Greg Sharpe (00:00):

We welcome you back now to the kickoff, Huskers and Badgers set to play here today at Memorial Stadium, and we are delighted to be joined by Dr. Joann Sweasy, the director of the Fred and Pamela Buffett Cancer Center. Also be joined by Dr. Kelsey Klute, gastrointestinal cancer physician with the Buffett Cancer Center up at the University of Nebraska Medical Center and Nebraska Medicine, and Dr. Sweasy, let's begin with you. The Fred and Pamela Buffett Cancer Center is the only cancer center that has been designated by the National Cancer Institute in the state of Nebraska. Tell us a little bit about what that means and why that's so important.

Joann Sweasy, PhD (00:37):

Thanks, Greg. It's terrific to be with you and all of Husker Nation, and you're correct. The Fred and Pamela Buffett Cancer Center is the only NCI-designated cancer center in Nebraska. So the NCI began giving this designation to centers back in the early 1970s as part of the nation's War on Cancer. Briefly, it means that our cancer center meets rigorous standards for state-of-the-art research for multiple disciplines, and that research is focused on developing new and better approaches to preventing diagnosing and treating cancer. Basically, our mission is to understand, prevent and treat cancer in Nebraska and beyond.

Greg Sharpe (01:17):

Now you're relatively new to your position. Tell our listeners about what drew you to Nebraska and to the Buffett Cancer Center.

Joann Sweasy, PhD (01:24):

Its winning culture. Its can-do spirit, and I saw opportunities here to expand and to grow cancer research and build upon the outstanding cancer care that's already taking place. One big area to improve is community outreach and cancer prevention in Nebraska.

Greg Sharpe (01:41):

Now I want to hear more about that. A lot of people, me included, think about the Fred and Pamela Buffett Cancer Center as a treatment facility that's on the UNMC campus, but it's much more than that, right?

Joann Sweasy, PhD (01:53):

It is, Greg. We're certainly proud of the facility that is the Fred and Pamela Buffett Cancer Center on the main UNMC campus in Omaha. At $323 million, it's still the largest public-private partnership in state history. We provide terrific care here and it's certainly home to the most specialized care with the largest number of physicians and other care providers who are focused on cancer, sometimes care at the med center is absolutely necessary. Ultimately though, as the NCI-designated Cancer Center for our state, we're charged with improving the lives of individuals across the state and beyond. We partner with hospitals and clinics across the state to ensure that patients can receive the latest appropriate care near their homes, and we're going to be much more intentional about that and about increasing these partnerships. In addition, we've traditionally had great support from our rural communities with efforts such as the Cattleman's Ball and other initiatives in raising awareness of cancer prevention and screening. And so these are among the areas we're really focused on growing to better serve all communities throughout our metro area and across the state.

Greg Sharpe (03:05):

And along that line, I see that you're going to be opening a new cancer clinic in Kearney.

Joann Sweasy, PhD (03:10):

That's right, Greg. Along with our primary clinical partner, Nebraska Medicine, we'll open a new cancer clinic in Kearney near the first of the year. This $52 million facility in University Village will include medical and radiation oncology, infusion, genetics, counseling, and other areas. This is another step in our efforts to provide world-class treatment for patients closer to their home.

Greg Sharpe (03:35):

November. Folks, it's Pancreatic Cancer Awareness Month, and before we bring Dr. Klute in to discuss more details about that program and some new treatments in that area that have been provided me and our audience with a little bit of a bigger picture of what's going on with the pancreas cancer and UNMC.

Joann Sweasy, PhD (03:52):

UNMC has had a long history with pancreas cancer research. In 2018, the regions formed the Pancreas Cancer Center of Excellence, and in 2023, Nebraska Medicine was recognized as a center of excellence by the National Pancreas Foundation. Pancreas cancer is a difficult disease to treat because people who have the disease don't typically have symptoms until it's spread to other regions of the body. That's why we need to find new ways to detect the disease earlier as well as new treatment options, and we're working very hard on that.

Greg Sharpe (04:27):

Well, that provides a terrific transition to Dr. Klute. Dr. Klute is a gastrointestinal medical oncologist who joined UNMC and Nebraska Medicine back in 2016. Dr. Klute, you see a lot of patients with pancreas cancer, but it's not necessarily a one size fits all approach to treatment. Tell us a little bit about that and what makes the Fred and Pamela Buffett Cancer Center unique in that regard?

Kelsey Klute, MD (04:52):

Sure. First, thank you for having us on the show, Greg, and for being so brave and telling your own story. Our approach to pancreas cancer at the Fred and Pamela Buffet Cancer Center is unique. So over the past several years since I started in 2016, we've really changed the way that we approach patients with pancreas cancer. So every new patient that we see in our clinic who has known or suspected pancreas cancer gets evaluated by our entire team. So we see new patients on Wednesday afternoons. Our nurse practitioner, Christina reaches out to them, gathers their history and tries to understand what tests they've had, what else needs to be done, and then gets them scheduled with everyone on our team who it makes sense for that they're going to meet, need to meet over the course of their care. So they meet everyone on that very first day with us.

(05:43):

Usually that looks like meeting a surgeon, medical oncologist, dietician, genetic counselors, well as our research team. But then behind the scenes. So for me, before I meet a patient, a new patient in clinic, our whole team gets together to talk about that patient and really develop a game plan for them. And when I say our whole team, I mean several medical oncologists, surgeons, gastroenterologists, nurses, our research team, genetic counselors, dietician, even social work scientists. We're all in the room. We're sitting down together, we hear the patient's story, their symptoms, what led up to the diagnosis, and then together we look at their scans with the radiologists, their biopsies with the pathologist. And in that room together we come up with our whole team's best recommendation for treatment. There's a lot of discussion that happens. Sometimes there's some fighting, but ultimately when I walk in the room to meet a patient, I know what all the treatment options are. I've talked, I've had input from my colleagues. And so

the goal is that the patient meets the whole treatment team that day and that patients leave clinic with a game plan and a team that they can really fall back on and rely on.

Greg Sharpe (06:50):

You often talk about the importance of clinical trials. Can you elaborate on why these are the important to current and future cancer patients?

Kelsey Klute, MD (07:00):

Yeah, so these are really important in pancreas cancer and all cancer in general. So clinical trials are the only way that we get more effective therapies to patients with pancreas cancer or other types of cancer. So every treatment that we use to treat cancer today was tested in a clinical trial at one point to prove that it was effective. So for patients I see in clinic or patients with pancreas cancer today, treatment on a clinical trial allows them to access a drug or treatment strategy that might be more effective or less toxic than the standard treatments that we might have to offer or might be a way to get treatment with something new, different, which may be effective, might not, but might give them a way to kind of continue to get treatment. When we've really run out of standard treatment options, a lot of people see it as a way to give back in the sense that even if it doesn't help me, I know that participation in a trial could help someone who's in my shoes in the future. And so there are advantages for patients today, but really the goal is of all clinical trials, is to develop more effective therapies for patients in the future.

Greg Sharpe (08:11):

What should all Nebraskans know about pancreatic cancer and what can they proactively do if their loved ones have this disease?

Kelsey Klute, MD (08:20):

That's a great question. So three things. I think number one is really important to me for people to know that pancreas cancer is not a death sentence. Certainly this is a tough disease, but I see patients in clinic every week who are years out from their diagnosis and treatment, and I see patients every day in clinic who are living with pancreas cancer, pancreas cancer that can't be cured. But with treatment, oftentimes people feel better and can live for some time and have taken care of people who live for years with pancreas cancer. So number one, pancreas cancer is not a death sentence. Two is where you get your care matters. This gets back to the team-based approach. I was talking about also this idea of a high volume center. So we know that patients who get treated at a place that sees a lot of patients with pancreas cancer, they tend to live longer and feel better when they're treated by a team.

(09:15):

So a team who's looking after all their needs at a place that sees a high volume of pancreas cancer, treating the cancer is really important. But at the end of the day, managing all the symptoms that come with it, the issues with nutrition, understanding genetic risk, and really being able to support patients and their families through this challenging time, it's psychologically challenging, can be financial and emotionally challenging. And so the support that we're able to offer patients in those situations really makes a huge difference. And so where people get treatment, I think really does matter. And then I think the third thing that's really important to know is that pancreas cancer can be hereditary. So about one in 10 people who get pancreas cancer get it for a hereditary reason. And I think the reason this is important, so now today we basically, if someone's diagnosed with pancreas cancer, we recommend genetic testing, but basically a blood test to see if there's a gene that might've caused the cancer, which can be really important for family members to know.

(10:22):

But this wasn't always the case. So we just really started doing this in the past five or six years. And so people who've had pancreas cancer in the past likely didn't have genetic testing. And so I think this is timely. People are about to be getting together for the holidays. Thanksgiving might see family members that they have another white team. I think the really important thing here is just to know your family's history of cancer and keep it updated with your physician. This is obviously not specific to pancreas cancer. It's important for cancer risk in general, but families that have multiple pancreas cancers in the family, we oftentimes will recommend screening. So imaging of the pancreas because we know that families that have a lot of pancreas cancer, people in that family have a higher risk than the average person of developing pancreas cancer.

Greg Sharpe (11:10):

As I understand, you're leading a longitudinal study to develop screening regimens for pancreatic cancer. Tell us more about that, including who the study's for and how our listeners might participate if they're interested in doing that.

Kelsey Klute, MD (11:22):

Sure. I'm really glad you mentioned this. So we do. We have an ongoing study at UNMC funded by the National Cancer Institute, as well as a nonprofit organization called Project Purple. The goal of our study is basically to collect blood samples that we can provide to scientists who are developing and validating blood tests that might be used as screening tests for pancreas cancer. So what we do in this study is collect blood samples from a group of people who are at higher than average risk of pancreas cancer, knowing that a small, small proportion of those will go on to develop pancreas cancer. The blood samples that we take in the months and years leading up to the cancer diagnosis are absolutely precious to teams of scientists who are working on developing and validating blood tests that we could use in the future to screen for pancreas cancer.

(12:13):

So who's eligible for our trial? We enroll adults who are at higher than average risk of pancreas cancer. The most common reason for that is because there's a family history of pancreas cancer, so multiple affected family members or a family where there's a known genetic syndrome but is associated with pancreas cancer risk. So the most common gene mutations that we think of that people might be aware of are in the BRCA one or BRCA two gene, or people who have a history of Lynch syndrome or other ways that people can be eligible for the study. They have multiple family members who are affected by pancreas cancer or have a relative who had early onset pancreas cancer, which we consider to be before the age of 60. We also enroll adults who have new onset diabetes or have pancreatic cysts that are being followed with imaging. So we launched the study back in 2018. We've enrolled over 650 people since then. All that credit goes to our study coordinators, our team of nurses, as well as healthcare providers here at Nebraska Medicine and really in the region who refer patients to us and help spread awareness for the study.

(13:29):

And so if people are interested or want more information about it, probably the easiest place is actually on UNMC's clinical trials website. You can find the study, you can just search for pancreatic cancer, but we also have a direct phone number. That number is one eight four four cure pink, C-U-R-P-A-N-C, and that is a number that goes directly to our pancreas cancer team. So those are two ways that people could reach out if they're interested in learning more about the study.

Greg Sharpe (14:00):

Fantastic. You are the medical director for the Cancer Risk and Prevention Clinic at Nebraska Medicine. Tell me a little bit about that.

Kelsey Klute, MD (14:08):

Yeah, I think of this as a side gig. It's one of the really fun things that I get to do at my job. Most of my job, I spend taking care of people with cancer, but the idea of this clinic is to take care of people who are at high risk of developing cancer and hopefully prevent them from developing cancer. Or if they do happen to develop it, hopefully we catch it early. So this clinic essentially grew out of, we started to see more and more patients interested in screening for pancreas cancer, I think is more, there's been more publicity around this over the past several years. And so I would see patients who are coming to me about their risk of pancreas cancer because of a genetic mutation they carry. And I was sure we can screen you for pancreas cancer, but you need to see a doctor about your risk for ovarian cancer and breast cancer, and you should be seeing a dermatologist for a skin check.

(15:01):

And so the idea was to try to consolidate that care, streamline it a little bit better, and make it simpler for patients. This clinic is designed for people who have elevated cancer risk due to family history or a known hereditary cancer syndrome. And the goal is to be able to offer an individualized assessment, offer genetic testing if it's needed or it needs to be updated, and then basically provide a comprehensive and personalized plan for screening, and in some cases, options for prevention. So our team, we have a team of seven or eight different doctors from different medical specialties. We work really closely with our genetic counselors and have a team of nurse practitioners who run the clinic day to day before we see patients in clinic. We review their family history, genetic testing results, and so before they come into clinic, we kind of have a recommendations for what screening we would recommend, what specialists we would recommend that they see, and then our team of nurse practitioners can really help execute that plan or provide that specific plan. Then back to the primary care doctor. Screening for people with hereditary cancer syndromes or genetic cancer risks has become really, really complicated. The goal is just to try to simplify that and provide concise recommendations. And then we also help triage patients who have a positive screening test expedite any workup that's needed. And then with more and more of these anti-cancer detection tests rolling out, we're seeing a lot of patients interested in those, and so our team has experience with counseling about those and managing test results if they happen to have the test.

Greg Sharpe (16:49):

Lastly, let's bring Dr. Sweasy back on. If someone out there, Dr. Sweasy is listening and has cancer in their family history, or for another reason they want to get a cancer screening, who should they contact? Where can they go?

Joann Sweasy, PhD (17:02):

How about I give you a telephone number, please call five five nine four two three eight. Contact the Fred and Pamela Buffett Cancer Center.

Greg Sharpe (17:11):

Fantastic, Dr. Sweasy. Dr. Klute, thank you so much for shedding a light on a thing that certainly has affected myself and a lot of Nebraskans out there, continued success to you in the success of the Fred and Pamela Buffett Cancer Center. Thank you for being here today.

Joann Sweasy, PhD (17:27):

Thank you very much.

Greg Sharpe (17:28):

Thank you both in continued success. For the folks that are working hard to rid us of this bad disease up at the UNMC Cancer Center, the Fred and Pamela Buffett Cancer Center in Omaha, well, one of every three fatal crashes in Nebraska involves an alcohol impaired driver. If you drink, don't drive impaired driving is deceptively dangerous from the NDOT Highway Safety Office, let's get one final check of traffic. Here is Trooper Brit.