

Board of Directors

Jeanne Weaver Ruesch
Chair

Chevy Chase, MD

Hilarie Koplrow-McAdams
Vice Chair

San Francisco, CA

Julie M. Fleshman, JD, MBA
President and CEO

Los Angeles

Michael A.G. Korengold
New York, NY

Peter Kovler
Washington, DC

Jason Kuhn
Tampa, FL

Laurie MacCaskill
Immediate Past Chair

Los Angeles, CA

Terrence Meck
New York, NY

Stuart Rickerson
Chair, Audit and Investment Committee

Rancho Santa Fe, CA

Craig A. Rogerson
Philadelphia, PA

Scientific and Medical Advisory Board

Steven Leach, MD
Chair

Memorial Sloan-Kettering Cancer Center

Diane Simeone, MD
Chair-Elect

University of Michigan

Dafna Bar-Sagi, PhD
New York University

Jordan Berlin, MD
Vanderbilt-Ingram Cancer Center

Eric A. Collisson, MD
University of California, San Francisco

Howard Crawford, PhD
University of Michigan

Channing Der, PhD
University of North Carolina

George A. Fisher Jr., MD, PhD
Stanford University

Jason Fleming, MD
MD Anderson Cancer Center

Jane Hanna, RN, OCN
Georgetown University Hospital

Joseph M. Herman, MD, MSc
Johns Hopkins University

Sunil Hingorani, MD, PhD
Fred Hutchinson Cancer Research Center

Michael Hollingsworth, PhD
University of Nebraska Medical Center

Christine Iacobuzio-Donahue, MD, PhD
Memorial Sloan-Kettering Cancer Center

Hedy Kindler, MD
University of Chicago

Andrew M. Lowy, MD
University of California, San Diego

Anirban Maitra, MBBS
MD Anderson Cancer Center

Nipun Merchant, MD
University of Miami

Nicholas Nissen, MD
Cedars-Sinai Medical Center

Eileen O'Reilly, MD
Memorial Sloan-Kettering Cancer Center

Gloria Petersen, PhD
Mayo Clinic

Maria Petzel, RD, CSO, LD, CNSC
MD Anderson Cancer Center

Philip Agop Philip, MD, PhD
Karmanos Cancer Center

Vincent Picozzi, MD
Virginia Mason Medical Center

Anil Rustgi, MD
University of Pennsylvania

Rosalie C. Sears, PhD
Knight Cancer Institute,

Oregon Health & Science University

Margaret A. Tempero, MD
University of California, San Francisco

Robert Vonderheide, MD, DPhil
University of Pennsylvania



November 29, 2016

The Honorable Anna Eshoo
241 Cannon House Office Building
Washington, DC 20515

The Honorable Sheldon Whitehouse
530 Hart Senate Office Building
Washington, DC 20510

The Honorable Leonard Lance
2352 Rayburn House Office Building
Washington, DC 20515

The Honorable Dave Reichert
1127 Longworth House Office Building
Washington, DC 20515

Dear Representatives Eshoo, Lance, and Reichert and Senator Whitehouse:

As we approach the fourth anniversary of the passage of the *Recalcitrant Cancer Research Act of 2012*, we wanted to provide you with an update on the implementation status of this landmark statute which you championed. As you know, thanks to your efforts, this law resulted in the creation of Scientific Frameworks, or strategic plans, for pancreatic cancer adenocarcinoma and for small cell lung cancer. On behalf of the over 50,000 Americans who will be diagnosed with pancreatic cancer this year, we want to commend you for your leadership that has now resulted in creating a national plan for pancreatic cancer research.

The National Cancer Institute should be commended for making critical strides in implementing each of the four initiatives recommended in their Scientific Framework for Pancreatic Ductal Adenocarcinoma (PDAC) that was developed as a result of the statute: developing new treatment approaches that interfere with RAS oncogene-dependent signaling pathways; studying new therapeutic strategies in immunotherapy; evaluating longitudinal screening protocols for biomarkers for early detection of PDAC and its precursors; and understanding the biological relationship between PDAC and diabetes mellitus. NCI Acting Director, Dr. Doug Lowy, has shown important leadership thus far in ensuring that the Framework initiatives are implemented and that progress is being made. Progress on each of the initiatives is summarized below.

Developing New Treatment Approaches that Interfere with RAS Oncogene-Dependent Signaling Pathways

Approximately 95 percent of pancreatic tumors are driven by mutations in a gene called KRAS, which signifies a very aggressive and treatment-resistant tumor. While mutated KRAS has been dubbed “undruggable,” work being done by the NCI’s Frederick National Laboratory as a result of the statute is making important progress on devising targeted therapies. The NCI has committed significant funding to this project, which has the potential to increase survival for pancreatic cancer as well as for other forms of cancer that are driven by RAS. One of the goals of the *Recalcitrant Cancer Research Act* was to foster greater public-private partnerships in pancreatic cancer. The Pancreatic Cancer Action Network has been proud to be able to supplement NCI’s work by committing more than \$250,000 to date in ancillary funding for the RAS initiative. We have supported three postdoctoral fellowships thus far and provided travel scholarships for extramural

National Office
1500 Rosecrans Ave., Ste. 200
Manhattan Beach, CA 90266
Main 877 272 6226 | Fax 310 725 0029

Government Affairs & Advocacy Office
1050 Connecticut Ave. NW, Ste. 500
Washington, DC 20036
Main 202 742 6699 | Fax 202 742 6518

investigators to visit and collaborate with RAS initiative core scientists. Now that the implementation plan for this project has launched, the NCI is also working on developing methods of assessing the progress of this initiative, which will be critical to its ability to assess the advancement of research and next steps.

Studying New Strategies in Immunotherapy

While immunotherapy has been instrumental in creating new treatment approaches for several cancers, it has proved challenging in pancreatic cancer. In 2016, the NCI provided supplementary funding to nine institutions for research focused on understanding the interaction between cancer cells and immune cells in the tumor microenvironment, which is essential to developing new immunotherapies for pancreatic cancer. Recently, they have taken the next step and approved a Request for Applications (RFA) for a “Consortium for Pancreatic Ductal Adenocarcinoma (PDAC) Translational Studies on the Tumor Microenvironment”. The details are currently being fleshed out, but this is likely to represent a major commitment to an area of research critical to applying advances in cancer immunotherapy to those suffering from pancreatic cancer.

Evaluating Screening Protocols for Biomarkers for Early Detection

In June 2015, the NCI issued a Program Announcement inviting multidisciplinary teams to submit proposals aimed at establishing the Pancreatic Cancer Detection Consortium to improve early detection and characterization of precursor lesions. Applications are being accepted until April 2018, and the first round of recipients have been announced. The NCI is hosting an “Alliance of Consortia” meeting in December to bring together these and other investigators engaged in pancreatic cancer biomarker research to determine the state-of-the-art in the field. The Pancreatic Cancer Action Network is proud to support this workshop by providing travel expenses for attendance by three additional investigators.

Understanding the Biological Relationship between Pancreatic Cancer and Diabetes

The body of scientific evidence has grown significantly showing that there is a connection between those diagnosed with new onset diabetes (NoD) over the age of 50 and pancreatic cancer. In fact, evidence shows that those who are diagnosed with NoD over 50 are at a six- to eight--fold higher risk for developing pancreatic cancer within three years. Further, 25 percent of pancreatic cancer patients are diagnosed with diabetes mellitus between six and 24 months prior to their cancer diagnosis. To put this in perspective, the risk of pancreatic cancer in those over the age of 50 who have been diagnosed with NoD is comparable to the risk of lung cancer in 30-pack year smokers. One key difference is that while there is now a screening test for the lung cancer high-risk group, there is currently no available screening for NoD or any other high-risk pancreatic cancer group.

The examination of individuals with new onset diabetes was first outlined in the NCI’s 2013 Horizon Scan report, which was their first step in implementing the statute, and further fleshed out in the Scientific Framework as a scientifically valid approach to understanding the relationship between PDAC and diabetes mellitus. The NCI and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) have worked diligently to develop the Consortium for the study of Chronic Pancreatitis, Diabetes, and Pancreatic Cancer (CPDPC) and a plan for a critical major initiative to study on this connection, tentatively titled, the Prospective Study to Establish a New Onset Diabetes (NoD) Cohort for the Early Detection of Pancreatic Cancer.

In general, “cohort” studies follow a large group of people to determine outcomes. Our understanding has been that the CPDPC plans to recruit a cohort of 10,000 new onset diabetes patients over three years. Samples will be collected and stored for retrospective analysis and standard imaging and other diagnostic work-up will be performed on a subset of the patients who are considered at higher risk for developing pancreatic cancer. The study design also allows for a prospective study to test the ability of biomarkers or new imaging approaches to indicate those patients with diabetes resulting from early-stage pancreatic cancer. Based on the NCI’s and NIDDK’s commitment to recruit the patients and build the cohort and recognizing that ancillary studies will be needed to validate the needed biomarkers and imaging technologies, the Pancreatic Cancer Action Network has pledged up to \$5 million in ancillary research funding to accelerate progress.

We believe that the time is right and the NoD Cohort Study is absolutely critical for advances in the early detection of pancreatic cancer. In short, it offers true HOPE to achieve the long-standing goal of developing a pancreatic cancer screening test that can finally increase survival beyond the single digits of just eight percent today. We have recently heard that there may be some hurdles with the advancement of this program and so are reaching out to the NCI to determine how we can ensure that the project is fully funded and implemented. We will update you on NCI's response.

To lead to a cost-effective strategy that our healthcare system can implement, there is an urgent need to develop better solutions than exist today for pancreatic cancer. Thanks to your leadership and under the guidance of NCI Acting Director, Dr. Doug Lowy and NCI staff, we have made important progress in realizing the promise that was created by the *Recalcitrant Cancer Research Act*. We look forward to continuing to work with you and the NCI to ensure that the priorities outlined by the NCI as a result of your legislation are fully implemented and that we reach our goal of doubling pancreatic cancer survival by 2020.

Sincerely,



Julie Fleshman, JD, MBA
President & CEO



Megan Gordon Don
Vice President, Government Affairs & Advocacy

cc: The Honorable Joe Kennedy, U.S. House of Representatives; Chair, Congressional Caucus on the Deadliest Cancers
The Honorable Fred Upton, U.S. House of Representatives; Chair, Energy & Commerce Committee
The Honorable Frank Pallone, U.S. House of Representatives; Ranking Member, Energy & Commerce Committee
The Honorable Tom Cole, U.S. House of Representatives; Chair, LHHS Appropriations Subcommittee
The Honorable Rosa DeLauro, U.S. House of Representatives; Ranking Member, LHHS Appropriations Subcommittee
The Honorable Lucille Roybal-Allard, U.S. House of Representatives; LHHS Appropriations Subcommittee
The Honorable Lamar Alexander, U.S. Senate; HELP Committee Chair
The Honorable Patty Murray, U.S. Senate; HELP Committee Ranking Member; Ranking Member, LHHS Appropriations Subcommittee
The Honorable Roy Blunt, U.S. Senate; Chair, LHHS Appropriations Subcommittee