



January 12, 2017

Douglas Lowy, M.D.
Director, National Cancer Institute
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Dear Dr. Lowy,

On behalf of the Hep B United national coalition, we are writing to express our support of the important goals that the Cancer Moonshot has set out to achieve. We appreciate the work that the Cancer Moonshot Task Force and Blue Ribbon Panel have completed thus far in compiling their initial report and recommendations. However, we are also writing to highlight gaps regarding liver cancer and cultural competency in the report and to offer important recommendations as the Cancer Moonshot enters its next phase.

Earlier this year, the CDC released its [Annual Report to the Nation on the Status of Cancer](#), which included a special feature on liver cancer—the *only* cancer with rising rates of both incidence and mortality among men and women in the U.S. From 2008 to 2012, liver cancer incidence increased by an average of 2.3% per year, while the liver cancer death rate rose by an average of 2.8% per year among men and 3.4% per year among women. Liver cancer is now the second most frequent cause of cancer mortality, with a 5-year survival rate of less than 15%. In the U.S., the current incidence of liver cancer will result in an estimated 23,000 deaths this year.

One of the primary causes of liver cancer is the hepatitis B virus (HBV). HBV affects 1 in 20 Americans, an estimated 2 million of which are chronically infected, with as many as 65-75% unaware of their infection. Each year, despite a safe, effective vaccine, there are 80,000 new HBV infections in the U.S. Promoting HBV testing and vaccination is thus an important strategy in reducing the burden of liver cancer.

Liver cancer does not affect all racial and ethnic groups equally. Asian Americans and Pacific Islanders (AAPIs) have the highest incidence of liver cancer of any racial or ethnic group in the U.S. According to studies by the NCI, liver cancer affects Chinese, Filipino, Japanese, Korean, and Vietnamese populations at rates that range from 1.7 to 11.3 times higher than among Caucasian Americans.

With these statistics in mind, we strongly encourage the Blue Ribbon panel to prioritize the following recommendations on liver cancer and cultural competency:

- Increased research on hepatocellular carcinoma (HCC) to identify better methods of early detection and better treatment options;
- Increased attention and resources toward highlighting the link between viral hepatitis and liver cancer;
- Increased utilization of culturally and linguistically competent methods of research, participation, and dissemination of information; and
- Funding for comparative effectiveness and outcomes and implementation science research to evaluate the effectiveness of various programs to engage culturally diverse and immigrant communities in health care to assess the best ways to link culturally diverse populations to health care.

Hep B United partners can help strengthen and support the Cancer Moonshot with the recommendations above. Hep B United is a national coalition co-founded by the Hepatitis B Foundation and the Association of Asian Pacific Community Health Organizations (AAPCHO). Our mission is to address the public health challenge of hepatitis B by supporting and leveraging the success of local community coalitions across the U.S. to increase hepatitis B awareness, screening, vaccination, and linkage to care for all communities at high risk for infection. Hep B United is comprised of **over 30 national organizations and community-based hepatitis B coalitions in 27 cities and 16 states and the District of Columbia**, with a reach of **over 6 million individuals**. Collectively, our coalition has extensive knowledge and expertise in HBV and liver cancer—including experience in scientific research, public health research and practice, and patient advocacy.

We recommend the NCI develop a mechanism for community stakeholders to provide guidance and input to the Task Force and Panel as the initiative moves forward. Hep B United partners can provide feedback and analysis on the cultural and linguistic barriers that contribute to the health disparities associated with hepatitis B and liver cancer. Our diverse community stakeholder coalition also looks forward to offering valuable connections and advice on working with at-risk populations including AAPI and African immigrant communities. We can help ensure that their voices are heard during the next phases of the Cancer Moonshot.

We urge you to take these points into consideration as the initiative continues to develop. We would greatly appreciate the opportunity to contribute to your efforts and provide further input on how to reverse the rising trend of liver cancer incidence and mortality in the U.S.

Sincerely,

A handwritten signature in black ink, appearing to read "Kate Moraras", written in a cursive style.

Kate Moraras
Director, Hep B United