The American Society of Clinical Oncology (ASCO), the world’s leading professional organization representing nearly 45,000 physicians and other professionals who treat people with cancer, thanks this subcommittee for its long-standing commitment to support federally funded research at the NIH and the NCI. ASCO applauds your leadership in securing a $3 billion increase for the NIH in fiscal year (FY) 2018. This strong recommitment to scientific discovery will help the research community regain momentum and sustain our nation’s position as the world leader in biomedical research. We are in an exciting and promising era of medical research; new discoveries are leading to major improvements in the way we care for patients with cancer. Continued progress in preventing and treating cancer depends on consistent and reliable funding for research that provides the insight needed for better treatments and quality of life for all Americans. ASCO appreciates this opportunity to provide the following recommendations for Fiscal Year FY2019 funding which build on our nation’s investment in biomedical research:

- **National Institutes of Health (NIH):** $39.3 billion
- **National Cancer Institute (NCI):** $6.375 billion

Clinical cancer research in the United States is made possible through funding from both the public and private sectors. Federal funding is indispensable to the high-risk, pioneering research that has contributed to the rapidly expanding population of cancer survivors. In many
cases, these are studies commercial entities typically do not pursue, including research on cancer prevention, screening, treatment comparisons, and therapies that combine multiple therapies.

Funding from the NIH supported more than twenty-five percent of the top advances highlighted in ASCO’s 2018 Clinical Cancer Advances report, the Society’s 13th annual report on progress against cancer, and its corresponding supplement, which focused specifically on the importance of federal funding. Some of the most notable federally funded advances highlighted in the 2018 report are:

- **Prolonged cancer survival using new approaches:**
  - A new treatment regimen by combining a targeted therapy with traditional chemotherapy, which helps women with recurrent ovarian cancer live longer.
  - A web-based tool for symptom management that helps patients with advanced cancer live longer.

- **Modified times for hormone therapy to reduce risk of breast cancer recurrence.**

- **Mitigating adverse effects of chemotherapy with less treatment:**
  - Shortening duration of adjuvant chemotherapy for stage III colorectal cancer proved to be safe and reduced adverse effects.
  - Less extensive surgery lowers the risk of lymphedema in patients with melanoma without compromising survival.
  - Lowering the radiation dose for oropharyngeal cancer reduces health complications without compromising survival.

- **Effective strategies to help patients with advanced cancer understand and cope with their prognosis.**

- **For cancer-related fatigue, exercise and psychological support are more effective than medication.**

- **New insights on the adverse effects of certain prostate cancer and lung cancer treatments help inform treatment and survivorship discussions.**
Sustained and steady funding of the NIH and NCI is critical to maintaining the pace of scientific discovery and continued progress against cancer, such as the advances outlined above. We appreciate that over the last few years Congress has prioritized federal funding for biomedical research, increasing the NIH budget by $3 billion in FY2018, the largest increase for the NIH in fifteen years. Despite Congress’ efforts, however, the budget of the NCI, when adjusted for biomedical inflation, remains below pre-recession levels. Funding for our nation’s biomedical research infrastructure needs to catch up to what is needed today and needs sustained increases to meet the possibility of today’s science. Failure to continue the historic investment in research places health outcomes, scientific leadership, and economic growth at risk.

The bipartisan, two-year budget agreement passed earlier this year allows Congress to build on its recent investments in biomedical research. ASCO’s FY2019 request for the NIH calls on Congress to increase funding for the NIH by at least $2 billion, in addition to funding the full $215 million authorized in the 21st Century Cures Act, bringing the FY2019 total for the NIH to $39.3 billion. This investment would ensure that the US continues lead the world in biomedical research and discovery and help deliver the next generation of cancer cures to patients.

**Economic Impact: the NIH is a Good Investment**

Almost 1.7 million Americans will be diagnosed with cancer this year and more than 609,000 Americans will die as a result. The cancer burden will cost the US economy an estimated $216 billion in direct treatment costs and lost productivity. Annual cancer incidence rates are also projected to increase by 31 percent over the next decade, growing to 2.1 million people diagnosed in 2025.¹

NIH-supported screening and prevention programs have been cost effective. In addition to helping reduce the economic burden and human toll of cancer, the NIH provides a good return on federal investment by spurring economic progress throughout the country. The NIH supports more than 400,000 jobs and contributes approximately $69 billion annually in economic activity. All fifty states and the District of Columbia have institutions that receive NIH research funding,
and the average state can attribute over 4,000 jobs to NIH activity. In fact, every dollar of NIH funding generates over $2.20 in local economic growth.\textsuperscript{2}

**Supporting Pillars of Care: Clinical Trials and Translational Research**

NIH-funded translational research and clinical trials have significantly improved the standard of care in many diseases. Federal funding and targeted programs extend cutting edge science to communities and diverse participants across the United States. Clinical trials and translational research provide cost-effective treatment options for many common cancers. They yield insight critical to the development of targeted therapies, which identify patients most likely to benefit and help patients who will not benefit avoid the cost and pain of treatment unlikely to help them. This is where science becomes practice-changing for patients in America.

ASCO has developed the Targeted Agent and Profiling Utilization Registry (TAPUR\textsuperscript{TM}) Study, which provides access to certain targeted therapies for patients who are age twelve and older and who have been identified as candidates for benefitting from those treatments. The TAPUR Study evaluates use of these molecularly targeted anti-cancer drugs and collects data on clinical outcomes. As of April 2018 there are more than 840 participants enrolled in the TAPUR Study at more than 113 sites in twenty states.

To maintain access to research for cancer patients, ASCO urges a substantial increase in funding for the National Clinical Trials Network (NCTN) and NCI Community Oncology Research Program (NCORP). ASCO is very concerned that federal funding is not at a level that allows NCI to sustain this important network of community practices that engage in clinical research—and provide an important source of patients willing to participate. An increase in NCI’s budget would enable the Institute to maintain or increase the number of accruals to trials and cover the cost of conducting the research.

**Capturing Opportunity: The Cancer Moonshot Initiative**

ASCO thanks appropriators for inclusion of funding for the Beau Biden Cancer Moonshot Initiative in the FY2018. The NCI is working to achieve the stated goal of the
Moonshot, which aims to achieve 10 years of cancer research progress in 5. The Moonshot task force report and Blue Ribbon panel recommendations contained bold ideas about how to achieve this goal. Specifically, the Cancer Moonshot Initiative is currently working towards modernizing clinical trials, building on advances in precision oncology, and developing effective immunotherapies for a broader array of cancers. Adequate funding is needed to make progress in each of these areas over the coming years. However, funding for this Initiative should supplement rather than supplant predictable increases in the underlying NCI budget.

**Bringing Research to the Patient: NIH Funding Spurs Development of New Treatments**

Modern cancer research delivers new treatments to patients faster than ever, thanks to the National Cancer Act of 1971 and continuing innovation in research and regulatory infrastructure. In just one year’s time (from November 2016 through October 2017), the FDA has approved 31 therapies for more than sixteen different types of cancer, and included the first adoptive cell immunotherapy, also known as CAR-T cell therapy, which utilizes the patient’s own immune cells to fight cancer. Today, there are 15.5 million cancer survivors in America, more than five times the number of survivors alive in 1971. None of this could be accomplished without the research engine spurred by the NCI.

ASCO again thanks the Subcommittee for its continued support of cancer patients in the US through funding for the NIH and NCI. We look forward to working with all members of the subcommittee on an FY 2019 budget that continues to advance US cancer research. Please contact Kristin Palmer at Kristin.Palmer@asco.org with any questions.

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