

# The Neglected Heavy Burden: Pancreatic & Gastric Cancers



Event report



## About United European Gastroenterology

The United European Gastroenterology (UEG) is a non-profit organisation combining European societies concerned with digestive health.

UEG improves the prevention and care of digestive diseases in Europe through providing top tier education, supporting research and advancing clinical standards. As Europe's home for multidisciplinary gastroenterology, UEG unites over 50,000 engaged professionals from national and specialist societies, individual digestive health experts and related scientists from all fields.

**You can find out more at: [www.ueg.eu](http://www.ueg.eu)**

## About Pancreatic Cancer Europe

Pancreatic Cancer Europe is a European multi-stakeholder platform which aims at bringing together experts from all over Europe including academics, physicians, politicians, patient groups, journalists and industry with a common interest and willingness to improve care for patients with pancreatic cancer.

**You can find out more at: [www.pancreaticcancereurope.eu](http://www.pancreaticcancereurope.eu)**

## About Digestive Cancers Europe

Digestive Cancers Europe (DiCE) is the European umbrella organisation of a large group of national Members representing patients with digestive cancer – colorectal, gastric, liver, oesophageal, pancreatic and rare cancers. Our mission is to contribute to early diagnosis and decreased mortality from digestive cancers and to increase overall survival and quality of life.

**You can find out more at: [www.digestivecancers.eu](http://www.digestivecancers.eu)**



# The Neglected Heavy Burden Executive Summary

Thanks to Member of the European Parliament, Cristian-Silviu Buşoi (Romania, Group of the European People's Party) interested stakeholders had the opportunity to gather in the European Parliament in Brussels on 15<sup>th</sup> November 2022, to put a spotlight on pancreatic and gastric cancers.

November marks Gastric Cancer Awareness Month and World Pancreatic Cancer Day. These two cancers seem to be the neglected cancers when it comes to screening and early detection.

The aim of the meeting was to increase awareness and promote prevention; it brought together experts, policymakers, patients and other stakeholders active in the field.

Participants had the pleasure to listen to:

- *Lieve Wierinck, Chair of Digestive Cancers Europe Board*
- *Prof. Eric Van Cutsem, University Hospital Gasthuisberg, Leuven & KU Leuven*
- *Prof. Patrizia Burra, Chair of UEG Public Affairs Committee*
- *Prof. Dr. Patrick Michl, University of Heidelberg, Dept. of Gastroenterology*
- *George Vasiliu from Romania\**
- *Patrycja Radkowska from Poland, pancreatic cancer survivor*
- *Zorana Maravic, CEO, Digestive Cancers Europe*
- *Mr Domenico Fiorenza, European Commission, DG SANTE, Cancer, Health in all Policies (SANTE.B.1)*

*\*Sadly, George has passed away in January 2023.*

This report highlights key points from the speaker presentations, along with policy suggestions that could reduce the prevalence and improve survival.

We encourage everyone [to listen to the patient testimonies shared by George and Patrycja](#) and [read the Policy Asks document](#) created exclusively for this meeting.



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**We neglected it for too long!**

Pancreatic and gastric cancers have way too long been neglected and their burden has been growing. We need to ensure our policies are not empty promises and provide more funding for research into prevention and treatment.

—  
MEP Cristian-Silviu BUŞOI



# Why Are These Two Cancers Neglected?

## Prof. Eric Van Cutsem

In terms of gastric cancer prevalence, over 136.000 new cases were diagnosed in 2020, accompanied by close to 97.000 deaths across Europe. Worldwide, one can observe big variations among incidence of stomach cancer; in Europe and the US, gastric cancer develops less frequently than for instance Asian and East Asian regions.

With regards to causes and risk factors, several are worth highlighting. Firstly, gender - males are diagnosed twice as frequently as females. Secondly, poor nutrition, relating to obesity and reflux. Reflux is one of the most important risk factors. Thirdly, *helicobacter pylori* (*H. pylori*) infection affects an estimated 30-40% of the over 50 population in the Western world-it can play an important role as a risk factor for stomach cancer. Some studies also highlight the negative impact of smoking. Although not frequent (less than 3%), genetic predisposition can also negatively affect one's risks of getting stomach cancer (e.g., HNPCC, FAP, hereditary diffuse gastric cancer, Peutz Jeghers). Alcohol as a risk factor can be linked to the Squamous Cell Cancer of the oesophagus, not the stomach itself.

With relation to pancreatic cancer, it is becoming one of the deadliest cancers in Europe and worldwide. Mortality and prevalence are significantly high in Western countries (Europe, US, Australia) which can be clearly linked to a western lifestyle.

One of the main unmet needs for gastric and pancreatic is late diagnosis, meaning it is being diagnosed too late. For PC, around 85% of patients are diagnosed with advanced unresectable disease and often rapid progression. Approximately 80% of patients who have resection and adjuvant therapy relapse. Median survival of patients with metastases without treatment is only around three months. In terms of 'cured' patients we can estimate that only around 5% can be classified as such.

Additionally, big inequalities persist in the level of expertise offered to patients. Often the difference in outcomes for patients are linked to the differences in experience and volume of cases (number of patients) treated in a specific centre. High volume centres observe much better outcomes and should be promoted through political agenda.

Politicians can play an important role in fostering experience, expertise, and multidisciplinary collaboration in the spirit of innovation.

The last years have seen accelerated progress; the molecular characteristics are starting to unravel. To decrease mortality and improve treatment outcomes, attention should be given to work on molecular classification. Some targeted agents are becoming available in treatment algorithms for patients, and in the coming years we should witness more progress in this area.

Moreover, investment is needed in new treatment options, in innovation that would unravel different cancer subtypes. Five years ago, only one treatment was available for GC. In terms of pancreatic cancer, innovation is advancing, there is more knowledge available however the implementation of it in clinical practice is lacking. Despite very modest improvements one must remember that median survival remains under 1 year in advanced stages and in early stage, 5-year survival rate is only about 20-25%.

Food habits and environment clearly play an important role in preventative strategies towards stomach and pancreatic cancers. For stomach cancers, one can deduct that influence of environmental factors linked to nutrition must be considered while designing policies:

# Gastric Cancer

## Prof. Patrizia Burra

Gastric cancer is strongly linked to infection with the bacteria *H. pylori* – a common infection affecting around 50% of the global population.

*H. pylori* gastritis should be defined as an infectious disease even when patients have no symptoms and irrespective of complications such as peptic ulcers and gastric cancer.

In Europe, rates of the disease are highest in Eastern Europe (Baltic and the neighbouring States), Slovenia and Portugal.

The number of deaths due to gastric cancers is expected to rise over the next 20 years, but estimates suggest up to 40% of these deaths are preventable.

Taking that into account United European Gastroenterology is advocating for:

- Population-based screening for *H. pylori* in countries with a high incidence of gastric cancers (Eastern European countries, Portugal, Slovenia) and in individuals in all other countries considered at a high risk for gastric cancer.
- A well-designed *H. pylori* screening and treatment implementation strategy on a regional and/or national basis, with thorough monitoring and outcome data collection.
- Research into non-invasive markers to help identify individuals at increased risk and who may benefit from systemic screening.
- The possibility and modalities of gastric cancer screening combined with colorectal cancer (CRC) screening should be considered.



Digestive cancers are the leading cause of cancer-related death in the continent. This only shows that, in the case of digestive cancers, the burden will only become greater unless immediate action is taken. The European health community can improve detection and save and prolong lives with the EU Cancer Screening Scheme. The EU can't miss the chance to deliver on the commitments made under the Cancer Plan.



—  
Patrizia Burra  
Chair of United European  
Gastroenterology Public Affairs Group



# Pancreatic Cancer

## Prof. Patrick Michl

Pancreatic cancer is predicted to become the second deadliest cancer in the world by 2030.

Risk factors for pancreatic cancer are not well understood. However, some risk factors, reported to be related to pancreatic cancer are: (i) smoking; (ii) heavy alcohol consumption; (iii) obesity; (iv) type-2 diabetes mellitus; (v) chronic pancreatitis; and (vi) family history of cancer, particularly pancreatic cancer.

Most pancreatic cancers develop via microscopic precursor lesions. Unfortunately, no robust imaging tools or biomarkers exist to detect these lesions reliably to allow screening.

Some progress has been made with conventional combination chemotherapies, but in terms of long-lasting outcomes, immunotherapy options for pancreatic cancer patients are lacking and targeted therapy options remain challenging. There is increased evidence suggesting that complex stroma reactions in pancreatic cancer are to blame for the ineffectiveness of chemotherapy and immunotherapy. The mechanism behind this is very complex and only partially understood. Additionally, it is a genetically diverse cancer and key drivers are not yet therapeutically accessible. Unfortunately, so far pancreatic cancer is not showing positive enough results in immunotherapy to be able to envisage a successful product in this area.

Access to large-volume centres across Europe is not equal, as well as to all systemic (chemo)therapy regimens. There is clear evidence that surgeries undertaken in large-volume specialised centres result in lower procedure-related mortality.

There is an urgent need to enhance our understanding of this complex disease through Pan-European research efforts. Especially focusing on identifying innovative tools for screening and earlier diagnosis. Personalised medicine is underdeveloped in the area of pancreatic cancer and more efforts need to be made to overcome therapy resistance.



Due to its dramatically rising incidence, pancreatic cancer represents a major challenge not only for individual patients and their physicians, but also for European health systems & societies. We need to better understand the molecular basis of this disease, develop suitable screening techniques & foster new therapeutic avenues to improve the outcome for all patients with pancreatic cancer across Europe.



Prof. Dr Patrick Michl  
University of Heidelberg,  
Dept. of Gastroenterology



# European Actions and Their Potential To Lift The Burden

## Domenico Fiorenza, European Commission

The European Beating Cancer Plan addresses cancer in an integrated, health in all policies and multi stakeholder approach. It composes of four pillars: (i) prevention; (ii) early detection; (iii) diagnosis and treatment; and (iv) quality of life of cancer patients and survivors. Cross cutting themes are research and innovation, digital and personalised medicine, reducing inequalities, paediatric cancer.

There are 10 flagship initiatives and 32 actions at every key stage of the disease, with an allocated budget of 4 billion EUR. The Cancer Plan works in tandem with the Horizon Europe Mission on Cancer, ensuring coherence between ambitious research goals and realistic policy aims.

One of the main flagship initiatives is a new EU cancer screening scheme. Following scientific advice from Science Advice for Policy by European Academies (SAPEA), the new EU Cancer Screening recommendations for the first time include gastric cancer: *'in places with high gastric cancer incidence and death rates, screening for Helicobacter pylori and surveillance of precancerous stomach lesions*. In 2023, new projects on monitoring and strengthening the implementation of innovative approaches cancer screening, including gastric cancer, will commence.

In terms of EU funding in the general area of cancer, 38.5 million EUR has already been committed under the EU4Health programme, with an additional 60 million EUR via Horizon Europe. Furthermore, funding can be obtained via Cohesion Policy Instruments and Recovery and Resilience Facility EU Financial support.

With regards to gastric cancer specifically, the EUROHELICAN project which started in November 2022, aims to: (i) implement a population-based H. pylori test and treat program in young adults in Slovenia to assess its program processes, feasibility and acceptability; (ii) evaluate long term effects of the strategy in middle aged Latvians from GISTAR study, which is a mature cohort with the follow up nearing 10 years; and (iii) organise Expert Working Group Meeting (held by IARC/WHO) to develop guidelines for implementation of the strategy and recommendations for impact evaluation.



Currently (Nov 2022) open cancer related calls for proposals:

- Call for proposals on cancer and other Noncommunicable diseases (NCDs) prevention action on health determinants, budget:11 million EUR.
- Call for proposals to support the roll out of the second cohort of the interspeciality cancer training programme, budget:7 million EUR.

# Policy Solutions

## Zorana Maravic



**Raise awareness** of 'red flags' to drive earlier diagnosis.

For pancreatic and gastric cancers, timely intervention by primary care professionals (PCPs) or a family doctor is critical. Training to empower and inform PCPs about risk factors and symptoms of pancreatic and gastric cancer, and the importance of timely referral to experts, with the objective of improving the progression of patients from referral through to diagnosis and treatment. Early detection can be lifesaving.

Educating citizens about the most common risk factors and early symptoms of pancreatic and gastric cancer will ensure that they are addressed quickly.



**Screen high-risk populations and accelerate referral times.**

Screening programs for high-risk population groups (carriers of specific genomic mutations, patients with chronic pancreatitis and precancerous lesions for pancreatic cancer and patients with *H.pylori* infections for gastric cancer) should be implemented as standard for those persons at risk to achieve diagnosis at earlier, curable stages.



**Promote the use of harmonised guidelines** that define risk groups, the optimal referral, surveillance of patients with precancerous lesions, early diagnosis processes, and follow-up specific to pancreatic or gastric cancer, adhering to European best practices.



Ensure that patients are systematically referred to **high-volume expert centres**. Expert centres specialised in digestive cancers provide expertise and a multidisciplinary approach, allowing for timely and accurate diagnosis and intervention, including adequate biomarker testing, expert surgery, and holistic care. The high-volume expert centres should closely collaborate with local health centres to ensure the best treatment options for all patients. Each country should identify expert centres based on their proven expertise.



Create and expand existing **population-based cancer registries**, at both national and EU level, as a key policy tool to evaluate the effectiveness and impact of pancreatic and gastric cancer prevention and intervention strategies. Cancer Registries can improve cancer surveillance to better plan and evaluate cancer prevention and control interventions.



Foster **European collaboration in the area of treatment and care**. Patients should have access to care in other European countries, making use of the cross-border healthcare directive. The European Reference Networks model should be extended (from current rare diseases) to diseases such as cancer, where European collaboration has a clear added value.



**Create an environment for national patient organisations** to flourish; through collaboration in shaping new healthcare policies that ensure optimal quality of life for patients and by investing in and supporting patient organisations to develop innovative education campaign models that empower the population to be in control of their own health.



**Increase levels of research and funding** for neglected digestive cancers such as pancreatic and gastric cancers. Invest in further research which could allow non-invasive population-based screening for pancreatic and gastric cancers and molecularly informed surveillance of precancerous lesions and conditions for pancreatic and gastric cancer.