April 9, 2014

The Honorable Harold Rogers
Chairman
Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Nita M. Lowey
Ranking Member
Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Jack Kingston
Chairman
Labor, Health and Human Services
Education and Related Agencies
Subcommittee
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Labor, Health and Human Services,
Education, and Related Agencies
Subcommittee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Rogers, Representative Lowey, Chairman Kingston and Representative DeLauro:

As members of One Voice Against Cancer (OVAC), a coalition of public interest groups representing millions of cancer researchers, patients, survivors and their families throughout the nation, we ask that you make funding for the National Cancer Institute (NCI) and Centers for Disease Control and Prevention (CDC) Division of Cancer Prevention and Control (DCPC) top priorities in the FY 2015 Labor-HHS-Education appropriations bill. OVAC recognizes that you have a difficult task in managing competing budget priorities under the existing spending caps. However, the steady erosion of funding for NCI and proposed cuts for proven cancer prevention and screening programs supported by the CDC put our nation at risk of losing the progress made during the past few years and could cause lasting harm to cancer patients and their families. We ask that you end the erosion of cancer research funding and reject the proposed cuts to state-based cancer prevention efforts.

Congress’ past support for cancer research and prevention has led to better ways to prevent, detect, and treat some forms of cancer. As a result, more people are living longer and better after being diagnosed with one of the more than 200 diseases we call “cancer.” Overall cancer death rates have been on the decline for nearly two decades. Five-year survival rates for cancer are up nearly 20 percent, from 49 percent in 1978 to 68 percent in 2009. More than 13.7 million Americans with a history of cancer are estimated to be alive today.

Even with this progress, our work is far from complete. The signs of progress have been painfully elusive for some childhood and adult cancers. Treatment options are lacking for some of these diseases or have significant long-term side effects. Even for those cancers for which we have effective tools, many questions remain unanswered.
Equally pressing are the demographic challenges of cancer; 77 percent of cancer diagnoses occur in people over age 55. The lifetime risk of cancer is 1 in 2 for men and 1 in 3 for women. These risks are even greater for people with certain risk factors.

**Cancer Research – The Front Line in the Fight Against Cancer**

OVAC strongly supports funding for the NIH and advocates for multiple institutes and centers; a table with our complete list of funding requests is attached. That said, funding for cancer research is our top priority. For this reason, OVAC is requesting that you provide NCI with $5.26 billion in FY 2015.

Cancer remains a public health crisis; this year alone, an estimated 1.6 million Americans will be diagnosed with cancer, 585,000 people in the U.S. will die from the disease, and it will cost our economy an estimated $216 billion. Further, cancer incidence is projected to nearly double by 2020, particularly among the aging Baby Boomer population.

When accounting for inflation, the NIH budget has dropped 22% ($6 billion) since 2003; NCI’s budget has been cut even more – 24.7% ($1.1 billion). The reason for this difference is that cancer research funding as a share of the NIH budget has steadily declined during for more than a decade while the scientific and public health need has gone up. A decade ago, the NIH funded nearly one out three grant applications. In FY 2013, the NIH success rate was 16.8 percent; the success rate for NCI research grant applications was 13.7 percent.

Meanwhile, opportunities to advance the development of more precise and personalized cancer therapies are within our grasp. The availability of resources must keep up with the scientific opportunities that are within our reach.

The trend of an eroding cancer research budget must end if we expect to make the scientific advances that are needed to address the challenges we face. Moving forward, we ask that NCI receive funding increases that are commensurate with overall growth at the NIH.

**Cancer Prevention and Early Detection – Putting Research Advances into Practice**

OVAC is also requesting that you provide the CDC cancer programs with $510 million in FY 2015.

Half of all cancer deaths could be avoided through prevention: by eliminating tobacco use, encouraging better diet and exercise, and giving all Americans access to cancer screening and preventive medicine. The CDC cancer prevention and control programs provide vital resources to every state for cancer monitoring and surveillance, screening programs, state cancer control planning and implementation, and awareness initiatives targeting breast, skin, prostate, colon, ovarian, and blood cancers.

There is also a misconception that enactment of the Affordable Care Act obviates the need for the state-based cancer screening programs supported by the CDC. Unfortunately, even with expanded access to healthcare, there are a significant number of adults that will continue to rely
on these safety net programs for their cancer screenings. As a result of funding shortfalls, about 60 percent of eligible women go unscreened for breast cancer, and for colorectal cancer, only 19 percent of uninsured adults are adequately screened compared to 62 percent of insured adults. Adequate funding for the CDC in FY 2015 will ensure that a half-million women are screened for breast and cervical cancer, allow tens of thousands of men and women to have access to colorectal screening, ensure we are able to monitor state- and local-based cancer patterns and trends, and provide greater support for state and local awareness and education programs.

**Oncology Nursing – Caring for Patients and Conducting Research**

Lastly, OVAC asks you to support a higher rate of nursing scholarships and loan repayment applications, as well as other essential programs to sustain our nation’s nursing workforce. Oncology nurses are on the front lines in the provision of quality care for cancer patients – administering chemotherapy, managing patient therapies and side-effects, providing treatment education and counseling to patients and family members. OVAC requests that the Health Resources and Services Administration Title VIII Nursing Programs receive $251 million in FY 2015.

For all of these reasons, we ask you to ensure that the fight against cancer remains a top national priority. We ask that the funding lost in the past few years for cancer research, prevention, nursing, and other important programs that play a direct role in reducing cancer incidence and mortality be restored. The members of OVAC thank you for your consideration of this request and stand ready to support your efforts to promote research funding.

Sincerely,

Alliance for Prostate Cancer Prevention
American Academy of Dermatology Association
American Association for Cancer Research
American Cancer Society Cancer Action Network
American College of Surgeons Commission on Cancer
American Sexual Health Association
American Society of Clinical Oncology
Association of American Cancer Institutes
Bladder Cancer Advocacy Network
C-Change
Cancer Support Community
Charlene Miers Foundation for Cancer Research
Debbie's Dream Foundation: Curing Stomach Cancer
Esophageal Cancer Action Network
Fight Colorectal Cancer
Friends of Cancer Research
Hematology/Oncology Pharmacy Association
Intercultural Cancer Council Caucus
International Myeloma Foundation
The Leukemia & Lymphoma Society
LIVESTRONG Foundation
Men’s Health Network
Mesothelioma Applied Research Foundation
The MPN Research Foundation
National Alliance of State Prostate Cancer Coalitions
National Association of Chronic Disease Directors
National Brain Tumor Society
National Coalition for Cancer Research (NCCR)
National Patient Advocate Foundation
Oncology Nursing Society
Ovarian Cancer National Alliance
Pancreatic Cancer Action Network
Pennsylvania Prostate Cancer Coalition
Prevent Cancer Foundation
Preventing Colorectal Cancer
Sarcoma Foundation of America
Society for Gynecologic Oncology
St. Baldrick’s Foundation
Susan G. Komen
Us TOO International Prostate Cancer Education and Support Network