



June 4, 2009

The Honorable David Obey, Chairman  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education, and Related Agencies  
United States House of Representatives  
Washington, DC 20515

The Honorable Tom Harkin, Chairman  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education, and Related Agencies  
United States Senate  
Washington, DC 20510

The Honorable Todd Tiahrt, Ranking Member  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education, and Related Agencies  
United States House of Representatives  
Washington, DC 20515

The Honorable Thad Cochran, Ranking Member  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education, and Related Agencies  
United States Senate  
Washington, DC 20510

Dear Chairmen Obey and Harkin and Ranking Members Tiahrt and Cochran,

On behalf of the undersigned organizations representing physicians who treat patients with cancer; researchers who investigate new methods of cancer prevention, detection and treatment; and the nation's leading cancer centers that conduct cutting-edge research, we respectfully urge you to increase the funding for the National Institutes of Health (NIH) and the National Cancer Institute (NCI) by 10% for FY 2010. The increase for NIH proposed by the President fails to keep pace with the projected rate of biomedical inflation for FY2010.

**ARRA funds are important, but temporary.**

We are grateful for the inclusion of funds for NIH in the American Recovery and Reinvestment Act passed earlier this year. These funds are an effective way to stimulate local economies and create or maintain jobs throughout the country. The funding will help sustain the momentum we have achieved in dropping death rates from cancer, and also help the research community begin to recover from the virtually flat funding that NIH received since doubling of the NIH budget ended in 2003. Indeed, the funds are clearly generating significant renewed interest in NIH applications and stimulating great minds across the country to put together their best scientific proposals. The nature of the ARRA funds, however, limits their application to short term projects, and advances in health care research rarely are

achieved in the short term. Unfortunately, the stimulus funding will not ensure the long-term viability of our research system.

**Continued advances require sustained and predictable funding.**

To capitalize on the ARRA-funded discoveries and translate the results into improved treatments for patients will require continued investment. The ARRA funding increases for NIH should be the first step in a long term effort to, at a minimum, keep funding for biomedical research on pace with inflation. We urge Congress to incorporate the ARRA funding into NIH's baseline to avoid a significant drop-off in funding in FY2011. Without consistent and predictable funding increases, there are many lost research opportunities, be it younger investigators who are beginning their careers, or a net loss of discoveries that lead to life saving treatment, better access to health care, and a higher quality of life. Lapses in funding jeopardize our ability to maintain the research workforce and infrastructure, as well as our ability to attract and train the future workforce.

**Though death rates for many cancer types are falling, cancer remains a public health priority.**

We support the President's call to double cancer research funding, and believe the overwhelming majority of that funding should be designated to the NCI and, through NCI, the extramural research program that provides critical funding to scientists throughout the country. Cancer is not a single disease, but hundreds of diseases taking a significant toll on the lives of millions of Americans. Cancer is the leading cause of death for Americans under the age of 85 and the second-leading cause of death overall.<sup>1</sup> In 2009, nearly 1.5 million new cancer cases will be diagnosed, and about 562,000 Americans will die from cancer. Furthermore, new cancer cases and cancer-related deaths are disproportionately higher in racial and ethnic minority patient populations.<sup>1</sup> On average, each person who dies from cancer loses an estimated 15.5 years of life.<sup>2</sup> In the United States, 8.7 million years of life are lost annually because of cancer. This is more than heart disease or any other cause of death.<sup>3</sup> Cancer treatments also encompass a significant portion of health care spending, and NCI-funded research helps to independently and objectively compare available therapies. The results will help determine who will benefit, who will not, and in doing so, avoid the cost of treatments that are unlikely to be effective for particular groups of patients.

**Cancer research has led to important advances in other disease areas.**

Disease knowledge and opportunities to prevent, treat, or cure many illnesses once thought incurable have dramatically increased because of government-supported research. Such support will continue to transform the way many diseases, including, heart disease, Alzheimer's, diabetes, stroke, osteoporosis, autism and other chronic and debilitating illnesses, are addressed.

If Congress embraces the President's commitment to cancer research at the NIH, the benefits will not accrue to cancer patients alone. Cancer research is a paradigm for other diseases. Therapeutic breakthroughs in cancer research have led to treatments for many other diseases, including AIDS (identification of HIV as the causative agent and early effective treatments resulted from cancer research), rheumatoid arthritis, inflammatory bowel disease, and macular degeneration.

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<sup>1</sup> Cancer Facts and Figures 2009, American Cancer Society.

<sup>2</sup> The Nation's Investment in Cancer Research, National Cancer Institute.

<sup>3</sup> Cancer Trends Progress Report – Person-Years of Life Lost, National Cancer Institute.

We thank you for your long standing commitment to cancer research and look forward to working with you and your committees to further research to improve the lives of those with cancer.

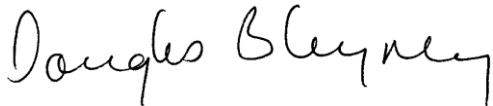
Sincerely,



Edward J. Benz, Jr., MD  
President  
Association of American Cancer Institutes



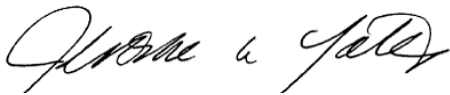
Tyler Jacks, PhD  
President  
American Association for Cancer Research



Douglas W. Blayney, MD  
President  
American Society of Clinical Oncology



Ellen V. Sigal, PhD  
Chair & Founder  
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President  
National Coalition for Cancer Research