

Congress of the United States
Washington, DC 20515

Support Funding for Kidney Cancer Research
Deadline: COB Tuesday, March 15th
*This is a Programmatic Request

Dear Colleague:

We hope that you will join us in supporting funding for kidney cancer research by signing the attached letter to the Defense Appropriations Subcommittee. The letter requests that the Subcommittee provide \$15 million within the Congressional Directed Medical Research Program (CDMRP) for kidney cancer research in the FY 2017 Defense Appropriations bill.

We are grateful for the Committee's past support of kidney cancer research and believe an investment through CDMRP would make a tremendous difference to millions of Americans including military personnel their dependents and veterans. A 2012 study identified kidney cancer as the 6th leading cancer in incidence among patients of the United States Veterans Affairs Healthcare System. Another study indicated that veterans who smoked had a 47% higher renal cancer risk relative to nonsmokers. Due to the Committee's significant past efforts, kidney cancer was added to the DOD Peer Review Medical Research Program in 2006 and then to the DOD Peer Review Cancer Research Program in 2009 resulting in more than \$9.1 million in kidney cancer research grants since 2006.

In 2015, it is estimated that 62,700 new cases of kidney cancer will be diagnosed (39,650 men and 23,050 women) and 14,240 people will die from this disease (9,240 men and 5,000 women). Kidney cancer is the ninth leading cancer overall but ranks fourth in incidence among both African American and Latino males. The rate of people developing kidney cancer has been climbing for the last 65 years.

While there is only one FDA-approved drug for metastatic kidney cancer that has shown any durable response, several targeted therapies have been developed in recent years. After showing some efficacy in kidney cancer patients, these drugs have gone on to be tested on other cancer. So, an investment in kidney cancer research can be beneficial for many other types of cancer. Unfortunately, no therapy currently exists to prevent the recurrence of kidney cancer after a patient goes into remission.

The National Cancer Institute (NCI) estimates that \$4.4 billion is spent in the United States each year on treatment of kidney cancer. In addition the NCI estimates that kidney cancer causes \$3.4 billion in lost productivity due to deaths among adults aged 20 years and older. We encourage you to support dedicated funding for kidney cancer research and join us in sending the attached letter. If you have any questions or would like to sign the letter, please have your staff contact Jamie Matese (Representative King) at Jamie.Matese@mail.house.gov or Camilla Vogt (Representative Polis) at Camilla.Vogt@mail.house.gov.

Sincerely,


PETER T. KING
Member of Congress


JARED POLIS
Member of Congress

March ___, 2016

The Honorable Rodney Frelinghuysen
Chairman
Subcommittee on Defense
Appropriations Committee
U.S. House of Representatives
H-405, The Capitol
Washington, DC 20515

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

Dear Chairman Frelinghuysen and Ranking Member Visclosky:

We respectfully request that you support funding for kidney cancer research and specifically ask that you provide \$15 million within the Congressionally Directed Medical Research Program (CDMRP) for this purpose in the Fiscal Year 2017 Defense Appropriations bill.

We would also like to thank you for adding kidney cancer to the Department of Defense Peer Reviewed Medical/Cancer Research Programs, which, since 2006, has resulted in kidney cancer research grants valued at more than \$9.1 million, providing significant research for this cancer. For example, a recent award went to design and demonstrate a simple and inexpensive urine test to be performed in a physician's office for the detection of kidney cancer at a very early stage. However, there have been far more applications for the research program than there is funding available. We very much appreciate the Committee's past support and believe an investment through CDMRP would make a tremendous difference to many Americans, including our military personnel, their dependents and veterans.

In 2016, kidney cancer will lead to an estimated 14,240 deaths (9,240 men and 5,000 women) and 62,700 new diagnoses (39,650 men and 23,050 women), making it the ninth most common cancer in the United States. However, it is the fourth leading cancer among both African American males and Latino males.

A 2012 study identified kidney cancer as the 6th leading cancer in incidence among patients of the United States Veterans Affairs Healthcare System. In addition, renal cancer occurs almost twofold more frequently in males than in females and approximately 80% of military personnel are males. Military personnel exposed to Agent Orange, ionizing radiation 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 kidney cancer. Current smokers had

a 47 percent increase in risk for kidney cancer relative to nonsmokers. This indicates that renal cancer is a serious health concern for military personnel, their dependents and veterans. Given this disease burden in the U.S. veteran population, we believe it is appropriate to have the Department of Defense provide research funding necessary to develop innovative treatment options to combat this deadly disease.

Mortality rates for kidney cancer patients are disturbingly high due to the absence of screening techniques to provide early diagnosis coupled with the limited treatments that are currently available. While there is currently only one FDA-approved drug for metastatic kidney cancer that has shown any durable response, and that for only 6% of patients, targeted therapies have been developed for this disease in recent years. After showing efficacy in kidney cancer patients, these drugs have gone on to be tested on other cancer. So, an investment in kidney cancer research benefits many other types of cancer. For example, one drug first tested and approved by the FDA for kidney cancer has been in clinical trials for 27 other cancers. However, unlike other forms of cancer, no therapy currently exists to prevent the recurrence of kidney cancer for patients in remission.

The National Cancer Institute estimates that approximately \$4.4 billion is spent in the United States each year on treatment of kidney cancer. In addition the NCI estimates that kidney cancer causes \$3.4 billion in lost productivity due to deaths among adults aged 20 years and older. It deserves dedicated research funding supported by the Department of Defense Appropriations bill. We thank you for your consideration.

Sincerely,