

111TH CONGRESS
2D SESSION

S. 3320

To amend the Public Health Service Act to provide for a Pancreatic Cancer Initiative, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 6, 2010

Mr. WHITEHOUSE introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide for a Pancreatic Cancer Initiative, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; FINDINGS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Pancreatic Cancer Research and Education Act”.

6 (b) FINDINGS.—The Congress finds the following:

7 (1) Nearly 42,500 Americans were expected to
8 be diagnosed with pancreatic cancer in 2009 and
9 nearly 35,250 were expected to die from the disease.

1 The incidence among African-Americans is 40 to 50
2 percent higher than other ethnic groups.

3 (2) Pancreatic cancer is one of the few cancers
4 for which survival has not improved substantially
5 over the past 40 years. As a result, in 2003, pan-
6 creatic cancer surpassed prostate cancer as the 4th
7 leading cause of cancer-related death in the United
8 States.

9 (3) Seventy-six percent of pancreatic cancer pa-
10 tients die within the first 12 months of the diag-
11 nosis. The 5-year survival rate is 5 percent.

12 (4) Scientific understanding of pancreatic can-
13 cer—its etiology, pathogenesis, detection, and treat-
14 ment—lags far behind that of most other forms of
15 cancer. In fact, pancreatic cancer research is where
16 breast cancer research was in the 1930s—little un-
17 derstanding of the causes, no early detection, few ef-
18 fective treatments, and single-digit survival rates.

19 (5) In 2001, the National Cancer Institute de-
20 veloped “Pancreatic Cancer: An Agenda for Action”.
21 Nine years later, only five of the report’s 39 rec-
22 ommendations have been implemented because of a
23 lack of funding, focus, and commitment. In the
24 meantime, pancreatic cancer death rates have con-
25 tinued to increase. Further, according to the Cancer

1 Trends Progress Report—2009/2010 Update, death
2 rates for pancreatic cancer are increasing while
3 death rates for all cancers combined, including the
4 four most common cancers (prostate, breast, lung,
5 and colorectal), continue to decline.

6 (6) Pancreatic cancer research constitutes less
7 than 2 percent of the National Cancer Institute's
8 Federal research funding, a figure far too low given
9 the severity of the disease, its mortality rate, and
10 how little is known about how to arrest the disease.

11 (7) Of the more than 5,000 research grants
12 awarded annually by the National Cancer Institute in
13 2006, only 134 (approximately 3 percent) were cat-
14 egorized by the Institute as at least 50 percent rel-
15 evant to pancreatic cancer research.

16 (8) The future supply of scientists entering this
17 field of study is in serious jeopardy. Out of the re-
18 searchers who received National Cancer Institute
19 funding specifically for pancreatic cancer research in
20 2008, only 38 received funding totaling \$500,000 or
21 more, a level appropriate for senior scientists. By
22 comparison, this level of funding was awarded to
23 273 breast cancer researchers, 129 prostate cancer
24 researchers, and 121 colorectal cancer researchers.
25 Further, in the last 3 years, the National Cancer In-

1 stitute has awarded only 5 grants for training and
 2 supporting new principal investigators in pancreatic
 3 cancer.

4 (9) In 2007, the Scientific Advisory Board of
 5 the Pancreatic Cancer Action Network reviewed the
 6 current state of the science and the Federal Govern-
 7 ment’s efforts on pancreatic cancer research and
 8 prepared “The National Plan to Advance Pancreatic
 9 Cancer Research” to identify the highest research
 10 priorities, scientific infrastructure needs, and work-
 11 force training requirements that are needed to pro-
 12 vide the answers that pancreatic cancer patients and
 13 their families and loved ones so desperately need.

14 **SEC. 2. PANCREATIC CANCER INITIATIVE.**

15 Part B of title III of the Public Health Service Act
 16 (42 U.S.C. 243 et seq.) is amended by adding at the end
 17 the following:

18 **“SEC. 320B. PANCREATIC CANCER INITIATIVE.**

19 “(a) PANCREATIC CANCER INITIATIVE.—

20 “(1) ESTABLISHMENT.—The Secretary shall es-
 21 tablish and implement a Pancreatic Cancer Initiative
 22 to assist in coordinating activities to address the
 23 high mortality rate associated with pancreatic can-
 24 cer. Such Initiative shall focus on—

1 “(A) advancing research on the causes, di-
2 agnosis, and treatment of pancreatic cancer
3 with the goal of increasing the 5-year survival
4 rate;

5 “(B) promoting a cadre of new investiga-
6 tors in the field of pancreatic cancer research;
7 and

8 “(C) increasing physician and public
9 awareness of pancreatic cancer.

10 “(2) CONSULTATION.—In carrying out this sub-
11 section, the Secretary shall consult with the Director
12 of the National Institutes of Health, the Director of
13 the National Cancer Institute, the Director of the
14 Centers of Disease Control and Prevention, and the
15 Interdisciplinary Pancreatic Cancer Coordinating
16 Committee established under subsection (b).

17 “(b) INTERDISCIPLINARY PANCREATIC CANCER CO-
18 ORDINATING COMMITTEE.—

19 “(1) ESTABLISHMENT.—Not later than 60 days
20 after the date of the enactment of this section, the
21 Secretary, in consultation with the Director of the
22 National Institutes of Health, shall establish a com-
23 mittee to be known as the Interdisciplinary Pan-
24 creatic Cancer Coordinating Committee (in this sub-
25 section referred to as the ‘Committee’).

1 “(2) MEMBERSHIP.—

2 “(A) IN GENERAL.—The members of the
3 Committee shall be appointed by the Secretary,
4 in consultation with the Director of the Na-
5 tional Institutes of Health, and shall consist of
6 13 individuals as follows:

7 “(i) Nine experts in pancreatic cancer
8 research, who are each a full professor at
9 a major academic research institution and
10 who have each received multiple grants
11 from the National Cancer Institute or
12 other entities of the National Institutes of
13 Health with a primary focus on pancreatic
14 cancer research.

15 “(ii) Two young principal investiga-
16 tors in pancreatic cancer, who are each an
17 assistant-level professor in a major aca-
18 demic research institution and who have
19 each received at least one grant from the
20 National Cancer Institute or another entity
21 of the National Institutes of Health with a
22 primary focus in pancreatic cancer re-
23 search.

24 “(iii) One pancreatic cancer advocate.

1 “(iv) The Director of the National
2 Cancer Institute (or the Director’s des-
3 ignee).

4 “(B) CHAIR.—The Secretary shall des-
5 ignate the Chair of the Committee from among
6 its members.

7 “(C) PUBLICATION OF NAMES.—Not later
8 than 30 days after the establishment of the
9 Committee, the Secretary shall publish the
10 names of the Chair and members of the Com-
11 mittee on the Website of the Department of
12 Health and Human Services.

13 “(D) TERMS.—The members of the Com-
14 mittee shall each be appointed for a 3-year term
15 and, at the end of each such term, may be re-
16 appointed.

17 “(E) VACANCIES.—A vacancy on the Com-
18 mittee shall be filled by the Secretary in the
19 same manner in which the original appointment
20 was made.

21 “(3) RESPONSIBILITIES.—The Committee
22 shall—

23 “(A) provide advice on overall research ob-
24 jectives and benchmarks for pancreatic cancer
25 research;

1 “(B) develop and annually update a stra-
 2 tegic plan in accordance with paragraph (4) for
 3 the conduct and support of pancreatic cancer
 4 research awareness during the upcoming year;
 5 and

6 “(C) conduct evaluations and make rec-
 7 ommendations to the Secretary, the Director of
 8 the National Institutes of Health, and the Di-
 9 rector of the National Cancer Institute in ac-
 10 cordance with paragraph (5) regarding the
 11 prioritization and award of National Institutes
 12 of Health research grants relating to pancreatic
 13 cancer.

14 “(4) STRATEGIC PLAN.—

15 “(A) DEVELOPMENT.—The Committee
 16 shall develop and annually update a strategic
 17 plan for the conduct and support of pancreatic
 18 cancer research and awareness during the up-
 19 coming fiscal year.

20 “(B) SUBMISSION.—The Committee
 21 shall—

22 “(i) submit to the Secretary each stra-
 23 tegic plan developed under subparagraph
 24 (A) for the upcoming fiscal year; and

1 “(ii) publish each such plan on the
2 Website of the Department of Health and
3 Human Services within 30 days after the
4 earlier of—

5 “(I) the date of submission of the
6 plan to the Secretary under clause (i);
7 or

8 “(II) June 1.

9 “(C) CONTENTS.—Each strategic plan de-
10 veloped under subparagraph (A) shall include—

11 “(i) recommended budgetary require-
12 ments for pancreatic cancer research, in-
13 cluding research grants awarded through
14 the National Cancer Institute, funding for
15 Specialized Programs of Research Excel-
16 lence (SPORE) that are focused on pan-
17 creatic cancer, and funding for the portion
18 of the cancer research incubator pilot
19 project established by section 409J(a) that
20 is focused on pancreatic cancer;

21 “(ii) recommendations on the coordi-
22 nation of extramural and intramural pan-
23 creatic cancer research initiatives and pos-
24 sibilities for partnerships among the na-
25 tional research institutes, including the

1 National Cancer Institute, the National In-
 2 stitute of Diabetes and Digestive and Kid-
 3 ney Diseases, the National Institute of En-
 4 vironmental Health Sciences, the National
 5 Center for Complementary and Alternative
 6 Medicine, and the National Center on Mi-
 7 nority Health and Health Disparities;

8 “(iii) recommendations for improving
 9 physician and public education about pan-
 10 creatic cancer;

11 “(iv) recommendations for increasing
 12 the number of scientists with doctorate de-
 13 grees and clinician-scientists specializing in
 14 pancreatic cancer research; and

15 “(v) guidelines for information gath-
 16 ered by pancreatic cancer patient registries
 17 and tissue banks to ensure uniformity and
 18 accessibility to the research community.

19 “(5) PRIORITIZATION AND AWARD OF NIH RE-
 20 SEARCH GRANTS.—

21 “(A) IN GENERAL.—The Committee shall
 22 conduct evaluations and make recommendations
 23 to the Secretary, the Director of the National
 24 Institutes of Health, and the Director of the
 25 National Cancer Institute regarding the

1 prioritization and award of National Institutes
2 of Health research grants relating to pancreatic
3 cancer.

4 “(B) PEER REVIEW COMMITTEE.—In car-
5 rying out subparagraph (A), the Committee
6 may appoint a peer review committee to assist
7 in the evaluation of pancreatic cancer grant ap-
8 plications to ensure that such applications are
9 reviewed by individuals with the appropriate ex-
10 pertise.

11 “(C) EVALUATION.—In evaluating pan-
12 creatic cancer grant applications under sub-
13 paragraph (A), the Committee shall emphasize
14 grants that achieve at least one of the following
15 goals:

16 “(i) The grant is determined to be at
17 least 75 percent relevant to pancreatic can-
18 cer research and has a primary focus on at
19 least one of the following areas:

20 “(I) Basic research to advance
21 the understanding of the biology of
22 pancreatic cancer, its natural history,
23 and the genetic and environmental
24 factors that contribute to its develop-
25 ment.

1 “(II) Research on more precise
2 diagnostic methods and screening to
3 detect pancreatic cancer in earlier
4 stages.

5 “(III) Advanced innovative clin-
6 ical trials testing targeted thera-
7 peutics and novel agents that will ex-
8 tend the survival of pancreatic cancer
9 patients and improve their quality of
10 life.

11 “(ii) The grant will increase the num-
12 ber of young pancreatic cancer investiga-
13 tors.

14 “(iii) The grant will meet identified
15 needs, criteria, or specific research goals
16 set forth in the strategic plan developed
17 under paragraph (3)(B).

18 “(D) RECOMMENDATIONS.—The Com-
19 mittee shall make recommendations for excep-
20 tion funding for grant applications that—

21 “(i) have 75 percent or greater rel-
22 evance to pancreatic cancer; and

23 “(ii) score within 10 points of the
24 payline.

25 “(c) PHYSICIAN AWARENESS.—

1 “(1) PROGRAM.—The Secretary, in consultation
2 with the Director of the National Institutes of
3 Health, the Director of the Centers for Disease Con-
4 trol and Prevention, and relevant patient advocate
5 and physician organizations, shall develop a primary
6 care provider education program on pancreatic can-
7 cer. The Secretary may include in such program ac-
8 credited continuing medical education and such
9 other activities as the Secretary determines appro-
10 prium.

11 “(2) DEFINITION.—The term ‘relevant patient
12 advocate and physician organization’ means a na-
13 tionwide organization that—

14 “(A) provides evidence-based disease infor-
15 mation to the public in a case management
16 style;

17 “(B) directly funds research in an unbi-
18 ased manner by working collaboratively with
19 health professionals at a variety of institutions
20 and using a peer-reviewed grant mechanism;

21 “(C) advocates public policy outcomes that
22 reflect the needs of patients; and

23 “(D) provides information to patients,
24 families, and health professionals at the com-
25 munity level.

1 “(d) COMMUNICATION TOOL KIT.—The Director of
2 the National Institutes of Health and the Director of the
3 Centers for Disease Control and Prevention, working col-
4 laboratively with patient advocate organizations, shall de-
5 velop a communication tool kit for patients and their fami-
6 lies that focuses on specific pancreatic cancer issues re-
7 lated to patient choices and patient care.

8 “(e) REPORT TO CONGRESS.—Not later than 1 year
9 after the date of the enactment of this section, and annu-
10 ally thereafter, the Secretary shall submit a report to the
11 Congress identifying the steps taken to implement the
12 Pancreatic Cancer Initiative under subsection (a). The re-
13 port shall include—

14 “(1) an assessment of the progress in improv-
15 ing outcomes and reducing mortality rates for those
16 diagnosed with pancreatic cancer;

17 “(2) an explanation of how recommendations of
18 the Interdisciplinary Pancreatic Cancer Coordinating
19 Committee in the strategic plan developed under
20 subsection (b)(3)(B) for the preceding year have
21 been implemented;

22 “(3) a summary of the recommendations that
23 were made by the Interdisciplinary Pancreatic Can-
24 cer Coordinating Committee for grant funding, in-
25 cluding exception funding, the number of such rec-

1 ommendations that were met, and the reasons why
2 any recommendations were not met;

3 “(4) a breakdown of research grant award
4 amounts by the National Institutes of Health during
5 the past year that are deemed relevant to pancreatic
6 cancer research along with a quantifiable measure as
7 to the relevancy of the grants to pancreatic cancer;

8 “(5) the number of such grants awarded to
9 young principal investigators in pancreatic cancer
10 described in subsection (b)(2)(A)(ii); and

11 “(6) a summary of progress and deficiencies
12 that were made in pancreatic cancer research during
13 the preceding year.

14 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated—

16 “(1) to carry out subsection (a), \$140,000,000
17 for fiscal year 2011 and such sums as may be nec-
18 essary for fiscal years 2012 through 2015;

19 “(2) to carry out subsection (c), \$2,000,000 for
20 fiscal year 2011 and such sums as may be necessary
21 for fiscal years 2012 through 2015; and

22 “(3) to carry out subsection (d), \$2,000,000 for
23 fiscal year 2011 and such sums as may be necessary
24 for fiscal years 2012 through 2015.”.

1 **SEC. 3. NATIONAL INSTITUTES OF HEALTH RESEARCH.**

2 Part B of title IV of the Public Health Service Act
3 (42 U.S.C. 284 et seq.) is amended by adding at the end
4 the following:

5 **“SEC. 409J. CANCER RESEARCH.**

6 “(a) CANCER RESEARCH INCUBATOR PILOT
7 PROJECT.—

8 “(1) GRANTS.—

9 “(A) IN GENERAL.—The Secretary may
10 award grants to research institutions for use in
11 developing innovative compounds or tech-
12 nologies for the prevention, early detection, or
13 treatment of those cancers with 5-year survival
14 rates of less than 50 percent.

15 “(B) RELATION TO OTHER NIH GRANTS.—
16 Subject to subparagraph (A), the Secretary
17 shall encourage each recipient of a grant under
18 this section to use the grant for research activi-
19 ties that may serve as a springboard for the re-
20 ceipt of other grants, including Specialized Pro-
21 grams of Research Excellence (SPORE) grants,
22 from the National Institutes of Health and its
23 national research institutes.

24 “(2) GRANT PERIOD.—The period of a grant
25 under this section shall be 5 years.

1 “(3) FOCUS.—During the initial 5 fiscal years
2 of carrying out this section, the Secretary shall focus
3 on awarding grants for use in developing innovative
4 compounds or technologies for the prevention, early
5 detection, or treatment of pancreatic cancer.

6 “(4) REPORT.—Not later than 5 years after the
7 date of the enactment of this section, the Secretary
8 shall submit a report to the Congress evaluating the
9 program under this section and making rec-
10 ommendations for expansion of the program to other
11 cancers.

12 “(5) AUTHORIZATION OF APPROPRIATIONS.—
13 To carry out this subsection, there are authorized to
14 be appropriated \$5,000,000 for fiscal year 2011 and
15 such sums as may be necessary for fiscal years 2012
16 through 2015.

17 “(b) CENTERS OF EXCELLENCE.—

18 “(1) DESIGNATION.—The Secretary may des-
19 ignate two additional Specialized Programs of Re-
20 search Excellence (SPOREs) focusing solely on pan-
21 creatic cancer research. In carrying out this para-
22 graph, the Secretary may choose to designate one or
23 more satellite centers that augment the work of a
24 previously designated Specialized Program of Re-
25 search Excellence.

1 “(2) AUTHORIZATION OF APPROPRIATIONS.—
2 To carry out this subsection, there are authorized to
3 be appropriated \$20,000,000 for fiscal year 2011
4 and such sums as may be necessary for fiscal years
5 2012 through 2015.”.

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