



## Pancreatic Cancer Facts 2009

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

- Pancreatic cancer is the 10<sup>th</sup> most commonly diagnosed cancer and the 4<sup>th</sup> leading cause of cancer death in the United States.<sup>1</sup>
- Pancreatic cancer has the highest mortality rate of all the major cancers: 95% of patients die within five years of diagnosis and only 5% survive more than five years. 76% of patients with pancreatic cancer die within the first year of diagnosis.<sup>1</sup>
- Unlike many other cancers, the survival rate for the disease has not improved substantially over the past 30 years. Since 1975, the five-year survival rate for pancreatic cancer has improved only from 3% to 5%.<sup>2</sup>
- This year, an estimated 42,470 Americans will be diagnosed with pancreatic cancer and 35,240 will die from the disease.<sup>1</sup>
- The number of new pancreatic cancer cases and the number of deaths caused by the disease are increasing – not decreasing. In 2009, the expected number of new pancreatic cancer cases is projected to increase by 12%<sup>1</sup> and is projected to increase by 55% by the year 2030.<sup>3</sup>
- The incidence of pancreatic cancer is 50% higher among African Americans than in any other racial group in the United States.<sup>4</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, there are no early detection methods 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 due to the location of the pancreas in the body, the absence of definitive symptoms, and the lack of early detection methods. In fact, 52% of patients are diagnosed when they have advanced (metastatic) disease that has already spread to other organs.<sup>2</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 15% of cases are diagnosed early enough for surgery. Furthermore, 80% of the patients who undergo surgery will have a recurrence of the disease within two years. The most common surgical procedure to remove tumors in the pancreas is called the Whipple procedure (a 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 and Drug Administration to treat pancreatic cancer: gemcitabine (Gemzar®), which was approved for such use in 1996, and erlotinib (Tarceva®) which was approved in 2005. While these treatments can be beneficial in treating some patients, they are not considered curative.



## 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 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. Less than 2% 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 not easy to reach for tissue samples. Also, patients often die quickly due to 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 the remarkable resistance of the tumor to chemotherapies.
- Patient participation in clinical trials is often limited because patients are often extremely sick and die quickly of the disease.

## What we are asking from CONGRESS & THE ADMINISTRATION

The statistics call for aggressive measures to ensure that we have the early detection and treatment tools in place before incidence dramatically increases, but several years of lackluster increases for the NCI have significantly impeded progress. Continued funding increases for NCI are critical, particularly to provide sufficient funding for the deadliest cancers, such as pancreatic cancer.

While increasing overall cancer research funding is critical, we must also take steps to ensure that there is accountability for making progress on pancreatic cancer. *The Pancreatic Cancer Research & Education Act* 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 strategic plan for pancreatic cancer that will provide strategic direction and accountability; creating a high-mortality cancer research incubator pilot project; 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 are able to offer newly diagnosed patients true hope – a marked difference from where we stand today.

### The Pancreatic Cancer Action Network calls on the 111<sup>th</sup> Congress to give current and future pancreatic cancer patients a fighting chance by:

- Co-sponsoring the *Pancreatic Cancer Research & Education Act*.
- Supporting increasing NCI's funding to \$6 billion for FY 2010.

<sup>1</sup> American Cancer Society. *Cancer Facts & Figures 2009*. Atlanta: American Cancer Society; 2009.

<sup>2</sup> Jemal A, Siegel R, Ward E, Hao Y, Xu J, Thun MJ. Cancer Statistics, 2009. *CA Cancer J Clin*. 2009.

<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> <http://www.path.jhu.edu/pancreas/PartAfAm.php?area=pa>. Accessed June 2009.