



**Association of
American Cancer Institutes**

**Statement by the Association of American Cancer Institutes on
FY 2012 Appropriations for the Department of Health and Human Services
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
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Testimony submitted by:

Barbara Duffy Stewart, MPH

Executive Director, Association of American Cancer Institutes

(412) 647-2076, barbara@aaci-cancer.org

The Association of American Cancer Institutes (AACI), representing 94 of the nation's premier academic and free-standing cancer centers, appreciates the opportunity to submit this statement for consideration by the United States House of Representatives' Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations.

AACI thanks the administration, Congress and the Subcommittee on their long-standing commitment to ensuring quality care for cancer patients, as well as for providing researchers with the tools that they need to develop better cancer treatments and, ultimately, to cure this disease.

President Obama's FY 2012 budget calls for \$31.829 billion for NIH. This is an increase of \$1.045 billion (3.4 percent) over the FY 2010 comparable level of \$30.784 billion. The President's proposed budget for the National Cancer Institute would be increased by \$95 million, to \$5.2 billion.

Sustaining progress against cancer requires a federal commitment to funding research through the NIH and NCI at a level that at least keeps pace with medical inflation. With that in mind, AACI is joining with its colleagues in the biomedical research community in supporting the proposed increases for NIH and NCI and in calling on Congress to further strengthen the impact of the President's request by increasing funding to \$35 billion for NIH and to \$5.9 billion for NCI. The requested increases account for the loss in funds due to the discontinuation of the American Recovery and Reinvestment Act of 2009, and the ongoing shortfall in NIH and NCI funding in relation to the annual change in the Biomedical Research and Development Price Index (BRDPI), which indicates how much the NIH budget must change to maintain purchasing power.

Taking a closer look at the President's proposed FY2012 budget, as with so many complicated and vitally important matters, the devil is in the details. While the President's budget includes a proposed increase of \$95.31 million over FY2010 for NCI, the line item funding for Cooperative Clinical Research remains the same as FY2010--\$254.487 million. Other NCI line items show funding decreases, including

Comprehensive/Specialized Cancer Centers (\$46.001 million decrease) and Research & Development Contracts (\$39.409 million decrease).

AACI and its members are acutely aware of the difficult fiscal environment that the country is facing. The vast majority of our cancer centers exist within universities that are undergoing drastic budget reductions and as a consequence, directors at our member cancer centers are already facing extreme budgetary challenges. Furthermore, many of our senior and most promising young investigators are now without NCI funding and are requiring significant bridge funding from private sources. In recent years, however, it has become more challenging to raise philanthropic and other external funds. As a result, we continue to be highly dependent on federal cancer center grants.

Recent developments at one member center, the Nevada Cancer Institute (NVCi), illustrate that need. Serving 15,000 patients since it opened in 2005, NVCi has recently laid off half of its 300 employees. In a local news report, NVCi officials cited a number of reasons for the layoffs, including a miserable economy that has hurt fundraising, a worsening reimbursement environment that provides less money from government and private insurance entities for services rendered, and fewer federal grant dollars in the recession. (“Debt puts Nevada Cancer Institute on heels”, *Las Vegas Review-Journal*, April 8 2011.)

Cancer centers are already challenged to provide infrastructure resources necessary to support funded researchers, and cuts in federal cancer center grants will limit our ability to provide well functioning shared resources to investigators who depend on them to complete their research. For most matrix cancer centers, the majority of NCI grant funds are used to sustain the shared resources so essential to basic, translational, clinical and population cancer research, or to provide matching dollars which allow departments to recruit new cancer researchers to a university and support them until they receive their first grants.

As highlighted by NCI Director Harold Varmus in a January “town hall” meeting with NCI staff, independent investigator research is a particularly valuable resource, particularly in the area of genomics and molecular epidemiology. Such research is highly dependent on state-of-the-art shared resources like tissue processing and banking, DNA sequencing, microRNA platforms, proteomics, biostatistics and biomedical informatics. This infrastructure is expensive, and it is not clear where cancer centers would turn for alternative funding if NCI grant contributions to these efforts were reduced.

An investigator and medicinal chemist at a large AACI member center spent seven years developing two new targeted drugs that are now in clinical trial testing. One agent shows promise in cancers of the blood; the other against breast, colon, lung and prostate tumors. Research on these agents required advanced technologies provided by the center’s shared resources, including analytical cell-sorting, microarray assays, and toxicopathological evaluations of mouse models, which are an essential part of drug discovery. If budget cuts had forced the closure of one or more of these shared resources, these new targeted therapies might never have made it to the patients who are now benefiting from them. The researcher has eight to ten more compounds in the pipeline, the fate of which hinges largely on the 2012 budget. Unfortunately, hundreds of other promising cancer researchers across the U.S. share this troubling uncertainty.

Cancer Research: Benefiting all Americans

Cancer's financial and personal impact on America is substantial and growing-- one in two men and one in three women will face cancer in their lifetimes, and cancer cost our nation more than \$228 billion in 2008 (Centers for Disease Control and Preventions, *Addressing The Cancer Burden: At A Glance 2010*).

The U.S. Centers for Disease Control & Prevention's latest report on cancer survivorship, "Cancer Survivors-United States, 2007", shows that the number of cancer survivors in the United States increased from 3 million in 1971 to 9.8 million in 2001 and 11.7 million in 2007—an increase from 1.5% to 4% of the U.S. population. Cancer survivors largely consist of people who are 65 years of age or older and women. More than a million people were alive in 2007 after being diagnosed with cancer 25 years or more earlier.

Of the 11.7 million people living with cancer in 2007—

- 7 million were 65 years of age or older.
- 6.3 million were women.
- 4.7 million were diagnosed 10 years earlier or more

Investing in cancer research is a prudent step - both for the health of our nation and for our nation's economic well-being.

Cancer research, conducted in academic laboratories across the country, saves money by reducing healthcare costs associated with the disease, enhances the United States' global competitiveness, and has a positive economic impact on localities that house a major research center. While these aspects of cancer research are important, what cannot be overstated is the impact cancer research has had on individuals' lives—lives that have been lengthened and even saved by virtue of discoveries made in cancer research laboratories at cancer centers across the United States.

Biomedical research has provided Americans with better cancer treatments, as well as enhanced cancer screening and prevention efforts. Some of the most exciting breakthroughs in current cancer research are those in the field of personalized medicine. In personalized medicine for cancer, not only is the disease itself considered when determining treatments, but so is the individual's unique genetic code. This combination allows physicians to better identify those at risk for cancer, detect the disease, and treat the cancer in a targeted fashion that minimizes side effects and refines treatment in a way to provide the maximum benefit to the patient.

In the laboratory setting, multi-disciplinary teams of scientists are working together to understand the significance of the human genome in cancer. For instance, the Cancer Genetic Markers of Susceptibility initiative is comparing the DNA of men and women with breast or prostate cancer with that of men and women without the diseases to better understand the diseases. The Cancer Genome Atlas is in development as a comprehensive catalog of genetic changes that occur in cancer.

These projects—along with the work being performed by dedicated physicians and researchers at cancer centers across the United States every day—have the potential to radically change the way cancer, as a collection of diseases, affects the people who live with it every day. Every discovery contributes to a future without cancer as we know it today.

Illustrating the successes realized by cancer research, NCI's most recent Annual Report to the Nation on the status of cancer reported that rates of death in the United States from all cancers for men and women continued to decline between 2003 and 2007, the most recent reporting period available, according to the latest Annual Report to the Nation on the Status of Cancer. The report also finds that the overall rate of new cancer diagnoses for men and women combined decreased an average of slightly less than 1 percent per year for the same period.

Despite those improvements, "cancer disparities" abound, with different groups of cancer sufferers and cancer types showing little improvement or higher rates of incidence. For example, childhood cancer incidence rates (rates of new diagnoses) continued to increase while death rates in this age group decreased. Childhood cancer is classified as cancers occurring in those 19 years of age or younger. And there are several other forms of cancer (e.g. pancreatic, lung) and patient populations (racial and ethnic minorities, the poor, those with psychosocial issues) with high rates of cancer mortality and morbidity. Furthermore, with the increased incidence and survival comes increase in morbidity because 2/3rds of this patient population who survive experience late effects that are classified as serious to life-threatening.

The Nation's Cancer Centers

The nexus of cancer research in the United States is the nation's network of cancer centers represented by AACI. These cancer centers conduct the highest-quality cancer research anywhere in the world and provide exceptional patient care. The nation's research institutions, which house AACI's member cancer centers, receive an estimated \$3.31 billion from NCI to conduct cancer research; this represents 67 percent of NCI's total budget (U.S. Department of Health and Human Services, National Institutes of Health, *National Cancer Institute 2009 Fact Book*). In fact, approximately 84 percent of NCI's budget supports research at nearly 650 universities, hospitals, cancer centers, and other institutions in all 50 states. Because these centers are networked nationally, opportunities for collaborations are many—assuring wise and non-duplicative investment of scarce federal dollars.

In addition to conducting basic, clinical, and population research, the cancer centers are largely responsible for training the cancer workforce that will practice in the United States in the years to come. Much of this training depends on federal dollars, via training grants and other funding from NCI. Sustained federal support will significantly enhance the centers' ability to continue to train the next generation of cancer specialists—both researchers and providers of cancer care.

By providing access to a wide array of expertise and programs specializing in prevention, diagnosis, and treatment of cancer, cancer centers play an important role in reducing the burden of cancer in their communities. The majority of the clinical trials of new interventions for cancer are carried out at the nation's network of cancer centers.

Conclusion

These are exciting times in science and, particularly, in cancer research. The AACI cancer center network is unrivaled in its pursuit of excellence, and places the highest priority on affording all Americans access to superior cancer care, including novel treatments and clinical trials. It is through the power of collaborative innovation that we will accelerate progress toward a future without cancer, and research funding through the NIH and NCI is essential to achieving our goals.