

July 31, 2002

United States Senate Cancer Coalition
National Cancer Legislation Advisory Committee Hearing
Sept. 20, 2001

I would like to express my appreciation to Senator Feinstein and Senator Brownback for holding this hearing to review the report of the National Cancer Legislative Advisory Committee. I feel this report includes a number of very significant recommendations that if implemented would clearly advance our fight against cancer.

For the past 30 years I have been involved in clinical practice, clinical research and program administration in both the academic and the community environment as a medical oncologist. Currently I am the Executive Director of the Swedish Cancer Institute at the Swedish Medical Center in Seattle, Washington. I was appointed to the National Cancer Legislative Advisory Committee because of my extensive experience in clinical research and clinical practice.

Scientific research now tells us that cancer is a genetic disease. Alterations of the human genome lead to transformation of normal cells to cancer cells and influence their ability to invade local tissue, spread to distant organs and respond to a variety of therapies. Now that we are rapidly gaining knowledge of the molecular biology of cancer, new therapies can be designed to correct, interfere with or otherwise alter these biochemical changes. The potential ability to diagnose cancer at an earlier stage when it is potentially curable or even preventable will exist. Never before have we had this understanding about the basic biology of cancer. The promise of the future in developing new strategies for managing the disease is unlimited. Therefore, strong funding for both basic and translational research is critical in providing new knowledge and advances. Recommendations of the committee for increased funding for research needs to be supported so we can develop these new strategies as rapidly as possible.

In order to perform research in the future we need to support young clinical investigators who are our future. Currently, young investigators face many obstacles in pursuing a successful career. For their level of education and training they are often inadequately supported. Financial considerations and obligations often force budding scientists to choose other career paths. We need to develop programs that successfully support promising new clinical investigators as outlined in our report.

Support for clinical trial programs needs to be increased if we are going to rapidly bring new therapies to the clinical setting. The large majority of patients entering clinical trials are treated in the community cancer center setting. Clinical investigators in private practice have accrued large numbers of patients to national clinical trials. Their work has been evaluated and deemed outstanding. However, funding for performing clinical trials remains inadequate, particularly in federal

programs. Regulatory procedures are becoming overwhelming and discourage many qualified investigators from participating in clinical trials. The federal government needs to increase their funding and carefully evaluate the value of the many regulatory processes that are being instituted. Without these clinical trials, new therapies will be slower to become available to our patients.

As new therapies become available, the healthcare system needs to be able to provide them to all of the patients with cancer in this nation. Modern cancer care needs to be accessible to all of our citizens regardless of ability to pay. Reimbursement for cancer care and cancer screening needs to be available for the uninsured. A specific example of this problem is the CDC breast and cervical cancer screening program. The CDC program has funded breast screening for the underserved and uninsured. For an extended time, however, no funding was available for further evaluation and treatment for patients diagnosed with breast cancer through this program. Only now are state governments providing Medicaid funds to facilitate treatment of these patients. This is only one example of the difficulty patients without insurance have in accessing our healthcare system when they have serious medical problems. Our report recommends funding for all uninsured individuals with cancer.

Our healthcare system is facing significant, dangerous shortages of healthcare providers. We need to develop strategies and adequate funding for healthcare to make health careers attractive to young people. The emphasis in the recent past has been to promote primary care physicians and discourage specialty care training. However with the increasing number of patients with cancer, there are too few oncologists available to manage the caseloads that will be coming in the next decade. There are also too few trained oncology nurses to facilitate patient care. Reimbursement for both hospital and office practice oncology services is currently inadequate and threatens our to-date excellent cancer care delivery system. Proposed Medicare reimbursement changes for oncology services will further endanger the delivery system and ultimately availability of cancer services to our patients both in the hospital and office practice settings.

The recommendations of the NCLAC out of necessity cover many varied areas because of the breadth of the cancer problem. I sincerely hope that the U.S. Senate and other components of the United States government will carefully evaluate these recommendations and find ways to implement them for the benefit of our many citizens who currently have or who will have cancer. Thank you for your support and effort in this regard.

Sincerely Yours,

Albert B. Einstein, Jr., MD
Executive Director
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