Preface

The United States National Cancer Institute Surveillance, Epidemiology and End Results (SEER) Program estimates that there will be 48,960 new cases of pancreatic cancer with 40,560 deaths in 2015. The current issue of *Translational Cancer Research* presents a number of papers which, while recognizing the poor prognosis associated with this malignancy, identify a number of improvements in the diagnosis and therapy which should, in time, improve patient outcomes.

Drs. Chapman, DeSanto, Salman and Edil from University of Colorado and Gazi University in Ankara, Turkey offer a comprehensive review of the literature on minimally invasive surgery for pancreatic cancer. The paper reviews surgical technique as well as patient outcomes which suggest the feasibility and safety of this approach.

Drs. Sanchez and Cheung from University of Florida Cancer Center at Orlando Health present an overview of the pathology of pancreatic cancers. They pay particular attention to genetic mutations which represent drivers of tumorigenesis. This is an important review in that it also discusses how specific genetic markers impact prognosis and may also serve as useful targets for therapy.

Dr. Bridges from Mayo Clinic offers a review of the role for magnetic resonance imaging (MRI) of the pancreas. While most institutions utilize computerized tomography (CT) in this setting, the Mayo group presents a compelling argument for the use of MRI to assess resectability of pancreatic lesions as well as to assess response to treatment.

Dr. Nichols, from University of Florida, presents an overview of particle therapy for pancreatic malignancy. This relatively new modality—using either protons or carbon ions—offers meaningful improvement in the therapeutic index compared to conventional X-ray based modalities. As such, by reducing normal tissue toxicity, particle therapy may allow for: radiotherapy dose intensification; concomitant use of highly radiosensitizing chemotherapy; and broader acceptance of neoadjuvant radiotherapy.

Drs. Royall and Bose from University of Florida Cancer Center at Orlando Health discuss, from a surgical perspective, the rationale, logistics and technical considerations for neoadjuvant therapies. In the paper they also propose areas of research that will aid surgeons and multidisciplinary teams in applying these therapies in the clinical setting.

Drs. Zaiden, Zhou and Kim from Baptist-MD Anderson Cancer Center and University of Florida in Jacksonville, Florida discuss current standard first line systemic therapies for patients with disseminated pancreatic cancer. They also offer an extensive review of second line therapies and clinical trials of drugs in development.

Drs. Chhabra, Kaiser and Chuong from University of Maryland review the literature on stereotactic body radiotherapy for pancreatic cancer. With the availability of technology which allows for the precise delivery of very high radiotherapy doses to small targets over a time interval of as little as 5 treatment days, this modality has become quite popular among radiation oncologists, medical oncologist and surgeons since it minimally interferes with the other therapies offered.

Drs. Deraniyagala and Tanzler from University of Florida and Cancer Specialists of North Florida, Jacksonville discuss the rationale and results of neoadjuvant radiotherapy from the radiation oncologist's perspective.

Finally, Drs. Hitchcock and Rutenberg from University of Florida discuss the history of and rationale for postoperative adjuvant radiotherapy in patients who have undergone pancreatectomy.

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