

**Written Testimony of One Voice Against Cancer to the Labor-Health and Human Services
Appropriations Subcommittee Regarding FY 2008 Cancer and Nursing Related Funding
March 30, 2007**

One Voice Against Cancer (OVAC) appreciates the opportunity to submit written comments for the record regarding funding for cancer programs for research, prevention, detection, and treatment as well as programs that educate and train nurses in fiscal year (FY) 2008 at the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA). OVAC is a collaboration of more than 30 major national organizations representing millions of Americans affected by cancer, unified to urge Congress and the White House to increase cancer-related appropriations. OVAC stands ready to work with policymakers at the federal, state, and local levels to ensure that these important cancer and nursing initiatives at NIH, CDC, and HRSA receive adequate funding in FY 2008.

The Congress took a bold step forward in 1998 when it promised to double the budget of the NIH within five years. By keeping that promise, Congress opened the floodgates to countless new opportunities and advances in cancer research and programs.

Those investments in cancer research, education, prevention, awareness, treatment, and control as well as nursing education and workforce programs at the NIH, the CDC and HRSA have brought real progress in the fight against cancer. From 2002-2003, the actual number of Americans dying from cancer dropped for the first time on record. From 2003-2004, the number of cancer deaths dropped again and at a more dramatic rate.

However, for too many people and many of the deadliest cancers, this progress has been incremental, at best. For example, lung and pancreatic cancer, the 1st and 4th leading causes of cancer related deaths, are two examples of cancers for which survival rates have not substantially improved. In 1975, the five year survival rates for lung and pancreatic cancer were 13% and 2%. Twenty-five years later, survival rates were still woefully low at 16% and 5%. In fact, for almost every cancer, there are significant areas of research that are critical to pursue.

Oncology nurses play a critical role in cancer research and delivery of care. Given the current and expected nursing shortage, without adequate federal resources our nation will not have the nursing workforce necessary to meet the needs of cancer patients.

Congress must maintain its promise with a stable and reasonable level of funding increases to sustain the momentum of this exciting research. In FY 2006 there was a hard cut to both NIH and National Cancer Institute (NCI) funding levels. While there were modest increases for FY 2007, NIH funding levels since FY 2003 have fallen far short of keeping pace with inflation alone.

Less funding translates immediately into fewer discoveries, fewer new drugs in development, and fewer new treatments reaching patients. The conquest of cancer and elimination of health disparities is truly within our grasp. Making cancer a national priority will save millions of lives, reduce untold suffering, and save the nation billions of dollars in healthcare costs now and for the foreseeable future. The investment is surely worth it.

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Sustain and Seize Cancer Research Opportunities

The tremendous investment our nation has made in the NIH has reaped remarkable returns and set the table for a period of unparalleled innovation in the fight against cancer and other diseases. For FY 2008, OVAC joins with the broader public health community and urges Congress to provide \$30.9 billion for the NIH, a \$1.9 billion increase over FY 2007, representing a 6.7% increase. Similar increases will be necessary over the next three years to bring NIH funding back to FY 2003 levels when adjusted for biomedical inflation.

For fiscal year 2008, OVAC would recommend an increase closer to that of the professional judgment budget prepared by the NCI Director. This budget, which calls for \$5.9 billion for FY 2008, represents our national battle plan against cancer, outlining the critical core research that is currently underway and the most promising and extraordinary research opportunities. These exceptional research opportunities include expansion of the NCI-designated cancer centers program from 60 to 75 centers; implementation of the plan to reengineer cancer clinical trials for greater standardization, speed, and efficiency; construction of linkages between science and the new technologies of advanced imaging, proteomics, and computational modeling; expansion of the use of medical informatics and bioinformatics to cancer-specific applications; and development of an integrative site-based approach to cancer research through interdisciplinary team science and collaboration. The professional judgment budget is developed through an open and public process; it reflects the best thinking of cancer researchers, patients, clinicians, and other constituency groups.

OVAC recognizes the fiscal challenges facing policymakers, but does not believe that those challenges require us to weaken our national commitment to conquering cancer. At the very least, OVAC urges Congress to provide the NCI with \$5.1 billion, a \$321 million increase over FY 2007, reflecting a 6.7% increase, consistent with the request for the overall NIH budget.

The National Center on Minority Health and Health Disparities (NCMHD) was created by Congress to help address the undue burden of chronic and acute disease, morbidity and mortality, and lower survival rates borne by racial and ethnic minority groups, rural populations and other medically underserved populations. OVAC urges the Congress to provide the NCMHD with \$200 million for FY 2008 to advance its critical work coordinating and advancing health disparities research across the NIH. OVAC seeks to ensure that NCMHD has the resources to develop and enhance initiatives aimed at reducing and ultimately eliminating disparities in many chronic diseases, including cancer. Having worked with Congress to establish the NCMHD, the members of OVAC are committed to seeing it fulfill its mission and achieve its goals and objectives.

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Boost Our Nation's Investment in Cancer Prevention, Early Detection, and Awareness

The CDC state-based cancer programs provide vital resources for cancer monitoring and surveillance, breast and cervical cancer screening, state cancer control planning and implementation, and awareness initiatives targeting skin, prostate, colon, ovarian and blood cancers. For FY 2008, OVAC requests the following funding levels for these proven programs:

- National Comprehensive Cancer Control Program: \$50 million (+\$33.1 million) - The Comprehensive Cancer Control program provides grants and technical assistance to help states develop and implement plans addressing the cancers most significantly affecting their communities through prevention, early detection and treatment. OVAC's request will allow this program to help more states implement previously developed plans.
- National Program of Cancer Registries: \$65 million (+\$16.9 million) - The National Program of Cancer Registries facilitates state tracking of cancer trends and subsequent allocation of resources to address specific needs, while also identifying highly effective cancer control programs that can be emulated across the country. The registry provides critical data to ensure we remain on track in the fight against cancer. OVAC's request will enable states to continue to collect and analyze high-quality data as well as evaluate existing cancer prevention efforts.
- National Breast and Cervical Cancer Early Detection Program: \$250 million (+\$47.6 million) - OVAC appreciates the Administration's longstanding commitment to this important program that provides free breast and cervical screening tests to low income and uninsured women. Unfortunately, millions of eligible women lack access to these critical tests due to lack of funding. The CDC estimates that the program currently only reaches 20 percent of eligible women aged 50 to 64. OVAC's funding request for FY 2008 would allow at least an additional 130,000 women to be served by the program.
- Colorectal Cancer Screening, Education & Outreach Initiative: \$25 million (+\$10.5 million) - Strong scientific evidence has shown that regular screening and treatment is a cost-effective way to reduce colorectal cancer incidence and mortality. However, screening rates for CRC are currently lower than for other cancer screening services. The Colorectal Cancer Screening, Education & Outreach Initiative helps increase public awareness of colorectal cancer, educate health care providers about colorectal screening guidelines and assist state programs with colorectal cancer priorities. With additional resources this program will be able to expand its awareness initiatives and reduce the number of preventable colorectal cancer deaths.
- National Skin Cancer Prevention Education Program: \$5 million (+\$2.9 million) - Skin cancer is the most common form of cancer in the United States and is largely preventable. OVAC's request will allow the program to educate the public about ways to protect themselves and reduce the risks of getting skin cancer.

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- Prostate Cancer Control Initiatives: \$25 million (+11.1 million) - Prostate cancer, which can be successfully treated if caught early, strikes 1 in 6 men and is found at almost twice that rate in African-American men. The funding allows CDC to develop and deliver appropriate public health strategies for prostate cancer, and improve the sharing of screening-related information between providers and their patients. OVAC's request will allow the program to expand and improve its outreach efforts.
- Ovarian Cancer Control Initiatives: \$10 million (+\$5.5 million) - The Ovarian Cancer Initiative partners with academic and medical institutions to spur discovery of techniques that will detect this cancer and develop more successful treatments. OVAC's request will increase public and professional awareness of the symptoms and best treatments for ovarian cancer, restoring hope to the more than 20,000 women who will be diagnosed with this devastating illness this year.
- Geraldine Ferraro Blood Cancer Program: \$5.5 million (+\$1 million) - Authorized under the Hematological Cancer Research Investment and Education Act of 2002, this program was created to provide public and patient education about blood cancers, including leukemia, lymphoma and myeloma. OVAC's request will allow the program to continue to provide patients with educational, disease management and survivorship resources to enhance treatment and prognosis.
- Gynecologic Cancer and Education and Awareness: \$9 million (newly authorized program) - Early detection is a key element to surviving gynecological cancers. The survival rates for the most common gynecologic cancers are 90 percent when diagnosed early, dropping to 50 percent or less for cancers diagnosed in late stages. Less than half of all women with ovarian cancer are still alive five years after their diagnosis. It is critical that women and their healthcare providers are aware of the signs, symptoms and risk factors of gynecological cancers. Often, women and providers mistake gynecological cancer with gastrointestinal disorders or early menopause. Johanna's Law provides for an education and awareness campaign that will educate providers and increase women's awareness of this disease.

Securing and Maintaining an Adequate Oncology Nursing Workforce

OVAC joins with the nursing community in asking Congress to provide \$200 million in FY 2008 for the Nurse Reinvestment Act and the other nursing workforce development programs at HRSA. The nursing shortage is only expected to worsen with time as half of the RN workforce is expected to reach retirement age with in the next 10 to 15 years. . The critical role of nurses in our health care system cannot be overstated. Oncology nurses are on the front-lines of the provision of quality care for cancer patients and are vital to administering chemotherapy, managing patient treatments and side-effects and providing counseling to patients and family members.

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Without an adequate supply of nurses, there will not be enough qualified oncology nurses to provide quality, comprehensive cancer care to a growing patient population in need. Nurses are also vital to helping conduct cancer research through clinical trials, and a shortage will slow down the pace of medical research progress. These HRSA nursing workforce programs help address the multiple factors contributing to the nationwide nursing shortage, including shortage of faculty. According to the American Association of Colleges of Nursing (AACN), U.S. nursing schools turned away 42,866 qualified applicants from baccalaureate and graduate nursing programs in 2006 due to insufficient number of faculty.

Conclusion

OVAC stands ready to work with policymakers to ensure that funding for cancer research and related programs is a top priority in FY 2008 and beyond. We thank you for this opportunity to discuss the funding levels necessary to ensure that our nation continues to make gains in our fight against cancer and has a sufficient nursing workforce to care for the patients with cancer of today and tomorrow.

Submitted on behalf of One Voice Against Cancer:

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Member Organizations of OVAC

Alliance for Prostate Cancer Prevention (APCaP)	Lance Armstrong Foundation
American Academy of Dermatology Association	Leukemia & Lymphoma Society
American Association for Cancer Research (AACR)	Malecare Prostate Cancer Support
American Cancer Society	Men's Health Network
American Cancer Society Cancer Action Network (ACS CAN)	National Alliance for Hispanic Health
American College of Surgeons	National Association of Chronic Disease Directors (NACDD)
American Society for Therapeutic Radiology and Oncology	National Coalition for Cancer Research (NCCR)
Asian and Pacific Islander American Health Forum	National Hispanic Medical Association (NHMA)
Association of American Cancer Institutes (AACI)	National Prostate Cancer Coalition
Bladder Cancer Advocacy Network (BCAN)	Oncology Nursing Society
C3: Colorectal Cancer Coalition	Ovarian Cancer National Alliance
Cancer Research and Prevention Foundation	Pancreatic Cancer Action Network (PanCAN)
Colon Cancer Alliance	Pennsylvania Prostate Cancer Coalition
Friends of Cancer Research	Sarcoma Foundation of America
Intercultural Cancer Council Caucus	Society of Gynecologic Oncologists
International Myeloma Foundation	Us TOO! Prostate Cancer Education & Support
Kidney Cancer Association	