

2020 Leadership Summit & Lobby Day

Additional Talking Points

The Opening

- As you know, COVID-19 has upended our entire society, including cancer patients and their families.
- People continue to hear the words “you have cancer” everyday as our country responds to the COVID-19 pandemic. COVID-19 will impact cancer care, research, prevention and clinical trials for years to come. As Congress considers the next COVID-19 package, we urge the adoption of policies that support cancer patients, survivors, and their families. Your office received both a fact sheet and a letter from the cancer community outlining our priorities for that package.
- Now, let me turn to our two legislative asks of you this year.

The Asks

- Will you support increased funding for cancer research and prevention programs with at least \$44.7 billion (a \$3 billion increase) for the National Institutes of Health (NIH) in FY2021 including \$6.9 billion for cancer research at the National Cancer Institute (NCI)? And, will you support \$559 million for the Centers of Disease Control and Prevention’s (CDC) cancer programs, in the FY2021 funding bill?
- Will you cosponsor H.R. 1966/S. 946 the Henrietta Lacks Cancer Research Enhancement Act?

Talking Points

These additional talking points can be used to supplement your personal story. Be sure to use facts that support your story and the asks you are making.

General

- Cancer is a disease that affects everyone, but it doesn’t affect everyone equally.
- It is the nation’s second-leading cause of death. This year, over 1.8 million Americans will be diagnosed with cancer, and more than 600,000 people – 1,650 a day – will die from cancer.
- However, there is hope. 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. Today we have more than 16.9 million cancer survivors because of previous federal investments in cancer research and prevention.

ASK #1- Will you support increased funding for cancer research & prevention programs?

Research Funding

- The NIH & NCI lead, conduct, and support cancer research across the nation. Every major medical breakthrough in cancer can be directly traced back to the NIH & NCI.
- Our nation’s fast-growing cancer burden demands sustained increases in federal investment, even in moments of crisis.
- Even before the COVID-19 crisis, a historic number of possible cancer breakthroughs were being left on the shelf. Cancer research is one of science’s most dynamic areas, yet NCI is unable to fund hundreds of high-quality research applications every year.
- Without continued increases in funding, we risk losing a generation of young investigators, slowing progress and threatening American competitiveness. To maintain the pace of progress and discovery, Congress must provide long-term, sustained funding increases.

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CDC's Cancer Programs

- Preventing cancer is also critically important. About half of the 600,000 cancer deaths that will occur this year could be prevented through the application of existing cancer control interventions.
- The CDC's cancer screening programs provide key resources to states and communities to prevent cancer. Early detection of cancer through screening reduces mortality from colorectal, breast, cervical, and lung cancers.
- However, access to these potentially lifesaving screenings is not always equitable, creating significant disparities in cancer outcomes. The consequence of delayed screenings is that cancer is more often diagnosed at later stages when options for treatment may be limited and the odds for survival decreased.
- For instance, breast cancer was more likely to be found at an earlier stage among White women than among Black women. As a consequence, although Black women and White women get breast cancer at about the same rate, death rates are 40% higher for Black women. Additionally, Hispanic women are 40 percent more likely to be diagnosed with cervical cancer, and 20 percent more likely to die from cervical cancer, as compared to White women.
- CDC cancer programs like the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) are so important. This program provides low-income, uninsured, and underinsured women access to breast and cervical cancer screenings and diagnostic services, including mammograms, pap tests, and diagnostic testing if abnormal results are found.
- The NBCCEDP directly addresses cancer disparities by increasing access to life-saving screening programs and diagnostic services for thousands of underserved women each year. Because of insufficient funding this program currently only reaches a fraction of those who are eligible.
- Increased investment and access for communities of color to existing cancer control interventions such as the CDC's cancer programs is even more important now as we look to accelerate progress in the fight against cancer.

ASK #2- Will you cosponsor H.R. 1966/S. 946 the Henrietta Lacks Cancer Research Enhancement Act?

- Cancer research generates cutting edge treatments that are used to improve survival and quality of life for patients with cancer.
- About 1 in 5 cancer clinical trials fail because of lack of participation.
- Ethnic minorities, older Americans, rural Americans, and poorer Americans are among the groups that continue to be under-represented in cancer clinical trials. In addition, there is a 4-fold disparity in the proportion of Blacks diagnosed with cancer in the U.S. as compared to the proportion participating in clinical trials submitted to FDA for drug approval.
- H.R. 1966/S. 946 would direct the U.S. Government Accountability Office (GAO) to study federal policies that directly impact the participation rates of minority patients in cancer clinical trials nationwide. The GAO would also recommend potential policy changes across federal agencies that would reduce barriers that currently impede patients from diverse backgrounds from enrolling in clinical trials.
- The bill is named in honor of Henrietta Lacks, an African American woman who died of cervical cancer in 1951. To this day, cells cultivated during Mrs. Lacks' treatment have been used by medical researchers for some of modern medicine's most important breakthroughs, including the development of the polio vaccine and treatments for cancer, HIV/AIDS and Parkinson's disease.
- With COVID-19 upending clinical trials across the country new policies to ensure clinical trials include patients from diverse backgrounds is even more crucial. ACS CAN sees this as the first step to reduce barriers minorities currently encounter and increase diversity in cancer clinical trials.