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Vice President-Cancer Funding Event [01/29/1998]

Stack:	Row:	Section:	Shelf:	Position:
S	66	4	3	1

TOBACCO LEGISLATION

USES OF RECEIPTS FROM TOBACCO LEGISLATION	1999	2000	2001	2002	2003	Total FY99-03	Total 25 yrs
Federally Operated Programs							
Research Fund for America	3,597	4,624	5,028	5,723	6,341	25,313	
FDA Enforcement Activities	125	206	265	273	283	1,152	
HHS/CDC Smoking Prevention	71	73	74	76	76	369	
Medicaid Child Outreach Reforms	110	150	210	210	220	900	
Cancer Clinical Trials Demonstration	200	250	300	—	—	750	
Subtotal, Federally operated programs	4,103	5,303	5,877	6,282	6,920	28,484	
Federally Directed State Programs							
Child Care & Development Block Grant	1,155	1,280	1,400	1,600	2,065	7,500	
Teachers Initiative	1,100	1,300	1,500	1,700	1,735	7,335	
Subtotal, State prgms with Federal direction	2,255	2,580	2,900	3,300	3,800	14,835	90,835
	172¢			43% state share		~~11,786.230~~	11.131
Other Uses, including Cessation & Other State Funds	3,425	3,943	4,582	4,972	5,362	22,284	129,524
Fed Share	1,613.2	1,857.2	2,158.1	2,341.8	2,525.5		
Total Uses	***9,783***	***11,825***	***13,359***	***14,554***	***16,082***	***65,603***	
TOBACCO LEGISLATION RECEIPTS REQUIRED	***9,783***	***11,825***	***13,359***	***14,554***	***16,082***	***65,603***	
Estimated Equivalent Per-Pack Amount (real $)	0.62	0.80	0.90	1.00	1.10		
Estimated Equivalent Per-Pack Amount (current $)	0.62	0.82	0.96	1.09	1.24		

All figures in millions of current dollars, except estimated per-pack equivalents.

534 SH
731 SH

NATIONAL INSTITUTES OF HEALTH -- FY 1999 BUDGET

(BA in millions)

	1998	1999	2000	2001	2002	2003	1999 - 2003
Total NIH	**13,648**	**14,798**	**15,661**	**16,632**	**17,997**	**20,188**	**85,276**
Increases vs FY98		1,150	2,013	2,984	4,349	6,540	**17,036**
% Increase vs FY98		**8.4%**	15%	22%	32%	**48%**	
Cancer Funding @ NIH	**2,914**	**3,205**	**3,439**	**3,788**	**4,080**	**4,808**	**19,319**
Increases vs FY98		**291**	525	874	1,166	1,894	4,749
% Increase vs FY98		**10%**	**18%**	**30%**	**40%**	**65%**	

Remarks for Vice President Al Gore
"21st Century Research: Waging the War Against Cancer"
Announcement of New Cancer Research Increases
Thursday, January 29, 1998

This Tuesday night, in his State of the Union Address, President Clinton called on all Americans to strengthen our nation for the 21st Century -- to build the America that is within our reach. That means building a future that is healthier and freer from disease. A future where scientists find cures for diabetes and Alzheimer's and AIDS -- and where we unlock the deepest secrets of human DNA. That is why we are creating, as a gift to the next millennium, an historic new 21st Century Research Fund for pathbreaking scientific inquiry.

Later today, at Genentech -- one of the leading biotechnology companies in America -- I will be unveiling many of the details of that fund, as well as another significant investment in research to create new jobs for the 21st Century. But this morning, I want to focus on one central part of our new research fund -- an initiative aimed at preventing, detecting, treating, and ultimately curing cancer, one of the deadliest diseases of our times.

The statistics say it all: more than 40% of all Americans will be diagnosed with cancer during their lifetimes, and more than 20% will die from it. Like so many of you here today, cancer has touched my family in a deep and indelible way. And like so many of you, I am committed to doing whatever I can to move us closer to a cure -- to waging and winning the war against cancer.

The truth is, we are making progress. Advances in detection, diagnosis, and treatment by our National Cancer Institute and the National Institutes of Health and other research institutions have helped drive down mortality rates. From 1991 to 1995, the cancer mortality rate dropped by 2.6% -- the first decline ever. Combination drug therapies have brought promising new treatments and cures for certain types of cancers, including Hodgkins disease, childhood leukemia and other cancers. Ms. Butler's remarkable story of recovery from advanced breast and ovarian cancer shows how far we have come. And we are not only helping people live longer; the ground-breaking discoveries at N.I.H. are also improving the quality of life -- enabling many cancer patients to live normal, comfortable, productive lives.

Of course, there is one thing each of us can do to prevent cancer, whether or not we wear a white labcoat -- and that is to join the fight against teen smoking in America. Lung cancer is now the number-one preventable cause of death in America -- and tobacco is the number-one cause of lung cancer. That is why President Clinton and I are working very hard to cut off young people's access to tobacco -- to save the 3,000 young people who start smoking each day, and the 1,000 of them who will die from it.

We've won a great many battles, but we know we can't stop until we win the war. That is why, even as we are balancing the budget and making tough cuts across the board,

we must invest more in the war against cancer. We must give America's families new hope for a healthy future.

Today, I am pleased to announce the single largest increase in research funds ever proposed in the long fight against cancer. We are proposing a dramatic, 65% increase in cancer research over the next five years. By the year 2003, this would give us an annual budget of nearly five billion dollars for new research into prevention, detection, diagnosis and treatment to help us roll back the ravages of cancer.

In addition, I am pleased to announce a three-year, $750 million demonstration program that will cover the costs of Medicare beneficiaries who take part in certain high quality federally-funded clinical trials. Currently, only 3% of cancer patients have access to clinical trials, and America's seniors -- who are ten times more likely to get cancer -- rarely get the newest treatments. They deserve more access to the promising new approaches in the war against cancer, and we are determined to give it to them.

There has never been a better time to invest -- or better hope for the future. We are pushing ahead with new efforts at cancer imaging, to detect cancer earlier. We are learning more about the molecules in the body that betray the presence of tumors. And, as we speak, the first medicines ever developed to prevent breast cancer, prostate cancer, colon cancer and others are being tested in clinical trials. As we await the results of these trials, it is my hope that we will soon reconvene here at the White House to celebrate the first preventive cancer medicines in the history of this terrible disease.

More than a quarter century ago, Congress first declared war on cancer. As President Clinton said Tuesday night, we want to become the first generation that finally wins that war. Our National Institutes of Health represent the best hope of doing so -- the greatest concentration of talent and resources ever committed to cancer research anywhere in the world. Our broad bipartisan commitment to this new cancer research is a mark of America's determination to win that war. And when cancer is dead and gone, and the historians write its obituary, let them say that in this long and horrible war, it was this bold investment that turned the tide against it forever. Thank you.

Toby Donenfeld @ OVP
01/29/98 12:09:05 AM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:
Subject: Briefing w/ the VP

Assuming the VP comes in on time, we are scheduled for a 10 minute brief in his office prior to the cancer event. It's on for 8:40 - 8:50 in his WW office. I think there's a chance that the VP will be late and it's VERY important that the event starts on time at 9am so we may need to brief on the way up to event.

FYI: Outside of 450 the VP will do photos w/ cancer advocates, and then quickly greet the other members of Congress before going into the hold, so we have to get everything in before he gets upstairs.

Thanks.

Message Sent To:

Christopher C. Jennings/OPD/EOP
Sarah A. Bianchi/OPD/EOP
Jerold R. Mande/OSTP/EOP
Donald H. Gips/OVP @ OVP
Eli G. Attie/OVP @ OVP
Thomas M. Rosshirt/OVP @ OVP

Toby Donenfeld @ OVP
01/29/98 01:06:41 AM

Record Type: Record

To: Barbara D. Woolley/WHO/EOP

cc:

Subject: i pared down your list a little - let's talk -- thanks so much for all your help.

VICE PRESIDENT'S ACKNOWLEDGMENTS
CANCER EVENT
January 29, 1998

prorgam participants

Secretary Donna Shalala
Senator Mack
Senator Rockefeller
Susan Lowell Butler

gov't officials

Dr. Richard Klausner, Director, National Cancer Institute
Ruth L. Kirschstein, Deputy Director of NIH
and other in this Administration who work on cancer issues.
Dr. Harold Freeman, Chair, President's Cancer Panel, its members and members of the various cancer boards here today.

Members of Congress

Rep Vic Fazio (D-CA)
Rep Joe Kennedy (D-MA)
Rep Ben Cardin (D-MD)
Rep Sherrod Brown (D-OH)
Rep Nancy Pelosi (D-CA)
Rep Louis Stokes (D-OH)
Rep Rosa DeLauro (D-CT)
Sen Jay Rockefeller (D-WV)
Sen Connie Mack (R-FL)
Sen Al D'Amato (R-NY)

* There are a few groups I want to highlight today --
American Association for Cancer Research
American Association of Clinical Oncology
American Cancer Society
Friends of Cancer Research
National Breast Cancer Coalition

National Coalition for Cancer Survivorship
National Prostrate Cancer Coalition

- I want to thank the many others who are here today and committed to this important issue.

VICE PRESIDENT GORE ANNOUNCES HISTORIC CANCER INITIATIVE
JANUARY 29, 1998

Today, Vice President Gore announced a historic initiative to step up the battle against cancer. Building on the Administration's support for legislation to prevent genetic discrimination by health insurers and employers, the Administration's new cancer initiative includes:

- ***A historic $4.7 billion increase in spending in cancer research at the National Institutes of Health (NIH) over the next five years; and***
- ***Coverage of cancer clinical trials for Medicare beneficiaries.***

Over 40 percent of Americans will develop cancer during their lifetime and over 20 percent will die from it. While scientists have made important strides in cancer, particularly in childhood cancers, there is still much work to be done. There are tremendous opportunities to find more effective treatments for cancer, better tools to identify cancer earlier, and the genetic predisposition to cancer.

Less than three percent of cancer patients participate in clinical trials. Many scientists believe that higher participation in clinical trials could lead to faster development of therapies for more of those in need, as it often takes between 3 and 5 years to enroll enough participants in a cancer clinical trial to make the results scientifically legitimate and statistically meaningful. Furthermore, older Americans, who are ten times more likely to get cancer, frequently cannot participate in cutting edge cancer clinical trials because Medicare does not pay for such treatments until they are established as standard therapies.

Historic Increases in Cancer Research at the National Institutes of Health. The Vice President announced a 65 percent increase in funding for cancer research at the NIH over the next five years. This is part of the Administration's proposal for an unprecedented $1.15 billion increase at the NIH in FY1999 and a 50 percent increase over the next five years.

- **Historic spending increase of $4.7 billion in cancer research.** In 1999 alone, the Administration is proposing a 10 increase in cancer research and by 2003, the NIH will spend $4.8 billion on cancer research. This funding allow scientists to take the next steps in cancer research, including: more groundbreaking research on the genetic basis of cancer; establishing a new goal of increasing non-Medicare participation in cancer clinical trials five-fold so that one million Americans will participate; and developing more precise imaging methods for detecting and monitoring cancer.

- **A new coordinated effort throughout NIH on cancer research.** Approximately 90 percent of the cancer research money will be supported at the National Cancer Institute, but the initiative will also involve new and enhanced activities in at least twelve other Institutes of the NIH, including the Human Genome Project, the Institute for Child Development, and the .

Coverage of Cancer Clinical Trials for Medicare Beneficiaries. The Vice President also announced that, for the first time, Medicare beneficiaries would be able to have the patient care costs associated with cancer clinical trials explicitly covered through a new demonstration. This would give Medicare beneficiaries access to cutting-edge treatments and encourage higher participation in clinical trials.

- **Gives Medicare beneficiaries access to cancer clinical trials.** The Administration's proposal would establish a three-year demonstration program for Medicare beneficiaries, to cover the patient care costs for those who participate in certain federally-sponsored cancer clinical trials. In the first year of the demonstration project, NIH-sponsored trials would be covered. At the end of the first year, the National Cancer Policy Board make recommendations to the Secretary as to which trials should be covered by this demonstration program. The proposal includes a review and evaluation of the demonstration by the Secretary of Health & Human Services, in consultation with the Institute of Medicine's National Cancer Policy Board, to consider whether to extend and/or expand the demonstration, no later than 30 months after enactment.

- **Administered through HCFA for Medicare beneficiaries, but no impact on the Medicare Trust Fund.** The three year demonstration for Medicare beneficiaries would cost $750 million and would administered by the Health Care Financing Administration. However, it would be funded by specified receipts from national tobacco legislation and would therefore be kept completely separate from the Medicare Trust Fund. The proposal also includes an report to Congress at the end of three year demonstration to evaluate this proposal and make recommendations as to whether it should be expanded.

- **Builds on the bipartisan legislation in the Congress.** Senator Mack and Senator Rockefeller and Representative Nancy Johnson have proposed similar legislation. The Administration looks forward to working closely to pass legislation on this issue.

October 20, 1997

MEMORANDUM FOR THE VICE PRESIDENT

THROUGH: Don Gips

FROM: Jerry Mande

CC: Ron Klain

SUBJECT: Cancer Initiative

I. SUMMARY

We are at a pivotal point in the fight against cancer. Your leadership would result in significant progress in this battle. Several factors have emerged to provide this opening. First, the current "war on cancer" has fallen short of public expectations. Second, the science has advanced to a point where additional investments in cancer research would likely result in important improvements in patient outcomes. Third, there is a renewed, visible, public interest in fighting cancer.

There is every reason to be confident of future success in the battle against cancer. Cancer is not one disease but many. Progress to date indicates we will eventually prevent or cure most cancers. We already have cures for childhood cancers, Hodgkin's lymphoma, and testicular cancers. But we have made only limited progress in the fight against most adult cancers, and we must take advantage of emerging science to do better.

To seize the opportunity, we need money. Specifically, we need $714 million more in FY99 than was in the President's last request ($2.442 billion for FY98) and a $3.5 billion increase over 3 years. As outlined below, this investment would: 1) protect millions of people at risk of developing cancer; 2) greatly improve early detection and diagnoses of cancer; 3) speed the discovery and development of new cancer drugs and devices; 4) dramatically increase adult participation in clinical trials; and 5) provide all cancer patients and their care givers with easy access to the latest information on treating their disease.

Given budget constraints, you would need to begin now establishing support for such a program. You could signal your interest by giving a major policy speech this fall, and advocating for an increase in the FY99 budget request. Comprehensive tobacco legislation may one day provide substantial new funds for cancer research. However, a cancer initiative funded through tobacco legislation rather than the FY99 budget would be poorly received by the cancer community. The tobacco bill's fate is just too uncertain.

II. BACKGROUND

The "war on cancer" began in 1971, when President Nixon and the Congress enacted the *National Cancer Act* (NCI was established by FDR in 1937). While significant advances have been made over the past 25 years, especially in treating cancer in children, many experts and much of the public are troubled by the lack of progress. Children's cure rates have approached 70-80%. Progress treating adult cancers, however, has been incremental and frustratingly slow. The science is thriving, but there is a sense that the nation does not have an effective national cancer program.

Each year, NCI publicly identifies key research opportunities and priority investments in its so-called "bypass budget." The 1971 Act authorizes NCI's director to submit an annual budget estimate directly to Congress after review "but without change" by the Secretary, the Director of NIH, and the National Cancer Advisory Board. The bypass budget is the holy grail of the cancer community.

III. PROPOSED VICE PRESIDENTIAL CANCER INITIATIVE

In his bypass budget for FY99, NCI Director Richard Klausner will request $750 million more than the President's FY98 request. I suggest you push for $714 million of this increase to achieve the five outcomes outlined below (with projected first year/three year cost of each outcome).

A. Enhance cancer prevention research, protecting millions of people at risk of developing cancer. ($121M/$559M)

Clinical trials for evaluating cancer preventive strategies (such as drugs, vaccines, better diet, more exercise, reduced environmental exposures) involve large numbers of subjects and take years to complete. There is currently a waiting list of interventions that merit testing. More resources would enable researchers to test promising interventions, leading to the prevention of millions of cases of cancer.

With the additional funds, NCI hopes to invest in the following new clinical trials:

- 22,000 women in a trial to test selective estrogen-response modulators to prevent breast cancer.
- 20,000 men in a trial to test vitamin E and selenium to prevent prostate cancer.
- 5,000 subjects in a trial to test cyclooxygenase Type 2 inhibitors, and 5,000 subjects in a trial to test aspirin, calcium, and selenium, to prevent colorectal cancer.

B. Improve early detection and diagnosis to make cancers more treatable. ($20M/$176M)

It is well known that early detection and effective screening can save lives because cancers caught early are more treatable. There are currently a number of innovative detection and screening technologies waiting to be explored. Added resources would provide the means to explore these technologies and ready more technologies for the field.

With the additional funds, we hope to:

- develop blood tests for detecting breast, lung, prostate, and colon cancer;
- develop new breast, lung, and bowel imaging technologies to detect cancers at more curable stages.

C. Speed the rate of discovery of new interventions related to all phases of the fight against cancer. ($220M/$1,376M)

We need to expand our understanding of the basic cellular pathways involved in making a cell cancerous, and apply this understanding to cancer interventions. NCI can currently fund only 25% of the grant applications it receives. This level of funding slows the engine of discovery and in turn slows progress against cancer. Funding 40% of grants would significantly speed the discovery of new interventions while maintaining competition for funding that drives excellence.

With the additional funds, we hope to:

- ensure that 20 additional drugs per year will enter the clinic for the initial phases of human testing;
- triple the number of clinical trials of new approaches to prevent, diagnose, and treat cancer.

D. Improve patient outcomes through increasing patient participation in clinical trials. ($335M/$1,221M)

We could make an immediate difference in patient outcomes by increasing patient participation in NCI experimental treatment protocols or clinical trials. Today, 90% of children are treated according to an NCI experimental protocol, 70% participate in an NCI sponsored clinical trial, and the cure rate is 70-80%. In contrast, only 2% of adult patients are enrolled in NCI sponsored clinical trials. By increasing the percent of adults enrolled in clinical trials from 2% to 10%, we could develop five times as many effective treatment, detection, and prevention strategies each year.

With the additional funds, we hope to:

- increase from 20,000 to 100,000 the number of new patients enrolled in NCI-sponsored trials;
- create new training programs in cancer clinical research in each of 10 NCI cancer centers.

E. Increase the access of the American people to state-of-the-art information about cancer and cancer interventions. ($18M/$116M)

Patients and doctors often do not have the most up-to-date information on treatment protocols. Many experts believe that if all adults were treated with the optimal protocol mortality would drop 10-20%. The extensive use of personal computers and the success of the World Wide Web provide a powerful new means to make the latest discoveries widely known. With additional resources we could place state-of-the-art information at the finger tips of cancer care providers and families, increasing the percentage of patients receiving optimal care and decreasing mortality.

With the additional funds, we hope to:

- create a Cancer Informatics Infrastructure;
- create patient-friendly clinical trials website for comprehensive information about state-of-the-art treatments and the availability of clinical trials;
- develop the next generation of informatics tools that will provide tailored messages to specific patients relevant to their own particular circumstances.

IV. SPENDING BREAKDOWN

We need to invest in six key, underlying and interdependent areas to build the needed infrastructure to achieve these five outcomes.

FY99 Spending	3yr. Spending	Description
$286 million	$1.218 billion	Enhance the clinical trials network including prevention initiatives. (Outcomes A, D)
$75 million	$200 million	Increase support of clinical investigators. (Outcomes A, D)
$20 million	$75 million	Improve the informatics associated with clinical trials and with dissemination of information about clinical trials. (Outcomes A, D, E)
$40 million	$195 million	Increase training and education of new clinical investigators including minority initiatives. (Outcomes A, D)
$93 million	$560 million	Increase the number of NCI-sponsored cancer centers. (Outcomes A-E)
$200 million	$1.2 billion	Increase funding of investigator-initiated research. (Outcome C)
$714 million	$3.448 billion	TOTAL

V. CONCLUSION

In this budget climate I had hoped to be able to recommend to you a cancer initiative that costs little or no money, but I am convinced such an approach would not be credible. Cancer control advocates have observed the tactics of the AIDS activists and are seeking to replicate their successes. Cancer advocates are now pursuing a "show me the money" strategy. The Administration has already acted on low-cost opportunities like speeding FDA approval of cancer drugs. The top priorities for the cancer advocacy community -- increasing biomedical research and assuring that research findings are rapidly translated into the clinic -- involve a significant investment of funds.

There are several paths you could take to author a credible Vice Presidential cancer initiative. Which path we take will be determined by the amount of money we can include in the FY99 budget.

Option 1-- You could advocate a comprehensive cancer initiative as part of the FY99 budget. The price tag is substantial -- $714 million or a 30 percent increase in NCI's budget over the President's FY98 request -- but these funds will buy significant progress in preventing, detecting, diagnosing, and treating cancer, and it will essentially implement the FY99 bypass budget which will guarantee widespread support from the cancer community.

Option 2 -- The second path is a more modest, "lite" version of the first path. You could seek a $425 million increase in NCI's budget. This would buy a credible but scaled down version of the outcomes described in this memo. It would pay for the "NCI Challenge" portion of the bypass budget, which focuses on translating scientific discovery into better patient care. This approach is a very credible initiative, will still generate widespread support, but Rick Klausner and prominent members of Congress will be calling for more.

Option 3 -- The third path is more modest still. You could seek less than $425 million but enough to have a credible initiative -- probably at least $250 million. A $250 million investment would increase NCI's budget 10%. A 10% increase should compare favorably to the Administration's FY98 request (a 2% increase) and Congress's expected FY98 appropriation (a 7% increase). Under this approach, we would fund one or more of the outcomes. In addition, we could shore up this approach by linking it to other initiatives the Administration is already pursuing. For example, if OMB approves, you could announce support for having Medicare cover the costs of its beneficiaries participating in clinical trials. This change, a priority of the cancer community, would substantially increase adult participation in NCI-sponsored clinical trials. You could also take ownership of the sharp increase in biomedical research that the President has said must be part of comprehensive tobacco legislation.

Finally, whichever path you choose the next step is the same. We must begin an

immediate and public dialogue with the cancer community so that they have an opportunity to shape the final plan within the budget level you choose. Their participation and support will be critical to achieving our goals. You will have an important opportunity to begin building that support on October 27, when you are scheduled to meet with the Friends of Cancer Research, the leading cancer research advocacy group.

VI. DECISION

____ OPTION 1

Seek $714 million in the FY99 budget to fund all five outcomes of the cancer initiative outlined above, and NCI's FY99 bypass budget.

____ OPTION 2

Seek $425 million in the FY99 budget to fund a "lite" version of the five outcomes and the "NCI Challenge" portion of the bypass budget.

____ OPTION 3

Seek between $250 million and $425 million to fund a more modest cancer initiative, by championing one or more of the specific outcomes outlined above.

21st Century Research: Winning the War Against Cancer

Remarks for Vice President Al Gore
"21st Century Research: Waging the War Against Cancer"
Announcement of New Cancer Research Increases
Thursday, January 29, 1998

This Tuesday night, in his State of the Union Address, President Clinton called on all Americans to strengthen our nation for the 21st Century -- and that is especially true when it comes to science and technology. We can build a future where scientists find cures for diseases from diabetes to Alzheimer's to AIDS; where we unlock the dark secrets of disease that have plagued our people for generations. That is why we are creating, as a gift to the next millennium, a new 21st Century Research Fund for pathbreaking scientific inquiry.

Later today, at Genentech -- one of the leading biotechnology companies in America -- I will be unveiling most of the details of that fund, as well as another significant investment in research to create new jobs for the 21st Century. But this morning, I am pleased to announce one of the central parts of our new research fund -- an initiative aimed at preventing, detecting, treating, and ultimately curing cancer -- the most ravaging disease of our times.

This year, America will see more than 1.2 million cancer diagnoses, and more than a half a million cancer deaths -- deaths that exact an enormous physical, financial, and emotional cost to both patient and family. Like so many of you here today, cancer has touched my family in a deep and indelible way. And like so many of you, I am committed to doing whatever I can to move us closer to a cure -- to waging and winning the war against cancer.

The truth is, we are making progress. From 1991 to 1995, the cancer death rate dropped by 2.6% -- the first decline ever. President Clinton and I are working very hard to cut off young people's access to tobacco -- the leading cause of cancer, and the number-one cause of all preventable death in America. Our National Cancer Institute has played a leading role in helping hundreds of thousands of Americans quit their deadly nicotine addiction.

Advances in prevention, detection, diagnosis, and treatment by our National Cancer Institute and the National Institutes of Health have helped drive down death rates. Improved mammography techniques have increased the chance of early detection of breast cancer -- and when it's caught in the early stages, the 5-year survival rate is now 97%. And combination drug therapies have brought promising new treatments, first for Hodgkins disease and later for other cancers. Ms. Butler's remarkable story of recovery from advanced breast and ovarian cancer shows how far we have come.

We've won a great many battles, but we know we still have a long way to go ~~are not even close~~ to winning the war. That is why, even as we are balancing the budget and making tough cuts across the board, we must invest more in the war against cancer. We must give America's families new hope for a healthy future.

Today, I am pleased to announce the single largest increase in research funds ever proposed in the long fight against cancer. We are proposing an unprecedented 65%

increase in the budget of the National Cancer Institute over the next five years -- giving us more than four billion dollars, each and every year, to roll back the ravages of cancer.

In addition, I am pleased to announce a three-year, $750 million demonstration program that will cover the costs of Medicare recipients who take part certain federally-funded clinical trials. We want to give more of America's seniors the most powerful new weapons in the war against cancer.

There has never been a better time to invest -- or better hope for the future. In the 1980's, it took scientists nine years to identify the gene that causes cystic fibrosis. In the 1990's, scientists identified the gene that causes Parkinson's Disease in nine days. Using the same technology, NCI is now working to identify all cancer genes, to find new ways to detect and treat them. We are pushing ahead with new efforts at cancer imaging, to detect cancer earlier. We are learning more about the molecules in the body that betray the presence of tumors. And, as we speak, the first medicines ever developed to prevent breast cancer, prostate cancer, colon cancer and others are now being tested in clinical trials.

More than a quarter century ago, Congress declared war on cancer. As President Clinton said Tuesday night, we want to become the generation that finally wins that war. Our National Institutes of Health represent the best hope of doing so -- the greatest concentration of talent and resources ever committed to cancer research anywhere in the world. This record investment is a mark of America's faith and trust. Our scientists have earned it -- and for the sake of America's families, I am honored to give them the chance to fulfill it once again. Thank you.