

Pancreatic cancer: how can we tackle the lack of progress?

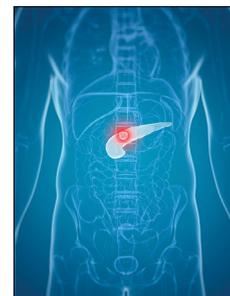
A report released on Nov 25, 2016, by the UK charity Pancreatic Cancer Action highlights the lack of progress being made against pancreatic cancer in England. Survival remains at similar levels to those seen in the 1970s (5-year survival around 5% and 10-year survival <1%). By contrast with overall cancer mortality in the UK, which has decreased in the past 10 years, pancreatic cancer mortality has increased by 8%. And incidence is rising—in part due to the ageing population, but also driven by increasing levels of obesity and diabetes. The bleak outlook faced by patients with pancreatic cancer is not limited to the UK: across Europe, survival is similar to that in the UK; in 2017, pancreatic cancer is predicted to overtake breast cancer to become the third leading cause of cancer-related mortality in the EU. Alarming, pancreatic cancer mortality is predicted to continue to increase across Europe, in some countries by as much as 120% between 2011 and 2025.

One of the major challenges in addressing these problems is that pancreatic cancer is notoriously difficult to diagnose. Indeed, the Pancreatic Cancer Action report reveals that only 10–20% of cases are diagnosed at a stage at which curative resection is possible. Although surveillance of those with genetic risk factors might diagnose the disease at a potentially resectable stage, there is no effective means to screen for the disease in other groups, even in other high-risk populations (eg, those with new-onset diabetes). And although patients with pancreatic cancer can be symptomatic for months before diagnosis, symptoms—eg, fatigue, indigestion, abdominal and back pain, change in bowel habits, and jaundice—are often vague and attributed to other factors (eg, ageing, lifestyle). This situation is compounded by poor awareness of the disease in the general population—eg, three-quarters of adults in the UK cannot name a single symptom of pancreatic cancer. Delays in seeking medical advice are thus frequent. Because many of the symptoms also arise from more common benign or self-limiting conditions, delays in diagnosis after presentation to a general practitioner (GP) are also likely. Indeed, patients with pancreatic cancer are significantly more likely to visit a GP three or more times before referral to hospital than for more common cancers. A recent study from Fiona Walter and colleagues showed that no initial symptoms adequately distinguish patients with pancreatic cancer from those without the

disease, although additional symptoms—eg, evolving gastrointestinal and systemic symptoms—should increase a GP's level of suspicion for pancreatic cancer.

Once diagnosed, the problem remains that pancreatic cancer is an extremely aggressive tumour and is particularly difficult to treat. For the few patients with resectable disease, surgery can result in long-term survival, although many relapse. Recent trials have shown that use of adjuvant fluoropyrimidines, either in combination with gemcitabine or alone, can prolong overall survival for those with resectable disease. And repurposed, reformulated conventional chemotherapeutics, or new combinations thereof, have shown survival benefits for patients with metastatic disease. However, for most patients with later stages of the disease, the goal of treatment is generally palliation. Systemic treatment options remain firmly focused on traditional chemotherapeutics—much of the startling progress seen with immunotherapy in other hard-to-treat tumours over recent years has passed pancreatic cancer by. Yet despite the clear unmet medical need, investment in pancreatic cancer lags behind that in other cancers—in the UK, pancreatic cancer receives just 3.3% of total cancer research funding (compared with 16.4% for breast cancer); the European average is less than 2% of cancer research funding.

Improving awareness of and investment in this deadly disease is thus key. Public awareness programmes to increase knowledge of the disease, especially about signs, symptoms, and risk factors (eg, smoking), are needed to increase early diagnosis. Policy makers must also be made aware that current levels of research funding are not acceptable; increased investment is essential. A notable research priority is the identification of specific biomarkers to improve the chances of early diagnosis and potentially open the way for screening for pancreatic cancer. New treatments are also needed, in particular efficient neoadjuvant therapies, targeted drugs, and immunotherapeutics. Incentives to industry, akin to those enacted to encourage drug development for paediatric cancers, may be necessary to stimulate research. Finally, greater cooperation between all stakeholders—ie, academia, the public, regulatory agencies, the pharmaceutical industry, and public health authorities—is crucial if we are to make progress with this neglected disease. ■ *The Lancet Gastroenterology & Hepatology*



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For the **Pancreatic Cancer Action report** see <https://pancreaticcanceraction.org/wp-content/uploads/2016/11/Inequalities-report-FINAL.pdf>

For more on **predictions of pancreatic cancer mortality in the EU** see *Acta Oncol* 2016; 55: 1158–60

For the **study by Walter and colleagues** see **Articles** *Lancet Gastroenterol Hepatol* 2016; 1: 298–306