Pancreatic Cancer UK

DEMAND SURVIVAL NOW

OUR MANIFESTO FOR CHANGE: HOW PARTIES CAN DOUBLE PANCREATIC CANCER SURVIVAL

Why political parties must take action on pancreatic cancer this General Election:

Over the last fifty years, successive governments have failed to make pancreatic cancer and other less survivable cancers a priority. Because of this, in **2024 half of people diagnosed with pancreatic cancer are still dying within 3 months.**

While other countries have made more progress in improving survival, people in the UK with this disease are being left behind. But with political action this General Election, we **can** change this.

We need political parties to act now and ensure that people with pancreatic cancer get the treatment and care they deserve. Successive governments have failed to take action on this cancer, which sees around 9,000 people a year dying of this disease[1]. However, we firmly believe that whoever becomes the next government can be the one that finally tackles the UK's shockingly low survival rates.

What we are calling for:

This General Election, we are urging you to address the decades-long injustice faced by people with pancreatic cancer. **You and your party's leadership can finally address this injustice by committing to doubling survival for pancreatic and the other less survivable cancers in your party's manifesto.**

Our Demand Survival Now campaign shows how you can make this a reality, should your party form the UK's next government. Taking three key actions together would drive huge changes in survival and make the UK a global leader in saving lives:

1. Investing at least **£35m a year** into pancreatic cancer research to bring about breakthroughs in early diagnosis and new treatments,

2. Treating pancreatic cancer as an emergency, so everyone can get diagnosed within **21 days**,

3. **Doubling** the number of people getting potentially life-saving treatment within **21 days** of diagnosis.

Our case for change:

1. **Investing at least £35m a year into pancreatic cancer research to bring about breakthroughs in early diagnosis and new treatments.**

[1] Pancreatic cancer statistics | Cancer Research UK

Research investment into pancreatic cancer has been historically underfunded in the UK. This has been a major factor in the lack of progress we have seen in the development of new tools for detection and treatment options.

As of 2020/21, the total historical investment into research on pancreatic cancer was significantly lower than investment into the other biggest causes of cancer deaths. Funding for breast cancer and lung cancer, which are also in the top five biggest causes of cancer deaths, were £52 million and £38 million respectively – while yearly investment into pancreatic cancer research has only just reached £21 million (in 2020/21).

This underinvestment has meant that we lack the tests and tools to diagnose pancreatic cancer earlier – with 80% of people still being diagnosed at a late stage (3 or 4). It has also resulted in only very few treatments being available, which are very toxic and hard for people to tolerate, as well as only one form of potentially curative treatment, surgery, being available. To make matters worse, only 10% of people receive this surgery, and 75% of those people will have their cancer return within a year.[2]

But we know it doesn't have to be this way. Whoever becomes the next government can drive the change we **desperately need to see in pancreatic cancer by increasing investment into pancreatic cancer research. To really bring about change, it needs to at least match the average investment received by the other top four common causes of cancer deaths: £37 million a year.[3]** Pancreatic cancer is currently the fifth biggest cause of cancer death, and is due to overtake breast cancer as the fourth biggest cause by 2029-2031.[4]

This increase in research investment needs to be **sustained** - as we have seen in other cancer types. Leukaemia is a helpful comparison, as it has similar annual case numbers (9,907) to pancreatic cancer in the UK (10,500), and has seen research investment grow exponentially over the last two decades. This has led to important gains in survival.[5] Back in 2002, annual investment into leukaemia was around £17.6 million, and eighteen years later this investment has grown to roughly £33 million (£33.6 million for 2019/2020).[6] Crucially, this investment has also been sustained since 2015/2016.[7]

As a result of this investment, there are more and better available diagnostic tools and treatments for leukaemia, including:

- Breakthroughs in treatment from advanced studies combining chemotherapy
- The development of pioneering bone marrow transplantation
- Dozens of highly targeted drugs now available to doctors
- A community on the cusp of realising the curative interventions of immunotherapy.[8]

Between 2000 and 2020, mortality rates in leukaemia have declined by 16%, with a further 14% drop expected by 2040 according to Cancer Research UK.[9] **This shows what can be achieved with pancreatic cancer.**

Global efforts to increase investment into pancreatic cancer

[2] Groot, VP et al. Patterns, Timing, and Predictors of Recurrence Following Pancreatectomy for Pancreatic Ductal Adenocarcinoma. Ann Surg. 2018 May; 267(5):936-945. https://pubmed.ncbi.nlm.nih.gov/28338509/

[3] We are using the 2019/2020 statistics as cancer research investment was impacted in 2020/2021 in the context of the COVID-19 period.

[4] Selected Cancers, Mortality Projections: 1975 – 1977 to 2038-2040: average per year deaths and European age-standardised mortality rates per 100,000 population, by sex, all ages combined UK, Cancer Research UK.

[5] Leukaemia (all subtypes combined) incidence statistics | Cancer Research UK

[6] Analysis of UK blood cancer research spend from 2002 -2020, Sian Morgan, Blood Cancer UK, NCRI

[7] Ibid.

[8] Patients benefit from revolutionary cancer treatment, www.bbc.com/news/health-59771464, Published 7 Jan 2022, Accessed on 9th May 2023

[9] Selected Cancers, Mortality Projections: 1975 – 1977 to 2038-2040: average per year deaths and European age-standardised mortality rates per 100,000 population, by sex, all ages combined UK, Cancer Research UK.

We have seen efforts internationally to drive increased research into pancreatic cancer – particularly in the United States, through the Recalcitrant Cancer Research Act 2012. The US government introduced this legislation to provide more research investment to cancers with five-year survival rates below 50%, and developed concerted plans to focus that investment into promising areas.

The Act led to the establishment of a specific framework on pancreatic cancer, and has resulted in increased investment and new research grants.

While the increased investment and strategic focus in the US has helped shift the dial in pancreatic cancer research, it is still lagging significantly behind research investment on other types of cancer globally and in the UK.

To bring about the desperately needed treatment breakthroughs that can transform survival in pancreatic cancer, people with pancreatic cancer need the next UK government to step up and become a global leader in research investment. **How political parties can make this a reality:**

- To deliver this change, the next government should ensure investment of at least £35 million every year into pancreatic cancer research,
- To make this investment as impactful as possible, the government should work with the research community, clinicians and people with lived experience to agree a strategy on how this investment should be spent,
- To ensure this happens, the next government should produce specific legislation mandating investment into the less survivable cancers to ensure accountability in closing the research funding gap.

2. <u>Treating pancreatic cancer as an emergency, so everyone can get diagnosed within 21 days</u>

Pancreatic cancer is the quickest killing cancer – it progresses rapidly and quickly becomes incurable. It has the lowest proportion of early-stage diagnosis of all common cancers, with 80% diagnosed at stage 3 and stage 4. But we know that early stage diagnosis is critical to survival: one-year survival rates are six times higher for those diagnosed at an early stage compared to those diagnosed at stage four.

Pancreatic cancer is tough to detect. However, even once pancreatic cancer is suspected and a referral is made, slow decision-making processes and delayed test results can still mean that diagnosis often comes too late. Delays between referral and diagnosis occur because:

- Multiple scans and tests (that can often be indeterminate and need repeating) are required due to the complexity of pancreatic cancer,
- There is a lack of diagnostic capacity and coordination, which means tests and investigations are often subject to delays, which slows down the process.

In England, we have supported NHS England to develop a Best Practice Timed Pathway for hepatobiliary cancers – including pancreatic cancer. We have called for this to set out a requirement for people to be diagnosed within 21 days of being referred for tests. We believe this would give sufficient time for tests to be undertaken, while giving people the best chance of getting on to treatment as possible.

How political parties can make this a reality:

- To deliver this change, the next government must commit to funding and fully implementing a 21 day pathway for pancreatic cancer as a permanent standard of care.

3. <u>Doubling the number people getting potentially life-saving treatment within 21 days of diagnosis.</u>

Currently, only 3 in 10 people with pancreatic cancer receive treatment. Only 1 in 10 people with pancreatic cancer currently have surgery – the only possible cure for pancreatic cancer – and only 2 in 10 will receive any form of palliative chemotherapy or radiotherapy.

Delays in decision-making mean that people with pancreatic cancer often become too unwell to access treatment. In this time, their disease may progress so that they are no longer eligible for treatment.

The current UK-wide standard recommends treatment within 62 days from the point of referral (or 'suspicion' for Wales) – this is too slow for pancreatic cancer, where over half of people will die within three months.

A timeline of 21 days between diagnosis and treatment would ensure more people are eligible for treatment, while giving enough time for health professionals to develop the right treatment plan. It also gives people with pancreatic cancer time to consider their options and build up their strength and wellbeing for treatment.

Implementing this 21 day timeframe would double access to treatment rates, and potentially double survival.

How political parties can make this a reality:

- The next government must commit to implementing a national 21 day treatment standard from the point of diagnosis to first treatment
- To enable this, they must provide funding for specialist pancreatic cancer roles in every Cancer Alliance so that everyone gets advice, care and support from dedicated expert professionals from the point of diagnosis.

The impact of making these changes to the pancreatic cancer pathway

If your party forms the next government and makes these changes, 2024 could be a real game-changer for pancreatic cancer. In the short-term this would lead to:

- Improved tests and treatments to ensure that more people with pancreatic cancer are diagnosed earlier and treated better,
- More people would access life extending or potentially curative treatment,
- More people would receive the support and care they need to manage their cancer.

In the years to come, more people would live longer and have the best chance of survival, and everyone affected by pancreatic cancer would have a better quality of life.

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