“Sex and the City” Actor’s Death Raises Awareness of Pancreatic Cancer

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Actor Willie Garson was probably best known for his role as Stanford Blatch on “Sex and the City,” playing one of Carrie Bradshaw’s New York-savvy best friends.

Garson, who died Tuesday at age 57, has helped to raise awareness of pancreatic cancer, which he battled briefly before his death.

About 60,430 people in the United States will be diagnosed with pancreatic cancer this year, according to the American Cancer Society. It accounts for only 3% of all cancers in the U.S. but 7% of all cancer deaths. In fact, it is the third-leading cause of cancer-related deaths in the U.S. and by 2030 is predicted to be the second-leading cause.

“The biggest problem with pancreatic cancer is oftentimes the warning signs are not there,” says Sana Karam, MD, PhD, CU Cancer Center member and associate professor of radiation oncology. “The pancreas is located in the back of the abdomen behind the liver, and often by the time a patient shows symptoms like back pain or belly pain, it’s at the stage where it’s a cancer and needs to be treated as cancer, rather than with a preventive approach.”

Offering patients multi-modal treatment

The CU Cancer Center has emerged at the forefront of pancreatic cancer research and treatment and recently was named a National Pancreas Foundation Center of Excellence for pancreatic cancer. It is home to the Pancreas and Biliary Multidisciplinary Clinic, which offers patients “all-in-one” clinical care, as well as the Pancreas Surveillance Clinic for high-risk patients.

This multidisciplinary approach to patient care, as well as use of advanced surgical techniques, allows the CU Cancer Center to surgically remove tumors in 30% or more of pancreatic cancer patients, almost double the national average.

“Today we have much better multi-modal treatment, much more effective chemotherapy, and together with surgery it gives pancreatic cancer patients a greater chance to live longer,” explains Marco Del Chiaro, MD, CU Cancer Center member and professor of surgical oncology.

This range of options is a significant asset to patients with pancreatic cancer, which is a difficult

cancer to treat in part because of its location at the back of the abdomen, Karam says.

“There are no great imaging modalities,” she explains. “We still rely on CT scans and MRI sometimes, which does not show a tumor as well.

“It’s a very aggressive disease. We call it a cold tumor that doesn’t have a lot of immune cells. If you look at pancreatic tumors, the vast majority is this fibrous mesh with very few cancer cells and lots of fibers. That makes it harder to have chemotherapy or other drugs penetrate, and we worry about it hardening or scarring too much. This makes it tougher for imaging or treatment and makes it a lot more favorable for metastatic spread,” Karam says.

A significant challenge with pancreatic cancer is that by the time a person has physical symptoms, which could include jaundice or back or abdominal pain, the cancer may be advanced. Karam said patients with pancreatic cancer sometimes can second-guess themselves or question whether they should have consulted a physician sooner.

“I can’t overemphasize for people to know that this is not their fault,” Karam says. “Pancreatic cancer is not the result of something they’ve done, it’s just really bad luck, it’s genetics. A lot of patients come in and say, ‘What did I do wrong?’ and I really don’t think there’s anything we know that could have been done to prevent it, or something that’s within the control of the patient.”

A sense of urgency in research

As with most cancers, early detection is key. Though it is difficult with pancreatic cancer, Del Chiaro says people from high-risk populations — especially those with a family history of pancreatic cancer, some forms of chronic pancreatitis, or the BRCA gene mutation — can benefit from screening. He also is leading research analyzing the diagnosis and treatment of pancreatic cystic lesions, a small percentage of which can become cancerous if left untreated.“

One of the big challenges in those lesions is, first of all, to understand what you are looking for,” he says. “Most lesions look like cysts, and there are several kinds of cysts. Some are benign, some are potentially progressive to cancer, but when you look at the scan, they look similar. So, how can we make differential diagnosis better?”

“The other big problem that we have is that even if you know which cyst it is, when is the time to remove it? You don’t want to remove it too early, but you don’t want to remove it too late when it has become cancerous and spreads. Is there a way to predict the right time to remove it? What we’re focused on now in terms of research is trying to identify biomarkers to identify if a cyst will progress to cancer. We want to target the right one, and right now we don’t have a good marker or an optimal strategy, but we’re working with many centers across the world to identify these markers,” Del Chiaro says.

Though pancreatic cancer is not considered common, Karam says, “it’s devastating. There has to be more of a sense of urgency and immediacy in our research and a willingness to change trial

designs so we can more quickly move on when we have early signals that a trial is failing. We owe it to our patients to accelerate discovery."

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