



There Is No More Time to Wait

Support the Pancreatic Cancer Research & Education Act (S. 362/H.R. 733)

We're Not Making Progress on pancreatic cancer and the consequences are deadly.

- Pancreatic cancer is one of the deadliest cancers and is one of the few cancers for which survival has not improved substantially in 40 years. Of the cancers tracked by both the American Cancer Society and the National Cancer Institute (NCI), pancreatic cancer has the lowest relative five-year survival rate.¹
- The NCI needs a long-term and comprehensive strategic plan to make progress on this deadly killer.
- Given the research discovery timeline and the significant projected increase in pancreatic cancer cases, nothing less than dramatic action is required to address pancreatic cancer.

We Need to Step Up the investment in pancreatic cancer research.

- In February 2011, the Pancreatic Cancer Action Network released its report "Pancreatic Cancer: A trickle of federal funding for a river of need" that demonstrates a serious lack of federal resources allocated to pancreatic cancer research. Among the report findings was that the average dollar amount of basic research (R) grants in pancreatic cancer in FY2009 was 18 to 29 percent less than R grants for lung, colon, breast, and prostate cancers, the other four U.S. top-five cancer killers. An analysis of the FY2010 funding shows little change.
- In FY2010, NCI allocated just approximately 2 percent of its \$5 billion annual budget for pancreatic cancer research. By contrast, lung, colon, breast, and prostate cancers received 2.7- to 6.4-fold more NCI funding than pancreatic cancer. In addition, two to almost five times as many R grants were awarded to the other top-five cancer killers than to pancreatic cancer. When researchers are properly funded, advances follow.
- In 2010, the NCI funded more than 6,500 research grants, contracts, and intramural research projects across all forms of cancer, but only 285 (4.3%) were relevant to pancreatic cancer.²
- The NCI funds significantly fewer pancreatic cancer researchers at any funding level compared to the other top-five cancer killers. In 2010, only 367 pancreatic cancer researchers were funded, compared to 1,537 breast cancer researchers, 859 prostate cancer researchers, 832 lung cancer researchers, and 843 colorectal cancer researchers.²
- Only 4 percent of the NCI's 2010 training awards for new and established investigators (K, F, and T awards) had relevance to pancreatic cancer. These grants are critical to mobilizing young scientists to study the disease.² Given the lack of funding for pancreatic cancer research, senior scientists from other areas of biomedical and cancer research do not have the incentive to apply their knowledge to this disease.
 - Of the researchers who received NCI funding specifically for pancreatic cancer research, only 28 (four fewer than in 2009) received grants of \$500,000 or more, a level appropriate for senior scientists. By comparison, this level of funding was awarded to 249 researchers in breast cancer, 115 in prostate cancer, and 110 in colorectal cancer. The positive survival trends in these other cancers strongly suggest that these larger grants are necessary to further progress and attract more investigators.²

We Need a Unique and Targeted approach to studying this disease.

- Pancreatic tumors are different than many other tumors. The cellular composition of the tumors is different and therefore specialized research techniques must be applied.
- Due to the wide geographic dispersion of relatively few pancreatic cancer patients, few individual medical centers treat a sufficient numbers of patients to conduct statistically significant research.
- Furthermore, because few patients qualify for surgery and most patients die quickly after diagnosis, scant pancreatic cancer tissue is available for research.
- Additionally, many patients who might consider a clinical trial are too sick to do so or die before they can enroll.
- These obstacles can be overcome, but require a concerted effort by the NCI to develop a specific strategic plan to address these and other challenges in pancreatic cancer research in addition to an infusion of targeted research funding.



The *Pancreatic Cancer Research & Education Act* is the solution.

This legislation would create a path for true progress on pancreatic cancer by better targeting research, developing a cadre of committed scientists, and promoting physician and public awareness. It would also require accountability for these efforts. The legislation is based on "The National Plan to Advance Pancreatic Cancer Research," a report developed by the Pancreatic Cancer Action Network's Scientific Advisory Board. The bill has four key components.

Developing a Strategic Plan for Pancreatic Cancer Research

- The bill does not dictate how the NCI should conduct pancreatic cancer research. Instead, it calls for a strategic plan to be created every five years under the direction of the Health & Human Services (HHS) Secretary and in consultation with the Directors of the National Institutes of Health (NIH), the NCI, and the Centers for Disease Control and Prevention (CDC), as well as a new Interdisciplinary Pancreatic Cancer Coordinating (IPCC) Committee comprising pancreatic cancer research experts, early career pancreatic cancer investigators, and a pancreatic cancer advocate.
- The NCI-directed long-term and comprehensive five-year strategic plan would detail the needs for the conduct and support of pancreatic cancer research and awareness activities. To improve accountability, the plan would be submitted to the HHS Secretary and published on the agency's website.
- Annually, the Secretary would submit a report to Congress that identifies the steps taken to implement the recommendations in the strategic plan.

Establishing a Cancer Research Incubator Pilot Project for the Deadliest Cancers

- A new five-year grant pilot project would be created at the NCI specifically for research into the deadliest cancers, defined as those with five-year survival rates below 50 percent. The initial phase would include pancreatic cancer. Following the initial phase, the Secretary would submit a report to Congress evaluating the program and making recommendations for continuation and/or expansion into other cancers that meet the criteria.

Strengthening and Expanding Centers of Excellence for Pancreatic Cancer

- The legislation builds on the Specialized Programs of Research Excellence (SPORE), a program created by Congress in the 1990s specifically for breast and prostate cancer. SPORE was expanded in the last several years to not only provide increased opportunities for research into these cancers, but to also offer some limited research opportunities for pancreatic and other cancers.
- The legislation calls for the designation of at least two additional pancreatic cancer SPOREs.

Promoting Physician and Public Awareness

- The legislation calls for the NIH and CDC, in collaboration with patient advocacy organizations, to develop a toolkit for patients and a program to educate primary care providers about pancreatic cancer.

What We Are Asking from Congress

Forty years is too long to wait for true progress. We need Congress to act to ensure that sufficient NCI funding is available to further research progress for all types of cancer, including pancreatic, and to put in place a strategic plan that addresses the research needs for pancreatic cancer. *The Pancreatic Cancer Research & Education Act* calls on the NCI to focus on improving outcomes for cancers with poor survival rates. It is a vehicle for ensuring that we invest our scarce research dollars in the areas where progress is needed most.

The Pancreatic Cancer Action Network calls on the 112th 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.

¹ American Cancer Society. *Cancer Facts & Figures 2011*. Atlanta: American Cancer Society; 2011.

² Source: NCI Funded Research Portfolio, <http://fundedresearch.cancer.gov> (Accessed May 2011). Funding statistics exclude extramural support and payments with no grant mechanisms specified because they represent NCI administrative costs, not research, as well as projects with \leq \$1 in NCI relevant funding because they are insignificant.