

Curing Cancer: Easy Politics, Difficult Science

Here are three reasons “let’s cure cancer” is very easy for politicians to say but very hard to accomplish.

July 10, 2019 By Shefali Luthra

President Donald Trump made a new promise if voters grant him a second term: “We will come up with the cures to many, many problems, to many, many diseases, including cancer.”

Trump’s statement was part of his 2020 campaign kickoff in Orlando, Fla., on June 18. It echoed remarks by former vice president and Democratic candidate Joe Biden on the stump last week in Iowa: “I promise you, if I’m elected president, you’re going to see the single most important thing that changes America: We’re going to cure cancer.”

“Let’s cure cancer” is hardly a new political ambition. Go back to 1971, when then-President Richard Nixon launched “[The War on Cancer](#)” by signing the National Cancer Act, which directed \$1.6 billion to research and established the National Cancer Institute.

Or take a famous fictional White House: On *The West Wing*, a TV drama that first aired from 1999 to 2006, President Jed Bartlet pushes to include in his State of the Union a pledge to “cure cancer in 10 years.”

In 2016, President Barack Obama tapped Biden to run the White House’s “cancer moonshot” soon after Biden’s son Beau died of brain cancer.

It’s a compelling promise. After all, who could be against curing the nation’s second-leading cause of death?

If only it were that simple. Here are three reasons “let’s cure cancer” is very easy for politicians to say but very hard to accomplish.

Neither the Trump campaign nor the Biden campaign responded to requests for comment.

With Cancer, The Biology Is Especially Tricky

Cancer is multifaceted and uniquely complex — it is not so much one disease as a class of related diseases.

“‘One cure’ is not a tenable concept,” said Edward Giovannucci, an associate professor at Harvard Medical School. “An analogy I think of is ‘curing infectious disease.’ No one would ever say this.”

For one thing, individual cancers mutate differently. And those different mutations don’t always respond to the same medicines. That means the best therapy for one person’s lymphoma might not work for someone else’s. And there is consistently potential for new cancer mutations to develop — meaning that, in some ways, there is also a consistent need for new treatments.

“One cannot rightfully say, ‘In the next five years, we’re going to cure cancer,’ because cancer is so many different diseases,” said Philip Kantoff, MD, the chairman of medicine at Memorial Sloan Kettering Cancer Center in New York.

Some suggested literalism isn’t the point. And, to be fair, statements and pledges like these can yield advances in cancer treatment in research when accompanied by substantial increases in research funding or efforts to encourage interdisciplinary scientific endeavors.

“One of the things Biden has done is generate a much larger public awareness that cancer is a set of problems that, if we direct both science and policy in the right way to it, we can actually transform,” said Paula Hammond, a chemical engineering professor at the Massachusetts Institute of Technology, who has worked with the nonprofit Biden Cancer Initiative.

We Already Have Treatments. But There’s An Affordability Problem.

Many cancers — certain types of breast or colon cancer, for instance — are already curable. But they need to be promptly diagnosed and treated. Meanwhile, 27.4 million Americans don’t have health insurance.

Universal prevention, treatment and curing of cancer means anyone with a chance of developing the disease needs health insurance, experts said. And the coverage needs to be robust enough that patients will go for preventive screenings and follow-up care, without being deterred by the cost.

“If you’re going to find it early, treat it early and completely, which would be the ‘cure it’ option, that’s something where insurance is going to be required, whether it’s ‘Medicare for All,’ or some variant of that,” said Amy Davidoff, a health economist at Yale who studies how cancer costs affect people.

Focusing on treatments without expanding meaningful access to coverage, she said, is “problematic.”

Already, that link is clear. [For instance, research Davidoff worked on](#) found that when states expanded eligibility for Medicaid coverage — optional under the Affordable Care Act — gaps between white and black adults closed when it came to timely treatment of advanced cancer.

Health insurance — and universal health care, in particular — has already emerged as an election issue.

Trump, for his part, has not rolled out a health care agenda. But his administration's work thus far has exacerbated insurance barriers. Some [700,000 more Americans](#) were uninsured in 2018 under Trump. The White House's stance on a pending Obamacare lawsuit would dismantle the law, leaving millions more Americans without coverage and upending its protections for people with preexisting conditions — including, crucially, cancer.

Biden has not formally released a health care platform, and he has favored policies to expand coverage. This week, he suggested making a “Medicare-like public option” generally available, and available at no premium for uninsured people who live in states that did not expand Medicaid.

That sort of proposal could go a long way toward addressing the issues of uninsured people. But it also could leave holes.

Currently, even if people have coverage, Davidoff said, the price tag for many newer cancer treatments and immunotherapies can put them well out of reach.

That means the generosity of any public option, and indeed of any existing health plans, matters a great deal, too.

The Importance of Healthy Habits

And when it comes to advancing cancer treatment, experts stressed the importance of disease prevention.

In practice, that means developing strategies to bring down smoking rates and obesity, or improving access to nutritious food. Those require funding, political will and a robust public health infrastructure — none of which is easy to come by. But the potential payoff is far bigger.

“If we are to make very significant inroads on cancer mortality rates over the next several decades, we need to focus on prevention and early detection,” Giovannucci said. “We know the majority of cancers are, in principle, preventable.”

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