Statement by Dr. Karen E. Knudsen, MBA, Ph.D. on
Fiscal Year 2023 Appropriations for the National Institutes of Health, the National Cancer Institute and the Division of Cancer Prevention and Control at the Centers for Disease Control and Prevention

Submitted for the record to the House Appropriations Subcommittee on Labor, Health and Human Services, and Education and Related Agencies
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BACKGROUND:

Karen E. Knudsen, MBA, Ph.D., is the Chief Executive Officer of the American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACS CAN). ACS is a nationwide, non-profit health organization dedicated to eliminating cancer as a major health problem. ACS exists because the burden of cancer is unacceptably high. With the goal to improve the lives of cancer patients and their families, ACS stands on three pillars to reduce the national cancer burden—through research, advocacy, and patient support. Notably, ACS is the largest non-profit funder of cancer research outside the US government, complemented by ACS research that tracks cancer trends in incidence and mortality each year across every area in the nation. Our advocacy arm, ACS CAN, works at the local, state, and national level to enhance access to these discoveries and to reduce cancer disparities. Finally, the ACS patient support activities are conducted in thousands of communities across the nation, touching more than 50 million lives per year through enhancing cancer prevention and screening, educating patients and caregivers, and providing transportation, navigation, and lodging free of charge to patients in need. Put simply, the 1.9 million Americans diagnosed each year with cancer are counting on us, and counting on the collaboration amongst the private sector, healthcare systems, and federal agencies to work together toward progress against the 200 different diseases we call "cancer."

As we meet here today, 1 in 3 women and 1 in 2 men over their lifetime can expect to hear the words "you have cancer." However, we are at an unprecedented time in history, wherein discoveries have been converted into meaningful progress in cancer prevention, detection,

treatment, and in some cases, cure. Since 1991, when there was a formidable increase in cancer research funding, cancer mortality rates have declined by 32%. That alone does not tell the story—the flattening of the cancer mortality curve has accelerated in recent years, from a 0.5% decrease year over year in the post-1991 era to our current rate of a 2% annual decline. In total, more than 3.5 million deaths from cancer have been averted due to cancer research funding.

It is clear that cancer research does indeed save lives, and more than ever before the gap between discovery and clinical intervention has narrowed, and emboldened a generation of new cancer researchers to strive for better anti-cancer strategies. Indeed, the last 10 years alone have resulted in the addition of an entirely new class of cancer therapeutics in the form of immunotherapy, complementing previous standards of surgery, chemotherapy, and radiation therapy. Research has also resulted in the development and implementation of a highly effective cancer vaccine, protecting against HPV (human papilloma virus) driven cancers. Thanks to this breakthrough, we have the first generation of vaccinated individuals in the US with protection against cervical cancer, and up to 50% of head and neck cancers. Similarly impactful research advances have been realized in new strategies for cancer imaging and early detection, effective new treatments for cancers previously thought to be intractable, and in some cases, cures.

It is on this basis that the cancer mortality rate is declining, and on this basis that we urge Congress to not only maintain but increase the pace of discovery through enhancing cancer research funding. Despite considerable gains, much work remains to reduce the burden of cancer. Unfortunately, a subset of lethal cancers are on the rise and show concerning trends that require intensive research. These include year over year increases in early onset colorectal cancer, uterine cancer, pancreatic cancer, and advanced prostate cancer. Lung cancer remains a major health challenge, accounting for 350 deaths alone in the US each day. Overall, cancer is the second leading cause of death in the US, with greater than 600,000 individuals predicted to die from

cancer in this year alone. The scientific community has shown that investment in cancer research yields returns in lives saved, and is poised to take on these challenges to further reduce death and suffering from cancer.

Equally important is investment in research that seeks to understand and measurably mitigate deep disparities that exist in cancer outcomes. For example, Black men have a 2-fold higher death rate from prostate cancer, stomach cancer, and myeloma as compared to white men. Black women are twice as likely as women of other racial or ethnic groups to be diagnosed with triple negative breast cancer (an aggressive form of disease), and for all breast cancers have a 41% higher cancer death rate as compared to white women. Geographical disparities also exist. For example, lung cancer mortality is 3-5 times higher in Kentucky vs. Utah or Puerto Rico. Cervical cancer incidence is more than twice as high in Arkansas as compared to Vermont. Factors leading to these and other striking cancer disparities are multi-factorial, and require research to develop strategies such that all Americans will have an equal chance to prevent, detect, and survive cancer—a ideal to which the American Cancer Society also strives toward.

We believe that investment in cancer research is a critical component of investing in population health. The ripple effects of the COVID-19 pandemic have further amplified this need. It has been estimated that 9.5 million Americans missed or delayed breast, colon, and prostate cancer screening in 2020 as a result of the pandemic, laying the foundation for a wave of cancer diagnoses at a more advanced stage that is difficult to treat. Based on the initial delays in breast and colorectal cancer screening alone, the National Cancer Institute (NCI) has predicted an unprecedented increase in cancer mortality for the first time since the 1991 flattening of the mortality curve. Further contributing to this concerning trajectory were pandemic-associated delays or reductions in access to clinical trials. Clinical trials span the cancer continuum and provide early access to the most advanced form of cancer detection and treatment. Funding for clinical trials

through the NCI is a vital resource through which Americans across the country benefit from research breakthroughs that can be lifesaving.

As a data-driven organization dedicated to improving the lives of cancer patients and their families, there has never been a more important time to invest in cancer research, and therein, to invest in protecting Americans against the second leading cause of death in this country. Progress has been remarkable, and the US scientific community stands ready to accelerate. The 1.9 million Americans who will face cancer diagnosis this year are counting on us. On behalf of all of those we serve, and their families, the American Cancer Society urges the following:

1. **For fiscal year (FY) 2023, ACS recommends funding of $49 billion for the National Institutes of Health (NIH) base budget, a $4.1 billion increase over the comparable FY 2022 funding level, with an inclusion of $7.76 billion for the NCI.** Such an allocation would allow the NIH's base budget to keep pace with the biomedical research and development price index and provide meaningful growth. Such investment is not only required to accelerate progress against cancer but will provide a needed boost toward maintaining a position of leadership in cancer discovery. Notably:
    a. Greater than 80% of federal funding for the NIH and NCI is spent on biomedical research projects at research facilities across the country.
    b. In FY 2020, the NIH provided over $34.6 billion in extramural research to scientists in all 50 states and the District of Columbia.
    c. NIH research funding also supported more than 536,000 jobs and more than $91 billion in economic activity last year.
2. **The ACS recommendation for the NCI of $7.76 billion is all the more critical, as:**
    a. Given the explosion in impactful discoveries, NCI is currently experiencing a demand for research funding that is far beyond that of any other Institute or Centers.

b. Between FY 2013 and FY 2019, the most recent year for which data are available, the number of Research Project Grant (R01) applications to NCI rose by 50.6%. For all other Institutes or Centre during that time, the number of R01 applications rose by only 5.6%.

c. As a result of this extraordinary demand from the scientific community, the investigator-initiated grant success rate at NCI dropped from 13.7% in FY 2013 to 11.6% in FY 2019. This is a situation unique to NCI, at a time when cancer researchers are making historic advances in new treatments and therapies. By contrast, the overall success rate for NIH during that same period actually rose from 16.8% to 21.2 %.

d. Cancer affects us all. We therefore urge Congress to sustain and increase the pace of discovery through enhanced NCI funding and ensure that progress against cancer continues. Put simply, investment in NCI and NIH is an investment in the American people, and in the American scientific enterprise.

3. **Given their important role in cancer prevention, we also recommend that the Centers for Disease Control and Prevention's (CDC) Division of Cancer Prevention and Control (DCPC) receive $462.6 million in funding.** The CDC provides key resources to states and communities to prevent cancer by ensuring that at-risk, low-income communities have access to effective prevention and early detection programs, helping all people lower their risk of cancer, and collecting cancer data that are used to monitor trends and direct programs to populations most in need.

Once again, thank you for your continued leadership on funding issues important to improving the lives of cancer patients and their families. Funding for cancer research and must continue to be a top budget priority in order to increase the pace of progress to reduce the burden of cancer.