New NIH Study Supports Clinical Pancreatitis and Pancreatic Cancer Research

Two branches of the National Institutes of Health (NIH), the National Cancer Institute (NCI) and the National Institute for Diabetes, Digestive and Kidney Diseases (NIDDK) joined together to form a new clinical research network. The study, called the "Consortium for the Study of Chronic Pancreatitis, Diabetes and Pancreatic Cancer Clinical Centers" includes 10 clinical centers and one coordinating center. Support to conduct a series of clinical studies was awarded to the principal investigators, including Aliye Uc, MD (University of Iowa, Iowa City, IA), Stephen Pandol, MD (Cedars Sinai, Los Angeles, CA), Suresh Chari, MD (Mayo Clinic, Rochester, MN), Walter Park, MD (Stanford University, Stanford, CA), William Fisher, MD (Baylor University, Houston, TX), Evan Fogel, MD (Indiana University, Indianapolis, IN), Christopher Forsmark, MD (University of Florida, Gainesville, FL), Stephen Van Den Eeden, PhD (Kaiser Foundation, San Francisco, CA), Darwin Conwell, MD (The Ohio State University, Columbus, OH), and David C. Whitcomb, MD, PhD, (University of Pittsburgh, Pittsburgh, PA). The Data Coordination and Management center is led by Ziding Feng, PhD (University of Texas-MD Anderson, Houston, TX).

The progress of the study can be followed on the program web site: http://cancerearlydetection.org/cscpdpc.html. The consortium plans to build on the strong background of the North American Pancreatitis Study II (NAPS2), INSPIRE and other investigator initiated studies to bring better understanding to the problems of pancreatitis, diabetes and pancreatic cancer.

HAPPENINGS

The team at the UPMC Hereditary GI Tumor Program — Randall Brand, MD, and genetic counselors Beth Dudley, MS, MPH, CGC and Eve Karloski, MS, CGC — recently attended the 2015 Annual Meeting of the Collaborative Group of the Americas on Inherited Colorectal Cancer (CGA-ICC) in Baltimore, MD. While there, Beth presented information from a study they conducted as part of the Pancreatic Adenocarcinoma Gene Environment Risk (PAGER) registry.

We analyzed available blood samples from individuals in our PAGER study who have been diagnosed with pancreatic cancer and have a history of another type of cancer that is associated with a particular genetic condition called Lynch syndrome (cancers of the colon, uterus, stomach, small bowel, and urinary tract).

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**Kids’ Corner**

**Experiment: See Your DNA!**

Hey Kids! Did you know that you don’t need a lab to see your own DNA? DNA extraction can be performed at home in a matter of minutes with things you probably already have around your house! How cool is that? Be sure to ask an adult for help before beginning this experiment.

Genes are the instruction manuals for our bodies. They provide instructions for what our hair color is and if we will have blue or brown eyes. Every living thing has genes, and genes are spelled with the letters A, G, C, and T. Our genes are strung together into long strands of DNA. DNA stands for deoxyribonucleic acid and is found in every cell of our body.

**Experiment: See your DNA at home**

**What you will need:**
1. 1 cup of water
2. ½ tablespoon salt
3. Water bottle (or other narrow container with lid)
4. 2 drops liquid dish soap
5. ½ cup ice cold isopropyl alcohol (rubbing alcohol will work, but a higher percentage isopropyl alcohol from the drugstore is best)

**Instructions:**
1. Chill the isopropyl alcohol in the freezer about 24 hrs. prior to this experiment.
2. Mix the salt and water together in a cup, and place 3 tbsp of the saltwater into a separate clear cup.
3. Swish the 3 tbsp of salt water in your mouth vigorously for at least 2 minutes and then spit the salt water into the empty water bottle.
4. Add the liquid dish soap and tighten the cap on the water bottle. Very gently turn the water bottle upside down until the dish soap is mixed with the solution. Try not to form any bubbles! Very gently pour the mixture into the empty clear cup.
5. Gently pour the alcohol into the saltwater mix. The alcohol will form a layer on top of the salt water.
6. Wait about 2 minutes. You should see white stringy clumps form between the layers of liquid. This is your DNA! You can carefully twirl your DNA around the tip of a toothpick or pull it with tweezers for a better look.

**What did you just do?**
1. Swishing the saltwater in your mouth pulled off cheek cells and began to break the membrane of those cells. This is important to free the DNA within your cells!
2. Adding the liquid dish pulled the broken membranes away from your DNA.
3. Adding the cold alcohol pulled the DNA out of the salt water solution so that you could see it.

**Tips:**
- Add a couple drops of food dye at the same time you had the dish soap to better see the different layers of saltwater and alcohol.
- You can try using a sports drink instead of saltwater if swishing the saltwater is difficult for you.
- If you’re having trouble seeing the DNA, cover and vigorously shake the container. Within a few seconds, you will see a white stringy clump of DNA.

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**Balsamic Chicken with Pears**

*By Julia Greer, MD, MPH*

This is a wonderful way to prepare chicken with a rich and unique flavor. The red onion and cherries provide some valuable antioxidant nutrients, and the pears contain fiber and vitamin C.

**Ingredients:**
- 6 skinless and boneless chicken breasts (about 3–4 oz. each)
- Salt and freshly ground black pepper
- 1 tablespoon extra-virgin olive oil
- ¼ cup red onion, minced
- 2 medium Bosc or Bartlett pears, peeled, cored, and sliced
- 1 cup low-sodium chicken broth or stock
- ¼ cup balsamic vinegar
- 1 tablespoon plus 1 teaspoon sugar
- 2 teaspoons cornstarch
- ¼ cup dried tart cherries

**Preparation:** Pat chicken dry with paper towels. Place each chicken breast between two sheets of plastic wrap. Using a meat mallet, carefully pound chicken breasts to a uniform thickness of about ½ inch. Season both sides with salt and pepper. Heat olive oil in a large nonstick skillet over medium heat; add chicken and sauté, turning once, 3 to 4 minutes...
International Symposium on the Medical and Surgical Management of Chronic Pancreatitis

Kiawah Island, South Carolina. On February 6–8, 2014 over 190 physicians and scientists met at a conference center about 30 miles south of Charleston, South Carolina for the International Symposium on the Medical and Surgical Management of Chronic Pancreatitis. The conference brought together outstanding clinicians and scientists from around the world who specialize in chronic pancreatitis and many others who wanted to learn more about the disease and the best treatment for patients. The conference was organized to address major areas in which advances were needed and where current practices needed to be discussed and improved. The major topics were addressed in sessions entitled: “The History of Chronic Pancreatitis”, “Chronic Pancreatitis: What is it?”, “What’s New in Chronic Pancreatitis”, “Endoscopic Diagnosis and Management of Chronic Pancreatitis”, “Issues in Islet Cell Engraftment in TP/IAT”, “Surgical Management of Chronic Pancreatitis”, and “Total Pancreatectomy with Islet Auto Transplantation (TP/IAT)”. Concurrently, a free paper session was held for 12 abstract presenters to showcase his or her research on the disease.

The conference was attended by 52 delegates from 16 countries, including South Africa, Australia, The Netherlands, Canada, Germany, England, India, France, Germany and the United States. Dr. David Adams, host of the symposium, stated in his welcoming remarks, “Chronic pancreatitis is very much an orphan disease. Patients who have it are stigmatized and marginalized by health care providers everywhere and their challenge is to us and we’re here to see what we can do to move the program forward...This is a chance for gastroenterologists, scientists, endoscopists and surgeons to take advantage of this unique opportunity to be together to discuss and improve and move this field forward.”

This conference will prove to have immediate impact on patients with pancreatic disease and their families by advancing the knowledge of experts from around the world on the current state of our understanding and pointing the way to the future in research and patient care.

The conference was considered a major success by the participants because it brought together international experts who were able to provide valuable advances and coordinate new efforts. The next symposium is being planned for February 2018 in Charleston, SC.

Dirk Gouma, MD, Amsterdam, The Netherlands; Peter Banks, MD, Boston, MA; Phillipus Bornman, MD, Cape Town, South Africa.

Andre Gelrud, MD, MMSc, Chicago, IL; Horacio Rilo, MD, Tuscon, AZ; David Adams, MD, Charleston, SC; and Martie Adams.

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on each side, until golden brown. Remove from heat and transfer to a platter; cover and keep warm. To same pan, add onion and sauté over medium-high heat 2 minutes or until soft; decrease heat to medium and add pears. Continue sautéing, stirring occasionally, 3 to 4 minutes, until pears are soft and golden brown. To prepare sauce, combine chicken broth, balsamic vinegar, sugar, and cornstarch in a small bowl. Pour over pear mixture and add cherries. Increase heat to high and simmer, stirring frequently, 6 to 8 minutes or until sauce thickens slightly. Return chicken and any juices to pan. Bring mixture back to a simmer and decrease heat to medium. Cook 10 minutes or until a meat thermometer registers an internal temperature of 165°F (juices will run clear when cut with the tip of a knife). Taste and adjust seasonings if necessary. Remove chicken from heat and place on individual serving plates or on a large platter. Using a slotted spoon, mound fruit over top. Spoon sauce over fruit and around chicken. Serve immediately. Makes 6 servings.
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Get Involved: The Hereditary Pancreatitis Study

The Hereditary Pancreatitis Study is an ongoing study at the University
of Pittsburgh. This is a very important study, and the goal is to gather
information that may be used, in the future, to improve treatment and help
clinicians make better clinical decisions. We have developed a new survey
to answer important health and quality of life questions. We are asking
previous participants of this study who are willing to complete this survey
to contact Celeste Shelton, MS by calling 412-864-2826 or our toll-free
number at 1-888-PIIT-DNA/1-888-748-8362, or by email at cas186@pitt.edu. Individuals with a personal or family history of pancreatitis who are
interested in study can also contact us for more information on how they
can get involved in this study. Participation is completely voluntary.

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to determine if inherited genetic mutations
could be identified that provided an
explanation for their cancer history.

We were able to get results for 36 individuals,
11 of whom had a mutation in a gene that is
associated with pancreatic cancer (ATM,
BRCA1/2, CDKN2A, MLH1, MSH2, MSH6, PALB2,
and TP53). Since about 30% of tested individuals
were found to carry a mutation in a pancreatic
cancer-associated gene, our results suggest
that genetic testing might provide useful
information for individuals who are diagnosed
with pancreatic cancer and have a history of
certain other types of cancer. Knowing if
someone carries a mutation can help direct
cancer treatment and provide information for
other family members about their cancer risks.

Thank you to all of our PAGER registry
participants! ☺