



April 22, 2022

Dear President Biden,

On behalf of the American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACS CAN) we commend the Biden Administration's commitment to "end cancer as we know it." We stand ready to work with you and the Congress to develop programs, fund research, and enact policies that will meet this goal.

ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

We know that there is not one single policy that will end the pain and suffering from cancer. Further, cancer is a disease that does not affect everyone equally, adversely affecting groups of people who have systematically experienced greater social or economic obstacles and barriers to health care. Eliminating the disease will take thoughtful public policy and programmatic efforts that leave no one behind. ACS and ACS CAN work in concert to provide patient services, advance research, and advocate for evidence-based public policies designed to reduce pain and suffering due to cancer and reduce health care disparities.

In response to the recent Moonshot Request for Information, we are pleased to highlight some of our current efforts in support of the Cancer Moonshot goals

### **Research**

- **ACS Funding of Cancer Research**

Extramural Discovery Science is the research funding arm of ACS. Our grants fund high impact and innovative cancer research conducted by hundreds of promising scientists and health care professionals—primarily early in their careers—at institutions across the United States.

- From 1991-2021, ACS funded 13,339 grants totaling \$3.1 billion.
- In 2021, ACS awarded \$113.5 M to 99 institutions supporting 176 grants.

- **ACS CAN leads the cancer community in advocating for increased funding for the National Institutes of Health (NIH), National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC) for Fiscal Year (FY) 2022 and 2023:**

Through the One Voice Against Cancer (OVAC) coalition, which we founded, we urge Congress to provide FY23 spending at the following levels:

- NIH: \$49.048 billion (does not include ARPA-H)
- NCI: \$7.766 billion
- CDC: \$462 million



- Comprehensive Cancer Control Initiative: \$30 million
  - Cancer Registries: \$61 million
  - National Breast & Cervical Cancer Early Detection Program (cancer only): \$225 million
  - Colorectal Cancer: \$50 million
  - Skin Cancer: \$5 million
  - Prostate Cancer: \$20 million
  - Ovarian Cancer: \$15 million
  - Johanna's Law: \$15 million
  - Cancer Survivorship: \$1 million
  - Breast Cancer Awareness for Young Women: \$7 million
- **ACS CAN is supporting the creation and funding of ARPA-H to support new models of research.**  
We believe the agency can catalyze innovation in oncology, but stress that the creation of the agency and its funding should not come at the cost of NIH or NCI.
  - **ACS CAN is working to make clinical trials more accessible to patients.**  
We helped develop and support the Diversifying Investigations Via Equitable Research Studies for Everyone Trials Act or DIVERSE Trials Act (H.R. 5030/S. 2706), which seeks to expand clinical trial opportunities to broader and more diverse patient populations by creating a safe harbor for trial sponsors to provide financial support of non-medical costs and technology as well as promotion of decentralized trials. We have been advocating for this bill to be passed into law, but also believe that the administration can implement some of the bill's goals, including issuing guidance on decentralized trials and creating safe harbors for supporting patients with technology and financial assistance, within its existing authority.

### **Prevention, Cancer Screening, and Early Detection**

- **ACS is mobilizing partners in a comprehensive, multi-sector Get Screened initiative** to swiftly increase screening rates through national, regional, and local stakeholder engagement and action planning. ACS established a National Consortium for Cancer Screening and Care to catalyze a collective national response to the Covid-19 pandemic's detrimental impact on cancer screening rates. On February 16, 2022, the ACS National Consortium on behalf of 27 organizations released a report that outlined 9 key consensus recommendations for getting the nation back on track with cancer screening. With a footprint in all 50 states, ACS is also mobilizing state and local cancer coalitions to share trusted and innovative cancer screening messages and resources through our Get Screened public awareness campaign. In addition, ACS has awarded grant funding to more than 100 health systems to implement quality improvement projects to rapidly increase cancer screening rates and reduce screening barriers.
- **ACS CAN advocates for expanding access to new, potentially life-saving cancer screening tests through the creation of a coverage pathway for multi-cancer early detection tests (MCEDs):**  
We support passage of the Multi-Cancer Early Detection Screening Coverage Act, H.R. 1946/S.1873, which would ensure that Medicare beneficiaries have access to multi-cancer early

detection screening tests that are approved by the Food and Drug Administration (FDA) and have been shown to have a clinical benefit.

- **ACS CAN advocates for policies to reduce tobacco use, the single largest cause of cancer death. This work includes**
  - **Passage of the Tobacco Tax Equity Act (H.R. 2786/S. 1314):**  
Congress should enact the Tobacco Tax Equity Act of 2021 to significantly increase the price of all tobacco products through increases in the tax rates and ensuring tax parity for all products. Increasing tobacco taxes is one of the best ways to reduce tobacco use. It is important that tax increases apply to all tobacco products at an equivalent rate to encourage people to quit rather than switch to a cheaper product as well as to prevent youth from starting to use any tobacco product.
  - **Swift Food and Drug Administration action to combat tobacco use:**
    - The FDA should use its authority to implement all premarket review requirements for the protection of public health and put an end to the regulatory “holiday” for new products, like e-cigarettes, have experienced leading to increased youth addiction.
    - The FDA should regulate and reduce nicotine levels in cigarettes and other combustible tobacco products to non-addictive levels.
  - **Increased funding for the Office of Smoking and Health (OSH) at the Centers for Disease Control and Prevention (CDC):**  
Congress should increase OSH funding to \$310 million. The OSH provides critically needed tobacco prevention and control programs and resources to states, communities, and directly to individuals. The OSH develops, conducts, and implements strategies to prevent youth tobacco initiation, encourage tobacco use cessation, end exposure to secondhand smoke, and identify and eliminate tobacco-related health disparities.

### **Access to Treatment**

- **ACS CAN advocates to ensure everyone has access to affordable, quality health care through:**
  - **Permanent expansion of enhanced subsidies** for premiums in Affordable Care Act (ACA) marketplace plans so Americans continue to have access to more affordable health coverage. The increased subsidies have already led to more Americans than ever being able to afford coverage on the exchange, which helps people afford cancer preventive services, care, and treatment.
  - **Expansion of affordable health coverage to the 2.2 million Americans in the “coverage gap” in states that have not yet expanded** their Medicaid programs. Research shows that people in states that have expanded their Medicaid programs have better cancer outcomes and less cancer disparities.
  - **Capping out-of-pocket costs for Medicare Part D beneficiaries and allowing** them to make payments throughout the year rather than all upfront, so patients can better afford their care.

- **Ensuring that health insurance meets the needs of cancer patients** through regulations requiring that plan networks and formularies are robust and meet the needs of all patients, including those with complex diseases like cancer. Another action crucial to ensuring this is curtailing the availability of non-comprehensive plans such as short-term, limited-duration health plans.
- **Continuing coverage for appropriate telehealth services beyond the COVID-19 pandemic.** Telehealth offers cancer patients and survivors important benefits in oncology as well as in other areas of medicine including primary care.
- **Passing the Palliative Care and Hospice Education and Training Act (PCHETA) (soon to be introduced),** which would increase education, awareness and research on palliative care and improve the quality of life for many cancer patients.

### **Cancer Health Disparities**

#### **Providing Comprehensive Cancer Screening and Follow-up Care in Low-Income Communities:**

- ACS CAN advocates for fully funding the Centers for Disease Control and Prevention's (CDC) cancer programs. The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) serves more than 300,000 women a year through direct provision of breast and cervical cancer screenings, diagnostic tests, and treatment referral services to low-income communities. The Colorectal Cancer Control Program (CRCCP) partners with health care systems that serve high-need populations to help implement evidence-based interventions to increase colorectal cancer screening and other organizations in 20 states. Resources should be provided to ensure that these programs meet the needs of their targeted populations, including any groups who have a disproportionately high cancer burden compared to other population groups, such as breast cancer currently being the leading cause of cancer death in African American/Black women.

#### **Advocating for Food and Drug Administration Action to Combat Tobacco-Industry Created Health Disparities:**

- ACS CAN is calling on FDA to immediately release and finalize proposed rules to prohibit menthol in cigarettes and all flavors in cigars. Ending menthol flavoring in cigarettes and all flavors in cigars is a long overdue step forward in combating Big Tobacco's targeting of Black communities, who consistently report the highest prevalence of menthol cigarette use as a result. Prohibiting menthol in cigarettes and all flavors in cigars will reduce youth tobacco initiation, help adults quit and reduce tobacco-related cancer in all communities.

#### **Increasing Diversity in Cancer Research Workforce:**

- ACS is committed to developing a diverse population of the next generation of cancer researchers through a variety of grant mechanisms. These mechanisms include funding undergraduate students from underrepresented groups in the biomedical sciences for 10-week paid research internships, as well as institutional grants to minority-serving institutions that conduct health equity research.
  - \$10.6 M awarded to 4 historically black colleges and universities (HBCU) medical schools to support cancer research and career development. This support is designed to launch 104 new cancer research careers

- \$16.3M awarded to support 4 Cancer Health Equity Research Centers at Minority Serving Institutions
- \$440,000 awarded to provide paid cancer research internships to underrepresented minority college students

**Increasing Diverse Clinical Trial Enrollment:**

- ACS CAN, in partnership with the MITRE Corporation and the CodeX initiative, is developing an open-source integrated cancer clinical trial eligibility screening functionality to address a lack of in-workflow tools for providers to prescreen cancer patients for clinical trials. This functionality will work within existing electronic health records (EHRs) to enable patients or providers to initiate a prescreen for relevant trials for a given patient within a specified radius of the practice. This novel application will be available free of charge and will enable one-button clinical trial prescreening not only by providers, but also by patients who use a patient portal to access their medical record. The goal is to increase overall cancer clinical trial enrollment and diversity of clinical trial participants to better reflect the U.S. cancer population.

**Understanding Differences in Safety and Efficacy of Drugs Based on Ancestry:**

- ACS CAN and ACS are convening experts in pharmacology and drug development to better understand how a lack of pharmacogenetic analysis during drug development can lead to disparities in adverse events between groups with different ancestry. This work will result in policy and programmatic recommendations.

**Elevating Cancer Equity Via Recommendations to Reduce Racial Disparities in Guideline Adherent Cancer Care:**

- ACS CAN, the National Minority Quality Forum (NMQF) and the National Comprehensive Cancer Network (NCCN) have collaborated to develop a cancer equity report card for institutions as well as policy recommendations for reducing disparities.

**Patient Services**

ACS annually touches the lives of more than 54 million patients, caregivers, and clinicians who are concerned about a cancer diagnosis, facing a cancer journey, or professionally passionate about reducing its burden. Our programs and services touch lives across the cancer continuum, from prevention through access to specialty care through grief and bereavement. We prioritize equally patients, caregivers, and communities in our programs, recognizing that families, neighborhoods, and communities are all touched when an individual receives a diagnosis. Our programs focus on the social determinants of health, systems barriers, and individual challenges patients and caregivers face when facing a cancer diagnosis, such as issues related to transportation, housing, navigation, education, caregiver support, and access to high quality specialty care. We address these concerns through high-touch, personalized support that involves nearly 750 local ACS staff, roughly 800 partner healthcare organizations, and approximately 1.5M volunteers. Our efforts in 2021 directly touched 91,614 unique recipients of our programs and services through transportation and lodging grants, stays in one of our 31 Hope Lodges that provide no-cost housing, free rides through our Road to Recovery volunteer-led cancer transportation program, among others. We emphasize advancing health equity in all our efforts, ensuring that we positively impact all communities through active listening with partners, deliberate

relationships with community and faith-based organizations, and an equity-curious mindset that consistently challenges us to reflect on our role as a driver of positive change.

### **Convenings**

ACS and ACS CAN serve as major conveners of allied groups within the oncology space. Below is a sampling of events and activities we host.

- **ACS CAN National Forum on the Future of Health Care: Improving Cancer Care in Every Community and Overcoming Unique Challenges, virtual and in-person in Washington, D.C., May 11, 2022**

This year's forum will focus on some of the challenges faced by specific populations of cancer patients, including communities of color, LGBTQ and other cancer patients and survivors who have been marginalized. The conference will showcase how practitioners, sites of care, and the private sector are rising to the challenge to address many of these disparities, and how public policies can ensure that advances in care improve access and affordability for all communities.

- **ACS CAN Leadership Summit and Lobby Day– Washington DC, September 12-14, 2022**

Cancer advocates from all 50 states and all congressional districts advocate for priority issues with their members of Congress.

- **ACS LGBTQ+ and Cancer ECHO Series – virtual, Date TBD**

A first of its kind, this series will have participants from Kentucky, Michigan, Ohio, Indiana and Tennessee focus on the quality of care for patients who identify as LGBTQ+ and address the unique needs of these patients.

- **National Lung Cancer Roundtable Annual Meeting – Washington, DC, Date TBD**

The American Cancer Society National Lung Cancer Roundtable (NLCRT) is a consortium of public, private, and voluntary organizations launched in 2017 that work together to fight lung cancer by engaging in research and projects that no one organization can take on alone. The Roundtable will hold its annual meeting in Washington, DC.

- **National Colorectal Cancer Roundtable Annual Meeting – November 16-18**

Each year the NCCRT membership, a collaboration of over 150 medical, advocacy, government, and corporate organizations, convenes to work together on our shared goal to increase colorectal cancer screening awareness and utilization, thereby reducing deaths from this highly preventable and curable disease. The event features presentations by nationally known experts, thought leaders, and decision makers on colorectal cancer screening policy and delivery, with opportunities to network and learn from each other. language on this should be added.

- **National Navigation Roundtable Annual Meeting – Date TBD**

The NNRT Annual Meeting is an important gathering of member organizations and individuals whose mission is dedicated to achieving health equity and access to quality care across the cancer continuum through effective patient navigation.

- **National HPV Vaccination Roundtable Annual Meeting—Date TBD**

Founded by ACS and the CDC in 2014, this roundtable is coalition of 70+ organizations working at the intersection of immunization and cancer control to prevent HPV cancers and work towards the elimination of HPV disease as a public health problem. The HPV Roundtable's power comes from passionate advocates representing survivors, researchers, health systems, providers, and public health leaders among others. Members contribute expertise and activate their own organizations to advance our collective mission.

- **ACS Breast Cancer Roundtable kickoff – date TBD in Q4**

In response to the President's Cancer Panel recommendations ACS created breast cancer and cervical cancer roundtables: <http://pressroom.cancer.org/2022-02-11-The-American-Cancer-Society-to-Launch-Breast-Cancer-and-Cervical-Cancer-Roundtables-to-Drive-Greater-Progress>

The activities listed above are a sampling of our efforts to improve cancer outcomes. While we are executing some of these efforts independently, many seek to change government policy. Your administration already has the power to make many of these impactful changes, and we urge you to do so where possible. We look forward to working with you. For more information or to discuss these comments further, please reach out to Illy Jaffer at [illy.jaffer@cancer.org](mailto:illy.jaffer@cancer.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa A. Lacasse'.

Lisa A. Lacasse, MBA  
President  
American Cancer Society Cancer Action Network