Cancer Moonshot 2.0: What's Different This Time?

White House's Danielle Carnival & Biomanufacturing EO Released

Our highlights from the Association for Value Based Cancer Care Conference (here) can be found below. We provide thoughts from Cancer Moonshot v 2.0, as told by Danielle Carnival of the White House, at a fireside chat called "The Return of Cancer Moonshot." We will provide one more summary of the Cancer care meetings on PBM FTC Investigation (panel), forthcoming this week.

- **Cancer Moonshot 2.0 has updated goals, new timelines, and experienced leadership with a focus on public-private partnerships** versus the original Cancer Moonshot announced at the tail end of the Obama administration January of 2016, with experienced leaders that want to achieve concrete goals.

- **Missed cancer screenings during COVID are particularly problematic for the White House**, as is health equity in bridging the gap. The Moonshot understands that private sector research is moving faster than government. The pace of new discoveries outpaces government's ability to address them and the Moonshot wants to engage in public-private partnerships.

- **Doing signature multi-year research is key**. One example is the funding of national trial of multicancer screening, investing in future workforce (e.g., Cancer Moonshot scholar program). As is aligning different parts of government, such as HHS.

- **The government is also committed to advancing biotechnology and biomanufacturing innovation**. An Executive Order is being launched in the context of intense concerns about supply chain vulnerabilities and competition from China, and in the afterglow of the success of government interventions that accelerated COVID-19 vaccines.

- **The US should be the leading source of biomedical discovery & development**. Targeted government spending, regulatory innovation and incentives can have the same effect on domestic biomanufacturing.

- **Initial funding for implementing the Biden EO (here) is $2 billion**. The Biden administration aspires to revitalize biomanufacturing to support advances in health, climate change, energy, food security and agriculture. The funding also doesn't come close to matching Chinese government-funded programs that are being cited to persuade Congress and the public of the need for the initiative.

- **Q&A with the White House's Danielle Carnival can be found below.**

Q. What makes it different this time? Timing is different 4 years vs 8 months. Now it's a presidential priority. Lessons learned from 1st Moonshot.. New moonshot gathered input from stakeholders on landscape and patient experience Important to set a definable endpoint that mattered to all patients. Cutting cancer deaths by 50% over the next 25 years.

Q. New leadership impact? Putting science back in front. Appointing leaders with experience. New NCI director, ARPA-H, OSTP leadership advances the big healthcare priorities of the agency.

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Contact Ipsita Smolinski - 202.250.3741 - Ipsita@capitol-street.com

Q. Cancer cabinet? Providers and companies are willing to be more collaborative. Federal government wants collaboration, formation of the Cancer cabinet (panel of federal government agency leadership).

Q. Impact from COVID on cancer screening? Over the course of 2020, there were nearly 10 M missed cancer screens. An initial set of private sector commitments on cancer screenings rolled out (ex. Lung cancer screening in the Appalachian).

Q. Can you give an example of how you're reaching out to people? CDC grant of $200 M to fund organizations, community health centers for cancer screening. Part of $1 B set aside for investments. Investments in mobile screening, how to access more patients. How to change diagnostic pipeline to improve treatment, where to collaborate with private sector.

Q. Pres. Biden's agenda? Focused on supporting patients, caregivers.

Q. Are you able to push changes to the agencies? NCI in particular? Acting director of NCI was a great partner. Investigator driven grants are being funded, but 2 things. How do we have signature multiyear programs (funding of platform national trial of multicancer screening), investing in future workforce (Cancer Moonshot scholar program). National Cancer Act dates back to Nixon era, how to improve cancer care today. What would it would look like if there a national community network infrastructure.

Q. How to get this into the legislation, appropriations? Biomedical research is bipartisan. ARPA H was funded. Ongoing conversations with lawmakers and staff.

Q. Health equity, how to address? Part of the challenge, full government effort is important. Grant from HRSA that connected FQHCs to NCI designated cancer centers to expand reach and improve pipeline. Improving care for veterans is also an example. Ex. cancer trials in VA hospitals.

Q. What has changed? What is hardest to change? Research is moving faster than government. The pace of new discoveries outpaces government's ability to address them. Government processes (FDA, CMS) takes too long. Cancer is the tip of the spear on how to change processes. Making publications available, now apply to all federally funded publications. Most successful, Cancer cabinet knows the importance of work vs 2016. Agency momentum is different.

Q. FDA, Oncology Center of Excellence, how is that going? Big issues with the FDA have improved with OCE. Streamlined process, experts together is helpful. 2 important things: community outreach (improving patient awareness of trials), expanded partnership with other regulators around the world (improving data collection globally).

Q. Rare and children's cancer? The system is not set up for the federal government to invest in specific cancers. How find new approaches (more private-public partnerships, incentives). Federal government has a responsibility to create a pathway for resources to be funneled.

Q. Staffing situation? Benefit from presidential priority. FY23 budget was put out prior to Cancer Moonshot, FY24 will be the first budget that includes Cancer Moonshot.

Q. Screening rate drops, health equity issue? Patient navigation has grown and shown great impact. Sees the evidence on patient navigation on outcome improvement and cost savings, patient support, and health equity impact. Standards of patient navigation being integrated into care and how to prioritize this. Moonshot looking at ways to improve integrated patient navigation, reimbursement would go a long way.

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Q. We don't have a national policy on cancer care. Pharmaceutical pricing, benefit structuring. Drug pricing issue, net to gross issue. It's hard to start from anew. This is why it's important to get all parts of HHS involved. No answer on how to do that yet. On drug pricing, there is a balance between innovation and cost. Taking steps to talk about pricing, capping out of pocket costs in Medicare helps. Thinking about protecting the most vulnerable first, the administration is taking pricing seriously.

Q. How you think about the big buckets of change needed? How much does the goals into relative priority between rare and common cancers? Patient engagement component, how much of a difference will that make and how much of that will be through Medicaid and reform? Working with NCI on laying out goals. Best evidence is previous history, targeted treatments and decrease in smoking improved survival from lung cancer. Prevention is a huge part of strategy. Cleaning up infrastructure, improving behaviors, nutrition. Childhood cancer forum restarted, different approach is needed.

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