

TESTIMONY

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National Cancer Legislative Advisory Committee Report
Conquering Cancer: A National Battle Plan to Eradicate Cancer in
Our Lifetime

October 10, 2001

**The Honorable Dianne Feinstein
The Honorable Sam Brownback
Co-Chairs**

Testimony before the Senate Cancer Coalition
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I would like to extend my thanks to Senator Feinstein and Brownback and my colleagues on the National Cancer Legislation Advisory Committee for the opportunity to share these comments with you today. Thirty years ago we began this nation's war on cancer. The question at that time was, "if we can send people to the moon, why can't we find a cure for cancer?" We now know that cancer is unlike other diseases and that the complexity of cancer is due to genetic instability -- errors in our genetic instruction book that permit the cancer cells to grow uncontrollably and spread throughout the body. We are now witnessing the impact of thirty years of discovery with the development of a multitude of new weapons to revolutionize diagnosis and greatly improve our ability to treat and prevent cancer. We have defined the precise alterations in many different types of cancer and are developing therapies that target these cancer-specific changes. Now, it is no longer sufficient to ask what a cancer cell looks like, but for new drugs like Gleevec, we must know which genes are altered in the cancer, which are inappropriately expressed and what are their functions? In the past twenty years, we have seen a vast increase in fundamental knowledge about the disease that has enabled us to develop and fine-tune the technology to answer these questions.

An overarching recommendation that is required for success in any of our current or proposed efforts is that the President and Congress must continue on the current path to double the National Institutes of Health budget by 2003, and continue expanding the investment of resources to conquer cancer after doubling is complete. Absent continued funding increases for cancer research, the plateau will be catastrophic to the research community, research opportunities will be lost and discontinued and we will lose essential investigators.

For Discovery, we present three goals, each with specific recommendations. Goal 1 is to fund the National Cancer Institute (NCI) Bypass Budget in this and future years and provide additional supplemental funding for critical research that may not be adequately addressed in the Bypass Budget (called by NCI "*The Nation's Investment In Cancer Research*"). Under this goal, Recommendation 1 is to fund the full amount of the NCI's Bypass Budget request for FY 2002 and continue to fund the Bypass Budget at its requested level in future years to ensure we exploit and capitalize on the most promising areas of cancer research and deliver on all promising new opportunities. The Bypass Budget was mandated by the National Cancer Act in 1971 to be submitted to the President each year to generate a budget request for Congress to provide the cancer research community with needed resources. Unfortunately, the Bypass Budget has never been funded at its requested level, but it has suddenly come of age. It should be the most important document of the National Cancer Program, presented annually to the President and Congress, describing our progress and

our needs. Based on input from the National Cancer Program, the extramural cancer community and cancer research experts, this document represents an extraordinary plan of what needs to be done, how much it will cost and how what is recommended will help solve the cancer problem. It can be likened to a business plan and is unique for bringing about accountability. We recommend not only full funding of the Bypass Budget in FY 2002 and future years, but also its use as the business plan for measuring progress. This type of strategic planning should be model for all agencies receiving cancer funding.

The second recommendation of Goal 1 is to increase the NCI research investment to fund 40% of approved investigator initiated research and program project grants and provide funding to sustain this 40% level. Grant reviewers consistently score the top 35-40% of the research proposal applications as worthy of support, but in recent years approximately only 28% are funded. Moreover, to maintain this level the NCI must reduce the amount of each grant funded. What this means is that we lose important research opportunities, valuable time is lost in reapplying and young people are discouraged from seeking careers because of this highly competitive process. The third recommendation of Goal 1 is to allow NCI to conduct a 5-year demonstration project to modernize its administrative capacity to increase flexibility and effectiveness in advancing discovery. This would include seeking to reduce federal regulatory processes that restrain NCI from rapidly evaluating and responding to high-risk, high-impact research opportunities; allowing NCI to more efficiently recruit personnel, updating the level of grant review by the NCAB to \$300,000 and requesting the NCI Director to annually report to the Congress on research initiatives, especially those advanced and funded by this report.

The fourth recommendation under Goal 1 is to expand funding to support research directed to reduce cancer related health disparities, improve quality of life and expand behavioral research. There is great need to understand the basis for health disparities. We also need research to learn better how to improve quality of life for people living with cancer and their families and at the same time, research funds are needed to support behavioral research.

In my view Goal 2 ranks the highest in terms of long-term investments. Our greatest resource in cancer research is the creative investigators we recruit to the cancer field. The hardships we place in the path of young investigators are too severe. For example, the length of time of postdoctoral training has increased by two to four years over the past several decades. This delays the start of an independent research career as an investigator until they are thirty plus, yet does not offer near the compensation or opportunities of other professions at this career stage. Our recommendations are to fund NCI to implement a medical school debt forgiveness program and increase support for training and mentoring new MDs and PhDs who choose cancer research careers, to support beginning postdoctoral cancer research fellows at \$40,000 per year with incremental increases for each year of experience and, in addition,

provide health care insurance. Furthermore, as stated in Goal 2, Recommendation 3, in all agencies engaged in cancer research, we need to increase funding for national programs to attract and train minority scientists in cancer research.

The third Goal of the Discovery chapter is to increase funding for cancer research that studies how the complex interactions between environmental factors and gene functions influence risk of cancer. These studies require a long-term commitment and should be undertaken by NCI and NIEHS and, when possible, through collaboration. We also recommend an increase in funding for NIEHS for *cancer toxicogenomics* research.

During the past year, I have had the privilege of helping to develop this plan as a member of the National Cancer Legislative Advisory Committee. The members represent a comprehensive cross-section of the cancer community and are a group of exceptional individuals, not particularly shy. We spent many hours reviewing and listening to leadership of the major cancer programs and in consultation with ad hoc committees of experts representing all aspects of the cancer community having to do with Discovery, Translation, Access and Delivery. Obviously, developing a consensus was no small task, but the process was very productive and, at the end, will benefit the cancer patient.

Discovery is all of the ongoing research programs that have brought us unprecedented successes in understanding the causes of cancer, wonderful new weapons for diagnosing, preventing, treating and imaging cancer. Granted, they are expensive weapons to develop, but inexpensive when they save lives and destined to decrease in cost as they become perfected. Discovery is the engine that drives Translation, Access and Delivery.