

February 25, 2022

The Honorable Rosa DeLauro
Chair
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 Betty McCollum
Chair
Defense Subcommittee
Committee on Appropriations
U.S. House of Representatives
H-405 The Capitol
Washington, DC 20515

The Honorable Ken Calvert
Ranking Member
Defense Subcommittee
Committee on Appropriations
U.S. House of Representatives
H-405 The Capitol
Washington, DC 20515

Dear Chair DeLauro, Ranking Member Granger, Chair McCollum and Ranking Member Calvert:

Our community is continually grateful for the 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 develop your respective versions of the fiscal year 2023 (FY23) Appropriations Act, we respectfully request \$60 million in funding for the Kidney Cancer Research Program (KCRP) at the CDMRP.

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.

Unfortunately, there have been far more meritorious applications for the KCRP than there is funding available. In the four years since the KCRP's inception, there have been

127 grant awards based on 767 applications (leaving 83.5% of applications without funding). Awards have been given to institutions across 23 states plus D.C. as well as institutions in Canada and England.

We truly appreciate the Committee's past support and believe increasing funding for the Kidney Cancer Research Program (KCRP) at the CDMRP to \$60 million would make a tremendous difference to many Americans, including our active & reserve military, military families and dependents, retirees, and veterans.

Kidney cancer affects military personnel and their dependents and veterans. The body insult that causes kidney cancer may occur during active service but may not appear until later in life therefore affecting veterans more frequently than their U.S. civilian counterparts. In a 2012 study identifying cancer incidence among patients of the United States Veterans Affairs Healthcare System, kidney cancer was the 6th leading cancer.¹ Vietnam veterans exposed to Agent Orange have had kidney cancer. Exposure to ionizing radiation, chemicals and hazardous materials can cause kidney cancer.

Smoking, hypertension, and obesity are high kidney cancer risk factors. A cohort of about 210,000 U.S. veterans followed for 26 years was analyzed for a study examining the role of smoking in the development of renal cancer.² The follow-up of these military veterans revealed 719 deaths from renal cancer, making this one of the largest studies of renal cancer and cigarette smoking. Current smokers had a 47 percent increase in risk for renal cancer relative to nonsmokers, and the relative risk correlated positively with the number of cigarettes smoked per day. These results were later confirmed by several independent studies showing that about one fifth to one third of renal cancer is associated with smoking. Cigarette smoking generates oxidative stress, which is implicated as one of the direct chemical factors in renal oncogenesis. More recently, researchers from Oak Ridge National Laboratory demonstrated a near real-time generation of hydrogen peroxide by cigarette smoke.

According to a 2014 report issued by the Centers for Disease Control and Prevention, U.S. Marines and their families stationed at Camp Lejeune, North Carolina have a 35% higher risk of contracting kidney cancer than their U.S. counterparts due to contaminated drinking water.³

¹ Leah L. Zullig, George L. Jackson, Raye Anne Dorn, Dawn T. Provenzale, Rebecca McNeil, Catherine M. Thomas, and Michael J. Kelly. Cancer Incidence among Patients of the United States Veterans Affairs (VA) Healthcare System, *Mil Med.* 2012 June; 177 (6): 693-701

² McLaughlin JK, Hrubec Z, Heineman EF, Blot WJ, Fraumeni JF. (1990) Renal Cancer and Cigarette Smoking in a 26-Year Followup of U.S. Veterans. *Public Health Rep.* 105:535-537

³ 2014 CDC Camp Lejeune Contaminated Drinking Water Report

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 16.9 cases per 100,000 person-years.⁴ In addition, kidney and renal pelvic cancer occurs almost twofold more frequently in males than in females and over 80% of military personnel are males.^{5 6} Given this disease burden in the U.S. military, military families and veteran population, it is imperative that Congress have the Department of Defense continue to provide research funding necessary to develop innovative treatment options.

The National Cancer Institute estimates that \$4.7 billion⁷ is spent in the United States each year on treatment of kidney cancer. Unlike most cancers, the rate of people developing kidney cancer has been climbing for the last 65 years, and it is the deadliest urologic malignancy with 35 percent of patients dying of their cancer. Kidney cancer is the eighth leading cancer overall but ranks fourth in incidence among both African American and Hispanic males. In 2022, it is estimated that 79,000 new cases of kidney cancer (50,290 in men and 28,710 in women) will be diagnosed, and 13,920 (8,960 men and 4,960 women) people will die from this disease.⁸

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 very 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 request to increase research funding for the Kidney Cancer Research Program (KCRP) for FY23 to \$60 million. We look forward to working with you on this important matter.

Respectfully,
American Association of Clinical Urologists, Inc.
American Urological Association
Andy Derr Foundation for Kidney Cancer Research
Chris "CJ" Johnson Foundation Inc.

⁴ Amer. Cancer Soc. 2022. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html>

⁵ <https://cancerstatisticscenter.cancer.org/#!/data-analysis/IncRate>

⁶ <http://download.militaryonesource.mil/12038/MOS/Reports/2015-Demographics-Report.pdf>

⁷ [J Natl Cancer Inst.](#) 2011 Jan 19; 103(2): 117–128.

⁸ Amer. Cancer Soc. 2022. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html>

Drive to Cure
Ferrell Foundation
Joey's Wings Foundation
Judy Nicholson Kidney Cancer Foundation
KCCURE
KidneyCAN
Kidney Cancer Association
RMC, Inc.
Society of Basic Urologic Research
VHL Alliance

February 25, 2022

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

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

The Honorable Jon Tester
Chairman
Defense Subcommittee
Committee on Appropriations
Room S-128
The Capitol
Washington, DC 20510

Dear Chairman Leahy, Vice Chairman Shelby, and Chairman Tester:

Our community continues to be grateful for the 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 develop your respective versions of the fiscal year 2023 (FY23) Appropriations Act, we respectfully request funding of \$60 million for the Kidney Cancer Research Program (KCRP) at the CDMRP.

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.

Unfortunately, there have been far more meritorious applications for the KCRP than there is funding available. In the four years since the KCRP's inception, there have been 127 grant awards based on 767 applications (leaving 83.5% of applications without

funding). Awards have been given to institutions across 23 states plus D.C. as well as institutions in Canada and England.

We truly appreciate the Committee's past support and believe increasing funding for the Kidney Cancer Research Program (KCRP) at the CDMRP to \$60 million would make a tremendous difference to many Americans, including our active & reserve military, military families and dependents, retirees, and veterans.

Kidney cancer affects military personnel and their dependents and veterans. The body insult that causes kidney cancer may occur during active service but may not appear until later in life therefore affecting veterans more frequently than their U.S. civilian counterparts. In a 2012 study identifying cancer incidence among patients of the United States Veterans Affairs Healthcare System, kidney cancer was the 6th leading cancer.¹ Vietnam veterans exposed to Agent Orange have had kidney cancer. Exposure to ionizing radiation, chemicals and hazardous materials can cause kidney cancer.

Smoking, hypertension, and obesity are high kidney cancer risk factors. A cohort of about 210,000 U.S. veterans followed for 26 years was analyzed for a study examining the role of smoking in the development of renal cancer.² The follow-up of these military veterans revealed 719 deaths from renal cancer, making this one of the largest studies of renal cancer and cigarette smoking. Current smokers had a 47 percent increase in risk for renal cancer relative to nonsmokers, and the relative risk correlated positively with the number of cigarettes smoked per day. These results were later confirmed by several independent studies showing that about one fifth to one third of renal cancer is associated with smoking. Cigarette smoking generates oxidative stress, which is implicated as one of the direct chemical factors in renal oncogenesis. More recently, researchers from Oak Ridge National Laboratory demonstrated a near real-time generation of hydrogen peroxide by cigarette smoke.

According to a 2014 report issued by the Centers for Disease Control and Prevention, U.S. Marines and their families stationed at Camp Lejeune, North Carolina have a 35% higher risk of contracting kidney cancer than their U.S. counterparts due to contaminated drinking water.³

¹ Leah L. Zullig, George L. Jackson, Raye Anne Dorn, Dawn T. Provenzale, Rebecca McNeil, Catherine M. Thomas, and Michael J. Kelly. Cancer Incidence among Patients of the United States Veterans Affairs (VA) Healthcare System, *Mil Med.* 2012 June; 177 (6): 693-701

² McLaughlin JK, Hrubec Z, Heineman EF, Blot WJ, Fraumeni JF. (1990) Renal Cancer and Cigarette Smoking in a 26-Year Followup of U.S. Veterans. *Public Health Rep.* 105:535-537

³ 2014 CDC Camp Lejeune Contaminated Drinking Water Report

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 16.9 cases per 100,000 person-years.⁴ In addition, kidney and renal pelvic cancer occurs almost twofold more frequently in males than in females and over 80% of military personnel are males.^{5 6} Given this disease burden in the U.S. military, military families and veteran population, it is imperative that Congress have the Department of Defense continue to provide research funding necessary to develop innovative treatment options.

The National Cancer Institute estimates that \$4.7 billion⁷ is spent in the United States each year on treatment of kidney cancer. Unlike most cancers, the rate of people developing kidney cancer has been climbing for the last 65 years, and it is the deadliest urologic malignancy with 35 percent of patients dying of their cancer. Kidney cancer is the eighth leading cancer overall but ranks fourth in incidence among both African American and Hispanic males. In 2022, it is estimated that 79,000 new cases of kidney cancer (50,290 in men and 28,710 in women) will be diagnosed, and 13,920 (8,960 men and 4,960 women) people will die from this disease.⁸

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 very 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 request to increase research funding for the Kidney Cancer Research Program (KCRP) for FY23 to \$60 million. We look forward to working with you on this important matter.

Respectfully,
American Association of Clinical Urologists, Inc.
American Urological Association
Andy Derr Foundation for Kidney Cancer Research
Chris "CJ" Johnson Foundation Inc.
Drive to Cure

⁴ Amer. Cancer Soc. 2022. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html>

⁵ <https://cancerstatisticscenter.cancer.org/#!/data-analysis/IncRate>

⁶ <http://download.militaryonesource.mil/12038/MOS/Reports/2015-Demographics-Report.pdf>

⁷ [J Natl Cancer Inst.](#) 2011 Jan 19; 103(2): 117–128.

⁸ Amer. Cancer Soc. 2022. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html>

Ferrell Foundation
Joey's Wings Foundation
Judy Nicholson Kidney Cancer Foundation
KCCURE
KidneyCAN
Kidney Cancer Association
RMC, Inc.
Society of Basic Urologic Research
VHL Alliance