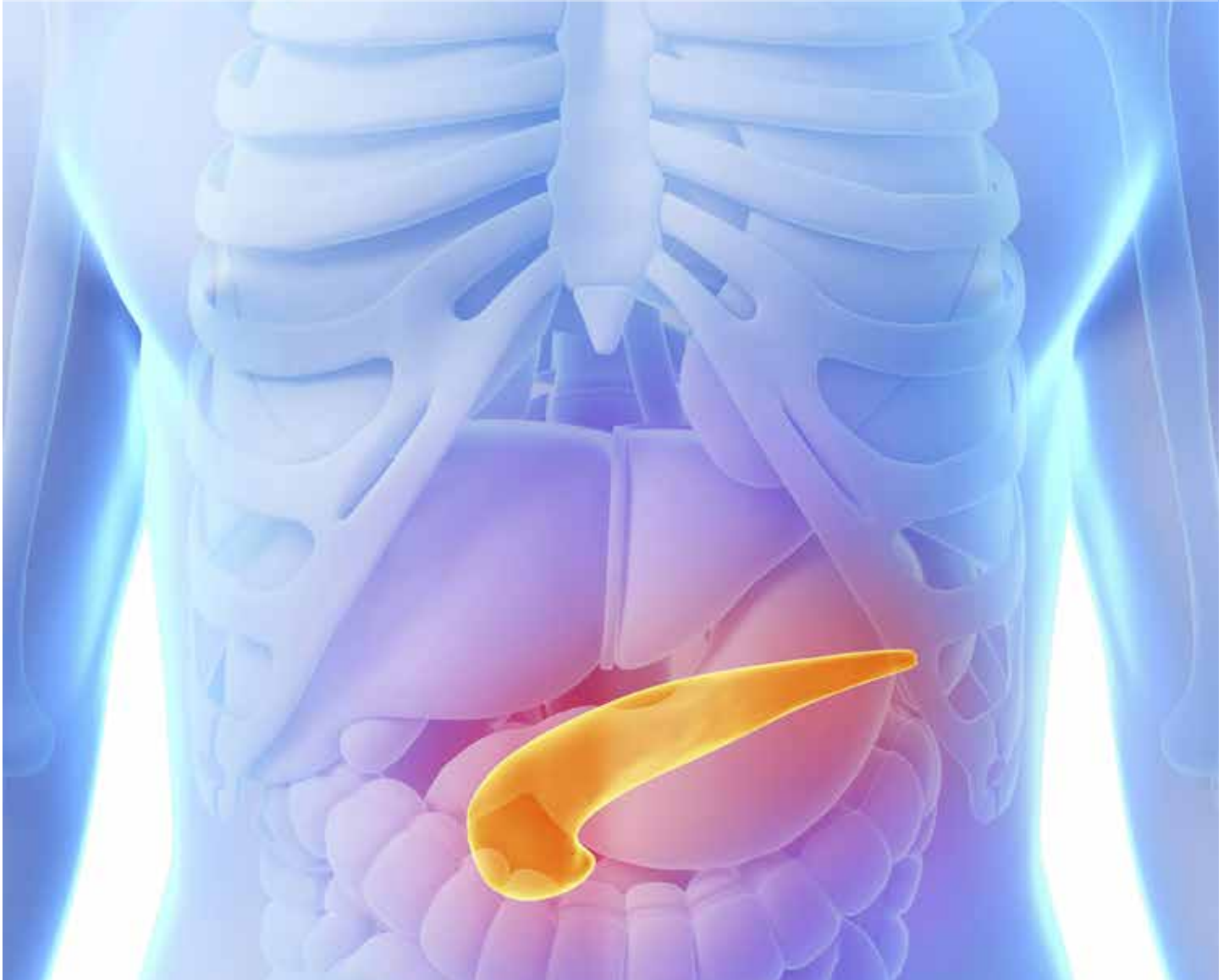


PANCREATIC CANCER

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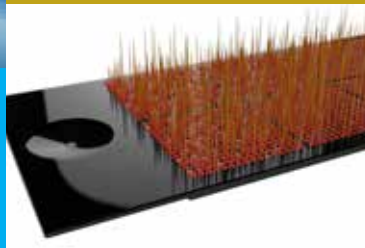


*Early detection
can save lives*

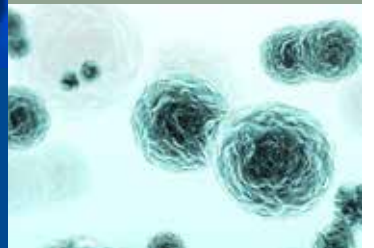


*New
immunotherapy*

*Political Nordic
Collaboration*



*KRAS gene
mutations*



Political Nordic Collaboration for Rare Diseases IS KEY TO IMPROVE TREATMENT FOR PATIENTS

The Nordic Council of Ministers asked the former Swedish Social Minister Bo Könberg to prepare a report with proposals on cross-border cooperation in the health care field. It was published at the end of 2014, and the work to realize these proposals is still ongoing.



Penilla Gunther (KD)
Member of Parliament
Sweden & Member of the
Board of the Nordic Council

As the former chairman of one of the committees of the Nordic Council, the Committee on Welfare in the Nordic Region, and now a director of NR; I work specifically on some of the 14 proposals in the report which deal with cooperation in the care and treatment of rare diseases and thus also orphan drugs.

The number of patients with rare diseases are of natural causes few in each country, and being able to cooperate between patient organizations as well as health care providers, is a step forward to equal care across the Nordic region. Not least in order to find opportunities for these patients to receive similar treatments with the best available drugs. There is an established partnership between establishments working on government missions in each country, linking the dots and information on rare diseases represented in the Nordic countries, see www.rarenet.se, but more is needed.

Another aspect of the Könberg report called "Expanded Nordic pharmaceutical cooperation for greater cost efficiency and better security", which talks about "creating a common pharmacy for unusual drugs and expand cooperation on orphan drugs. Increase the exchange of information on purchase agreements and the usage of new drugs."

For me it is also about involving the life science industry in this work. Having a dialogue with both pharmaceutical companies and companies in the medtech, in order for new innovative treatments and technologies to be used in the Nordic countries so that the companies working on a global market, feel that it is worth the work to be here and develop their products.

At EU level, work has been ongoing for several years so that each member state should create national guidelines for the work with rare diseases, and even how treatments / orphan drugs can be financed in a sensible way so patients in need receive their treatment despite a higher cost compared with the more "common" treatments.

Since Norway and Iceland do not belong to the EU, a Nordic cooperation is required to push for similar legislation, cooperation between the authorities, trade associations, and especially politicians who understand both healthcare needs as well as the social and economic perspective.

Between 2013-2015 a project was conducted, "Nordic Trial Alliance", NTA, where the purpose is to enhance Nordic cooperation on clinical multi-center trials.

Increased Nordic cooperation on clinical research will lead to a rise in the number of joint clinical trials and thus boost the attractiveness of the Nordic countries as partners in research. Such activities will also promote knowledge transfer as well as increased efficiency and research output.

This has been a good example of a forward-looking measure not having to do the same work twice, but benefit from the clinical studies already made. See more at <http://nta.nordforsk.org/>

I continue to work for the benefit of the patients and equal treatment not only in my own country Sweden, but for the Nordic patients who are particularly vulnerable by having a rare disease. If you have any views and ideas on improvements, I am grateful if you contact me. ■

Early detection of pancreatic cancer can save lives



**Professor
Carl A.K. Borrebaeck**
Department of
Immunotechnology,
Lund University

“
By providing physicians
with actionable information
early enough for the cancer
to be removed surgically, the
overall 5 year PDAC patient
survival rate could increase
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Pancreatic ductal adenocarcinoma (PDAC) has one of the worst survival rates of the most common cancers with only 4-6% surviving five years after they are diagnosed. The mortality is expected to increase further over the coming years. PDAC thus remains a highly fatal disease. Today, complete surgical resection is the only potentially curative modality of treatment available. Detecting PDAC lesions early enough to perform this procedure is however difficult, since no test for early diagnosis exists until, now.

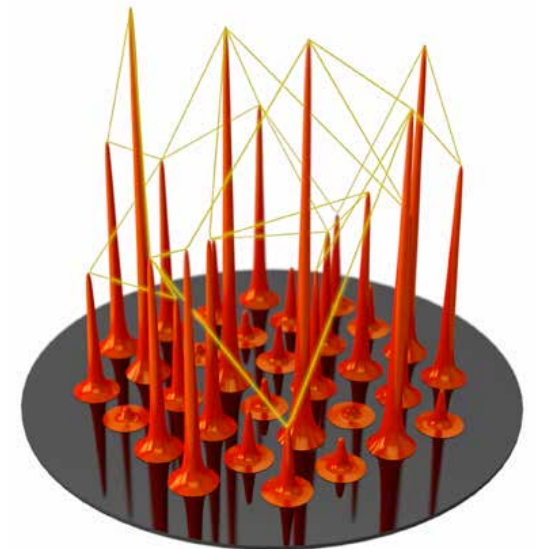
Nevertheless, the timeline of progression from low grade precursor lesions to invasive cancer does offer a window of opportunity to detect the disease earlier than it is currently possible. This in turn, should radically improve overall survival in PDAC by making far more patients eligible for resection. By providing physicians with actionable information early enough for the cancer to be removed surgically, the overall 5 year PDAC patient survival rate could increase from 4-6% to 50-60%.

By using affinity proteomics we have developed a blood test for early stage diagnosis of pancreatic cancer.

Based on recent results from retrospective studies, that are now under publication, we can differentiate the early resectable stages of pancreatic cancer, stage I and II, from the healthy controls with 96% accuracy.

When analyzing all stages of pancreatic cancer in retrospective studies covering more than 3000 blood samples, the accuracy is as high as 98%.

Since this is a simple blood test expressing exceedingly high accuracy based on thousands of patients we believe that this will change the diagnosis and treatment of pancreatic cancer patients. ■



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