November 8, 2011

The Honorable Harold Rogers Chairman, Appropriations Committee U.S. House of Representatives Washington, D.C. 20515

The Honorable C.W. Bill Young Chairman, Defense Subcommittee U.S. House of Representatives Washington, D.C. 20515 The Honorable Norman Dicks Ranking Member, Appropriations Committee U.S. House of Representatives Washington, D.C. 20515

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Dear Chairman Rogers, Rep. Dicks, Chairman Young, and Rep. Dicks:

The following undersigned organizations thank you for including \$12.8 million for a Peer Reviewed Cancer Research Program (PRCRP) in the FY 2012 Department of Defense Appropriations Act. As negotiations with the Senate move forward, we ask you to protect funding for this vitally important research program.

Funding for the PRCRP, which is under the umbrella of the Congressionally Directed Medical Research Programs (CDMRP), supports medical research on the following forms of cancer: melanoma and other skin cancers, pediatric brain tumors within the field of childhood cancer research, genetic cancer research, pancreatic cancer, kidney cancer, blood cancer, colorectal cancer, mesothelioma, and listeria vaccine for infectious disease and cancer.

The PRCRP was established in FY 2009 to support research into specifically designated cancers with relevance to military service members and their families. It is well understood that members of the military are exposed to hazardous environments due to the nature of their service and deployments and, thus, are at risk for the development of different types of cancers. The PRCRP offers an opportunity to advance research with relevance to military service members and their families, and oftentimes leads to innovative research that is viewed as too risky or preliminary for the National Institutes of Health or the National Cancer Institute to support.

All funding through the PRCRP is competitively awarded. Research proposals go through a two-tier review process of scientific peer review, followed by a programmatic review that includes basic researchers, clinicians, consumers, and military members. The following examples show how funding for the PRCRP targets research to support the needs of military personnel, while also benefiting the broader American public:

<u>Using Military Dogs to Identify Cancer-Causing Conditions</u>: Dr. Carlos Alvarez with the Research Institute at Nationwide Children's Hospital, Dr. C. Couto with Ohio State University, and Dr. Kun Huang with The Ohio State University received funding in 2010 through the PRCRP for an innovative research proposal aimed at identifying genetic and environmental contributions to cancer by studying military working dogs. Study of disorders, including cancers, that occur in dogs work

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well because almost all disorders are similar to human disorders with the same biochemical pathways. Military working dogs are an ideal study population because they have extensive clinical, behavioral, and environmental records. This study is not only relevant to human cancers, but is likely to reveal novel understanding of gene-environment interactions. Additionally, the development of new treatments based on findings will be accelerated in clinical studies of pet dogs with cancer, and, thus, could result in the rapid development of new treatments.

<u>Blood Cancers (Leukemia, Lymphoma, Multiple Myeloma)</u>: Many of the blood cancers are linked to chemical and radiological exposures, potentially putting military personnel on active duty at special risk of these diseases. Leukemia, non-Hodgkin lymphoma, Hodgkin lymphoma, and multiple myeloma have all been linked to exposure to ionizing radiation or Agent Orange, and Vietnam veterans who are diagnosed with non-Hodgkin lymphoma are diagnosed earlier and have shorter life-expectancy after diagnosis than their non-Vietnam veteran counterparts. The VA has recognized these risks and classifies several blood cancers as service-related diseases.

The PRCRP has made awards to support cutting edge and innovative approaches to blood cancer treatment, all with the potential to address the special burden of the blood cancers in the military and also provide treatments to all Americans with these diseases. Among the projects supported are efforts to identify biomarkers for certain blood cancers to enable "targeting" of therapies; collaborative projects that engage teams of researchers focusing on difficult research questions; and new investigator awards focusing on important research questions while also fostering the entry of new researchers to the field.

<u>Brain Tumors</u>: The PRCRP is funding research on complex immunotherapy treatment called adoptive cellular therapy that is focusing on brain tumors. By focusing on brain tumors, researchers aim to help military families because the brain is the most frequent site of crippling injuries. Also importantly, brain cancer is the second leading cause of cancer death in children under age 20. Approximately 210,000 people in the United States will be diagnosed with a primary or metastatic brain tumor this year, or about 575 per day. Of all cancers, individuals with brain tumors have among the lowest survival rates and research on brain tumors has resulted in the fewest medical breakthroughs over the past 20 years. However, research funded by the PRCRP is showing promise because it is focusing on the underlying genetics and microenvironment in which cancer grows and replicates.

<u>Colorectal Cancer</u>: According to a study published in the June 2009 issue of *Cancer Epidemiology*, *Biomarkers & Prevention*, researchers found that colorectal cancer was one of the most common forms of cancer among active duty military personnel. Yet, screening rates among military personnel for colorectal cancer are much too low. As published in the 2009 Humana Military's Clinical Quality Report Card, only 58 percent of those in the military were up to date with screening in 2008. The PRCRP has supported research into treatments for colorectal cancer, including research into treatments that would block the growth of metastatic colorectal cancer.

<u>Melanoma</u>: A 2000 *Annals of Epidemiology* study comparing mortality rates among World War II veterans of the Pacific and European Theaters found that Pacific Theater Prisoner of War veterans had an estimated three-fold higher risk of dying from melanoma than veterans of the European Theater, concluding that exposure of high levels of solar radiation in young adulthood is associated

with a higher risk of melanoma mortality. Knowing this, U.S. military personnel currently stationed in Iraq and Afghanistan, where there is high intensity of sun exposure, have the potential for long-term risk of melanoma. According to the American Academy of Dermatology, skin cancer is the most prevalent of all types of cancer, and malignant melanoma is the most deadly of all skin cancers, claiming the lives of more than 8,000 Americans each year.

We know that you understand that funding for the PRCRP is a good investment of federal dollars. According to information provided by the CDMRP, the cost of associated-cancer care within the Military Health System in FY 2002 was more than \$1 billion. Research saves lives and can reduce health care costs. Thank you for your leadership and support on this important issue.

Sincerely,

American Academy of Dermatology Association American College of Gastroenterology American Gastroenterological Association American Society for Gastrointestinal Endoscopy Colon Cancer Alliance Digestive Disease National Coalition Fight Colorectal Cancer International Myeloma Foundation Kidney Cancer Association The Leukemia & Lymphoma Society Lymphoma Research Foundation Melanoma Research Alliance National Foundation for Celiac Awareness National Patient Advocate Foundation Pancreatic Cancer Action Network Pennsylvania Society of Gastroenterology Prevent Cancer Foundation Preventing Colorectal Cancer Society of Gastroenterology Nurses and Associates United Ostomy Associations of America