



## Pancreatic Cancer Facts 2011

### Pancreatic cancer is one of the **DEADLIEST CANCERS.**

- Pancreatic cancer is the 10<sup>th</sup> most commonly diagnosed cancer, but the 4<sup>th</sup> leading cause of cancer death in the United States.<sup>1</sup>
- Of all the cancers tracked by both the American Cancer Society and the National Cancer Institute, pancreatic cancer is the only one with a relative five-year survival rate in the single digits: Ninety-four percent of patients die within five years of diagnosis and 74 percent die within one year.<sup>1</sup>
- Unlike many other cancers, the survival rate for the disease has not improved substantially in the 40 years since passage of the *National Cancer Act*. Since 1975, the five-year survival rate for pancreatic cancer has moved from 3 percent to only 6 percent.<sup>1</sup>
- It is estimated that in 2011, 44,030 Americans will be diagnosed with pancreatic cancer and 37,660 will die from the disease.<sup>1</sup>
- Of all the racial/ethnic groups in the United States, African Americans have the highest incidence rate of pancreatic cancer, between 34 percent and 70 percent higher than the other groups.<sup>2</sup>
- Both the number of new pancreatic cancer cases and the number of deaths caused by the disease are increasing – not decreasing. In fact, the expected number of new pancreatic cancer cases is projected to increase by 55 percent between the years 2010 and 2030.<sup>3</sup>

### Little is known about risk factors and there are **NO EARLY DETECTION METHODS.**

Today, only a few risk factors for pancreatic cancer are known. More research is needed to understand their direct relationship to the disease. Further complicating matters, no early detection methods are available and most symptoms are vague and could be attributed to many different conditions.

- Symptoms include pain (usually abdominal or back pain), weight loss, jaundice (yellowing of the skin and eyes), loss of appetite, nausea, changes in stool and diabetes.
- The disease is often diagnosed in late stages because of the pancreas' location in the body, the absence of definitive symptoms, and the lack of early detection methods. In fact, 52 percent of patients are diagnosed when they have advanced (metastatic) disease that has already spread to other organs.<sup>4</sup>

### Treatment options are **EXTREMELY LIMITED.**

There are currently, no curative treatments for pancreatic cancer. Research in this area is desperately needed.

- Surgery currently offers the best opportunity for long-term survival. However, only about 15 percent of cases are diagnosed early enough for surgery<sup>5</sup>. Furthermore, the disease will recur in approximately 80 percent of patients who undergo surgery and they will die within five years.<sup>6</sup> The most common surgical procedure to remove tumors in the pancreas is called the Whipple procedure (pancreaticoduodenectomy). Surgery may be followed by chemotherapy or chemotherapy with radiation.
- For the patients who are not surgical candidates, chemotherapy or chemotherapy with radiation is typically offered.
- Only two drugs are currently approved by the U.S. Food & Drug Administration (FDA) to treat pancreatic adenocarcinoma: gemcitabine (Gemzar®), which was approved for such use in 1996, and erlotinib (Tarceva®) which was approved in 2005. Still pancreatic tumors—which are not typical of solid tumors—rarely respond well to chemotherapy.
- The FDA recently approved two drugs (Sutent® and Afinitor®) that improve progression-free survival for pancreatic neuroendocrine tumors. However, pancreatic neuroendocrine tumors make up less than 5 percent of all pancreatic cancer diagnoses, and are typically a slower growing and less aggressive tumor than the more common type of pancreatic cancer (adenocarcinoma).



## Unique research challenges require **SPECIFIC SOLUTIONS.**

Some aspects of pancreatic cancer research present unique and significant challenges. The challenges are not insurmountable, but disease-specific solutions focused on improving survival rates are required. Furthermore, solving the most difficult and challenging problems will spur greater scientific advances in the entire field of cancer research.

- Historically, pancreatic cancer research has been drastically underfunded. Only approximately 2 percent of the National Cancer Institute's (NCI) budget is currently allocated to this leading killer.
- Pancreas tissue is very difficult to obtain for research. The pancreas is located deep within the abdomen and is not easy to reach for tissue samples. Also, patients often die quickly because of the aggressive nature of the disease and late diagnoses.
- Pancreatic tumors are unique in the types of cells that make up the tumor. Pancreatic tumors include dense fibrotic cells that may contribute to their remarkable resistance to chemotherapy.
- Patient participation in clinical trials is limited because patients are often extremely sick and die quickly from the disease.

## What we are asking from **CONGRESS**

The statistics call for aggressive measures to develop early detection and treatment tools before incidence dramatically increases, but NCI funding is not keeping pace. Predictable and sustainable funding increases for the NCI are critical, particularly to provide sufficient funding for the deadliest cancers, such as pancreatic cancer.

While increasing overall cancer research funding is important, we must also take steps to ensure that there is a strategic plan and accountability for making progress on pancreatic cancer. *The Pancreatic Cancer Research & Education Act (S. 362/H.R. 733)* will provide the NCI with the necessary resources and tools to finally make true progress against this disease. Key components of the bill include asking the NCI to develop a long-term and comprehensive strategic plan for pancreatic cancer research that will provide direction and accountability for federal research funds; creating a cancer research incubator pilot project for the deadliest cancers; strengthening and expanding centers of excellence for pancreatic cancer; and promoting physician and public awareness. We need Congress to pass this legislation and then provide full funding to implement it so that we can offer newly diagnosed patients true hope – a marked difference from where we stand today.

### **The Pancreatic Cancer Action Network calls on the 112<sup>th</sup> Congress to give current and future pancreatic cancer patients a fighting chance by:**

- Co-sponsoring the *Pancreatic Cancer Research & Education Act (S. 362/H.R. 733)*.
- Ensuring that the NCI has sufficient funding to allow for progress in diseases like pancreatic cancer by supporting continued growth in the NCI budget for FY2012.

<sup>1</sup> American Cancer Society. *Cancer Facts & Figures 2011*. Atlanta: American Cancer Society; 2011.

<sup>2</sup> Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute. "Age-Adjusted U.S. Death Rates and Trends for the Top 15 Cancer Sites by Race/Ethnicity, Both Sexes" ([http://seer.cancer.gov/csr/1975\\_2007/results\\_merged/topic\\_race\\_ethnicity.pdf](http://seer.cancer.gov/csr/1975_2007/results_merged/topic_race_ethnicity.pdf)). .

<sup>3</sup> Smith BD, Smith GL, Hurria A, Hortobagyi GN, Buchholz TA. Future of Cancer Incidence in the United States: Burdens Upon an Aging, Changing Nation. *J Clin Oncol*. 2009

<sup>4</sup> Jemal A, Siegel R, Ward E, Hao Y, Xu J, Thun MJ. Cancer Statistics, 2009. *CA Cancer J Clin*. 2009.

<sup>5</sup> Li D, Xie K, Wolff R, Abbruzzese JL. Pancreatic Cancer. *Lancet*.2004; 363:1049 – 1057.

<sup>6</sup> Oettle H, Post S, Neuhaus P, et al. Adjuvant Chemotherapy With Gemcitabine vs Observation in Patients Undergoing Curative-Intent Resection of Pancreatic Cancer: A Randomized Controlled Trial. *JAMA*. 2007;297:267-277.