

Congress of the United States

Washington, DC 20510

April 27, 2022

The Honorable Rosa DeLauro
Chairwoman
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education and Related Agencies
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Tom Cole
Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education and Related Agencies
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

We are writing to request \$50 million for the Center for Disease Control and Prevention's (CDC) Colorectal Cancer Control Program (CRCCP) in the Committee's FY 2023 appropriations bill. In light of the impact of COVID-19 on colorectal cancer screening, it is more imperative than ever that we support programs like the CRCCP that increase education and screening in underserved communities.

Colorectal cancer is the second leading cause of cancer death among men and women combined. According to the American Cancer Society, it was estimated that over 151,000 cases of colorectal cancer will be diagnosed in the United States in 2022, and 52,580 people will die. However, when caught early, colorectal cancer is highly treatable. Unfortunately, even prior to the challenges presented by COVID-19, far too many Americans were not getting screened. It is estimated that tens of thousands of colorectal cancer deaths could be avoided if people are screened appropriately. And that trend did not wane during the COVID-19 pandemic and remains a concern of many in the community of patients, advocates, and experts including National Cancer Institute director Norman E. "Ned" Sharpless.¹

Colorectal cancer disproportionately impacts communities of color. Black individuals have the highest incidence and mortality and face lower survival than white individuals. American Indian/Alaskan Natives also have elevated rates and deaths compared to the general population and represent the only racial/ethnic group for whom colorectal cancer mortality rates are not declining. Racial and ethnic minorities are also less likely to be screened for colorectal cancer and as a result are more likely than white individuals to present with late-stage, incurable disease.

The mission of the CRCCP is to increase colorectal cancer screening rates among people between ages 45 and 75 by implementing evidence-based interventions through partnerships with local health systems and providing screening and follow-up services for the country's most vulnerable patients.

¹ Sharpless, N. E. (2020, June 20). Covid-19 and cancer. *Science*. Retrieved April 1, 2022, from <https://www.science.org/doi/10.1126/science.abd3377>

The CRCCP has partnered with state health departments and universities across the country, recruiting more than 800 clinics that serve 1.3 million patients. Grants are awarded through a competitive process and are designed to focus on increasing screening in targeted populations by working with local community organizations. This allows each community to implement an evidence-based program that works best for its unique population. Grantees are required to collect data that show the program's impact and to date, and the clinics enrolled in the program for four years increased screening rates by an average of 12.3 percentage points.

As the Committee continues its work on the FY23 appropriations bills we ask that you provide \$50 million for this important program so that the CRCCP can not only continue its work, but also to expand life-saving screening to all of our nation's most vulnerable patients. We appreciate your consideration and look forward to working with you on this important matter.

Sincerely,

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The Honorable Rosa DeLauro
Chairwoman
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
2358-B Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

We are writing to request your support for report language in the FY23 Labor, Health and Human Services, Education & Related Agencies appropriations bill that directs the National Cancer Institute (NCI) to develop a strategic action plan for colorectal cancer.

Colorectal cancer is the second leading cause of cancer death for men and women, and by 2030, colorectal cancer is expected to be the number one cancer killer for those ages 20-49. Despite these worrying statistics, federal funding for colorectal cancer research has not been consistent and there have not been meaningful advancements in treatment options for the vast majority of patients.

Colorectal cancer also disproportionately impacts communities of color. Across the board, racial and ethnic minorities are more likely than white individuals to present with late-stage, incurable disease. Black Americans have the highest incidence and mortality rates of colorectal cancer and are less likely to survive the disease than white individuals. American Indian/Alaskan Natives also have higher rates of colorectal cancer compared to the general population and represent the only racial/ethnic group for whom colorectal cancer mortality rates are not declining.

We can and must do better. Therefore, we urge the Committee to include the following report language in the FY23 Labor, Health and Human Services, Education & Related Agencies

appropriations bill to direct the NCI to develop a strategic action plan to address these challenges.

The Committee recognizes that colorectal cancer is the second leading cause of cancer death for men and women in the United States. It is estimated that in 2022, 151,030 Americans will receive a colorectal cancer diagnosis. While colorectal cancer incidence rates in individuals over 50 have largely stabilized or declined due to significant advancements in preventive screening, incidence rates for early-onset colorectal cancer (individuals diagnosed at ages 20 to 49) have been consistently increasing. The Committee is concerned that colorectal cancer is trending to be the leading cause of cancer death for Americans ages 20-49 by 2030. 3 of 4 early-onset colorectal cancer patients have no family history of the disease and over 60% of early-onset colorectal cancer patients are diagnosed at a late stage. There are several racial/ethnic disparities in colorectal cancer screening and outcomes. Black individuals have the highest incidence and mortality and face lower survival than white individuals. American Indian/Alaskan Natives also have elevated rates and deaths compared to the general population and represent the only racial/ethnic group for whom colorectal cancer mortality rates are not declining. Racial and ethnic minorities are also more likely than white individuals to present with late-stage, incurable disease. Notably, the sharpest increase in metastatic, early-onset colorectal cancer is among people 20 to 39 years old, especially Black and Hispanic individuals. Mortality rates across all ages for late-stage colorectal cancer have remained stagnant due to minimal progress in treatments for colorectal cancer patients.

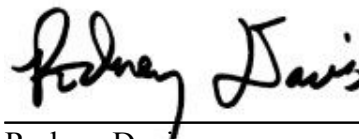
Given these challenges, the Committee urges the NCI to prioritize research on colorectal cancer. The Committee directs NCI to present a comprehensive strategic action plan to the Committee within 180 days guided by a multidisciplinary and multi-agency advisory council to include diverse representatives from the colorectal cancer community, including colorectal cancer patients, patient organizations, industry, academic researchers and community-based providers to include all relevant healthcare agencies. Specifically, this plan should identify research priorities, gaps and opportunities, and include detailed sections focused on the following non-exhaustive list of topics: the lack of progress in the development of effective therapeutics for colorectal cancer, the rising rates of colorectal cancer in people under the age of 50, with a special focus on the rapidly increasing rates of early onset colorectal cancer in the 20 to 39 year old age range; and the persistent health disparities in colorectal cancer prevalence, screening, and outcomes. The plan should describe how NCI plans to play a role in addressing these challenges and what existing and future innovative grant mechanisms can be leveraged to advance progress.

We greatly appreciate your work on these important programs, and we look forward to working with you to continue that commitment.

Sincerely,



Donald M. Payne, Jr.
Member of Congress



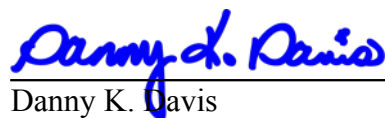
Rodney Davis
Member of Congress



A. Donald McEachin
Member of Congress



Brian Fitzpatrick
Member of Congress



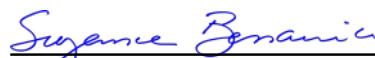
Danny K. Davis
Member of Congress



Tom Malinowski
Member of Congress



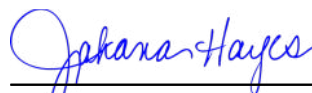
Brendan F. Boyle
Member of Congress



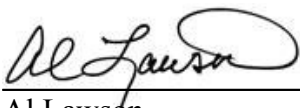
Suzanne Bonamici
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Stephen F. Lynch
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Jahana Hayes
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Al Lawson
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Gregory W. Meeks
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Al Green
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Peter A. DeFazio
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Antonio Delgado
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Mark DeSaulnier
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Stacey E. Plaskett
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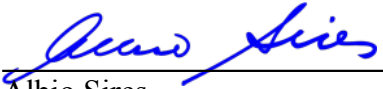
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Albio Sires
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Ted Deutch
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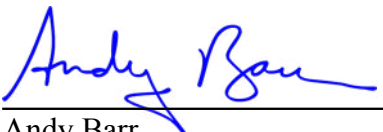
Maxine Waters
Member of Congress



Gerald E. Connolly
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Elissa Slotkin
Member of Congress



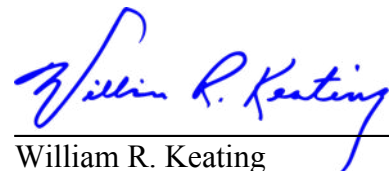
Andy Barr
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Anthony Gonzalez
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André Carson
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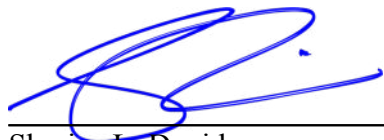
William R. Keating
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Sharice L. Davids
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Nikema Williams
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James P. McGovern
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Lloyd Doggett
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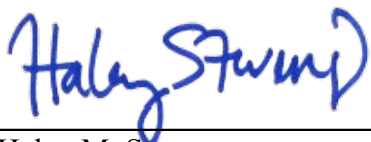
Mondaire Jones
Member of Congress



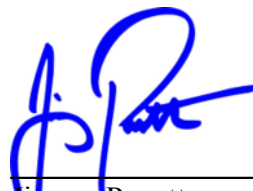
Diana DeGette
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Haley M. Stevens
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Jimmy Panetta
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Emanuel Cleaver, II
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Lisa Blunt Rochester
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Jamaal Bowman, Ed.D.
Member of Congress



Josh Gottheimer
Member of Congress



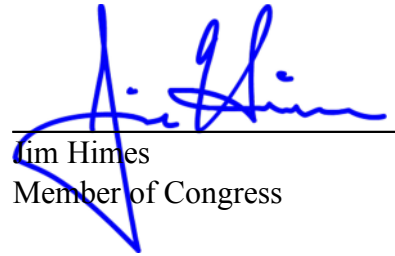
Brian Higgins
Member of Congress



Deborah K. Ross
Member of Congress



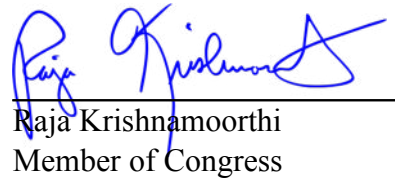
Marie Newman
Member of Congress



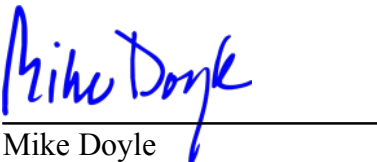
Jim Himes
Member of Congress



Scott H. Peters
Member of Congress



Raja Krishnamoorthi
Member of Congress



Mike Doyle
Member of Congress