



PEARL



The Pancreas Education and Research Letter

Report from PancreasFest 2010

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PEARL is a publication of the Pancreatic Studies Office in the Division of Gastroenterology, Hepatology and Nutrition at the University of Pittsburgh

Editors

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On July 29–August 1, 2010 over 200 physicians and health care professionals converged on the University of Pittsburgh campus for *PancreasFest 2010* (www.PancreasFest.org). This year PancreasFest played host to multiple conferences. The meeting included the 6th International Symposium on Inherited Diseases of the Pancreas, a NIDDK-funded research program on recurrent acute and chronic pancreatitis, a UPMC Cancer Center program on advances in pancreatic cancer and the annual meeting of CAPER. Highlights of the meeting will be reported in the upcoming issue of PEARL. Two plenary sessions of note included ones by Christopher Forsmark, MD (University of Florida) and David Whitcomb, MD, PhD (University of Pittsburgh).

Dr. Forsmark noted that one of the great difficulties in discussing advances in pancreatic research is that our terminology is inaccurate, based on more recent discoveries. For example, the term “chronic pancreatitis” means chronic inflammation to some people, scarring and fibrosis to others, loss of enzyme production by others and chronic pain following acute pancreatitis by others! Following this presentation, Joe Romagnuolo, MD, MPH and Darwin Conwell, MD, MS gave strong arguments for future discussions to address the issue of describing these clinical features.

Dr. Whitcomb noted that 15 years ago, a Medical Progress article in the prestigious *New England Journal of Medicine* described our knowledge of chronic



pancreatitis in this way, “chronic pancreatitis remains an enigmatic process of uncertain pathogenesis, unpredictable clinical course and unclear treatment” (NEJM 1995: 332(22),1482–1490). Since then the role of genetics, the diminishing role of alcohol, the important role of smoking, and the role of the stellate cell and recognition of autoimmune pancreatitis have all emerged. Dr. Whitcomb noted that now is the time to organize this growing knowledge and to develop new ways to allow investigators and physicians to work together to bring answers and effective treatments to patients everywhere. ○

North American Pancreatitis Study 2 (NAPS2) Update

Data from participants in the NAPS2 were used in a series of important reports that was presented at Digestive Disease Week (DDW) and other international meetings. Led by investigators from Indiana University, this report detailed the spectrum of causes of chronic pancreatitis in the

United States. It confirmed that the majority of cases were NOT alcohol-related. Below is the breakdown of causes identified in patients with chronic pancreatitis:

- 45% of chronic pancreatitis cases were alcohol related.
- 40% of cases occur spontaneously, without a known cause.
- 10% of cases were related to pancreas divisum, in which the pancreatic ducts do not join together, thus causing resistance to secretion of digestive juices from the pancreas.

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On the Internet:
www.pancreas.org

Toll-Free Phone:
1-888-PITT-DNA
(1-888-748-8362)

Help Someone You Love To Stop Smoking

Hey Kids! Do you love someone who smokes and want to help them to quit? Send them a free e-card at <http://smokefree.gov/ecards/index.aspx>.

Every day, almost 3,000 teenagers start smoking in the United States. Teenagers who smoke get sick more frequently, have smaller lungs and weaker hearts than teens who don't smoke. Cancer was the first disease to be linked to smoking, specifically lung



cancer – but that is no longer the case. We now know that smoking affects nearly every organ in the body and can cause diseases other than cancer including heart disease, emphysema, fertility problems and pancreatitis. If you have tried cigarettes before, the negative health effects show you there's no better reason to quit the habit now... better yet, don't even start!

Quitting smoking IMMEDIATELY starts improving your health. We know quitting isn't easy. Here are some tips on how to get started and stay motivated:

- Start by setting a "quit date".
- Eat low-calorie, crunchy snacks such as carrot sticks, celery and apple slices.
- Chew gum or suck on a hard candy after dinner instead of reaching for a cigarette.
- Join a support group or speak with your doctor about support services for quitting.
- Ask for family and friends to support your effort.
- Choose healthy foods for your diet avoiding alcohol and high fat, sugary foods. The average weight gain after quitting is only 5 pounds.
- Be ready for relapses or setbacks. Nobody is perfect, but the benefits of quitting for good FAR OUTWEIGH the risks of continuing to smoke.
- **Stay positive – you can do it!** ○

From: The 2004 Surgeon General's Report: The Health Consequences of Smoking, <http://www.cdc.gov/>

Healthy Eating:

Curried Lentils, Sweet Potatoes and Spinach Recipe

This dish contains a variety of potent anti-oxidants, including beta carotene (sweet potato), folate (spinach), saponins (lentils) and vitamin D (yogurt). It may help prevent numerous illnesses, including cancer. And, of course, it tastes simply fantastic!

This recipe, among many others, was developed by Dr. Julia Greer, author of *The Anti-Cancer Cookbook*. Her book is available for purchase on Amazon.com, at your local bookstore or at the publisher's web site, www.sunriseriverpress.com. Profits from the book purchase are used to support cancer research.

Happy Cooking!

Ingredients:

- 1 tablespoon olive oil
- 1 medium yellow onion, diced
- 1 tablespoon curry powder
- 3 garlic cloves, minced
- 1 teaspoon ground cumin
- 1 cup green lentils, rinsed in water a few times
- 2½ cups reduced-sodium vegetable broth
- 1 medium sweet potato (about 8 to 9 ounces), peeled and cubed into ¼-inch pieces
- 4½ cups baby spinach
- Pinch of salt and pepper
- 6 ounces plain low-fat yogurt
- ½ cup cashews, chopped

Preparation:

In a medium soup pot, heat olive oil over low-medium heat. Add onion and garlic and sauté about 5 minutes, until soft. Stir in curry powder, garlic, and cumin and cook about 1 minute. Add lentils and broth and stir; bring to a boil, reduce heat and simmer, covered,

10 minutes. Add sweet potato, cover, and cook an additional 10 minutes, until sweet potatoes are tender and water is absorbed. Stir in baby spinach and cook about 1 minute until just wilted. Season with salt and pepper. Serve in 6 large soup bowls or soup plates; top with low-fat yogurt and chopped cashews. Makes 6 servings.



Nutritional information per serving:

- Calories: 282.3
- Fat: 9.1 g
- Saturated fat: 1.6 g
- Carbohydrate: 35.8 g
- Total sugars: 7.5 g
- Protein: 14.3 g
- Sodium: 105 mg
- Cholesterol: 1.7 mg
- Dietary fiber: 12.3 g

Pancreatitis Lecture Highlighted as “Best of DDW”

Digestive Disease Week (DDW), the premiere meeting for gastroenterologists and scientists working on digestive diseases from around the world, meets in a major convention center during May of each year.



One of the State-of-the-Art lectures, “Smoking and Other Environmental Factors in Pancreatitis” was delivered by Dr. Whitcomb from the Division of Gastroenterology, Hepatology & Nutrition, University of Pittsburgh. The

lecture highlighted six new findings and major advances related to acute and chronic pancreatitis (CP):

- The incidence of acute pancreatitis (AP) is rising independent of alcohol consumption.
- The prevalence of CP is similar in men and women.
- A majority of patients with CP are NOT heavy drinkers (35% M, 10% W drink heavily).
- A threshold of ≥ 5 drinks per day exists for CP risk.
- Smoking is an independent risk factor for CP.
- The effects of smoking and drinking may be multiplicative.

Dr. Whitcomb explained that while alcohol increases risk by about 50-70% and smoking doubles the risk for development of pancreatitis, the combination of alcohol consumption and smoking multiplies pancreatitis risk eight-fold! This staggering information reminds us all to encourage friends and family to quit smoking and to reduce or quit drinking alcoholic beverages.

Professor Nirmal S. Mann, MD, MS, PhD, DSc, from the University of California at Davis highlighted the

presentation as one of the top three presentations of the international meeting. He noted “*This was an excellent presentation detailing the basic mechanism contributing to pancreatic inflammation and the role of smoking in chronic pancreatitis.*” The information led a number of physicians and scientists to rethink their approach to chronic pancreatitis, recognizing it as a genetic-associated disorder that is less strongly associated with alcohol, and more strongly associated with cigarette smoking than they had previously realized. For more information on smoking cessation, visit: <http://www.smokefree.gov> ○

NAPS2 Update

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- 9% were related to inherited gene mutations.
- Men were more likely to have alcohol-related causes.
- Comparing idiopathic cases with healthy individuals who do not have pancreatitis, idiopathic cases were more likely to have ever smoked.
- Regardless of whether a person smoked and then quit, or if a person was currently smoking, a strong link to chronic pancreatitis remained.

This information comes from NAPS2, an ongoing study looking at genetic and environmental/lifestyle contributions that increase risk for pancreatitis. For more information, please visit <http://www.naps2.org>. If you are interested in participating or have questions about the study, please contact us at 1-888-PITT-DNA. ○

Team Members Update

The University of Pittsburgh welcomes **Sheila Solomon, MS**, genetic counselor for familial pancreatic disease including hereditary pancreatitis and pancreatic cancer. Sheila has worked with families with inherited cancer risk for more than ten years and is now seeing patients in clinic and actively recruiting families to the research studies. Sheila replaces

Sally Hollister, MS, genetic counselor, who has moved to New Zealand to continue working in genetic counseling and families at risk for hereditary disease.

In Memoriam

It comes with great sadness that our dear colleague, **Dr. Frank Burton** passed away on August 2, 2010. Dr. Burton was a leader in the Division of Gastroenterology at St. Louis University, where he had

been a faculty member since 1983. He passed away after a prolonged illness. His contributions to our efforts included founding leadership in the NAPS2 Study among innumerable other endeavors. He will be greatly missed as a professional colleague, researcher and as a friend. ○



Pancreas Research: How to Participate and Donate

Thank you to all who have participated in our important research. We continue to enroll individuals and are currently seeking individuals to participate in studies.

Do you:

- Have at least two relatives diagnosed with pancreatic cancer,
- Have a history of pancreatic cancer and have at least one relative with pancreatic cancer,
- Have a history of pancreatitis diagnosed before age 60 years,

- Have a history of pancreatitis at any age and have a family history of pancreatitis or pancreatic cancer, or
- Have pancreatic insufficiency that requires pancreatic enzyme replacement.

Participation includes completing a questionnaire and providing a sample. If you are interested in participating, please call our toll-free phone number **1-888-PITT-DNA**.

If you wish to be a partner of our research programs through financial gifts, please call (412) 623-4700. Please mention that you would like your gift to support the University of Pittsburgh GI Division (School of Medicine). 100% of your donation will go directly to pancreatic cancer research. Your support is greatly appreciated by all of us dedicated to the prevention and cure of pancreatic cancer. ○



Action on the World Wide Web

Pancreas.org has a new look! The web site has been restructured allowing rapid updating of information. You can even submit your favorite recipe to Dr. Greer!

(see page 2) She'll analyze the ingredients and may even re-work the recipe for you to include even better cancer-fighting foods. Stay connected! ○

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