With a record high attendance, international specialists in gastroenterology, surgery, pediatrics, endocrinology, genetics and laboratory researchers descended upon Pittsburgh, Pennsylvania for the annual conference called PancreasFest. Each year these experts discuss new ideas and advances to highlight the fun of working together with friends and colleagues for a very worthy cause.

PancreasFest 2011 focused on acute pancreatitis, with continued attention to addressing issues related to chronic pancreatitis and pancreatic cancer. The meeting was highlighted by the Dutch Pancreatitis Working Group, represented by Marc Besselink, MD, PhD and Olaf J. Bakker, MD, PhD. The program included one cutting edge scientific talk after another, with major contributions from other physician-scientists working at centers throughout the United States and Canada.

PancreasFest also supports the Collaborative Alliance for Pancreatic Education and Research (CAPER) [http://capерpancreas.org]. This rather new non-profit organization has already effectively advanced multicenter research at a rapid rate. For example, CAPER member Wahid Wassef, MD, MPH has received cooperation from 11 major pancreas clinics to test a new way to understand how pancreatic diseases affect daily life (the PANQOLI questionnaire). Also, through PancreasFest, the top pediatric pancreatitis experts started a new organization called the International Study Group of Pediatric Pancreatitis: In search for a cure (INSPPIRE).

How important is PancreasFest? Here is an example of an e-mail that David Whitcomb, MD, PhD received after the meeting from a new researcher:

“I just wanted to send you my profound thanks for what I think is the world’s premier pancreatic research meeting. I got more out of these past few days in terms of advancing my research than I have at 10 consecutive (combined international meetings of the major gastroenterology and surgical societies).

I feel rejuvenated and inspired.”

Planning is underway already for PancreasFest 2012. It will be held July 25, 26 and 27, 2012 and will focus on the prevention, early detection and early treatment of pancreatic cancer. Advances in acute pancreatitis, chronic pancreatitis and other pancreatic disorders will be discussed as well. There is also some interest in a patient meeting. If you are interested, please contact Sheila Solomon, MS with your thoughts and suggestions.
**Kids’ Corner**

**What Happens to my Blood Sample?**

When you, your mom, dad or other relative is enrolled into one of our studies, a research coordinator or nurse draws a couple of tubes of blood and transports it to the research laboratory. But what happens next? Keep reading to find out! Don’t worry, it’s not gory.

Once the sample tube arrives in the laboratory, the tube is opened immediately using a highly standardized method. The research scientists treat each blood sample in the same way to ensure consistency. The blood has three parts: white blood cells (where the DNA is located), serum and plasma. Serum and plasma are stored to be used later to study cytokines. Cytokines are small molecules that help cells talk with each other. White blood cells contain DNA, which is our genetic information. DNA is packaged into genes, which act as instructions for how our bodies develop, work and grow. The DNA is extracted from the white blood cells and is used for many different projects where we look at how specific genes work in relationship to pancreatic disease.

SNPs (pronounced “snips”), or **Single Nucleotide Polymorphisms**, are special changes in the DNA that may be linked to disease risk or even protection from disease! We compare each SNP with your answers from the medical history questionnaires to help us understand risk factors and outcomes of pancreatic cancer and pancreatitis. Participating in this very important research helps scientists find answers to why pancreatic cancer and pancreatitis occur and how we can detect them at early stages and even possibly prevent them altogether. We thank you!

Submitted by Kimberly Stello, Research Specialist IV, University of Pittsburgh

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**Summer Recipe:**

**Grilled Vegetable Pizza**

This recipe’s calcium and vitamin D from the mozzarella cheese and lycopene from the tomatoes and roasted red peppers may help prevent colon and **pancreas cancer**. Additionally, olive oil is rich in essential fatty acids and basil is loaded with anti-oxidants such as luteolin, which have **disease-fighting properties**.

**Ingredients:**

- 2 cups zucchini, sliced about 1/4 inch thick
- 1 cup eggplant, sliced about 1/4 inch thick
- 1 cup yellow squash, sliced about 1/4 inch thick
- Salt as needed
- 2 tablespoons olive oil plus more if needed
- 1 pre-made (10 ounce) whole wheat pizza crust
- 1 cup shredded part-skim mozzarella cheese, divided
- 1/4 cup roasted red pepper (from jar, in water, drained), thinly sliced
- 2 plum tomatoes, seeded and coarsely chopped
- 2 tablespoons fresh basil leaves, chopped

**Preparation:**

Prepare and preheat outdoor grill. Lightly salt zucchini, eggplant and squash, then brush with oil. Grill on both sides until vegetables are tender. Sprinkle crust with about 1/4 cup mozzarella cheese. Top with grilled vegetables, roasted peppers, tomatoes, basil and remaining cheese. Place crust on grill 5 inches from coals. Cover and grill for 3 to 4 minutes until cheese is melted. Makes 4 servings, 1/4 pizza each.

**Nutritional information per serving:**

Calories: 374.4, Fat: 12.0 g, Saturated fat: 3.4 g, Carbohydrate: 56.1 g, Total sugars: 12.8 g, Protein: 10.5 g, Sodium: 705 mg, Cholesterol: 3.1 mg, Dietary fiber: 4.7 g
Biomarkers May Help in Early Detection of Pancreatic Cancers

Pancreatic cancer is often detected at advanced stages, when the tumor has spread to other parts of the body making treatment and cures difficult. Researchers at the University of Pittsburgh and colleagues from around the country described breakthrough research, studying pancreatic cancer biomarkers in a recent paper published in Clinical Cancer Research. Biomarkers are chemicals found in the blood stream that help diagnose or monitor disease. The researchers analyzed biomarkers found in the blood samples from patients with pancreatic cancer and compared them to those of healthy controls (people without pancreatic cancer). The findings indicated that a panel of three particular biomarkers, which included CA19-9, ICAM-1 and OPG, was able to definitively distinguish pancreatic cancer from healthy controls. The biomarkers represent proteins with functions related to tumor development, angiogenesis and inflammation, among other roles. While these biomarkers are not ready for “primetime” use in clinics for diagnosing pancreatic cancer, this study was able to provide statistically significant groundwork for future pancreatic cancer biomarker discoveries. For more information go to: Brand et al. Serum biomarker panels for the detection of pancreatic cancer. Clin Cancer Res. 2011 Feb 15;17(4):805-16.

Alcohol: Not the Primary Risk Factor for Chronic Pancreatitis

Historically, the term “alcoholic” had been linked with chronic pancreatitis. Studies had shown that as many as 90% of cases of chronic pancreatitis were related to heavy alcohol use. Now, this notion is being challenged due to important work coming from the North American Pancreatitis Study 2 (NAPS2). Gregory Coté, MD, from Indiana University School of Medicine in Indianapolis, IN and colleagues from across the country studied 539 patients with chronic pancreatitis to challenge this position and answer the questions about risk factors associated with the development of chronic pancreatitis. From this ground breaking data from NAPS2, researchers actually found that fewer than half of chronic pancreatitis cases are associated with alcohol use. Nearly one-third of patients who did not use alcohol had idiopathic pancreatitis, meaning an unknown cause of the disease. The study, published this past March in Clinical Gastroenterology and Hepatology, was reprinted by Reuters Health News Source, making international headlines. Dr. Coté and colleagues discovered that smoking was linked with pancreatitis in both men and women, regardless of age, race, number of cigarettes smoked per day or whether the person had quit smoking or not. Future studies will analyze genetic changes that impact development of chronic pancreatitis. This data illustrates the critical importance of not smoking cigarettes, and it changes previous views about alcohol being the primary risk factor in the development of chronic pancreatitis. For more details about this study, go to: Coté, et al. “Alcohol and Smoking as Risk Factors in an Epidemiology Study of Patients With Chronic Pancreatitis.” Clin Gastroenterol Hepatol. 2011 Mar;9(3):266-73.
Welcome to our newest feature of the PEaRL.
We plan to list various events for patients, families, researchers and healthcare professionals. This is not a comprehensive listing of events. If you would like to request to add an event, please contact us at askpearl@pitt.edu.


Sept. 8: “Understanding Pancreatic Cancer Lectures” – Karmanos Cancer Institute - Detroit, MI. Go to the events tab at http://pancan.org/ for more information.


Sept. 9: The Bay Area Chapter of the National Pancreas Foundation has a team running and walking in the Moonlight Run in San Francisco, CA. All funds raised will support the mission of the National Pancreas Foundation. To register go to: http://moonlightrun.eventbrite.com.

Sept. 22-23: Division of Gastroenterology, Hepatology & Nutrition at the University of Pittsburgh is hosting a “What’s New in Common GI Problems” educational symposium. This is a conference for healthcare professionals who want to better understand the latest in GI disease research and treatment. Go to https://ccehs.upmc.com/ for more information.

For more information, contact Sheila Solomon, MS at 1-888-PITT-DNA or solomonsr@upmc.edu