

UEG Position Paper

Pancreatic Cancer: a medical emergency

A growing burden

Pancreatic cancer, the fourth current leading cause of cancer-related death in the EU for both men and women¹, is a growing cause of cancer mortality across Europe. Responsible for over 95,000 EU deaths every year, pancreatic cancer has the lowest survival rate of all common cancers, with life expectancy at the time of diagnosis of just 4.6 months.²

There are several potentially modifiable risk factors that have been shown to increase the chances of developing the disease. These include smoking, chronic pancreatitis, diabetes, obesity and a family history of the disease.

Main challenges

- **Early detection & diagnosis**

Pancreatic cancer is difficult to diagnose early, through often being asymptomatic or presenting symptoms at an advanced stage. In most cases, by the time the diagnosis is eventually confirmed, the patient has to be treated as an emergency.³ The complex nature of the diseases makes screening for early diagnosis challenging to implement. Therefore, improving early detection of pancreatic cancer requires more research into better screening and surveillance strategies.

- **Treatment**

By 2035, the number of cases of pancreatic cancer is predicted to rise by almost 40%⁴. Currently, the surgical removal of the tumour is the only curative approach for pancreatic cancer. Moreover, pancreatic cancer tumours often do not respond well to chemotherapies and emerging immunotherapies, which further affects treatment.

The way forward

- **Research Funding**

Research on pancreatic cancer receives less than 2% of all cancer research funding in Europe.⁵

There is an urgent need for more research into early detection and better diagnosis of early pancreatic lesions, as well as the development of less invasive treatment techniques to facilitate more accurate results.

Greater importance should be attached to environmental factors for cancer development, including microbiota, as well as the establishment of prognostic and particularly predictive biomarkers.

¹ ECIS: <https://bit.ly/3cvnSGB>

² UEG Report Pancreatic Cancer Across Europe: <https://bit.ly/33SsXoA>

³ J-Matthias Lühr, Pancreatic cancer should be treated as a medical emergency, BMJ. 2014 Sep 4;349:g5261. doi: 10.1136/bmj.g5261.

⁴ UEG Report Pancreatic Cancer Across Europe: <https://bit.ly/33SsXoA>

⁵ UEG Report Pancreatic Cancer Across Europe: <https://bit.ly/33SsXoA>

- **Increased public awareness**

Despite its appalling outcomes, knowledge of the disease is alarmingly low, with 64% of Europeans saying they know almost nothing about pancreatic cancer.⁶ Primary prevention through increased awareness about the modifiable risk factors for pancreatic cancer, such as smoking and obesity, is vital. To improve prevention, Europe's Beating Cancer Plan shall address the existing knowledge gaps.

- **Europe-wide Biobanks**

Improving the understanding of tumour biology can significantly enhance diagnostics and aid the development of more precise treatment. This is an area where the EU can lead the way by creating Europe-wide pseudonymized patients' registries and biobanking, through actions such as the European Initiative to Understand Cancer.

- **Harmonised Standards of Care**

To ensure that treatment is provided at centres of excellence and comprehensive quality of life data is available, there should be a pan-European standard for pancreatic cancer care. This can only be achieved through tackling health inequalities, by increasing research and scientific capacities throughout the EU.

⁶ UEG Press release: <https://ueg.eu/a/203>