

Ovarian Cancer National Alliance Testimony
Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education and
Related Agencies
Wednesday, March 13, 2013
Statement of
Calaneet Balas, Chief Executive Officer
Ovarian Cancer National Alliance

Chairman Kingston, Ranking Member DeLauro and distinguished members of Congress: good morning. Thank you for inviting me to testify today. My name is Calaneet Balas. I am here as the Chief Executive Officer of the Ovarian Cancer National Alliance to respectfully request appropriations for the National Cancer Institute and the Centers for Disease Control and Prevention.

The Ovarian Cancer National Alliance is a powerful voice for everyone touched by ovarian cancer. We connect survivors, women at risk, caregivers and health providers with the information and resources they need. We ensure that ovarian cancer is a priority for lawmakers and agencies in Washington, DC, and throughout the country. We help our community raise their voices on behalf of every life that has been affected by this disease. I am honored to be here to testify on behalf of our community.

Approximately 22,000 women are diagnosed with ovarian cancer every year, and 15,000 women die from the disease. Ovarian cancer is the deadliest gynecologic cancer; fewer than half of women survive five years from diagnosis and only one-third survive ten years. At this point, there is no reliable test we can use to screen women or catch the disease early. There are some known risk factors, including having a genetic mutation that increases risk of breast and ovarian cancer, using hormone replacement therapy and aging. Factors that decrease the risk of developing ovarian cancer include the use of oral contraceptives,

breastfeeding and removal of the fallopian tubes and/or ovaries. The majority of women with the disease have at least one recurrence, and for many of them, treatment eventually stops working. Ovarian cancer is the fifth leading cause of cancer deaths among women in the United States. All of the above are reasons why research and public health programs are so important for ovarian cancer.

The National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC) both do significant and valuable work around ovarian cancer. We are grateful for the Committee's continued support of these agencies, and the programs they undertake to lower the burden of ovarian cancer.

The NCI is the single largest nonprofit funder of ovarian cancer research domestically, funding approximately 75 percent of all nonprofit ovarian cancer research done in the United States. In Fiscal Year 2011, the NCI spent approximately \$110 million on ovarian cancer research, including large grants to cancer centers and cooperative groups, as well smaller grants for research on topics including overcoming drug resistance, angiogenesis—cutting off blood supply to tumors, and exploring the link between high density breasts and risk for ovarian cancer.

Recent highlights of NCI funded research include: a large trial of a new ovarian cancer drug, Avastin, which was shown to improve the time women's cancer stayed in remission; studies showing that prophylactic surgery for high risk women, including the removal of just a woman's fallopian tubes, significantly reduces the odds of developing ovarian cancer; and a study showing that screening average risk women with our current tools does not reduce mortality. The results of The Cancer Genome Atlas—another study funded by NCI—showed us

how important personalized medicine is for ovarian cancer. The Atlas told us that each case of ovarian cancer is genetically unique, so we are going to have our work cut out for us to identify targets and develop and test drugs.

The CDC has two programs directly related to ovarian cancer. The first raises awareness of the risks and symptoms of gynecologic cancers through advertising and educational materials. As of December 2012, PSAs about gynecologic cancer had generated 2.62 billion audience impressions and paid media generated 187 million audience impressions. Studies conducted by the CDC have shown that both women and health providers are unaware of the symptoms of ovarian cancer and current recommendations against screening. This data shows the clear need for continued education.

The second CDC program is focused on epidemiological research. Current research includes an evidence review of birth control as an intervention for those at high risk of developing ovarian cancer, a study of barriers to determine why women don't see specialists for surgery, and analyses of data on disparities and other patterns of survival.

While we clearly have a long way to go, we have made progress in our understanding of ovarian cancer. We have seen new treatments developed over the past twenty years, and we have a better understanding of where ovarian cancer develops and who is at risk for this deadly disease. In addition, we have a larger and stronger network of survivors and family members who can support one another.

The Alliance maintains a long-standing commitment to work with Congress, the Administration and other policymakers and stakeholders to improve the survival rate for women with ovarian cancer through education, public policy, research and communication.

Please know we appreciate and understand that our nation faces many challenges, including limited financial resources. I thank you, on behalf of the women I serve, for continuing to support programs that help women and health providers better understand and treat ovarian cancer. We know these programs have reduced suffering. We know women whose lives have been saved by knowing they were at high risk or who got new treatments that kept their cancer at bay. We respectfully request that you maintain support for these critical activities.

Thank you for your time today. I am happy to answer any questions you have.

One Voice Against Cancer FY14 Appropriations Requests

Program	Amount (millions)
National Institutes of Health	\$32,632
National Cancer Institute	\$5,349
National Institute on Minority Health and Health Disparities	\$283
Centers for Disease Control and Prevention	\$515
Comprehensive Cancer Control Initiative	\$50
Cancer Registries	\$65
National Breast & Cervical Cancer Early Detection Program	\$275
Colorectal Cancer	\$70
Skin Cancer	\$5
Prostate Cancer	\$25
Ovarian Cancer	\$10
Geraldine Ferraro Blood Cancer Program	\$4.67
Johanna's Law: The Gynecologic Cancer Education and Awareness Act	\$10
Office of Smoking and Health	\$197

One Voice Against Cancer Members

<p> Alliance for Prostate Cancer Prevention American Academy of Dermatology Association American Association for Cancer Research American Cancer Society Cancer Action Network American College of Surgeons Commission on Cancer American Congress of Obstetricians and Gynecologists American Social Health Association American Society of Clinical Oncology American Society for Radiation Oncology Asian & Pacific Islander American Health Forum Association of American Cancer Institutes Bladder Cancer Advocacy Network Cancer Support Community Charlene Miers Foundation for Cancer Research Colon Cancer Alliance CureSearch for Children's Cancer Fight Colorectal Cancer Friends of Cancer Research Intercultural Cancer Council Caucus International Myeloma Foundation LIVESTRONG Leukemia & Lymphoma Society </p>	<p> Malecare Prostate Cancer Support Men's Health Network National Alliance of State Prostate Cancer Coalitions National Association of Chronic Disease Directors National Brain Tumor Society National Cervical Cancer Coalition National Coalition for Cancer Research (NCCR) National Coalition for Cancer Survivorship National Patient Advocate Foundation Oncology Nursing Society Ovarian Cancer National Alliance Pancreatic Cancer Action Network Pennsylvania Prostate Cancer Coalition Prevent Cancer Foundation Preventing Colorectal Cancer Sarcoma Foundation of America Society of Gynecologic Oncology Susan G. Komen for the Cure Advocacy Alliance Us TOO International Prostate Cancer Education and Support Network </p>
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