



To: Biden Transition Team
From: One Voice Against Cancer
Re: Addressing cancer research and prevention

INTRODUCTION

For over 20 years, One Voice Against Cancer (OVAC) has united the nation's cancer community to advocate for long-term, sustained funding increases for cancer research and prevention. We channel the passions of millions of Americans who have been affected by cancer.

OVAC's members are the nation's leading cancer-related non-profit organizations. They include:

- Patient advocacy organizations;
- Cancer centers and research institutions;
- Healthcare provider organizations, representing physicians, nurses, pharmacists and more; and,
- Public health leaders across the country.

We believe that 2021, the 50th anniversary of the National Cancer Act, provides a unique opportunity for President-elect Biden to renew the country's commitment and bring a new urgency to the fight against cancer. Although the nation has made much progress against cancer in the past half-century, more funding is desperately needed to meet the overwhelming demand for research grants at the National Cancer Institute (NCI), address cancer health disparities, and mitigate the impacts of COVID-19 on cancer clinical trials and patient screenings and treatment. A new federal investment in cancer research and prevention would build on President-elect Biden's many successes as a champion in the fight against this disease, from creating the Beau Biden Cancer Moonshot to leading the Biden Cancer Initiative. It would also bolster his efforts to use research and development to spur the nation's economic recovery. NCI supports research in all 50 states and Washington, DC, with over 10,000 grants awarded in FY 2019 totaling more than \$7.6 billion.

BACKGROUND

There is much to celebrate in the fight against cancer. The U.S. cancer death rate declined by 29 percent from 1991 to 2017, including a 2.2 percent drop from 2016 to 2017, the largest single-year drop in cancer mortality ever reported.

We are at a pivotal time in cancer research, thanks in part to advances in immunotherapy and precision medicine, which have allowed us to move beyond one-size-fits-all approaches to

treatment, and in the development and use of machine learning and artificial intelligence, which are improving cancer screening, diagnosis, and treatment. We also have a growing understanding of how health disparities influence cancer outcomes.

Yet cancer is still the nation's second-leading cause of death. In 2020, over 1.8 million Americans will be diagnosed and more than 600,000 will die from cancer. Meanwhile, COVID-19 has stalled cancer research and clinical trials, forced many Americans to delay or cancel regular cancer screenings, and interrupted treatment for patients. Because of the pandemic, death rates from cancer could rise for the first time since 1991.

As the nation's population ages overall, so, too, the number of people diagnosed with cancer will increase as well – from an estimated 1.7 million in 2019 to 2.1 million in 2030.

ADDRESSING CANCER HEALTH DISPARITIES THROUGH CANCER RESEARCH AND PREVENTION

As President-elect Biden has observed many times, advancing racial equity must include efforts to eliminate health disparities. Cancer is a disease that affects everyone, but it doesn't affect everyone equally. A close look at cancer incidence and mortality statistics reveals that certain groups, such as African Americans, Alaska Natives, Asian Americans, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, and rural populations, are more likely than the general population to suffer disproportionately from cancer and its associated effects, including premature death.

There has been some recent evidence of progress against cancer health disparities, including reductions in lung and prostate cancer deaths among African American men over the past decade. But progress has come too slowly, and the cost of disparities—in terms of premature deaths, lost productivity, and the impact on communities—remains substantial and must be addressed.

We need more funding for research to generate a new understanding of the underlying causes of cancer disparities and to develop treatments that can be used to improve the survival and quality of life for all patients with cancer.

Similarly, cancer screening programs at the Centers for Disease Control and Prevention (CDC) provide key resources to states and communities to prevent cancer by ensuring that at-risk, low-income communities have access to vital cancer prevention programs. Because early detection of cancer through screening reduces mortality from colorectal, breast, cervical, and lung cancers, it is vital that diverse communities have access to these services.

However, access to potentially lifesaving screenings is not always equitable, creating significant disparities in cancer outcomes. The consequence of such disparities is that cancer is more often diagnosed at later stages when options for treatment may be limited and the odds for survival decreased.

COVID-19 IMPACTS CANCER RESEARCH AND PREVENTION

The impact of COVID-19 on the cancer research ecosystem is severe, and relief is needed to address both short- and long-term impacts on labs, researchers and clinical trials. Federal assistance is essential if we are to maintain the progress we have made in the fight against cancer. Congress can help create tomorrow's cures and protect many more Americans from cancer, starting with its response to the COVID-19 pandemic.

Job losses resulting from the pandemic have left many Americans without health insurance, which in turn has limited their access to life-saving cancer screenings. Addressing the backlog on cancer screenings for those without adequate health care will place a new burden on existing cancer screening programs. We must continue to offer programs like those from the CDC, ensuring people have options for cancer screening regardless of income or insurance status. It is crucial to fully fund these programs to ensure all Americans can benefit from early identification of treatable cancers.

Meanwhile, researchers in every state have been forced to suspend many laboratory activities for their own personal safety and to comply with social distancing guidelines as a result of the COVID-19 pandemic. Additionally, many labs have donated safety supplies to healthcare facilities to address shortages. According to a recent survey of grantees by the American Cancer Society, COVID-19 has halted the work of over half of its grantees. The closure of many research facilities is impacting trainees, technicians, early-stage investigators, and established investigators alike, preventing the research workforce from maintaining momentum toward better prevention, treatments, diagnostics, and cures for cancer, and other diseases.

Disruptions also extend to those patients on clinical trials. Individual trial sites are struggling to safely facilitate continued care for already-enrolled patients, new enrollments are frozen, and new trials are delayed indefinitely. The most immediate effects will be felt by the patients taking part in these trials. Since clinical trials and the broader drug development process can take years or even decades to complete, this disruption on therapeutic innovation in cancer care is likely to have long-lasting effects without aggressive measures to mitigate the disruption. For this reason, we urge President-elect Biden to work with Congress to provide emergency funding to the National Institutes of Health (NIH), so researchers across the country can restart their work.

UNMET DEMAND FOR GRANT FUNDING AT NCI

NCI is experiencing a demand for research funding that is far beyond that of any other Institute or Center (IC) at NIH. The Research Project Grant (R01) is the original and oldest grant available from the NIH for health-related research, including cancer. These grants are awarded to individual researchers and fuel the cancer research ecosystem.

Between FY2013 and FY2018, the most recent year for which data are available, the number of R01 grant applications to NCI rose by 45.9 percent. For all other ICs during that time, the

number of R01 applications rose by just 4.9 percent. Another way to put it: between FY 2013 and FY 2018, the increase in R01 applications to NCI accounted for almost two-thirds of the total increase in R01 applications to NIH overall. And although R01 applications rose by nearly 50 percent during this time period, the NCI's budget failed to keep pace, rising by 20 percent.

This extraordinary demand for grant applications at NCI reflects excitement about the possibilities for progress and innovation in cancer research. But partly because funding for NCI has not kept up with that demand, the Institute's "success rate" for R01 applications dropped to just 11.3% in FY2018, meaning that NCI was approving only about 1 out of every 9 research proposals, and many high-quality applications were left unfunded.

Significant, sustained funding increases for NCI are essential to raising the success rate and ensuring that the nation continues to make progress against cancer.

RECOMMENDATION

The fight against cancer has come a long way in the 50 years since the National Cancer Act, but we still face difficult challenges, including troubling health disparities; pandemic-related disruptions to research and screening programs; and an overwhelming, unmet demand for research grants at NCI. OVAC urges President-elect Biden to address these challenges by working with Congress to provide steady, significant funding increases for the NIH, NCI and cancer programs at the CDC.

One Voice Against Cancer-Coalition Members

American Academy of Dermatology Association
American Association for Cancer Research
American Cancer Society Cancer Action Network
American College of Surgeons Commission on Cancer
American Institute for Cancer Research
American Society for Radiation Oncology
American Urological Association
Association for Clinical Oncology
Association of American Cancer Institutes
Bladder Cancer Advocacy Network
Cancer Support Community
Charlene Miers Foundation for Cancer Research
Children's Cause for Cancer Advocacy
Deadliest Cancers Coalition
Debbie's Dream Foundation: Curing Stomach Cancer
Dermatology Nurses' Association
Esophageal Cancer Action Network
Fight Colorectal Cancer
Friends of Cancer Research
Go2 Foundation for Lung Cancer

Hematology/Oncology Pharmacy Association
Intercultural Cancer Coalition
International Myeloma Foundation
Kidney Cancer Action Network
LIVESTRONG Foundation
LUNgevity Foundation
Men's Health Network
Mesothelioma Applied Research Foundation
National Alliance of State Prostate Cancer Coalitions
National Association of Chronic Disease Directors
National Brain Tumor Society
National Cancer Registrars Association
North American Association of Central Cancer Registries, Inc. (NAACCR)
Oncology Nursing Society
Ovarian Cancer Research Alliance
Pancreatic Cancer Action Network
Pennsylvania Prostate Cancer Coalition
Prevent Cancer Foundation
Prostate Cancer Foundation
Prostate Conditions Education Council
Sarcoma Foundation of America
Society for Immunotherapy of Cancer
Society of Gynecologic Oncology
St. Baldrick's Foundation
Susan G. Komen
The Leukemia & Lymphoma Society
The Life Raft Group
Triage Cancer
Us TOO International Prostate Cancer Education and Support Network
ZERO - The End of Prostate Cancer