

Congressional Testimony for Public Witness Hearing

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

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Introduction

Chairman Kingston, Ranking Member DeLauro, and members of the subcommittee, thank you for the opportunity to speak with you today about the need for funding the National Institutes of Health at a level of \$32 billion for Fiscal Year 2015. My name is Dr. Samir Khleif, and I am the Director of the Georgia Regents University (GRU) Cancer Center in Augusta, Georgia. Founded in 1828, GRU is one of four comprehensive research universities in Georgia and home to the state's only public academic health center and sixth largest public medical school in the country. I am here today to discuss the importance of increased NIH funding for cancer research and the need for more funding devoted to the elimination of cancer health disparities, particularly among minority and economically disadvantaged populations.

NIH Funding

America's biomedical research infrastructure has positively impacted health outcomes, created jobs, and spurred economic growth across the United States. Research at the National Institutes of Health, and the National Cancer Institute in particular, has transformed the way cancer is prevented, detected, and treated. Nonetheless, the burden of cancer continues to rise. Nearly every American family has been impacted—or soon will be—by a loved one's cancer diagnosis.

By 2030 the number of new cancer cases in the U.S. will have risen 45% over 2010, with the increase driven by cancer diagnoses in older adults and minorities. Greater investment in biomedical research, particularly cancer research, is critical. Unfortunately, in recent years NIH funding levels have not kept pace with growing needs.

In fiscal year 2013, NIH endured a loss of \$1.5 billion in federal funding; as a result, hundreds of high potential biomedical research projects across the country went unfunded. According to the NIH, 640 fewer competitive research project grants were awarded as a result of budget cuts and NIH was able to fund just one out of every six grant proposals. NIH grants drive our country's biomedical research innovation. Findings from these grants fuel our innovation economy, leading to the development of intellectual property and the investment of tens of billions of dollars each year by companies working to transform these discoveries into new medicines. Due to decades of sustained strong investment in NIH and NCI, remarkable progress is being made in cancer research and treatment, including in just the past 18 months: 13 new drugs for treating a variety of cancers; 6 new uses for previously approved drugs; 3 new imaging technologies; and the first high throughput sequencing machine, which will help tailor treatments for cancer patients. I join the biomedical research community in urging the Committee to increase the NIH funding level to \$32 billion in fiscal year 2015 and keep our best and brightest minds focused on developing the biomedical research breakthroughs that save lives.

GRU Cancer Center Mission

Through funding from the NIH, as well as other public and private sources, the GRU Cancer Center is focused on reducing the burden of cancer in the State of Georgia. We pride ourselves in offering our patients access to a broad range of cutting edge clinical trials, including several

first in human and first in the nation treatment protocols. We are home to one of the best and most cohesive immunotherapy research programs in the United States with real world “bench to bedside” state of the art immunotherapy treatments for patients. We have the only NCI Minority-Based Community Clinical Oncology Program in the state. And as Georgia’s only publically funded cancer center, we are focusing on the populations around us most in need of additional research and outreach.

The Burden of Cancer in Georgia

I would like to provide you with a brief snapshot of cancer in Georgia, currently the 8th most populous state in the nation:

- This year, over 47,000 Georgians will be diagnosed with cancer and more than 16,000 Georgians will die from cancer;
- Georgia ranks 8th in the nation for breast cancer mortality and 10th in the number of new prostate cancer cases per capita;
- It is projected that in 2020 cancer-related medical costs for Georgia will be \$7.3 billion.

When it comes to cancer disparities in Georgia, the picture is even more alarming:

- African American women in Georgia are 25% more likely to die from breast cancer than Caucasian women;
- African American patients with colorectal cancer are 45% more likely to die of their disease than Caucasian patients;
- And, not only do African American males in Georgia have the 5th highest incidence rate for prostate cancer among African American males nationally, these men are twice as

likely to be diagnosed with prostate cancer as Caucasian males in Georgia and nearly three times as likely to die from their disease!

There are many potential reasons for these and other cancer health disparities between African American and Caucasian populations in Georgia, including lack of health insurance, low socioeconomic status, lack of convenient access to health care, cultural differences in care seeking behaviors, genetic factors, and greater risk factors, such as smoking, obesity and excessive alcohol intake among certain populations. More research is needed to fully understand which of these factors, and possibly others, are the main contributors to disparities, which are most amenable to intervention, and what types of interventions are most effective.

Cancer Disparities

One key to eliminating health disparities is ensuring the tools we use to fight cancer actually work across diverse populations. African Americans and other minority groups have disproportionately high cancer rates, but their enrollment in clinical trials remains disproportionately low. A major study published just last week found that Hispanics and Blacks have a participation rate of just 1.3% in cancer clinical trials. And, out of about 10,000 NIH clinical trials counted, only 150 focused on a particular ethnic or minority population. As noted by the study's leader, "The proportion of minorities in clinical research remains very low and is not representative of the U.S. population with cancer. What is needed is a deliberate effort. Minorities are not hard to reach. They are hardly reached." (1) Without more diverse participation, it is nearly impossible to determine whether new cancer therapies will be safe or effective for patient groups that are not well represented in the clinical trial population. While

we as an institution seek to find cures and effective treatments for cancer, these data are essential if we are to eliminate disparities.

GRU Cancer Center provides care to a large population of African American patients. By making it a priority to enroll all eligible patients into clinical trials, we have been very successful in securing high African American enrollment in these critically important studies of new cancer treatments. Over the past ten years, the annual percentage of African American and other minority patients we have enrolled in NCI-sponsored cooperative group trials has ranged from 34 to 57%. Increasing minority participation in clinical trials to at least the level they are represented in the population must be a priority for the NIH if we are to achieve our goal as a nation to reduce cancer morbidity and mortality.

Closing

Mr. Chairman, thank you for your support and interest in cancer health disparities. I appreciate you taking the time to come to the Cancer Center to meet with me and my researchers to better understand the service and care we provide for citizens of Georgia and others around the world. To the rest of the committee members, I would like to extend an open invitation to visit our campus in the future. I thank you very much for your longstanding bipartisan support of NIH and for providing me the opportunity to speak today. Expanding the NIH budget is imperative if we are to continue making cancer research and biomedical science a national priority. I am available to answer any questions for you now or in the future for the record.

(1) University of California, Davis Comprehensive Cancer Center, news release March 18, 2014