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February 4, 2022

Norman E. Sharpless, MD

Director

The National Cancer Institute

9000 Rockville Pike

Bethesda, Maryland 20892

Dear Dr. Sharpless,

On behalf of the Infectious Diseases Society of America (IDSAs), I am writing to extend our support for the Administration's renewed efforts on the Cancer Moonshot and to offer IDSAs as a resource for this important initiative. As you may know, infections — which are increasingly resistant to existing antimicrobial drugs — are one of the most frequent complications seen in patients with cancer. The war on cancer cannot be won without a more effective strategy to address antimicrobial resistance. You can have the best new chemotherapy drug for a patient, but the patient is still at great risk of negative outcomes without the benefit of what infectious diseases physicians and researchers bring to the table. **I request a brief meeting with you to discuss how IDSAs could support Cancer Moonshot activities.**

We greatly appreciate that the Cancer Moonshot initiative already recognizes the connection between infectious diseases and cancer, appropriately setting a goal to nearly eliminate cervical cancer through screening and HPV vaccination. Not only can infections cause certain types of cancer, infections can also significantly complicate cancer treatment. Cancer and many cancer treatments weaken patients' immune systems, leaving them at greater risk for infections that are extremely difficult and sometimes impossible to treat due to growing antimicrobial resistance. Consider the following:¹

- Infections are a primary or associated cause of death in approximately 50% of patients with cancer. Antibiotic resistance increases the frequency of sepsis and death in cancer patients.
- 26.8% of pathogens identified in one study of cancer patients were resistant to the antibiotics typically used to prevent chemotherapy-related infections. This study forecasted that a reduction in antibiotic efficacy of 30% to 70% would result in nearly 4,000 to 10,000 additional infections and 500 to 1,000 additional deaths per year in the U.S.

¹ <https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21697>

- A study in 2015 found that 23% of the deaths among cancer patients in the intensive care unit (ICU) were due to hospital-acquired infections, 88% of which were multidrug resistant. Nearly 40% of cancer patients admitted to the ICU had multidrug-resistant infections.

Infectious diseases physicians are essential parts of oncology teams, and antimicrobial drugs are crucial to support patients with cancer through their treatment. All too often, we see cancer patients beat cancer, only to succumb to an antibiotic-resistant infection. Strategies to ensure a strong infectious diseases workforce equitably distributed throughout the country, a robust antimicrobial drug pipeline and adequately resourced antimicrobial stewardship programs to protect the efficacy of our drugs from resistance are all vital to ensure the comprehensive care needed to beat cancer.

Cancer prevention and treatment are multidisciplinary efforts, and IDSA would welcome the opportunity to contribute to the success of the Cancer Moonshot. IDSA would like to ensure infectious diseases physicians have a seat at the proverbial Cancer Moonshot table, since without our field, you really only have one side of the coin.

Sincerely,

A handwritten signature in black ink, appearing to read "D. McQuillen", with a long horizontal flourish extending to the right.

Daniel P. McQuillen, MD, FIDSA

President, IDSA