Statement by the Association of American Cancer Institutes on
FY 2014 Appropriations for the Department of Health and Human Services
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
United States Senate
May 6, 2013

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The Association of American Cancer Institutes (AACHI), representing 95 of the nation’s premier academic and free-standing cancer centers, appreciates the opportunity to submit this statement for consideration by the United States Senate’s Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations.

AACHI thanks the President, Congress and the Subcommittee for its long-standing commitment to ensuring quality care for cancer patients, as well as for providing researchers with the resources that they need to develop better cancer treatments and, ultimately, to cure this disease.

The President’s FY2014 budget requests $31.3 billion for the National Institutes of Health (NIH), an increase of $471 million (1.5 percent) over the FY2012 level. This amount includes $5.125 billion for the National Cancer Institute (NCI), a $63 million increase over FY 2012 (1.2 percent). However, the President’s budget request does not account for the cuts due to sequestration. Unless Congress acts to replace the sequester, the automatic spending cuts will reduce the NIH and NCI budgets further through 2021.

AACHI joins with our colleagues in the biomedical research community in recommending that the Subcommittee recognize NIH as a critical national priority by providing at least $32 billion in funding in the FY 2014 Labor-HHS-Education Appropriations bill, including an equivalent percentage increase in funding for NCI. This funding level represents the minimum investment necessary to avoid further loss of promising research.

AACHI cancer centers are at the front line in the national effort to eradicate cancer. The cancer centers that AACHI represents house more than 20,000 scientific, clinical and public health investigators who work collaboratively to translate promising research findings into new approaches to prevent and treat cancer. Making progress against cancer is complex as it takes a significant amount of time to discovery new therapies and treatments for cancer patients. However, the pace of discovery and translation of novel basic research to new therapies could be faster if researchers could count on an appropriate and predictable investment in federal cancer funding. Cuts to the NIH budget have a real impact on progress
against cancer at cancer centers across the country. Continued progress in cancer research is dependent on the sustained efforts of highly skilled research teams working at cancer centers across the country and supported by the NCI. Failure to keep up with the rate of biomedical inflation diminishes many of the research teams working on new treatments and new cures.

AACI and its members are profoundly aware of the country’s fiscal environment. The vast majority of our cancer centers exist within universities that are absorbing severe budget reductions. Furthermore, because of the reduced funding pool for meritorious grant applications, many of our senior and most promising young investigators are now without NCI funding and require 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. The lack of funding for promising young scientists risks driving an entire generation of young cancer physicians and researchers either abroad, to seek opportunities to practice their craft and advance their careers, or out of the field altogether. These serious consequences for biomedical jobs and local economies mean that funding cuts will undermine U.S. competitiveness, at a time when other nations are aggressively boosting their investments in research and development.

**Impact in the Lab and Beyond**

The negative effects of diminished biomedical research funding reach beyond the lab and into local communities, as chronicled by a number of AACI cancer center directors who were featured in newspaper editorials or interviews that highlighted the impact of NIH and NCI funding on people and local economies in their individual states.

For example, AACI President Michelle M. Le Beau, PhD, director of the University of Chicago Comprehensive Cancer Center and AACI Vice-President/President-Elect George Weiner, MD, director of the Holden Comprehensive Cancer Center at the University of Iowa noted that at their respective NCI-designated Comprehensive Cancer Centers alone, sequestration has begun to undermine innovative work being done to harness a patient's own immune system to fight cancer, genomic profiling of patients' cancers to personalize treatment, and the evaluation of more sensitive imaging technology for early detection of cancer.

Nancy E. Davidson, MD, director of the University of Pittsburgh Cancer Institute, told a local newspaper that she has serious concerns about the cuts, which she said would affect the institute's work. She noted that budget cuts would force her to eliminate jobs, shut laboratories and halt promising experiments. She stated that she would not be able to hire faculty members and faces the possibility of shutting down programs.

Roy A. Jensen, MD, director of the University of Kansas Cancer Center said, “It’s really come on top of a fairly extended period of flat funding, which has eroded the purchasing power of biomedical dollars... It’s almost like the final push over the edge. I know a lot of labs are having to lay people off and not pursuing promising scientific leads.”

Edward J. Benz, Jr., MD, director of the Dana-Farber Cancer Institute, affiliated with Harvard Medical School, stated, “The cuts in federal funding as they’re being put into play are unraveling one of the greatest biomedical-research enterprises in the history of the world… These kinds of draconian, across-the-board cuts are really cutting into the meat of what we do.”
Ralph de Vere White, MD, director of the UC Davis Comprehensive Cancer Center and associate dean for cancer programs at the UC Davis School of Medicine, wrote in an opinion piece that, “Deterioration of the (funding) pipeline comes at a critical time. Although death rates from most types of cancer have fallen because we are finding and treating tumors earlier, advanced cancers have proved much more challenging. This nation's investment in cancer research has allowed us to develop the tools to drastically cut that death rate. These tools are not simply costly new drugs. They are methods to interrogate tumors at the molecular level. They are tests to identify a tumor's genetic characteristics so we can choose appropriate treatments on a patient-by-patient basis so we can spare patients therapies that cause side effects but offer no benefit.”

Donald L. Trump, MD, president and CEO of Roswell Park Cancer Institute, in Buffalo, informed his colleagues that proposals within the institute, specifically a proposal for a study on the role specific genes play in metastasis of prostate cancer, the second leading cause of cancer death in American men, will suffer due to budget constraints. Roswell Park anticipated cutting three researchers from this effort — a 33% workforce reduction.

Walter J. Curran, Jr., MD, FACR, executive director of Winship Cancer Institute of Emory University, in Atlanta, testified on behalf of AACI before the Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies. He noted that Winship has an outstanding research team making real progress understanding how to target newly discovered mutations causing lung cancer, the type of cancer causing the most deaths in our country. Winship has observed an increase in the number of lung cancer patients who have little or no tobacco use history, and are just beginning to understand the genetic and genomic risk factors of such individuals for developing lung cancer, he said. Dr. Curran was adamant that any cut in funding support of this and other projects could delay finding new and effective therapies for thousands of patients by years.

Recent studies have also concluded that federal support for medical research is a major determinant in the economic health of communities across the country. In one report, United for Medical Research, a coalition of leading research institutions, patient and health advocates and private industry, estimated that NIH funding generated the greatest number of jobs in California (59,363), Massachusetts (34,031), New York (32,249), Texas (25,408) and North Carolina (18,779) and also supported more than 10,000 jobs each in Pennsylvania, Maryland, Washington, Illinois, Ohio, Florida, Michigan and Georgia. Fifty-five AACI cancer centers are located in those 13 states.

Cancer centers are already challenged to provide infrastructure resources necessary to support funded researchers, and cuts in federal cancer center grants will limit our members’ ability to provide well-functioning shared resources to investigators who depend on them to complete their research. For most academic cancer centers, the majority of NCI grant funds are used to sustain shared resources that are 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.

Independent investigator research is a particularly valuable resource, especially in genomics and molecular epidemiology. Such research depends 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 acquire alternative funding if NCI grants for these efforts were reduced.
Cancer Research is Improving America’s Health

The broad portfolio of research supported by NIH and NCI is essential for improving our basic understanding of diseases and it has paid off considerably in terms of improving Americans’ health.

The 5-year relative survival rate for all cancers diagnosed between 2002 and 2008 is 68%, up from 49% in 1975-1977. The improvement in survival reflects both progress in diagnosing certain cancers at an earlier stage and improvements in treatment. Data has shown specifically that cancer death rates have dropped 11.4 percent among women and 19.2 percent among men over the past 15 years, due in large part to better detection and more effective treatments.\(^1\)

Despite that success, cancer remains the second leading cause of death in the U.S., with almost 1,600 deaths per day. More than 1.6 million Americans are expected to be diagnosed with cancer in 2013, with an expected 580,350 people to die from the disease.\(^2\) NCI estimates that 41 percent of individuals born today will receive a cancer diagnosis at some point in their lifetime.\(^3\)

The network of cancer centers represented by AACI continues the fight against cancer by conducting the highest-quality cancer research in the world and provides exceptional patient care. In 2012, 86 percent of NCI’s total budget was awarded extramurally to research institutions, including the AACI’s member cancer centers.\(^4\) Because these centers are networked nationally, opportunities for collaborations are many—assuring wise and non-duplicative investment of scarce federal dollars.

Conclusion

NIH estimates that the overall costs of cancer in 2008 were $201.5 billion: $77.4 billion for direct medical costs (total of all health expenditures) and $124.0 billion for indirect mortality costs (cost of lost productivity due to premature death).\(^5\) The cost of cancer continues to rise, but the investment in cancer research will one day eliminate such economic burdens on Americans and the cancer center researchers who work tirelessly to find a cure for this deadly disease.

In the face of that economic burden, the nation’s financial support of NIH and NCI has paid dividends by introducing innovative therapies for cancers that years ago robbed countless Americans of their future. NIH’s full support of NCI-designated centers and their programs remains a top priority for our nation’s cancer centers. We are on a clear path to dramatic breakthroughs at cancer centers across the country. It is through the power of collaborative innovation that we will continue to move toward a future without cancer, and federal research funding is essential to achieving our goals.

\(^4\) U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute 2012 Fact Book
\(^5\) American Cancer Society. Facts and Figures 2013. Please note: these figures are not comparable to those published in previous years because as of 2011, the NIH is calculating the estimates using a different data source: the Medical Expenditure Panel Survey (MEPS) of the Agency for Healthcare Research and Quality. The MEPS estimates are based on more current, nationally representative data and are used extensively in scientific publications. As a result, direct and indirect costs will no longer be projected to the current year, and estimates of indirect morbidity costs have been discontinued. For more information, please visit nihbi.nih.gov/about/factpdf.htm