

**Report on the State of Pancreatic Adenocarcinoma in 2019**

*Presented by J. Bart Rose, MD, MAS to the congressional hearing on pancreatic adenocarcinoma chaired by Senator Doug Jones.*

Thank you for this opportunity to testify regarding the state of pancreatic adenocarcinoma medical care in the United States in 2019. Pancreatic adenocarcinoma is a leading cause of cancer related death in the United States. It is the fourth most common of cancer related death and is projected to be the second most common by the year 2020 due to a rising incidence of nearly 2-3% per year in the last decade. We have seen, unfortunately, a stagnant rate of 5 year survival of 9%. This is due in large part to the fact half of the patients that are diagnosed with pancreatic adenocarcinoma will already have stage IV (i.e. metastatic) disease at their initial visit. At this time, we have very limited resources to treat this advanced disease and most patients succumb to the cancer. Within in the state of Alabama, we predict 910 new cases of pancreas cancer in 2019 and unfortunately 770 cancer related deaths. Alabama has a higher death rate from pancreas cancer than would be predicted. Our state has the 9<sup>th</sup> highest pancreatic cancer death rate in the United States even though it only ranks as the 21<sup>st</sup> highest rate for new case numbers. Among the healthcare workers who have the privilege of helping patients with pancreas cancer, improving survival from pancreas cancer is our top priority. The poor survival in Alabama compared to other states may be due to disparities in cancer outcomes seen between Caucasian Americans and African Americans. We know that an African American with pancreas cancer has up to a 3% increased risk of death over a Caucasian patient. Since African Americans comprise approximately 27% of Alabamians, our state is more diverse than most others which means that this difference in pancreas cancer survival is compounded compared to other more Northern states with less African American representation. We know that of the 25% of patients who are eligible for an operation to remove their pancreas cancer, only 40% are ever offered this potentially lifesaving operation. This is a huge opportunity to help Alabamians with pancreas cancer, as surgery is the only option for cure. This disparity in access to life saving operations are even worse in African Americans.

To make any significant impact in the survival for this devastating disease, we need to address a number of deficiencies in its care.

- 1) As the majority of patients will present with pancreas cancer that cannot be removed, we need both better treatments for advanced stage disease and ability to detect disease at an earlier stage. Both of these require investment in medical research. In 2019, the National Cancer Institute (NCI) was budgeted by Congress \$6.1 billion. While seemingly an improvement over prior years, when adjusted for inflation has been stagnant for over a decade. Only \$221 million dollars or approximately 4% of the NCI budget was awarded to study pancreatic cancer, the 4<sup>th</sup> leading cause of cancer related death. Private society funding is also limited for research in this disease compared to other cancers of higher incidence. As a pancreatic cancer researcher, I can state without question that investment in this area is desperately needed. The only way we are going to move the needle on improving overall survival beyond the currently unacceptable 9% is by having better therapy for advance disease and earlier detection.

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- 2) We need to improve our outreach efforts into the community and encourage patients to be seen by qualified surgeons to discuss potentially lifesaving operations. As a medical community we need to break the unfortunately nihilistic perception of pancreas cancer, and spread our message of hope. Primary care providers need to be informed that this can be a curable disease.
- 3) We need to address disparities within health care including those within pancreatic cancer. In the Deep South where we celebrate our diversity with a large proportion of African Americans, this disparity is particularly relevant. Additional money should be made available to study and reverse these disparities.

At The University of Alabama in Birmingham, we are trying to address many of these above stated issues. We have a number of basic and translational science projects dedicated to advancing the study of this disease as well as focusing on dipartites present in the Deep South population. We are the largest treatment center in this region for pancreatic cancer and are focused on providing modern multi-disciplinary care through our dedicated Pancreatobiliary Disease Center.

I would like to again thank the committee for the opportunity to provide this testimony.

Sincerely,



J. Bart Rose, MD, MAS  
Director of the Pancreatobiliary Disease Center at UAB

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