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# Commentary

## No Time to Waste: Now is the Time to Advocate for Federal Funding to Support Cancer Research

By Jennifer W. Pegher, MA



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### Commentary Overview

- With less than two weeks left in Fiscal Year (FY) 2023, Congress has yet to approve a budget for FY 2024.
- A government shutdown would have disastrous consequences for cancer research, potentially resulting in budget cuts for the National Institutes of Health and the National Cancer Institute.
- Now is the time for all of us to advocate for robust federal funding increases to accelerate progress against cancer at AACI cancer centers throughout the country.

**With the 2023 Fiscal Year (FY) ending in less than two weeks and no FY 2024 budget agreement on the horizon, the likelihood of a government shutdown is growing. Each day without an approved budget delays the development of innovative cancer treatments and potential cures. And for patients with cancer, there is no time to waste.**

As the second most common cause of death in the United States, cancer has historically transcended partisan divisions, receiving bipartisan legislative support. The Biden administration has given additional attention to cancer through projects housed under the renewed Cancer Moonshot and the Advanced Research Projects Agency for Health (ARPA-H). However, despite generous congressional support, inflation has significantly eroded the purchasing power of the National Cancer Institute (NCI).

Earlier this year, under the leadership of Dr. Monica Bertagnolli, the NCI released the [National Cancer Plan](#), which established clear goals and strategies to prevent cancer, reduce cancer mortality, and ensure the best quality of life for patients with cancer.

Just last week, the Biden administration shared [new plans for the Cancer Moonshot](#), including the integration of National Institutes of Health (NIH), ARPA-H, and NCI datasets to streamline cancer research; a nationwide network dedicated to supporting enrollment in clinical trials within underserved communities; smoking cessation resources; and virtual cancer care options for veterans.

**Achieving these ambitious cancer goals will require substantial and sustained new federal**

## investment.

While the budget of other NIH institutes and centers (ICs), and the comparatively lower volume of applications, allows many ICs to fund 20 percent or more of grant applications, the NCI's budget has not kept pace with the volume of applications it receives. As noted in the [December 2022 AACI Commentary](#), consistently low success rates not only impact current research; they may drive future generations of promising scientists away from cancer research.

Due to sustained funding increases, NCI was able to set its payline at the 11th percentile in FY 2022, and the 12th percentile in FY 2023, funding 13-14 percent of grant applications. With a government shutdown looming, a funding increase is unlikely for FY 2024 – and devastating budget cuts are not out of the question.

Despite these grim statistics, there is hope. Our unprecedented era of technological advancements allows for the rapid translation of basic research into tangible benefits for patients with cancer. Overall cancer mortality has been on a steady decline for over two decades, and since the introduction of the National Cancer Act in 1971, pediatric cancer deaths have dropped by over 68 percent. Promising new drugs and devices, including immune checkpoint inhibitors and therapies for formerly "undruggable" cancers, are regularly approved by the U.S. Food and Drug Administration.

NCI-supported research has driven transformative discoveries that have not only improved cancer care but have made a significant impact on biomedical research. In recent years, Nobel Prizes have been awarded to Drs. Elizabeth H. Blackburn; Carol W. Greider; William G. Kaelin, Jr.; Gregg L. Semenza; and James P. Allison for work supported for decades by NCI research project grants. And each month, AACI receives notice of NCI grants supporting a range of projects at our member cancer centers. Recent examples include non-invasive methods for detecting prostate cancer; imaging surveillance strategies to optimize lung cancer outcomes; advances in colorectal cancer research; increasing the pool of surgeon-scientists; and offering more targeted cancer treatments to patients in rural areas.

In the National Cancer Plan, Dr. Bertagnolli rallied traditional stakeholders of the cancer community to reach beyond existing partnerships to work toward our mutual goals. Now is the time for AACI cancer centers to wield their collective influence to educate members of Congress and demonstrate the value of cancer research firsthand.

I call on AACI members to highlight accomplishments at your institutions that are driven by federal funding, and to build on the momentum of annual Capitol Hill visits with ongoing advocacy. [Write your representatives](#), invite members of Congress to visit your institutions, and meet with your legislators in their district offices.

Over the past 50 years, we have made great strides in accelerating progress against cancer. Any disruptions to federal funding would dramatically slow this progress. AACI cancer centers know the value of cancer research and the importance of predictable funding. With FY 2024 funding in jeopardy—and future discoveries on the line—it's time for us to make sure Congress knows as well.

*More details will be available later this month, with the release of the NCI's FY 2025 Professional Judgment Budget.*

## Write Your Representatives

### Our Mission

The Association of American Cancer Institutes (AACI) represents over 100 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by enhancing the impact of academic cancer centers and promoting cancer health equity.

### About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.



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