



## Senator Feinstein Delivers Cancer Policy Speech to California Cancer Activists

*- Calls for aggressive strategy to eliminate cancer death and suffering by 2015 -*

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*Washington, DC – U.S. Senator Dianne Feinstein (D-Calif.) today delivered a keynote breakfast address to a group of 700 Californian cancer activists at the American Cancer Society’s Cancer Action Network’s “Celebration on the Hill ‘06” conference. In her remarks, Senator Feinstein talked about the changing nature of the war against cancer, and what we must do to meet the goal of eliminating death and suffering from this disease by 2015.*

*Senator Feinstein serves as the Co-Chair of the Senate Cancer Coalition, a bipartisan task force of senators who have a strong interest in cancer research, education, prevention and treatment. Formed in 1994, the Cancer Coalition was originally co-chaired by Senator Feinstein and then-Senator Connie Mack (R-Fla.). In 2000, Senator Sam Brownback (R-Kan.) replaced Senator Mack as co-chair.*

*The following is the text of Senator Feinstein’s prepared remarks.*

“Hello, California. Let me welcome you to Washington.

You came here for one reason: to call on the President, the United States Senate, and the United States House of Representatives to make the eradication of cancer a top priority.

Well, I hear you.

Moreover, I believe that it is possible – but only if we forge a new battleplan to end cancer as we know it.

And I’m committed to that goal.

Most of you have been touched by cancer – maybe it’s you or maybe it’s a husband, wife, father, mother, (god-forbid) child, or friend.

I have been touched by the disease as well. I lost both my husband and my father to cancer.

And just a year ago, my step-daughter was diagnosed with breast cancer. She went through chemo and radiation.

And today, she is doing great.

She's become one of millions who have beaten cancer and gone on with their lives.

I think it's fair to say that there are no words in the English language more frightening than, 'You have cancer.'

And it was not too long ago when those words would have been a death sentence.

But so much has changed in a generation.

We are really on the cusp of a bright new day when it comes to fighting cancer.

A day when the majority of cancer treatments don't have the toxicity, the hair loss, the nausea associated with chemo and radiation.

A day when all Americans, regardless of race or income level, have access to the most advanced detection and treatment options.

A day when patients have help in navigating the complex world of cancer treatment.

And a day when suffering and death from cancer is eliminated.

So I'd like to share with you my thoughts on where this country needs to go when it comes to fighting cancer, and ask for your help in making this a reality.

When I came to the Senate, I pledged to do all I could to help fight cancer.

I joined the Senate Cancer Coalition. I have worked with George Bush the elder, Barbara Bush, and hundreds of cancer experts on the National Dialogue on Cancer.

I worked with the cancer community to develop a new battleplan.

And on the first day of the new Congress in January, Senator Sam Brownback and I will introduce this battleplan for cancer that reflects the new advances in drugs, research, and a deeper understanding of this disease.

Let me share some of the good news:

Just a few months ago, the Food and Drug Administration licensed Gardasil, a vaccine to stop the spread of cervical cancer.

This disease is the fifth leading cause of death of women worldwide.

Gardasil protects against the two forms of a virus (human papillomavirus or HPV), which causes approximately 70% of cervical cancer cases.

This vaccine has the potential to nearly eradicate cervical cancer in the lifetime of our daughters and granddaughters.

So this is really good news.

At the same time, targeted drugs are bringing us closer to the day in which cancer is controlled with a simple pill or injection.

I can still remember the day when I first heard about Gleevec.

Dr. Brian Drucker, inventor of the drug, said patients with Chronic Myeloid Leukemia who were near death recovered and left the hospital.

I could hardly believe it.

And then I met Phylecia Wilson, who was diagnosed with the disease. After being treated with Gleevec in a clinical trial, Phylecia went into full remission.

Four years later, Phylecia is doing great.

She is an example of the incredible advances we have made since 1971, and the promise of medications to come.

And we're now finding out that this is not some short-lived mirage.

A new study of patients taking Gleevec has demonstrated a remarkable 89 percent survival rate after 5 years.

So patients may be able to stay on Gleevec indefinitely, allowing them to keep this disease under control while leading full and productive lives.

So the promise of these medications is bright.

Targeted therapies are now offering hope to patients with many different kinds of cancer:

Herceptin for some breast cancers, Iressa for those with small cell lung cancer, Avastin for colorectal cancer.

These drugs are the future of cancer research, and they are one of the reasons why we're seeing cancer death rates continue to decline:

- Rates are down for 11 of the 15 most common cancers in men; and
- For 10 of the 15 found in women.

These trends led the National Cancer Institute, with broad support in the cancer community, to set the goal of ending death and suffering from cancer by 2015.

This goal is ambitious, but I believe it can be met.

Meeting it, however, requires a comprehensive approach. Hurdles must be overcome. And funding must be provided.

**It requires detecting cancer earlier, before it spreads.** This is critical, because only 10 percent of cancer deaths come from the primary tumor. It's when cancer spreads – to the lungs, liver, or bones -- that it is so deadly.

So we need to develop early detection tools for ovarian cancer, lung cancer, and other leading killers that are often found too late.

**It requires a better understanding of why people get cancer in the first place, and ways it can be prevented.**

So this requires a major investment in basic scientific research.

**It requires more research into the most intractable forms of cancer.** The 5 year survival rate for all cancers has reached a remarkable 64 percent, yet only 4 percent of patients diagnosed with pancreatic cancer will survive 5 years. This rate is almost unchanged since the 1970s.

**It requires efforts to reduce racial and income-based disparities.** Over 46 million Americans are uninsured, and many of them forego screenings. Ability to pay should not determine a person's chance of surviving cancer.

Similarly, the toll of cancer varies widely by racial group and ethnicity. African-Americans, for instance, have the highest rate of cancer mortality; they bear a disproportionate burden.

There is much we still do not understand about these disparities, and the ways in which genetics, the environment, and culture intertwine to create these disparities.

**It requires a better understanding of life-long health risks posed to cancer survivors.** A 2004 report found a record 9.8 million cancer survivors in the United States. But there are many unanswered questions about the long-term needs and health challenges these survivors face.

So how should we begin to tackle these challenges?

First and foremost, through comprehensive legislation that will tackle these issues and more – and reorient our Nation's cancer policy.

Here's what the legislation I am introducing would do:

- **Provide more grants for research and development** of targeted drugs like Gleevec, and to speed the movement of those drugs from the laboratory to the patient.
- **Bolster the cancer care workforce.** Every year, young physicians and researchers avoid the field of cancer research because it doesn't pay well, and they can make a better living elsewhere.

So our bill will expand the existing education loan repayment program to include post-doctoral students who make a commitment to cancer research.

This will enable the National Institutes of Health to repay up to \$35,000 of educational debt for the researchers they identify as the most promising.

The legislation will also increase the starting salary for National Cancer Institute post doctoral researchers. So in California, they would earn about \$55,000 a year.

Our federal research centers must offer salaries that allow them to compete for the best and brightest.

- **Create special reimbursements for “cancer quarterbacks.”** This bill would require insurance plans to pay doctors, preferably oncologists, to become the overall managers of patients' care, in effect providing every cancer patient with a “Cancer Quarterback” physician to help them coordinate care and make the necessary decisions.

This cancer quarterback can direct care in the manner the best meets the patient's needs, instead of focusing on only a small segment of his or her care.

- **Reauthorize the National Breast and Cervical Cancer Early Detection Program,** and create demonstration programs to include screening for colorectal cancer screenings.

This program has saved the lives of countless low income women, reimbursing safety net providers who perform mammograms, pap smears, and the appropriate follow up care.

- **Speed access to promising cancer drugs, creating a new tiered approval process.** If a cancer drug shows promise but has not completed full approval requirements, the drug's manufacturer can petition the FDA to approve it for use in patients who have exhausted all available treatment opportunities.

This will allow critically ill patients to access drugs on a timely basis, while more thorough studies are conducted.

No patient should lose a battle with cancer because bureaucratic hurdles denied him or her access to a potentially lifesaving therapy.

December 23 of this year will mark the 35<sup>th</sup> anniversary of President Nixon's signing of the original National Cancer Act.

The state of cancer care has changed drastically since 1971, and it is time that our federal policies reflect these changes.

This is an ambitious agenda, and advancing this legislation requires your help.

I need you to join with the thousand of men, women and children to descend upon Washington. To talk to everyone you can. To let them know why a new battleplan is needed.

I look forward to working with you, the American Cancer Society, and other key organizations in the cancer community to make this vision a reality.

Please feel free to share with me, and my staff, your experiences, thoughts, and suggestions on how we can improve our approach to cancer both in California and nationally.

Thank you again for your commitment to the fight against cancer.

I join you in looking to the day when the death and suffering caused by this terrible disease is eliminated.”

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