



MEDIA CONTACT:

DWPR

Donald Wilson

dwilson.dwpr@gmail.com

(310) 428-4730

ABOUT US

Founded in 1997, the **Hirshberg Foundation for Pancreatic Cancer Research** is a national, nonprofit organization dedicated to advancing pancreatic cancer research, and providing information, resources, and support to pancreatic cancer patients and their families. Established by **Agi Hirshberg**, whose husband Ronald died of pancreatic cancer at the age of 54, the Foundation began by funding two projects at the University of California, Los Angeles. The *Ronald S. Hirshberg Translational Pancreatic Cancer Research Laboratory* and the *Ronald S. Hirshberg Chair in Translational Pancreatic Cancer Research* were funded with a commitment to support the research programs until the National Institute of Health grant recognition became available.

TO DATE, THE FOUNDATION HAS:

- Funded Seed Grant Award Recipients who have received \$95 million dollars in NIH grants
- Raised more than \$20 million for pancreatic cancer research and education
- Granted over \$1 million dollars in financial aid for patients
- Provided assistance to thousands of patients and their families
- Expanded Seed Grant Program to 30 Medical Research Institutions domestically and internationally including: *Columbia University, Johns Hopkins, Dana-Farber Cancer Institute, Duke University Medical Center, Harvard Medical School, Massachusetts General Hospital, Mayo Clinic & Mayo College of Medicine, MD Anderson, Memorial Sloan-Kettering Cancer Center, University of California, Los Angeles.*
- Supported the American Pancreatic Association (APA), Japan Pancreas Society, the European Pancreatic Club's Annual Meetings, the World Pancreatic Cancer Coalition, presented the Agi Hirshberg Symposium at UCLA, focusing on research progress and patient and family education, and funded the creation of the Tissue Data Bank.

The Foundation's dedicated efforts have significantly raised awareness and understanding about pancreatic cancer, a disease that continues to be one of the most fatal and least funded of all cancer types. Their continued funding of basic and translational research is their chance to offer life extension, better treatment options and, eventually, a cure. The Hirshberg Foundation staff is able to help when patients and families first receive a diagnosis of pancreatic cancer by providing doctor referrals across the United States, second opinion referrals, treatment facility referrals, nutritional information, financial aid information, emotional support information for patients, families and caregivers and someone to talk to that has been through the process from beginning to end. For more information, visit www.pancreatic.org.

The Hirshberg Foundation for Pancreatic Cancer Research is a California charitable non-profit, corporation. It is a tax-exempt organization under Section 501(c)3 of the Internal Revenue Code. The federal tax ID number for the foundation (EIN) is 95-4640311. All donations are tax-deductible to the extent allowed by law.



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PANCREATIC CANCER FACTS

- In 2017 an estimated **53,670 Americans will be diagnosed** with pancreatic cancer in the U.S., and over **43,090 will die from pancreatic cancer**.
- Pancreatic cancer is the **3rd leading cause of cancer-related death in the United States surpassing breast cancer**. It is expected to become the 2nd leading cause of cancer-related death in the US **by the year 2020, surpassing colorectal cancer**.
- Pancreatic cancer is one of the few cancers for which survival **has not improved substantially over nearly 40 years**.
- Pancreatic cancer has the highest mortality rate of all major cancers. 91% of pancreatic cancer patients will die within five years of diagnosis – **only 9% will survive more than five years. 74% of patients die within the first year of diagnosis**.
- **Few risk factors** for developing pancreatic cancer are defined. The risk for cigarette smokers is nearly twice that for those who have never smoked. Family history of pancreatic cancer, chronic pancreatitis, alcohol use, obesity and diabetes are risk factors. Individuals with Lynch syndrome and certain other genetic syndromes, as well as BRCA1 and BRCA2 mutation carriers, are also at increased risk.
- 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.
- **Treatment options for pancreatic cancer include:** Surgery, radiation therapy and chemotherapy are treatment options that extend survival or relieve symptoms, but seldom produce a cure. Surgical removal of the tumor is possible in less than 20% of patients diagnosed with pancreatic cancer because detection is often in late stages and has spread beyond the pancreas. Adjuvant treatment with chemotherapy (and sometimes radiation) may lower the risk of recurrence. For advanced disease, chemotherapy (sometimes along with a targeted therapy drug) may lengthen survival. Clinical trials are testing several new agents for their ability to improve survival.
- Pancreatic cancer is a leading cause of cancer death largely because there are **no detection tools to diagnose the disease in its early stages** when surgical removal of the tumor is still possible.

Source for statistics: American Cancer Society: Cancer Facts & Figures 2017



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PROGNOSIS OF PANCREATIC CANCER

While pancreatic cancer survival rates have been improving from decade to decade, the disease is still considered largely incurable.

Survival Rates

According to the American Cancer Society, for all stages of pancreatic cancer combined, the one-year relative survival rate is 20%, and the five-year rate is 8%. These low survival rates are attributable to the fact that fewer than 20% of patients' tumors are confined to the pancreas at the time of diagnosis; in most cases, the malignancy has already progressed to the point where surgical removal is impossible.

In those cases where resection can be performed, the average survival rate is 18 to 20 months. The overall five-year survival rate is estimated at 10%, although this can rise as high as 20% to 25% if the tumor is removed completely and when cancer has not spread to lymph nodes.

Tumor Size

Tumor size does appear to impact survival rates. The larger the tumor, the less likely it is to be cured by resection. However, even large tumors may be removed and a number of patients with tumors greater than 4-5 cm appear to have been cured by surgery. There is increasing evidence that the best pancreatic cancer outcomes are achieved at major medical centers with extensive experience -- those that perform more than 20 Whipple procedures annually.

Progression

In patients where a cure is not possible, progression of the disease may be accompanied by progressive weakness, weight loss, and pain. Effective techniques for pain management are widely available today and used by physicians who are experienced in the care of pancreatic cancer patients. The techniques include nerve blocks and various drugs that can be taken by mouth or injection. There are also a variety of effective techniques available to treat bile duct obstruction, which may produce jaundice and stomach obstruction caused by growth of the tumor. Both surgical and non-surgical techniques may be effective.