

The Honorable Paul D. Ryan
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Majority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Nancy Pelosi
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Charles E. Schumer
Minority Leader
United States Senate
Washington, DC 20510

December 6, 2017

Dear Speaker Ryan, Majority Leader McCarthy, Majority Leader McConnell, Minority Leader Pelosi, and Minority Leader Schumer:

As the President of the American Association for Cancer Research (AACR), the world's first and largest scientific organization dedicated to the conquest of cancer, I join distinguished AACR past presidents and Fellows of the AACR Academy to thank you for your support of medical research and your commitment to making the National Institutes of Health (NIH) a national priority.

To this end, we respectfully urge you to move quickly to finalize a multi-year, bipartisan budget agreement that raises the caps on non-defense discretionary spending in FY 2018 imposed by the Budget Control Act. Doing so will allow for a \$36.1 billion investment in NIH in FY 2018 as approved by the Senate Appropriations Committee, and remove the threat of sequester that is so concerning to researchers, advocates, and the public at large. These researchers and their physician-scientist colleagues are working every day to improve the outlook and quality of life for cancer patients.

The mission of the AACR is to prevent and cure all cancers through research, education, communication, and collaboration. The members of the AACR, which include 40,000 laboratory, translational, and clinical researchers, other healthcare professionals, and patient advocates residing in the U.S., as well as 119 other countries and territories around the world, are united in their dedication to accelerating progress in the prevention, detection, diagnosis, and treatment of cancer.

As highlighted in the [AACR Cancer Progress Report 2017](#), innovative cancer treatments are making their way to the clinic at an ever-increasing pace, particularly immunotherapies that harness the patient's own immune system to fight against his/her cancer. Earlier this year, CAR T-Cell therapy was approved by the Food and Drug Administration. This novel cancer treatment represents the first FDA-approved gene therapy in the U.S. and marks a significant step forward in immuno-oncology and precision medicine. Advances such as these are the direct result of federal investment in laboratory, translational, and clinical research through the NIH and the National Cancer Institute (NCI) over many years.

However, with 595,690 estimated cancer deaths this year alone, our work is far from over. Cancer is primarily a disease of aging, with most cases being diagnosed in ages 65 and older. At the same time, it remains the number one cause of disease-related death among U.S. children. We are facing a future in which the number of cancer cases and cancer-related deaths for both the young and old may increase dramatically unless new and better ways to prevent, detect, diagnose, and treat cancer are developed. Additionally, many population groups continue to suffer disproportionately from cancer and its associated effects, particularly certain racial and ethnic minority groups, individuals with low socioeconomic status, residents in certain geographic locations, and the elderly. We can and must do more to overcome these unacceptable cancer health disparities.

We also must secure a strong, diverse pipeline of early-career investigators if we are to continue to accelerate the pace of progress against all cancers in all populations. Many of the innovative research questions and fresh ideas for conquering this disease come from scientists early in their careers. Our country must continue to invest in the education and training of a scientific workforce to whom current leaders in the field can pass the baton in the years to come. Although state and private sector programs provide important assistance to early-career scientists, the role of NIH funding in cultivating tomorrow's scientific leaders is pivotal and irreplaceable.

As you know, our country's leadership in science and medical research is the envy of the world. As the world's biggest funder of biomedical research and home to our nation's largest clinical research facility, the NIH is the crown jewel of the federal government and funds biomedical research in all 50 states. The innovation needed to achieve breakthroughs in cancer treatment and bring hope to our patients requires continued, robust, sustained, and predictable funding increases for the NIH, and those increases are, in turn, dependent on an agreement that removes the overly restrictive budget caps currently in place for FY 2018. If an agreement is not reached, the resulting sequester cuts will jeopardize our competitive edge in an increasingly innovation-based global marketplace. If we are to maintain our global leadership, we must provide the biomedical research ecosystem the support needed to maintain our competitive edge. Therefore, as you continue your work in earnest to finalize FY 2018 appropriations, we respectfully urge you to increase our nation's investment in the NIH through a multi-year, bipartisan budget agreement that raises the non-defense discretionary caps to the level that is necessary to provide the NIH with a \$2 billion increase in FY 2018, to \$36.1 billion. This crucial step is essential if we are to continue to bring new hope to cancer patients and their loved ones.

Thank you for your consideration of our request.

Sincerely,
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The Honorable Patty Murray, Ranking Member, Senate Appropriations Subcommittee on Labor,
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