

Katherine Morris: assessment and management of co-morbidities in pancreatic cancer surgery

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Expert introduction

Katherine Morris (*Figure 1*), Associate Professor, Department of Surgery, University of Oklahoma Health Sciences Center. After completing a mathematics degree at the University of Washington Dr. Morris studied medicine at Oregon Health and Science University (OHSU), where her interest was drawn to surgery. After medical school, she completed her general surgery residency at OHSU. During that residency, she completed two years of research in surgical oncology. After residency, Dr. Morris completed a two-year Surgical Oncology fellowship with emphasis on Hepatopancreaticobiliary surgery at Memorial Sloan Kettering Cancer Center in New York. She considers it a great honor to have worked there with such experts in the field as Dr. Murray Brennan and Dr. Leslie Blumgart.

After Fellowship she practiced Surgical Oncology and Hepatopancreaticobiliary surgery in Portland, Oregon for five years before taking a position at the University of New Mexico in 2010. There she expanded her efforts in laboratory based cancer research and was awarded a 5-year American Cancer Society grant. She then joined the University of Oklahoma and Stephenson Cancer Center as an associate professor of surgery and the G. Rainey Williams Chair for Surgical Research in 2016. Her laboratory work is focused on tumor-stromal biology and the role of the innate immune system in metastatic gastrointestinal cancers.

Editor's note

As an associate professor at University of Oklahoma Health Sciences Center Dr. Katherine Morris owns rich and solid expertise in the field of pancreatic cancer, metastatic colorectal cancer and biliary cancer. During the 8th Annual International Surgery Forum, Dr. Katherine Morris has delivered a wonderful presentation on the topic “Assessment and management of co-morbidities in pancreatic cancer

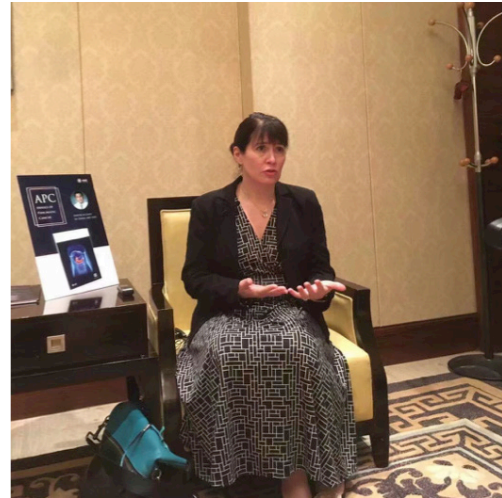


Figure 1 Dr. Katherine Morris.

surgery”, which triggered a heated discussion.

With a high degree of malignancy and low 5-year survival rate, pancreatic cancer gains its name “king of cancers”. Therefore, we took this opportunity to invite Dr. Katherine Morris to have an interview and share her expertise and perspectives on pancreatic cancer surgery. According to Prof. Morris, what aroused her interest in oncology surgery was that she really enjoyed both taking care of patients facing such a challenging disease as well as the process of doing oncologic research and solving problems. In addition, working with the top surgeons in her fellowship training greatly influenced her.

As for the complications of pancreatic cancer surgery, Prof. Morris summarized them as bleeding, anastomotic leakage, abdominal infection and even death etc. Therefore, before the surgery, doctors should help the patients to enhance their physical health and decrease their weakness. After the surgery, close attention should be paid to the patients in case of potential complications.

Prof. Morris also told us one of the biggest obstacles in the diagnosis and treatment of pancreatic cancer was that



Figure 2 Assessment and management of co-morbidities in pancreatic cancer surgery (1).

Available online: <http://asvidett.amegroups.com/article/view/22326>

nowadays we are unable to figure out the precise surgical risks for individual patients even with current advanced modern technology. Besides, she said that while she has recently seen more young patients with pancreatic cancer we do not know why people as young as in their 40s are getting this disease. In addition, the increased number of people in their 80s and 90s suffering from pancreatic cancer shouldn't be overlooked. Prof. Morris said despite the hard work of many doctors and scientists in the field of pancreatic cancer for several years, we are still not curing most of the patients. However, we have made some small improvements in the last 10 years. Thus Prof. Morris hopes that in the next five and ten years, better understanding of how local immune microenvironment and tumor work with each other can be achieved so that the doctors can improve treatment of pancreatic cancer to attack it.

For more details of the interview, please click on the video below (Link: <https://youtu.be/CZgBkeVVSJw>) (Figure 2) (1).

Interview questions

- ❖ As we know your research interest is hepatobiliary and pancreatic oncologic surgery, would you like to share why you focus on the pancreatic oncologic surgery in your clinical practice?
- ❖ Could you please briefly introduce the complications of pancreatic cancer surgery? What factors the surgeon should pay attention when they operate pancreatic cancer surgery?
- ❖ Pancreatic cancer is a tumor with a high degree of

malignancy and its morbidity and mortality have increased significantly in recent years. In your opinion, what is the biggest obstacle in the surgery and treatment?

- ❖ What's your view on the phenomenon that the morbidity crowd with pancreatic cancer becomes youth-oriented?
- ❖ How is current clinical situation in treating pancreatic cancer? What do you think of the future development in the treatment of pancreatic cancer?

Acknowledgments

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Footnote

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