

# United States Senate

WASHINGTON, DC 20510

April 12, 2019

The Honorable Richard Shelby  
Chairman  
Subcommittee on Defense  
Senate Appropriations Committee  
122 Dirksen Office Building  
Washington, DC 20510

The Honorable Dick Durbin  
Ranking Member  
Subcommittee on Defense  
Senate Appropriations Committee  
122 Dirksen Office Building  
Washington, DC 20510

Dear Chairman Shelby and Ranking Member Durbin:

We respectfully request your support to provide \$30 million for the Kidney Cancer Research Program (KCRP) in the Congressionally Directed Medical Research Program (CDMRP) in the Fiscal Year 2020 Department of Defense (DoD) Appropriations bill. 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.

During the ten years prior to KCRP approval, 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, 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. We very much appreciate the Committee's past support and believe an increased investment through CDMRP would make a tremendous difference to many Americans, including our military, military families, retirees and veterans.

A streamlined investment in kidney cancer from CDMRP would make a tremendous difference for millions of Americans, including military personnel, their dependents, and veterans. A 2016 study identified kidney cancer as the fourth leading cancer in incidence among patients of the United States Veterans Affairs Healthcare System.<sup>[1]</sup> According to another 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.<sup>[2]</sup> 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.<sup>[3],[4]</sup> 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.

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<sup>[1]</sup> <https://www.mdedge.com/fedprac/avaho/article/113335/oncology/cancer-incidence-veterans-affairs-healthcare-system-veterans>

<sup>[2]</sup> <https://health.mil/Reference-Center/Reports/2016/01/01/Medical-Surveillance-Monthly-Report-Volume-23-Number-7>

<sup>[3]</sup> <https://cancerstatisticscenter.cancer.org/#!/data-analysis/IncRate>

<sup>[4]</sup> <http://download.militaryonesource.mil/12038/MOS/Reports/2015-Demographics-Report.pdf>

Kidney cancer is the tenth leading cancer overall. The rate of people developing kidney cancer has been climbing since the 1990s.<sup>[5]</sup> In 2019, it is estimated that 73,820 new cases of kidney cancer will be diagnosed, and 14,770 people will die from this disease.<sup>[6]</sup>

While there are only a few FDA-approved drugs for metastatic kidney cancer that have shown any durable response, several targeted therapies have been developed in recent years.<sup>[7]</sup> After showing efficacy in kidney cancer patients, these drugs have gone on to be tested on other cancers. Unfortunately, no therapy currently exists to prevent the recurrence of kidney cancer after a patient goes into remission, and there is no common diagnostic test for the disease, like the PSA test in prostate cancer.

The National Cancer Institute (NCI) estimates that \$4.7 billion was spent in the United States in 2017 on treatment of kidney cancer.<sup>[8]</sup> For patients, research for treatment and someday a cure is critical. In addition, 2010 estimates indicate that kidney cancer caused \$3.6 billion in lost productivity and deaths among adults aged 20 years and older.<sup>[9]</sup>

Thank you for your consideration of this \$30 million request for the Kidney Cancer Research Program for Fiscal Year 2020. We look forward to working with you on this important matter.

Sincerely,



Kirsten Gillibrand  
United States Senator



Mazie K. Hirono  
United States Senator



Richard Blumenthal  
United States Senator



Elizabeth Warren  
United States Senator

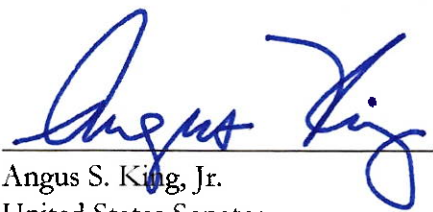
<sup>[5]</sup> <https://www.cancer.org/cancer/kidney-cancer/about/key-statistics.html>

<sup>[6]</sup> <https://cancerstatisticscenter.cancer.org/#/>

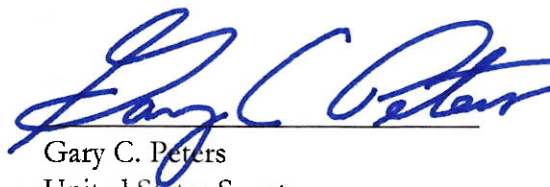
<sup>[7]</sup> <https://www.curetoday.com/publications/cure/2017/gu-2017/a-wave-of-optimism-for-new-kidney-cancer-drugs>

<sup>[8]</sup> [https://progressreport.cancer.gov/after/economic\\_burden](https://progressreport.cancer.gov/after/economic_burden)

<sup>[9]</sup> [https://www.researchgate.net/publication/23641641\\_Productivity\\_Costs\\_of\\_Cancer\\_Mortality\\_in\\_the\\_United\\_States\\_2000-2020](https://www.researchgate.net/publication/23641641_Productivity_Costs_of_Cancer_Mortality_in_the_United_States_2000-2020)



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United States Senator



Gary C. Peters  
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