

## Speech at the American Cancer Society Cancer Action Network Research Breakfast

U.S. Senator Elizabeth Warren  
June 16, 2014

Thank you Pam, and thank you all for being here today. Also, Mr. Murphy, I appreciate you being here to share your personal experiences so that everyone can hear about how cancer affects people across the country. It's an honor for me to speak today about the progress that you have all helped to make, and the work that we still have to do.

I really love being the Senator from Massachusetts. And one of the reasons is because I get the chance to meet people from across our state – people who are eager to share their accomplishments, their hopes, and their dreams – and their struggles.

I hear from parents who are working hard to make ends meet while paying their medical bills and their mortgages. I hear from seniors who are struggling to afford their medications. And I hear from people and families who share very personal stories about how cancer has affected their lives.

For these Americans – and for all Americans – we must do everything we can to make sure that we have the best treatments, and to limit the impact of cancer on future generations. We've made great progress – and much of that progress has been driven by federal investments in research.

Look at the facts. About 1.6 million Americans will be diagnosed with cancer this year.<sup>1</sup> But cancer is no longer a death sentence. People are surviving and leading long and full lives after the fight.

This shift is happening as a result of advances in science, technology, and medicine. The human genome project, for example, paved the way for doctors to use an individual's genetic code to assess his or her risk of certain types of cancer, and allowed the development of specialized diagnostic tests that tell doctors how best to treat an individual patient. Advances in basic biomedical science taught researchers more about the human immune system, and scientists are now harnessing the power of that system to target cancer. Advances in cell biology and physiology have provided a better research platform for scientists to study why cancer occurs, and what we can do to prevent its appearance – or its return. Because of this strong foundation of scientific achievement, the number of cancer survivors in the United States is expected to grow with our aging population, from 13.7 million in 2012 to 18 million by 2022.<sup>2</sup>

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<sup>1</sup>American Cancer Society. *Cancer Facts & Figures 2014*  
<http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2014/index>

<sup>2</sup>Moor J.S., et al. *Cancer survivors in the United States: prevalence across the survivorship trajectory and implications for care*. *Cancer Epidemiol Biomarkers Prev.* 2013 Apr; 22(4):561-7

These successes are real, and they are substantial. But make no mistake – the fight against cancer rages on. More than 585,000 Americans will die from it this year,<sup>3</sup> and by 2030, cancer is projected to become the number one killer of Americans.<sup>4</sup> While we've made great progress treating some cancers like breast and prostate cancer, other cancers – like pancreatic, liver, lung, ovarian and brain cancer – remain difficult to diagnose and treat. For these cancers, the mortality rates remain high, and people generally live less than 5 years after receiving a diagnosis.<sup>5</sup> Cancer is an expensive disease. A National Institutes of Health study found that in 2010, the nation spent an estimated \$124.6 billion on cancer care.<sup>6</sup> That is bigger than the total of last year's sequester cuts, and is 25 times bigger the entire annual budget of the National Cancer Institute.<sup>7</sup>

Clearly, we have work to do, and you are all here ready and willing to do that good work. But to do that work, you need a strong federal partner – and unfortunately, the government has been shirking its responsibilities in this area.

Historically, bipartisan coalitions in Congress committed themselves to slow but steady increases in the NIH budget, with an average growth in inflation adjusted dollars of about 3.3% per year between 1971 and 1998.<sup>8</sup> In the late 90s, a bipartisan push resulted in the doubling of NIH funding.<sup>9</sup> But that initiative has failed. Year after year, adjusted for inflation, NIH has been cut back. Now we are worse off than we were in 2001, and worse off than we would have been if we'd just stuck with 3.3% of steady growth.<sup>10</sup>

Cutting the NIH has had real and detrimental consequences. Today, five out of six grant applications don't get funded.<sup>11</sup> That's the highest rejection level in NIH history.<sup>12</sup> I was in a hearing last month with the Director of the National Cancer Institute, Dr. Harold Varmus, who told us that we should be funding about 30% of applications, because “we're not good at telling the top 10% from the second 10%.”<sup>13</sup> He knows that the NCI is missing opportunities to fund great research.

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<sup>3</sup> American Cancer Society. *Cancer Facts & Figures 2014*

<http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2014/index>

<sup>4</sup> American Society of Clinical Oncology. *The State of Cancer Care in America, 2014*. J Oncol Pract. 2014 Mar 1;10(2):119-42

<sup>5</sup> American Cancer Society. *Cancer Facts & Figures 2014*

<http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2014/index>

<sup>6</sup> Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, and Brown ML. Projections of the Cost of Cancer Care in the United States: 2010-2020. Jan 19, 2011, JNCI, Vol. 103, No. 2.

<sup>7</sup> <http://www.cancer.gov/aboutnci/servingpeople/nci-budget-information>

<sup>8</sup> Heinig, M.A., et. Al., *Sustaining the Engine of U. S Biomedical Discovery*. New England Journal of Medicine. 2007;357(10):1042–1047. <http://www.nejm.org/doi/full/10.1056/NEJMs071774>

<sup>9</sup> National Institutes of Health “[Appropriations](http://www.nih.gov/about/almanac/appropriations/part2.htm)” <http://www.nih.gov/about/almanac/appropriations/part2.htm>

<sup>10</sup> Calculated using the Biomedical Research and Development Price Index <http://officeofbudget.od.nih.gov/gbiPriceIndexes.html>, <http://www.nih.gov/about/almanac/appropriations/part2.htm>

<sup>11</sup> National Institutes of Health “*Research Project Success Rates by NIH Institute for 2013*”

[http://www.report.nih.gov/success\\_rates/Success\\_ByIC.cfm](http://www.report.nih.gov/success_rates/Success_ByIC.cfm)

<sup>12</sup> Sally Rocky and Francis Collins, *One Nation in Support of Biomedical Research?*

<http://nexus.od.nih.gov/all/2013/09/24/one-nation-in-support-of-biomedical-research/>

<sup>13</sup> Dr. Harold Varmus, Testimony before the Senate Special Committee on Aging, May 7, 2014. The Fight Against Cancer: Challenges, Progress, and Promise <http://www.aging.senate.gov/hearings/the-fight-against-cancer-challenges-progress-and-promise>

Less support also means investigators are taking fewer risks in their grant proposals. Ultimately, this leads to more grants that offer only tiny steps, and fewer groundbreaking discoveries. Dr. Thomas Sellers, the Director of the H. Lee Moffitt Cancer Center and Research Institute, told our Senate Special Committee on Aging last month that “[w]e’re funding incremental science, rather than a nice balanced portfolio where we’re swinging for the fences some of the time.”<sup>14</sup>

I look at this reduction in federal support – this abdication of our responsibility to foster groundbreaking medical research – and I wonder: what discoveries have we missed out on because Congress has cut research support over the last decade? Could one of these promising proposals rejected by the NIH have led to the discovery of a new pathway in cancer, one that could open the door for the next generation cancer treatments? The NIH-funded Women’s Health Initiative Estrogen Plus Progesterone Clinical Trial changed the way doctors prescribed hormone replacement therapy, reducing breast cancer and cardiovascular disease – and saving our health care system \$26 billion in direct medical expenditures in just 10 years.<sup>15</sup> Has the NIH already rejected the next groundbreaking clinical trial that would improve the practice of medicine – saving billions of dollars and millions of lives?

When Congress doubled the NIH budget, it allowed scientists to plant seeds, to water and tend the trees that grew into an orchard of scientific possibility. We are on the edge of accomplishing so much, but by failing to keep up with our investments, Congress won’t fund our scientists to pick the fruit. This makes NO sense.

I’m fighting to increase funding for the NIH and renew our nation’s commitment to research. This is the best investment we can make for health and for our economy. And, for every one of us who loves someone who has been hit by cancer, this is our best way to fight back.

I’m proud to be doing this work and to be fighting for this research – but I can’t do it alone. I regularly hear from colleagues on both sides of the aisle that they support the NIH. But some Republicans support the NIH funding only if it paired with deep cuts elsewhere – cuts to our investments in early education, nutrition programs, or meals for seniors. We can’t pit our children against our loved ones fighting cancer. We can’t ask seniors to choose between advances in health care and a hot meal each day.

So when you hear these arguments, please push back. Reach out to share your stories about how cancer has impacted you. Reach out to your elected officials and educate them about how NIH funding leads to tomorrow’s cures. Join us in the demand to double NIH funding, and, if we have to stitch up a few tax loopholes to make it work, then let’s agree to do that. Cancer comes for all our families – and the NIH gives us the weapons to fight back. We need to invest in the NIH.

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<sup>14</sup> Dr. Thomas Sellers, Testimony before the Senate Special Committee on Aging, May 7, 2014. The Fight Against Cancer: Challenges, Progress, and Promise <http://www.aging.senate.gov/hearings/the-fight-against-cancer-challenges-progress-and-promise>

<sup>15</sup> Roth, J.A., et al. Economic Return From the Women's Health Initiative Estrogen Plus Progestin Clinical Trial: A Modeling Study. *Ann Intern Med.* 2014;160(9):594-602. <http://annals.org/article.aspx?articleid=1867051>

Nothing can replace the important work of American Cancer Society Cancer Action Network to empower and engage the entire cancer community in public policy. I am proud to fight for better research funding in Washington. I am proud to fight in the footsteps of Senator Ted Kennedy, alongside leaders like Senators Barbara Mikulski and Tom Harkin. And I am proud to fight alongside you. We are partners in this fight. If we continue to stand together – I know that we can move forward in fight against cancer.