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# Jefferson Pancreas Tumor Registry Opens for Enrollment

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## Jefferson Pancreas Tumor Registry Opens for Enrollment

The Jefferson Pancreas Tumor Registry (JeffPTR) has been approved by the Institutional Review Board of Thomas Jefferson University Hospital and is designed to help determine the links between familial genetic variations, environmental and occupational influences, and the development of pancreatic cancer.

According to Principal Investigator, Dr. Charles J. Yeo, "The purpose of the Jeff PTR is to determine whether pancreas cancer occurs more frequently in families with a history of the disease, and to determine the environmental and occupational risk factors to which pancreas cancer patients have been exposed." Participants will complete a detailed questionnaire and may be asked to submit a blood sample and/or cheek swab. The questionnaire is designed to elicit the family health history of a patient with pancreas cancer or a non-affected family member, and to document exposure to occupational and environmental factors, such as residential radon, asbestos, and second-hand tobacco smoke. The Jeff PTR is a longitudinal study in which participants may engage in long-term follow-up and receive information regarding scientific and epidemiological breakthroughs in pancreas cancer.

Research has shown that certain rare genetic conditions are associated with an increased risk of pancreatic cancer, including familial breast-ovarian cancer, familial melanoma, familial colon cancer, hereditary pancreatitis, and Peutz-Jegher's syndrome. Genetic Counselor Sarah Charles, MS, CGC of the Jefferson Kimmel Cancer Center Network (JKCCN) educates families about their risk of developing an inherited disorder. Ms. Charles explains, "We haven't yet identified a causative gene to allow predictive testing for pancreatic cancer. But, for patients with a strong family history of pancreatic cancer, we can offer risk assessments and possibly surveillance with endoscopic ultrasound."

Such high risk patients may be referred to Jefferson gastroenterologists such as Thomas Kowalski, MD and David Loren, MD to discuss the pros and cons of invasive surveillance. The goal is to diagnose pancreatic

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cancer early when it is easier to treat. For persons who do develop pancreatic cancer, Jefferson physicians may use the results of genetic testing to select the most effective therapy. Targeted therapy for pancreas cancer is becoming a reality in part due to recent discoveries made in the laboratory of Jonathan Brody, PhD, Assistant Professor of Surgery, where molecular studies have clearly indicated survival advantages with the use of targeted chemotherapy treatment.

For more information about the Jefferson Pancreas Tumor Registry please visit [www.jeffersonhospital.org/pancreasregistry](http://www.jeffersonhospital.org/pancreasregistry).

Overview



**Charles J. Yeo, MD**

Samuel D. Gross Professor and Chair, Department of Surgery

This fall, as we welcome new PGY1 residents and a host of new faculty members, there is great excitement here in the Department of Surgery.

On the clinical front, we have gained additional work at the Methodist Hospital, have grown the Heart Transplant and Advanced Heart Failure Program, have seen an upswing in liver transplants, and are now the busiest hospital by surgical volume for pancreas resections in the tri-state area!

On the quality front, Dr. Herbert Cohn and Randi Altmark, RN, BSN, CNOR have done a tremendous job with the National Surgical Quality Improvement Program. Using those data we have organized the Surgical Care Committee and new Surgical Care Bundle and are driving changes in practice, and hopefully, better outcomes.

On the research front, our grant submissions have doubled in the last three years. Total grant awards for the last fiscal year approached \$2 million. We have completed a large prospective randomized trial looking at pancreaticojejunostomy following the Whipple procedure, and have clinical trials open in the Divisions of Vascular, Cardiac, Transplant and General Surgery.

On the education front, Dr. Karen Chojnacki has done a great job retooling our surgical curriculum with the help of Drs. Niels Martin and Vincent Armenti, and the Chief Residents.

Finally, we thank Lara Allan Goldstein for her work in greatly increasing the department's development dollars – most recently accepting a generous gift from the Nicoletti family to support an endowed professorship in transplant surgery.

Clinical Integration



**Genetic Counselor Sarah Charles, MS, CGC of the Jefferson Kimmel Cancer Center Network (JKCCN) educates families about their risk of developing an inherited disorder.**

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Please Welcome

Meet Our Surgical Interns

Jefferson surgeons are currently assisted by an exceptional group of categorical interns, half of them Jefferson Medical College graduates. These doctors, who recently matched with Jefferson, started on June 20, 2008 (l to r):

**Danielle Pineda, MD**, Jefferson Medical College; **Richard Burkhart, MD**, Boston University School of Medicine; **Aleksandra Policha, MD**, SUNY/Syracuse; **Daniel Relles, MD**, Jefferson Medical College; **Christina Khan, MD, PhD**, University of Illinois;

and **Jason Walls, MD**, Jefferson Medical College

We are also pleased to welcome back two additional Jefferson Medical College graduates, **Carrie Houssock, MD**, and **Jordan Goldhammer, MD**, as preliminary interns in General Surgery.

