***The First Line of Defense* - Episode 1 Transcript**
Kenner Family Research Fund

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00;00;00;00 - 00;00;27;25
This is The First Line of Defense - Primary Care Clinicians and Early Detection of Pancreatic Cancer.

This podcast is brought to you by the Kenner Family Research Fund, focusing on collaboration and information sharing as a way to make earlier interception of pancreatic cancer a reality.

00;00;27;27 - 00;00;55;26
The goal of this podcast is to educate an informed, but not expert, medical audience on the current state of pancreatic cancer diagnostics, and we want to raise and awareness and provide tools for clinicians. I'm Doctor John Hallberg, a professor in the Department of Family Medicine and Community Health at the University of Minnesota medical school. I'm also a clinician and the medical director of the University of Minnesota Physicians Mill City Clinic in Minneapolis.

00;00;55;28 - 00;01;23;09
This podcast is for non specialist clinicians who might be the first line of defense for pancreatic cancer diagnoses. This podcast is for people like me. I'm a family physician. I see patients every day in clinic. And I get people coming in with, you know, unusual, vague symptoms. And it's hard to sort through this sometimes. And so we want to help people understand how we might detect and identify pancreatic cancer much earlier than we typically have been doing.

00;01;23;11 - 00;01;46;15
Throughout this podcast, we'll hear from Scott and Steve Nelson. Scott and Steve are brothers and both are survivors of pancreatic cancer and now continue to advocate for patients. The ultrasound guy was doing his work. I'll never forget. He he looked up at me, looked at me in the eyes, and he ran out of the room, which I'm going, this is not a good thing that the ultrasound man is running out of the room.

00;01;46;15 - 00;02;04;02
He's going to get the doctor. The single biggest factor that led to my survival was my general practitioner, who said, we need to find out what's going on here. You don't have any terrible large symptoms, but there's something going on here, and we need to get to the bottom of what it is. And because he did that, that's why I'm still here.

00;02;04;04 - 00;02;30;12

Hi. My name is Scott Nelson. I have three daughters and five grandchildren. Recently remarried and now I have seven more grandchildren. So I have 12. Yesterday I was playing with my granddaughter Amy, who was six. We were playing when oh, and Go Fish. And, if it hadn't been for the, the physicians who got me through my pancreatic cancer battle, I would not have known her or the other, you know, 11 grandchildren that I now have.

00;02;30;12 - 00;02;49;03
So I'm incredibly grateful. And we'll do what I can to to help others. So it was actually Friday, July 7th in 2004, a date I will never forget. I had had a colonoscopy, a few months before, and I had some digestive issues. I don't know if it's related to that or what it was. Nothing serious. It's just some some mild digestive issues.

00;02;49;03 - 00;03;05;25
So I went to see my general practitioner. He said, you know, it could be almost anything. I could talk it through what was going on. He said, let's do an ultrasound to see if there's something going on. And the doctor came back over and said, yes, you have something really bad there. And it looks like pancreatic cancer.

00;03;05;27 - 00;03;26;24
This was on a Friday, about noon or so, and he said, I will try to get you into see, someone with expertise in this today. And so he made calls, couldn't get me into the hospital because it was Friday and most of the doctors had left, and so I well, he apologized. he went home and, I didn't even know what a pancreas was.

00;03;26;24 - 00;03;41;20
And I started looking online at pancreas and pancreatic cancer. And I when I saw the 3% survival rate, I kind of turned the computer off about noon on Saturday and figured things were kind of over.

00;03;41;23 - 00;04;13;16
Pancreatic cancer is hard to diagnose because it can present in so many different ways. The cancer patients journey often starts with vague and uncomfortable symptoms, and it can sometimes take weeks or longer with clinicians trying to find the cancer. Often it's an ER doc who's the first to diagnose it. Since many patients don't have a PCP or primary care clinician, and they may not be seen on a regular basis in the ER, getting a CT is almost second nature, but if the complaints are really vague, it may not happen in that context.

00;04;13;18 - 00;04;44;08
And on top of that, trying to get a good family history may not happen, just given the time constraints in the setting of an ER. Be aware that the initial presentation of pancreatic cancer can be nonspecific and consider investigating. And if there are other additional clues like rising glucose levels, decreasing weight, or worsening persistent abdominal symptoms, the symptoms of pancreatic cancer can be vague and are not uniform across patients, which can make this disease difficult to diagnose.

00;04;44;10 - 00;05;18;12
These symptoms include loss of appetite, unexplained weight loss, jaundice, mid back pain, new onset of diabetes, indigestion, stomach or abdominal pain, changes in stool and mood change. Here's Doctor Sapna, single to speak more on symptoms. One of the difficulties with pancreatic cancer is that it often causes only vague or nonspecific symptoms, and that leads to often pancreatic cancer getting detected at late stages.

00;05;18;14 - 00;05;41;18
But nevertheless, there are certain hallmarks or certain tip offs that if you're a primary care physician taking care of your patients, that should make you think about pancreatic cancer. My name is Sapna Syngal. I'm a gastroenterologist at Dana-Farber Cancer Institute, the Brigham and Women's Hospital, and Harvard Medical School. One of the big ones that we realized is idiopathic pink or titer.

00;05;41;18 - 00;06;06;24
So if somebody is presenting with pancreatitis, that can be due to something that's causing a blockage in the pancreatic duct and leading to inflammation. The other symptoms are really vague. So sort of a dyspepsia which is sort of an upset stomach getting full faster early satiety, vague abdominal discomfort, or one of the classic symptoms that was described was new onset of depression.

00;06;06;25 - 00;06;40;27
So a change in mood, pancreatic cancer that sort of advanced or blocked the bile duct can lead to jaundice. So that's often the way that people do think about pancreatic cancer is that if somebody presents with new onset jaundice, and that leads to liver function testing and abnormal liver function tests, I think the key in pancreatic cancer is to pay attention to some of these alarm symptoms that we spoke about and are nowadays a little bit we have a lower threshold to do imaging, which I think is really important.

00;06;41;00 - 00;07;03;27
If you're suspicious, then that should lead to either abdominal CT or an MRI for further evaluation. What are the common risk factors for pancreatic cancer? Well this two it can be all over the map. It can include family history. For example, if a patient has a first degree relative, a parent or a sibling, or a child diagnosed with pancreatic cancer, you know they could be at increased risk for developing it.

00;07;04;00 - 00;07;28;29
There are inherited genetic mutations, diabetes, both long standing in new onset a history of smoking, race, for example, Black Americans have a higher incidence of pancreatic cancer than people of Asian, Hispanic or Caucasian background obesity. Certainly people who are obese have a 20% increased risk of developing pancreatic cancer. And then a history of pancreatitis, both chronic and hereditary older age.

00;07;28;29 - 00;07;55;15
For example, most people diagnosed with pancreatic cancer are over the age of 60. If there's a family history of pancreatic cancer, then that increases your risk. Let's divide the family history piece into a couple of different scenarios. So first is if you have a first degree relative with pancreatic cancer, like a parent, a sibling or a child, your risk is elevated of developing pancreatic cancer yourself.

00;07;55;18 - 00;08;24;03
If you have multiple relatives with pancreatic cancer, then your risks proportionately increases based on the number of relatives. But the other piece to know is because there are certain gene mutations that predispose not only to pancreatic cancer, but to other cancers. It's important to understand your family history or your patient's family history for pancreas and other cancers. So the big example is breast or ovarian.

00;08;24;03 - 00;08;50;18
BRCA mutations can lead to elevated risk of breast cancer or ovarian cancer, which many people are familiar with. But pancreas cancer is also one of the spectrum of cancers. So if your family history includes a breast cancer and ovarian cancer, plus a pancreatic cancer, that would be considered a risk factor for an inherited cause of pancreatic cancer. Here's doctor search surgery to speak more on risk factors.

00;08;50;21 - 00;09;15;25
When I started my career, there was already significant interest in the family history and the approach to finding cancer early in those with family history. So I dedicated my career to looking at the other 90% who did not have a family history, and trying to see how one can strategize an approach to early detection in that category. My name is Suresh Chari.

00;09;15;25 - 00;09;47;27
I am a gastroenterologist with an interest in pancreatic diseases. I started my career at the Mayo Clinic in Rochester and spent 20 years studying the connection between diabetes and pancreatic cancer, and have continued to have an interest in early detection of pancreatic cancer for the past three years, I've been at, MD Anderson Cancer Center in Houston, Texas, and continue my work on early detection of pancreatic cancer.

00;09;48;00 - 00;10;19;06
What are the common risk factors for pancreatic cancer? I classify them into, low risk, intermediate risk and high risk. The low risk ones have a risk of one and a half to two fold increased risk or the lifetime. And in this category you have obesity. You have longstanding diabetes, smoking, gum disease and a variety of other conditions that increase the risk somewhat, but not tremendously.

00;10;19;09 - 00;10;43;23
If you have one family member with pancreatic cancer that falls into this category, then there is high risk groups which have a 1% chance of getting pancreatic cancer. For example, if you have

two family members with pancreatic cancer, two first early relatives that will fall into that category having a bout of pancreatitis over the age of 50, that would be that same category.

00;10;43;26 - 00;11;14;24
And of course, that is new development of diabetes after the age of 50 falls into this category. So if you take all pancreatic cancer is water, well, diabetes before they are diagnosed with pancreatic cancer, there is another group that has long setting diabetes that they have had diabetes for a number of years. And they will start to experience a worsening of their diabetes and the losing weight.

00;11;14;27 - 00;11;42;00
While worsening of diabetes is is almost universal in patients who have diabetes because as time goes by, their diabetes gets worse and they need more medications. That is a sudden worsening of diabetes with weight loss that occurs in lung setting diabetes. This is about 25% of patients. And then there are patients, all newly diagnosed advanced prediabetes. That is they are going to be diabetic, but they'll be close to being diabetic.

00;11;42;00 - 00;12;23;05
And that'll be a new development for them. And so this group of of diabetes is longtime diabetes. Nuance A diabetes and prediabetes accounts for almost 60% of hackberry cancers. We have done extensive work on the connection between neurons and diabetes and pancreatic cancer. But as we have studied this in greater detail, we recognize that diabetes, the disease diabetes, may not be as relevant to the risk of pancreatic cancer as the level of elevation of, say, glucose or A1C, which, define, diabetes.

00;12;23;08 - 00;12;56;11
And and for example, a blood sugar 126 or an A1C of 6.5 is used to define diabetes. but those are used to define diabetes because they predict some complications of diabetes, such as retinopathy or cardiovascular outcomes. And if you want to look at the prediction of pancreatic cancer, we believe that 6.5 at one 26th may not be the most ideal, cutoffs for that.

00;12;56;14 - 00;13;27;15
And it might be 120 or 6.3. So one must recognize that is the elevation of glucose or A1C, that is the marker that we are using. And for a start we have used diabetes because that's about recognized cut off that physicians would appreciate and recognize.

00;13;27;17 - 00;13;48;03
Well, I wish I would have known was how to fight the battle, right? By that I mean finding the right doctors and finding the right resources. Like all patients, I really didn't know anything. Right. And you're going through this whole series of emotions. First of all, there's disbelief, and then there's anger. Y me, you know, and then there's confusion.

00;13;48;03 - 00;14;06;14

And what do I do? And then it's like you wake up and say, okay, now I know I'm going to fight this, but what do I do to fight it? I have no idea what to do. Fight it. The doctor and patient communication is critical because when a person is diagnosed again, they are awash with emotions and have no information about what they need to do and how they need to do it.

00;14;06;14 - 00;14;28;05
So they need guidance from the doctor. Initially, and then from the cancer center, from moment of diagnosis moving forward and what to do, what questions to ask, where to go, what kind of resources are available. Here are the ones that you might need and monitor them ongoing through the to the battles to see that if they need those resources, that they get those resources as well.

00;14;28;05 - 00;14;45;05
But it's a huge difference in the in the cancer patient journey if you have access to information resources, because when you're first diagnosed, you're in shock and you don't know what to do. What are the resources? Because there's a ton of resources that you need as you go through this process. And if you don't know that they're there, you can't take advantage of them.

00;14;45;05 - 00;15;03;28
It's it's it's physical therapists. It's it's nutritionists, it's support groups, all of those different things. And so being able to what I wish I would have known was all of that stuff, it would have made that whole process a lot easier.

00;15;04;00 - 00;15;32;29
So I think if you're a clinician, the difficulty with pancreatic cancer, honestly, and we've heard this from clinicians as well as from patients that we've interviewed, is that there's a lot less awareness of the risk factors for pancreatic cancer. There's a lot less awareness of the potential for screening and surveillance for pancreatic cancer. And there's a lot less awareness of the potential importance of family history and genetics that play a role in pancreatic cancer.

00;15;32;29 - 00;15;48;12
So I think we have as a community to educate ourselves of where the state of the science and current guidelines are.

00;15;48;14 - 00;16;12;28
Thank you for listening to this episode on early detection of pancreatic cancer in primary care. While the initial presentation of pancreatic cancer can be vague and nonspecific, if you're suspicious, primary care clinicians should consider imaging such as an abdominal and pelvic CT scan, for further evaluation in the next episode, we'll look at the role that genetics and diversity play in pancreatic cancer.

00;16;12;28 - 00;16;25;27
And we're going to hear more from Scott. And we'll hear from his brother Steve about their family history with BRCA2.

00;16;25;29 - 00;16;38;12
Thank you for listening to the First Line of Defense - Primary Care Clinicians and Early Detection of Pancreatic Cancer.

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