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Statement for the Record prepared for:
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies,
United States House Committee on Appropriations
Regarding funding for the National Institutes of Health for FY 2021
March 23, 2020

The Association for Clinical Oncology (ASCO), the world's leading professional organization representing nearly 45,000 physicians and other professionals who treat people with cancer, thanks this subcommittee for its long-standing commitment to support federally funded research at the NIH and NCI. ASCO is extremely grateful for the \$2.6 billion increase for the NIH in fiscal year (FY) 2020. This strong commitment to scientific discovery will help the research community continue current momentum and sustain our nation's position as the world leader in biomedical research. We are in an exciting and promising era of medical research; new discoveries are leading to major improvements in the way we care for patients with cancer, and every major medical breakthrough in cancer started with the NIH and NCI. ASCO appreciates this opportunity to provide the following recommendations for FY2021 funding to build on our nation's investment in biomedical research:

- **National Institutes of Health (NIH):** \$44.7 billion
- **National Cancer Institute (NCI):** \$6.928 billion
 - **Beau Biden Cancer Moonshot Initiative:** \$195 million
- **Centers for Disease Control and Prevention's (CDC) Division of Cancer Prevention and Control (DCPC):** \$559 million
 - **Cancer Registries Program:** \$70 million

Robust, sustained funding for the NIH and NCI will continue the extraordinary progress towards understanding the cause of cancer, its progression, and our ability to prevent, diagnose and treat this disease.

The NIH: A Good Investment

In FY2019, the NIH provided over \$30 billion in extramural research to scientists in all 50 states and the District of Columbia¹. NIH research funding also supported more than 475,000 jobs and generated nearly \$81 billion in economic activity last year². Federal funding supported nearly a quarter of the studies highlighted in ASCO's [2020 Clinical Cancer Advances report](#), our 15th annual report on progress against cancer. Some of the most notable federally funded advances highlighted in the 2020 report are:

- Neoadjuvant combinations of immunotherapies have paved the way for more successful, less invasive surgeries for patients with advanced melanoma
- Targeted therapies now provide alternatives to immediate surgery in the treatment of renal cell carcinoma
- Upfront systemic treatments make surgery possible for more patients with pancreatic cancer
- Long-term data now shows that vaccines against the human papillomavirus are reducing cervical cancer risk in real-world settings
- Biomarker-driven treatment approaches have opened the door to personalized care for metastatic pancreatic cancer
- Combinations of different types of therapies now suggest that survival can be extended for many patients without increasing toxicity
- A growing number of targeted therapies offer hope to patients with difficult to treat cancers

Sustained and steady funding of the NIH and NCI is critical to maintaining the pace of scientific discovery and continued progress against cancer, such as the advances outlined above.

Over the last few years, you have prioritized federal funding for biomedical research, increasing the NIH budget by \$2.6 billion in FY2020, and providing a combined increase of \$11.6 billion in the last five fiscal years. This investment has allowed the agency to regain some of the ground that was lost over a decade of flat funding. The funding levels we are requesting for FY2021 would allow for meaningful growth above biomedical inflation for the first time in over a decade and would allow the extraordinary progress of the last few years to continue. Failure to continue the historic investment in research places health outcomes, scientific leadership, and economic growth at risk.

The NCI: More Support Needed

Cancer is the second leading cause of death in the United States, and it is estimated that more than 1.8 million Americans will be diagnosed with cancer this year, with an estimated 606,000 succumbing to the disease. Additionally, cancer costs the U.S. economy more than \$216 billion annually in direct treatment costs and lost productivity³.

ASCO thanks you for your continued inclusion of funding for the Beau Biden Cancer Moonshot Initiative in FY2020. The Cancer Moonshot Initiative continues its work towards modernizing clinical trials, establishing a direct patient engagement network, developing a national cancer data ecosystem, continuing advances in precision oncology, developing effective immunotherapies for a broader array of cancers, including pediatrics, and creating an adult immunotherapy network. Adequate funding is needed to make progress in each of these areas over the coming years. Funding for this Initiative should supplement rather than supplant predictable increases in the underlying NCI budget. In fact, funding for the Initiative peaked at \$400 million in FY2019, and dropped to \$195 million in FY2020.

The NCI is the largest funder of cancer research in the world, and the majority of its funding goes directly towards supporting research at NCI and at cancer centers, hospitals, community clinics, and universities across the country. While the NCI has received modest funding increases over the last few years, funding has not kept up with the growing number of research grants and applications as compared to other NIH Institutes or Centers. In fact, over the last five years R01 grant applications submitted to the NCI rose by 50%, while funding for NCI only grew by 20% over the same time period. This means NCI is funding a smaller proportion of grant applications compared to previous years – only 8% of applications received funding in 2019 compared to 28% in 1997. Even after counting the additional funding NCI has received through the Cancer Moonshot Initiative, NCI's budget has simply not kept up with scientific opportunity. The funding requests submitted today would give the NCI the ability increase the grants its able to fund to 15% of those submitted⁴.

Bringing the Research to the Patient

NIH-funded translational research and clinical trials have significantly improved the standard of care in many diseases. Clinical trials and translational research yield insight critical to the development of targeted therapies, which identify patients most likely to benefit and help patients who will not benefit avoid the cost and pain of treatment unlikely to help them. This is where science becomes practice-changing for patients in America.

ASCO has developed the Targeted Agent and Profiling Utilization Registry (TAPUR™) Study, which provides access to targeted therapies for patients age twelve and older and who have been identified as candidates for benefitting from those treatments because of a promising tumor biomarker target identified in their cancer. The TAPUR Study evaluates use of these molecularly targeted anti-cancer drugs and collects data on clinical outcomes. As of March 2020, there are over 1800 participants enrolled in the TAPUR Study at 117 sites in 21 states. Without federal investment spurring the pipeline of new cancer treatments, studies such as TAPUR would not be possible.

To maintain access to research for cancer patients, ASCO urges a substantial increase in funding for the National Clinical Trials Network (NCTN) and NCI Community Oncology Research Program (NCORP). Just last year, the NCI awarded 53 grants to researchers in the NCORP community, at 46 sites, who have assembled more than 1,000 affiliates across the country to conduct research. The NCORP network now covers 44 states DC⁵. An increase in NCI's budget would enable the Institute to maintain or increase the number of accruals to trials and cover the cost of conducting the research.

Finally, we are in an unprecedented era for cancer research, with more targeted and patient-specific therapies in development. However, access to clinical trials remains a wide-spread issue for many patient populations. Specifically, underserved communities, including patients on Medicaid face several barriers when trying to access clinical trials. Diversity and generalizability of cancer clinical trials is crucial for making trial results applicable more broadly and to ensure positive clinical outcomes for all patients. We hope to continue our work with Congress, NCI and the Centers for Medicare and Medicaid Services (CMS) to improve access to clinical trials for underrepresented patient populations.

Cancer Registries: Harnessing Data

Accessible data is crucial to understanding cancer at a broader level. ASCO joins the broader cancer community in requesting \$559 million for the Centers for Disease Control and Prevention's (CDC) Division of Cancer Prevention and Control (DCPC), and \$70 million for the CDC's Cancer Registries Program. Cancer registries are a critical tool for providers and researchers, providing unparalleled cancer surveillance, identifying emerging trends amongst different patient cohorts, illustrating the impact of early detection, and showing the impact of treatment advances on cancer outcomes. Registries allow providers to collect data in real time and improve cancer research, public health interventions and treatment protocols. While we work towards greater trials inclusion, registries help ensure we have data from underrepresented patient cohorts such as racial and ethnic minorities, women and children, and rural populations.

Working Towards Cures

Modern cancer research delivers new treatments to patients faster than ever, thanks to continuing innovation in research and regulatory infrastructure. Between August 2018 and July 2019, the FDA approved 17 new anti-cancer therapeutics. Since 1991 the cancer mortality rate has declined by 29 percent, and between 2016 to 2017 we experienced the largest single-year drop in cancer mortality ever reported, a 2.2 percent decline. Today two out of three people with cancer will leave at least five years past diagnosis and there are 16.9 million American cancer survivors⁶. The continued investment Congress has made in cancer research helps make progress possible.

ASCO again thanks the subcommittee for its continued support of cancer patients in the U.S. through funding for the NIH and NCI. We look forward to working with all members of the subcommittee on an FY2021 budget that continues to advance US cancer research. Please contact Kristin Palmer at Kristin.Palmer@asco.org with any questions.

¹ National Institutes of Health; <https://www.nih.gov/about-nih/what-we-do/impact-nih-research>

² United for Medical Research; <https://www.unitedformedicalresearch.org/wp-content/uploads/2019/04/NIHs-Role-in-Sustaining-the-US-Economy-FY19-FINAL-2.13.2020.pdf>

³ American Cancer Society; <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2019.html>

⁴ National Cancer Institute; <https://www.cancer.gov/about-nci/budget/plan/2020-annual-plan-budget-proposal.pdf>

⁵ National Cancer Institute; <https://ncorp.cancer.gov/news/2019-08-19.html>

⁶ ASCO; <https://www.asco.org/research-guidelines/reports-studies/clinical-cancer-advances-2020>