

Pancreatic cancer remains to be a challenge for the health care providers in the world. For the past three decades, we have made few breakthroughs for managing this malignant disease. Unless a breakthrough would be made in the near future, as projected, pancreatic cancer would become the second leading cause of death from cancer diseases in the United States by 2020. This is very likely the sad fact that many other countries in the world would also have to face. However, we are now understanding this disease better, in debt to the basic scientists in the pancreatic cancer research field. Deciphering genomic and epigenetic codes of pancreatic cancer has revealed the molecular pathways underlying the development of pancreatic cancer and also identified potential biomarkers for early diagnosis. Meanwhile, dissecting tumor microenvironment has led to the recognition of the importance of targeting non-neoplastic cells for pancreatic cancer treatment. Nevertheless, metastases remain to be a predominant reason for treatment failure and occur either grossly or microscopically as circulating tumor cells at the time of diagnosis. Thus, the ineffectiveness of pancreatic cancer treatment may be largely attributed to lack of therapies specifically targeting metastases.

The contributions of the clinicians and clinical researches to the field of pancreatic cancer have revolutionized the entire medicine and surgery field. Many chapters of this book have testified the importance of the advancements in the management of pancreatic cancer as landmarks in the history of medicine and surgery. Due to the poor natural history of pancreatic cancer, more recent advancements in pancreatic surgery have focusing on reducing the complication and integrating minimal invasive techniques. Other types of local therapies including stereotactic body radiation and irreversible electroporation have been employed to treat those unresectable pancreatic cancer. However, the role of each of the treatment modalities is quite limited. Thus, a multidisciplinary approach has become a necessity to optimize the management of pancreatic cancer and to avoid an ineffective modality of treatment. This book has highlighted the multidisciplinary concepts essentially in every page.

In summary, this book, contributed by a premium group of pancreatic cancer clinicians and researchers has shed the light on four major points in both clinical management and research development of pancreatic cancer, including making early diagnosis of pancreatic cancer, targeting the tumor microenvironment and metastasis, developing new modalities of systemic therapies such as immune-based therapies, and employing the multidisciplinary approach.

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