The White House Cancer Moonshot Task Force (WHCM TF) is an initiative chaired by Vice President Joe Biden, the coda to a long political career. A fascinating example of government bureaucracy in action, the WHCM TF leveraged 18 executive branch departments, with the goal of increasing resources (both public and private) to “break down silos”, to “bring cancer fighters together,” to share information, and to “end cancer as we know it.” The more concrete goal of the task force was to “double progress,” or more specifically, to complete a decade’s worth of research in 5 years.

Multiple working groups were convened with national expertise in various fields of oncology. A list of recommendation summaries of the various working groups is available at www.cancer.gov/brp, which is an essential resource for grantwriters who might like to take advantage of the government’s largesse. A non-exhaustive list of goals includes:

- enlisting patients in a federated network that includes patient tumor profiling data and pre-registers patients for clinical trials
- the development of a cancer immunotherapy network
- the development of therapy target identification to overcome drug resistance
- the creation of a national cancer data system
- the study of fusion oncoproteins
- the pursuit of symptom management research
- the pursuit of precision prevention and early detection of cancer
- the creation of a retrospective research program analyzing biospecimens from patients treated with the standard of care
- the creation of a human tumor atlas; and
- the development of new enabling technologies.

The culmination of the WHCM TF was the 21st Century Cures Act, which was signed into law by President Barack Obama in December 2016. As with most bills, there were multiple attached initiatives, some related to medicine but not related to oncology (including monies for Alzheimer’s disease, opioid addiction, tick-borne diseases, pharmaceutical company funding, and FDA funding) along with other non-related initiatives (including a mandate for the US oil resources). The Act designated $1.8 billion (with $300 million designated for 2017) to the moonshot project and funded the NIH and FDA to the tune of $4.8 billion and $500 million, respectively.

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Scholars’ Summaries

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It was a unique opportunity to have Deborah Mayer, Ph.D., R.N. speak to us on her background in cancer survivorship advocacy and role in the development, structure, and planned implementation of the cancer moonshot program. Through
her survivorship work, she reminded us to consider a phase of cancer therapy we often do not manage. This will only become more important as the number of cancer survivors increases. (In 10 years the estimated percentage of cancer patients who survive beyond 5 years is expected to increase by 35% to 14 million.)

We have heard and read of the moonshot program and its goal to accelerate cancer discovery and treatment, accomplishing in 5 years what would normally take 10 years. Her knowledge of the personal side of it for Vice President Biden was touching. She witnessed his leadership and energy investment in getting the bill passed, which culminated in an emotional response when it was renamed after his son who died of cancer. To a physician, the complexity of creating a single document with 10 recommendations to cover adult and pediatric cancer is daunting. The example of how the blue ribbon panel created smaller working groups who reported jointly with a common goal is an example of leadership on a large scale. She ended her talk with a practical discussion of how we can interact/access the moonshot momentum and funding to further discovery in our own fields.