Remarks by

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Tribute to Research Participants
Together, We Will End Cancer as We Know It

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This text is the basis of Dr. Bertagnolli's oral remarks. Use with the understanding that some material may have been added or omitted during final presentation.

I really can't adequately express what an honor it is to receive an award that was created to honor my mentor and friend, Allen Lichter. He is the one who first made me aware of the tremendous potential of engaging every single person in the process of preventing and curing cancer, through the development of a learning healthcare system. Allen – you are a great inspiration whose vision is changing the world – and bit by bit, we are going to make it happen.

Thank you so much.

Four years ago, during my Presidential Address before this ASCO audience, I asked everyone to use an interactive app on their smartphone to text a one- to two-word description of who they were—so that we could create a word cloud to let everyone know something important about those who were represented in this very large audience. Well, this was the result. [*Word cloud image displayed on slide prominently features the word "survivor."*] I was in awe when I saw this. I remember being surprised—but on second thought, not surprised—that so many were here not only as cancer clinicians and cancer researchers, but also as cancer survivors. And now, after getting my own cancer diagnosis in November, I am grateful to be a cancer survivor myself.

Today, I want to do two things. First, to set out big challenges for all of us, and second, to express my profound gratitude to the people who make it possible for us to succeed.

On behalf of the NCI, and many other contributors across NIH, the other agencies of HHS, advocacy organizations, and societies such as ASCO, I'd like to present our common goals—goals that if achieved will ensure that everyone with a cancer diagnosis lives a full and active life, free from cancer's harmful effects, or better yet, cancer is prevented so that few have to face this challenge.

I am hoping to be one of those people with cancer who live a full and active life free from cancer's harmful effects. What has given me this hope? Science. Research. All that we celebrate at each ASCO Annual Meeting.

But as a cancer survivor looking at a Kaplan Meier plot, I think even more about the people represented by each small transition point. Each of the patients represented by plots like this joined us to make the world better, and at each of the timepoints depicted here, someone's life was dramatically changed.

We have a national charge, issued by President Biden, calling on all of us to work together to make faster progress and focus on the experience of people with cancer. Based on a recent analysis by NCI researchers, we will achieve a 50% age-adjusted mortality decrease by 2047 with a modest further annual reduction over the next 25 years. This might seem relatively easy, given the favorable trajectory we have seen in recent years. You all know that it most certainly is not. It will take committed, collective action from all of us, including societal changes beyond the biomedical community. We won't succeed if we stay in our silos, and we won't succeed by pointing fingers. We have to find new ways to work together, taking full advantage of everyone's collective resources, expertise, and experience.

To guide our work, to help us set priorities that center on what is required to change the world for people with or at risk for cancer, we asked "what would success look like?"

We shifted from a focus on particular disciplines—always a temptation to start first with what we do as researchers: the basic science, the therapy and diagnostics development, the clinical trials—all of these are critical, but they are the means to an end. The perspective here is to boldly state all that we must do to end cancer as we know it, and to do so by placing the people who we serve at the center of all that we do.

This thinking underlies our new National Cancer Plan, which details eight goals, and accompanying strategies, to reduce cancer mortality and dramatically improve the lives of people affected by cancer. You, the cancer research and clinical care community, will see your work reflected in these goals—but they were designed to guide not only NCI, and ASCO members—but also everyone else needed to accomplish them: from governmental leaders to all organizations to individual private citizens. The plan provides a long-term vision that will enable us to eliminate roadblocks to collaboration—across all levels of society—to achieve the fastest possible results for all people who need them.

So what *would* success look like?

First, we must **prevent cancer**. To do this, we must see that all people and society adopt proven strategies that reduce the risk of cancer. We've seen a dramatic reduction in mortality with tobacco cessation. We know that a healthy weight, regular exercise, and avoiding too much sun or alcohol are all important—and these are things that each of us can commit to. But we need so much more. A fundamental understanding of what drives early carcinogenesis, more accurate management of heritable and environmental risk factors, and many more prevention clinical trials.

Next, we must **detect cancers early**. We must see a society overall where cancers are detected and treated at early stages, enabling more effective treatment, and reducing morbidity and mortality. Cancer is a gradual process. We must address it before it can cause trouble. But we also can't over-react so that our treatments are worse than the disease. Again, we need better fundamental understanding of cancer biology, new diagnostics, and more clinical trials.

We must **develop effective treatments**. For every person and every cancer. Effective treatment, with minimal side effects, must be accessible to all people with all cancers, including those with rare cancers, metastatic cancers, and treatment-resistant disease. For some cancers, we have made tremendous progress; for others, not so much. Succeeding for one gives us confidence that with renewed dedication and persistence, we can succeed for all. We must redouble our efforts. People are counting on us.

Next, we must **eliminate inequities**. This means we will live in a society where disparities in cancer risk factors, incidence, treatment side effects, and mortality are eliminated through equitable access to prevention, screening, treatment, and survivorship care. I don't believe there is anything more tragic than seeing great harm come to people not because we don't have ways to help but because life-saving options are just not available to them. We have a moral obligation to overcome these disparities—for everyone.

We must **deliver optimal care**. We need to create a learning health system that delivers to all people evidence-based, patient-centered care that prioritizes prevention, reduces cancer morbidity and mortality, and improves the lives of cancer survivors, including people living with cancer. All who work in health care understand the challenges of caring for people in a complex and ever-changing environment. 332 million people live in the U.S., and older individuals make up an ever-greater proportion of our population. Inefficiencies, excessive costs, barriers to access and complacency must be eliminated.

We must **maximize data utility**. We can create conditions such that secure sharing of privacy-protected health data is standard practice throughout research, and researchers share and use available data to achieve rapid progress against cancer. How much knowledge do we have locked away in clinical trial databases, in electronic health records, and in research laboratories across the world? We no longer have excuses for not sharing data. Technology exists that will allow us to honor the wishes of our patients for data use, and to combine, analyze and visualize data from many different sources. What we still lack is a commitment to this goal. We are beginning to see a crack in the dam through efforts across the U.S. and Europe, and we all will be able to contribute more very soon.

We must **optimize the workforce**. We need to be able to say that the cancer care and research workforce is diverse, reflects the communities served, and meets the needs of all people with cancer and those at risk for cancer, ensuring they live longer and healthier lives.

And last but definitely not least, we must **engage every person**. Every person with cancer or at risk for cancer should have an opportunity to participate in research or otherwise contribute to the collective knowledge base, and barriers to their participation are eliminated. We lament the fact that fewer than 10% of cancer patients in the U.S. participate in clinical trials. We agonize over issues related to informed consent, responsibility for data security, and intellectual property. The answer here is to listen to our patients. They are requesting more access to clinical trials, and we must make this possible. I am also convinced by my own experience that if we just honor the wishes of people whose data we need in all of these matters, we will make tremendous progress.

At NCI, we are fully committed to doing everything we can to power cancer research – across the full spectrum, from basic discovery to health care delivery. Here I have picked some key examples related to advancing clinical research.

The new **Pragmatica-Lung trial** is evaluating whether a combination of drugs (ramucirumab and pembrolizumab) can help those with advanced lung cancer live longer than with standard chemotherapy—and it will help us test methods to streamline trials and rapidly engage patients.

The **Clinical Trials Innovation Unit**, launched in February, is a collaboration between NCI, FDA and extramural researchers of the National Clinical Trials Network to advance innovative science, trial designs, and operational efficiencies for high-priority clinical research needs. The unit will select high-priority studies that require radically new study designs and operational procedures, and then work with partners necessary to carry them forward through the NCTN.

Our program **Connecting Underrepresented Populations to Clinical Trials** addresses key issues that affect diversity in clinical trials and will improve the dissemination of information and care into underserved communities, where they are needed most.

Another new NCI initiative, known as the **Childhood Cancer-Data Integration for Research, Education, Care, and Clinical Trials (CC-DIRECT)**, will bring clinical and patient-navigation support to children, adolescents, and young adults with cancer and their families. It will facilitate research participation and establish a portable, shareable, standardized cancer health record. CC-DIRECT stands out because it represents a first-of-its-kind public-private partnership between NCI and eight partner organizations spanning the government, nonprofit, research, and clinical practice sectors.

Last year, we launched the **NCI Telehealth Research Centers of Excellence (or TRACE)** initiative, to rapidly develop an evidence base of telehealth approaches that make it easier for people to access cancer care and participate in clinical trials. This will add significantly to our understanding of how telehealth approaches can overcome—or might exacerbate—cancer health inequities.

Finally, if we hope to reach the levels of research participation required to achieve our goals, we must empower researchers across the entire country—not just at the main research hubs. This is why programs like the **NCI Community Oncology Research (or NCORP)** are so important. NCORP extends the reach of clinical trials into the communities where people live to bring both care and clinical research to them.

I am so happy to have the opportunity to acknowledge the courage and generosity of an estimated 494,018 women who agreed to participate in randomized clinical trials with results reported between 1971 and 2018. Their contributions showed that mammography can detect cancer at an early stage, that mastectomies and axillary lymph node dissections are not always necessary, that chemotherapy can benefit some people with early ER+PR+HER2-breast cancer but is not needed for all, and that hormonal therapy can prevent disease recurrence.

For just the key studies that produced these results, it took the strength and commitment of almost 500,000 women. I am the direct beneficiary of their contributions, and I am profoundly grateful.

The true number of brave souls contributing to this reduction in breast cancer mortality over the past 30 years? Many millions. These are our heroes.

If we can unlock the secrets to successful prevention and treatment for some cancers, we can do it for all. It will take commitment from all of us, literally all people doing their part, but we can achieve a world where all those with cancer live full and active lives free from cancer's harmful effects, and where cancer is prevented so that more never have to face this challenge.

Thank you.