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January 26, 2021

President Joseph R. Biden
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Biden,

The Association of American Cancer Institutes (AACI) congratulates you on your inauguration and looks forward to working with your administration to improve outcomes for patients with cancer. AACI comprises 102 premier academic and freestanding cancer centers in the United States and Canada. The association is accelerating progress against cancer by promoting widespread recognition of the cancer center network, facilitating interaction among the centers, educating policymakers, and fostering partnerships that improve the overall quality of cancer care.

AACI's public policy goals typically focus on advocating for robust research funding for academic cancer centers and basic science through the National Institutes of Health (NIH) and the National Cancer Institute (NCI) and for a 15 percent success rate for NCI R01 research grants by 2025. However, the COVID-19 pandemic has brought additional priorities to the forefront. Our association has outlined what we believe are critical policy priorities for your administration's first 100 days.

Even amid a global pandemic, cancer does not relent. As your administration implements ambitious steps to combat COVID-19, AACI would like to share policy priorities that we believe merit consideration for any further COVID-19 response or infrastructure legislation in the coming months.

Addressing health equity and cancer disparities

Recognizing that the pandemic has disproportionately impacted people of color, AACI applauds your commitment to equitable distribution of vaccines and supplies in your COVID-19 rescue plan. AACI also commends your pledge to expand health care services for underserved communities.

We know from your tenure as vice president and your commitment to the cancer Moonshot that your administration will be a strong ally in addressing cancer health disparities.

Examples of cancer disparities include higher rates of multiple myeloma, colorectal cancer, and cancers of the liver and intrahepatic bile duct, prostate, and stomach among Black people and higher rates of cancers of the gallbladder, liver, intrahepatic bile duct, soft tissue cancers affecting the heart and stomach among Hispanic individuals. American Indian and Alaskan Native people are less likely to

undergo diagnostic cancer screenings than non-Hispanic white people. Additionally, rural populations face challenges in access and worse cancer outcomes than urban populations.

The presidential initiative of AACI president Dr. Karen E. Knudsen, executive vice president of oncology at Jefferson Health and enterprise director of Jefferson's Sidney Kimmel Cancer Center (SKCC) in Philadelphia, aims to mitigate health disparities. In partnership with your administration, we hope to make significant progress in this area over the next decade.

Undoing damage inflicted by COVID-19 on cancer screening, prevention, clinical trial enrollment, and research progress

The COVID-19 pandemic has taken an incredible toll on medical research. Clinical trials were brought to a halt and trial sites experienced challenges with safely facilitating care for enrolled patients and freezing the process of enrolling new patients. The ripple effects of research disruptions will likely last for years.

In August 2020, AACI signed on to a letter with a coalition of over 330 patient and voluntary health groups calling for at least \$15.5 billion in emergency funding for the NIH. Unfortunately, Congress was unable to fulfill this request. We must make up for lost time to accelerate progress against cancer and hope the next COVID response package will include these funds.

Another indirect effect of COVID-19 is delayed diagnoses for patients with cancer. We urge your administration and Congress to reverse this trend and improve access to routine cancer screenings during the pandemic.

AACI recently endorsed the Multi-Cancer Early Detection Screening Coverage Act. Currently, Medicare only reimburses for five types of cancer screenings: breast, cervical, colorectal, prostate, and lung cancer; lung cancer screenings are only reimbursed for high-risk individuals. This leaves most cancers—accounting for nearly three out of every four cancer deaths in the U.S. each year—without available screening tests. Clinical trials have shown encouraging results for multi-cancer early detection (MCED) tests to find cancer early through a simple blood draw. The FDA has granted multiple breakthrough device designations that will help detect cancers earlier. This legislation would update policy to add Medicare coverage of multi-cancer screening, creating the authority for the Centers for Medicare & Medicaid Services (CMS) to evaluate and cover blood-based MCEDs and future test methods (e.g., urine or hair tests), once approved by the FDA. Your administration's support of this bill would be an important step toward increasing cancer screenings.

Expanding coverage of telehealth and ensuring insurance coverage parity

The rapid shift to telemedicine during the COVID-19 pandemic has had immediate benefits, including reduced risk of exposure to the virus in clinical settings. AACI cancer centers have seen increases as high as 5,000 percent in telehealth visits since March 2020. We believe that CMS should permanently cover and reimburse audio-visual services and work to expand coverage for all models of telemedicine delivery, including audio, when appropriate, beyond the COVID-19 public health emergency. One specific example is updating licensure laws to support health care providers who serve across state lines.

We also believe telemedicine has the potential to address health disparities by increasing access to underserved communities, for example, by removing transportation barriers for patients and their caregivers.

Strengthening the underfunded aspects of the previous administration's pediatric cancer initiatives and data system

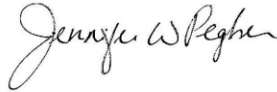
AACI applauded the prior administration's proposal to spend \$500 million over 10 years to fight pediatric cancer. The Childhood Cancer Data Initiative (CCDI) has the potential to help solve the intractable mysteries of pediatric cancers. Robust NCI funding will enhance data sharing, collection, analysis, and access for ongoing childhood and adolescent and young adults (AYA) cancer and survivorship research. AACI hopes that the Biden administration will build on the successes of the Childhood Cancer Survivorship, Treatment, Access, and Research (STAR) Act to accelerate progress on pediatric cancer research.

We appreciate your consideration of our views and stand ready to collaborate with your administration to reduce the burden of cancer and look forward to meeting virtually with you or one of your staff members in the coming weeks. If you have any questions or concerns, please contact AACI's Government Relations Manager, [Jaren Love](#), at 814-932-0070.

Sincerely,



Karen E. Knudsen, MBA, PhD
AACI President



Jennifer W. Pegher, MA
AACI Executive Director