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For immediate release

White Paper launched to step-up fight against pancreatic cancer

This week (15 September) sees the European Union mark three decades of action against cancer with a ceremony and high-level meeting in Luxembourg, which currently holds the rotating EU presidency.

The event will represent the 30th anniversary of the Council conclusions of 1985, which paved the way for the first action at European level on cancer, and Lydia Mutsch, Luxembourg's Minister for Health, alongside Vytenis Andriukaitis, the Commissioner for Health and Food Safety, will open the landmark meeting.

On the same day, the Brussels-based European Alliance for Personalised Medicine (EAPM) will launch a [White Paper](#), in Aegina, Greece, as part of the 'EUPancreas COST Action for an integrated European platform for pancreas cancer research'.

The [White Paper](#) is a direct appeal to policymakers, legislators, and regulators to encourage innovation, to enhance prevention, and to broaden access to treatment. It also calls on all stakeholders to work more closely together to reduce the burden of pancreatic cancer on patients and on society.

This terrible disease is the eighth most common cancer among men in the Western world (ninth in women), and has arguably the lowest survival rate of any.

There are no specific symptoms at an early stage and it is, therefore, currently hard to detect. By the time symptoms appear, the cancer is often already advanced and it is too late for surgery in most cases.

There were an estimated 79,331 new pancreatic cancer cases in 2012 in the EU-28, making it the fourth leading cause of cancer-related death, with 78,669 estimated deaths in that year. It is projected that it will become the second biggest cause of cancer-related deaths in a few years in the US. And according to predictions for this year across the EU, mortality of pancreatic cancer will have risen by 4% in men and 5% in women since 2009. Mortality of pancreatic cancer is also expected to keep increasing in Europe in the long term, overtaking mortality rates of other long-recognised deadly cancers. It is a serious, growing issue and must be addressed.

Pancreatic cancer is more common in people aged 45 and above, and its exact causes are mostly unknown making prevention difficult. Smoking, heavy-alcohol drinking, type 2 diabetes, obesity, and chronic pancreatitis only explain a small fraction of the disease.

It is usually fatal, not only because of generally late detection, but partly because it tends to resist chemotherapy. And when it comes to surgery, only about 15-20% of patients have tumors which are considered able to be removed by this method.

Recently published survival statistics in Europe derived from EURO CARE data indicate that the overall five-year survival rate remains low (around 6%), There have been no significant improvements in survival over the last decades, although outcomes are slightly better for the small percentage of patients whose disease is discovered early.

It is therefore clear that public awareness of the disease based on exhaustive and appropriate knowledge of its risk factors should be intensified,.



Given the high levels of fatality and the high prevalence of lifestyle-related risks, co-morbidities and/or associated pathological conditions connected with pancreatic cancer, there is no doubting its heavy burden on society and on EU healthcare systems.

Personalised medicine holds promise for the disease, but is still in the early stages of aiming to tackle it. The results of molecular profiling, both of tumour and the host, may help to determine the best prevention and treatment options, including appropriate clinical trials.

EAPM, jointly with EUPancreas COST Action, believes it is necessary to develop a comprehensive pancreatic cancer research community and provide the tools and resources this community needs in order to make scientific breakthroughs.

It is also important to identify reference centres where patients with pancreatic cancer and their families can receive the best care, including clinical research options. Access needs to be improved.

Ahead of the event in Greece, Member of the European Parliament Cristian-Silviu Buşoi took up that topic when he said: “Despite the existence of new drugs, new technologies and developments in medical science, many citizens are not able to access them.”

And Dr. Núria Malats, Chair of EUPancreas COST Action, said: “There is a clear need for increased investment in pancreatic cancer research through Member State and EU public funding programmes, as well as in the private sector, through NGOs, industry and others. Increased investment in research should be part of the strategy to deal with the difficulties pancreas cancer poses.”

Malats added that: “Research on pancreatic cancer has been not prioritised by the EU in the last funding programmes. For instance, a considerably smaller proportion of pancreatic cancer-related research projects have been funded by the EU in the last five years if compared to other cancers.”

Prof. Angela Brand, of Maastricht University, said: “Improvements will require greater multi-stakeholder collaboration across the healthcare sector, as well as between Member States, with wider recognition of pancreatic cancer as at the high-incidence end of the rare disease scale and as a significant - and growing - European healthcare problem.”

She added: “There also needs to be an agreed approach to tackling it. And all collaborations should include patients, caregivers and patient organisations, who have an indispensable contribution to make.”

This latter theme was taken up by Maria from Poland, who said: “Pancreatic cancer has a frightening mortality rate and little progress has been made in the last decade. It is a burden on the European Union and terrible for sufferers and their families. Patients need to be more involved and we need solid action and we need it now.”

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About EU-Pancreas:

EUPancreas is a COST Action (BM1204) that aims to unite pancreas cancer research groups across Europe and provides an innovative and unique platform for collaborating and sharing information, ideas and experience. 185 multidisciplinary members from:

- 22 EU countries
- 5 EU gov & non-gov institutions
- 3 Biotech companies (SME)
- 1 Pharma companies



European Alliance for
Personalised Medicine

Please see the following link: <http://eupancreas.com/>

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