



OVAC FY 2018 Appropriations Requests

One Voice Against Cancer (OVAC), a broad coalition of cancer-related organizations representing millions of Americans, is grateful for the recent funding increases provided for cancer research. OVAC is calling on the White House and Congress to ensure that the fight against cancer remains a national priority and to make funding for cancer research, prevention and survivorship programs a top priority in fiscal year (FY) 2018.

The more than 200 diseases that we call “cancer” take a tremendous toll on our nation. It is estimated that almost 1.7 million people in the U.S. will be diagnosed with cancer this year. More than 600,000 Americans will die from the disease in 2017, which translates to more than 1,645 people a day. Recent estimates also show that cancer costs the U.S. economy more than \$216 billion annually in direct treatment costs and lost productivity, a number that will increase dramatically as incidence rates climb. It has also been projected that 2.1 million people in the U.S. will be diagnosed in 2030.

Despite these staggering statistics, there is significant progress in the fight against cancer. Since the mid-1990s, overall cancer mortality rates have been in decline, and there are now more than 15.5 million cancer survivors living in the U.S. Advances in basic biology and genetics over the past two decades have significantly improved how many cancers are prevented, diagnosed, and treated. Some cancer patients are benefiting from advances in precision medicine through the availability of therapeutic vaccines that harness a patient’s immune system or drugs that target cancers resulting from particular genetic mutations. The reduction in mortality rates and increase in survivorship is also due in part to the development of evidence-based prevention strategies.

Last year, under the Cancer Moonshot Initiative, a Blue Ribbon Panel of experts developed a series of recommendations on areas of research that are ripe for advancement with the appropriate infusion of resources. Thanks to bipartisan Congressional support, the National Institutes of Health (NIH) and National Cancer Institute (NCI) are now beginning to implement these scientific recommendations and promising new research is moving forward.

Additionally, the support provided for the NIH by Congress over the past two years has led to job growth and increased economic activity in every state, and an increase in the number of research grants supported by the NIH. In FY16, the NIH supported 54,220 research grants, an increase of 3,147 grants from FY14. NIH research funding also supported more than 379,000 jobs and nearly \$64.8 billion in economic activity last year.

But our work is far from complete. Progress has been painfully elusive for some childhood and adult cancers. The burden of cancer is also greater in some racial and ethnic groups, and other underserved populations. Additionally, treatment options are lacking for some diseases or have significant long-term

side effects. This is especially true for those suffering from metastatic disease, which is among the leading cause of cancer-related deaths. Even for all the cancers for which we have effective tools, many questions remain unanswered.

OVAC urges Congress to provide the NIH with at least \$36.2 billion in FY 2018, including at least \$6 billion for the NCI. This amount includes funding provided through the 21st Century Cures for targeted initiatives such as the Beau Biden Cancer Moonshot Initiative. Funding the NIH and NCI at this level would help advance the scientific momentum envisioned by the 21st Century Cures Act and ensure that the targeted funding provided from Cures serves its intended purpose and supplements the NIH's base budget.

The role of prevention in the fight against cancer is also critical. We know that about half of all cancer deaths could be avoided by simply using the knowledge and tools that are already available to us. The Centers for Disease Control and Prevention (CDC) cancer prevention and control programs provide vital resources to every state for cancer monitoring and surveillance, screening programs, tobacco cessation, state cancer control planning and implementation, survivorship programs, and awareness initiatives targeting skin, prostate, colon, and ovarian cancers. Because of funding shortfalls, fewer than one in ten eligible women currently receive screenings through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Overall, 2.6 million or 13.5 percent of women aged 40-64 will remain uninsured and eligible for breast cancer screening services through the program in 2017. Similarly, 5.7 million or 14.6 percent of women (age 21-64) will remain uninsured in 2017 and will be eligible for cervical cancer screening through NBCCEDP. For colorectal cancer screening, nearly 2.7 million or 13.4 percent of men and women aged 50-64 will remain eligible for services offered through the Colorectal Cancer Control Program in 2017. The cloud of uncertainty that hangs over Medicaid makes these programs even more essential to underserved populations than they have been the past few years.

OVAC also opposes the proposed elimination, consolidation, and funding cut for the CDC disease awareness and education programs. Adequate funding for each of the CDC cancer programs in FY 2018 will ensure that a half-million women are screened for breast and cervical cancer, allow tens of thousands of men and women to have access to colorectal screening, enable proper monitoring of state- and local-based cancer patterns and trends, and provide greater support for state and local awareness and education programs for prostate, skin, gynecologic, and colorectal cancers. It is also imperative that the CDC has sufficient resources to address the unique needs of the growing population of survivors who are living with, through and beyond a cancer diagnosis. We know that even after treatment ends, the cancer journey does not, and many survivors face long-term emotional, physical and financial side effects.

Additionally, oncology nurses are on the front lines when it comes to providing quality cancer care, and contribute significantly to cancer research. More funding for the Health Resources and Services Administration's nurse training programs is necessary to ensure enough resources to fund a higher rate of nursing scholarships and loan repayment applications and to support other essential endeavors to address the current and future nursing workforce shortage.

Funding for cancer research, prevention, survivorship, and nursing must continue to be top budget priorities in order to increase the pace of progress in the fight against cancer. OVAC once again calls

on Congress to sustain our nation's commitment to cancer research and prevention by increasing support for these efforts.

For FY 2018, OVAC urges Congress to support the following funding recommendations:

National Institutes of Health (NIH) - \$36.2 billion, including:

- **National Cancer Institute (NCI): \$6 billion**
- **National Institute on Minority Health and Health Disparities (NIMHD): \$306 million**
- **National Institute on Nursing Research (NINR): \$159 million**

Centers for Disease Control and Prevention (CDC) Cancer Programs - \$514 million, including:

- **National Comprehensive Cancer Control Program: \$50 million**
- **National Program of Cancer Registries: \$65 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: \$7.5 million**
- **Gynecologic Cancer and Education and Awareness (Johanna's Law): \$5.5 million**
- **Cancer Survivorship Resource Center: \$900,000**

Health Resources and Services Administration (HRSA)

- **Title VIII Nursing Programs: \$244 million**