



*Congress of the United States
House of Representatives
Washington, D.C. 20515*

*Anna G. Eshoo
Fourteenth District
California*

July 17, 2012

The Honorable Fred Upton, Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Henry Waxman, Ranking Member
Committee on Energy and Commerce
2204 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Joseph Pitts, Chairman
Health Subcommittee
Committee on Energy and Commerce
420 Cannon House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone, Ranking Member
Health Subcommittee
Committee on Energy and Commerce
237 Cannon House Office Building
Washington, D.C. 20515

Dear Chairmen Upton and Pitts, and Ranking Members Waxman and Pallone,

We write to urge you to mark-up H.R. 733, the *Pancreatic Cancer Research and Education Act*, as soon as possible in this Congress. The bill has very broad bipartisan support, including a majority of the Energy and Commerce Committee and a majority of the House (271 cosponsors). In the Senate, the companion bill has 56 cosponsors.

Pancreatic cancer is a leading killer in this country, and as such, requires Congressional attention. It is the only major cancer that continues to have 5-year relative survival rates in the single digits at just 6%. Sadly, this number has remained relatively unchanged in the last 40 years. The fourth leading cause of cancer death in the U.S., pancreatic cancer will strike more than 43,000 Americans this year, 74% of whom will die within a year of diagnosis. Unfortunately, the survival rate for those with pancreatic cancer has remained virtually unchanged for more than 40 years since the passage of the National Cancer Act, even though we've been able to greatly increase the survival rate for those afflicted with other cancers.

We are also very concerned that the number of new pancreatic cancer cases is projected to increase by 55% between 2010 and 2030, and yet there are currently no early detection tools or effective treatments for pancreatic cancer and the National Cancer Institute (NCI) currently does not have a long-term and comprehensive strategic plan to address this disease.

H.R. 733 would provide necessary Congressional oversight of scarce taxpayer dollars that fund NIH activities. Although the NIH has been asked repeatedly by the House and Senate Appropriations Committees and many Members of Congress to develop a long-term and comprehensive strategic plan to approach pancreatic cancer research, they have failed to do so.

In response, H.R. 733 required a strategic plan developed by HHS, NIH, NCI, CDC, and an external panel of experts that details the research needs related to pancreatic cancer. The plan would be published on the HHS website, and HHS would provide annual progress reports to Congress. After a decade of trying to address this issue through discussions with the NCI and through report language, legislation creating accountability through a legislatively required strategic action plan is an appropriate response. There is also precedent for this response. For example, Congress has enacted similar plans for Alzheimer's (enacted in 2011), breast cancer (enacted in 2008), autism (enacted in 2006), diabetes (established through report language in 1998), and HIV/AIDS (enacted in 1993). It is time that we take this same approach for pancreatic cancer.

Further, many scientists believe pancreatic cancer is unique biologically and requires focused research. Direction from Congress to NIH in this instance is entirely appropriate because the tumor appears to be unique and it has not seen a significant benefit from general cancer research or spillover benefits from research into other diseases. Because pancreatic cancer is one of the most complicated scientifically, it may be that the advances we make in understanding the disease will have spillover effects in understanding treatments and cures for other cancers or diseases. Decades of research in lung, breast and other cancers have translated into only modest new knowledge or understanding about the causes and treatments for pancreatic cancer. Thus, pancreatic cancer requires a focused, sustained and specific research effort.

Importantly, while the strategic plan required by the bill would provide a critical tool for making progress in this terrible disease, nothing in the bill specifically requires NCI to allocate taxpayer dollars for disease specific research. NCI would continue to set research priorities, and grants would continue to be awarded on a peer-reviewed basis.

We strongly urge the Committee to use its prominence and importance in the Congress to bring the Pancreatic Cancer Research and Education Act to the floor for a vote before the full House.

Sincerely,



Anna G. Eshoo



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E. P. Larson

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W. C. Allen

Jim Allen

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