CANCER
EARLY
DETECTION
ALLIANCE

July 7, 2021

The Honorable Rosa L. DeLauro
Chair
House Appropriations Committee and
Appropriations Subcommittee on Labor, HHS-Education
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
House Appropriations Committee
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, HHS-Education
Appropriations Committee
United States House
Washington, DC 20515

Dear Chair DeLauro and Ranking Members Granger and Cole:

The Cancer Early Detection Alliance (CEDA) writes to you today to request support for cancer early detection innovation and implementation through meaningful increases in funding levels. In particular we support efforts to advance and improve innovation in early cancer screening by a number of agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the U.S Preventive Services Task Force (USPSTF).

About CEDA
CEDA is made up of nine national organizations representing patient advocates, healthcare professional societies, and industry leaders advocating for early cancer detection. CEDA's mission is to promote and expand access to quality, equitable cancer screening and care, with a specific focus on reaching underserved communities and eliminating racial and ethnic disparities. We are interested in supporting and advancing targeted and meaningful funding opportunities.

FY 2022 Line-Item Requests
CEDA supports any funding increase that will advance efforts to improve cancer screening. This is particularly crucial as we look to the future, and how to address the impact COVID-19 had on cancer screening. The public health emergency saw a drastic drop in individuals getting screened for cancer. Preventive cancer screenings dropped by as much as 94% during the first four months of 2020. As many as 2 in 3 individuals are not getting their routine cancer screening appointments. Fewer screenings led to a decrease in cancer diagnoses, but not a decrease in cancer itself; the National Cancer Institute predicts almost 10,000 excess deaths over the next decade from breast and colorectal cancer alone because of pandemic-related delays in diagnosing and treating these two cancers. This next fiscal year will be crucial for supporting and investigating how to improve cancer screening.

Following the release of the President's budget, we highlight a few funding lines that support efforts to improve cancer screening that we would like to see funded at the President's requested amount.

CDC, Cancer Prevention and Control

President Biden's budget request: $385,799,000 to support efforts to improve cancer prevention and early detection.

CEDA is supportive of continued funding for this crucial program at CDC that works to improve cervical, prostate and colorectal cancer early detection. We believe implementation knowledge and support for proven screening methods is crucial to identifying cancer early.

AHRQ, U.S. Preventive Services Task Force (USPSTF)
President Biden's budget request: $11,500,000 to USPSTF to support evidence-based recommendations about the effectiveness of clinical preventive services and health promotion.

CEDA encourages continued funding for the USPSTF to make scientifically based recommendations that support improved early cancer screening detection. Furthermore, additional funding, above what is outlined in the President's budget, would allow USPSTF to review recommendations faster, and therefore to make more recommendations on topics like colorectal screening and breast cancer which saw a decline in screening due to the COVID-19 pandemic.

We also support improved transparency around the USPSTF decision making process so that patients get more timely access to preventive services.

HHS, General Departmental Management, Lung Cancer in Women
In addition to the funding lines in the President's Budget we reviewed with interest HHS' response to FY 2021 Congressional Joint Explanatory Statement about lung cancer in women. We were pleased to see the efforts by NIH National Cancer Institute (NCI) to study genomic epidemiologic of lung cancer in never smokers and appreciate USPSTF's recent recommendation to lower the age of individuals eligible for CT scans to screen for lung cancer from 55 to 50. However, we are interested in seeing how the Secretary, in consultation with Department of Defense (DoD) and Veterans Affairs (VA) will continue to make recommendations regarding increased access to lung cancer preventive services and will work to build public awareness and education campaigns. In this regard, we encourage language in the FY 2022 budget that focuses on the next steps and follow up for increased access to lung cancer screening.

Advanced Research Projects Agency for Health (ARPA-H)
In addition to the above line-item requests, we are watching, with interest President Biden's proposed $6.5 billion for the new Advanced Research Projects Agency for Health (ARPA-H) at NIH. We look forward to learning more about how this opportunity will further develop and for more clarity on what the funding will support. Overall, CEDA is supportive of any effort that will lead to improved cancer screening tools, and ultimately, we will be supportive of ARPA-H if it includes clear support for such efforts.

Now, more than ever, robust funding to support early cancer screening is needed as we look to address the impacts of COVID-19 and we continue to prevent new cancer deaths. We look forward to working with you as the appropriations process moves forward. Please contact Peggy Tighe at Peggy.Tighe@PowersLaw.com or Taryn Couture at taryn.couture@powerslaw.com if you have any questions about the information provided here.

Sincerely,
CEDA

♦ *American Osteopathic Association* ♦ *American Urological Association* ♦ *Colon Cancer Coalition* ♦ *Freenome* ♦ *Guardant Health* ♦ *Ovarian Cancer Research Fund Alliance* ♦ *Prevent Cancer Foundation* ♦ *LUNGevity* ♦ *ZERO - The End of Prostate Cancer*