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American College of Radiology (ACR)

Testimony to the House LHHS Appropriations Subcommittee

In Support of Increased Funding in FY 2018 for the National Institutes of Health,

Including the National Cancer Institute and

National Institute of Biomedical Imaging and Bioengineering

Submitted March 8, 2017

The American College of Radiology (ACR)—a professional organization serving more than 36,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists—recommends increased funding for the National Institutes of Health (NIH) in fiscal year (FY) 2018 appropriations legislation. Specifically, the ACR endorses the position of the Ad Hoc Group for Medical Research—a coalition of more than 300 patient and voluntary health groups, medical and scientific societies, academic and research organizations, and industry—that NIH in FY 2018 receive at least \$2 billion above FY 2017, in addition to funds included in the 21st Century Cures Act for targeted initiatives.

The value of the NIH to American taxpayers is immeasurable, and there have been several recent examples of highly impactful science in the biomedical imaging domain that would

not have been realized and translated swiftly into patient care without NIH support and involvement. For instance, the NIH National Cancer Institute's (NCI) nearly decade-long National Lung Screening Trial—conducted by the American College of Radiology Imaging Network (ACRIN) and Lung Screening Study group—found that computed tomography (CT) screening of high risk patients could reduce deaths from lung cancer by 20 percent versus chest X-ray screening. Another NCI-supported success, the National CT Colonography Trial—also conducted by ACRIN—found that virtual colonoscopy was effective as a screening method for colorectal cancer thanks to its accuracy, safety, cost-effectiveness, and patient acceptability compared to more invasive and potentially intimidating screening options.

The NIH National Institute of Biomedical Imaging and Bioengineering (NIBIB) has likewise been successful in advancing the science behind evolving biomedical imaging technologies and techniques. The ACR played a key role in NIBIB's creation through co-founding a coalition of likeminded organizations and working with federal policymakers to successfully advance the establishing legislation in 2000. Since its inception, NIBIB has been particularly effective in supporting medical imaging informatics developments, training initiatives, educational symposia, and international collaborations, as well as fostering future generations of biomedical imaging and bioengineering scientists via innovative initiatives and communications. An Academy of Radiology Research study has shown that NIBIB is one of the most proficient NIH institutes in terms of generating high value patents/intellectual property per its federal investments—this specific kind of scientific productivity directly creates jobs and economic growth.

Without significantly increased funding levels for NIH in FY 2018 and beyond, America's leadership in biomedical research will decline, scientists will be increasingly discouraged by the lack of funding opportunities, and innovative technologies and techniques (such as those supported through NCI and NIBIB) will not be appropriately researched and translated into patient care. Therefore, the ACR endorses the Ad Hoc Group for Medical Research's recommendation that NIH receive at least \$2 billion above FY 2017 in FY 2018 appropriations, in addition to funds called for by the 21st Century Cures Act for targeted initiatives.

Thank you for your consideration. Please contact Gloria R. Romanelli, JD, Senior Director of Legislative and Regulatory Relations (gromanelli@acr.org), or Michael Peters, Director of Legislative and Regulatory Affairs (mpeters@acr.org), at (202) 223-1670 if you have any questions or would like additional information about the important contributions of NCI and NIBIB.