Welcome to Yale Cancer Center Answers with doctors Francine Foss and Anees Chagpar. Dr. Foss is a Professor of Medical Oncology and Dermatology, specializing in the treatment of lymphomas. Dr. Chagpar is Associate Professor of Surgical Oncology and Director of the Breast Center at Smilow Cancer Hospital at Yale-New Haven. If you would like to join the conversation, you can contact the doctors directly. The address is canceranswers@yale.edu and the phone number is 1-888-234-4YCC. This week, in observance of Pancreatic Cancer Awareness Month Dr. Chagpar is joined by Dr. James Farrell. Dr. Farrell is Director of The Yale Center for Pancreatic Diseases. Here is Anees Chagpar. Chagpar This is Dr. Anees Chagpar and I am joined today by my guest Dr. James Farrell and we are discussing pancreatic cancer, particularly given the fact that this is Pancreatic Cancer Awareness Month lest any of you did not know that, I certainly did not. James, right before the break you were telling us something that I found very intriguing, which was the fact that although it still seems to be in its infancy there are a variety of imaging modalities that we can use to kind of screen for pancreatic cancer, tell us more about what those tests are and how involved they are? What it is like for a patient? Farrell We are beginning to use more tests such as MRI scans as well as CAT scans, but preferentially MRI scans because of the lack of radiation, and we get very good imaging of the pancreas with that. We are beginning to pick up very small lesions such as small cysts, which we think might be associated with the development of pancreatic cancer, so in the right population this becomes a very interesting finding for us. That is a non-invasive study, it does not require the patient to be sedated and takes about a half hour or so, it gives a lot of information about the pancreas in incredible detail. On account of a slightly higher level then we have to make decisions about whether we do more invasive, but safe procedures, and really a very common one is called endoscopic ultrasound and this is available at a variety of institutions around the country and it is becoming more common. It is like an upper endoscopy, so if have ever had an endoscopy to look for an ulcer or to check on heartburn, it is very similar to that, but it has an ultrasound probe that allows us to look very closely at the pancreas. So, we can see all aspects of the pancreas in incredible detail, but almost as importantly, it allows us to biopsy things within the pancreas very safely and so in former times if you wanted a biopsy of the pancreas it was a big production either involving CT scan with surgery, and now we can do a minimally invasive procedure such as the endoscopic ultrasound. We can stick a very small needle, very safely, painlessly into the pancreas, we can biopsy, we can collect fluid from these cysts and try and understand what is going on in a patient's pancreas. It is one of the great advances over the last 15 or 20 years or so and it has really pushed the area of pancreatic imaging, so that we are beginning to understand what we are dealing with again in certain populations. Chagpar Can you tell me more about those populations, are those the people who would be genetically tested to be at higher risk? Who would those be and how frequently should they be getting these studies?Dr. James Farrell is Director of the Yale center for pancreatic diseases. If you have questions or comments, we invite you to visit yalecancercenter.org or you can also get the

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