

112TH CONGRESS  
1ST SESSION

# S. 362

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

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## IN THE SENATE OF THE UNITED STATES

FEBRUARY 16, 2011

Mr. WHITEHOUSE (for himself, Mr. KERRY, Mr. BEGICH, Mr. LUGAR, Ms. COLLINS, Mr. INOUE, and Mr. BROWN of Ohio) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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 36,800 were expected to die from the disease. The

1 incidence among African-Americans is 40 to 50 per-  
2 cent 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 of the  
16 top 10 cancer killers in the United States that still  
17 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 five 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 four most common  
3       cancers (prostate, breast, lung, and colorectal), con-  
4       tinue to decline.

5           (6) Pancreatic cancer constitutes 2 percent of  
6       the National Cancer Institute's Federal research  
7       funding, a figure far too low given the severity of the  
8       disease, its mortality rate, and how little is known  
9       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 any of the other leading cancers ex-  
20       perienced. Pancreatic cancer trainees were awarded  
21       between 2.4- and 6.5-fold less grant money in 2009  
22       than young researchers studying the other four top  
23       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 of 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 one 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 Web site 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) not later than 6 months after the es-  
21 tablishment of the Committee, and every 5  
22 years thereafter, develop a strategic plan in ac-  
23 cordance with paragraph (4) for the conduct  
24 and support of pancreatic cancer research and

1 awareness during the upcoming 5-year period;  
2 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.—Not later than 6  
13 months after the establishment of the Com-  
14 mittee, and every 5 years thereafter, the Com-  
15 mittee shall develop a strategic plan for the  
16 conduct and support of pancreatic cancer re-  
17 search and awareness during the upcoming 5-  
18 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 Web site of the Department of Health and



1 Human Services within 30 days after the  
2 date of submission of 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 fiscal year 2012 and such sums as may be nec-  
13 essary for fiscal years 2013 through 2016;

14 “(2) to carry out subsection (c), \$2,000,000 for  
15 fiscal year 2012 and such sums as may be necessary  
16 for fiscal years 2013 through 2016; and

17 “(3) to carry out subsection (d), \$2,000,000 for  
18 fiscal year 2012 and such sums as may be necessary  
19 for fiscal years 2013 through 2016.”.

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

21 Part B of title IV of the Public Health Service Act  
22 (42 U.S.C. 284 et seq.) is amended by adding at the end  
23 the following:

1 **“SEC. 409J. CANCER RESEARCH.**

2 “(a) CANCER RESEARCH INCUBATOR PILOT  
3 PROJECT.—

4 “(1) GRANTS.—

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

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

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

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



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

7           “(5) AUTHORIZATION OF APPROPRIATIONS.—  
8           To carry out this subsection, there are authorized to  
9           be appropriated \$5,000,000 for fiscal year 2012 and  
10          such sums as may be necessary for fiscal years 2013  
11          through 2016.

12          “(b) CENTERS OF EXCELLENCE.—

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

21           “(2) AUTHORIZATION OF APPROPRIATIONS.—  
22           To carry out this subsection, there are authorized to  
23           be appropriated \$20,000,000 for fiscal year 2012

- 1 and such sums as may be necessary for fiscal years
- 2 2013 through 2016.”.

○