46th Annual Pancreas Club Meeting

Program Schedule

Friday May 18, 2012

Session I
1:00 PM to 2:45 PM
Cancer Clinical/Translational/Neuroendocrine Tumors/Emotional Impact of Pancreatic Cancer

1:00 PM  THE PROGNOSTIC IMPLICATION OF KRAS MUTATION IN AMPULLARY ADENOCARCINOMA: ONLY THE KRASG12D GENOTYPE PREDICTS POOR SURVIVAL, Nakul P Valsangkar1
Long

1:15 PM  Correlation of DPC4 Status with Outcomes in Pancreatic Adenocarcinoma Patients Receiving Adjuvant Chemoradiation, Joseph M Herman
Long

1:30 PM  Prognostic significance of human equilibrative nucleoside transporter 1 (hENT1) expression in pancreatic cancer patients treated with gemcitabine-based chemoradiotherapy and availability of endoscopic ultrasonography guided fine needle biopsy samples, Yasuhiro Murata
Long

1:45 PM  Activation of the IL6-R/Jak/Stat pathway is associated with a poor outcome in resected pancreatic ductal adenocarcinoma, Nigel B Jamieson
Long

2:00 PM  Phase II trial of fixed-dose rate gemcitabine, bevacizumab, and concurrent 30 Gy radiotherapy as preoperative treatment for potentially resectable pancreatic adenocarcinoma, George Van Buren
Long
Comparaison between MDCT post-contrastographic pattern and microvascular density (MVD) in pancreatic neuroendocrine tumors: correlation with the neoplasms nature., Carla Cappelli Long

2:30 PM A biological basis for depression in pancreatic cancer, I C Botwinick Short

2:35 PM The effect of depression on diagnosis, treatment, and survival in pancreatic cancer, Casey A Boyd Short

2:40 PM Fear of cancer recurrence and quality of life among survivors of pancreatic and periampullary neoplasms, Maria Petzel Short

2:45 PM Break: Visit with exhibitors and view posters

3:00-3:50 Poster viewing

Session II

Cancer basic and translational

4:00-5:15 PM

4:00 PM Clinical implications of the sequencing of the exomes of all of the most common types of pancreatic neoplasms, Christopher L Wolfgang Long

4:15 PM Pancreatic duct glands (PDG) are the origin of gastric-type IPMN, Junpei Yamaguchi Long
4:30 PM Inhibitor of differentiation-1 (Id1) expression in pancreatic adenocarcinoma exhibits significant translational implications, Jose G Trevino Long

4:45 PM GRANULOCYTE MACROPHAGE COLONY STIMULATING FACTOR (GM-CSF) PANCREAS TUMOR VACCINE IN COMBINATION WITH BLOCKADE OF PD-1 IN A PRECLINICAL MODEL OF PANCREATIC CANCER, K Soares* Long

5:00 PM IDENTIFICATION OF NOVEL HIGHLY-SPECIFIC MARKERS OF PANCREATIC CANCER USING GENOME-WIDE SCREENING, Angela Guzzetta Short

5:05 PM Which is more useful as a predictive marker of adjuvant gemcitabine-based chemotherapy for pancreatic carcinoma after surgical resection, intratumoral hENT1 or RRM1 expression?, Naoya Nakagawa Short

5:10 PM Epidural Use During Pancreatectoduodenectomy, Nicolas Zea Short

5:15 PM Welcome Reception and Poster Viewing

Saturday May 19, 2012

7:45 Welcome and Introductory Remarks
William H. Nealon, M.D. Vanderbilt University Medical Center, Nashville, Tn
L. William Traverso, M.D. St. Luke’s Hospital, Boise, Idaho
Michael Farnell M.D. Mayo Clinic, Rochester, Mn

Session III
Cancer Basic
8:00 AM -9:45 AM
8:00 AM    Genetic Variants in the NFkB Pathway Predicts Survival in Patients with Surgically Resected, Locally Advanced and Metastatic Pancreatic Cancer, **Kaye M Reid Lombardo**
Long

8:15 AM    Gene Expression Molecular Profiles Associated with Clinicopathological Criteria and Survival in Resectable Pancreatic Ductal Adenocarcinoma, **Nigel B Jamieson**
Long

8:30 AM    An engineered chimeric, Fc mutated, Anti-CA19-9 scFv-Fc for Imaging Pancreas Cancer, **Matthew M Rochefort**
Long

8:45 AM    THE FORGOTTEN CORE PATHWAY: RNA-BINDING PROTEIN HuR SUPPORTS POST-TRANSCRIPTIONAL REGULATION OF PANCREATIC CANCER CELL METABOLISM, **Richard A Burkhart**
Long

9:00 AM    STAT3 mediated chemoresistance is dependent on activated MAPK signaling in pancreatic cancer, **Nipun B Merchant**
Long

9:15 AM    Rethinking Gemcitabine and Radiation Therapy for Pancreatic Cancer: Timing Does Matter, **Danielle M Pineda**
Long

9:30 AM    CORRELATION OF A PERSONALIZED PATIENT-DERIVED PANCREATIC ADENOCARCINOMA XENOGRAFT PROGRAM TO PATIENT OUTCOMES AFTER CURATIVE RESECTION, **Ryan M Thomas**
Short

9:35 AM    FROM TEST TUBES TO CELLS: A SYSTEMATIC, RATIONAL DISCOVERY OF AN FDA APPROVED DRUG FOR THE TARGETED TREATMENT OF PANCREATIC CANCER, **Richard A Burkhart***
Short
9:40 AM  EMT in Ampullary Cancer, **Ulrich F Wellner**  
Short

9:45 AM  Break: Visit Exhibitors and Review Posters

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**Session IV**  
*Cancer Clinical/Techniques*  
*10:00 AM-11:00 AM*

10:00 AM  Major Complication and Open Approach are Predictors of Prolonged Hospital Stay after Pancreaticoduodenectomy, **Michael J Ferrara**  
Long

10:15 AM  Robotic pancreatectomy: experience on 80 consecutive patients, **Ugo Boggi**  
Long

10:30 AM  Duct-to-mucosa pancreaticogastrostomy reduces postoperative pancreatic stump leak rates after distal pancreatectomy, **Yasushi Hashimoto**  
Long

10:45 AM  Hereditary Pancreatitis: Endoscopic and Surgical Management, **Eugene Ceppa**  
Short

10:50 AM  The Utility of Pancreatic Protocol Computerized Tomography Scans for Predicting Metastatic Disease of Pancreatic Tumors: An Update Using Contemporary Imaging Technology, **Alessandro Paniccia**  
Short

10:55 AM  Predictors of recurrence in intraductal papillary mucinous neoplasm: experience with 208 pancreatic resections, **Megan Winner**  
Short

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11:00 AM  **Poster Viewing:** Please see attach poster listing
HOW I DO IT SESSION
Minimally Invasive Pancreatic Surgery
1:00 PM – 1:45 PM

Minimally Invasive Pancreaticoduodenectomy – Ready For Primetime?

Moderators: Horacio Asbun and L. William Traverso

45 minute session

1. The Answer is in the Outcomes. L. William Traverso, Boise (5 min)
2. Changing Outcomes with the Learning Curve. Are Better Outcomes Possible than the Open Procedure? Michael Kendrick, Rochester (10 min)
3. Pros and Cons of MIS – Has the Technology Matured To Be A New Standard? To Provide Better Outcomes? Horacio Asbun, Jacksonville (10 min)
4. An Almost Unbiased View from 30,000 Feet – Mark Talamini, San Diego (10 min)
5. Discussion (10 min)

Symposium Overview.

Thanks to Industry new technology has allowed minimally invasive procedures to be performed. The enthusiastic emergence of laparoscopic cholecystectomy for a very common procedure left the surgical community unprepared to meet the demand. When the new technology emerged to allow surgery to be done differently the surgical community became responsible for managing the impact on our patients and the healthcare system. Surgeons had to obtain training, avoid complications with the new learning curve, and curtail the increased expense.

Now over 20 years later, advancements in technology have allowed a few surgeons to apply minimally invasive techniques to an uncommon procedure - pancreaticoduodenectomy. Has this MIS technology matured to be a new standard for the Whipple procedure? To determine if the technology has matured the “devil is in the details” – the outcomes. A few important measurements are required to assess the performance of a Whipple operation. If these outcomes are based on consensus definitions that can be easily calculated then the measurements can be compared between centers. Is the MIS Whipple ready for primetime or more development in an organized cooperative fashion?

The outcomes to measure include operative time, estimated blood loss, and three severity grading scales for complications – clinically relevant postoperative pancreatic fistula or leak (POPF), clinically relevant delayed gastric emptying (DGE), and the modified Clavien grading of postoperative complications (Accordion Severity Grading System). The POPF and DGE measurements are defined with international consensus and can be calculated with a 13 question tool on the Pancreas Club website (http://pancreasclub.com/calculator/). For more details look at Surgery 2010;147: 503-515 as to how
the tool calculates clinically relevant POPF and DGE, the definitions. Historical means for the outcome measurements of 500 Whipple operations are in Table IV. The Accordion severity grade is calculated using a simple table (Grade 0-6, see table below). The latter measurement significantly correlates with length of stay so LOS does not have to be measured.

Drs Kendrick and Asbun will be asked to present their data with the above outcomes in mind. Videos will be kept at a minimum and used to emphasize how they learned to apply a different aspect of their procedure to improve their own outcomes over time. Dr Kendrick’s outcomes have been calculated already and are available in a format to measure initial versus current outcomes. Dr Asbun has experience with laparoscopic, robotic, and open Whipple procedures and will be asked to use outcomes to compare each of these methods. Dr Talamini will then give an “almost unbiased” opinion on the question of the session.

<table>
<thead>
<tr>
<th>Severity Grade</th>
<th>Description</th>
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<tr>
<td>1. Mild complication</td>
<td>Requires only minor invasive procedures that can be done at the bedside such as insertion of intravenous lines, urinary catheters and nasogastric tubes, and drainage of wound infections. Physiotherapy and the following drugs are allowed—antiemetic, antipyretics, analgesics, diuretics, electrolytes, and physiotherapy.</td>
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<tr>
<td>2. Moderate complication</td>
<td>Requires pharmacologic treatment with drugs other than such allowed for minor complications, for instance antibiotics. Blood transfusions and total parenteral nutrition are also included.</td>
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<td>3. Severe: invasive procedure without general anesthesia</td>
<td>Requires management by an endoscopic, interventional procedure or reoperation without general anesthesia.</td>
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<td>4. Severe: operation under general anesthesia</td>
<td>Requires management by an operation under general anesthesia.</td>
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<td>5. Severe: organ system failure</td>
<td>Postoperative death.</td>
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<td>6. Death</td>
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* An example would be a wound re-exploration under conscious sedation and/or local anesthetic

* Such complications would normally be managed in an increased acuity setting but in some cases patients with complications of lower severity might also be admitted to an ICU


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**Session V**

**Pancreatitis/ Clinical and Basic Science Studies**

**1:45 PM – 3:35 PM**

1:45 PM Transient Receptor Potential Ankyrin 1 (TRPA1) mediates chronic pancreatitis pain in mice., **Fiore Cattaruzza**

Long
2:00 PM        PHYSIOLOGICAL AND PATHOLOGICAL EXOCYTOSIS IN ACINAR CELLS EXAMINED IN SITU IN HUMAN PANCREAS SLICES, **Tao Liang**
Long

2:15 PM        Results of the Beger Procedure Without Proximal Pancreateoenterostomy and the Bern Operation for Chronic Pancreatitis, **Sergey Lyarski**
Long

2:30 PM        Islet Cell Autotransplantation and Morbidity after Operations for Chronic Pancreatitis, **John C McAuliffe**
Long

2:45 PM        Minimally invasive operations for acute necrotizing pancreatitis: comparison of minimally invasive retroperitoneal necrosectomy to endoscopic transgastric necrosectomy, **Dirk Bausch**
Long

3:00 PM        SHORT AND LONG-TERM OUTCOMES FOR PATIENTS WITH AUTOIMMUNE PANCREATITIS TREATED WITH PANCREATIC RESECTION: A MULTI-INSTITUTIONAL STUDY, **Clancy J Clark**
Long

3:15 PM        Autoimmune Pancreatitis (AIP): Short and Long-term Outcomes in Patients Treated Initially by Pancreaticoduodenectomy, a Comparative Study, **Gregory R Roberts**
Short

3:20 PM        Does Pancreatic Stump Closure Method Influence Distal Pancreatectomy Fistula Rate, **Eugene P Ceppa**
Short

3:25 PM        Greater volume resuscitation during the first 24 hours after ERCP is associated with a less severe course of post-ERCP pancreatitis, **Sashidhar Sagi**
Short
Temporal trends in the use of diagnostic imaging for patients with pancreatic conditions: How much ionizing radiation are we using?, Jean-Francois Ouellet

Session VI
Cancer Clinical/ Quality/ Margin Status/ Downstaging/ Adjuvant
3:40 PM- 5:30 PM

3:40 PM QUALITY ASSESSMENT IN PANCREATIC SURGERY: WHAT MIGHT TOMORROW REQUIRE?, Brian T Kalish
Long

3:55 PM Defining Quality For Pancreaticoduodenectomy: Severe Adverse Postoperative Outcomes Including Those Requiring Multiple Readmissions Within 90-Days, Prolonged Overall Lengths of Stay Or Multiple Invasive Interventions Are Predictable, Karen Sherman
Short

4:00 PM PANCREATICODUODENECTOMY AT HIGH VOLUME CENTERS- SURGEON VOLUME GOES BEYOND THE LEAPFROG CRITERIA, Abhishek Mathur
Long

4:15 PM READMISSION FOLLOWING PANCREATECTOMY: WHAT CAN WE DO BETTER?, Tara S Kent
Long

4:30 PM Residual tumor after pancreatico-duodenectomy: the impact of a brand new standardized technique to evaluate resection margins status, Domenico Borzomati
Long

4:45 PM Achieving an R0 Margin by Intraoperative Frozen Section Analysis During Pancreaticoduodenectomy has a Beneficial Impact on Survival, Neda Rezaee
Short
Margin distance is not an independent predictor of survival after R0 resection for pancreatic adenocarcinoma, Short

RADIOGRAPHIC DOWNSTAGING OF BORDERLINE RESECTABLE PANCREATIC CANCER IS RARE FOLLOWING NEOADJUVANT THERAPY, Matthew H Katz

Induction chemotherapy followed by radiation therapy is associated with better survival for patients with locally advanced pancreatic cancer, Lei Zheng

Neoadjuvant chemoradiation versus surgery first for resectable pancreatic head adenocarcinoma—an economic and outcome analysis, Daniel E Abbott

Pancreas Club Brief Business Meeting

Pancreas Club Annual Dinner