

The First Line of Defense - Episode 2 Transcript
Kenner Family Research Fund

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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;23 - 00;00;38;27

In this section, we'll explore BRCA2 mutations, genetic risk factors and markers, and the role genetic testing plays in screening and risk awareness.

00;00;38;29 - 00;01;04;16

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. So genetics really play an important role in medicine. And certainly there are some conditions that are 100% genetically linked, but then there are a lot of conditions that, you know, it's not so clear what that genetic link is.

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And so it is one of the tools in our ever expanding toolbox in terms of making the diagnosis.

00;01;17;05 - 00;01;39;15

Our maternal great grandmother died of stomach cancer, you know, at the age of 53. Who knows what that was? Was it pancreatic? I don't know, maybe. But then her daughter, our grandmother, that we never met. Died at the age of 44 from breast cancer. Then our mom had breast cancer when she was in her, I think, 40s. My name is Steve Nelson.

00;01;39;17 - 00;02;00;02

I retired from any titles other than Papa. And to me, that's the best one I've ever had. I'm going to be 75 years old in August. I live up north of Minneapolis about three hours, like I said, on a lake, and spend a lot of my time, following my grandkids around and hoping and praying for the next home run.

00;02;00;04 - 00;02;23;23

I'm the oldest of eight, and Scott's the fourth in the line. And we've got four boys and four girls, and we were tested for the bracket to Gene after we found out if her mom was willing to get tested back in 2003, I think it was five of us. Of the eight had the BRCA2 variant, if you will.

00;02;23;26 - 00;02;42;17

Hi, my name is Scott Nelson. As far as pancreatic specifically, the estimate is that there's around a million people in the US who have the our gene high risk pancreatic cancer, only 10% know that they have it. And with 10% of the pancreatic cancer being genetic, mutation could have a huge impact on the survival rate for that group of people.

00;02;42;17 - 00;02;56;12

And the information is there. They just don't know about it. And the we need the general practitioners to push it.

00;02;56;15 - 00;03;22;04

Here's Doctor Sapna, single to speak more on genetics and diversity. Family history is a very important piece. What we've learned over the last 5 to 7 years is that there are a subset of patients with pancreatic cancer who have an inherited predisposition to pancreatic cancer, because there's a gene that runs in the family. My name is Sapna Syngal.

00;03;22;06 - 00;03;49;06

I'm a gastroenterologist at Dana-Farber Cancer Institute. The Brigham and Women's Hospital, and Harvard Medical School. One of the really important things for a primary care physician to know is that current guidelines, and this includes the National Comprehensive Cancer Network, which is NCCN. NCCN is one of the organizations that really spends a lot of time thinking about reviewing the literature and making recommendations for clinicians.

00;03;49;08 - 00;04;21;15

NCCN recommends that every patient with pancreatic cancer get genetic testing. And I think that's the first thing that's easy for a clinician to know and act upon is that if you have a patient with pancreatic cancer, then you should refer that patient to a genetic counselor or genetics program to get genetic testing for the germline mutations or germline variants that have been shown to be associated with elevated risk of pancreatic cancer.

00;04;21;18 - 00;04;50;02

The importance of that can be one for treatment of your patient, because there are some now targeted therapies that are related to specific types of mutations that pancreatic cancer patients have. But it's also really important for their families, because if there's an inherited component to the pancreatic cancer in a particular family, we are now doing screening for pancreatic cancer in people who've never had cancer.

00;04;50;05 - 00;05;04;28

That is really something that's available and is being studied, and it's currently recommended that clinicians should know about.

00;05;05;01 - 00;05;25;17

I'll never forget, actually, the day, if you will, because I was home in my home office and I got a phone call from doctor to person, and he told me and my wife heard me talking to him, and she came in. And of course, we were very distressed. And she was certainly, and he assured us that, you know, this is very early.

00;05;25;19 - 00;05;47;26

Yes, there's reason for concern, but we've got great people to work on that. So he introduced me to Doctor Kendrick. Doctor Kendrick said the same thing. He said, I think we're in good shape on this. She said the cells are just about to start, but they're telling us they're going to do something really bad once they start. So if you want to come back in three months for your next, in three months for for another screening, that's great.

00;05;47;26 - 00;06;11;23

But I want you to just you knew the sooner in about two weeks later, they took out about two thirds of my pancreas and said, that's it. No more chemo, no kimono, radiation. And you can go home. And after a few days and and. Yeah, you know, like I, I went through some guilt for a while. It's like, good Lord, Scott had this tremendous amount of pain and long journey.

00;06;11;23 - 00;06;33;22

And I've got this. Is it really cancer? And the answer is yes. It was. I just happened to be very fortunate and and a benefactor of being proactive in a family that's proactive and, and of Scott pushing us to say you need to pay attention here. And it wasn't hard to, to listen because we knew where we were at as far as a genetic variant.

00;06;33;24 - 00;06;51;20

There's hope here. Here. Here's an example. You know, here's kind of a and unique example of two brothers that both went through it in very different ways. And one one story builds off the other. And you two can be like this if you pay attention and react and be proactive and be positive and deal with the problem, don't hide from it.

00;06;51;21 - 00;07;02;23

Too many people don't want to know. You know they hide from it and you can't do that.

00;07;02;25 - 00;07;39;03

The current guidelines for patients who have a genetic predisposition to pancreatic cancer include annual screening every year we use one of two tests and the first one is called endoscopic ultrasound, and the second one is a MRI and MRC of the pancreas. So both these tests clinician is used to using for other indications. But in US specifically looks at the pancreas and sees if there are any cystic lesions, for example, that may be present, or if there are any abnormalities in the pancreatic duct.

00;07;39;05 - 00;08;06;26

And the same is done with the MRI in our program we tend to do alternating. So we get both imaging. So one year we do the endoscopic ultrasound. And the next year we'll do an MRI. And that's sort of the basis for screening in family members where there's a genetic predisposition. It's also important because genes are associated with elevated risk of pancreatic cancer are also associated with risk of other cancers.

00;08;06;28 - 00;08;33;04

You need to think about screening your patients for other types of associated cancers. So for example, if it's a broccoli mutation, then the women in the family need to get screened according to breast cancer guidelines, which include early breast MRI as well as mammography. They also need to discuss ovarian cancer screening or prophylactic surgery if there's another type of mutation.

00;08;33;04 - 00;08;57;02

For example, there's a syndrome known as Lynch syndrome is that is caused by mismatch repair gene mutations. Then that family needs to also get screened for colorectal cancer and endometrial cancer and think about management for that. So it's really about taking care of the entire cancer spectrum, including pancreatic cancer, but also the additional cancers that may be associated.

00;08;57;04 - 00;09;28;06

I think one of the things that is worth talking about in knowing is that there are also racial and ethnic disparities in pancreatic cancer. So the incidence and mortality in black populations in pancreatic cancer is higher than in whites, and the mortality is also higher in Latinx populations. I think that we really need to have a focus of increasing awareness in these underrepresented populations that are spearheaded by their communities.

00;09;28;08 - 00;10;05;29

So we get the same messaging out. And so those populations are aware of the risk, how to get to the technologies that may have impact on them and benefit from the scientific advancements that have been made for the past ten years. I think the most important thing that we have clear evidence for today, for pancreatic cancer is that if you have pancreatic cancer or if you have a relative with pancreatic cancer, you should talk to your doctor about genetic testing to see if there's an inherited predisposition in your family.

00;10;06;01 - 00;10;24;28

So we've talked a lot about genetic mutations and pancreatic cancer. The reality is, is that's just 10% of the pancreatic cancer that's diagnosed. And so it's critically important for the general practitioners to identify all those other things as well. That may not be a genetic mutation type of pancreatic cancer, all of the other symptoms. And what are those things.

00;10;24;28 - 00;10;59;23

And and as I said before, also the resources, information that patients need and just really working to identify anybody who seems to be at risk and take advantage of the screening and

other opportunities out there to identify who actually has pancreatic cancer. So we can all raise that pancreatic cancer survival rate. There's a body called the US Preventive Task Force that makes recommendations regarding screening, and the US staff has recommended that screening should be considered for the high risk groups with a genetic predisposition.

00;10;59;25 - 00;11;25;20

But there's no standard recommendation for the average risk group. So I think the hallmark right now is to pay attention to those risk factors. I think we're in a very different era of diagnosis of cancer and pancreatic cancer in particular. My dream is that we think about assessing cancer risk the same way we think about assessing risk for cardiovascular disease.

00;11;25;20 - 00;11;55;19

We would never wait for a heart attack before testing somebody's blood pressure or checking their cholesterol. And I think if we could start at 25 and say, you know, what's your family history of cancer? Do you need genetic testing? What are your cancer risk factors and what kind of screening do you need to do for you and your specific family going forward on an annual basis that would be the ideal, and I think we're getting close to thinking about things in that way.

00;11;55;21 - 00;12;30;24

Thank you for listening to this episode on genetic insights and understanding pancreatic cancer risk in primary care. Well, there are many considerations in primary care clinician has to make when diagnosing pancreatic cancer. Family histories are an important piece of this complex puzzle. In the next episode, we'll explore immediate next steps for clinicians who suspect a patient has pancreatic cancer, the future of diagnosis, biomarkers, AI scans and vaccines, and the future of diagnosis is.

00;12;30;26 - 00;12;46;12

Thank you for listening to the First Line of Defense - Primary Care Clinicians and Early Detection of Pancreatic Cancer.

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