



February 17, 2021

The Honorable Patty Murray
Chair
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

The Honorable Rosa DeLauro
Chair
House Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

The Honorable Roy Blunt
Ranking Member
Senate Appropriations Subcommittee
On Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

The Honorable Tom Cole
Ranking Member
House Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

Dear Chair Murray, Chair DeLauro, Ranking Member Blunt, and Ranking Member Cole:

As members of One Voice Against Cancer (OVAC), a broad coalition of public interest groups representing millions of cancer patients, researchers, providers, survivors, and their families, we are writing regarding funding for cancer research and prevention priorities for Fiscal Year 2022 (FY 2022). We believe that in this, the 50th Anniversary of the passage of the National Cancer Act, we as a nation have the opportunity to make the next great leap in the research and prevention of cancer.

There is much to celebrate in the fight against the hundreds of diseases we call “cancer.” From 1991 to 2018, the cancer death rate fell 31 percent. This includes a 2.4 percent decline from 2017 to 2018 – a new record for the largest one-year drop in the cancer death rate. However,

cancer is still the second most common cause of death in men and women in the U.S. In 2021, almost 1.9 million new cancer cases will be diagnosed, and more than 600,000 people will die from cancer.

Cancer is a disease that affects everyone, but it doesn't affect everyone equally. A close look at cancer incidence and mortality statistics reveals that certain groups, such as African Americans, Alaska Natives, Asian Americans, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, and rural populations are more likely than the general population to suffer from cancer and its associated effects, including premature death. For instance, the death rate for Black men with prostate cancer is more than double that of men in every other population. Black women have a 40 percent higher breast cancer death rate than white women, even though their diagnosis rates are slightly lower.

There are still some cancers for which survival rates are dismally low with few, if any, effective treatments. In 2021, approximately 44 percent of patients will be diagnosed with a cancer that has a five-year survival rate below 50 percent. Research is critical so that we can develop additional treatments and tools to ensure that more Americans survive a cancer diagnosis.

Additionally, the National Cancer Institute (NCI) reports that we may see a rise in cancer mortality rates for the first time in almost 30 years because of the impacts from COVID-19. The COVID-19 pandemic has caused reduced access to care for cancer patients including delays in cancer screening, diagnosis, and treatment. These delays will likely lead to a rise in late-stage diagnoses and cancer deaths in the years to come.

COVID-19 and Cancer Research:

The impact of COVID-19 on the cancer research ecosystem is severe, and relief is needed to address both short- and long-term impacts on labs, researchers, and clinical trials. Cancer clinical trials play a pivotal role in advancing cancer care and treatment. The results of clinical trials and the broader drug development process can take years to realize, meaning that, without aggressive measures to mitigate the impact, the full effect of these disruptions on therapeutic innovation in cancer care is likely to be felt for years to come.

During the first several months of the pandemic, accrual to cancer clinical trials plummeted across the country, and while adaptations to allow telemedicine visits and other adjustments have allowed sites to begin to recover, over-all harm remains. The unforeseen costs associated with the pandemic have been a substantial burden to an already overburdened medical system. NCI-designated cancer centers across the country report that cancer clinical trial accrual—the number of individuals enrolling in cancer clinical trials—is down by about half from a year ago.

Substantial costs have been incurred during the shut-down, and there will be significant costs for the ramp-up of research activities and clinical trials. **We therefore urge Congress to provide the National Institutes of Health (NIH) with at least \$15.5 billion to respond to the COVID-19**

emergency. We urge that, of this amount, at least \$10 billion be directed to restore the research ecosystem so we can continue to make progress in the fight against cancer and other diseases.

Fiscal Year 2022 Priorities:

Congressional support and commitment to cancer research and prevention is more crucial now than ever before. For the last 50 years, every major medical breakthrough in cancer can be traced back to the NIH and the NCI. We know that investment in research at the NIH and NCI leads to lives saved.

The NCI is experiencing a demand for research funding that is far beyond that of any other Institute or Center (IC). Between FY 2013 and FY 2019, the most recent year for which data are available, the number of R01 grant applications to NCI rose by **50.6 percent**. For all other ICs during that time, the number of R01 applications rose by just **5.6 percent**.

As a result of this extraordinary demand from the scientific community, the RPG success rate at NCI dropped from 13.7 percent in FY 2013 to 11.6 percent in FY 2019. This is a situation unique to NCI, at a time when cancer researchers are making historic advances in new treatments and therapies. The success rate for NIH overall during that same period rose from 16.8 percent to 21.2 percent.

Thanks to bipartisan, bicameral leadership, Congress has increased funding for NIH by \$12.9 billion over the past six years. We are especially grateful that Congress has highlighted the need for dedicated funding to address the precipitous decline in the success rate for the Research Project Grant (R01) applications at NCI. Significant, sustained funding increases for NCI are essential to raising the R01 success rate and ensuring progress in the fight against cancer continues.

Therefore, OVAC recommends at least \$46.111 billion for NIH in FY 2022, a \$3.177 billion increase over the comparable FY 2021 funding level, which would allow the NIH's base budget to keep pace with the biomedical research and development price index (BRDPI) and provide meaningful growth of 5 percent. For NCI, we recommend \$7.609 billion, the amount proposed by NCI in its FY 2022 professional judgment budget.

Preventing cancer is also critically important. About half of the over 600,000 cancer deaths that will occur this year could be averted through the application of existing cancer control interventions. The Centers for Disease Control and Prevention's (CDC's) Division of Cancer Prevention and Control (DCPC) provides key resources to states and communities to prevent cancer by ensuring that at-risk, low-income communities have access to vital cancer prevention programs. However, access to potentially lifesaving screenings is not always equitable, creating significant disparities in cancer outcomes. The consequence of such disparities is that

cancer is more often diagnosed at later stages when options for treatment may be limited and the odds for survival are lower.

Although we have seen declines in the cancer death rate overall, progress is slowing for cancers that are amenable to early detection through screening (e.g., breast cancer, prostate cancer, and colorectal cancer), and substantial racial and geographic disparities persist for highly preventable cancers, such as those of the cervix and lung. COVID-19's impact on screening and the early-detection of cancer will only exacerbate these disparities. Additionally, job losses resulting from the pandemic have left many Americans without health insurance, increasing the need for robust cancer screening programs at the CDC.

Addressing the backlog of cancer screenings for those without adequate health coverage will place a new burden on existing cancer screening programs, which have long been underfunded. CDC's programs help ensure that Americans have options for cancer screening regardless of income or insurance status. Increased investment in the equitable application of existing cancer control interventions as spearheaded by CDC's DCPC will accelerate progress in the fight against cancer. **For this reason, OVAC recommends \$559 million overall for DCPC, an increase of \$173.1 million over the FY 2021 level.**

Below please find an overview of OVAC's program level requests in the Labor-HHS bill:

National Institutes of Health (NIH) - ***\$46.111 billion, including:***

- National Cancer Institute (NCI): ***\$7.609 billion***
- National Institute on Minority Health and Health Disparities (NIMHD): ***\$419.8 million***
- National Institute on Nursing Research (NINR): ***\$187.9 million***

Centers for Disease Control and Prevention (CDC) Cancer Programs - ***\$559 million, including:***

- National Comprehensive Cancer Control Program: ***\$50 million***
- National Program of Cancer Registries: ***\$70 million***
- National Breast and Cervical Cancer Early Detection Program: ***\$275 million***
- Colorectal Cancer Control Program: ***\$70 million***
- National Skin Cancer Prevention Education Program: ***\$5 million***
- Prostate Cancer Awareness Campaign: ***\$35 million***

- Ovarian Cancer Control Initiative: ***\$13 million***
- Gynecologic Cancer and Education and Awareness (Johanna's Law): ***\$15 million***
- Cancer Survivorship Resource Center: ***\$900,000***

Health Resources and Services Administration (HRSA)

- Title VIII Nursing Programs: ***\$270 million***

Once again, thank you for your continued leadership on funding issues important in the fight against cancer. Funding for cancer research, prevention, survivorship, and nursing must continue to be top budget priorities in order to increase the pace of progress in the fight against cancer. OVAC once again calls on Congress to sustain our nation's commitment to cancer research and prevention by increasing support for these efforts.

Sincerely,

American Academy of Dermatology Association
 American Association for Cancer Research
 American Cancer Society Cancer Action Network
 American College of Surgeons Commission on Cancer
 American Institute for Cancer Research
 American Society for Radiation Oncology
 American Urological Association
 Association for Clinical Oncology
 Association of American Cancer Institutes
 Bladder Cancer Advocacy Network
 Cancer Support Community
 Charlene Miers Foundation for Cancer Research
 Children's Cancer Cause
 Deadliest Cancers Coalition
 Debbie's Dream Foundation: Curing Stomach Cancer
 Dermatology Nurses' Association
 Esophageal Cancer Action Network
 Fight Colorectal Cancer
 Friends of Cancer Research
 GO2 Foundation for Lung Cancer
 Hematology/Oncology Pharmacy Association
 Intercultural Cancer Council Coalition
 International Myeloma Foundation
 KidneyCAN
 Livestrong
 LUNgevity Foundation

Men's Health Network
Mesothelioma Applied Research Foundation
National Alliance of State Prostate Cancer Coalitions
National Association of Chronic Disease Directors
National Brain Tumor Society
National Cancer Registrars Association
North American Association of Central Cancer Registries, Inc. (NAACCR)
Oncology Nursing Society
Ovarian Cancer Research Alliance
Pancreatic Cancer Action Network
Pennsylvania Prostate Cancer Coalition
Prevent Cancer Foundation
Prostate Cancer Foundation
Prostate Conditions Education Council
Sarcoma Foundation of America
Society for Immunotherapy of Cancer
Society of Gynecologic Oncology
St. Baldrick's Foundation
Susan G. Komen
The Leukemia & Lymphoma Society
The Life Raft Group
Triage Cancer
Us TOO International Prostate Cancer Education and Support Network
ZERO - The End of Prostate Cancer