Patients with pancreatic cancer have an especially poor prognosis, with a 5-year survival rate of < 1% and a median survival of 4-6 months. The management of patients with pancreatic cancer depends on the extent of the disease at diagnosis. However, at the time of diagnosis the vast majority of pancreatic cancers are at an advanced disease stage, and surgical resection with curative intent is indicated in less than 10% of such patients [1, 2]. Unfortunately, a cure for pancreatic cancer is still elusive and current opportunistic screening strategies are not yet effective. In 2007, we planned a study for an early detection of pancreatic cancer using image diagnosis. The study was to compare Diffusion-Weighted magnetic resonance Imaging (DWI) and Multi Detector-Row Computed Tomography (MDCT) for detection of primary pancreatic cancer. By reviewing the images of patients at high risk for pancreatic cancer with Main Pancreatic Duct (MPD) dilatation was shown by Magnetic Resonance Cholangio Pancreatography (MRCP). We concluded performance of DWI and MDCT that was equivocal for detection of pancreatic cancer in a high risk population with MPD dilatation. The combination of MRCP and DWI for detection of pancreatic cancer allowed the identification of a high-risk population and tumor detection with a single imaging modality without any need for contrast medium [3].

Although many researches for early detection of pancreatic cancer have been progressed in the world, our impression was to find any tools for an early detection of pancreatic cancer such as tumor marker, new biomarker, and each image modalities that have not been in decisive status, including our study.

Now, gemcitabine-based chemotherapy is typically offered as a standard of care. However, most patients treated with gemcitabine alone do not survive longer than 6 months, as the tumor cells are naturally resistant to current chemotherapy. Importantly, the tumors that develop gemcitabine resistance would still be a suitable target for immunotherapy. Moreover, we recently reported that gemcitabine sensitized the pancreatic cancer cells with WT1 specific peptidemodified for these patients [5].

Additionally, we treated a patient under hemodialysis with advanced pancreatic cancer and reported as one of important case to suggest new guidelines of appropriate gemcitabine dosing modification for these patients [5].

In these days, many precious studies about new treatment of advanced pancreatic cancer have been demonstrated in the world and we hope to carry out the crucial, effective treatment for these patients and to extend their life expectancy.

REFERENCES