# AACR Hosts Congressional Briefing on Cancer Progress, NIH Funding

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- Briefing contained updated data on economic impact of NIH funding.
- Research leaders and patients addressed cancer progress.
- High-resolution photos available to the media.

WASHINGTON, D.C. — The American Association for Cancer Research hosted a briefing on Feb. 12 for members of Congress and their legislative staffs that highlighted progress in cancer research and treatment as well as challenges created by decreased levels of funding.

The briefing was held in the Rayburn Building on Capitol Hill as the threat of sequestration looms. Unless Congress acts before March 1, funding for the National Institutes of Health (NIH) will decline by 5.1 percent, potentially resulting in a loss of more than 20,500 jobs and $3 billion in new economic activity, according to a report from United for Medical Research.

The American Association for Cancer Research (AACR), a member of United for Medical Research, highlighted the report as part of its briefing. The report estimates that NIH funding currently supports more than 402,000 jobs and $57.8 billion in economic output nationwide.

“It is imperative that funding for medical research through the NIH be regarded as a priority investment for our nation,” said Jon Retzlaff, M.P.A., M.B.A., managing director of the Office of Science Policy and Government Affairs at the AACR. “The frustrating reality is that our ability to deliver on the promise of science to patients is in great jeopardy due to both a decade of stagnant budgets and the looming threat of sequestration. We have reached a crisis point.”

The briefing was part of an ongoing effort by the AACR, United for Medical Research and approximately 100 other organizations to draw attention to the funding crisis and its impact through the Rally for Medical Research. These groups will host the Rally that is expected to draw more than 10,000 people to the steps of the Carnegie Library in Washington, D.C., on April 8, 2013, at 11 a.m.

It is estimated that each year more than 1.6 million Americans receive a cancer diagnosis and more than 580,000 will die of the disease. Due to advances in research and treatment, however, there are now nearly 14 million cancer survivors in the United States.

At Tuesday's briefing, congressional staffers heard from Douglas Lowy, M.D., deputy director of the National Cancer Institute (NCI), a part of the NIH. Lowy highlighted statistics showing that cancer mortality rates have declined over the past 10 years for most cancers, but the decline has not been seen across all cancers and it has not been shared by all racial and ethnic groups or genders.

"Basic research supported by the NCI is the main engine of discovery that will lead to future breakthroughs in the fight against cancer," said Lowy.

Unfortunately, while the budget for the NCI in fiscal year 2012 was approximately $5 billion, in any year most of that funding is already committed to ongoing projects and annual increases have not kept pace with inflation. According to Lowy, only around 15 percent of new grant applications receive funding.

"The key thing to remember about basic research is that only the public sector can really invest in it because the horizon line of the private sector is simply too short," said Lowy.

Lowy cited the National Lung Screening Trial as an example of publicly funded research, which was conducted over approximately 10 years at a cost of more than $250 million. The trial, which was published in the New England Journal of Medicine in 2011, indicated that for current and former smokers, low-dose CT screening reduces lung cancer mortality by 20 percent.

Anna D. Barker, Ph.D., professor and director, Transformative Healthcare Networks, and co-director, Complex Adaptive Systems Research at Arizona State University, said one of the many examples of government-funded breakthroughs is The Cancer Genome Atlas.

"The data generated are helping researchers understand how these changes interact to drive different cancers, and they are laying the foundation for improving cancer prevention, early detection and treatment," said Barker, a former deputy director of the NCI.

Barker was followed by Ken Anderson, M.D., director, Jerome Lipper Multiple Myeloma Center at the Dana-Farber Cancer Institute and Kraft Family professor of medicine at Harvard Medical School in Boston, Mass.

Anderson highlighted recent progress in blood cancers, which has made myeloma a "chronic disease for many patients," Anderson said. According to Anderson, agents like bortezomib, the immunomodulatory drug lenalidomide, carfilzomib and pomalidomide have resulted in demonstrable patient benefit.

"Without NIH/NCI funding, this amazing progress simply would never have happened," said Anderson. "Importantly, the lessons of myeloma apply to other blood cancers. Indeed, the mechanisms of disease are common, allowing for fast-forwarding progress in the development of new, more effective treatments."

Anderson's presentation was followed by M. Robert Carr, a former United States

Congressman from Michigan, who was treated by Anderson for multiple myeloma in 2007. Carr was treated with bortezomib, a newly approved drug at the time. He has been cancer-free since 2008.

“Cancer does not discriminate. It can strike anyone—no age, gender, race, ethnicity or even political affiliation makes you immune to developing cancer,” said Carr. “As a result of the dedicated work of cancer and biomedical researchers like our panelists today, the progress has been remarkable.”

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