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To: John Hazle < ihazle@mdanderson.org >, Rebecca Fahrig < fahrig@stanford.edu >

**Subject:** RE: AACR cancer progress report

John,

When perusing the AACR report, I noticed a trend to avoid discussing treatment options such as radiation therapy. I conducted a word search for the word radiation and found that the only mentions of that word in the report were related to UV radiation from the sun, radiation due to diagnostic imaging and its negative consequences on cancer, and radiation induced secondary malignancies for radiation therapy. In the patient testimonials, however, there were numerous references to the radiation therapy treatments that these patients underwent as part of their treatment.

Descriptions in the report of scientific development from new science to clinical use focus entirely on drug development and do not deal at all with technology development. I think this shows a fundamental disconnect that the AACR and NCI have regarding radiation therapy development. I believe they tend to lump us in with drug development and assume that the development funds for translational application research should and will come from corporations. However, our corporations have nowhere near enough funding to support the necessary research for developing testing new applications radiation therapy and so we need to turn to NIH and most often NCI for such funding. The AACR report highlighted and clarified for me the lack of understanding of the impact of radiation therapy, it's development over the past 20 years, and it's development potential for the future.

Astro via the government relations committee just announced that they had successfully requested that the NIH identify the amount of research funding that was awarded to radiation oncology, an amount that had previously been lumped together with radiology. It showed that radiation oncology received about 1% of the overall NIH budget and 4% of the NCI budget for fiscal years 2010 and 2011. The lack of focus on technology development and the mediocre funding level for radiation oncology, coupled with the continued development and potential radiation oncology as well as its clinical success and widespread use, provide a strong argument for the NCI to modify their priorities to place more emphasis on radiation oncology. I think we should bring this up at the face to face meetings and hopefully I'll have a set of slides from Astro. John, if you would distribute the AACR report to science Council I would appreciate it.

Thanks,

Dan

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