



December 18, 2012

The Honorable John Boehner  
Speaker  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Nancy Pelosi  
Minority Leader  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Harry Reid  
Majority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
Washington, D.C. 20510

#### Member Organizations

*American Association  
for Cancer Research*

*American Cancer Society  
Cancer Action Network*

*American Childhood  
Cancer Organization*

*American College  
of Radiology*

*American Society for  
Therapeutic Radiology  
and Oncology*

*American Society of  
Clinical Oncology*

*American Society  
of Hematology*

*Association of American  
Cancer Institutes*

*Coalition of Cancer  
Cooperative Groups*

*CureSearch National  
Childhood Cancer Foundation*

*Friends of Cancer Research*

*Gateway for Cancer Research*

*Hematology/Oncology Pharmacy  
Association*

*International Cancer  
Advocacy Network*

*International Myeloma Foundation*

*Kidney Cancer Association*

*The Leukemia and  
Lymphoma Society*

*The Lustgarten Foundation for  
Pancreatic Cancer Research*

*Melanoma Research Alliance*

*Pancreatic Cancer Action Network  
PanCAN*

*Prevent Cancer Foundation*

*Prostate Cancer Foundation*

*The Society of Gynecologic Oncology*

*The V Foundation for  
Cancer Research*

Dear Speaker Boehner, Leader Pelosi, Leader Reid and Leader McConnell:

The National Coalition for Cancer Research (NCCR) is comprised of 24 national nonprofit organizations representing cancer patients and their families, researchers, health care professionals, and cancer survivors. Its mission is to focus the nation's research policy and resources on preventing, treating and ultimately defeating cancer.

The undersigned member organizations are writing to express our strong concern regarding the severely negative impact on cancer research due to proposed reductions in non-defense discretionary funding. We are especially concerned with the impact these cuts, if enacted, would have on cutting-edge research to prevent, detect, and treat cancer. As you know, under the provisions of the Budget Control Act of 2011, across-the-board spending cuts (sequestration) would be implemented on January 2, 2013 unless Congress acts now to stop them. We implore you to continue to work in a bipartisan manner to avoid these cuts, which threaten important breakthroughs in research on cancer and other diseases.

Perhaps nowhere will the impact on cancer research be more devastating than in cuts to the National Institutes of Health (NIH) and the National Cancer Institute (NCI). We are extremely grateful for the past efforts to increase funding for NIH, culminating with the bipartisan effort to double the budget for Agency between fiscal years 1998-2003. Since that time however, when adjusted for inflation, appropriations for NIH have *decreased* \$4.6 billion (17%). If budget sequestration occurs, funding for NIH-supported research on cancer and other diseases would be further cut by an estimated \$2.5 billion (8.2%). It is estimated that research on cancer alone would be cut by nearly half a billion dollars. This would bring funding for biomedical research sponsored or supported by NIH to their lowest levels since fiscal year 2001. In addition, some estimates show cuts of this magnitude could lead to 2,300 fewer research project grants, lead to more than 30,000 job cuts across the country, and approximately a \$4.5 billion loss in economic activity. We simply cannot allow this to occur – your leadership is needed now more than ever to prevent these devastating cuts from taking place.

Biomedical research is an engine of economic growth and job creation at the federal, state, and local levels. According to a recent report by noted business economist Everett Ehrlich, Ph.D., in 2010, NIH directly and indirectly supported nearly 488,000 jobs, and produced \$68 billion in new economic activity. The result of the cuts being discussed would be felt in communities across the nation, as more than 80% of NIH funding is directed to research taking place by 325,000 scientists at more than 3,000 institutions in all fifty states and the District of Columbia. In addition to the direct jobs impact, there is

broad and compelling evidence demonstrating the dynamic role between NIH spending and the private sector as the discoveries NIH grants help develop translate to commercial applications involving new methods of prevention, detection, and treatment. These invaluable contributions to the American economy and job creation will be impeded significantly if budget sequestration and, in particular, cuts to non-defense discretionary spending was to occur.

It is especially troubling that Congress is considering such massive cuts at a time when advances in our understanding of cancer development are yielding potential treatments at a rate that is faster than we can study them. We are facing unprecedented opportunities to broaden our use of precision medicine in oncology care – where we are using treatments that target cancer development at the molecular level. These changes are altering the fundamental way in which we categorize and treat cancers.

For example, research funded through the Cancer Genome Atlas has identified common genetic aberrations in patients with lung, breast, ovarian, brain, and colorectal cancer. This identification has increased the potential for targeted therapeutics designed to treat subpopulations of patients with these deadly forms of cancer, and possibly for other diseases, based on the patient's own genetic characteristics. Through innovations such as mutation sequencing, expression profiling, and the identification of genetic signatures, evidence-based treatments for many forms of cancer are now highly targeted to ensure that each patient is receiving the right treatment at the right time, and for the genetic abnormalities that are driving their tumor. These advances also enhance the objective of Congress to customize medical treatments, and base patient care on evidence-based practice guidelines, which have the potential to achieve savings by not utilizing treatments which are likely to be ineffective.

Furthermore, across-the-board spending cuts in non-defense discretionary spending will severely impact other programs associated with the National Cancer Program, including cancer registries, cancer prevention and early detection, cancer education and outreach, and cancer survivorship programs.

We understand and appreciate the tremendous fiscal constraints under which our nation is operating. We strongly support efforts to identify a balanced approach to increase revenue and reduce spending. However, the specifics of how these objectives are achieved are of paramount importance. The undersigned organizations urge you to reject any proposal that would impede the remarkable progress that to continues to allow researchers and other health professionals to understand, detect, and treat cancer.

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