

February 1, 2023

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

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

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

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

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

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 2024 (FY24) 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 five years since the KCRP's inception, there have been 196 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, England, and Italy.

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 active military personnel and their dependents and veterans. The insult(s) that causes kidney cancer may occur during active service and lead to disease later in life. 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 also cause kidney cancer.

Smoking, hypertension, and obesity are kidney cancer risk factors all found in military veterans. 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 kidney cancer.² Follow-up of these military veterans revealed numerous deaths due to kidney cancer and revealed that current smokers had a 47 percent increase in risk for kidney cancer relative to nonsmokers. These results were 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, in part through the production of hydrogen peroxide, which is implicated as one of the direct chemical factors in kidney cancer development.

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 potentially 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, is 5-6 times higher than the general population.⁴ In addition, kidney cancer (including cancer of the renal pelvis) 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 \$9.7 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 2023, it is estimated that 81,800 new cases of kidney cancer (52,360 in men and 29,440 in women) will be diagnosed, and 14,890 people (9,920 in men and in 4,970 women) will die from this disease.⁸

When found early, kidney cancer may be treated successfully, however nearly 35 percent of patients are diagnosed with the cancer having already spread, where survival rates are very low. Additionally, as many as 40 percent of patients diagnosed with local disease will face recurrence later in life despite treatment. Research is needed to better understand kidney cancer in all its stages including novel therapies for those suffering from advanced renal cancer. 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 FY24 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

⁴ <https://cdmrp.health.mil/kcrp/default>

⁵ <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2023-cancer-facts-figures.html>

⁶ <https://download.militaryonesource.mil/12038/MOS/Reports/2020-demographics-report.pdf>

⁷ https://progressreport.cancer.gov/after/economic_burden

⁸ https://cancerstatisticscenter.cancer.org/?_ga=2.118481801.1220364515.1674847614-165066634.1674847614#!/cancer-site/Kidney%20and%20renal%20pelvis

Chris "CJ" Johnson Foundation Inc.

Driven to Cure

Ferrell Foundation

Hereditary Leiomyomatosis and Renal Cell Cancer (HLRCC) Foundation

Joey's Wings Foundation

Judy Nicholson Kidney Cancer Foundation

KCCURE

KidneyCAN

Kidney Cancer Association

Society of Urologic Oncology

VHL Alliance