

# Perthera Finds Survival Differences in Lung vs. Liver Metastasis in New Study

MCCLEAN, VA, UNITED STATES, December 16, 2024 /EINPresswire.com/ -- Perthera, the leader in AI-driven Precision Oncology Decision Support, has unveiled groundbreaking research on Pancreatic Ductal [Adenocarcinoma](#) (PDAC) that links survival outcomes to the location of cancer metastasis.

This study contributes to the large body of research conducted using Perthera's proprietary data which includes patient medical history, multi-omic test findings, and real-world outcomes. Perthera has one of the largest databases in pancreatic cancer allowing for rich collaborations with researchers focused on this space.

The study, encompassing data from 852 patients, highlights significantly longer survival for pancreatic cancer patients with lung metastases compared to those with liver metastases.

## Key Findings:

- Resectable Pancreatic Cancer: Median survival was 5.1 years for patients with lung-only metastases versus 2.3 years for liver-only metastases.
- Advanced Pancreatic Cancer: Median survival was 2.0 years for lung-only metastases versus 1.3 years for liver-only metastases.

"These findings shed new light on how pancreatic cancer behaves based on its metastatic destination, offering valuable insights for prognosis and the molecular underpinnings of tumor invasion," said Dr. Emanuel "Chip" Petricoin, PhD, Perthera's Chief Science Officer and study co-author.

The study found that liver metastases were associated with higher frequencies of certain genomic alterations, including TP53 mutations and MYC amplifications, while lung metastases showed higher rates of STK11 and GNAS mutations.

"Our data is a unique asset for researchers given the range of patient-level data it contains. These study collaborations are a key way in which we continue to enhance the precision of our Therapeutic Intelligence Engine and the rankings in our Perthera Report", said Donna Tuths, CEO of Perthera.

## Implications for Biopharma and Patient Care

This research carries significant implications for both clinical trial design and patient care planning. Biopharma companies are encouraged to ensure that potential confounders are accounted for including the biology and geography of the tumor. The genomic differences may help explain the prognostic implications observed in this study. These learnings are incorporated into Perthera's latest, clinically validated PDACai algorithm launching in Q1 2025.

The study was conducted as part of Perthera's Gastrointestinal Precision Oncology Clinical Study (GIPOCS) Program, which engages with doctors and researchers from across leading US cancer institutions in hypothesis-driven studies that leverage Perthera's unique patient-level data and research staff. This research, led by Cedars-Sinai Medical Center, brought together top GI oncologists in a cross-institution collaboration that included Johns Hopkins University, UNC Lineberger Comprehensive Cancer Center, and the University of Arizona Cancer Center. Support for this study was provided by the Pancreatic Cancer Action Network (PanCAN).

### About Perthera

Perthera, The Therapeutic Intelligence Company, is a leader in AI-driven precision oncology solutions. With patented technology utilized at over 600 cancer treatment centers across the United States, Perthera has provided decision support to more than 1,500 oncologists. Its Perthera Report integrates multi-omic test results from any source to deliver ranked therapy options tailored to each patient's unique molecular profile. These insights are further validated by real-world outcomes, contributing to continuous advancements in artificial intelligence. Perthera's platform is lab-agnostic and enriched by data from leading NGS diagnostic providers, including Tempus AI, Foundation Medicine, Caris, and Guardant. This unparalleled dataset has been leveraged by biopharma companies and institutions such as the Department of Defense Cancer Moonshot Program.

Peer-reviewed publications have validated the Perthera Report's ability to improve patient outcomes, including a study showing a 2.4-fold increase in progression-free survival.

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