DEADLIEST CANCERS COALITION

May 23, 2017

Dear [Representative] [Representative Last Name]:

As members of the Deadliest Cancers Coalition, a collaboration of national nonprofit organizations focused on addressing issues related to our nation's most lethal cancers, we are writing to thank you for including a $2 billion increase for the National Institutes of Health (NIH) in the fiscal year 2017 Consolidated Appropriations Act. Given that the Continuing Resolution included $300 million as authorized by the 21st Century Cures Act specifically to support the Beau Biden Cancer Moonshot Initiative, the total FY17 increase for the National Cancer Institute (NCI) is $475 million. In light of the cuts proposed by the Administration today, your on-going support for cancer research is critical to our ability to get new treatments and early detection tools to Americans diagnosed with our nation's deadliest cancers.

When it passed the Recalcitrant Cancer Research Act (Public Law 112-239), Congress defined the deadliest or recalcitrant cancers as those with a five-year survival rate below 50 percent. While a variety of cancers fall under this definition, nearly half of the cancer deaths that will occur this year will be caused by seven site-specific cancers: ovary, brain, stomach, esophagus, lung, liver, and pancreas. Although each is unique, the nation's deadliest cancers present some common challenges: (1) there are few early detection tools and/or effective treatments and (2) research is desperately needed to change their persistently low survival rates.

This year, the five-year relative survival rate for myeloma increased to 50 percent, meaning that this disease has "graduated" out of the statutory definition. Our goal is to not only see progress on cancers like myeloma continue, but to reach a point in which there are no cancers that fall under the deadliest cancers definition.

We are making progress. Pancreatic cancer survival has also increased, albeit only slightly, in each of the last three years. Further, thanks in large part to the NCI's National Lung Screening Trial, there is now an early detection tool for Americans at high-risk of being diagnosed with lung cancer, which could save at least 12,000 Americans each year. While these advances are worth celebrating, there is still much more work to be done.

The medical research funding included in the Consolidated Appropriations Act renews the commitment that Congress made in 2016 to putting NIH on a path of sustained growth so that we can continue to see progress in our nation's deadliest cancers. We commend you for maintaining that commitment and strongly urge you to continue it as Congress begins deliberations on fiscal year 2018 appropriations.

As happy as we were with the vote to increase medical research funding, we would be remiss if we did not also voice our concerns about the House passage of the American Health Care Act on May 4. We are deeply concerned that this bill reduces the assurances of care that are currently in place. Further, the bill would force our nation's sickest patients to navigate an even more complicated health insurance landscape when they are in their hour of greatest need. As this debate moves forward, we strongly urge you to ensure that there are no lapses or reduction in health coverage for this critical population.

Sincerely,

American Association for the Study of Liver Diseases
American College of Gastroenterology
American Gastroenterological Association
American Liver Foundation
Asbestos Disease Awareness Organization
Debbie's Dream Foundation: Curing Stomach Cancer
Digestive Disease National Coalition
Esophageal Cancer Action Network
Hepatitis B Foundation
Hepatitis Foundation International
International Myeloma Foundation
Lung Cancer Alliance
Mesothelioma Applied Research Foundation
National Brain Tumor Society
National Ovarian Cancer Coalition
National Pancreas Foundation
National Viral Hepatitis Roundtable
Ovarian Cancer Research Fund Alliance
Pancreatic Cancer Action Network
Society of Gynecologic Oncology
TargetCancer Foundation