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# High Volume, Top Quality, and Rigorous Research: Jefferson Sets New Standards in Pancreatic Cancer Care

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# Surgical Solutions

## High Volume, Top Quality, and Rigorous Research: Jefferson Sets New Standards in Pancreatic Cancer Care

Each year, Jefferson surgeons perform over 200 pancreatic resections, including more than 130 “Whipple procedures” — making the hospital #1 in surgical volume for pancreatic cancer and related diseases in the tristate region of Pennsylvania, New Jersey and Delaware.

“While we are very proud of what we have achieved, there are always opportunities for improvement,” says Charles J. Yeo, MD, FACS, Samuel D. Gross Professor and Chair of Surgery, who has personally performed more than 1,400 Whipple procedures and treated thousands of patients with pancreatic cancer and related diseases.

Beyond the impressive numbers, the Jefferson Pancreas, Biliary and Related Cancer Center offers much more: multidisciplinary diagnosis and treatment, groundbreaking clinical research, and active involvement in community events — such as Amy’s Ride/Run/Walk in Quakertown (May 20) and Pancreatic Cancer Action Network’s PurpleStride (November 4).

### New Multidisciplinary Pancreatic Cancer Clinic

When pancreatic cancer is suspected, many patients and their families feel overwhelmed. In addition to the emotional impact, patients may have to schedule several appointments to see primary doctors and gastroenterologists, as well as surgeons, medical oncologists and radiation oncologists. At our Multidisciplinary Pancreatic Cancer Clinic, all relevant clinicians gather each Monday afternoon to review cases and see patients — providing the convenience of multiple appointments during a single visit.

### Development of a National Cancer Institute Funded Research Program

Since his recruitment in 2006, Jonathan Brody, PhD, Vice Chair

for Research in the Department of Surgery, has been building a world-class pancreatic cancer research program. Dr. Brody specializes in studying the molecular basis of cancer development and progression, targeted therapy and personalized medicine. As a translational researcher, he steers the research trajectory of the Brody Laboratory while serving as an advisor/collaborator to all levels of trainees as well as our practicing surgeons, including Drs. Harish Lavu and Jordan Winter.

### Ongoing Clinical Trials

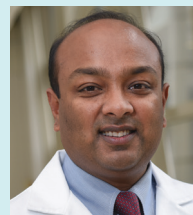
Harish Lavu, MD, FACS, is leading the Whipple Accelerated Recovery Pathway (WARP) trial aimed at supporting faster recovery from pancreatic surgery. In 2007, the team conducted a similar study that established the seven-day “Critical Pathway” standard at Jefferson. The WARP trial — initiated in late 2015 and with nearly 70 patients enrolled to date — is testing a five-day pathway. The protocol incorporates in-hospital physical therapy, specific dietary recommendations and rigorous monitoring following discharge.

Meanwhile, Jordan M. Winter, MD, FACS, is tackling a perennial patient query: “Can pancreatic surgery make the cancer ‘spread?’” To explore this topic, Dr. Winter is leading the Water or Saline at High Volumes (WASH) trial that is testing the use of 10 liters of plain water or salt water for abdominal washing immediately following removal of the tumor. Current practice uses just one or two liters of saline at the conclusion of the procedure. The study, started in April 2016 with more than 100 patients enrolled to date, aims to expand to other sites and enroll 800 patients.

For more information, go to [Jefferson.edu/Pancreas](http://Jefferson.edu/Pancreas).



Our multidisciplinary pancreatic cancer team includes surgeons, GI specialists, medical oncologists, radiation oncologists, advanced practice nurses, research scientists, residents, postdoc fellows, graduate students, clinical research coordinators and nutritionists.

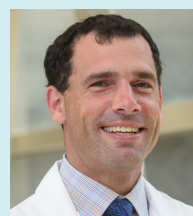


“In Asia, average hospital stay for pancreatic surgery patients is 21 days. In Europe, it’s 14 days. In most U.S. hospitals, it’s 12 to 14 days. Here at Jefferson, our current seven-day stay requires tremendous coordination across the Surgery, ICU and Nursing teams. With the WARP trial, we are trying to do something few others have consistently been able to do: improve outcomes by safely discharging Whipple procedure patients after just 5 days.

“Why are shorter hospital stays better? Research has shown that being in a hospital when you aren’t critically ill actually delays healing and exposes patients to hospital-acquired infections. We want to prepare our patients to leave the hospital as quickly as possible so they can recover safely and more rapidly in the comfort of their own homes.”

### Harish Lavu, MD, FACS

Associate Professor and Chief, Section of Hepatopancreatobiliary Surgery



“Lymphatics, nerves, small blood vessels and tumor margins frequently have cancer in them, which can only be appreciated at the microscopic level. As we’re dividing these structures, can some of these cells be spilled? It isn’t inconceivable. The hypothesis of the WASH study is that this high-volume washing may remove those kinds of free-floating cancer cells present after the tumor is resected — ultimately helping to prolong survival.

“Very few surgical cancer studies have looked specifically at pancreatic cancer outcomes. This trial points to the potential for surgical oncologists to affect cancer outcomes with an inexpensive intervention: high-volume abdominal washing. If we can use it to improve survival even by a few months, we’re accomplishing the same thing as a billion-dollar drug.”

### Jordan Winter, MD, FACS

Associate Professor

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