



Stampede Hill Day Meeting Talking Points

1. Introduction (METAvivor Advocate)

“Hi, my name is [Name], and I’m a [metastatic breast cancer patient / family member of someone living with MBC] from [City/State].”

“I’m here today with METAvivor, an organization dedicated to supporting and advocating for the MBC community. I want to share why urgent policy changes are needed to improve access to treatment for those of us living with this disease.”

2. Why We’re Here (Advocate Talking Points)

“Metastatic breast cancer is stage IV breast cancer that has spread from the breast to other parts of the body. It is a terminal diagnosis. While treatable, it is not curable. People with MBC also face unique challenges in accessing timely, affordable, and effective treatment.”

- An estimated 170,000 women in the U.S. are currently living with metastatic breast cancer. (Source: [Metastatic Breast Cancer Explained: Symptoms, Diagnosis & More](#))
- This year, 42,170 women will die from metastatic breast cancer, that is 115 women per day. (Sources: [Stop the Clock! - National Breast Cancer Coalition](#))
- This year, approximately 2,800 men will be diagnosed with breast cancer and approximately 510 men will die from the disease. (Sources: [American Cancer Society](#) and [National Breast Cancer Coalition \(Stop The Clock\)](#)).
- Approximately 85% of those diagnosed with MBC previously had an early-stage breast cancer diagnosis. (Source: [Metastatic Breast Cancer Explained: Symptoms, Diagnosis & More](#))
- Nearly 30% of women initially diagnosed with early-stage breast cancer will ultimately develop metastatic disease. (Source: [Metastatic Breast Cancer Explained: Symptoms, Diagnosis & More](#))

“We’re here today to talk about four key federal policy issues that directly impact the lives of people with MBC across the country:”

- **The Metastatic Breast Cancer Access to Care Act (H.R.2048/S.3442):**
“This bipartisan bill would waive the 5-month waiting period for Social Security Disability Insurance (SSDI) and the 24-month waiting period for Medicare for people

with MBC. Time is not on our side, people with MBC need immediate access to treatment and coverage when they are diagnosed.”

FOR THE HOUSE ONLY: “The House has already demonstrated overwhelming bipartisan support for this legislation, with a majority of the House cosponsoring the bill, including two-thirds of the Ways and Means Committee. We are asking the Ways and Means Committee to move H.R. 2048 forward so that this bipartisan legislation can advance in the House.”

- **The Cancer Drug Parity Act (H.R.4101/S. 5004):**

“This bill would require that out-of-pocket cost for oral cancer medications be the same as intravenous treatments. Many people with MBC rely on oral therapies to manage their disease, but without parity of pricing, the out-of-pocket costs for oral medicines can be unmanageable, even with insurance.”

- **Investment in the CDC’s National Program of Cancer Registries (NPCR) and Surveillance, Epidemiology, and End Results (SEER) Cancer Registry Database:**

“Cancer registries provide critical data that help researchers, policymakers, and public health officials understand cancer trends, measure outcomes, and make informed decisions about research and care. For the MBC community, having accurate and comprehensive metastatic breast cancer data is especially important because we still have significant gaps in understanding how and when breast cancer progresses to metastatic disease.

METAvisor urges Congress to invest in the nation’s cancer surveillance infrastructure by providing \$63.4 million for the CDC’s National Program of Cancer Registries (NPCR) to support state and regional cancer registries nationwide, and include report language directing that funding for the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) Program be maintained or increased as necessary to continue nationwide cancer surveillance.”

- **Increasing Federal Research Funding for Metastatic Breast Cancer:**

“Metastatic breast cancer research is severely underfunded, even though almost all breast cancer deaths are due to Stage IV disease. Right now, only about 13 percent of all breast cancer research dollars go toward metastatic breast cancer despite the fact that experts don’t fully understand why some cancers spread or how to stop them.

Investing in research is the only way to develop effective treatments, improve survival, and give patients more time with their families. Through increasing funding for the National Institutes of Health, the Department of Defense Peer-Reviewed Breast Cancer Research Program, and ARPA-H, it will allow more research focused specifically on

metastatic breast cancer. This research can improve both the length and quality of life for patients and accelerate life-saving advancements for the MBC community.”

3. Personal Story (Advocate)

“I’d like to share a bit about my own experience.”

[Advocate(s) briefly shares a personal story related to one of the above issues—delayed access to SSDI benefits or Medicare, high oral drug costs, struggles with data access, or the need for increased funding for MBC research.]

4. Policy Asks (State Champion)

“We’re asking for your office’s support in addressing these issues:”

- **Cosponsor the Metastatic Breast Cancer Access to Care Act (H.R. 2048/S.3442)** to eliminate harmful delays in access to Medicare and SSDI.
 - **FOR THE HOUSE ONLY: If the Member of Congress has co-sponsored the Metastatic Breast Cancer Access to Care Act: Support movement of the Metastatic Breast Cancer Access to Care Act (H.R. 2048) through the House Ways and Means Committee.** The bill already has overwhelming bipartisan support, with a majority of the House and two-thirds of the Ways and Means Committee signed on as cosponsors.
- **Cosponsor the Cancer Drug Parity Act of 2025 (H.R. 4101/S. 5004)** to ensure affordable access to oral cancer treatments.
- **Fund the NPCR and Support SEER:** Provide \$63.4 million in funding for the CDC’s National Program of Cancer Registries (NPCR) and report language directing that funding for NCI’s SEER Program be maintained or increased as necessary to continue nationwide cancer surveillance.
- **Increase funding for metastatic breast cancer research by:**
 - Funding the National Institutes of Health (NIH) at \$51 billion
 - Funding the Advanced Research Projects Agency for Health (ARPA-H) at \$1.5 billion
 - Restoring at \$150 million in funding for the Department of Defense Peer-Reviewed Breast Cancer Research Program, and continuing to include “metastatic cancers” as a condition eligible for study through the Peer-Reviewed Cancer Research Program

CLOSING:

“ Thank you for taking the time to meet with us today. These changes are essential for our survival. In the United States, a woman dies from metastatic breast cancer every 13 minutes. That means that while we have been speaking today, two women lost their lives.

The House has an opportunity to act on legislation that already has overwhelming bipartisan support. We urge you to help move the Metastatic Breast Cancer Access to Care Act through Ways and Means and to support investments in cancer surveillance and MBC research.

We cannot afford to wait. Every day of inaction costs lives, and every step Congress takes toward change brings hope to me and families like mine. This is why it is so urgent for Congress to act now because not addressing these issues means more lives cut short.”