CLS
Coalition for the Life Sciences
ADVOCACY & PUBLIC POLICY

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The Honorable Fred Upton
U.S. Representative
United States House of Representatives
2183 Rayburn House Office Building
Washington, DC 20515

Dear Representative Upton,

I write to you as chair of the Coalition for the Life Sciences (CLS). The CLS represents the interests of six diverse and highly respected biomedical and clinical research organizations*with an aggregate membership of over 60,000 researchers from every state across the country.

CLS seeks to alert you to two major unintended adverse consequences inherent to the Pancreatic Cancer Initiative (PCI; H.R.733 and S.362).While we all want rapid progress in the diagnosis, treatment and cure of this deadly disease, PCI could in fact inhibit such progress.

Our specific concern with PCI is with its mandate that the HHS Secretary create a 13-member Interdisciplinary Pancreatic Cancer Coordinating Committee, with only a single member from the NCI. This group would be charged with setting research strategies, defining budgetary needs, appointing a peer review committee to evaluate and prioritize research grant applications, and recommending for exception funding pancreatic cancer applications that fall short of the payline.

The first adverse consequence of PCI is that the Coordinating Committee would oversee a review process outside of the National Cancer Institute(NCI)and the rest of the National Institutes of Health (NIH) to allocate NCI funds. This separate authority to prioritize and award grants would bypass and disrupt the NIH-wide merit review system, which has, for over 65 years, identified and selected for support the most important biomedical discoveries in the world. H.R.733 / S.362 would also limit the perspective of the NCI Director, Nobel Laureate Harold Varmus, in defining the overall research priorities of his institute and coordinating his efforts with those of the other NIH Institute Directors. Ominously, PCI is intended to set a precedent, inviting other groups to similarly bypass NCI and NIH authority.

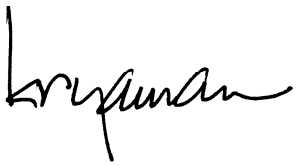
The second adverse consequence of PCI is that it would isolate, by virtue of the narrow scope and separate authority of the Coordinating Committee, pancreatic cancer research from remarkable discoveries being made in other cancers and across the biomedical research landscape. This capacity for findings in one disease, or area of research, or experimental system, to inform others is especially crucial for the most complex, difficult problems, the ones that provide the fewest clues, such as pancreatic cancer. In fact, a distinguished panel from the National Academy of Sciences recently asserted that our understanding of health and disease

would grow deeper and faster by integrating our knowledge and investigations around disease mechanisms rather than putting boundaries between studies of affected organs. The PCI would create a separation, and motivate further separation, at exactly the wrong time.

NCI is committed to addressing the awful toll of pancreatic cancer. It has an action plan for research initiatives, and has increased pancreatic cancer funding by 300% over the past decade despite a flat overall budget. Importantly, these plans have been made within an overall research context based on a broad perspective that will remain essential to the understanding, treatment and cure of pancreatic cancer. A legislative mandate, such as H.R.733 / S.362, that constrains that perspective will not serve patients or their families.

I, or any of my colleagues on the CLS, would be happy to discuss the recent advances in pancreatic cancer research and to discuss ways we can mutually advance a strategic plan that helps win the fight against this deadly cancer.

Sincerely yours,



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UCSF Vice Chancellor of Research

* The CLS represents the American Society for Biochemistry and Molecular Biology, American Society for Cell Biology, American Society for Clinical Investigation, Genetics Society of America, Howard Hughes Medical Institute, Society for Neuroscience.