Cancer Patients Face Treatment Disruptions Come June; Immediate and Severe Funding Cuts May Curtail Access to Cancer Clinical Trials

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The nation’s cancer clinical trial network, which provides care to thousands of patients across the United States, may have no choice but to abandon life-saving and life-extending research studies, including support for patients participating in those studies, due to crippling proposed budget cuts. For decades, federally-supported clinical trials have produced critical advances in the fight against cancer, representing one of the greatest returns on research investment anywhere. But this progress could soon grind to a halt due to far-reaching—and largely unnoticed—budgeting decisions that are happening in plain sight.

In the face of its own inadequate budget, which Congress should address, the National Cancer Institute has made the decision to end funding for federally-funded clinical trials in the community setting through the Community Clinical Oncology Program (CCOP). As of June 1, 2014, support for the CCOP program will end, jeopardizing care for thousands of patients in communities across the United States—unless and until these research programs receive new NCI research grant funding that is not available until at least September 2014. This will result in a dangerous disruption of cancer care for patients who rely on these trials. The CCOPs are 60-plus community-based cancer research programs that make participation in clinical trials possible in nearly every community across America. To be very clear, they are being forced to choose between either ceasing or self-funding research activities.

At the same time, the new National Clinical Trials Network, which replaced the nation’s previous Cooperative Group clinical trials system, faces a 40 percent reduction in operating budgets. This is forcing NCTN leaders to make an unreasonable choice: either halt critical research studies currently underway—and in the process renege on obligations to patients committed to these
studies—or cancel planned and urgently needed new trials. Either choice spells the end, or a significant slowing, of research that could have delivered new treatments and more personalized and effective care to millions of Americans with cancer.

These budget decisions mean that progress will slow. Life-saving therapies will be significantly delayed or not studied at all, local access to state-of-the-art treatments will be reduced, and patients currently receiving study treatments may no longer have expenses reimbursed or could even see their therapy interrupted.

At a time when there are enormous and unprecedented opportunities to improve cancer care, America shouldn’t be turning its back on cancer patients and science. Federally-funded trials have produced some of the biggest advances in cancer care, saving and improving countless lives over the last 50 years. We should not put cancer patients and our scientific leadership in jeopardy by interrupting funding for community-based cancer research.

We urge NCI to restore budgets to CCOPs, to prevent the gap in funding to community-based centers, and to NCTN operations to prevent this otherwise avoidable damage to our research infrastructure and progress, while ensuring that patients with cancer receive critically important, life-extending care, regardless of where they live.

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**About ASCO:**

Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With more than 35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation, which funds groundbreaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit asco.org. Patient-oriented cancer information is available at Cancer.Net.