



APR 22 2009

Robert L. Ciervo, Ph.D.
Founder and Chairman
Fund a Cure for Pancreatic Cancer
12 Kuhars Way
Newtown, Pennsylvania 18940

Dear Dr. Ciervo:

Thank you for writing to introduce your newly formed cancer advocacy group, *Fund a Cure for Pancreatic Cancer*. The National Cancer Institute appreciates your advocacy on behalf of pancreatic cancer research, and your interest in the funds for cancer research included in the American Recovery and Reinvestment Act of 2009 (ARRA).

As you know, we are in a time of unprecedented scientific opportunity and the funds received through the ARRA as well as our annual appropriation will be used to fund critical research that will advance our understanding and enhance our ability to prevent, detect, and treat cancer, including pancreatic cancer. The National Cancer Institute (NCI), along with the other Institutes at NIH, is actively engaged in a planning process to achieve the goals of the economic stimulus – create and maintain jobs, as well as accelerate scientific discovery – and we intend to invest these funds, as we do every dollar, in scientific research that has the best opportunity to make a difference in the lives of people everywhere.

NCI has increased its investment in pancreatic cancer research from \$17.3 million in FY 1999 to an estimated \$73.2 million in FY 2008. This significant increase is allowing NCI to fund a number of projects to further our knowledge of pancreatic cancer.

The number of therapeutic trials that can be conducted in any cancer type depends upon scientific opportunity, frequency of the disease, and its outcome. NCI has been able to test a large number of drugs intended to treat pancreatic cancer in small trials. Unfortunately, to date, pancreatic cancer has proven to be unresponsive to most drugs and radiation therapies. Considering the lack of available clinical opportunities, funding is not as disproportionate as it may appear to be. Be assured, we seize every clinical opportunity to test new agents or treatment approaches in pancreatic cancer research. Furthermore, NCI is dedicated to ensuring future opportunities for new investigators. Ultimately, only a better understanding of the genetics and biology of pancreatic cancer is likely to yield improved therapies. These fundamental breakthroughs are likely to be produced by basic and genetic research into the mechanisms of cancer risk, initiation, growth, and resistance, in which NCI is heavily invested.

One such investment is PanScan, a project made up of 12 cohort and eight case-control studies primarily supported by NCI. The goal of PanScan is to identify the genetic variants that increase the risk of developing pancreatic cancer and refine our understanding of the interactions of tobacco and other non-genetic risk factors with the genetic variants that increase pancreatic cancer risk.

NCI anticipates that these studies will provide fundamental new insights into the genetic underpinnings of pancreatic cancer similar to the recent discoveries resulting from the genome-wide scans of prostate and breast cancers. These findings will inform further biological research that is likely to have clinical applications, including the detection of molecular targets for preventive, diagnostic, and therapeutic interventions.

NCI is also involved in the Pancreatic Cancer Genetic Epidemiology (PACGENE) Consortium which was developed to identify susceptibility genes in familial pancreatic cancer. The Consortium consists of seven data collection centers, a statistical genetics core, and a pathology/archival genotyping core. PACGENE recruits people with two or more affected blood relatives found through incident pancreatic adenocarcinoma cases, physician referrals, as well as internet recruitment. Accrual to a database containing core clinical, demographic, lifestyle, and family history information from questionnaires is ongoing, along with biospecimen collection. The shared goals and methodologies of data collection of this Consortium will clearly facilitate and accelerate our understanding of the genetic basis of pancreatic cancer.

In addition to genetic research, NCI is also supporting pancreatic cancer research that utilizes nanotechnology. Cancer Nanotechnology Platform Partnerships, a component of NCI's Alliance for Nanotechnology in Cancer, are developing technologies for new products in such areas as molecular imaging and early detection. One partnership is studying the use of nanoparticles in the diagnosis and therapy of pancreatic cancer, and developing and testing nanoparticles that will deliver imaging and therapeutic agents to pancreatic tumors.

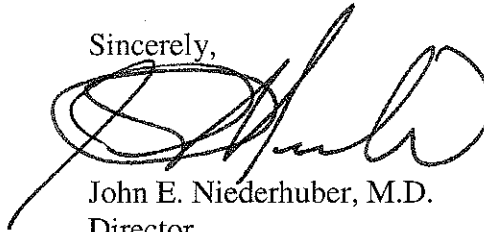
Also, NCI is collaborating with the Pancreatic Cancer Action Network (PanCAN) and the Lustgarten Foundation for Pancreatic Cancer research on a unique mapping project called the Pancreatic Cancer Research Map. This project facilitates collaborations among researchers in the pancreatic cancer research communities to speed the development of national strategies, and to leverage resources for pancreatic cancer research. The Pancreatic Cancer Research Map will provide a unified portfolio of cancer research, funding opportunities, and investigators. By combining the portfolios of leading government and private funding organizations, the Map allows interested parties to find, compare, and analyze information in ways never before possible.

I am sorry to learn that cancer has touched your family in such a personal way, and you have my sympathy on the loss of both your parents to this devastating disease. Your work on behalf of pancreatic cancer research is a wonderful tribute to your father. Please be assured that the NCI will continue to seek out and fund projects which will increase our knowledge of pancreatic cancer, and lessen the burden of cancer on all Americans.

I encourage you to visit our ARRA website (<http://cancer.gov/recovery>) as we will regularly update that site as new information becomes available about our plans for recovery act funds. An email address is included in that site (ncirecovery@mail.nih.gov) and I encourage you to continue to provide feedback to the NCI.

Again, thank you for writing. Your input is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "John E. Niederhuber". The signature is fluid and cursive, with a large loop at the beginning and a long tail extending to the left.

John E. Niederhuber, M.D.
Director
National Cancer Institute