

The Fight to End Pancreatic Cancer FACTS YOU NEED TO KNOW

Pancreatic cancer is one of the deadliest forms of cancer

- Every 15 minutes someone is diagnosed and every 17 minutes someone will die from pancreatic cancer.
- It is the 4th leading cause of cancer-related death for both men and women in North America
- While overall cancer incidence and death rates are declining, the incidence and death rates for pancreatic cancer have been increasing. Pancreatic cancer is projected to move past breast and colorectal cancer to become the 2nd leading cause of cancer-related death in Canada by as early as 2020.
- It is estimated that in 2015, more than 367,000 men and women around the world will be diagnosed with pancreatic cancer including **4,800 Canadians** and 48,960 Americans. More than 250,000 men and women including **4,600 Canadians** and 40,560 Americans will die.
- It has the highest mortality rate of all the major cancers 92% of patients die within 5 years of their diagnosis and 75% of patients die within the first year most within the first 3-6 months.
- It is a silent killer it's difficult to detect and spreads so quickly. Vague symptoms including back/abdominal pain, jaundice, weight loss and nausea usually appear after the cancer is at an advanced stage making it difficult to treat.
- The 5 year survival rate has not improved in the last 40 years (8%) making this disease the most lethal of all cancers.
- Symptoms, including abdominal or back pain, weight loss, jaundice, loss of appetite, nausea, diabetes and changes in stool, are often subtle and are generally (initially) attributed to other less serious and more common conditions.
- Few risk factors for developing pancreatic cancer are defined and more research is needed to understand the direct relationship to the disease. Family history of the disease, smoking, age, poor diet, diabetes and the BRCA1&2 mutations are thought to be contributing factors.

Treatment options for pancreatic cancer are limited

- There are no detection tools to diagnose this disease in its early stages when surgical removal of the tumor is still possible. At this time, there are no proven biomarkers, or clues detectable in the blood or other bodily fluids that could indicate the presence of pancreatic cancer.
- Surgery offers the best chance for long term survival. Unfortunately, only 15% of patients diagnosed are eligible. The most common form of surgery for removal of a pancreatic tumor is the whipple procedure and may be followed with chemotherapy or a combination of chemotherapy/radiation.
- Approximately 52% of all patients are diagnosed when the metastatic (stage 4) disease that has spread to surrounding
 organs leaving little hope for survival; only 2% will survive five years.
- For the patients who are not surgical candidates, chemotherapy or chemotherapy with radiation is typically offered. In the last 15 years, only three drugs have been approved in Canada to treat pancreatic cancer: gemcitabine (Gemzar®), erlotinib (Tarceva®) and in 2015, albumin-bound paclitaxel (Abraxane®) the latter two are used in combination with gemcitabine. In 2011, a combination chemotherapy regimen called FOLFIRINOX (5-fluorouracil, leucovorin, irinotecan, and oxaliplatin) was found to improve survival of metastatic pancreatic cancer patients and is offered as a 1st line treatment option for metastatic patients in major cancer centers across Canada.
- Targeted therapies are designed to treat <u>only</u> the cancer cells and minimize the damage to the healthy cells. Erlotinib (Tarceva®) in combination with gemcitabine (Gemzar®) is the only approved targeted therapy and is used in treating advanced pancreatic cancer. Emerging therapies are currently be tested in clinical trials across Canada.