Association of American Cancer Institutes

mail@aaci-cancer.org
www.aaci-cancer.org

August 15, 2024

The Honorable Cathy McMorris Rodgers
Chair, Committee on Energy & Commerce
United States House of Representatives
Washington, DC 20515

Dear Chair McMorris Rodgers:

The Association of American Cancer Institutes (AACI) thanks you for your leadership and commitment to supporting biomedical research and for your public service leading the Energy and Commerce (E&C) Committee.

AACI represents over 100 leading academic cancer centers throughout North America that are at the forefront of cancer research; patient care; screening and prevention; and community outreach and education. AACI cancer centers are grateful for the support of the federal government and for your ongoing efforts to strengthen public health.

We appreciate the opportunity to share our priorities in response to the E&C Committee's Reforming the National Institutes of Health (NIH) Framework for Discussion. Below are some of AACI's key recommendations:

- Boosting funding for the National Cancer Institute (NCI) to improve its grant success rate, which currently lags other NIH Institutes and Centers (ICs);
- Maintaining demographic-based research to better address persistent health disparities; and
- Continuing to adequately support grantee institutions for the Facilities and Administration ("F&A") costs incurred when conducting research.

NCI Success Rate

AACI's primary public policy goal is to increase the success rate of applications for investigator-initiated research grants (R01) through the NCI. AACI appreciates that the framework provides more funding to the NCI than other institutes, but as the document notes, the NCI's 16.1 percent grant success rate in Fiscal Year 2023 is significantly below the overall NIH average of 21.3 percent. While we strongly agree there is ample justification to increase the NCI budget, AACI does not advocate for the shifting of funding from one disease category or IC to another. Instead, we will continue to build the case for why NCI should be the recipient of additional, targeted investment.

The low NCI success rate not only leaves potential research discoveries on the cutting-room floor; it also stands to slow future progress by discouraging early-career scientists who are unable to adequately fund their work. We hope that Congress will recognize the urgency of increasing the NCI success rate to align with the overall average of NIH ICs.

Health Disparities
AACI is committed to mitigating disparities that are prevalent across the U.S. health care system. Examples of cancer-related health disparities include higher rates of multiple myeloma, colorectal cancer, and cancers of the liver and intrahepatic bile duct, prostate, and stomach among Black people, and higher rates of cancers of the gallbladder, liver, intrahepatic bile duct, and soft tissue cancers affecting the heart and stomach among Hispanic individuals. Additionally, data show that American Indian and Alaskan Native people are less likely to undergo diagnostic cancer screenings than non-Hispanic white people, and rural populations face worse cancer outcomes than urban populations, primarily due to limited access to care.

We believe that the proposal in the E&C reform document to "eliminate the demographic- or disease-specific siloed nature of the current structure…" is well-intentioned, but flawed. Different populations face unique risks related to cancer and other diseases. To successfully close the gaps in cancer incidence and mortality, we must address the root causes of health disparities for individual groups. Demographic data are key to assessing progress in reducing health disparities and identifying inequities that still need to be addressed.

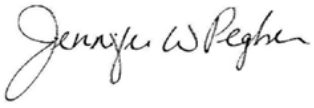
F&A Costs
We appreciate the attention of the E&C Committee on ways to increase efficiency and reduce waste and unnecessary expenditures in NIH grant processes. However, AACI cancer centers are concerned that some proposals outlined in the reform document could actually increase costs and administrative burden on taxpayer-funded research.

Research laboratories require basic utilities like heat, electricity, and water, and employ staff to keep the buildings clean and in good repair. Modern labs also need sophisticated environmental controls, instrumentation, information technology, and state-of-the-art safety and security systems to protect personnel and surrounding communities. Additional needs for biomedical research labs include clinical environments and medical facilities, extensive tissue and sample collections, and professionals to ensure compliance with federal, state, and local regulations on human and animal subject research protections, privacy, health and safety, and for management and technical support. The cost inputs outlined above are addressed in F&A costs, sometimes called "indirect costs", of an award and are a vital component to the conduct of sponsored research.

Tracking the above expenditures line-by-line on every by every individual grant and lab would be arduous, expensive, and inefficient. By contrast, the current government-wide policy of reimbursing F&A expenditures—as a rate to be applied to the direct costs of a research project based on the audited real costs of expenses unique to the grantee research institution—is a practicable, effective, and efficient approach.

We thank you again for your leadership on issues critical to public health and research and appreciate the opportunity to share our input. Please share any questions or concerns with AACI Senior Government Relations Manager, Jaren Love, at 814-932-0070.

Sincerely,



Jennifer W. Pegher, MA, MBA
Executive Director, AACI