

# PANCREATIC CANCER FACTS



- Pancreatic cancer recently moved from the fourth to the **THIRD LEADING CAUSE OF CANCER-RELATED DEATH** in the United States and is anticipated to become the second around 2020.<sup>1,2</sup>
- Pancreatic cancer is one of the nation's deadliest cancers, with a five-year **SURVIVAL RATE OF JUST 9 PERCENT.**<sup>1\*</sup>
- In 2017, an estimated 53,670 people will be diagnosed with pancreatic cancer in the United States, and approximately 43,090 will die from the disease.<sup>1</sup>
- Pancreatic cancer is the ninth most commonly diagnosed cancer in women and the 11th most commonly diagnosed in men.<sup>1</sup>
- Risk factors for developing pancreatic cancer include family history of the disease, age, chronic or hereditary pancreatitis, smoking, obesity and long-standing diabetes. These and other risk factors are still being investigated.
- Pancreatic cancer may cause only **VAGUE SYMPTOMS** that could indicate many different conditions within the abdomen or gastrointestinal tract. Symptoms include pain (usually abdominal or back pain), weight loss, jaundice (yellowing of the skin and eyes), loss of appetite, nausea, changes in stool and diabetes.
- The location of the pancreas deep in the abdominal cavity is a factor **HINDERING EARLY DETECTION** of pancreatic cancer.
- Surgical removal of the tumor is possible in only approximately 15 percent of patients with adenocarcinoma, the most common type of pancreatic cancer. Chemotherapy or chemotherapy with radiation may be offered before or after surgery.
- Chemotherapy or other drug therapies are typically offered to patients whose tumors cannot be removed surgically. The National Comprehensive Cancer Network's Guidelines for the treatment of pancreatic cancer states that **CLINICAL TRIALS ARE THE PREFERRED OPTION FOR TREATMENT.**
- There are complex biological features of a pancreatic tumor that distinguish it from many other cancer types.
- High-priority research areas being explored in pancreatic cancer include identifying biomarkers for early detection using registries of patients with a family history of pancreatic cancer, developing drugs that target specific gene mutations, understanding how the tumor microenvironment alters drug delivery and harnessing the immune system for the treatment of pancreatic cancer.