

## Special Issue on Pancreatic Cancer

### Call for Papers

Pancreatic ductal adenocarcinoma (PDAC) is the fourth leading cause of cancer-related death, with only 3% of patients alive 5 years after diagnosis. The main reasons for this grim prognosis include early metastatic spread, high local recurrence rate, and multifactorial resistance to treatments. In 85% of patients, PDAC is detected at advanced stages, characterized by infiltration of proximal lymph nodes and vascular structures, as well as metastasis to liver/peritoneum. The first-line agent gemcitabine produced some clinical benefits in the advanced setting but yields a limited disease control, with <15% of patients progression-free at 6 months from diagnosis.

Therefore, the identification of predictive factors seems to be critical for maximizing therapeutic efficacy and minimizing nonfunctional treatment in PDAC. Indeed, the basic science involving surgical, pathological, and gastroenterological fields could drive the discovery of new therapeutic approaches against PDAC. Potential topics include, but are not limited to:

- Pancreatic ductal adenocarcinoma (PDAC)
- Surgical treatment of pancreatic lesions
- Preclinical models of PDAC
- EUS, CT, and MRI in staging
- Role of neoadjuvant therapy to downstage tumors
- Palliative therapy such as ERCP and celiac plexus block
- Precursor lesion such as flat lesions, PanIN, and IPMN
- Screening for pancreatic cancer in high risk patients (e.g., patients with hereditary pancreatitis and cancer)

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