

112TH CONGRESS
1ST SESSION

H. R. 733

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 16, 2011

Ms. ESHOO (for herself, Mr. LANCE, and Mr. REICHERT) introduced the following bill; which was referred to the Committee on Energy and Commerce

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) More than 43,000 Americans were expected
8 to be diagnosed with pancreatic cancer in 2010, and
9 over 36,800 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-five percent of pancreatic cancer
10 patients die within the first 12 months of the diag-
11 nosis. The 5-year survival rate is only 6 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 is the only one of
16 the top ten cancer killers in the United States that
17 still has a 5-year survival rate in the single digits.

18 (5) In 2001, the National Cancer Institute de-
19 veloped “Pancreatic Cancer: An Agenda for Action”.
20 As of 2010, only 5 of the report’s 39 recommenda-
21 tions have been implemented because of a lack of
22 funding, focus, and commitment. In the meantime,
23 pancreatic cancer deaths have continued to increase.
24 Further, according to the “Cancer Trends Progress
25 Report—2009/2010 Update”, death rates for pan-

1 creatic cancer are increasing while death rates for all
2 cancers combined, including the 4 most common
3 cancers (prostate, breast, lung, and colorectal), con-
4 tinue to decline.

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

10 (7) Of the more than 6,200 research grants
11 awarded in fiscal year 2009 by the National Cancer
12 Institute, only 272 (approximately 4 percent) were
13 categorized by the Institute as at least 50 percent
14 relevant to pancreatic cancer research.

15 (8) The future supply of scientists entering this
16 field of study is in serious jeopardy. Training grant
17 (F, K, and T awards) funding in pancreatic cancer
18 decreased by 15 percent from 2008 to 2009, a de-
19 cline larger than that experienced by any of the
20 other leading cancers. Pancreatic cancer trainees
21 were awarded between 2.4- and 6.5-fold less grant
22 money in 2009 than young researchers studying the
23 other 4 top cancer killers.

24 (9) In 2007, the Scientific Advisory Board of
25 the Pancreatic Cancer Action Network reviewed the

1 current state of the science and the Federal Govern-
2 ment’s efforts on pancreatic cancer research and
3 prepared “The National Plan to Advance Pancreatic
4 Cancer Research” to identify the highest research
5 priorities, scientific infrastructure needs, and work-
6 force training requirements that are needed to pro-
7 vide the answers that pancreatic cancer patients and
8 their families and loved ones so desperately need.

9 **SEC. 2. PANCREATIC CANCER INITIATIVE.**

10 Part B of title III of the Public Health Service Act
11 (42 U.S.C. 243 et seq.) is amended by adding at the end
12 the following:

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

14 “(a) PANCREATIC CANCER INITIATIVE.—

15 “(1) ESTABLISHMENT.—The Secretary shall es-
16 tablish and implement a Pancreatic Cancer Initiative
17 to assist in coordinating activities to address the
18 high mortality rate associated with pancreatic can-
19 cer. Such Initiative shall focus on—

20 “(A) advancing research on the causes, di-
21 agnosis, and treatment of pancreatic cancer
22 with the goal of increasing the 5-year survival
23 rate;

1 “(B) promoting a cadre of new investiga-
2 tors in the field of pancreatic cancer research;
3 and

4 “(C) increasing physician and public
5 awareness of pancreatic cancer.

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

13 “(b) INTERDISCIPLINARY PANCREATIC CANCER CO-
14 ORDINATING COMMITTEE.—

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

22 “(2) MEMBERSHIP.—

23 “(A) IN GENERAL.—The members of the
24 Committee shall be appointed by the Secretary,
25 in consultation with the Director of the Na-

1 tional Institutes of Health, and shall consist of
2 13 individuals as follows:

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

11 “(ii) Two new principal investigators
12 in pancreatic cancer, who are each an as-
13 sistant-level professor in a major academic
14 research institution and who have each re-
15 ceived at least 1 grant from the National
16 Cancer Institute or another entity of the
17 National Institutes of Health with a pri-
18 mary focus in pancreatic cancer research.

19 “(iii) One pancreatic cancer advocate.

20 “(iv) The Director of the National
21 Cancer Institute (or the Director’s des-
22 ignee).

23 “(B) CHAIR.—The Secretary shall des-
24 ignate the Chair of the Committee from among
25 its members.

1 “(C) PUBLICATION OF NAMES.—Not later
2 than 30 days after the establishment of the
3 Committee, the Secretary shall publish the
4 names of the Chair and members of the Com-
5 mittee on the Website of the Department of
6 Health and Human Services.

7 “(D) TERMS.—The members of the Com-
8 mittee shall each be appointed for a 3-year term
9 and, at the end of each such term, may be re-
10 appointed.

11 “(E) VACANCIES.—A vacancy on the Com-
12 mittee shall be filled by the Secretary in the
13 same manner in which the original appointment
14 was made.

15 “(3) RESPONSIBILITIES.—The Committee
16 shall—

17 “(A) provide advice on overall research ob-
18 jectives and benchmarks for pancreatic cancer
19 research;

20 “(B) develop not later than 6 months after
21 the Committee’s establishment and update not
22 less than every 5 years thereafter a strategic
23 plan in accordance with paragraph (4) for the
24 conduct and support of pancreatic cancer re-

1 search and awareness during the upcoming 5-
2 year period; and

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

11 “(4) STRATEGIC PLAN.—

12 “(A) DEVELOPMENT.—The Committee
13 shall develop not later than 6 months of the
14 Committee’s establishment and update not less
15 than every 5 years thereafter a strategic plan
16 for the conduct and support of pancreatic can-
17 cer research and awareness during the upcom-
18 ing fiscal 5-year period.

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

21 “(i) submit to the Secretary each stra-
22 tegic plan developed under subparagraph
23 (A) for the upcoming 5-year period; and

24 “(ii) publish each such plan on the
25 Website of the Department of Health and

1 Human Services within 30 days after the
2 date of submitting the plan to the Sec-
3 retary under clause (i).

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

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

16 “(ii) recommendations on the coordi-
17 nation of extramural and intramural pan-
18 creatic cancer research initiatives and pos-
19 sibilities for partnerships among the na-
20 tional research institutes, including the
21 National Cancer Institute, the National In-
22 stitute of Diabetes and Digestive and Kid-
23 ney Diseases, the National Institute of En-
24 vironmental Health Sciences, the National
25 Center for Complementary and Alternative

1 Medicine, and the National Center on Mi-
2 nority Health and Health Disparities;

3 “(iii) recommendations for improving
4 physician and public education about pan-
5 creatic cancer;

6 “(iv) recommendations for increasing
7 the number of scientists with doctorate de-
8 grees and clinician-scientists specializing in
9 pancreatic cancer research; and

10 “(v) guidelines for information gath-
11 ered by pancreatic cancer patient registries
12 and tissue banks to ensure uniformity and
13 accessibility to the research community.

14 “(5) PRIORITIZATION AND AWARD OF NIH RE-
15 SEARCH GRANTS.—

16 “(A) IN GENERAL.—The Committee shall
17 conduct evaluations and make recommendations
18 as needed to the Secretary, the Director of the
19 National Institutes of Health, and the Director
20 of the National Cancer Institute regarding the
21 prioritization and award of National Institutes
22 of Health research grants relating to pancreatic
23 cancer.

24 “(B) PEER REVIEW COMMITTEE.—In car-
25 rying out subparagraph (A), the Committee

1 may appoint a peer review committee to assist
2 in the evaluation of pancreatic cancer grant ap-
3 plications to ensure that such applications are
4 reviewed by individuals with the appropriate ex-
5 pertise.

6 “(C) EVALUATION.—In evaluating pan-
7 creatic cancer grant applications under sub-
8 paragraph (A), the Committee shall emphasize
9 grants that achieve at least one of the following
10 goals:

11 “(i) The grant is determined to be
12 predominantly relevant to pancreatic can-
13 cer research and has a primary focus on at
14 least one of the following areas:

15 “(I) Basic research to advance
16 the understanding of the biology of
17 pancreatic cancer, its natural history,
18 and the genetic and environmental
19 factors that contribute to its develop-
20 ment.

21 “(II) Research on more precise
22 diagnostic methods and screening to
23 detect pancreatic cancer in earlier
24 stages.

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

7 “(ii) The grant will increase the num-
8 ber of new pancreatic cancer investigators.

9 “(iii) The grant will meet identified
10 needs, criteria, or specific research goals
11 set forth in the strategic plan developed
12 under paragraph (3)(B).

13 “(D) RECOMMENDATIONS.—The Com-
14 mittee shall make recommendations for excep-
15 tion funding for grant applications that—

16 “(i) are predominantly relevant to
17 pancreatic cancer; and

18 “(ii) score within 10 points of the
19 payline.

20 “(c) PHYSICIAN AWARENESS.—

21 “(1) PROGRAM.—The Secretary, in consultation
22 with the Director of the National Institutes of
23 Health, the Director of the Centers for Disease Con-
24 trol and Prevention, and relevant patient advocate
25 and physician organizations, shall develop a primary

1 care provider education program on pancreatic can-
2 cer. The Secretary may include in such program ac-
3 credited continuing medical education and such
4 other activities as the Secretary determines appro-
5 priate.

6 “(2) DEFINITION.—The term ‘relevant patient
7 advocate and physician organization’ means a na-
8 tionwide organization that—

9 “(A) provides evidence-based disease infor-
10 mation to the public in a case management
11 style;

12 “(B) directly funds research in an unbi-
13 ased manner by working collaboratively with
14 health professionals at a variety of institutions
15 and using a peer-reviewed process;

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

18 “(D) provides information to patients,
19 families, and health professionals at the com-
20 munity level.

21 “(d) COMMUNICATION TOOL KIT.—The Director of
22 the National Cancer Institute and the Director of the Cen-
23 ters for Disease Control and Prevention, working collabo-
24 ratively with patient advocate organizations, shall develop
25 a communication tool kit for patients and their families

1 that focuses on specific pancreatic cancer issues related
2 to patient choices and patient care.

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

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

12 “(2) an explanation of how recommendations of
13 the Interdisciplinary Pancreatic Cancer Coordinating
14 Committee in the strategic plan developed under
15 subsection (b)(3)(B) for the preceding year have
16 been implemented;

17 “(3) a summary of the recommendations that
18 were made by the Interdisciplinary Pancreatic Can-
19 cer Coordinating Committee for grant funding, in-
20 cluding exception funding, the number of such rec-
21 ommendations that were met, and the reasons why
22 any recommendations were not met;

23 “(4) a breakdown of research grant award
24 amounts by the National Institutes of Health during
25 the past year that are deemed relevant to pancreatic

1 cancer research along with a quantifiable measure as
2 to the relevancy of the grants to pancreatic cancer;

3 “(5) the number of such grants awarded to new
4 principal investigators in pancreatic cancer described
5 in subsection (b)(2)(A)(ii); and

6 “(6) a summary of progress and deficiencies
7 that were noted in pancreatic cancer research during
8 the preceding year.

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated—

11 “(1) to carry out subsection (a), \$140,000,000
12 for each of fiscal years 2012 through 2014,
13 \$154,000,000 for fiscal year 2015, and
14 \$159,000,000 for fiscal year 2016;

15 “(2) to carry out subsection (c), \$2,000,000 for
16 each of fiscal years 2012 through 2014, \$2,225,000
17 for fiscal year 2015, and \$2,300,000 for fiscal year
18 2016; and

19 “(3) to carry out subsection (d), \$2,000,000 for
20 each of fiscal years 2012 through 2014, \$2,225,000
21 for fiscal year 2015, and \$2,300,000 for fiscal year
22 2016.”.

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. 409K. 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 each of fiscal years
15 2012 through 2014, \$5,500,000 for fiscal year
16 2015, and \$5,750,000 for fiscal year 2016.

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 1 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 2012,
4 \$20,750,000 for fiscal year 2013, \$21,500,000 for
5 fiscal year 2014, \$22,250,000 for fiscal year 2015,
6 and \$23,000,000 for fiscal year 2016.”.

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