February 2, 2022

The Honorable Patty Murray
Chair
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

The Honorable Rosa DeLauro
Chair
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

The Honorable Roy Blunt
Ranking Member
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

The Honorable Tom Cole
Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

Dear Chair Murray, Chair DeLauro, Ranking Member Blunt, and Ranking Member Cole:

As members of One Voice Against Cancer (OVAC), a broad coalition of public interest groups representing millions of cancer patients, researchers, providers, survivors, and their families, we strongly urge you to pass a fiscal year 2022 spending package as soon as possible. As you know, the fiscal year is already one-third over, and additional continuing resolutions (CRs) beyond February 18 will create even more uncertainty for cancer research, prevention, and treatment programs, which have already suffered throughout the COVID-19 pandemic.

We are especially concerned by the threat of a year-long CR. Both the House-passed FY22 Labor, Health and Human Services, and Education Appropriations bill and the Senate version of the bill would provide increases for the National Cancer Institute (NCI) and Centers for Disease Control and Prevention (CDC) – increases that would be wiped out by a year-long CR. At NCI, a freeze would force the Institute to cut the number of research project grants (RPGs) it awards in FY22, because of biomedical inflation and the fact that much of its budget goes toward honoring multi-year commitments awarded previously. Already, while it awaits a final FY22 appropriation, NCI has reduced its payline for RPGs from 11% to just 9%. Meanwhile,

continuation costs for previously awarded RPGs and other awards across the full NCI portfolio are being funded at just 90% of their original amount. NCI would likely extend at least some of these cuts for the entire fiscal year under a year-long CR.

RPGs are not the only component of NCI that would be affected by a year-long CR. Cancer centers, clinical trials, and Specialized Programs of Research Excellence (SPOREs) would almost certainly face cuts if Congress cannot reach an agreement on FY22 spending bills. We know you share OVAC's desire to prevent these cuts.

As a reminder, OVAC's FY22 requests are summarized below.

FY22 OVAC Requests for the National Cancer Institute and National Institutes of Health

Congress has increased funding for the National Institutes of Health (NIH) by $12.9 billion over the past six years. We are especially grateful that you have dedicated funding to address the precipitous decline in the success rate for RPG applications at NCI. As you know, NCI is experiencing a demand for research funding that is far beyond that of any other Institute or Center (IC). Between FY13 and FY19, the most recent year for which data are available, the number of R01 grant applications to NCI rose by 50.6%. For all other ICs during that time, the number of R01 applications rose by just 5.6%.

As a result, the RPG success rate at NCI dropped from 13.7% in FY13 to 11.6% in FY19. This is a situation unique to NCI, at a time when cancer researchers are making historic advances in new treatments and therapies. The success rate for NIH overall during that same period rose from 16.8% to 21.2%. The demand for NCI funding reflects the extraordinary progress that is being made in many areas of cancer research, the lack of progress for some cancers, and the potential for new breakthroughs. We urge you to take these factors into account when allocating NIH funding.

- NIH: $51.733 billion, the amount requested in the President's budget, or at least the House-passed level of $49.434 billion

- NCI: $7.609 billion, the amount recommended by NCI in its FY22 professional judgment budget, or at least the House-passed level of $6.992 billion

FY22 OVAC Requests for the Centers for Disease Control and Prevention

About half of the over 600,000 cancer deaths that will occur this year could be averted through the application of existing cancer control interventions. Unfortunately, in sharp contrast to funding for the NIH, federal funding for CDC cancer programs has remained almost flat for many years. Between FY10 and FY21, funding for the Division of Cancer Prevention and Control (DCPC) increased by just $15.4 million, or 4.2%, from $370.3 million to $385.8 million.

The DCPC provides key resources to states and communities to prevent cancer by ensuring that

at-risk, low-income communities have access to vital cancer prevention programs. However, information about the benefits of early education and 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 are lower. Additionally, job losses resulting from the pandemic have left many Americans without health insurance, increasing the need for robust cancer screening programs at the CDC.

- Division of Cancer Prevention and Control (DCPC): $559 million

Below please find OVAC's requests for key programs within the DCPC:

• National Comprehensive Cancer Control Program: $50 million
• National Program of Cancer Registries: $70 million
• National Breast and Cervical Cancer Early Detection Program: $275 million
• Colorectal Cancer Control Program: $70 million
• National Skin Cancer Prevention Education Program: $5 million
• Prostate Cancer Awareness Campaign: $35 million
• Ovarian Cancer Control Initiative: $14 million
• Gynecologic Cancer and Education and Awareness (Johanna's Law): $15 million
• Cancer Survivorship Resource Center: $900,000

If you have questions, please contact Lisa Lacasse, president of the American Cancer Society Cancer Action Network, at lisa.lacasse@cancer.org. Once again, thank you for your continued leadership on funding issues important in the fight against cancer.

Sincerely,

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 Society of Clinical Oncology
American Urological Association
Association of American Cancer Institutes
Bladder Cancer Advocacy Network
Cancer Support Community
Charlene Miers Foundation for Cancer Research
Children's Cancer Cause
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 Council
International Myeloma Foundation
KidneyCAN
Leukemia & Lymphoma Society
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
Oncology Nursing Society
Ovarian Cancer Research Fund 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 Life Raft Group
Triage Cancer
Us TOO International
ZERO - The End of Prostate Cancer