

A Strong Investment in NIH Is Necessary For Improvements in Brain Tumor Treatment

The North American Brain Tumor Coalition urges that National Institutes of Health (NIH) funding be increased by ten percent in fiscal year 2010. We also recommend that ongoing brain tumor clinical research programs, critical to answering questions about new brain tumor treatments, be protected from deep funding cuts.

Brain tumors present a daunting research challenge because of their complexity and diversity. Moreover, because of their location in the closed cavity of the skull, treatment and research are complicated and may be accompanied by significant side effects. Although we have made progress in the fundamental understanding of brain tumors and some incremental advances in their treatment, we have been unable to change the mortality rate from brain tumors in the last 40 years.

For a disease with an overall five-year survival rate of 35 percent, much more research must be supported, ranging from basic research to clinical trials testing new therapies. Although there are aggressive efforts to raise private funds for brain tumor research, these resources are not adequate to support the kind of brain tumor research program that will be required for real progress. Therefore, brain tumor research efforts will require a strong federal investment.

The North American Brain Tumor Coalition applauds President Obama and the 111th Congress for their leadership in including \$8.2 billion in extramural research funding through the National Institutes of Health (NIH) as part of the American Recovery and Reinvestment Act (ARRA). This critical infusion of funds will support quality research that would otherwise have gone unfunded and will also permit researchers to expand and intensify ongoing research efforts. Brain tumor patients are among those who will reap the benefits of research support by ARRA funds.

It is critically important that Congress and the Obama Administration sustain the commitment they have made to biomedical research, so that progress is not interrupted and those with serious illnesses are not denied new treatments. We have observed the problems created by static funding for biomedical research and are not willing to suffer that problem again.

The North American Brain Tumor Coalition urges that Congress:

- Boost funding for NIH by at least 10 percent in fiscal year 2010. An increase of this magnitude will ensure that outstanding research projects can be sustained and that promising new brain tumor research efforts can be initiated.
- Protect the work of the Adult Brain Tumor Consortium in conducting early phase trials of brain tumor treatments by requesting that the National Cancer Institute restore funding for the Consortium for its five-year grant, which began in 2008.

Xxxx, 2009

Dr. John Niederhuber
Director
National Cancer Institute
Building 31, Room 11A48
Bethesda, Maryland 20892

Dear Dr. Niederhuber:

I am writing to recommend immediate action to restore funding for the Adult Brain Tumor Consortium. The brain tumor clinical trials network plays a pivotal role in conducting early phase clinical trials on brain tumor therapies, and deeply cutting federal support will cripple this research program.

A small portion of the substantial new funds available to the National Cancer Institute (NCI) through the American Recovery and Reinvestment Act should be promptly committed to the Adult Brain Tumor Consortium. The award made to the consortium was \$2 million per year for a term of five years, a substantial reduction from the \$3.5 million annual funding level set aside in the request for proposals. A cutback of this magnitude cannot be absorbed without threatening the clinical research work of the consortium.

A well-organized and stable system with multiple trial sites is essential for conducting clinical trials, as the disease is really more than 120 diseases, each of limited incidence. Multiple research sites organized in a network are necessary to conduct a diversity of trials and to ensure efficient patient accrual in all trials. Funding cuts of the size proposed by NCI will undermine the stability and viability of the system if it forces a reduction in the number of trial sites or hinders the research effort at any trial site. Now is not the time to slow the accrual of patients in brain tumor trials or hamper the overall clinical research effort.

The Cancer Genome Atlas Project and the Glioma Molecular Diagnostic Initiative may be important elements of the NCI brain tumor research program, but they do not eliminate the need for an early phase clinical trials network that is adequately funded. Such a network is necessary for the translation of basic research findings into new treatments.

One of the basic goals of the American Recovery and Reinvestment Act is to support wise investment in "shovel ready" projects. Restoration of funding for the Adult Brain Tumor Consortium -- boosting annual funding from \$2 million to \$3.5 million for a five-year term, as anticipated in the announcement of the grants competition -- is consistent with the intent and goals of the economic stimulus effort.

Sincerely,

cc: James H. Dorshow, MD
Director
Division of Cancer Treatment and Diagnosis

