



**Pankind**  
Pancreatic Cancer Australia

# Driving Impact

Pankind's Strategy 2026–2030



Driving Impact: Pankind's Strategy 2026–2030

From awareness  
to **impact**.

From hope  
to **outcomes**.



**Alan McArthur**  
Chair



**Michelle Stewart**  
Chief Executive Officer

## Chairman and CEO's message

For 18 years, Pankind has been exclusively dedicated to changing the landscape of pancreatic cancer. A foundation, born from a diagnosis of pancreatic cancer and the personal mission of Avner Nahmani and his wife, Caroline Kelly to change the outcomes of the disease for future patients. Pankind exists to increase survival and quality of life for those impacted by pancreatic cancer.

**Our mission is to triple pancreatic cancer survival rates by 2030** and improve the quality of life of those affected by pancreatic cancer. Our 2026-2030 strategy focuses on four strategic pillars to get us there; new treatment programs, early detection initiatives, advocacy and patient and carer support.

Our strategy is built around a simple but powerful belief that progress against pancreatic cancer requires coordinated action across research that drives new treatment innovation and early detection.

We will guide our efforts to expand access by supporting the development of more effective treatments and working at a global level to accelerate their impact. We will invest in early detection initiatives so that people have more treatment options available to them. And we will help shape an ecosystem that delivers the highest quality of care for all those affected by pancreatic cancer.

Together with our staff, supporters, fundraisers, partners, researchers and clinicians – in this strategy period we are dismantling barriers and create a future where discovery is translated into care, systems are reshaped to support innovation, voices are amplified to drive priority, and people affected by pancreatic cancer are supported at every step of their journey.

**At Pankind, we believe in a fair fight for those impacted by pancreatic cancer.**

# Our journey

## How we got here and what comes next

At Pankind, our journey has been shaped by urgency, evidence, and an unwavering belief that pancreatic cancer outcomes can, and must change.

When we began in 2008, pancreatic cancer had a five-year **survival rate of just 5%**. Treatment options were limited, detection was late, and patients experienced unacceptable variation in care. Our early role was clear, fund high-quality investigator-led research and build credibility in a space that had been historically under-resourced. Since that time we have remained one of the largest and consistent funders of pancreatic cancer research in Australia.

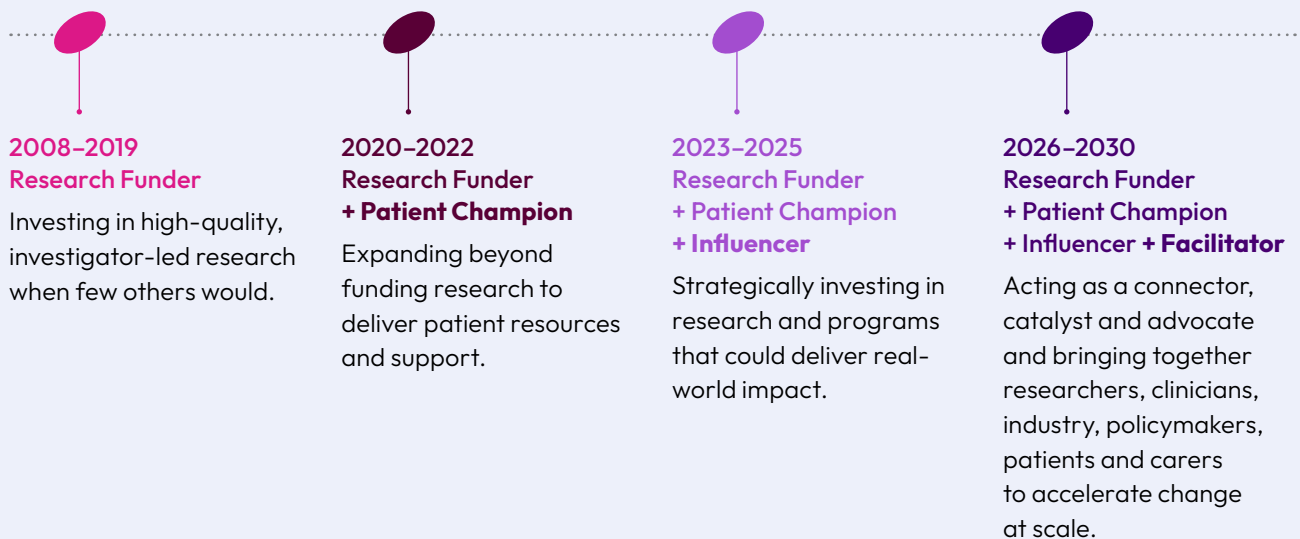
As the landscape evolved, so did we.

Over the past 18 years, the pancreatic cancer landscape has begun to shift. Pankind has evolved alongside this progress to meet what the disease demands. **Survival had increased to 13% in 2025**, driven by better treatments, earlier detection for some, and greater awareness of optimal care pathways – but this progress is not enough. Pancreatic cancer is the third biggest cause of cancer death in Australia, the small incremental gains reinforce what is possible but highlights the urgency of accelerating change.

---

### The evolution of Pankind's role

Our role has evolved in response to what the disease demands, anchored in research and driven by impact and not by convenience.





**Our mission is bold: to triple survival rates by 2030 and improve quality of life for everyone affected by pancreatic cancer.**

**Today, Pankind stands at a pivotal moment. We are no longer just funding progress, we are facilitating it.**

**To deliver this, we balance a dual focus:**

- Driving future survival through earlier detection and better treatments, and
- Improving quality of life today through access, support, and navigation.

**To succeed, we remain focused on four enduring truths:**

- We must attract and unite the people who care, across the entire pancreatic cancer ecosystem.
- We must earn the right to exist by demonstrably advancing our mission.
- We must be clear and unmistakable about who we are and what we stand for.
- We must amplify effort, reducing fragmentation and enabling others to act with us.

**This clarity sets the foundation for our four strategic pillars.**



1

## STRATEGIC PILLAR ONE

# New Treatment Programs

Finding new treatments, accelerating access and expanding options.

Pankind will continue to invest in the most promising **pancreatic cancer research**, supporting high impact and high quality projects that advance new treatments and combinations no matter where it is being undertaken around the country. Our global Scientific Advisory Panel will continue to undertake rigorous, multidisciplinary reviews in an international context ensuring we back research with the greatest potential to translate into meaningful clinical impact.

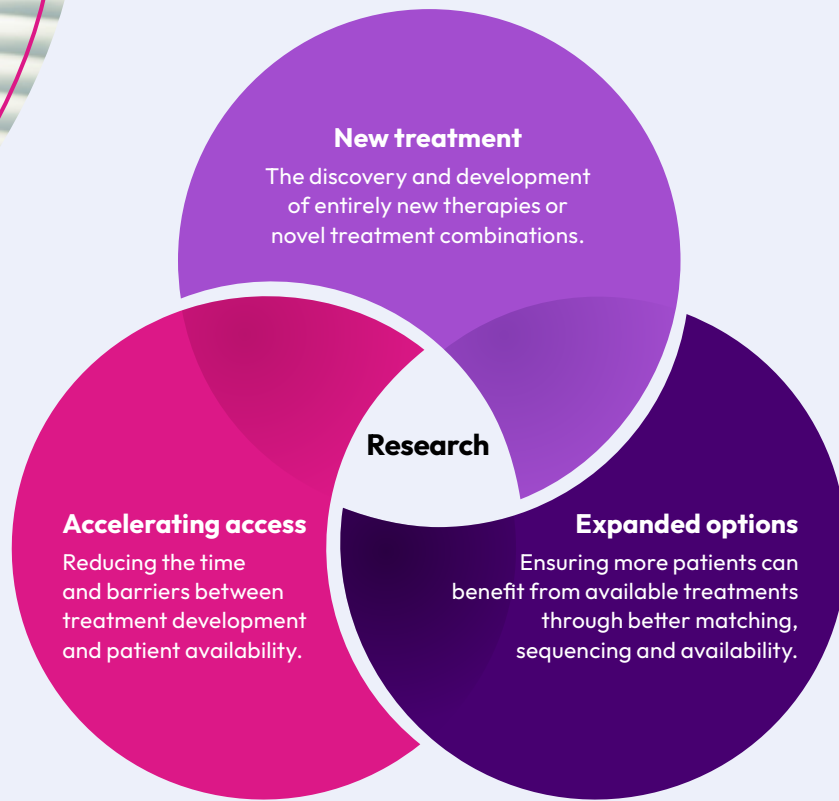
Importantly, the field is now entering a new phase of opportunity. **Pankind will help translate recent laboratory breakthroughs into clinical application, accelerating the progression of promising therapies into trials and patient care.** As this pipeline grows, clinical trials are increasingly the pathway through which patients can access these emerging treatments, making trial availability, awareness and participation more critical than ever.

Patients report better health outcomes when involved in clinical trials and for many people with pancreatic cancer, it represents the best chance of survival.<sup>1</sup>

Only 5% of Australian cancer patients enter a clinical trial.<sup>2</sup>

<sup>1</sup>Krzyzanowska MK, Kaplan R, Sullivan R. How may clinical research improve healthcare outcomes? Ann Oncol 2011; 22: vii10-vii15

<sup>2</sup>Enrolments in cancer clinical trials as a proportion of cancer incidence | Cancer Institute NSW



**Our ambition is to ensure that as many Australians as possible are eligible for clinical trials by strengthening clinical trial capacity and positioning Australia as a global location for pancreatic cancer innovation.**

Our role is to help make the clinical trials ecosystem as attractive, effective and accessible as possible, supporting innovation while improving patient access to emerging therapies.

**Pankind is focused on these critical strategic levers:**

- Advocating for rapid and equitable access to trials and genomic testing.
- Raising awareness of the benefits of genomic testing at the time of diagnosis.
- Raising awareness of trial opportunities. This means advocating for early referral systems, improving clinicians visibility of available trials, targeted therapies and ensuring patients are considered for trials as a first-line option, not a last resort.

- Promoting Australia as trial-ready. By articulating a compelling national value proposition, we aim to attract global innovators to test new pancreatic therapies here, accelerating access for Australian patients while contributing to global progress.
- Building capacity for trial participants where possible.
- Strategic investment into clinical trials and research Panel guided by our Scientific Advisory Panel.
- Driving policy changes to establish sector wide implementation protocols so that access to new treatment is fair and equitable.

**What success looks like**

- More trials available.
- More patients enrolled in trials, participating in genomic profiling or receiving targeted therapies.
- Faster timelines from laboratory discovery to real-world impact.
- Greater confidence for patients navigating clinical trial pathways.

**Pathway to success**

- Clinical trial navigation and advocacy for patients and carers.
- More patients in genomic screening and targeted therapy.
- Strategic partnerships with global trial operators.
- Practical support to trial sponsors; access to patients, improved retention, and co-development of protocols.
- Clinical trial and research investment through Pankind's grant funding.
- Partnering with like-minded organisations to achieve faster and more effective outcomes.

Through this pillar, we are strengthening and reshaping how research impact is realised, how patients access clinical trials, and how advanced testing is delivered, positioning Pankind to drive meaningful change on a global stage.

1

**STRATEGIC PILLAR ONE**

**New Treatment Programs**



## Case Study

## When Peter was diagnosed with pancreatic cancer, time stood still.

The plans he made, trips he booked and milestones he longed for, like watching his daughter get married, all seemed out of reach. Peter was fit, he was skiing and bike riding, he didn't expect his whole life to change.

“  
My family didn't think I was going to make it.  
”

For Peter, the hardest year of his life began with a heart attack. Just as he was on the road to recovery, he received the worst news imaginable. He had inoperable pancreatic cancer. This devastating

diagnosis turned his world upside down. He lost weight, endured severe blood loss, and watched his family brace for the worst. His daughter even moved her wedding date, hoping he'd still be there to walk her down the aisle.

### A future Peter thought he'd lost

When things looked at their very worst, a clinical trial offered Peter a lifeline. Molecular profiling of Peter's tumour enabled doctors to try a new treatment that they hoped would work for Peter.

This approach is called precision medicine and it saved Peter's life.

It wasn't just the treatment. It was hope. Hope made possible by groundbreaking research.

Against all odds, Peter's story took a remarkable turn. Because of the type of gene mutation he carried, Peter was able to access a new treatment through this clinical trial that was already making big strides in breast and ovarian cancer.

Pancreatic cancer patients who participate in clinical trials can have better outcomes. Four years after the diagnosis that was supposed to take his life, he is now in full remission. He even got to realise his dream of being there for his daughter's wedding.

Peter is living proof of what's possible when innovation reaches those who need it most.

“  
I'm hopeful that research is improving the outlook for people diagnosed with this disease.  
”

2

STRATEGIC PILLAR TWO

# Early Detection Initiatives

Finding pancreatic cancer earlier, when survival is possible.

Earlier detection is one of the greatest opportunities to transform survival outcomes in pancreatic cancer. People who have pancreatic cancer diagnosed in the early stages of disease have better outcomes. If detected early, long-term (five years or more) survival rates are 14 times higher than if the cancer has already spread.<sup>3</sup> Early detection also provides greater time and opportunity for patients to participate in research, accelerating discovery and treatment options.

Today, too many people are diagnosed when curative treatment is no longer possible. **Our aim is to change that.**

**We are working to:**

- Broaden access to surveillance tools for high-risk and at-risk populations. Ensuring that family history, genetics, and emerging risk profiles translate into action and not missed opportunities.

- Generate knowledge for the general public to better understand pancreatic cancer risk and symptoms. Enabling people to self-advocate for early diagnostic intervention.
- Advocate for access to next-generation diagnostics, including blood, breath and urine-based tests. Our aim is to ensure pancreatic cancer is prioritised in their development, validation, and adoption.
- Secure Australia's place in global early detection innovation.

**What success looks like**

- Earlier diagnosis for more people.
- National access to validated surveillance and diagnostic tools.
- Investment to implement new technologies.
- Clear, consistent early detection guidance for clinicians and the public.

**Pathway to success**

- Advocacy for policy and treatment reform.
- Contribute to policy creation.
- Strategic partnerships with early detection innovators.
- Investment in early detection research and risk profiling tools.
- Public and clinician education with clear position statements.

Through this pillar, we recognise that achieving improvements in earlier detection requires both scientific innovation and system transformation, and Pankind is committed to advancing both over this strategy period.

<sup>3</sup> www.cancer.org

## Case Study



## Five years cancer-free because early action changed everything.

“  
I count myself  
as one of the  
lucky ones.  
”

Greg lives about 100km away from a regional centre in Queensland. This alone puts him at a disadvantage when it comes to accessing medical care. However, when Greg noticed something wasn't right, he didn't ignore it and neither did his GP.

What followed was a chain of early decisions that would ultimately save his life.

Within 24 hours of presenting with jaundice, Greg was referred from rural Queensland to a specialist in Brisbane. A diagnosis of pancreatic cancer soon followed, a disease that is too often detected late, when treatment options are limited and outcomes are poor.

**But Greg's story would be different.**

His care team moved quickly. Chemotherapy was started early to shrink the tumour, buying precious time and opening the door to surgery. Greg sought a second opinion, ensuring the best possible treatment pathway. Within weeks of diagnosis, he underwent a Whipple procedure, one of the most complex cancer surgeries available.

Five years on, Greg remains cancer-free.

For pancreatic cancer, this outcome is extraordinary. For Greg and his family, it is life-changing.

Greg credits his survival to timing, to symptoms being recognised early, to rapid access to specialist care, and to the confidence to seek expert advice. He also knows that many others are not afforded the same chance.

Today, Greg uses his voice to advocate for earlier detection and stronger awareness of pancreatic cancer symptoms, especially in regional communities. His experience reinforces what we see every day, when pancreatic cancer is caught early, hope becomes possible.

Greg's story is why early detection matters. To ensure more people have the chance to act early, access the right care, and live beyond a diagnosis that too often comes too late.

“  
Has it changed my  
outlook on life? You  
bet. I've been given a  
second chance that  
not many people get.  
”



3

## STRATEGIC PILLAR THREE

# Advocacy

## Turning awareness into action.

Advocacy is not about being loud, it is about being effective, driving tangible change across policy, practice, and perception.

Our advocacy elevates the voices of people impacted by pancreatic cancer, influences policy and funding decisions, and creates the conditions needed for research, innovation, and equitable access to care to thrive. For a disease that has long been under-recognised and under-resourced, advocacy is essential to shift awareness into action and urgency into impact. Through strong, evidence-informed advocacy, Pankind will work to ensure pancreatic cancer is prioritised within health systems, research agendas, and government decision-making so that people with pancreatic cancer get the right care, at the right time, no matter where they live.

### Our advocacy is strategic, focused and grounded in impact:

- Clinical trials as an option at all stages of disease.
- Access to surgery at high-volume surgical centres.
- Genetic testing at diagnosis.

- Surveillance for high-risk individuals.
- Timely registration and reimbursement of effective therapies and technologies.

### Supporting these priorities are critical enablers:

- Advocacy reports, including presentation of essential data.
- Contributing to the promotion of Australia as a destination for trials and innovation.
- Leading and facilitating global collaborations, including innovative trial protocols and shared data initiatives.

### What success looks like

- Policy change that improves access and outcomes.
- Faster adoption of effective treatments and diagnostics.
- A unified national voice for pancreatic cancer.
- Tangible improvements in survival and quality of life.
- Pankind becomes a leader in pancreatic cancer public health policy.

### Pathway to success

- A unified voice to advance pancreatic cancer investment to policy makers, including Federal and State governments.
- Use our research and data collection to drive evidence-based policy and system changes.
- Including people affected by pancreatic cancer at every level of decision making.
- Bringing together global decision-makers and the sharpest minds in pancreatic cancer research on an annual basis.
- Investing in research and bridging the gap between industry, clinicians and academia.

We are deliberate about where we lead and where we watch. While areas such as vaccines, drug registration and reimbursement remain important, our focus is on where we can deliver the greatest near-term impact, while staying ready to act as opportunities emerge.

3

STRATEGIC PILLAR THREE

Advocacy as Collaboration

**Pankind hosts an annual Scientific Meeting, a landmark gathering of over 150 researchers, clinicians and translational scientists united by one purpose: to accelerate progress along the road to better treatments for pancreatic cancer.**

The Scientific Meeting is more than a symposium. It is a strategic convening that demonstrated how advocacy, when done with intention and impact, can accelerate scientific momentum and inform policy and practice.

Advocacy as collaboration brings together our partners and stakeholders to share knowledge, expertise, and strengthen the credibility of the pancreatic cancer community.

Collaboration transforms our individual action to a unified, more effective effort to drive long term change.

Pankind has hosted international leaders, including Dr Eileen O'Reilly (Memorial Sloan Kettering) and Dr Andrew Lowy (University of California, San Diego), and in 2025 they delivered plenary sessions highlighting major advances in pancreatic cancer treatment, most notably the emergence of KRAS inhibitors, a breakthrough therapeutic class now entering clinical trials after decades of research. Their insights underscored the importance of

global collaboration, rigorous science and shared learning in overcoming long-standing barriers in treatment development.

**In 2025, the meeting provided a platform for robust national dialogue.** A panel discussion led by Prof Steve Robson highlighted that, while genomic and genetic testing are increasingly recognised as essential in clinical practice, access in Australia lags behind other countries. Experts urged the removal of systemic barriers to testing so that people diagnosed with pancreatic cancer can benefit from the latest diagnostic and therapeutic opportunities, a direct call to action aligned with Pankind's advocacy priorities.

These global perspectives helped set the context for national discussions on care pathways, personalised medicine and the critical role of genomic testing. Leaders at the meeting emphasised the need to embed routine genomic and genetic testing into clinical practice, **an essential step toward tailored treatment and more equitable patient access.**

By elevating emerging science, fostering interdisciplinary exchange and spotlighting access challenges, the Scientific Meeting demonstrated how intentional advocacy work can bring evidence into policy and practice. It reinforced Pankind's role in driving system-level change, advocating for improved access to diagnostics and global trials, and ensuring that scientific advances benefit patients sooner.

Since 2008, Pankind has invested \$20m into research, **with 2025 being our largest to date.**

In 2025

**Pankind  
invested  
\$2.5m  
across  
15 grants.**

Case Study



These research grants empower Australia's brightest researchers to uncover new insights, improve diagnosis and treatment, and bring us closer to a future where pancreatic cancer is survivable.

## 4

## STRATEGIC PILLAR FOUR

# Care and Support Services

## Excellence in care for everyone affected by pancreatic cancer.

Pancreatic cancer affects every part of life, physically, emotionally and practically. From diagnosis to treatment and beyond, people living with pancreatic cancer and their carers often face complexity, uncertainty and isolation in a time of crisis. Pankind's patient and carer support programs exist to change this experience by providing clear, compassionate support and practical tools that empower individuals and families to navigate their journey with confidence, dignity and connection.

### Our strategic focus will be:

- Empower patients and carers to seek out appropriate and best treatment options available to them.
- Ensure patients and carers can access and receive the highest quality of care.

### What success looks like

- Our patients impacted by pancreatic cancer feel informed, supported and less isolated from diagnosis onwards.
- Our patients and carers can easily access trusted information, tools and support services when they need them.
- Increased engagement with clinical trials, testing and diagnostic tools.
- Improved confidence among patients and carers to navigate the health system, make informed decisions, and advocate for their care.

### Pathway to success

- Provide accessible, peer reviewed and patient-led information as trusted educational resources that helps people understand pancreatic cancer, treatment options, and what to expect throughout the journey.

- Dedicated support navigation that offers trusted, personalised support to help patients and carers find the services, clinical trials, networks and resources that best meet their needs.
- Patient and carer support that offers personalised, compassionate and confidential counselling to improve quality of life and wellbeing.
- Deliver tools that assist people in managing key aspects of their experience.

Through this pillar, Pankind recognises that patient and carer support is not ancillary to progress, it is essential to it. By delivering compassionate, accessible and practical services, we ensure that no one faces pancreatic cancer alone, while strengthening the foundation for improved outcomes, research participation and system change.

## Case Study

## Counselling as essential infrastructure in pancreatic cancer care.

When Richard's wife, Tina, was diagnosed with pancreatic cancer, he stepped into the role of primary carer while raising their two sons, aged eight and fifteen at the time. The clinical demands were intense. The emotional toll was greater still.

Richard participated in structured counselling support during Tina's treatment and following her death. Two years later, he is clear about its impact.

The counselling service provided more than emotional reassurance. It created a psychologically safe space at a time of sustained crisis. In Richard's words, it offered relief amidst chaos — an opportunity to process complex medical decisions, anticipatory grief and the competing needs of his children. It also allowed for space for Tina to focus on her 'bucket list' and for the family to come together on her terms.

Critically, counselling delivered practical tools. With professional guidance, Richard initiated open, developmentally appropriate

conversations with his sons about their mother's prognosis. He was also supported to have meaningful conversations with Tina, conversations he acknowledges would not have happened without intervention and forethought.

These facilitated discussions laid the foundations for healthier bereavement.

Following Tina's death, counselling continued to act as a stabilising force. Rather than experiencing prolonged dysfunction, as Richard had during a previous family cancer experience without support, he reports emotional stability, clearer thinking and the capacity to parent effectively through grief.

Today, he and his sons are thriving. Grief remains present, but it is integrated, not debilitating.

Richard contrasts this experience with a previous family cancer journey without formal support:

“After 11 months of treatment years ago, I had absolutely nothing left in the tank. On this occasion, I feel emotionally stable and mentally able.”

This kind of support demonstrates that counselling is not an adjunct service. It is a preventative mental health service. Investment in structured psychosocial support reduces long-term family distress, strengthens coping capacity and improves functional outcomes for families affected by pancreatic cancer.

When the right support is in place early, families are not only held through crisis, they are strengthened for what comes next.

“Without that counselling, my family would be in a very different place today.”





# Looking ahead

**This strategic pathway reflects who we are today and who we are becoming.**

PanKind exists to make change happen faster, more fairly, and more effectively. By aligning our journey and strategic pillars, we are building a future where pancreatic cancer is no longer defined by late diagnosis and limited options, but by earlier detection, better treatments, and higher-quality care for all.

We believe pancreatic cancer demands urgency, courage and leadership.

**This is our action plan.**

**This is our responsibility.**

**And this is how we will triple survival by 2030.**



Our values



Compassion



Fearlessness



Humility



Trustworthiness



Focus



**Pankind**  
Pancreatic Cancer Australia

1800 003 800  
info@pankind.org.au

**pankind.org.au**

