

Testimony from Dr. Fola P. May, MD, PhD, MPhil

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On behalf of the American Gastroenterological Association (AGA)

House Committee on Appropriations

**Subcommittee on Labor, Health and Human Services, and Education and Related
Agencies**

National Cancer Institute (NCI)

Chairwoman DeLauro, Ranking Member Cole, and members of the Subcommittee, I would like to start by thanking you for the opportunity to submit testimony on the U.S. Department of Health and Human Services (HHS) fiscal year (FY) 2022 appropriations bill. I am Dr. Fola May, and I am an assistant professor of medicine at the University of California, Los Angeles, and researcher at the UCLA Kaiser Permanente Center for Health Equity. I am submitting testimony on behalf of the American Gastroenterological Association (AGA). The AGA was founded in 1897, and today, it has expanded its membership to include more than 16,000 professionals who are dedicated to the advancement of science, practice, and research in the field of gastroenterology. We want to first thank you for your ongoing bipartisan investment in the National Institutes of Health (NIH). We respectfully request the subcommittee to **support our FY 2022 NIH funding recommendation of at least \$46.111 billion, a**

\$3.177 billion increase over the comparable FY 2021 funding level for the NIH, which would allow for the NIH's base budget to keep pace with the biomedical research and development price index of 2.3 % and allow meaningful growth of 5%. Additionally, **we request report language to support research to better understand the impact of COVID-19 on colorectal cancer disparities.**

Colorectal cancer incidence

Colorectal cancer remains the second leading cause of cancer deaths in the United States. The American Cancer Society (ACS) estimates¹ 149,500 new cases of colorectal cancer and 52,980 colorectal cancer-related deaths in the U.S. in 2021. The ACS 2021 cancer report also shows an emerging trend of colorectal cancer in a younger demographic; the data show a 2% annual increase in colorectal cancer in individuals under 50 years.

Colorectal cancer has a higher impact on communities of color. Specifically, Black, and Native American individuals have the highest incidence of colorectal cancer; Black Americans have the highest rate of colorectal cancer-related death, and Latinos have colorectal cancer screening rates far below White and Black Americans.²

¹ American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society; 2021. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf>

² Balzora, S., Issaka, R. B., Anyane-Yeboah, A., Gray, D. M., 2nd, & May, F. P. (2020). Impact of COVID-19 on colorectal cancer disparities and the way forward. *Gastrointestinal endoscopy*, 92(4), 946–950. <https://doi.org/10.1016/j.gie.2020.06.042>

COVID-19's impact on colorectal cancer screenings

Screening can prevent colorectal cancer deaths by detecting precancerous polyps early, allowing for early treatment and full recovery. Unfortunately, as with other health care services, the COVID-19 pandemic significantly reduced the volume of preventive screenings. According to a report³, colorectal cancer screenings were estimated to have dropped by 86% in the first few months of the pandemic and have not yet fully recovered.

With the drop in screenings, delay in diagnosis, lack of access to care, abandonment of care, interruption or alteration in treatment and job loss resulting in lapsed health insurance coverage etc., cancer mortality rates across numerous cancers have increased. The National Cancer Institute (NCI) estimates⁴ a 1% increase in deaths from breast and colon cancer over the next 10 years, which equates to an additional 10,000 deaths due to the pandemic's impact on screening and treatment.

As communities across the U.S. fight the pandemic locally, community-based health care facilities that typically would offer cancer screenings and other preventative health services have reallocated their limited resources and shifted workforce deployment to address the pandemic. This reduction in cancer screening resources has heightened the ongoing health care access issues that impact vulnerable populations, and their worsening clinical outcomes. Specifically, they impact racial, and ethnic minority communities, who, including before the pandemic, have lower rates of

³ EPIC Health Research Network. Delayed Cancer Screenings—A Second Look. Available at: <https://ehrn.org/articles/delayed-cancer-screenings-a-second-look/>. pdf. Accessed May 17, 2021

⁴ Sharpless, N. E. (2020). COVID-19 and cancer. <https://tcj.com/wp-content/uploads/2020/06/Science-COVID-19-and-Cancer-editorial-copy.pdf>

colorectal cancer screening and higher rates of incidence and mortality from colorectal cancer.

Health disparities and colorectal cancer

Colorectal cancer during the pandemic places a spotlight on the health disparities and inequities stemming from social determinants of health that continue to plague medically underserved populations. COVID-19 cases, hospitalizations and deaths were highest among communities of color, especially those with comorbidities like obesity, diabetes, and asthma. Although screening rates are resuming, the rates in minority communities likely still lag due to access, financial, transportation and other socioeconomic factors exacerbated by the pandemic.

The NIH resources spent on COVID-19 and health disparities have been essential to better understand the long-term impact of the pandemic on the medically underserved population in the U.S. To improve colorectal cancer screening, prevention and treatment, AGA recognizes the continued need to collect systemic data on the short and long-term outcomes of COVID-19 and colorectal cancer disparities. Therefore, AGA urges the subcommittee to include the following report language that would allow NIH to continue its support of studies focused on colorectal cancer disparities heightened by the COVID-19 pandemic.

COVID-19 Pandemic Impact on Colorectal Cancer Disparities. – *Given the impact that screening can have on reducing mortality and morbidity in colorectal cancer, the Committee encourages the NIH to study the impact of the COVID-19*

pandemic on the incidence of colorectal cancer in minority communities. The committee is hopeful that such information will provide policymakers with a better understanding of the effects on minority communities and help develop strategies to address barriers to screening and reduce health inequities and cancer deaths.

On behalf of AGA, its members, and the GI community, I would like to thank you for your consideration of this request. If you have any questions, please contact Kathleen Teixeira, Vice President of Government Affairs, at (240) 482-3222 or kteixeira@gastro.org.