

**Congressional Testimony for Public Witness Hearing**

Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education  
and Related Agencies

**Wednesday, March 13, 2013**

**Statement of Walter J. Curran, Jr, MD, FACR**

Executive Director of Winship Cancer Institute of Emory University

On behalf of the Association of American Cancer Institutes

Chairman Kingston, Ranking Member DeLauro, and members of the subcommittee: Thank you for the opportunity to testify before you on the relationship of the National Institutes of Health (NIH) and our nation's cancer centers. My name is Dr. Walter J. Curran, Jr. of Winship Cancer Institute of Emory University. As Winship's Executive Director, a cancer researcher, and a practicing radiation oncologist, I am happy to be here on behalf of the Association of American Cancer Institutes (AACI) to discuss the critical importance of NIH support to our nation's cancer centers.

Chairman Kingston, thank you for your ongoing support of cancer research and your understanding of how research improves our care of cancer patients. I would also like to thank you for your visit to Winship in January 2012. I believe that our nation's leaders should visit cancer centers in order to witness the vital role our institutions play in the health of their constituents as they face a battle with cancer. Chairman Kingston, your support of Winship's recommended National Cancer Institute (NCI) funding level as well as your backing of our recent application to become a Lead Network Participating Site for NCI's National Clinical Trials Network (NCTN) is also appreciated. I hope your colleagues take the time to visit the cancer centers in or near their own districts and states to observe the outstanding work my colleagues do at their institutions.

### **NIH and Cancer Centers**

As you are well aware, the NCI is one of the NIH's institutes. NCI awards its designation to cancer centers who demonstrate expertise in laboratory, clinical, and behavioral and population-based cancer research through the successful competition for a Cancer Center Support Grant (CCSG). Winship first received NCI-designation in 2009; joining a prestigious

group of then 64 NCI-designated cancer centers. Winship just successfully renewed its designation and CCSG through a competitive renewal process, receiving a rating of “Outstanding” by a panel of our peers. Winship is the first and only NCI-designated cancer center in Georgia.<sup>1</sup> Today, Georgia is the 8<sup>th</sup> most populous state in the nation and is home to 3.2 percent of the entire U.S. population.

While Congress continues to debate the remainder of the FY2013 budget, NIH and NCI have prepared for cuts through FY2021. NIH will suffer a cut of \$1.6 billion, of which NCI will lose approximately \$250 million. These cuts will have a real impact on progress against cancer at Winship and other cancer centers across the country. Continued progress in cancer research is dependent on the sustained efforts of highly skilled research teams working at cancer centers across the country and supported by the NCI. A budget cut to NIH and ultimately NCI will decrease funding to cancer research in all parts of the country and impact many of the research teams working on new treatments and new cures. Rebuilding such teams, even after a short break in funding, could take years. As an example, Winship has an outstanding research team making real progress understanding how to target newly discovered mutations causing lung cancer, the type of cancer causing the most deaths in our country. We are observing an increase in the number of lung cancer patients who have little or no tobacco use history, and we are just beginning to understand the genetic and genomic risk factors of such individuals for developing lung cancer. A break in funding support of this and other projects could delay finding new and effective therapies for thousands of patients by years.

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<sup>1</sup> "Cancer Centers List." *National Cancer Institute: Office of Cancer Centers*. National Cancer Institute. Web. 8 Mar 2013. <[http://cancercenters.cancer.gov/cancer\\_centers/index.html](http://cancercenters.cancer.gov/cancer_centers/index.html)>.

Our nation's cancer patients deserve greater research attention to this deadly disease. Sadly, cancer is the leading cause of death in Georgia, as we rank the 36<sup>th</sup> state for health outcomes overall.<sup>2</sup> More than 1.6 million Americans were diagnosed with cancer in 2012, with more than 570,000 people dying from the disease. With 25 percent of all deaths in America caused by cancer—almost 1,600 deaths per day—the disease is the nation's second leading cause of death. NCI estimates that 41 percent of individuals born today will receive a cancer diagnosis at some point in their lifetime.<sup>3</sup>

At Emory's Winship Cancer Institute, we are excited about the new proton beam therapy facility that is now under construction in Atlanta as well as the increasing number of our patients being enrolled on cancer clinical trials. We see that the impact of budget cuts through FY2021 has already begun to affect our progress in research. Immediate effects will be felt in our research labs, with promising research slowed or even shut down, pending projects wiped off the boards, the next generation of bright young researchers unable to learn cancer research at the side of experts, and layoffs among trained cancer staff, including those who coordinate clinical trials that test new cancer therapies. At Winship, we enrolled over 700 cancer patients on trials testing new treatments in 2012 from all across the state of Georgia and beyond, each of whom has his or her own amazing cancer journey to tell. We aspire to increase the number of cancer patients that we can offer such hope, but we need sustained support to achieve this. The reduction of funding to the CCSG program will directly impact our ability to provide the critical infrastructure necessary for a robust research program.

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<sup>2</sup> *America's Health Rankings*. United Health Foundation. 2012. <http://www.americashealthrankings.org/GA>

<sup>3</sup> *Cancer Trends Progress Report – 2011/2012 Update*, National Cancer Institute, NIH, DHHS, Bethesda, MD, August 2012, <http://progressreport.cancer.gov>.

We are particularly excited about Winship's and other cancer centers' ability to offer new and promising therapies to our patients in what we refer to as our phase I unit. This is our specialized center, which allows us to carefully study all the beneficial and any harmful effects of these therapies. We have offered such groundbreaking phase I treatments to nearly 200 patients per year at Winship.

### **Overall Relationship with NIH**

In addition to cancer centers, the NCI supports cancer research in all of your communities through the National Clinical Trials Network and its newly reorganized five cancer cooperative groups. I have the great honor of co-leading one of these five research groups, and we have dedicated volunteer physicians and staff in every state and every congressional district in the nation offering hope to our cancer patients through a menu of over 200 cancer clinical trials. Twenty to twenty-five thousand patients choose to participate in these network trials each year, and this research has defined many of the best treatments for today and tomorrow's cancer victims among us. This research is well coordinated with our cancer centers and is necessary for outreach beyond our research universities into community medical practices and for finding answers to some of the toughest cancer research questions as quickly as possible. It is through this network that patients in such locations as southeastern Georgia are able to enroll in these cancer clinical trials with their community oncologists. Unfortunately, NCI support for these cancer cooperative groups has remained flat for over a decade. Sustaining this support is critical in providing your constituents the best access to the outstanding cancer care available through their participation in NCI-supported clinical trials.

## **NIH Impacts the Economy**

NIH plays a vital role in our cancer centers' research and also impacts our nation's overall economy. A United for Medical Research analysis released in January of 2013 projected the nation's life sciences sector, which includes cancer research, would lose more than 20,500 jobs and \$3 billion in economic output due to cuts to NIH. These serious consequences for biomedical jobs and local economies mean that funding cuts will undermine U.S. competitiveness, at a time when other nations are aggressively boosting their investments in research and development. We risk driving an entire generation of young cancer physicians and researchers either abroad, to seek opportunities to practice their craft and advance their careers, or out of the field altogether. At Winship this threat is real and we cannot afford to experience such loss. Such declines in funding will prevent Winship and other centers from quickly moving to a broader platform of personalized cancer care and research. This personalized approach requires a time- and resource-intensive approach to every patients' cancer to best understand what is the very best approach to each patient's care. This effort is well underway at Winship and other centers and will require a sustained and significant level of support to yield the positive results that we expect.

## **Conclusion**

NIH's full support of NCI-designated centers and their programs remains a top priority for our nation's cancer centers. We are on a clear path to dramatic breakthroughs, both at Winship and cancer centers throughout the country. We have come too far in cancer research progress to lose Congress' full support of NIH, and ultimately, NIH's funding of NCI-designated cancer centers and the National Clinical Trials Network. Your constituents deserve the best NIH, NCI, and our cancer centers have to offer in order to provide life-saving treatment.