The 10 best recent articles in the medical literature relating to pancreatic cancer are reviewed here.

TEN BEST READINGS ON PANCREATIC CANCER
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K-ras-negative patients with pancreas cancer show improved survival with radiation therapy compared to K-ras-positive patients. Expression of p53 is associated with shorter survival when compared to no p53 expression in pancreas cancer patients treated with radiation therapy or chemotherapy. Patients with pancreatic cancer whose tumors express p21 show significant survival advantages when treated with chemotherapy or radiation therapy. An inverse relationship is observed with respect to p21 and p53 expression and clinical stage.


The combination of p53 transduction and chemotherapy, under a correct schedule of administration, appears to be a promising therapy for human pancreatic cancer.


Positive peritoneal cytology (PPC) is associated with advanced disease and is highly specific in predicting unresectability of pancreatic adenocarcinoma, resulting in decreased survival. Antecedent fine-needle aspiration is not associated with an increased incidence of PPC, nor does it have a significant impact on overall survival.


In patients with adenocarcinoma in the head of the pancreas, the degree of circumferential vessel involvement by tumor as shown by CT is useful in predicting which patients will have surgically unresectable tumors. A dilated gastrocolic trunk should not be used as an independent sign of surgical unresectability.


Endoscopic ultrasound (EUS)-guided fine-needle aspiration...
(FNA) of the pancreas appears to be a safe and effective method that increases both the diagnostic and the staging capability of EUS in pancreatic cancer. EUS-guided FNA avoids surgery and provides additional imaging studies with a substantial cost savings.


Pancreatic stent placement for patients with “obstructive” pain secondary to a malignant pancreatic duct stricture appears to be safe and effective. It should be considered as a therapeutic option in these patients. It does not seem to be effective for chronic unremitting pain.


Preoperative chemoradiation for pancreatic cancer is associated with low rates of hepatic toxicity and biliary stent-related complications. The need for biliary decompression is not a clinically significant concern in the delivery of preoperative therapy to patients with localized pancreatic cancer.


A descriptive outline is provided of the most common types of cystic neoplasms of the pancreas with a discussion of their preoperative, intraoperative, and postoperative management.


Patients with pancreatic cancer who are to be treated with curative or palliative procedures appear to benefit from referral to a high-volume provider.