

December 8, 2020

The Honorable Nita Lowey
Chairwoman
Committee on Appropriations
U.S. House of Representatives
H-307 The Capitol
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
U.S. House of Representatives
H-307 The Capitol
Washington, DC 20515

The Honorable Richard Shelby
Chairman
Committee on Appropriations
Room S-128 The Capitol
Washington, DC 20510

The Honorable Patrick Leahy
Vice Chairman
Committee on Appropriations
Room S-128 The Capitol
Washington, DC 20510

RE: Request for \$50 million for the Kidney Cancer Research Program through the Department of Defense Congressionally Directed Medical Research Programs

Dear Chairwoman Lowey, Ranking Member Granger, Chairman Shelby, and Vice Chairman Leahy:

On behalf of the undersigned organizations, who represent a wide range of patient and provider organizations, we are grateful for your respective Committee's past support for the Congressionally Directed Medical Research Programs (CDMRP) conducted by the U.S. Department of Defense (DoD). As you know, the CDMRP's highly innovative research drives scientific discovery in high-impact research areas not sponsored by the National Institutes of Health (NIH) and other federal agencies.

As you work to finalize the fiscal year 2021 Department of Defense (DoD) Appropriations Bill, we respectfully **request your support to provide \$50 million for the Kidney Cancer Research Program (KCRP) within the CDMRP.**

Kidney cancer occurs at a rate nearly three times greater for members of the armed forces compared to the civilian population. According to one study, the incidence of kidney cancer, specifically for military members after the fourth decade of life, dramatically increases from an average of 4.5 to 12.1 cases per 100,000 person-years.¹ In addition, kidney and renal pelvic cancer occurs almost twofold more

¹ <https://health.mil/Reference-Center/Reports/2016/01/01/Medical-Surveillance-Monthly-Report-Volume-23-Number-7>

frequently in males than in females and over 80% of military personnel are males.^{2 3} Given this disease burden in the U.S. military and veteran population, we believe it is appropriate to have the Department of Defense provide research funding necessary to develop innovative treatment options.

A grateful nation must honor the service and sacrifice of those who defend it. Service members have greater instances of kidney cancer due to radiological or chemical exposure during their time in service, whether it be burn pits, chemicals in firefighting foam or even the special paint used on military vehicles.⁴ The Kidney Cancer Research Program under the DoD is part of the larger commitment to our men and women in uniform that we will not leave them behind. Not on the battlefield, and not when they come home. During the ten years prior to KCRP approval (2006-16), kidney cancer was a topic area under the Peer Reviewed Cancer/Medical Research Programs and had a limited number of successful grant applications. With the advent of the KCRP in FY17, the total number of kidney cancer grant applications skyrocketed six-fold in one year over previous submissions, confirming the major need and outpouring of interest in kidney cancer research and underscoring the research community's commitment to finding a cure for this disease.

The inaugural KCRP grant process awarded research funding for 22 recipients based on more than 220 applications. The following year funding awarded 29 recipients on a similar number of applications.

Unfortunately, there have been far more meritorious applications for the KCRP than there is funding available. We deeply appreciate the Committee's past support and believe an increased investment through CDMRP would make a tremendous difference to millions of Americans, including our military personnel, military families and dependents, retirees, and veterans.

Additionally, the National Cancer Institute estimates that \$4.7 billion⁵ is spent in the United States each year on treatment of kidney cancer. Unlike the majority of cancers, the rate of people developing kidney cancer has been climbing for the last 65 years, and it is the deadliest urologic malignancy with 30 to 40 percent of patients dying of their cancer. Kidney cancer is the ninth leading cancer overall but ranks fourth in incidence among both African American and Hispanic males. In 2020, it is estimated that 73,750 new cases of kidney cancer (45,520 in men and 28,230 in women) will be

² <https://cancerstatisticscenter.cancer.org/#!/data-analysis/IncRate>

³ <http://download.militaryonesource.mil/12038/MOS/Reports/2015-Demographics-Report.pdf>

⁴ <https://www.va.gov/health-care/health-needs-conditions/chemical-hazardous-materials-exposure/>



diagnosed, and 14,830 (9,860 men and 4,970 women) people will die from this disease.⁶

When found early, kidney cancer may be treated successfully with surgery, however nearly 35 percent of patients are diagnosed with advanced disease, where survival rates are exceptionally low. Additionally, as many as 40 percent of patients diagnosed with local disease will face recurrence later in life. No standard screening or other early detection protocol to diagnose kidney cancer at an early stage exists. Therefore, much work still needs to be done.

Thank you for your consideration of this \$50 million request for the Kidney Cancer Research Program for Fiscal Year 2021.

Thank you for your prompt attention to this request. Please contact Kimberly Serota at kserota@auanet.org or Raymond Wezik at rwezik@auanet.org with questions or to provide more information.

Respectfully,

American Association of Clinical Urologists
American Urological Association
Answer Cancer Foundation d/b/a AnCan
Caregiver Action Network
Cedars Sinai Academic Urology Practice
Judy Nicholson Kidney Cancer Foundation
Joey's Wings Foundation
KidneyCAN
Kidney Cancer Association
Patient Empowerment Network
RetireSafe
Society of Urologic Nurses and Associates
Society of Urologic Oncology
Society of Women in Urology
The Chris "CJ" Johnson Foundation Inc.
Triage Cancer
VHL Alliance
