPE Ohio - Canton*

Kevin Kelly and Christina Tabarrini, *TeamHOPE Pennsylvania - Philadelphia*

Chelsea Orvella, *TeamHOPE Washington - Puget Sound*

Katherine Schmidt, *TeamHOPE Wisconsin - Milwaukee*

For a listing of upcoming TeamHOPE events, please see the back page of this newsletter.

TeamHOPE Events

Arizona

The Dave Thiele Memorial Golf Tournament was held October 14 in Scottsdale. Participants enjoyed the four-man scramble at the Starfire Golf Club, then lunch and a silent auction.

California

Jon Aronson took on the **Kaiser Permanente Los Angeles Triathlon** to support his father Bob's fight against pancreatic cancer. Despite never having trained for something like this before, Jon finished the event and raised \$30,000 through his fundraising webpage, setting a new PanCAN record for individual fundraising.

Colorado



The first-ever **Golden Gallop: Race to Defeat Pancreatic Cancer** was held in Golden August 19. Rain didn't stop the

300 energetic participants from taking on the 5K run/walk and 10K run. Tremendous support from families connected with The Florence MacFarlane Martin Memorial Foundation helped make this event a huge success, raising awareness and \$30,000.

Connecticut



Steve Hancock, longtime runner and 2 ½ year pancreatic cancer survivor, helped organize **Trails to a Cure** May 14 in Cockaponset State Forest. The morning of the race, Steve found himself in the hospital, but convinced his doctor to allow him to attend the race as long as he came back directly after, which he did. The race, attended by 180 people, raised \$14,000.

Georgia



The 2nd Annual Pancakes for PanCAN took place September 16 at White Bluff United Methodist Church in Savannah, raising \$3,120. Thanks to event sponsors for their generosity, and thanks to the volunteers and participants who made this breakfast a success.

On September 23, 240 members of the Atlanta community came out for the **PanCAN TeamHOPE Walk** in Piedmont Park, raising \$47,000. TeamHOPE Atlanta extends a big thank you to the sponsors and volunteers who made the day a rousing success.

Illinois

On August 6, **Walk for Hope Chicago** raised a record \$208,000. Team Mullin raised \$22,000

for the event and Heather Van der Aa led all individual walkers by raising \$15,000.

On August 25, the **Shirley Hobbs Martin Memorial Golf Tournament** took place in Lake Bluff, raising \$5,000 for PanCAN. Despite being called in twice due to lightning, guests enjoyed a day on the course, silent and live auctions and a delicious dinner.

On August 26, the **Time for Hope Rock Concert** in Plainfield raised \$20,000. Guest of honor was Dan Hampton of the 1985 world champion Chicago Bears.

On September 22 in Arlington Heights, the Dornbos family held a **Memorial Bake Sale** in honor of their father Rick, who died in 2005.

Love to Live Bowl-a-thon, in memory of Debra Ann Schuldt, was held October 7 in Algonquin.

Jennifer Shackle ran in the **Chicago Marathon** October 22, raising \$1,000.

The Hope for Barb Walk was held in Bartonville November 4.

Indiana

The Steve Whiteley Drive for Hope, held September 25 at the Sycamore Hills Golf Club in Fort Wayne, raised \$22,000.

The 1st Annual Ron Guttman Pancakes for PanCAN was held in Fort Wayne November 11, raising \$4,000.

Kansas

On September 12, Team Brady **sold shirts** to raise more than \$2,000.

In Wichita, 200 participants raised \$10,000 at the **2nd Annual Stride for Hope**.

Louisiana



The 1st Annual TeamHOPE Walk Louisiana took place in Bossier City November 4. Over 100 participants enjoyed a walk along the Red River marked by signs with pancreatic cancer facts and raised \$4,500.

Maryland



TeamHOPE National Capital Area **visited the Johns Hopkins Laboratory** September

9 to learn about their pancreatic cancer research programs. Dr. Ralph Hruban gave an overview of the lab's growth, then other staff gave presentations. TeamHOPE thanks the staff at Johns Hopkins for this very informative tour.

The 3rd Annual People and Pooches for PanCAN took place September 16. This 2 -mile walk took place at the Wilmington Riverfront in Wilmington, DE and included a walk, raffle and doggie costume contest. The event raised \$1,300.



Walk for Tess in memory of Tess Cunzeman was held October 8 in Bel Air. Over 150 walkers raised

\$24,000. Governor Robert Ehrlich issued a proclamation designating October 8th as Pancreatic Cancer Awareness Day. Thanks to everyone who helped make the event a huge success.

Massachusetts



The TeamHOPE Walk - Cape Cod, formerly the Cindy Police Walk, took place in Bass River October 28 despite pouring rain. 250 walkers, including six survivors, raised \$105,000.

The Granara-Skerry team raised \$36,000 and set the record for most money raised as a team for TeamHOPE events. Congratulations to top fundraiser Sherri Cohen, who raised \$10,000.

Michigan

The 2nd Annual Dow High School Golf Outing on September 1 raised \$250.

Jason Hall and Penny Rose held the **Jeanne Rose Memorial Domino Tournament** in Richland November 4, raising \$4,700.

Minnesota

In June, the **Bill Anderson Memorial Golf Classic** in St. Paul raised \$65,000.

300 participants rode their bikes September 16 through French Regional Park in Plymouth at the first-ever **Purple Ride Minnesota**. The event was a huge success, raising \$92,000.

The 4th Annual Tom Grosser Memorial Golf Tournament was held September 17at Hidden Greens North in Solon Springs. Since the event's inception, \$41,000 has been raised. A big thank you to all for their commitment, time and financial contributions.

National

PanCAN TeamHOPE's Marathon Team sent 40 runners to the **America's Finest City Half-Marathon** in San Diego August 20 and raised \$120,000. Runners included Dr. Kenneth Rybicki, a pancreatic cancer survivor from St. Louis, MO.

New Jersey



Nearly 500 participants, including several survivors, attended **The Susan Novick Race to Make a Difference** September

10 at Giampietro Park in Vineland, raising \$60,000. Event organizers thank everyone in the community for helping create a day that captured the spirit of Susan Novick.

New York



On June 22 Rensselaer Honda held the **4th Annual Tom Gorman Memorial Golf Tournament**, raising \$10,000. This year's tournament was held at the

Fairways of Halfmoon golf course and included a silent auction and a 50/50 drawing.



On September 24 in Nyack, the **1st Annual Pancreatic**

Cancer Awareness Baseball Game Benefit was held in honor of Coach David Siegriest, raising \$25,000. Thank you to the Nyack High School baseball team, alumni and local TeamHOPE affiliates for their support.



The 1st Annual Walk for HOPE Stamford was held September 30 in memory of Anna Mattice and her brother John Stiber. Pictured are SPC Andrew Mattice, who arrived the evening before from Afghanistan to lead the walk, and Sheila Mattice, event organizer.

On October 21, the **7th Annual Barbara Ennis Foundation fundraiser** was held at the Tuscarora Club in Lockport. This year's event, A Celebration of Life, was attended by 150 people and raised \$6,000 for PanCAN. Event organizer and PanCAN Board Member Tim Ennis would like to thank everyone who helped make this event a great success.



Cabaret HOPE was held November 4 in Cohoes. Honorary chairpersons Mayor John T. McDonald III, Cohoes Town Council President April Kennedy,

and Assemblyman Ron Canestrari were in attendance. During the event, Peter Grimm, Rensselaer County legislator, read a proclamation from Troy, NY declaring November Pancreatic Cancer Awareness Month.

North Carolina



The 2nd Annual Bowling for HOPE event took place August 19 in Cary. Participants enjoyed refreshments, balloon

pop, face painting, Wool E. Bull, raffle and silent auction. Many thanks to event sponsors and everyone who participated.

Ohio

On September 18, 20-year-olds Eddie D'Agostino and John Romano left Oberlin, Ohio on a tandem bicycle on a **Ride to the Bay**. Forty days and 3,000+ miles later they arrived in San Francisco, raising \$10,000. John and Eddie serve as an inspiration to those who followed their journey.

On September 9 at the Links of Amherst, the **2nd Annual Jay Pijor Golf Outing** was held, raising \$2,000.

On October 15, the **Tom Hearn Cruise-In for a Cure** was held by Tom's son Mike, with support from the Fairless Key Club, family and friends. 70 cars and 2 fire trucks participated in the event, raising \$5,400.

Oregon

Karen Kuhla of Portland ran the **LaSalle Bank Chicago Distance Classic** in August in memory of her mother Connie. Before the race, Karen collected stories of her mother, vignettes that provided support as she ran the half-marathon and raised \$6,600.

Pennsylvania



Rochelle McCrae held a **50th birthday** party in Philadelphia, and in lieu of gifts she asked guests to donate to PanCAN in memory of her beloved sister Beverly, raising \$1,205.



On a wet Saturday in August in Moosic, two young boys named Kenny and Andrew set up a **lemonade stand** and raised \$70 in memory of their grandfather, "Papa."

On August 27, 250 people gathered at the North Park Boathouse in Pittsburgh for the **3rd Annual Pick Up The Pace for PanCAN**, raising \$23,000. Special thanks to Marilyn Brooks, Health Editor for television station WTAE, for participating as a featured speaker.



330 attended the inaugural **Pancakes for Patty** September 23 at St. Bernadette's Church Hall in Drexel

Hill in memory of Patty Kelly. The event was coordinated by Patty's son Jimmy (now 11) and husband Kevin, and raised \$10,000.

The 2nd Annual Mike Praplaski Golf Outing was held October 9 at the Chester Valley Golf Club in Malvern and raised \$31,000.



108 golfers braved the cold at the **4th Annual Golf Outing and BBQ** in Etters on October 14. U.S. Congressman Todd Platts (R-PA) kicked off the day by presenting

U.S. House Resolution 745 declaring November National Pancreatic Cancer Awareness Month. The event raised \$18, 035.

South Dakota

On August 27, the **4th Annual Brandon 2 Person Scramble** at the Brandon Golf Course had 84 participants and raised \$16,000. The event was particularly memorable as TeamHOPE Affiliate Coordinator Peggy Kessler celebrated her fifth anniversary as a pancreatic cancer survivor.

Tennessee



On September 23, **Hustle for Hope** took place at the Opry Mills Mall in Nashville and raised \$8,000. Special thanks

to event sponsors, volunteers, walkers, and all who helped make this event a success.



The 4th Annual Trail Walk/Run for PanCAN was a great success, bringing in \$12,000

and raising community awareness. Thanks to all who contributed to the event.

Texas

Graphic Solutions Group, Inc. of Dallas held their **7th Annual Hank Granberry Charity Classic Golf Tournament** October 10 and raised \$18,000 in memory of long-time President Hank Granberry.



The 5th Annual Ol' Country's Boot Scootin' for PanCAN was held October 28 in Fort Worth,

raising \$2,500. Pictured are survivors Joye Carter, Carolyn Lawson, and Dee Pakulski.

Virginia

Movin' and Groovin' for PanCAN was held for the third year in a row August 26 in Richmond, raising \$25,000.

Washington



Fidalgo's Home Fair hosted the **2nd Annual Holiday Shopping Night** in Seattle November

1. 20% of the store's proceeds were donated and guests made additional cash donations. Thanks to TeamHOPE volunteers for working with Fidalgo's and representing TeamHOPE at the event.

Wisconsin

Golfers gathered at the Fire Ridge Golf Club in Grafton September 9th for the **4th Annual Vernon Open**, in memory of Daniel Jack Kleiman.

The PanCAN Fundraiser Dinner Dance in Memory of Chris Haas was held on September 29 in Cudahy, raising \$1,800.

Introducing Adriana Kwicinski! “Irreplaceable”



This exclusive-to-PanCAN CD of jazz and R&B classics features the stunningly beautiful and surprisingly mature voice of 13-year-old Adriana Kwicinski,

who recorded these sentimental favorites in memory of her father Larry, who passed away from pancreatic cancer in 2006. Having just debuted at PanCAN's 9th annual "An Evening with the Stars Goes Hollywood" Gala on November 4, 2006, you can find her wonderful selections of "Cheek to Cheek", "In the Wee Small Hours of the Morning," and many other lovely classics available on this special CD. For more information, please visit our PanCAN Store at www.pancan.org/store

All proceeds benefit PanCAN.

\$20.00 each

**Order 10 CDs or more:
\$15.00 each**



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Calendar

Start Date	End Date	Event Name	City	State	Contact
1/19/07	1/21/07	American Society of Clinical Oncology (ASCO) Gastrointestinal Cancers Symposium	Orlando	Florida	Michelle Duff, mduff@pancan.org
1/28/07	1/28/07	ING Miami Marathon and Half Marathon	Miami	Florida	John O'Hara, johara@pancan.org
2/4/07	2/4/07	Run Walk Thrive Half Marathon & 5K	San Francisco	California	Michelle Monhart, mmonhart@pancan.org
2/17/07	2/17/07	Pancreatic Cancer Symposium	Tampa	Florida	Sheila Dunbar, sdunbar@pancan.org
2/25/07	2/25/07	4th Annual Walk for a Cure	Greendale	Wisconsin	Rachel Broadhead, rbroadhead@pancan.org
3/1/07	3/4/07	Association of Psychosocial Oncology (APOS) Annual Meeting	Austin	Texas	Michelle Duff, mduff@pancan.org
3/10/07	3/10/07	2007 Striking Out Cancer for PanCAN	Wilmington	Delaware	Valerie White, vwhite@pancan.org
3/11/07	3/11/07	3rd Annual TeamHOPE Walk - Indoor Mall Walk	Albany	New York	Susan Paepke, spaepke@pancan.org
3/15/07	3/18/07	Society of Surgical Oncology (SSO) Annual Meeting	Washington	DC	Michelle Duff, mduff@pancan.org
3/31/07	3/31/07	Pancreatic Cancer Symposium	Chicago	Illinois	Sheila Dunbar, sdunbar@pancan.org
4/14/07	4/18/07	American Association for Cancer Research (AACR) Annual Meeting	Los Angeles	California	Liz Thompson, lthompson@pancan.org
4/22/07	4/24/07	PanCAN Lobby Days	Washington	DC	Megan Gordon Don, advocacy@pancan.org
4/24/07	4/27/07	Oncology Nursing Society (ONS) Annual Congress	Las Vegas	Nevada	Michelle Duff, mduff@pancan.org
5/2/07	5/4/07	Association of Oncology Social Work (AOSW) Annual Meeting	Portland	Oregon	Michelle Duff, mduff@pancan.org
5/19/07	5/24/07	Digestive Disease Week (DDW)	Washington	DC	Michelle Duff, mduff@pancan.org
5/20/07	5/20/07	The Pancreas Club Annual Meeting	Washington	DC	Michelle Duff, mduff@pancan.org
6/1/07	6/1/07	5th Annual Rod Rogers Memorial Golf Tournament	Kansas City	Kansas	Jennifer Vogel, jvogel@pancan.org
6/1/07	6/5/07	American Society of Clinical Oncology (ASCO) Annual Meeting	Chicago	Illinois	Michelle Duff, mduff@pancan.org
6/21/07	6/21/07	The 5th Annual Tom Gorman Memorial Golf Outing	Mechanicsville	New York	Pam Lopez, edlovesaruba@hotmail.com