

PANCREATIC CANCER

SOME KEY FACTS



- **Pancreatic cancer is not a rare cancer** – one person dies from the disease every hour. Across the UK around 8,800 people are diagnosed with and 8,700 people die from pancreatic cancer each year.
- Responsible for 5.2% of all cancer deaths in the UK, **pancreatic cancer is the fifth biggest cancer killer**. It is predicted to overtake breast cancer as the 4th most common cancer killer by 2030.
- This is because whilst survival rates for most forms of cancer have been rising, the five-year survival rates for pancreatic cancer have remained largely unchanged and shockingly low for the past 40 years, at less than 5%: this is **the worst survival outcome for any of the 21 most common cancers**.
- **Pancreatic cancer receives around only 1% of National Cancer Research Institute partners' research spend** (2013 figures). £3,539.53 per death per year is spent on breast cancer research compared to £618.54 per death per year on pancreatic cancer.
- **Late diagnosis is a major problem**. Around 80% of pancreatic cancer patients are diagnosed at a point when the disease is metastatic – i.e. spread to other organs and when potentially curative surgery is not an option. For this cohort of metastatic patients, the average survival is just 2-6 months.
- It is estimated that about 20% of pancreatic cancer patients will be diagnosed at a stage when they may be eligible for surgery. However, UK analysis shows that **less than 10% of patients are offered surgery**, currently the only treatment that could cure their disease.
- **A staggering 48% of pancreatic cancer diagnoses are made by emergency admission**, and over 40% of patients visit their GP 3 times or more before even being referred to hospital. 16% have to visit their GP or hospital 7 times or more before the correct diagnosis is made.
- And once a diagnosis is made, the Cancer Patient Experience Surveys in England and in Wales demonstrate that **the pancreatic cancer patient experience is less satisfactory than for patients of other cancer types**. For instance, fewer pancreatic cancer patients report that they are provided with clear written information about the disease. We also know that accessing advice from a dietician – very important in terms of managing the disease – remains elusive, and we continue to hear of delays between patients being diagnosed and treatment commencing.

ABOUT PANCREATIC CANCER UK

Pancreatic Cancer UK is fighting the disease on all fronts by providing: Support, Information, Campaigning and Research. We run the only pancreatic cancer dedicated Support Line in the UK staffed by specialist nurses. Our Support Line nurses can provide information, respond to concerns, and offer support to patients, their families and loved ones.

To speak to a specialist nurse

Call on freephone: **0808 801 0707**

Email: support@pancreaticcancer.org.uk

We also run an online Discussion Forum where people affected by pancreatic cancer can provide support to each other and share experiences, information and inspiration.

<http://forum.pancreaticcancer.org.uk>

For more information about pancreatic cancer, or about the work of Pancreatic Cancer UK you can:

Visit our website: www.pancreaticcancer.org.uk

Email us: enquiries@pancreaticcancer.org.uk

Call us: **020 3535 7090**

Follow us on Facebook: [/pancreaticcanceruk](https://www.facebook.com/pancreaticcanceruk)

Follow us on Twitter: [@PancreaticCanUK](https://twitter.com/PancreaticCanUK)

POSITIVE CHANGES ALREADY MADE



We are pleased to note that some progress has been made over the past few years. Thanks to the pancreatic cancer community working together with the NHS and politicians across the UK, we have seen:

- A commitment to produce a National Institute of Health and Care Excellence (NICE) Clinical Guideline for Pancreatic Cancer. This process should begin late in 2015.
- The creation of an All Party Parliamentary Group on Pancreatic Cancer, which produced two high profile reports and raised awareness of the disease within Parliament, Government and the media.
- A commitment from Cancer Research UK to tackle specific cancers with the lowest survival rates – ‘cancers of unmet need’ – by doubling or trebling research funding over the next five years.

- New NICE Referral Guidelines for Suspected Cancer, due in mid-2015, will include a section on pancreatic cancer for the first time. Scotland produced its own new referral guidelines with a section on pancreatic cancer in 2014.
- A new drug for metastatic pancreatic cancer patients coming on line for the first time in nearly two decades. Abraxane can provide an average of about 2.4 extra months survival for eligible patients, when compared to standard chemotherapy treatment. It is currently approved for routine use on the NHS in Scotland and Wales, and in England via the Cancer Drugs Fund.
- A very small increase in five-year survival rates over the past couple of years, from about 3% to somewhere between 4% and 5% in different parts of the UK. Although incremental, this is encouraging and shows that positive changes can be made to pancreatic cancer survival rates.

CHANGES STILL REQUIRED

However, this is not enough. Pancreatic Cancer UK launched its Campaign for Hope in 2011, with the two goals of doubling five-year survival and moving the patient NHS experience of pancreatic cancer from one of the worst to one of the best. Specific actions required to achieve those goals include:

- A focused research strategy, and more research funding, to combat pancreatic and other cancers with the worst survival outcomes.
- Increased awareness of the signs and symptoms of pancreatic cancer, for both the general public and for medical professionals.
- Better training and support for GPs and health professionals, including better access to computerised diagnostic tools for GPs.
- More rapid referral pathways, including GPs having direct access to CT scans for their patients.

- Ensuring faster access to new drugs and treatments through a reformed NICE approvals process, as well as early access to new technologies such as irreversible electroporation (IRE) or stereotactic ablative radiotherapy (SABR). If NICE procedures are not changed, we need to see the Cancer Drugs Fund continued beyond 2016.
- Increased rates of surgery, which will only be possible with earlier diagnosis and/or the use of new radiosurgery and other innovative treatments, such as IRE and SABR, or the greater use of chemotherapy in a neoadjuvant setting.
- Ensuring all pancreatic cancer patients are assessed by a dietician, even those not undergoing active treatment.
- Ensuring all pancreatic cancer patients have access to a clinical nurse specialist.
- A National Pancreatic Cancer Audit, as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). This will gather fuller information about diagnosis, treatment, care and outcomes for pancreatic cancer, and demonstrate more clearly, to a wider audience, the need for the NHS to prioritise pancreatic cancer.