

ISSUE BRIEF

Federally funded digestive disease research

AGA position: Support long-term, sustainable funding for digestive disease and cancer research.

Each year, more than 54.4 million Americans are diagnosed with digestive disorders. In some of these areas, medical research has brought us closer to developing lifesaving treatments and cures. Yet, in others, we still lack even the basic understanding of the cause and transmission of diseases.

Consistent and sustainable research funding is necessary to support innovative research and treatment development and secure a pipeline for future investigators to enter the field.

GI research is urgently needed

\$22.4 MILLION ambulatory care visits occur annually with a first-listed diagnosis of digestive disease.

\$135.9 BILLION The annual costs for treating these diseases

National Center for Health Statistics (2016)

Funding research to identify effective treatments and cures for these digestive diseases can save the U.S. health care system billions of dollars and tens of thousands of lives.

National Institutes of Health

 **AGA request:** Support funding NIH at \$46.1 billion for FY 2022

While there have been many advances in prevention, screenings, diagnostics and treatments for digestive diseases and GI cancers, there are still gaps in research that need to be filled.

AGA has an increased focus on addressing health disparities and inequities in GI and urges NIH to increase support for initiatives observing COVID-19 related health disparities and obesity, health disparities for at-risk and minority IBD patients, prevention and screening interventions for colorectal cancer and the impact of COVID-19 on colorectal cancer incidence.

Investing in biomedical research must be continuous and funding NIH at \$46.1 billion will enable the Institute to build on the momentum of recent increases and expand NIH's capacity to support promising research in all disciplines.

Sustaining the U.S. economy: Research funded by the NIH supports nearly 476,000 jobs and more than \$81 billion in economic activity across the U.S in 2019.¹

Veterans Affairs (VA)

 **AGA request:** Support funding the VA Medical and Prosthetic Research Program at \$902 million for FY 2022

The veteran community has a very high prevalence of GI and liver diseases and benefits from cutting-edge, VA-lead research.

Emerging evidence indicates that deployment-related diseases such as PTSD, Gulf War illness, and traumatic brain injury can change the composition of gut microbes and further exacerbate GI and liver illnesses to the point of becoming chronic diseases. One of the VA's upcoming research series aims to gain better insight into the gut microbiome and its correlation with post-deployment GI and liver diseases.

AGA requests \$902 million for the VA Medical and Prosthetic Research Program to continue to prioritize and fund GI and liver disease research to ensure our nation's heroes obtain the innovative treatments they deserve.

**Department of Defense (DoD)
Congressionally Directed Medical Research
Programs (CDMRP)**

→ AGA request: Continue to include GI-specific diseases as topic areas in CDMRP and fund digestive disease and GI cancer research.

Peer Reviewed Cancer Research Program (PRCRP)

The Peer Reviewed Cancer Research Program is the only dedicated funding source for extramural research into GI cancers impacting current members of the military, veterans and their families. The following GI-specific cancers are eligible for research grants:

Cancer	2020 est. cases	2020 est. deaths	Five-year relative survival rate
Pancreatic	57,600	47,050	10%
Liver	42,810	30,160	20%
Esophageal	18,440	16,170	20%
Stomach	27,600	11,010	32%
Colorectal	147,950	53,200	65%

These cancers have some of the lowest five-year relative survival rates across the cancer space. Veterans and active duty members of the military have an increased risk of mortality due to deployment related environmental exposure and lifestyle factors.

According to a 2017 study², colorectal cancer was the third most common form of cancer among active duty military personnel. Screening rates among military personnel for colorectal cancer is high (81.5%)³ compared to the general public. However, health disparities related to race, poverty and mental health continue to serve as a barrier to colorectal cancer screenings in the Veterans Health Administration. The PRCRP has supported research into treatments for colorectal cancer, including research into treatments that would block the growth of metastatic colorectal cancer.

Peer Reviewed Medical Research Program (PRMRP)

The Peer Reviewed Medical Research Program is the only dedicated funding source for extramural medical research into deployment-related GI and liver illnesses. For fiscal year (FY) 2021, DoD included the following GI-specific illnesses:

- Inflammatory bowel diseases
- Food allergies
- Nutrition optimization
- Hepatitis B

Colorectal Cancer Research Program

→ AGA request: Create and fund the Colorectal Cancer Research Program as a separate line item in CDMRP at \$20 million for FY 2022.

Colorectal cancer is the second leading cause of cancer death for men and women combined and third leading cancer for active duty military. However, it is preventable if caught early through timely screening.

While the majority of colorectal cancer diagnoses occur in individuals over the age of 50, there has been a marked increase in diagnoses among people in their 20s and

30s—a key demographic for active-duty personnel.⁴ For the past ten years, colorectal cancer has been eligible for funding through the Peer-Reviewed Cancer Research Program (PRCRP), competing against over a dozen other cancers for funding.

The PRCRP has supported research exploring issues important to both the warfighter and the civilian population, including whether environmental chemicals are associated with increased risk of colorectal cancer and whether drugs for other conditions can be used to treat colorectal cancer.

While this is important progress, with more and more young people being diagnosed with and dying from colorectal cancer, greater investment is urgently needed. Moreover, of the top five cancer killers, colorectal cancer is the only cancer not to have its own program within CDMRP.

COVID-19 and federal research

The COVID-19 pandemic caused a major disruption to ongoing research across all fields with delays to important work, stalling of clinical trials and the upending of many early career investigators' career paths. In March 2020, 80 percent⁵ of universities had suspended research work at their institutions. With research universities conducting half of all U.S. basic research, this caused a major setback

Bottom line: Support long-term, sustainable funding for digestive disease and cancer research at the NIH, VA and DoD for FY 2022. Provide supplemental funding to offset investigators COVID-19 related research setbacks.

1. <https://www.unitedformedicalresearch.org/wp-content/uploads/2020/06/An-Unprecedented-Impact-PART-2-FINAL-7.1.20.pdf>
2. <https://academic.oup.com/milmed/article/182/7/e1883/4158590?login=true>
3. <https://pubmed.ncbi.nlm.nih.gov/31415338/>
4. <https://pubmed.ncbi.nlm.nih.gov/28376186/>
5. <https://www.unitedformedicalresearch.org/wp-content/uploads/2020/06/An-Unprecedented-Impact-PART-2-FINAL-7.1.20.pdf>

for investigators. Once research efforts could resume, institutions and investigators faced scarcity and increased costs for supplies, a reduced workforce and additional public health compliance guidelines.

As research efforts continue through the public health emergency (PHE), AGA requests supplemental funding to support U.S. research and development work that experienced financial setbacks and institutional delays.

AGA SUPPORTS

Research Investment to Spark the Economy (RISE) Act

(H.R. 869/ S. 289)

Sponsors: Rep. Diana DeGette, D-CO, and Sen. Ed Markey, D-MA

This bill would provide \$25 billion in emergency relief for federal science agencies, including \$10 billion for NIH.

AGA urges lawmakers to support this legislation to sustain momentum for scientific and medical advances related to the PHE, and to preserve previous investments to address the many existing health threats facing patients daily.

For more information

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