



**FY 2011 Public Witness Hearing**

**May 12, 2010**

**House Subcommittee on Labor – HHS – Education Appropriations**

**Statement of Wanda Burns, RN**

**Appearing on Behalf of the**

**American Cancer Society Cancer Action Network**

Chairman Obey and Members of the Subcommittee:

Thank you for the opportunity to appear before you this afternoon to testify in support of the National Institutes of Health and National Cancer Institute. My name is Wanda Burns and I am from Niles, Ohio, a town just outside of Youngstown. I am here today on behalf of the American Cancer Society Cancer Action Network and my late sister-in-law, Cyndi. Cyndi died from ovarian cancer in 2008; I appear here today to honor her fight against cancer.

I have been a registered nurse for 30 years, and in that time have seen firsthand the results of the tremendous progress we have made, thanks to research, in preventing, detecting and treating cancer and better managing symptoms and side effects to improve patient quality of life. Part of my nursing career has been in the hospice setting, so I am also keenly aware that for too many people facing the disease, our cancer fighting tools for early detection, treatment and care remain limited.

Ovarian cancer lacks a screening test to aide in the early diagnosis and treatment that is essential to survival. The majority of cases are diagnosed at a distant stage when the cancer has spread, and the five year survival rate in those cases drops to only 31%. Cyndi sadly was one of those cases. She discovered a protrusion on her abdominal wall in early January 2004, and was diagnosed with cancer a few weeks later. By that time, Cyndi's cancer had metastasized to her colon and diaphragm. According to statistics Cyndi's life expectancy was 19 months.

We were fortunate that Cyndi's oncologist was able to help her find and enroll her in a clinical trial sponsored by the National Cancer Institute which took place at the Cleveland Clinic. While

conventional chemotherapy failed and offered Cyndi little hope, the clinical trial offered an additional course of treatment and an additional 45 months of life.

Her participation in these clinical trials gave all of us hope. More importantly, it gave us precious additional time together as a family. I am so pleased to tell you that Cyndi beat the odds and enjoyed nearly five rewarding years of life after her late-stage diagnosis, which included being there to see her only son get married. This meant the world to Cyndi, and to the entire family.

But research progress does not happen overnight, though we all wish it could. Cyndi enrolled in one particular clinical trial at the Cleveland Clinic in 2005 – a trial that had actually initiated in 2001 and just concluded earlier this year. This trial, which took just under ten years to complete, evaluated a combined therapy regimen for treating ovarian cancer. After being invited to testify, I checked in with Cyndi's gynecological oncologist and learned that the results from the clinical trial are very promising. It is clinical trials such as this that give healthcare providers, patients, their family and friends HOPE. Clinical trials are important to all of us for no one knows what our personal futures hold.

Cyndi's story and the countless stories of other cancer patients make clear that sustained funding for cancer research is critical to maintain and build on the progress we are making every day. The clinical trials that gave us treasured years with Cyndi, and gave Cyndi countless special moments like being at her son's wedding, would not have happened absent support from the National Institutes of Health and National Cancer Institute.

The NIH and NCI support lifesaving research at the Cleveland Clinic, 64 NCI-designated Cancer Centers, and multiple other institutions and oncology practice settings across the country.

Knowing that funding for this research is secure gives us hope. For this reason, I am requesting on behalf of the American Cancer Society Cancer Action Network that the National Institutes of Health receive a budget of \$35 billion in Fiscal Year 2011, including \$5.8 billion for the National Cancer Institute.

Thank you, Mr. Chairman, for the opportunity to testify.