



March 13th 2010

NEED FOR PANCREATIC CANCER RESEARCH

** NSW State Plan Priority S2 Target: Reduce the number of potentially avoidable deaths for people under 75 to 150 per 100,000 people by 2016*

The NSW Government has today released a report that highlights the need to develop methods for diagnosing pancreatic cancer and new therapies to substantially improve survival of patients.

Deputy Premier and Minister for Health, Carmel Tebbutt, said pancreatic cancer is one of the most serious diseases facing the people of NSW.

“Over the past 30 years the number of pancreatic cancer cases in New South Wales has doubled in males and nearly tripled in females.

“Sadly, three quarters of those diagnosed with pancreatic cancer will not be alive just one year after diagnosis. This is because, for the majority of those diagnosed, the cancer has already spread.

“But even pancreatic cancers that are diagnosed before they have spread have a poor survival. That is an intimidating prospect; one that the NSW Government hopes to change through the support of pancreatic cancer researchers.

“That is why the NSW Government has invested over \$3.5 million in pancreatic cancer research over the past 5 years.

“The research is providing the evidence that will drive rapid improvement in cancer prevention, treatment and the subsequent improvements in survival and quality of life of pancreatic cancer patients.”

Professor Andrew Biankin of the Garvan Institute of Medical Research is a leading pancreatic cancer surgeon and researcher, recognised for his research concerning molecular and genetic aberrations in the development and progression of pancreatic cancer.

He says novel methods of diagnosis and treatment of pancreatic cancer are needed to improve survival and quality of life.

“We are performing internationally significant research here in NSW that, with financial support from funding sources including the NSW Government through the Cancer Institute, will help us to realise real benefits for patients with pancreatic cancer,” said Professor Biankin.

“A key achievement has been the development of the clinicopathological database and biological material repository to form a strong foundation for translational research efforts, including the development of molecular markers of outcome and therapeutic response in individuals with pancreatic cancer.

“This has the potential for predicting which patients will benefit from a specific therapy before it is started,” he said.

As a result of these efforts Australia is a member of the International Cancer Genome Consortium, with pancreatic cancer as its main focus. This consortium of over 20 nations aims to unravel the genetic code of cancer (www.icgc.org).

Minister Tebbutt said that research conducted by people like Professor Andrew Biankin will affect the way we diagnose and treat cancer.

“The best hope lies with the development of new diagnostic methods and new treatments for pancreatic cancer,” she said.

“Although significant progress is being made into understanding the biological and overall management of pancreatic cancer, this can only be continued with more focus on the disease.

“While we don’t know exactly what causes pancreatic cancer, the evidence shows that smoking is a well-established risk factor for the disease. It is responsible for close to a quarter of all pancreatic cancers.”

Key facts about pancreatic cancer:

- In 2007, there were 882 new cases of pancreatic cancer in NSW (452 male, 430 female).
- Of the 788 deaths from pancreatic cancer, 412 were in males and 376 in females.
- Males were 1.3 times more likely than females to be diagnosed with pancreatic cancer and 1.4 times more likely to die from it.
- Pancreatic cancer ranked 11th in males and 11th in females for incidence, but its mortality ranked fourth and fifth respectively.
- One in 55 males and one in 73 females will develop pancreatic cancer in their lifetime.
- In 2009, the estimated number of new cases of pancreatic cancer is expected to increase to 899 new cases: 476 in males and 423 in females.
- Pancreatic cancer has a poor prognosis, with five-year survival only six per cent for males and eight per cent for females.

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