

TALKING POINTS

June 2025

INTRODUCTIONS

- Introduce yourself (where you live and/or practice or do your research, and your area of focus) and thank them for taking time to talk with you.
- The Society of Gynecologic Oncology (SGO) is the premier medical specialty society for health care professionals trained in the comprehensive management of gynecologic cancers. The SGO's over 3,000 members, who include physicians, nurses, and other advanced practice providers, represent the entire oncology team dedicated to the treatment and care of patients with gynecologic cancers, including endometrial cancer.
- Thank them for taking the time to meet and let them know you would like to talk about some issues of concern to our members and patients.

BACKGROUND ON GYNECOLOGIC CANCERS

- Gynecologic cancers include cervical, ovarian, endometrial/uterine, vaginal, and vulvar cancers with the first three being the most common.
- There are approximately 116,930 new cases diagnosed and approximately 33,850 deaths from gynecologic cancers annually.
- Endometrial cancer:
 - Endometrial cancer is the most common gynecologic cancer, and the fourth most common malignancy among women in the United States.
 - In 2025, it is estimated that 69,120 new cases of uterine cancer will be diagnosed, and about 13,860 women will die from the disease.
 - The incidence of endometrial cancer among young women under the age of 39 has been rising. It is one of the few cancers with increasing incidence and mortality rates.
 - Evidence also shows a significant relationship between obesity and endometrial cancer.
 - There is no routine screening test for this cancer.
- Ovarian cancer:
 - Ranks fifth in cancer deaths among women, the most of any gynecologic cancer.
 - In 2025, it is estimated 20,890 women will be diagnosed with ovarian cancer, and about 12,730 women will die from it.
 - There is no routine screening test, and its symptoms are subtle—often mistaken for other health issues.
- Cervical cancer:
 - In 2025, approximately 13,360 women in the United States will be diagnosed with cervical cancer annually, and approximately 4,320 women will die of cervical cancer each year.
 - Caused by Human Papillomavirus, or HPV, and is the only vaccine-preventable gynecologic cancer.
 - Screening tests such as a Pap test and HPV testing reduce the risk of cervical cancer. Earlier this year, the Food and Drug Administration (FDA)

provided expanded approval for two HPV self-sampling tests.

RESTORE FUNDING TO THE DEPARTMENT OF DEFENSE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)

- The CDMRP is a longstanding bipartisan priority that provides critical grant funding to researchers studying diseases and disorders, prevalent among service members, veterans, their families, and the public.
 - The program includes the Ovarian Cancer Research Program and the Peer Reviewed Cancer Research Program (PRCRP), which supports research on endometrial cancer.
- Under the FY 2025 continuing resolution (CR), Congress enacted legislation that drastically reduced funding for the CDMRP by 57%, from \$1.5 billion to \$650 million.
- The DoD CDMRP has a proven track record of supporting cutting-edge research across a broad range of diseases and conditions, but cuts of this magnitude significantly disrupt research into new therapeutics for diseases, including gynecologic cancers, that impact the health of our nation's armed services, as well as veterans, military families, and the public.
- **Will your boss support legislation that would restore full funding to the CDMRP, protecting the Ovarian Cancer Research Program (OCRP) and the Peer Reviewed Cancer Research Programs (PRCRP) which fund crucial gynecologic cancer research?**

SUPPORT ENDOMETRIAL CANCER RESEARCH AT THE DEPARTMENT OF DEFENSE (DOD) BY CREATING A DEDICATED LINE ITEM FUNDED AT \$10 MILLION

Military Readiness

- The growing prevalence and mortality of endometrial cancer affects the health and wellbeing of U.S. military service members and their families, as well as troop readiness.
- The number of women in the military is increasing with almost 230,000 women who are U.S. military active duty personnel, accounting for 17.5 percent of the total force.
- SGO anticipates that endometrial cancer diagnoses will continue to increase in veterans without more research and improved therapeutic interventions.

Need for Dedicated Funding Line

- Endometrial cancer has been included in the PRCRP, but it does not have a predictable and regular funding source, which a CDMRP funding line would provide.
- If appropriated, this funding would support more endometrial cancer researchers and improve our understanding of:
 - How molecular classification of endometrial cancers inform survival outcomes, treatment options, and development of biomarker-directed clinical trials; and
 - The development of molecular targeted therapies to improve response and survival in all patients with endometrial cancer.
- **Will your boss consider supporting the creation of a separate line item for endometrial cancer to advance our understanding of this cancer and improve outcomes for women with the disease?**

RESTORE \$45 MILLION TO THE DOD OVARIAN CANCER RESEARCH PROGRAM

- The DoD Ovarian Cancer Research Program supports high impact, innovative research that promotes readiness for military members and their families, as well as the overall health of all Americans.
- This funding supports research to improve access to quality care and treatment, and develop and improve screening and diagnostic methods. The program has also funded key studies that have led to new discoveries and advancements in the treatment and understanding of ovarian cancer.
 - Share the discovery of Rucaparib and the OVA1 blood test as examples.
 - If you have been funded by this program, describe your work in this space.
- Congress provided \$45 million for the DoD OCRP in FYs 2023 and 2024 before cutting funding for the program in FY 2025. By restoring funding to that level in FY 2026, the OCRP will be able to continue to support cutting edge research in ovarian cancer.
- **Will your boss consider restoring \$45 million in FY 2026 to preserve current and support future investments in ovarian cancer research?**

ENSURE THAT FY 2025 FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH (NIH) IS BEING SPENT AS CONGRESS INTENDED AND CONTINUE TO INVEST IN THE AGENCY

- Since the new administration took office, policies have been implemented to delay or prevent the release of appropriated funding for peer-reviewed grants, including for research that is consistent with the administration's stated policy priorities. This is delaying potentially life-saving research, disrupting clinical trials and networks, causing loss of jobs, and forcing future and early-stage investigators to consider alternatives to medical research careers. This disruption has made the NIH – the world's leader in medical research—ineffective and inefficient.
 - **Share any impacts on your work if applicable.**
 - **Congress must intervene and ensure that NIH reestablishes effective processes for the review of grants and distribution of funds to support new and ongoing meritorious research proposals following a rigorous peer review process.**
- Without immediate Congressional intervention, we are extremely concerned that the administration will continue to withhold funding, creating a situation where NIH cannot deliver grant funds by the end of the fiscal year, resulting in an effective impoundment – **we ask Congress to include language in appropriations bills to ensure that funds are spent as appropriators intend.**
- Should funding continue to be delayed or withheld, it will affect investments in gynecologic cancers and the future research workforce.
- NIH is being asked by HHS to implement substantial cuts for FY 2025, develop restructuring plans, and implement policy changes without transparency and absent any Congressional oversight.
 - **We ask Congress to exercise its oversight authority immediately and demand that HHS halt any pending changes to the organization of NIH and instead provide a scientific and policy rationale for these changes with an opportunity for Congress and stakeholder comment to ensure that the agency's essential functions are preserved and the full range of research on conditions affecting Americans—including women—across the lifespan continues.**

- Should the current policies continue, the bipartisan investments that Congress has made in NIH over the years will be eroded, setting science and the country's medical research enterprise back for decades resulting in fewer new cures and poorer health for Americans. Should this funding be cut off—and ultimately impounded—it will take years for NIH and the country's medical research community to recover.
- In addition to these immediate concerns about FY 2025 funding, we urge Congress to reject the administration's request to cut NIH funding to \$27 billion in FY 2026. At this funding level, NIH will have to eliminate significant portions of its research portfolio affecting both the research and the economy.

POINTS ON POTENTIAL CUTS TO THE MEDICAID PROGRAM

ASK: Oppose cuts to the Medicaid program in the reconciliation package to protect access to care for individuals with gynecologic cancers.

Overview of the Medicaid Program

- Medicaid is jointly financed by the federal and state governments. The federal government sets the framework for covering mandatory populations and benefits while states have latitude in the design and administration of their programs.
- Medicaid is the largest source of federal funding for states.
- Medicaid provides health care coverage to one in five Americans – more than 70 million people.
- Provide specific [Medicaid coverage](#) information for your state and/or patient population.
- Patients rely on Medicaid for critical cancer care services, including screenings, diagnostics, surgery, chemotherapy, and more.
- The program provides health care coverage to people in every state, every county, and every congressional district.

Summary of Concerns

- Proposals currently under consideration would significantly weaken the program by reducing coverage for millions of Americans, primarily through mandatory work requirements and more frequent eligibility verification.
- While there is an exception to the work requirements for those who are medically frail or otherwise have special medical needs, demonstrating this could be administratively burdensome for patients, particularly those being treated for cancer.
- Ultimately, these policies would reduce access to care, delay treatment, and worsen outcomes for patients who need care the most.
- While SGO supports efforts to reduce waste, fraud, and abuse, these policies, which will cut Medicaid, will disproportionately harm low-income women with gynecologic cancers.
- Gaps in Medicaid coverage will hurt individuals with gynecologic cancers by delaying diagnosis and treatment, limiting access to specialized oncology care, and increasing the risk of advanced disease and poorer outcomes.
- Cuts to Medicaid would jeopardize access to specialty care, such as gynecologic oncology, not only for Medicaid beneficiaries, but across the broader health care system.

- Proposed Medicaid cuts come at a time when Medicare physician payment rates are also being reduced. Taken together, these policies threaten to further strain our healthcare system, particularly in rural areas, leading to potential hospital and practice closures and reduced access to lifesaving care.