



## Association of American Cancer Institutes Statement on Proposed Federal Funding for Cancer Research

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On February 4, the President released his proposed federal budget for fiscal year (FY) 2009. As expected, this budget provides no increase for funding to the National Institutes of Health (NIH), and only a nominal increase for the National Cancer Institute (NCI). The Association of American Cancer Institutes (AACI) recommends that Congress appropriate \$31.1 billion for the NIH in FY 2009—a \$1.9 billion increase over FY 2008 levels. In addition, AACI recommends that Congress appropriate \$5.12 billion for the NCI in FY 2009—a \$315 million increase over FY 2008 levels.

Since the completion of the doubling of the NIH budget in 2003, during which the NCI budget was increased by 80 percent, the budgets of NIH and NCI have remained flat or been cut each year. Flat funding, however, essentially results in budget cuts when the effects of biomedical inflation are calculated. Because of biomedical inflation—this year estimated at 3.5 percent—each dollar allocated to cancer research loses some of its spending power from year to year.

In 2009, for instance, NCI would need a 3.5 percent increase in its funding to provide investigators with the same purchasing power they have in FY 2008. However, NCI's proposed \$5 million increase provides an increase of just .1 percent. By its own calculations presented in "The Nation's Investment in Cancer Research," (also known as NCI's bypass budget), NCI estimates that a budget of \$5.26 billion is required to sustain its current level of activities. The President's budget, however, provides for only \$4.81 billion.

Similarly, the budget of the NIH—though presented as "flat"—essentially has been cut by virtue of biomedical inflation. These ongoing cuts translate into tangible losses for cancer researchers and patients. Fewer clinical trials will be available, limiting the number of patients who will have access to cutting-edge treatments. Decreased funding for training and early career development will prevent many promising young investigators from entering the field. And, most alarmingly, the pace of progress to which we have become accustomed will come to a halt.

In its own summary of its 2009 proposed budget, NIH succinctly captures the spirit of progress in biomedical research:

"Fifty years ago, a man died instantly from a heart attack. Twenty-five years ago, his son experienced chest pains and received a bypass operation. This year, his grandson was diagnosed with high cholesterol and is on statins. What does the future hold for his great-grandson?"

The same steady progress has been made in battling cancer. For many, a cancer diagnosis is no longer the death sentence it may have been several generations ago. Thanks to improved treatments for the disease, there are 11.7 million cancer survivors in the U.S. today—many of whom continue to manage the cancer and side effects as an ongoing part of their lives. Cancer researchers continue to search for improved therapies, but also to find ways to prevent cancers from forming at all. Without continued, robust funding for the cancer research infrastructure in the U.S., we will not be able to provide forthcoming generations with the same type of progress that we have come to expect for ourselves.

AACI will closely monitor budget discussions in Washington throughout the year and will continue to inform our members and the public regarding efforts to educate lawmakers on the importance of funding cancer research—as well as on the consequences of failing to nurture the preeminent biomedical research infrastructure in the world.

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