



March 10, 2020

The Honorable Roy Blunt
Chairman
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

The Honorable Patty Murray
Ranking Member
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

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

The Honorable Tom Cole
Ranking Member
House Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

Dear Chairman Blunt, Chair DeLauro, and Ranking Members Murray and 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 2021 (FY 2021).

Cancer is a major public health problem worldwide and is the second leading cause of death in the United States. It is estimated that more than 1.8 million people in the U.S. will be diagnosed with cancer this year. Additionally, approximately 606,520 Americans will die from the disease in 2020, which translates to more than 1,660 people a day. Recent estimates show that cancer costs the U.S. economy more than \$216 billion annually in direct treatment costs and lost productivity, a number that will increase dramatically as incidence rates climb.

For the last 50 years, every major medical breakthrough in cancer can be traced back to the National Institutes of Health (NIH) and the National Cancer Institute (NCI). We know that investment in research at the NIH and NCI leads to lives saved.

The cancer death rate rose during most of the 20th century but federal investments in cancer research and prevention have resulted in a continuous decline in the cancer death rate since its peak in 1991. The U.S. cancer death rate declined by 29 percent from 1991 to 2017, including a 2.2 percent drop from 2016 to 2017, the largest single-year drop in cancer mortality ever reported. This translates into almost 3 million fewer cancer deaths. Today, there are more than 16.9 million American cancer survivors.

Additionally, more than 80 percent of federal funding for the NIH and NCI is spent on biomedical research projects at research facilities across the country. In FY 2019, the NIH provided over \$30 billion in extramural research to scientists in all 50 states and the District of Columbia. NIH research funding also supported more than 475,000 jobs and more than \$81 billion in economic activity last year.

Thanks to your bipartisan, bicameral leadership, Congress has increased funding for NIH by \$11.6 billion over the past five years. We are especially grateful that Congress dedicated new funding in FY 2020 to address a precipitous decline in the success rate for research project grant (RPG) applications at NCI.

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 2018, the number of R01 (investigator-initiated) grant applications to NCI rose by 45.9 percent. For all other ICs during that time, the number of R01 applications rose by just 4.9 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 11.3 percent in FY 2018. 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 20.2 percent.

We thank Congress for addressing this issue in the FY 2020 Labor, Health and Human Services, and Education (Labor-HHS) Appropriations bill, but sustained investments will be required to improve the success rate at NCI and maintain the current pace of progress in cancer research. Therefore, OVAC recommends at least \$44.7 billion for NIH in FY 2021, a \$3 billion increase over the FY 2020 level. For NCI, we recommend \$6.9 billion, which is both the amount proposed by NCI in its FY 2021 professional judgment budget and the level needed to provide an increase for NCI which is proportional to that of NIH overall.

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. 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. 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, we request \$559 million overall for DCPC, an increase of \$178 million over the FY 2020 level.

Within DCPC, cancer registries are vital in identifying emerging trends, investigating disparities, understanding patterns of care, and evaluating the impact of early detection and treatment advances on cancer incidence and outcomes. The National Program of Cancer Registries (NPCR) provides technical, operational, and financial support for states to manage their own cancer registries. We are grateful that Congress prioritized cancer registries in CDC's new data initiative, created in the FY 2020 Labor-HHS appropriations bill. However, there is currently a data lag of 24 months within the system. With new resources, the CDC could create a cloud-based system that would record data in real time, greatly enhancing the ability of states to develop targeted approaches to preventing and treating cancer. We therefore request a dedicated increase in funding for NPCR of \$19 million to ensure that DCPC can move forward with the necessary improvements.

Additionally, oncology nurses are on the front lines when it comes to providing quality cancer care and contribute significantly to cancer research. More funding for the Health Resources and Services Administration's nurse training programs is necessary to support more nursing scholarships and loan repayment applications and to address the current and future nursing workforce shortage.

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

National Institutes of Health (NIH) - \$44.684 billion, including:

- National Cancer Institute (NCI): **\$6.928 billion**
- National Institute on Minority Health and Health Disparities (NIMHD): **\$360 million**
- National Institute on Nursing Research (NINR): **\$181 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: ***\$12 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: ***\$270.5 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 Action Network
 Cancer Support Community
 Charlene Miers Foundation for Cancer
 Research
 Children's Cause for Cancer Advocacy
 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 Coalition
 International Myeloma Foundation
 KidneyCAN
 LIVESTRONG Foundation
 LUNGeivity Foundation
 Men's Health Network
 Mesothelioma Applied Research
 Foundation
 National Alliance of State Prostate
 Cancer Coalitions (The Prostate Cancer
 Alliance)
 National Association of Chronic Disease
 Directors
 National Brain Tumor Society
 National Cancer Registrars Association
 North American Association of Central
 Cancer Registries, Inc.
 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