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Statement for the Record prepared for:

**Subcommittee on Labor, Health and Human Services, Education, and Related Agencies,
United States Senate Committee on Appropriations
Regarding funding for the National Institutes of Health for FY 2023**

May 11, 2022

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 National Institute of Health (NIH) and National Cancer Institute (NCI). ASCO is extremely grateful for the \$2.25 billion increase for the NIH in fiscal year (FY) 2022. 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. ASCO appreciates this opportunity to provide the following recommendations for FY2023 funding to build on our nation's investment in biomedical research:

- **National Institutes of Health (NIH):** \$49.048 billion
 - **National Cancer Institute (NCI):** \$7.766 billion
 - **Beau Biden Cancer Moonshot Initiative:** \$216 million

- **Centers for Disease Control and Prevention's (CDC) Division of Cancer Prevention and Control (DCPC):** \$462.6 million
 - **Cancer Registries Program:** \$61.4 million

The NIH: A Great Investment

In FY2020, the NIH provided over \$34 billion in extramural research to scientists in all 50 states and the District of Columbia.¹ NIH research funding also supported more than 536,000 jobs and generated over \$91 billion in economic activity in 2020.²

The importance of federally funded biomedical research has never been clearer than during the COVID-19 pandemic as scientists from all corners of the country worked to quickly develop effective COVID-19 vaccines. Researchers racing towards a vaccine were not starting from scratch; years of federally funded research led to the discovery and identification of practical uses for messenger RNA, or mRNA, as used in the Pfizer and Moderna vaccines. Prior to COVID-19, cancer researchers were using mRNA to trigger the immune system to target specific cancer cells. Building on previous scientific advancements, coupled with collaboration across federal agencies, academic institutions, and the private sector, unprecedented flexibility, and reduction in regulatory red tape, the resulting vaccines came to market at a record pace. This remarkable achievement – built on years of research and scientific discovery – is a testament to the need for continued investment.

Despite recent funding increases, the pandemic has resulted in stagnant research progress and low clinical trial accrual rates, stifling the progress of our biomedical research enterprise and weakening our clinical trials networks. While our research infrastructure is recovering, the funding levels we are requesting for FY2023 would continue to aid the recovery from these

setbacks and allow meaningful growth above biomedical inflation. The investment would also allow the extraordinary progress seen pre-pandemic to continue. Failure to sustain investment in research places health outcomes and the scientific leadership and economic growth of the country at risk.

The NCI: The Need for a Renewed Commitment

Over the last 30 years the cancer death rate has fallen 31%. This includes a 2.4% decline from 2017 to 2018 – a record for the largest one-year drop in the cancer death rate. However, even during a global pandemic, cancer remains the second most common cause of death in the United States. Almost 1.9 million new cancer cases will be diagnosed, and more than 609,000 people will die from cancer in 2022.³

The NCI is the largest funder of cancer research in the world, with most of its funding directly supporting research at NCI and at cancer centers, hospitals, community clinics, and universities across the country. ASCO is grateful to Congress for the FY2022 funding provided to the NCI. The increase is an important step towards increasing the amount of R01 grants the NCI is able to fund. Despite the FY2022 increase, however, the NCI's funding has not kept up with the growth of research grant applications as compared to other NIH Institutes or Centers. In 2021, the NCI was only able to fund 11% of viable applications, compared to 28% in 1997. Even after accounting for Cancer Moonshot funding, NCI's budget has not kept up with scientific opportunity. ASCO supports the NCI's 15 by 25 initiative, in which the Institute aims to fund 15% of grant applications by 2025. The NCI's Professional Bypass Budget, released in December 2021, indicated the Institute needs \$7.766 billion in FY2023 to stay on course to reach this goal.

The Beau Biden Cancer Moonshot Initiative has provided a much needed, albeit temporary, predictable increase in funding for the NCI. In its seven years, the Cancer Moonshot has initiated many new clinical trial networks and established an infrastructure to conduct cancer research and share resources on a massive scale. Funding for the Moonshot will expire after this fiscal year, however. To leverage the infrastructure created by the Cancer Moonshot requires sustained investments beyond FY2023.

President Biden has announced a reignited Moonshot, without requesting any additional funding for the NCI. In fact, the Administration's FY2023 Budget included a cut to the NCI's budget. These cuts would jeopardize our nation's existing biomedical research infrastructure and undercut ongoing efforts to advance scientific knowledge for the treatment of cancers, and other important basic and translational research. ASCO supports the President's reignited Moonshot goals "to reduce the death rate from cancer by at least 50% over the next 25 years, and improve the experience of people and their families living with and surviving cancer — and, by doing this and more, end cancer as we know it today." The toll COVID-19 will have on cancer incidences in the future is not yet known. It is clear already that the disruption of health services resulted in millions of people who missed or postponed screenings or follow-ups as well as patients already diagnosed who experienced treatment delays due to the pandemic. The consequences of this interruption in care will become evident in our cancer statistics in the years to come. The Administration's ambitious goals simply cannot be met without significant funding increases for NCI in anticipation of the end of the authorized Cancer Moonshot funding and the threat of a cancer incidence increase as a result of COVID-19.

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 from treatments 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 aged twelve and older identified as candidates to benefit from those treatments because of a promising tumor biomarker target identified in their cancer. TAPUR evaluates use of these molecularly targeted anti-cancer drugs and collects data on clinical outcomes. As of May 2022, the TAPUR study has over 2,400 patients enrolled at 250 clinical sites in 28 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). These programs expand clinical research beyond the academic environment and allow access to clinical trials to a larger, more diverse patient population, by bringing trials to the community setting. Just last year, the NCI awarded 53 grants to researchers at 46 NCORP sites, 14 of which are designated as minority/underserved community sites, which have assembled more than 1,000 affiliates across the country to conduct research. The NCORP network now covers 44 states and the District of Columbia.⁴ 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 research.

Harnessing Data & Reducing Disparities

A long-standing priority for ASCO is to ensure cancer treatments and care considers patient demographics and social determinants of health. While diverse, accessible clinical trials often offer the best clinical treatment option for cancer patients, trials are not always available, especially for smaller patient populations, such as pediatric or rare disease groups.

As a compliment to inclusive trials, cancer providers and researchers also need accessible data to understand cancer at a broader level. The Centers for Disease Control and Prevention's (CDC) cancer programs play an indispensable role in the prevention, detection, and treatment of cancer. Approximately 50% of cancer deaths can be prevented and the substantial cost of the treatment of advanced disease could be reduced through the use of existing evidence-based prevention and early detection strategies supported by CDC's Division of Cancer Prevention and Control (DCPC).

Unfortunately, federal funding for DCPC has remained almost flat for many years. Between FY 2010 and FY2022, DCPC funding increased by just \$19.5 million, or 5.3%, from \$370.3 million to \$389.8 million. Excluding funding for the WISEWOMAN heart disease program, which is housed within the DCPC, the FY10- FY22 increase is just \$8 million, or 2.9%. That's about \$100 million less than if DCPC funding had merely kept up with inflation.

To that end, ASCO joins the cancer community in requesting \$462.6 million for the DCPC, and \$61.4 million for the CDC's Cancer Registries Program. Cancer registries are a critical tool for providers and researchers, providing cancer surveillance, identifying trends among 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 toward greater trial inclusion, registries help ensure we have data from

underrepresented patient cohorts such as racial and ethnic minorities, women, children, and rural populations.

Working Towards Cures: A New Approach

Modern cancer research delivers new treatments to patients faster than ever, thanks to continuing innovation in research and regulatory infrastructure. The continued investment Congress has made in cancer research helps make progress possible. ASCO is committed to partnering with Congress and the Administration to spur innovation and expediently get treatments to patients.

As Congress and the Administration evaluate ways to improve our national biomedical research enterprise through such efforts as the creation of the Advanced Research Projects Agency-Health (ARPA-H), we urge lawmakers to leverage collaboration between the private market, biotech, health care companies, academic institutions, and government and regulatory agencies. Fostering public-private partnerships and standardization to accelerate discovery of clinically impactful products is vital to helping patients. Additionally, efforts to establish ARPA-H or otherwise reform the biomedical research enterprise and health innovation should ensure sustained and dedicated funding to achieve impactful translational research with demonstration of patient benefit. It should not impact the current or future resources of existing research enterprises.

The new agency should be transparent about its selection criteria and decision-making process for its broad strategic goals and selection of individual research projects, including clear metrics to ensure the funds are being used to advance public health and meeting established deliverables. Furthermore, innovation should come from peer-reviewed science that provides evidence-based decision making for care, and the findings should be published in peer-reviewed publications. All patients should have access to clinical trials and the resulting treatments conducted with investment by the agency, insurance coverage and cost should not be a barrier to clinical trial participation and equitable care and the agency should implement strategies to encourage decentralization of trials and ensure diversity and equity in research.

ASCO recognizes and appreciates the work of Congress and the Administration to establish ARPA-H and stands ready as a resource throughout its creation and growth. ASCO does not have a specific funding request for ARPA-H for FY2023; we stand firmly by our principles that the agency's funding should not come at the expense of robust, predictable annual funding increases for the NIH, NCI, or other existing research agencies.

ASCO again thanks the subcommittee for its continued support of cancer patients in the U.S. through funding for the NIH, NCI, and CDC. We look forward to working with all members of the subcommittee on an FY2023 budget that continues to advance U.S. cancer research. Please contact Kristin Stuart at Kristin.Stuart@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/2021/03/NIHs-Role-in-Sustaining-the-U.S.-Economy-FINAL-3.23.21.pdf>

³ American Cancer Society, Cancer Facts and Figures 2022; <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>

⁴ National Cancer Institute; <https://ncorp.cancer.gov/about/>