

## **The Florida Pancreas Collaborative: A Florida Statewide Biobank to Reduce Pancreatic Cancer Health Disparities**

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**Background:** Pancreatic cancer (PC) is projected to be the 2<sup>nd</sup> leading cause of cancer-related deaths this year. There are significant racial-ethnic disparities in PC outcomes. Cancer cachexia occurs in over 80% of patients with PC and is clinically devastating with worse outcomes. The Florida Pancreas Collaborative aims to create a statewide biobank to further research disparities in PC. We hypothesize that the development of a strong statewide collaborative will allow a better understanding of PC-induced cachexia.

**Methods:** The Florida Pancreas Collaborative is a multi-institutional consortium led by the University of Florida, Moffitt Cancer Center, and the University of Miami. Under IRB approval at all sites, the University of Florida (Gainesville, Jacksonville, Orlando), Moffitt Cancer Center, the University of Miami, Jackson Memorial Hospital, Advent Health – Orlando, University of South Florida/Tampa General Hospital, Sarasota Memorial Hospital, Tallahassee Memorial Hospital, Lee Health Regional Cancer Center, Lakeland Regional Health Cancer Center, Mount Sinai Medical Center, and St. Anthony’s Hospital, Baycare are enrolling 750 patients with newly diagnosed pancreatic tumors. The biobank consists of blood and tissue samples including subcutaneous and peritoneal fat, pancreas (tumor and “normal”), and muscle, along with cystic fluid. In addition, clinical, laboratory, and radiologic data are collected and stored. Questionnaires are provided to each participant at three time points throughout the study and address demographic and socioeconomic factors. Validated multiplex panels will be used to identify biomarkers of interest.

**Results:** Fourteen institutions from around the state of Florida have agreed to enroll patients. Currently, 227 patients from twelve institutions have enrolled in the study since March 2019. Of these 227 patients, 170 are non-Hispanic White (NHW), 36 are Hispanic/Latino (H/L), and 21 are African American (AA). The range of enrollment by institution is 1 – 97 patients diagnosed with pancreatic tumors. Of those enrolled, there were 110 surgical resections, in which tissue was obtained from 101 (44%) participants. Baseline questionnaires were obtained from 120 (53%) participants. Nine percent of participants self-reported as AA, 75% as NHW, and 16% as H/L. A majority of participants were female in all groups, but there was a distinct sex breakdown dependent on participant racial-ethnic group (AA: 57%, NHW: 51%, H/L: 69%).

**Conclusion:** Through the development of this statewide biobank, our collaborative team has created a valuable infrastructure for further interrogating the possible etiologies of health inequity for PC. A better understanding of the biological basis of cancer health disparities, such as cancer cachexia will allow for improvement in clinical outcomes.