

**Pancreatic
Cancer
UK**

#SummitPanc20

Virtual

ANNUAL SUMMIT 2020

IMPROVING OUTCOMES NOW

Improving Access to Chemotherapy, 17th September 2020, 9 – 11am

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Overcoming the Barriers to Pancreatic Cancer Trials

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Why Pursue Clinical Trials?

- Pancreatic cancer has such a poor prognosis
 - Most patients survive less than 1 year from diagnosis
- Benefits of current treatments are very limited
 - Most patients are diagnosed late, <20% can have surgery, chemotherapy rarely extends life beyond 1 year
- New interventions need to be tested properly
 - Rigorous testing in formal clinical research studies/trials ensures reliable outcomes are determined
 - Efficacy, safety, tolerability, quality-of-life, health economics

Chemotherapy is a High Priority for Patients with Pancreatic Cancer

Panel: Top ten research priorities for pancreatic cancer therapy

- 1 How can the best treatment for each individual patient with pancreatic cancer be identified (eg, regarding surgery and chemotherapy)?
- 2 Does the extent of resection (eg, lymph node removal, pancreatic resection, resection of tissue on the vessels) influence survival time and quality of life (QOL)?
- 3 How are complications after pancreatic surgery best treated?
- 4 What is the most effective treatment for metastases of pancreatic cancer?
- 5 How can adverse effects and long-term damage from medicinal treatment be avoided?
- 6 Does nutrition influence the survival or QOL of patients with pancreatic cancer (eg, after surgery or during chemotherapy)?
- 7 How can patients with pancreatic cancer be offered a holistic treatment package (eg, survival time, QOL, mobility, autonomy, among others)?
- 8 What chemotherapy protocol is best for what pancreatic cancer tumour stage?
- 9 How can the treatment goals (quality vs prolongation of life) best be explained to patients in the palliative scenario (ie, incurable disease)?
- 10 Which of the new treatment options for pancreatic cancer (eg, CRISPR/Cas9 [gene scissors], KRAS, personalised peptide vaccination, hormone treatment) are effective?

James Lind Alliance (Germany) Pancreatic Cancer Research Priorities

R Klotz et al, Lancet 2020;21:e295

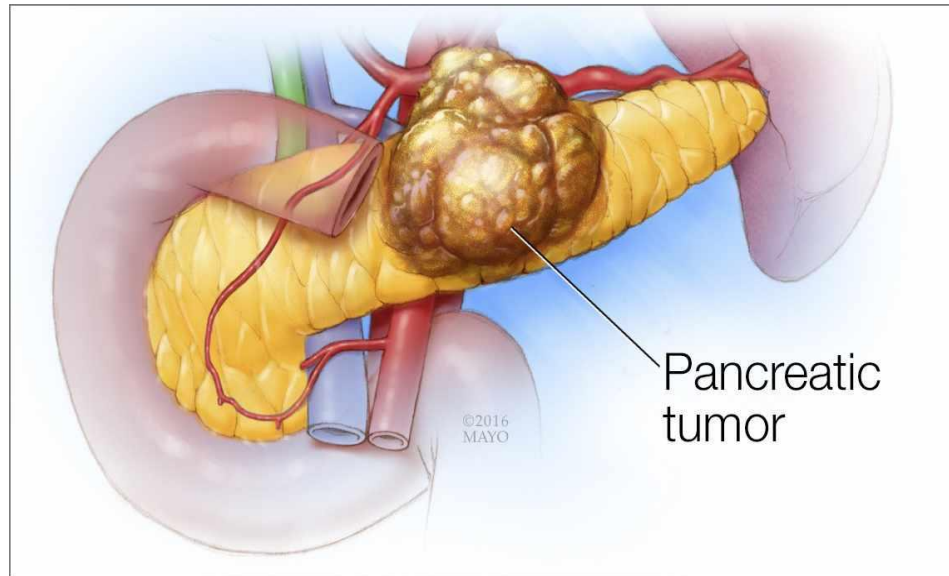
Opportunities for Chemotherapy Trials Exist Throughout the Patient Journey

Early Diagnosis
Screening
Prevention

Improve proportion of
patients who get to
surgery

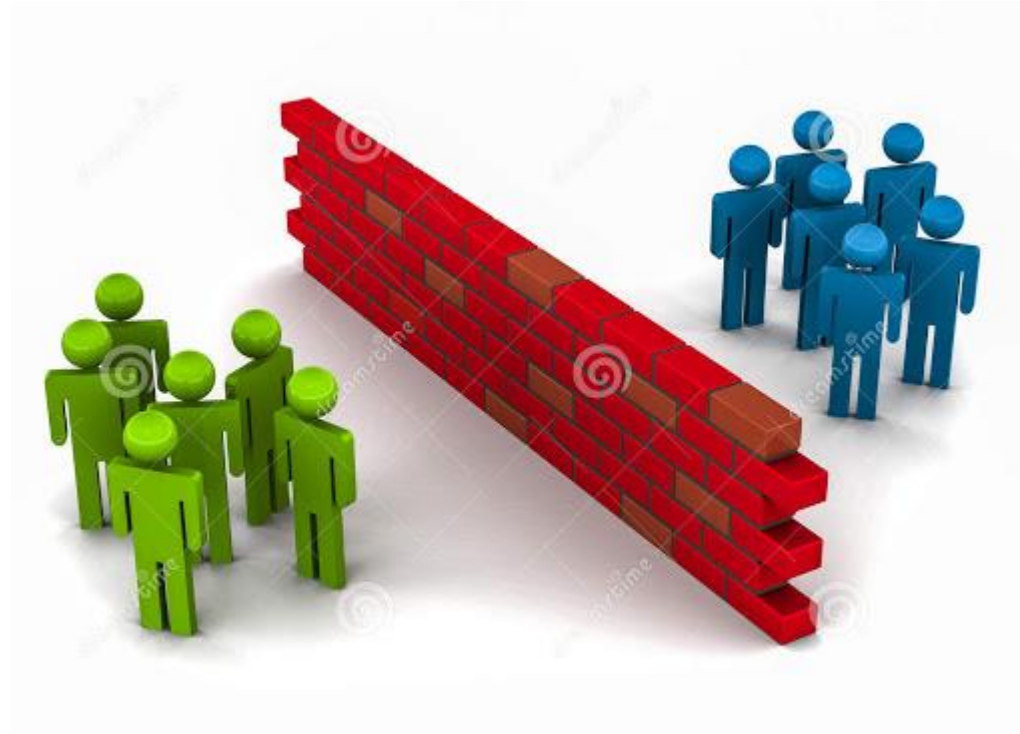
Improve outcomes for patients with
unresectable disease

- Anticancer treatment
- Symptom management
- Physical and emotional well-being
- Nutrition



What are the Barriers to Pancreatic Cancer Chemotherapy Trials?

GENERIC
- to all
Pancreatic Cancer
Trials



SPECIFIC
- to Pancreatic Cancer
Chemotherapy
Trials

The NIHR Pancreatic Cancer Portfolio is Currently Small

Main subject of research	Number of trials in the Portfolio (August 2020)
Metastatic pancreatic cancer - treatment	7
Locally advanced pancreatic cancer - treatment	1
Surgery	3
Pre-surgery (neoadjuvant therapy)	2
Observational/non-interventional/translational/biological	10
Patient experience/supportive care	1

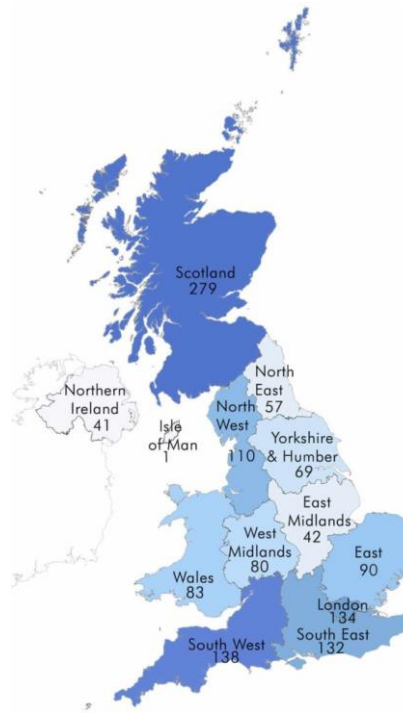
- 24 Clinical Trials
- 10 Testing
Chemotherapy



- 1,000 NHS Hospitals
- 150 Acute Trusts
- 40 Specialist Centres

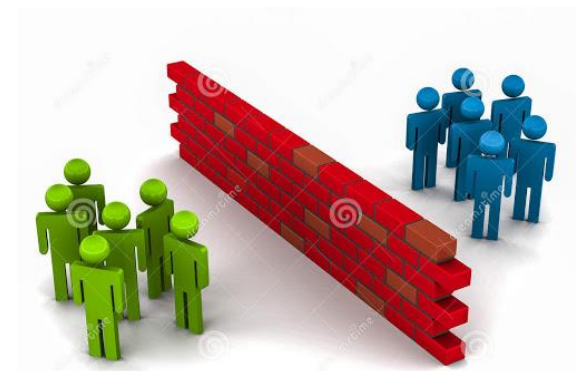


>9,000 new cases of
pancreatic cancer
diagnosed each year



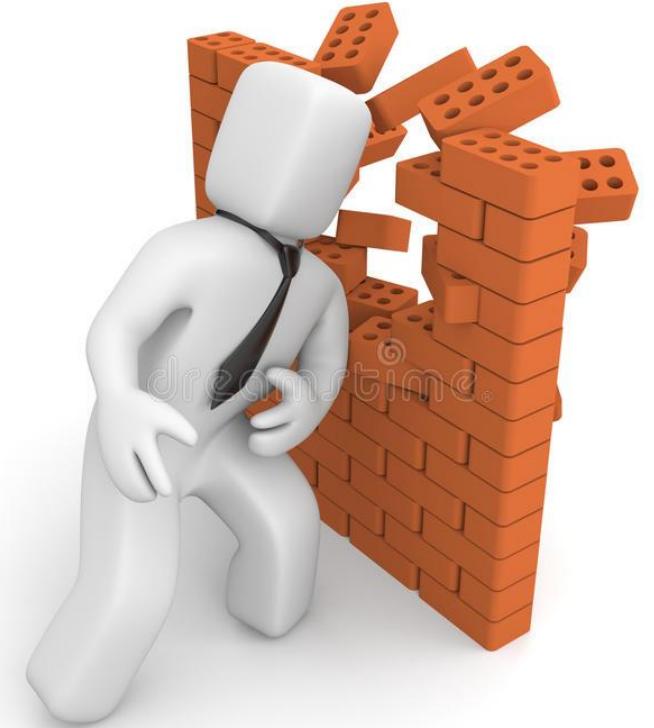
Key Barriers to Pancreatic Cancer Trials

- Mismatch between research activity and the unmet need
 - *Not enough trials*
 - *Not enough promising chemotherapy drugs to test against pancreatic cancer*
- Challenges to delivering clinical trials
 - *Inequalities of access across the country*
 - *Pancreatic cancer patients are often older and frailer, travelling is difficult*
- Disparate Priorities
 - *Healthcare professionals: service versus research*
 - *Interventional trials are time-consuming*
 - *Patient and public engagement: mismatch between agendas?*
 - *Pancreatic cancer patients can't afford to wait*
 - *Funders*
 - *Pancreatic cancer is not 'sexy'*

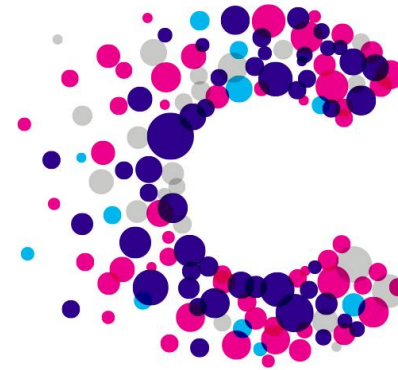
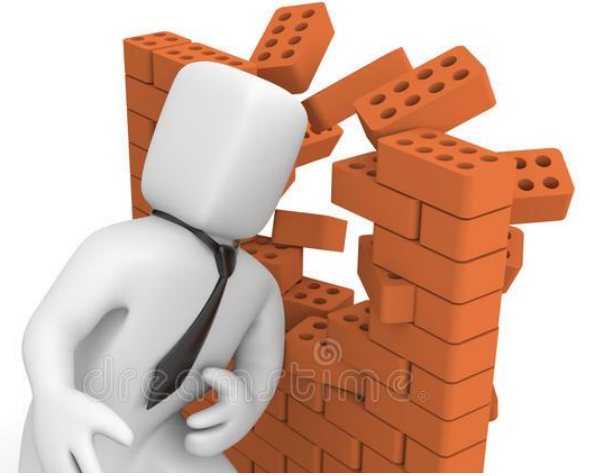


Solutions (1): Not Enough Trials

- Increase the chemotherapy drug pipeline
 - Engage our Scientists
 - Identify new 'druggable targets'
 - Interact with the Pharmaceutical Industry
 - Extensive preclinical and clinical testing capability
 - Think BIG – Pancreatic cancer is a GLOBAL unmet need
- Secure funding to conduct the trials
 - Innovation
 - Strong scientific rationale
 - More efficient trial design

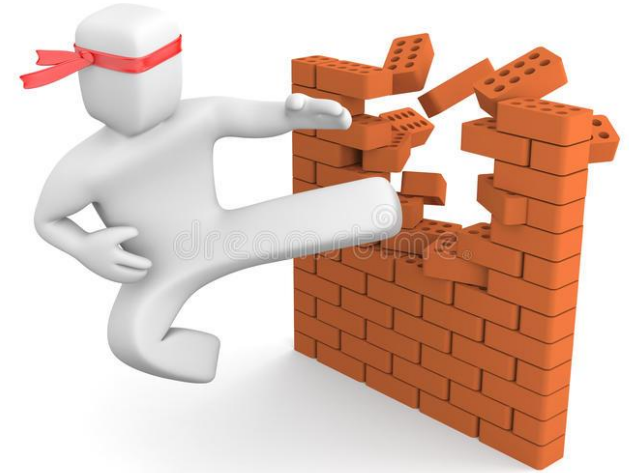


Solutions (1): Not Enough Trials



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Solutions (2): Clinical Trial Delivery



- Ensure all key stakeholders are on board
 - NHS pancreatic cancer specialists
 - Patients and their families
 - Key partners: Pancreatic Cancer UK, Pancreatic Cancer Action, local charities
- Ensure Equity of Access
 - Select sites with geography in mind
 - Ensure protocols reflect the standard patient pathway
 - Equip local (as well as central) sites to recruit patients
- Address the patient needs
 - Trial eligibility criteria need to reflect the wider patient population

Solutions (3): Pancreatic Cancer is Low on the Agenda

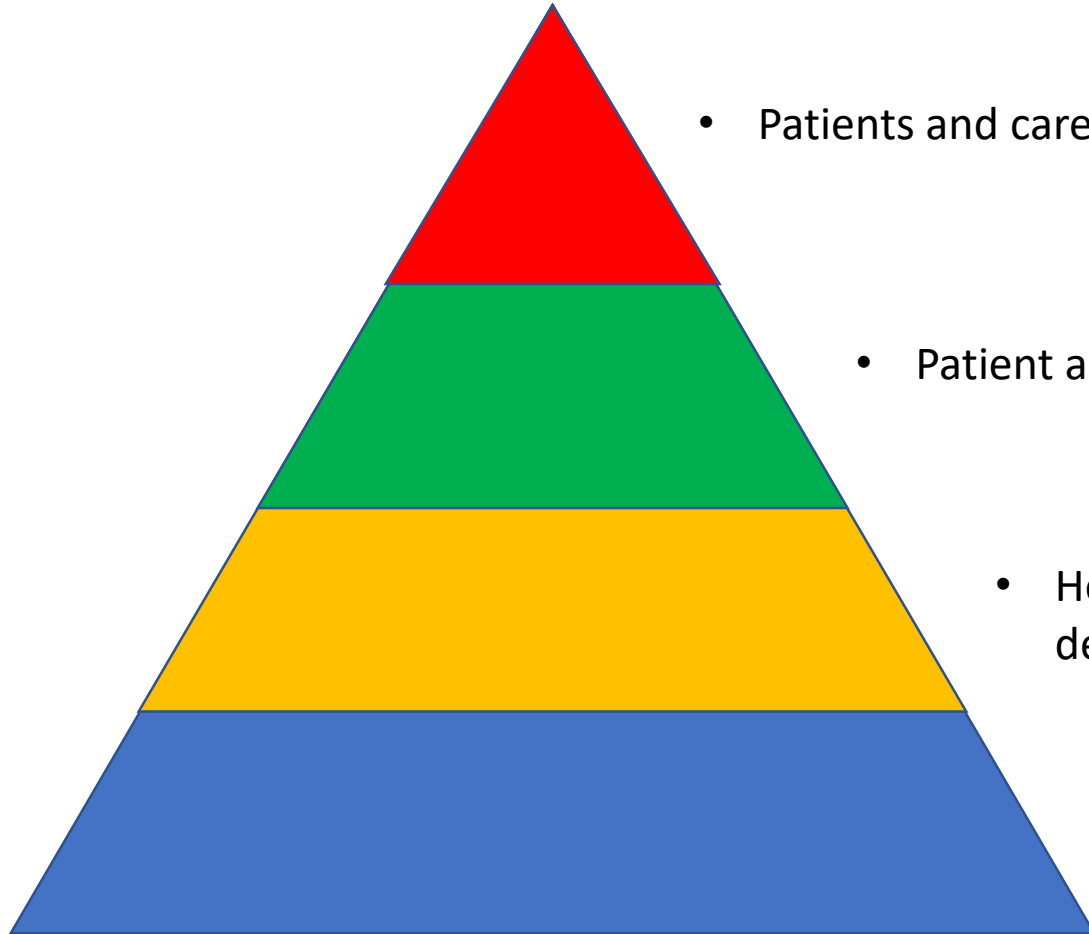
- Healthcare professionals
 - Value research integrated with service
 - 'Reward' research activity eg. NIHR Associate PI, CI, Professor Schemes
- Patient and public engagement
 - Keep protocols (and information sheets) simple
 - Address potential barriers eg. Fund/provide travel
 - Take the trials to the people? eg. Remote consent, visits
- Funders
 - Cancer Research UK has prioritised Pancreatic Cancer



What does 'Success' look like?

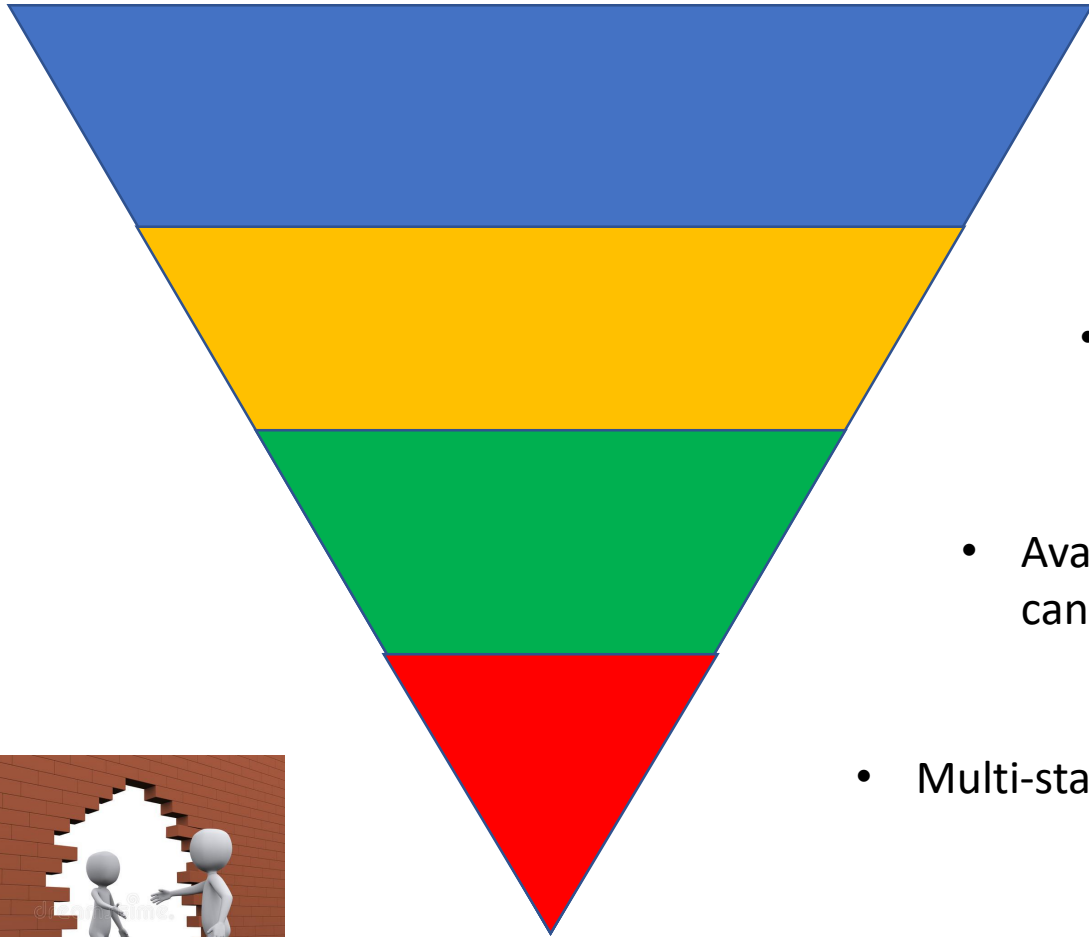


A Strong Stakeholder Network

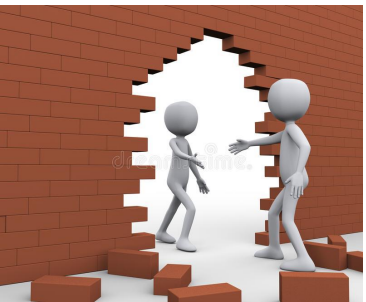


- Patients and carers engaged at all stages of trial development and delivery
- Patient advocates/Pancreatic Cancer Charities raising awareness
- Healthcare workers – doctors, specialist nurses and research delivery support staff actively recruiting patients
- Clinicians, scientists and Pharma developing new trials

An Expanded Chemotherapy Trials Portfolio



- Increase in absolute numbers of trials
- Addressing the whole patient pathway
- Available in all hospitals giving chemotherapy to pancreatic cancer patients
- Multi-stakeholders working to facilitate patient participation



UK: Unique Clinical Research Capability

