

# United States Senate

WASHINGTON, DC 20510

May 24, 2022

The Honorable Patty Murray  
Chair  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Room S-128, The Capitol  
Washington, DC 20515

The Honorable Roy Blunt  
Ranking Member  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Room S-128, The Capitol  
Washington, DC 20515

Dear Chairwoman Murray and Ranking Member Blunt:

As you consider the Senate Labor, Health and Human Services, Education & Related Agencies Appropriations bill for Fiscal Year (FY) 2023, we encourage the Committee to include report language 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 been inconsistent 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 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 when compared to their white counterparts. American Indian and Alaskan Natives also have higher rates of colorectal cancer compared to the general population and represent the only demographic group for whom colorectal cancer mortality rates are not declining.

Therefore, we urge the Committee to include the following report language in the FY 2023 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. Three of four 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.

Thank you for your consideration of this request. We look forward to continuing to work together on improving health outcomes for individuals diagnosed with colorectal cancer.

Sincerely,



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Cory A. Booker  
United States Senator



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Kirsten Gillibrand  
United States Senator



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Kyrsten Sinema  
United States Senator



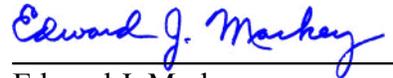
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Chris Van Hollen  
United States Senator



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Christopher A. Coons  
United States Senator



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Edward J. Markey  
United States Senator