

#### Welcome.

This animation was designed for the Johns Hopkins Pancreas Cancer website to offer some new information about the early precursors to pancreatic cancer.

We will show how an understanding of these precursors and the changes that they produce in the pancreas could lead to a method for the early detection of this devastating illness.





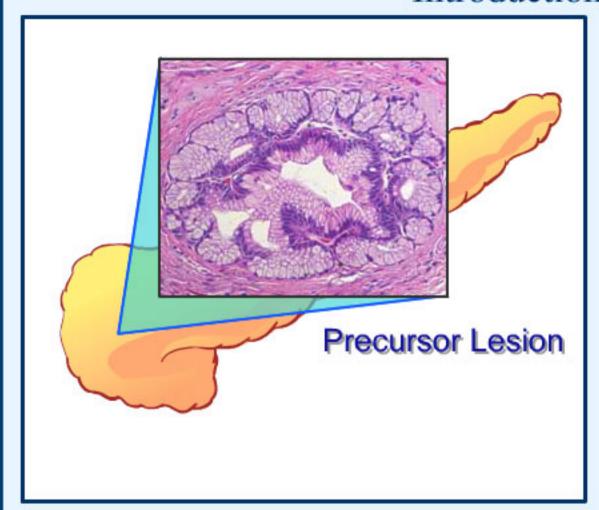
Pancreas Anatomy What are Precursor Lesions? Effects on the Pancreas EUS Screening

Saving Lives





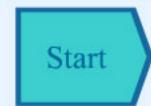
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Pancreatic cancer is difficult to treat, in large part because most patients are not diagnosed until after the cancer has already spread beyond the pancreas.

Significant progress has been made, however, in understanding the precursor lesions that give rise to invasive pancreatic cancer. These precursor lesions have become exciting new targets for early detection efforts.





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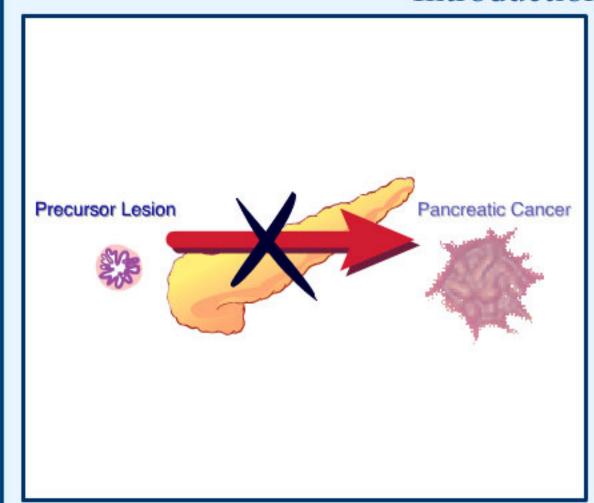
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Just as colon polyps, if left alone, can give rise to a colon cancer, so too is it now clear that small treatable precursor lesions are present in the pancreas years before invasive pancreatic cancer ever develops.

The identification and treatment of these noninvasive precursor lesions in the ducts of the pancreas offers the potential to prevent invasive pancreatic cancer.





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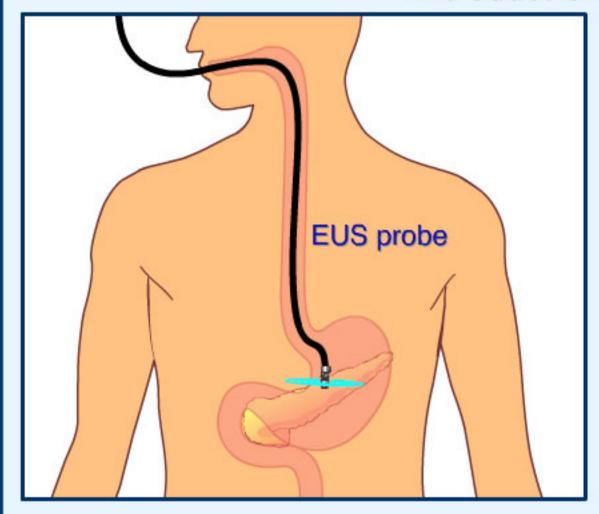
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The precursor lesions associated with most pancreatic cancers are microscopic in size and virtually impossible to detect with traditional imaging methods.

However, recent discoveries at Johns
Hopkins regarding the effects of these
precursor lesions on the pancreatic
tissue, combined with the development
of endoscopic ultrasound (EUS), offer
the potential for early detection,
especially with patients known to have
a greater risk of developing pancreatic
cancer.





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Anatomy of the Pancreas

What are Precursor Lesions?

How do Precursor Lesions

Affect the Pancreas?

Detecting Precursor Lesions

Using EUS

First, let us review the anatomy of the pancreas. We will then learn about precursor lesions and observe how these precursor lesions produce visible changes in the pancreas.

Finally, we will see how the understanding of these changes in the pancreas could lead to methods for early diagnosis using endoscopic ultrasound (EUS).





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Effects on the Pancreas

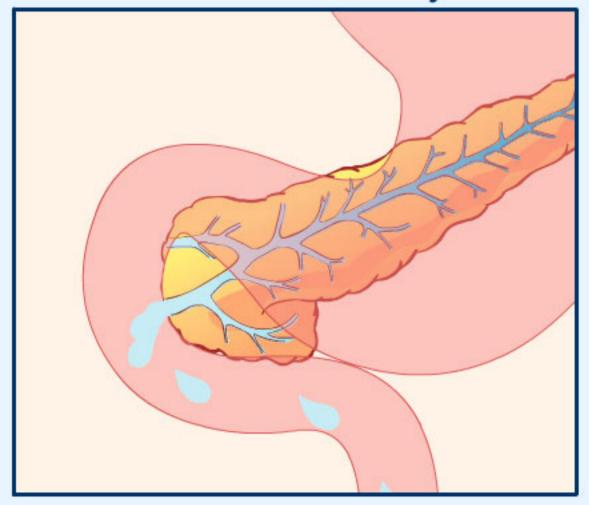
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# Anatomy of the Pancreas



The pancreas is an elongated gland that lies behind the stomach, in close proximity to the first part of the small intestine, the duodenum.

Pancreatic tissue is made of many small collections of cells called lobules and a system of branching ducts.

The ducts are essentially small tubes that transport fluids made by the pancreas to the duodenum.





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Effects on the Pancreas

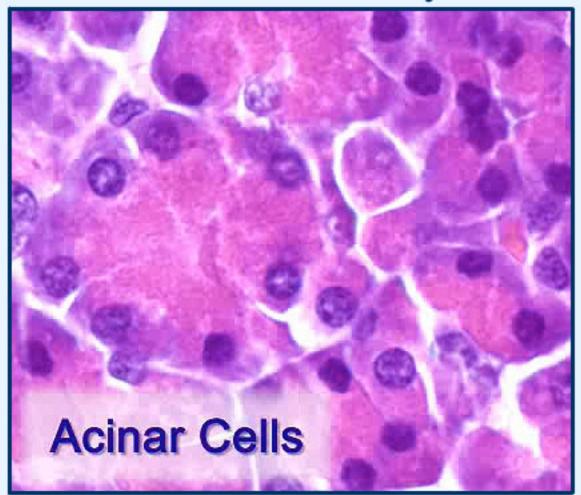
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#### Anatomy of the Pancreas



Under the microscope, we see that the healthy pancreas is fairly homogeneous in appearance. The lobules are mostly made up of cells called acinar cells. These cells are the exocrine part of the pancreas. They are arranged in grapelike clusters called acini.

The acinar cells make pancreatic juice that travels through the duct system of the pancreas into the duodenum. In the duodenum, this pancreatic juice helps us digest our food.





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### Anatomy of the Pancreas



Scattered evenly throughout the pancreas are small clusters of endocrine cells called the Islets of Langerhans.

These cells produce the hormones that control our blood sugar levels. These hormones are released directly into the blood vessels of the pancreas.

The Islets of Langerhans and the acini group together to form uniform lobules, each supplied by a branch of the duct system.



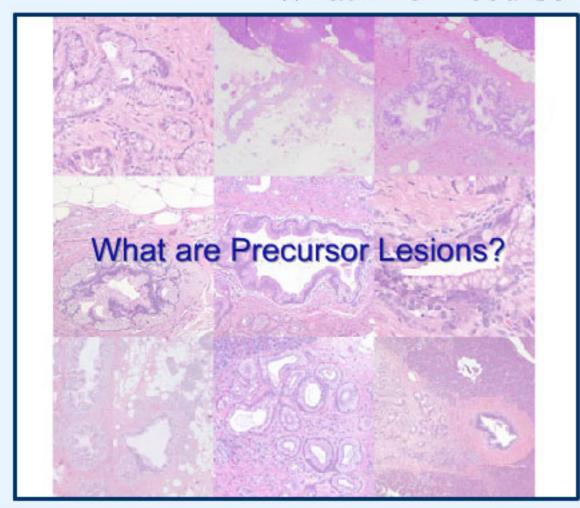
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Understanding the biology of precursor lesions is of great importance in order to learn how to detect and potentially treat pancreatic cancer before it becomes invasive and spreads.





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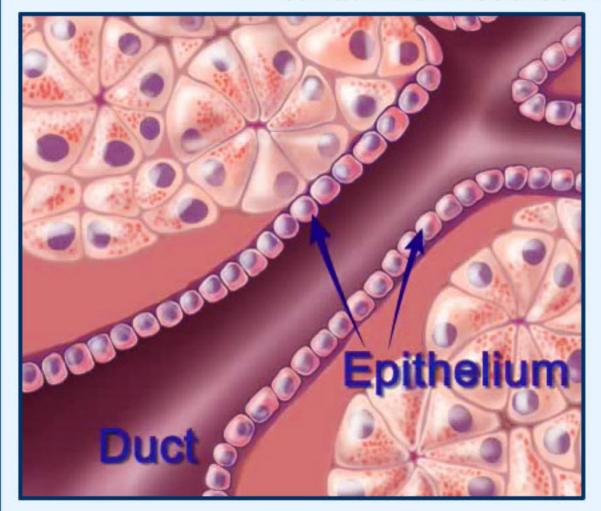
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Fundamentally, a precursor lesion is an abnormal change in the layer of cells lining the ducts of the pancreas.

This layer is called the epithelium.

The epithelium of a healthy pancreas consists of short, uniform, cube-like epithelial cells.



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A precursor lesion occurs when a genetic mutation causes the epithelial cells to change and grow too fast.

While these cells are growing too fast, they have not yet taken on all of the characteristics of invasive cancer.

Specifically, they have not yet become invasive. They have not yet broken through the tough basement membrane that lines the normal ducts, and they therefore have not spread to the surrounding tissue.



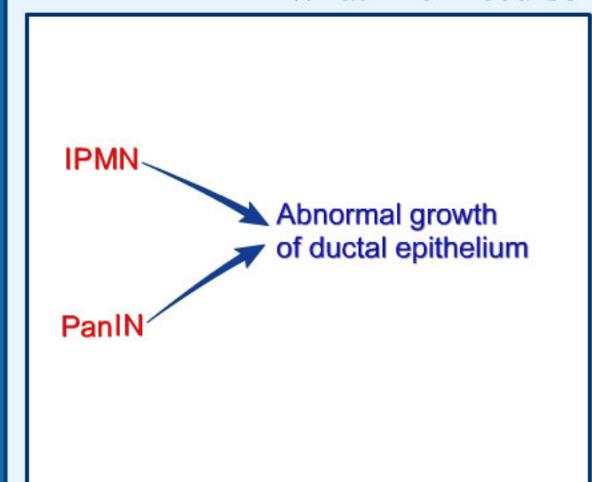


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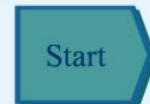
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Two types of precursor lesions have been identified in the ducts of the pancreas: Intraductal Papillary Mucinous Neoplasms (IPMNs) and Pancreatic Intraepithelial Neoplasia (PanINs.) They both represent an abnormal growth of the epithelium lining the ducts.





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**IPMN** 



Big enough to see

Often produce symptoms

**PanIN** 

Too small to see
No symptoms

IPMNs are generally larger than PanINs. They are found in the large ducts of the pancreas, they produce a lot of mucous and cause the ducts to expand. IPMNs are clinically detectable.

On the other hand, PanINs, the precursor lesions associated most closely with the development of pancreatic cancers, are much smaller, almost the size of the head of a pin. Patients with PanINs show no clinically observable symptoms.



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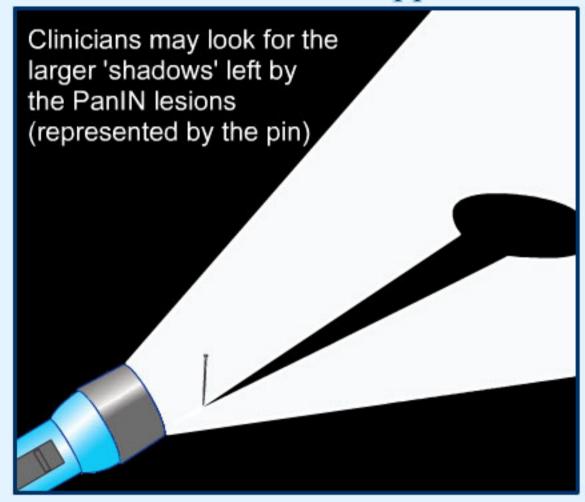
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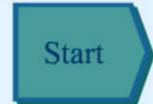




While PanINs are virtually undetectable because of their microscopic size, the distinctive traces that they leave on the pancreas are more easily detected. You might think of it as a small object casting a large shadow.

Clinicians may look for these larger 'shadows' in the pancreas as evidence of PanINs. If this holds true, PanINs may be detected, and once detected, treated long before they ever become cancer.





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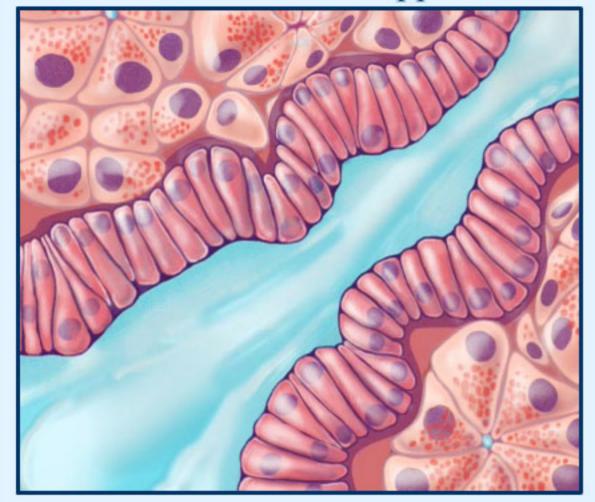
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PanINs arise in the smallest ducts of the pancreas.

Under the microscope, the cells in these ducts can be seen to become taller and instead of laying flat, they form finger-like projections into the center of the duct.





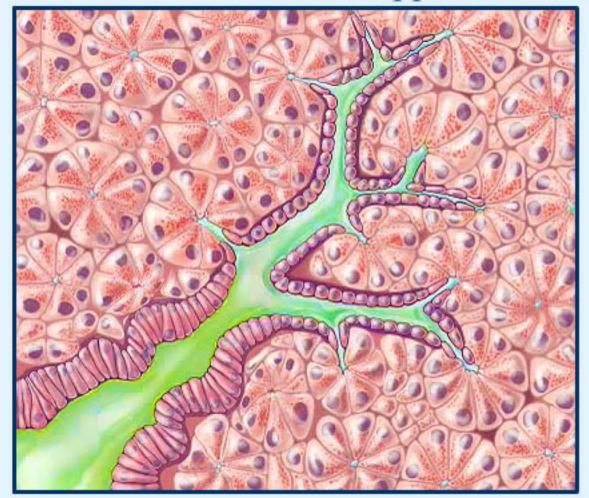
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Not only do the epithelial cells look abnormal under the microscope, but these cells also start to make proteins and types of mucous that they normally wouldn't make.

The altered mucous and proteins mix with the pancreatic juice, making it thicker and slowing down its flow through the ducts. Some studies suggest that one of the digestive enzymes produced in the pancreas may also be prematurely activated when it comes in contact with the PanIN lesion.





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Whatever the cause, these lesions lead to damaging blockage of the ducts. This causes a distinct shrinkage, called atrophy, of the surrounding pancreatic tissue.

This atrophy begins with the disappearance of granules, which are normally seen inside the cells. The acinar cells then begin to shrink, causing much more noticeable spaces to appear in the center of each acinus.



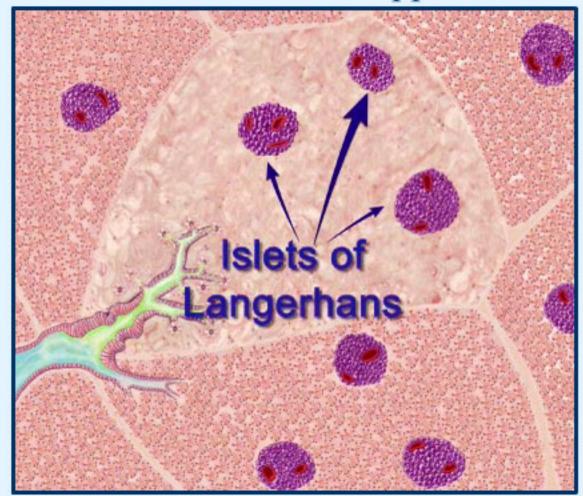


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The acinar cells recede and then many die off through processes that scientists call necrosis and apoptosis, or cell death. The space left behind is replaced with fatty or scar tissue.

All that remain of the healthy pancreas are the endocrine cells in the Islets of Langerhans.



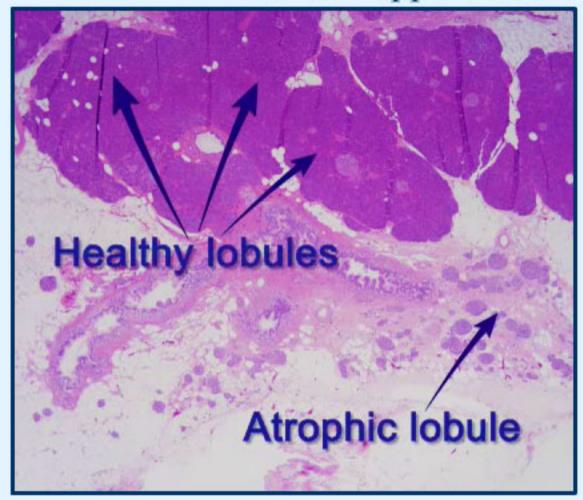


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Because only the portion of the pancreas 'upstream' from the PanIN lesion is affected, this atrophy is limited to single lobules within the pancreas.

Under the microscope, the normally homogeneous appearance of the pancreas is interrupted by atrophied lobules scattered randomly throughout the tissue, wherever a PanIN has formed.



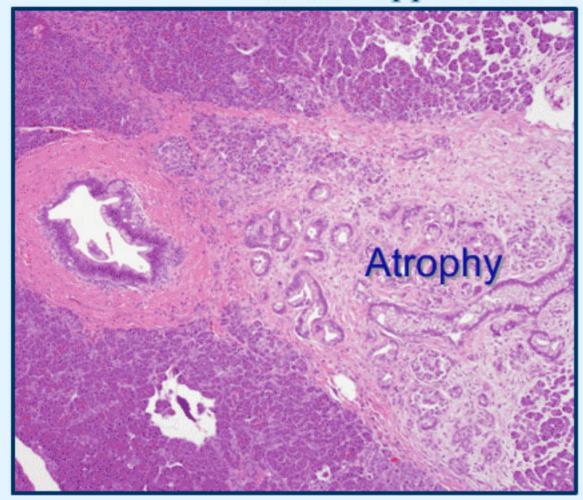


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These 'shadows' left by the PanIN lesions are much larger than the tiny PanIN lesions themselves. As a result, the areas of the pancreas atrophy can be seen using techniques such as endscopic ultrasound, also called EUS.





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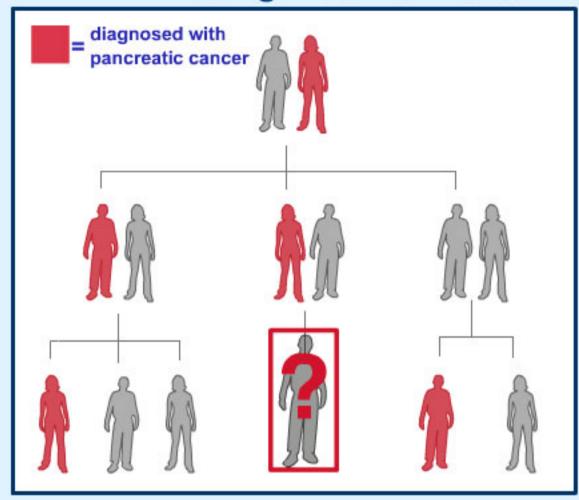
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We now know that individuals with a strong family history of pancreatic cancer and individuals with certain inherited syndromes have an increased risk of developing pancreatic cancer.

We need to develop new tests to screen these individuals for precursor lesions so that they can be treated BEFORE an invasive cancer develops.

New methods for screening these individuals using EUS are currently being developed at Johns Hopkins.





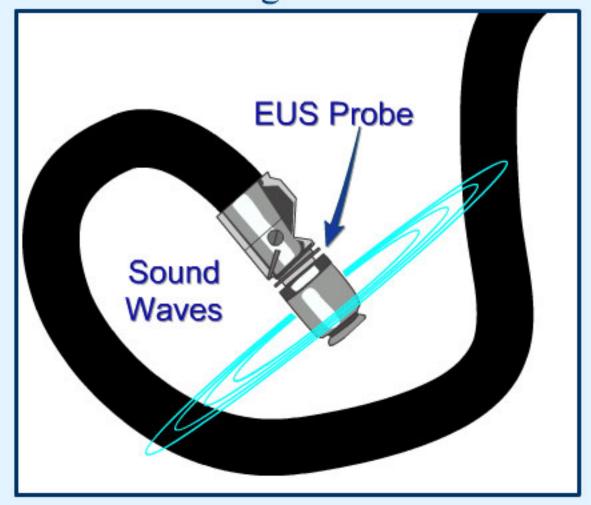
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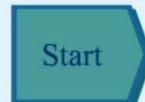






EUS, (or Endoscopic UltraSound), like traditional ultrasound, uses sound waves that create computer-generated images to visualize what lies within the body and to detect any abnormalities.





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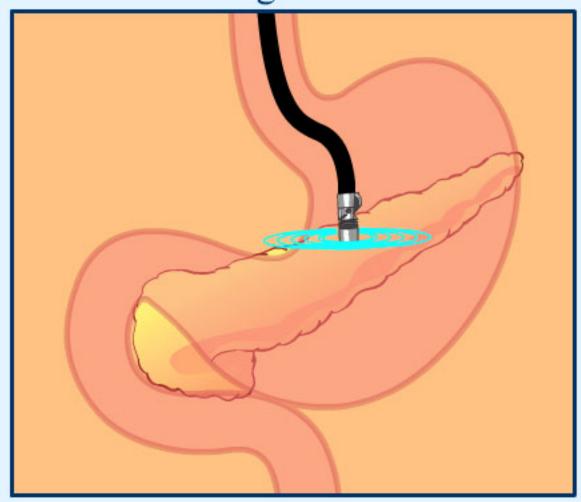
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EUS involves the insertion of a long tube through the mouth and into the stomach. At the end of this tube is an ultrasound device that can be placed in the part of the stomach that sits closest to the pancreas. This close proximity of the ultrasound device to the pancreas provides very detailed images of the pancreas.





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At first glance, the images produced by EUS may seem difficult to understand, but a trained ultrasonographer knows what is normal and is able to detect tiny abnormalities.



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A healthy pancreas looks like this. Notice the uniform 'salt-and-pepper' appearance.





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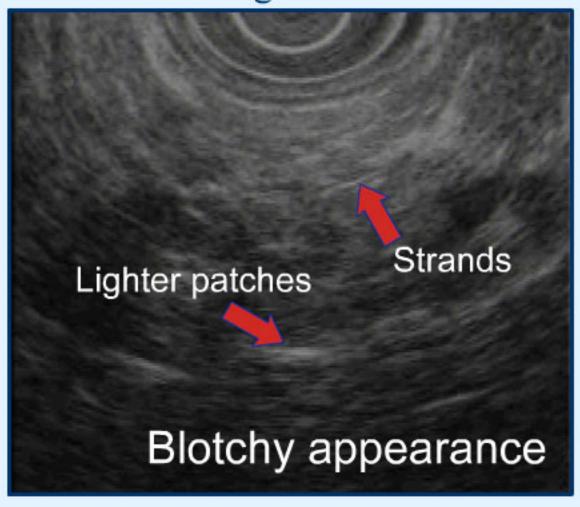
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A pancreas with PanINs is different. It has a heterogeneous, or blotchy appearance with strands and lighter patches, corresponding to atrophic lobules caused by PanINs.

The PanINs themselves are impossible to make out, but their traces are clearly visible through EUS! Now we have a way to see the precursors to pancreatic cancer before they progress to invasive cancer.





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# Conclusion: Our Goal is to Save Lives.

# Early Detection Saves Lives.

Our goal is to save lives.

Just as mammography screening for breast cancer saves lives and just as colonoscopy for colon polyps saves lives, so too do we want to save lives by detecting and treating precursor lesions in the pancreas BEFORE they ever have a chance to progress to pancreatic cancer. The emergent understanding of precursor lesions, as described in this animation, offers great hope for new ways to detect precursor lesions and save lives.



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#### Conclusion: Our Goal is to Save Lives.

# Hope for the future

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