

August 13, 2012

The Honorable Fred Upton
Chairman
House Committee on Energy and Commerce
2183 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Upton,

I am writing to express concerns regarding emerging legislation, H.R. 733/S.362, designed to enhance pancreas cancer research funding. While this legislation is intended to accelerate the progress against this horrible form of cancer, it has the potential to adversely affect strides in cancer research overall, including pancreas cancer. We are committed to preserving the proven review processes of the National Cancer Institute (NCI) and ensuring the sustainability and success of its current infrastructure.

My career has been devoted to cancer research, specifically pancreatic ductal adenocarcinoma (PDAC) — the most lethal form of pancreas cancer, ranking as the fourth leading cause of cancer death in the United States. Over the past decade, I have participated in NCI and various foundation think-tanks and have organized efforts in several multi-institutional PDAC-specific basic, clinical and translational research projects and programs, leading to identification of new therapeutic targets. This broad experience led to practical application of cancer research into clinical endpoints through establishment of an Institute for Applied Cancer Science and several biotechnology companies. Currently, I am privileged to serve as president of The University of Texas MD Anderson Cancer Center, one of the nation's largest free-standing cancer centers, which treats more than 100,000 patients per year and expends greater than \$620 million in cancer research annually to advance knowledge and to accelerate the fight against all cancers. On the basis of these diverse experiences and knowledge in the PDAC field, I respectfully wish to offer observations about this proposed legislation.

The steady real-dollar decline in funding for the National Institutes of Health (NIH) has slowed the progress of medical research in all areas, including cancer. While we understand the fiscal challenges facing the nation, this reduced support comes at a time when significant advances are occurring in life sciences research. Without enhanced support of the NIH, this legislation has the potential to shift current scarce resources to support \$887 million in pancreas cancer research efforts at the expense of all other research programs. Further, as you and your colleagues in Congress consider the many challenges associated with the aging of the U.S. population and increased incidence of cancer, it is becoming clear that the nation is unable to “manage” its way out of the healthcare crises of the future. We must derive from science the knowledge that will

lead to prevention, early detection and effective treatment. A clear solution to solving our nation's healthcare challenges is science and its application.

Without question, increased funding is needed for numerous intractable cancers including PDAC, Brain, and other lethal forms to: illuminate the underpinnings of disease; identify risk factors driving the genesis of disease; develop early detection blood tests; determine therapeutic targets that can yield more effective therapies; and preserve the quality of life post-treatment. However, the greatest challenge is determining how to effectively support these vital efforts in the face of limited funds for cancer research. This critical issue is addressed in a fair manner through the NCI peer review process for grants and guidance from disease experts, arguably one of the greatest success stories in government-funded activities.

Over many decades, the balanced combination of disease-focus and general area efforts has positioned the field for major progress. The overwhelming majority of advances derive from peer review across a broad spectrum of fundamental basic and clinical work, traversing the entire cancer care continuum without regard for a specific disease. In contrast, prescribed plans for progress in certain cancers have been far less impactful in driving progress. This bill would sidestep the peer review process by allowing a coordinating committee to review and allocate significant resources outside the NCI and NIH gold standard of peer review. Although there is little doubt that progress would result from additional funding in PDAC, this investment would be at the expense of funding across the entire NCI portfolio, taking a significant toll on other critical programs.

Again, the commitment and tireless efforts of the pancreas cancer community are commendable. As a cancer scientist with specific experience in PDAC, I respectfully submit that prescribed allocations would harm progress in pancreas cancer research, near- and long-term. We strongly urge you to avoid establishing this precedent, certain to be pursued by other disease-focused organizations, and sustain the proven peer review processes of the NCI in guiding the composition of cancer research priorities for the nation.

Thank you for your consideration of these concerns. Please do not hesitate to contact me if I may provide additional information or assist you and your staff in any way.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ronald A. DePinho". The signature is fluid and cursive, with a large loop at the end.

Ronald A. DePinho, M.D.
President

cc: Congressman Joe Barton
Congressman Michael Burgess
Congressman Gene Green
Congressman Pete Olson