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Statement for the Record prepared for:
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies,
United States House Committee on Appropriations
Regarding funding for the National Institutes of Health for FY 2020
April 8, 2019

The American Society of Clinical Oncology (ASCO), the world’s leading professional organization representing over 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 NCI. ASCO applauds your leadership in securing a $2 billion increase for the NIH in fiscal year (FY) 2019. This strong commitment 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 FY2020 funding which build on our nation’s investment in biomedical research:

- **National Institutes of Health (NIH):** $41.6 billion
- **National Cancer Institute (NCI):** $6.522 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.
The NIH: A Good Investment

In FY2018, the NIH provided over $28 billion in extramural research to scientists in all 50 states and the District of Columbia. NIH research funding also supported more than 433,000 jobs and nearly $74 billion in economic activity last year\(^1\). Federal funding supported nearly one third of the studies highlighted in ASCO’s **2019 Clinical Cancer Advances report**, the Society’s 14\(^{th}\) annual report on progress against cancer. Some of the most notable federally funded advances highlighted in the 2019 report are:

- New combination of targeted therapies identified for rare form of thyroid cancer.
- First treatment approved to improve progression-free survival for rare Sarcoma.
- First promising therapy identified for rare cancer of the joints that occurs in young adults.
- Combination immunotherapy found to reduce brain metastases in people with melanoma.
- CAR-T therapy trials showing longer term benefits in patients with lymphoma.
- Common cancers detected early in investigational blood tests.
- Major trial identifies women who can safely skip adjuvant chemotherapy for breast cancer.
- New combination treatment halves hearing loss risk in children with hepatoblastoma.
- Link established between specific oral microbiome and the risk of colon, squamous cell, and esophageal cancers.

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 $2 billion in FY2019, and providing an increase of $9 billion over the last four fiscal years. Despite Congress’ efforts, however, the budget of both the NIH and NCI, when adjusted for biomedical inflation, remain below 2003 levels. In fact, if the NIH’s budget had kept up with biomedical inflation since its doubling, it would be 8.4%, or $3.6 billion higher than it is now. Funding for our nation’s biomedical research infrastructure 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.
Capturing Opportunity: The Potential of Cancer Research

ASCO thanks appropriators for the continued inclusion of funding for the Beau Biden Cancer Moonshot Initiative in the FY2019. The NCI continues its work to achieve ten years of cancer research progress in five. Specifically, the Cancer Moonshot Initiative is currently working towards modernizing clinical trials, establishing a direct patient engagement network, development of a national cancer data ecosystem, continued advances in precision oncology, and developing effective immunotherapies for a broader array of cancers, including pediatrics. 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. In fact, funding for the Initiative peaks in FY2019, and NCI will face a major drop in funding for the Initiative in FY2020, from $400 million in FY2019 to $195 million in FY2020, and will remain lower through FY2023 when funding for the Initiative ends, making it critical for NCI to receive greater baseline funding from Congress.

The NCI is the largest funder of cancer research in the world, and the majority of its funding goes directly towards supporting research at NCI and at cancer centers, hospitals, community clinics, and universities across the United States. However, despite NCI’s modest funding increases over the last few years, these increases have not been proportional with the NIH’s, nor has funding kept up with the growing number of research grants and applications as compared to other NIH Institutes. This means NCI is actually funding a smaller proportion of grant applications compared to previous years – 12% of applications received funding in 2017 compared to 28% in 2017. In fact, even after counting the additional funding NCI has received through the Cancer Moonshot Initiative, NCI’s budget lags 15.6%, or $1.1 billion below what it would have been if funding had kept pace with biomedical inflation since FY2003.

Cancer Registries: Harnessing Data

ASCO also joins the broader cancer community in requesting $555 million for the Centers for Disease Control and Prevention’s (CDC) Division of Cancer Prevention and Control (DCPC), and $70 million for the CDC’s Cancer Registries Program. Funding for the DCPC has remained
virtually flat for nine years, rising just $1.2 million from FY2010 ($370.3 million) to FY2019 ($371.5 million). Cancer registries are a critical tool for providers and researchers, providing unparalleled cancer surveillance, identifying emerging trends amongst different patient cohorts, illustrating the impact of early detection, and showing the impact of treatment advances on cancer outcomes. Registries allow providers to collect data in real time and improve cancer research, public health interventions and treatment protocols. Additionally, these registries benefit patient cohorts that may be left out of traditional clinical trials, like racial and ethnic minorities, women and children, and rural populations.

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™) 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 March 5, 2019, there are more than 1350 participants enrolled in the TAPUR Study at more than 110 sites in twenty states. Without federal investment spurring the pipeline of new cancer treatments, studies such as TAPUR would not be possible.

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.

**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 continuing innovation in research and regulatory infrastructure. In 2018 the FDA approved 23 cancer therapies for more than seventeen different types of cancer, and expanded the use of adoptive cell immunotherapy, also known as CAR-T cell therapy, which utilizes the patient’s own immune cells to fight cancer. Since 1992 there have been nearly 25 consecutive years of decline in overall incidence and mortality rates for all types of cancer. In addition, the number of people living 5 years or more after a cancer diagnosis is projected to rise 31% by 2026, representing an increase of more than four million survivors in less than a decade. Cancer research, including the advances in this report, helps make progress possible.

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 FY20 budget that continues to advance US cancer research. Please contact Kristin Palmer at Kristin.Palmer@asco.org with any questions.

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2 National Institutes of Health: Research project success rates by NIH institute. [https://report.nih.gov/success_rates/Success_ByIC.cfm](https://report.nih.gov/success_rates/Success_ByIC.cfm)

3 CenterWatch; FDA Approved Drugs for Oncology; [https://www.centerwatch.com/drug-information/fda-approved-drugs/therapeutic-area/12/oncology](https://www.centerwatch.com/drug-information/fda-approved-drugs/therapeutic-area/12/oncology)
