



New method in detecting metastases from pancreatic ductal adenocarcinoma

(Below is limited to 1-page only; be careful not to disclose vital technology content. Please delete these words when the document is finished)

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Experience:

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Market Needs:

Surgical resection of pancreatic adenocarcinoma (PDAC) remains the mainstay treatment for curative intention in patients without distant organ metastases. However, even when there is no metastasis identified on preoperative abdominal magnetic resonance imaging (MRI) or computed tomography (CT) cross-sectional images, approximately 10-20% of PDAC patients are discovered to have unanticipated metastases at the time of laparoscopy or laparotomy. Furthermore, over 76% of patients who undergo surgical resection will develop metastatic disease as the first evidence of disease recurrence and more than half of the metastases occur within 6 months after operation.

Our Technology:

The present invention generally relates to new method for detecting metastases from pancreatic ductal adenocarcinoma

Strength:

New method of screening out metastatic disease not evident in computed tomography or magnetic resonance imaging to avoid unnecessary surgeries.

Competing Products: Computed tomography, magnetic resonance imaging, 18F-fluorodeoxyglucose positron emission tomography.

Intellectual Properties:

Our pancreatic cancer team has more than 10 years experience in the diagnosis and treatment of pancreatic cancers.

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