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**Statement for the Record prepared for:**  
**Committee on Appropriations, Subcommittee on Labor, Health and Human Services,**  
**Education and Related Agencies**  
**Regarding funding for the National Institutes of Health for FY 2024**  
**March 23, 2023**

Thank you, Chairman Aderholt and Ranking Member DeLauro, for the opportunity to testify before you today. As a practicing oncologist and hematologist in Mobile, Alabama, I know first-hand the importance of investing in biomedical research. I am here representing the Association for Clinical Oncology (ASCO), the world's leading professional organization representing nearly 45,000 oncology professionals. Thank you to each member of this subcommittee for your long-standing bipartisan commitment to support federally funded research at the National Institutes of Health (NIH) and National Cancer Institute (NCI). This strong commitment to scientific discovery will speed the development of innovative treatments and sustain our nation's position as the world leader in biomedical research. ASCO appreciates this opportunity to provide fiscal year 2024 funding recommendations that will continue scientific progress our patients depend on:

- \$50.924 billion for the **National Institutes of Health**
  - \$9.988 billion for the **National Cancer Institute**
- At least \$1.5 billion for the **Advanced Research Projects Agency for Health (ARPA-H)**
- \$472.4 million for the **Centers for Disease Control and Prevention's (CDC) Division of Cancer Prevention and Control (DCPC)**
  - \$63.4 million for the **Cancer Registries Program**

**National Institutes of Health** In 2022, NIH provided \$36.68 billion in research funding to scientists in all 50 states and the District of Columbia, supported more than 568,585 jobs, and generated \$96.84 billion in economic activity.<sup>1</sup>

Robust growth in NIH-supported foundational research across the country is key to pushing the boundaries of innovation in both the public and private sector. In July 2022, NIH celebrated 10 years since the first pediatric cancer patient was treated with CAR T-cell therapy. This groundbreaking therapy works by training a patient's own body to destroy cancer cells, treating cancers such as leukemia, lymphoma, and multiple myeloma. NIH research is now focused on expanding this treatment to other cancers. CAR-T is only one example of the revolutionary research NIH can do with sustained, robust federal investments.

To replicate successes like this—and to achieve cures—we must ensure NIH has the capacity to support fundamental science across the full range of scientific disciplines.

**National Cancer Institute** The cancer death rate fell 33% in the last 30 years. Despite progress in preventing and treating cancer, it is the second most common cause of death in the U.S. In 2023, over 1.9 million new cases will be diagnosed and approximately 609,800 people will die from cancer. Of those new cases, more than 30,000 will be in Alabama. We expect this number to rise as the population ages; 88% of people diagnosed with cancer are 50 years of age or older and 57% are 65 or older.<sup>2</sup>

The NCI is the largest funder of cancer research in the world, but its funding has not kept pace with opportunities for cutting edge research. Between FY2013 – FY2022, R01 and R37 grant applications rose by 45%, but today only 14% percent of life-saving research can be funded. Apart from these missed opportunities, we will lose early career investigators who may choose other careers if their grant submissions are not funded, disrupting the workforce pipeline.

The NCI's Professional Bypass Budget released in 2022 recommended \$9.988 billion in FY2024 to fund the multiyear commitment to research and critical goals in the Cancer Moonshot.

The Moonshot investment is paying off, increasing our understanding of how tumors behave, enhancing treatment, and identifying new approaches to pediatric cancer. This progress was enabled by NCI's investment of nearly \$1.4 billion in 240 Cancer Moonshot projects across more than 70 cancer science initiatives. Funding for the Cancer Moonshot expires this fiscal year. We urge Congress to sustain this momentum by reauthorizing and funding the Cancer Moonshot and its infrastructure. With your support, the NCI can achieve its ambitious Moonshot goal of reducing the death rate from cancer by at least 50% in 25 years.

In addition to work done by the Cancer Moonshot, NIH-funded translational research and clinical trials have significantly improved the standard of care in many diseases. These efforts have produced insight critical to the development of targeted therapies, which identify patients most likely to benefit from treatments and help patients who will not benefit avoid the cost and pain of therapies unlikely to help them. This is where science becomes practice-changing for patients in America.

As a practicing oncologist, I have seen the impact this has on patients. A few years ago, NCI funded a trial evaluating the cancer genes of women with breast cancer to determine whether patients were likely to benefit from chemotherapy after surgery. It showed that 60 to 70% of women were considered low risk and did not require chemotherapy. One of my patients, a woman in her 40s, had breast cancer and previously would have been given chemotherapy based on the size of her tumor. Thanks to the trial, we learned she could avoid chemotherapy. She was spared significant toxicity and was able to continue a busy life caring for her two teenage children. Today, she is cancer-free and has completed her hormone therapy.

ASCO urges a substantial increase in funding for the National Clinical Trials Network (NCTN) and NCI Community Oncology Research Program (NCORP), which bring trials to the community setting, where a larger, more diverse patient population can participate. The NCORP network now covers 44 states and the District of Columbia.<sup>3</sup>

Over the last 40 years, adult trials conducted by the NCTN have extended the lives of patients with cancer by an estimated 14.2 million life-years. That amounts to roughly \$326 in federal investment for each life-year added.<sup>4</sup> An increase in NCI's budget would enable the Institute to achieve its goal of doubling patient accruals to clinical trials, giving more patients the opportunity to extend and improve their quality of life.

**Cancer Prevention and Control and Cancer Registries Program** As a complement to clinical trials, clinicians need accessible data to understand cancer at a broader level. The Centers for Disease Control and Prevention's (CDC) cancer programs play a critical role in the prevention, detection, and treatment of cancer. The human and financial cost of advanced disease—and about 50% of cancer deaths—could be prevented using existing prevention and early detection strategies supported by CDC's Division of Cancer Prevention and Control (DCPC).

Federal funding for DCPC has remained stagnant for many years. Excluding the DCPC's WISEWOMAN heart disease program funding, the past thirteen years have seen only a 6% increase. That is about \$100 million less than if DCPC funding had merely kept up with inflation.

ASCO joins the cancer community in requesting at least \$472.4 million for the DCPC, and \$63.4 million for the CDC's Cancer Registries Program. Cancer registries are a critical tool, providing surveillance, identifying trends among different patient cohorts, illustrating the benefits of early detection, and showing the impact of treatment advances on outcomes. Funding

the National Program of Cancer Registries at \$63.4 million could expand real-time reporting in up to 16 states.

**Advanced Research Projects Agency for Health** As the Advanced Research Projects Agency for Health (ARPA-H) continues to develop, we urge Congress to establish consistent and appropriate funding to ensure the success of the public-private partnerships necessary to accelerate the more immediate delivery of life-changing solutions.

Providing at least \$1.5 billion in FY24, consistent with FY23, will allow the new agency to recruit talent and identify opportunities for the revolutionary solutions that have characterized the agency upon which it is modeled, the Defense Advanced Research Projects Agency (DARPA). We reiterate our firm belief that the agency's funding should be additive and not come at the expense of robust, predictable funding for the NIH, NCI, and other existing research agencies.

Thank you again for your continued support of patients living with, surviving, and at risk of cancer through funding for these federal agencies and programs. We look forward to working with you on an FY24 budget that advances and accelerates U.S. cancer research and transformative health solutions.

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<sup>1</sup> United for Medical Research; <https://unitedformedicalresearch.org/annual-economic-report/>

<sup>2</sup> American Cancer Society, Cancer Facts and Figures 2023; <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cancer-facts-and-figures.pdf>

<sup>3</sup> National Cancer Institute; <https://ncorp.cancer.gov/about/>

<sup>4</sup> Unger JM, et al. Population, Clinical, and Scientific Impact of National Cancer Institute's National Clinical Trials Network Treatment Studies. J Clin Oncol. 2022 Dec 8;JCO2201826. doi: 10.1200/JCO.22.01826.