



Cancer Research Funding

BACKGROUND

Congress has shown long standing bipartisan support for biomedical cancer research funding at the National Institutes of Health (NIH) and National Cancer Institute (NCI), as well as through initiatives like the Cancer Moonshot. Sustained investment in these programs will continue to drive innovation in cancer treatment and prevention methods, including those in radiation oncology, which will allow clinicians to provide the highest quality of care. Historically, federal investment in research has catalyzed major innovations that have helped radiation oncology contribute to a declining cancer mortality rate in the United States.

KEY FIGURES

The American Cancer Society estimates there will be 1.9 million new cancer cases in 2022.

An estimated 609,360 people will die from cancer in 2022 (~1,670 deaths per day).

Cancer remains the second leading cause of death in children ages 1-14 years (after accidents).

Disparities in cancer occurrence and outcomes remain between gender and among racial and ethnic groups. This is often due to disparities in access to care and clinical trials, which may provide better outcomes.

2022 FUNDING LEVELS AND PRESIDENT'S 2023 BUDGET PROPOSAL

In Fiscal Year 2022, Congress passed legislation that increased NIH funding by \$2.25 billion to \$45 billion, with \$6.9 billion for NCI. The bill also included \$1 billion to create the Advanced Research Projects Agency for Health (ARPA-H).

The President's Fiscal Year 2023 Budget Request proposes \$45.5 billion for NIH, \$4 billion for ARPA-H, and a cut of nearly \$200 million to NCI.

THE DIVERSE CLINICAL TRIALS ACT (H.R. 5030 / S. 2706)

Minorities are underrepresented in clinical trials. If passed, this bill would improve clinical trial participation for all patients by removing barriers to participation. The bill would allow clinical trial sponsors to reimburse participants for non-medical costs associated with clinical trials. The bill also would support grants and education, outreach and recruitment for clinical trials for diseases that disproportionately affect populations historically underrepresented in clinical trials.

To cosponsor, contact: swarna_vallurupalli@menendez.senate.gov (Sen. Menendez), brianna_wood@scott.senate.gov (Sen. Tim Scott), erin.doty@mail.house.gov (Rep. Ruiz), or dylan.moore@mail.house.gov (Rep. Bucshon)

CONGRESSIONAL REQUEST

- **\$7.766 billion for NCI, an increase of \$115 million from FY22**
- **Ensure adequate funding for ARPA-H that does not take funding from other programs, particularly NCI**
- **Ensure initiatives like the Cancer Moonshot 2.0 support efforts to enhance access to radiation therapy, address disparities in care and treatment outcomes, and reduce obstacles to care, such as treatment delays**
- **Support the DIVERSE Clinical Trials Act (H.R. 5030/S. 2706)**