

# Executive Summary

Over the past several years, the President's Cancer Panel (the Panel) has noted a troubling confluence of trends, including:

- A cancer research budget declining both in dollars and purchasing power
- Needless inefficiencies in and insufficient collaboration among government, voluntary, industry, and academic components of the cancer research enterprise
- Growing questions about the focus and principal emphases in cancer research given limited declines in mortality and morbidity and increased incidence and mortality from several cancers
- An aging and progressively more sedentary population
- An ever more dysfunctional and unsustainable health care system
- Steady erosion of public and private health care coverage, with rising numbers of uninsured, underinsured, and underserved Americans
- Ongoing tobacco use, shrinking cancer control funding, and intensive tobacco company product development and marketing targeting youth, women, and other vulnerable populations
- An apparent complacency and/or lack of understanding among policymakers, the research and health communities, and the public about the escalating burden of cancer and a lack of urgency to confront the present and looming national cancer crisis

Between September 2007 and January 2008, the Panel convened four roundtable meetings to identify actions that would yield the greatest reductions in cancer mortality and morbidity. The Panel elicited the perspectives of nearly 40 experts from government, industry, the advocacy community, and the fields of clinical medicine, cancer research, health policy analysis, epidemiology, economics, insurance, public health, and journalism. Their diverse views informed the Panel's recommended actions and suggested strategies for realizing them.

## The Cancer Burden

By current estimates, approximately one in two men and one in three women—more than 40 percent of the U.S. population—will develop cancer at some point in their lives. In 2008, more than 1.4 million new cases are expected, and more than 565,000 people will die from cancer. Despite declaring a national war on cancer in 1971 and investing many billions of dollars since then to understand and defeat cancer, our success against the disease in its many forms has been uneven and unacceptably slow.

Without question, important gains have been made—in knowledge about the nature of cancers, in early detection and treatment for some cancers, and in cancer survival and quality of life for many patients. At the same time, however, incidence is rising for several cancers and the most intransigent of malignancies remain impervious to treatment. We still lack early detection methods for most cancers, and both proven cancer prevention and absolute cure remain elusive. Lack of more substantive progress in these critical areas is particularly disquieting as we face a rapidly approaching tidal wave of cancer as the population ages, tobacco use continues, and the percentage of Americans who are sedentary and obese rises.

## The Cancer Enterprise

Several issues cut across much or all of the cancer enterprise, and are relevant to biomedical research and health care generally. Data systems and data sharing mechanisms—linking research, public health, surveillance, and patient data—are essential both to advance research and care and to enable us to determine if research discoveries and interventions across the care continuum are indeed reducing cancer mortality and morbidity. Such metrics currently are largely absent.

Human capital is arguably the most essential infrastructure component of any complex enterprise. The cancer research workforce is aging, and severely limited research funding is causing young investigators to leave academic cancer research for industry or to pursue other careers. Similarly, the cancer care workforce is aging; significant shortages in the supply of oncologists, primary care providers, nurses, and other providers are projected to coincide with rapidly increasing demand over the next 20 years. Failing to address workforce issues will undercut any other attempts to improve the research and health care systems.

In addition, all of the major stakeholders in the cancer enterprise—the public, cancer patients and survivors, health care providers and payers, academic and industry researchers and administrators, advocates, and policymakers—need clear and unbiased information in order to better understand the cancer crisis in this country and why they must participate and collaborate to meet the challenges of overcoming cancer as a threat to health and life.

## Recommendations

The President's Cancer Panel believes three crucial actions must be taken to achieve substantial and more rapid reductions in cancer mortality and morbidity:

### Recommendation 1: Preventing and Treating Cancer Must Become a National Priority

The Panel believes that the leadership needed to maximize investments in the cancer enterprise and dramatically reduce cancer mortality and morbidity must come from the President of the United States. Making cancer a national priority will require stronger and more stable support for cancer-related research and progress milestones, to which the research and delivery components of the cancer enterprise are held accountable.

Despite minimal coordination and fragmented, uneven leadership, the National Cancer Program (NCP) has made important strides against some types of cancer. But with our nation at the cusp of transformative approaches to treating cancer, and with an impending upsurge of cancer incidence in our aging population, we dare not wait any longer to make achieving rapid progress in cancer research, prevention, and care an urgent national priority. The NCP must have strong leadership and coordination across the breadth of the cancer enterprise to reorder current research and cancer care funding emphases, provide necessary resources, and catalyze collaborations that will most effectively minimize suffering and death from this disease.

### Recommendation 2: All Americans Must Have Timely Access to Needed Health Care and Prevention Measures

Small, incremental health care system and insurance coverage changes—each of which takes years to enact and is fraught with political and ideological entanglements—are not adequately addressing fundamental health care system problems that keep costs spiraling upward and erode Americans' access to care. This approach is a failure and will not markedly reduce morbidity and mortality from cancer either now or in the future as the cancer epidemic mounts.

Despite America's higher health care spending per capita than any other nation, its health outcomes fall short of those in numerous other countries. The number of uninsured, underinsured, and underserved people in the United States continues to grow, and the system remains fragmented and competitive rather than integrated and collaborative. Access to care is eroding, particularly among young adults, non-elderly adults with chronic conditions, and those dependent on publicly funded health services. We do not apply cancer-related interventions known to be of benefit to all, and minorities and the underserved continue to suffer disproportionately from cancer. In large measure, third-party payers and employers decide what types of care will be available to patients and under what circumstances. Recognition of the benefits of promoting wellness and disease prevention is growing, but has yet to be integrated into the standard of care; the system continues to focus principally on the treatment of acute disease.

A new American health care system is urgently needed—one in which patient priorities drive system design. This new system must ensure that all adults and children have a regular and coordinated source of care, reward all participants for adopting and maintaining a wellness orientation, and encourage community members and health care providers to participate in clinical research.

### **Recommendation 3: The Scourge of Tobacco in America Must End**

**Ridding the nation of tobacco is the single most important action needed to dramatically reduce cancer mortality and morbidity. There is no substitute for this action if we are to eliminate the sickness and death caused by tobacco use.**

Tobacco use is the number one cause of preventable death in the United States. There is no safe level of tobacco use.

Smoking is associated with increased risk for at least 15 types of cancer and numerous other diseases, and shortens life expectancy by nearly 15 years. Diseases caused by tobacco use are responsible for an estimated 438,000 premature deaths each year.

Little progress is being made in further reducing smoking rates, particularly among youth, women, and many minority groups. Major factors contributing to this lack of progress include insufficient health provider intervention to help patients quit smoking, meager state tobacco prevention and control investments, and ineffective or absent tobacco control policies at both the state and Federal levels. These failures are particularly glaring given the massive, unrelenting onslaught of tobacco industry marketing and product development targeting susceptible populations.

We know that even if all current smokers cease using tobacco today and no new smokers take up the habit, the latency of tobacco-caused cancer and other diseases dictates that cancer and other morbidity and mortality from tobacco use will continue to affect our population for at least another two decades. For the health and future strength of our nation, this preventable epidemic of disease must be brought to the most rapid end possible.

### **A Call to Action**

For many in the nation, the toll of cancer has become simply an awful part of life—a part each person hopes to avoid. Yet in effect, through our complacency about cancer and a lack of will to change aspects of the cancer enterprise that are preventing significant and much more rapid reductions in cancer mortality and morbidity, we are allowing a “bioterrorist within” to attack almost a million and a half Americans and kill more than 560,000 of us each year. Though few in this country have been untouched by cancer, these attacks and fatalities somehow occur almost quietly, their magnitude virtually

unnoticed except by the families and friends of each stricken individual. Our outrage and sorrow about the suffering and loss caused by cancer seem to be felt individually, but not collectively.

We already have the ability to vanquish much of the epidemic of suffering and death caused by cancer. If no one in America used tobacco, we could avoid one-third of all cancer deaths. If every person with cancer or at risk for cancer—all Americans—benefited from behavioral, early detection, and treatment interventions we know are effective, millions would never be faced with a cancer diagnosis and the prospect of premature death. The reduction in suffering by patients and their families would be incalculable. The benefit to our nation in lower health care costs and heightened productivity would be an untold bounty to our economy and our national well-being. With a reinvigorated, redirected, and appropriately supported cancer research program, we will be able to multiply these benefits for all Americans, hasten the day when cancer is a largely preventable and easily treatable malady, and retain our place as the pre-eminent worldwide center for cancer and other biomedical research.

The Panel challenges our leaders and every individual to consider:

- How much more urgently might we respond to the cancer epidemic if cancers killed quickly, like many communicable diseases?
- How would we reorder our priorities and mobilize our vast resources, talent, and ingenuity if the news reported **every day** that another 4,000 had been stricken and another 1,500 had died? If every week, the “faces of the fallen” appeared on television and in newspapers, as do military casualties?

It no longer is acceptable to say that because cancer is complex, disparities in care are entrenched, and the tobacco companies are powerful, we cannot solve the problem of cancer in America. We can. But to do so, cancer must become a national priority—one that is guided by strong leadership; fueled by adequate funding and productive collaboration and compromise among governments, industry, and institutions; and embraced by individuals who understand and accept their personal role in preventing cancer and in demanding meaningful progress.