AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD)
(A-25)

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Subject: Increasing Funding for Gynecological Cancer Research

Referred to: Reference Committee (Assigned by HOD)

Whereas, gynecological cancers, defined as cervical, ovarian, uterine, fallopian tube, vaginal, and vulvar, have high morbidity and mortality due to a multitude of factors including no reliable screening methods for uterine, ovarian, vaginal, or vulvar cancers[1-4]; and

Whereas, gynecological cancers are underfunded compared to other cancer sites[5, 6]; and

Whereas, in 2016, the "Cancer Moonshot" bill aimed to expedite cancer research by allocating $1.8 billion dollars based on a Funding to Lethality Score (FLS), a method to standardize incidence, mortality, and life lost[5, 7]; and

Whereas, FLS is calculated using mortality to incidence ratio (MIR), person-years-of-life lost per incident case, and total amount of funding reported by the NCI[5]; and

Whereas, ovarian, cervical, and uterine cancers ranked 10th, 12th, and 14th, respectively, out of 18 cancer sites for average FLS[5]; and

Whereas, ovarian cancer received $97,000 through "Cancer Moonshot", cervical cancer $87,000, and uterine cancer $57,000[5]; and

Whereas, FLS for ovarian, cervical, and uterine cancers are decreasing over time, leading to growing disparities in research funding allocation[5]; and

Whereas, since 2020, NIH funding for ovarian cancer research has decreased from $188 to $171 million[6]; and

Whereas, since 2019, NIH funding for vaginal cancer research has decreased from $4 million to $3 million and is one of the most underfunded cancers by the NIH[6]; and

Whereas, there is no NIH funding allocation specifically for vulvar or fallopian tube cancer research[6]; and

Whereas, despite NIH funding for uterine and cervical cancer research funding increasing to $42 million and to $164 million in 2023, respectively, they remain underfunded compared to other cancer sites with decreasing or lower FLS[5, 6]; and

Whereas, although the FLS for prostate cancer has decreased, NIH funding for prostate cancer research has increased from $263 to $305 million since 2019[5, 6]; and

Whereas, disparities in cancer funding extend beyond reproductive cancers with liver and brain cancer research receiving higher NIH funding despite being less prevalent (0.01% prevalence each) compared to ovarian (0.06%) and uterine (0.07%) cancers in 2022[6]; and

Whereas, in 2023, NIH funding was $189 million for liver cancer research and $427 million for brain cancer research[6]; and

Whereas, underfunding leads to decreased trial enrollment and fewer trials available for patient enrollment, which impacts the number of high-level treatment recommendations[5]; and

Whereas, significant research funding for prostate cancer led to the establishment of prostate-specific antigen (PSA) screening as a widely utilized tool, resulting in a 50% reduction in annual prostate cancer mortality[8, 9]; and

Whereas, although cervical cancer screening advancements, including HPV-DNA testing with Pap smears, have improved detection rates, further research into additional tools such as HPV DNA methylation and liquid-based cytology, may enhance the identification of high-grade cervical lesions[10]; and

Whereas, due to critical underfunding, gynecological cancers remain an area of research with a lack of evidence-based guidelines for screening, diagnosis, and treatment for these conditions; and

Whereas, gynecological cancers disproportionately affect minority and underserved populations, with higher mortality rates due to limited access to preventative care, and treatments, emphasizing the need for increased research funding to address inequities[12]; and

Whereas, the Society of Gynecologic Oncology declared a crisis in gynecologic cancer clinical trial access and outlined a five step plan to address the crisis, including increased funding for clinical trials[11]; therefore be it

RESOLVED, that our American Medical Association will advocate for increased funding allocation to gynecological cancer research, especially from organizations such as the National Institutes of Health and the National Cancer Institute; and be it further

RESOLVED, that our AMA will support increased research efforts into screening methods for gynecological cancers including ovarian, vaginal, and uterine cancer.

Fiscal Note: (Assigned by HOD)

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RELEVANT AMA POLICY

Addressing Disparities and Lack of Research for Endometriosis D-420.989

1. Our American Medical Association will collaborate with stakeholders to recognize endometriosis as an area for health disparities research that continues to remain critically underfunded, resulting in a lack of evidence-based guidelines for diagnosis and treatment of this condition amongst people of color.
2. Our AMA will collaborate with stakeholders to promote awareness of the negative effects of a delayed diagnosis of endometriosis and the healthcare burden this places on patients, including health disparities among patients from communities of color who have been historically marginalized.
3. Our AMA will advocate for increased endometriosis research addressing health disparities in the diagnosis, evaluation, and management of endometriosis.
4. Our AMA will advocate for increased funding allocation to endometriosis-related research for patients of color, especially from federal organizations such as the National Institutes of Health.

[Res. 921, I-23]

Cancer and Health Care Disparities Among Minority Women D-55.997

Our American Medical Association encourages research and funding directed at addressing racial and ethnic disparities in minority women pertaining to cancer screening, diagnosis, and treatment.
[Res. 509, A-08 Modified: CSAPH Rep. 01, A-18]

Advanced Research Projects Agency for Health (ARPA-H) H-460.888

Our American Medical Association will urge Congress and the Administration to ensure that while providing adequate funding for the promising research conducted at Advanced Research Projects Agency for Health (ARPA-H), it also provides robust annual baseline increases in appropriations for other research agencies, centers, and institutes, including, but not limited to, the NIH and NCI.
[Res. 519, A-22]

Screening and Treatment for Breast and Cervical Cancer Risk Reduction H-55.971

1. Our American Medical Association supports programs to screen all at-risk individuals for breast and cervical cancer and that government funded programs be available for low income indivduals; the development of public information and educational programs with the goal of informing all at-risk individuals about routine cancer screening in order to reduce their risk of dying from cancer; and increased funding for comprehensive programs to screen low income individuals for breast and cervical cancer and to assure access to definitive treatment.
2. Our AMA encourages state and local medical societies to monitor local public health screening programs to ensure that they are linked to treatment resources in the public or private sector.
3. Our AMA encourages the Centers for Medicare and Medicaid Services to evaluate and review their current cervical cancer screening policies to ensure coverage is consistent with current evidence-based guidelines.
4. Our AMA supports further research by relevant parties of HPV self-sampling in the United States to determine whether it can decrease health care disparities in cervical cancer screening**.**
[CCB/CLRPD Rep. 3, A-14 BOT Action Sept 2023]

Clinical Guidelines and Evidence Regarding Benefits of Prostate Cancer Screening and Other Preventive Services D-450.957
Our AMA will: (1) continue to advocate for inclusion of relevant specialty societies and their members in guideline and performance measure development, including in technical expert panels charged with developing performance measures; (2) work with the federal government, specialty societies, and other relevant stakeholders to develop guidelines and clinical quality measures for the prevention or early detection of disease, such as prostate cancer, based on rigorous review of the evidence which includes expertise from any medical specialty for which the recommendation may be relevant to ultimately inform shared decision making; and (3) encourage scientific research to address the evidence gaps highlighted by organizations making evidence-based recommendations about clinical preventive services.
[Res. 225, I-15 Appended: CMS Rep. 06, A-19]

Public and Private Funding of Prevention Research D-425.999
Our AMA seeks to work in partnership with the Centers for Disease Control and Prevention, the National Institutes of Health, and other Federal Agencies, the Public Health Community, and the managed care community to ensure that there is a national prevention research agenda.
[Res. 418, I-98 Reaffirmed: CSAPH Rep. 2, A-08 Modified: CSAPH Rep. 01, A-18]

HPV Associated Cancer Prevention H-440.872
1. Our American Medical Association;
    a. strongly urges physicians and other health care professionals to educate themselves, appropriate patients, and patients' parents or caregivers when applicable, about HPV and associated diseases, the importance of initiating and completing HPV vaccination, as well as routine HPV related cancer screening; and
    b. encourages the development and **funding** of programs targeted at HPV vaccine introduction and HPV related cancer screening in countries without organized HPV related cancer screening programs.
2. Our AMA will work with interested parties to intensify efforts to improve awareness and understanding about HPV and associated diseases in all individuals, regardless of sex, such as, but not limited to, cervical cancer, head and neck cancer, anal cancer, and genital cancer, the availability and efficacy of HPV vaccinations, and the need for routine HPV related cancer screening in the general public.
3. Our AMA supports legislation and **funding** for **research** aimed towards discovering screening methodology and early detection methods for other non-cervical HPV associated cancers.
4. Our AMA;
    a. encourages the integration of HPV vaccination and appropriate HPV-related cancer screening into all appropriate health care settings and visits;
    b. supports the availability of the HPV vaccine and routine cervical cancer screening to appropriate patient groups, including but not limited to low-income and pre-sexually active populations; and
    c. recommends HPV vaccination for all groups for whom the federal Advisory Committee on Immunization Practices recommends HPV vaccination.

5. Our AMA supports efforts by states to increase HPV vaccine availability and accessibility, and HPV vaccination rates through a combination of policies such as facilitating administration of HPV vaccinations in community-based settings including local health departments and schools, reminder-based interventions, school-entry requirements, and requirements for comprehensive and evidence-based sexual education.
6. Our AMA encourages collaboration with interested parties to make available human papillomavirus vaccination, according to ACIP recommendations, to people who are incarcerated for the prevention of HPV-associated cancers.
7. Our AMA advocate that racial, ethnic, socioeconomic, and geographic differences in high-risk HPV subtype prevalence be taken into account during the development, clinical testing, and strategic distribution of next-generation HPV vaccines.
8. Our AMA will encourage continued **research** into (a) interventions that equitably increase initiation of HPV vaccination and completion of the HPV vaccine series; (b) the impact of broad opt-out provisions on HPV vaccine uptake; and (c) the impact of the COVID-19 pandemic and vaccine misinformation on HPV vaccine uptake.

[Res. 503, A-07 Appended: Res. 6, A-12 Reaffirmed: CSAPH Rep. 1, A-22 Reaffirmation: A-22 Modified: Res. 916, I-22 BOT Action Sept. 2023 Modified: CSAPH Rep. 02, I -24]