



**STATEMENT OF RONALD B. WHITTEN  
LYMPHOMA RESEARCH FOUNDATION  
Before the U.S. Senate Committee on Appropriations  
Subcommittee on Defense**

**June 4, 2008**

Chairman Inouye, Ranking Member Stevens, and members of the Subcommittee, thank you for the opportunity to speak before you today regarding research on lymphoma and other blood-related cancers. My name is Ronald Whitten. I am a board member of the Georgia Chapter of the Lymphoma Research Foundation and a member of the national organization's Public Policy Committee. The Lymphoma Research Foundation is the nation's largest voluntary health organization devoted exclusively to funding lymphoma research and providing patients and healthcare professionals with critical information on the disease. The Foundation's mission is to eradicate lymphoma and serve those touched by this disease. To date, the Foundation has funded over \$35 million in lymphoma research, ranging from basic laboratory science to translational research.

I am a lymphoma survivor; I was diagnosed in late 1997 with Stage IV non-Hodgkin lymphoma occurring above and below my diaphragm, with bone marrow involvement. A course of aggressive chemotherapy was followed by the administration of a biological agent, leading to a complete clinical remission in August of 1998. The good news is that many of us with less aggressive, or indolent, forms of lymphoma are living longer. This would not be possible without the research being conducted by scientists and physicians within the cancer research community. The disconcerting news is that there is no known cure for these and many other types of lymphoma.

Lymphoma is a disease notorious for reoccurrence. Patients often repeat a cycle of remission, relapse and re-treatment. The five year survival rate for non-Hodgkin lymphoma is 63 percent and the ten year survival rate is only 51 percent. The incidence rate for the disease continues to grow. I consider myself very fortunate to have been blessed with continued years of marriage, family and the special joy of grand parenting. Likewise, to have been able to continue my life's work as a university professor, licensed clinical social worker and healthcare professional has been immensely rewarding.

When I reflect on my survivorship, I am left with mixed feelings, knowing that so many children and young men and women have lost their lives to this disease. I am saddened by our failure to have done more to find a cure. Yet I remain optimistic that someday, we will win this long war on cancer.

Today we would like to express our appreciation to Congress and to this Subcommittee specifically, for its contribution to the battle against cancer and leadership in supporting cancer research. The Department of Defense has a distinguished history of conducting cutting edge research. Specifically, the Congressionally Directed Medical Research Program (CDMRP) has supported significant advancements in the study of several chronic diseases including breast, prostate and ovarian cancers.

We believe that a similarly focused research effort could lead to new approaches in the study and treatment of lymphoma. That is why we are requesting that the Subcommittee supplement existing research efforts at the Department of Defense by establishing a \$10 million dedicated, stand-alone blood cancer research program. While my personal experience and the mission of the Lymphoma Research Foundation extends only to lymphoma, we are asking that the new research program encompass all forms of blood cancer, including leukemia, non-Hodgkin lymphoma, Hodgkin lymphoma, multiple myeloma, and myelodysplastic syndromes. There are benefits to a cross-cutting research effort that includes all of these diseases, not the least of which is maximizing federal research dollars in the face of diminishing resources.

It is important to note that many treatments initially developed for the blood cancers routinely lend themselves to the treatment of other types of cancer. Lymphoma is often called the “Rosetta Stone” of cancer research because it has helped unlock the mysteries of several other types of cancer. For example, a number of chemotherapy agents that are now used in the treatment of a wide range of solid tumors were originally used in the treatment of blood cancer. Therefore, an investment in blood cancer research will often contribute to the study and development of treatments for many other forms of cancer.

Blood cancer research has been funded in the past through the Peer Reviewed Medical Research Program, an omnibus research initiative within the CDMRP. Although quality research has been supported in this manner, the ad hoc funding system has been insufficient to support a dynamic blood cancer research program. A stable and consistent source of funding is critical if we are to encourage researchers and institutions to pursue projects that will identify the origins of these diseases and develop treatments for the hundreds of thousands of Americans currently suffering from blood cancer.

### **The Burden of Blood Cancer**

The blood cancers are the fourth most commonly-diagnosed cancer in the United States; as many as 150,000 new cases of blood cancer and myelodysplastic syndrome will be diagnosed this year alone. Of these cases, over 74,000 will result in a lymphoma diagnosis.

Lymphoma is the most common blood cancer and the third most common cancer of childhood. In this decade, we have witnessed an over 19 percent increase in new lymphoma cases, at a pace greater than the number of new cancer diagnoses overall.

Taken together, the hematological or blood-related cancers rank second in cancer mortality. More than 53,000 Americans will die from a blood cancer in 2008, while 41,000 will die from breast cancer, 29,000 from prostate cancer and 16,000 from ovarian cancer. Survivors of blood cancer also bear a significant burden. Individuals who have been treated for a blood cancer may suffer a variety of adverse effects as a result of their treatment, including second

malignancies, organ dysfunction, psycho-social disorders like depression, and other health-related problems.

### **Blood Cancer and the Military**

While we do not know the cause of most blood cancers, there is increasing information to suggest a link between some environmental carcinogens, pesticides, herbicides and bacteria, and the risk of developing blood cancer. Military personnel may face a significant hazard from such environmental exposures and therefore may be at heightened risk for a blood cancer diagnosis. The linkage between exposure to one particular herbicide – Agent Orange – and blood cancer has been established by the Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides, a special committee of the Institute of Medicine.

As a veteran of the Vietnam Era and a healthcare professional of more than forty years, I have known and observed far too many veterans suffering from a range of social and psychological disorders and physiological diseases, including cancer. For many years we were left with speculation, not science. Now we have clear recognition of the increased risk which some of our veterans are facing for blood and other cancer forms. We must do more to better serve this population and one important way to do this is to expand efforts to identify improved treatments through research.

### **The Promise of Blood Cancer Research**

This is a particularly critical time to discuss investment in research: in the past decade, scientists have made significant breakthroughs, bringing blood cancer research fully into the translational era. Recent advances in the study of lymphoma have provided new insight into the etiology and treatment of the disease.

One such development has occurred in the study of mantle cell lymphoma, an aggressive and rare form of the disease that less than 15 years ago wasn't even recognized as a separate kind of lymphoma. As a result, survival with conventional treatment was so low that patients could only expect to live for three years. Fortunately, advances in research funded by the Lymphoma Research Foundation have provided a better understanding of this disease: since its inception in 2005, the Foundation's Mantle Cell Consortium has created a broad program including the work of nearly 100 researchers that focuses entirely on this single type of blood cancer. As a direct result of this targeted research, patient treatment response rates are improving and while we are still years away from discussing a cure, mantle cell patients are living longer and fuller lives.

Similarly, advances are being made in the study and treatment of follicular lymphoma, the second most common form of non-Hodgkin lymphoma. Standard care for follicular lymphoma has often included a "wait and watch" approach, in part because the treatments available to patients have numerous negative side effects. As a result, years of uncertainty for patients and their families can follow a diagnosis. But with the advent of new therapies like Rituxan, the drug that helped to bring me into remission, patients now have more options, and most importantly, they have more time. More time with their families, more time to fulfill promising careers, more time to live out their dreams.

As we consider the possibilities that new treatment options bring, we cannot overlook that for many patients, managing their disease is a full-time job. The chronic nature of blood cancer requires diligent monitoring accompanied by difficult and often painful treatment. And unfortunately, even after remission is achieved, patients and survivors are often left dealing with a host of side effects in addition to the fear of relapse or a secondary malignancy. A concerted effort to study new blood cancer treatments could result in fewer disease complications, improve the quality of life of blood cancer patients and assist them as they contend with the long-lasting symptoms of their disease.

Research has enabled great strides in the study and treatment of blood cancer, yet tens of thousands of patients are still left with limited options upon diagnosis. And despite the consistent progress being made, these diseases remain incurable. A strong, ongoing investment in basic and clinical research is vital if we are to work toward identifying more effective treatments and eventually a cure for every form of blood cancer.

### **Conclusion**

Our nation faces many challenges, but we believe that a compelling case can be made for increasing federal investment in blood cancer research. Learning more about the basic biology of blood cancer will show us how to identify disease processes and intervene at the earliest possible stages, limiting suffering and the possibility of death.

The progress made by existing research efforts is generating optimism that someday, a cure will be found. But adequate investment must be made to reach our goal. That is why we urge the Subcommittee to expand the existing cancer research programs at the Department of Defense to include this crucial blood cancer research component. Such an effort would be complimentary to the ongoing efforts by the National Institutes of Health and private organizations like the Lymphoma Research Foundation. We believe that the results of such an initiative could yield substantial benefit not only for members of the military and for our nation's veterans, but for every American facing a blood cancer diagnosis.

As a lymphoma survivor and a volunteer in these endeavors to find a cure for lymphoma, I thank you again for the opportunity to testify. I am ready to answer your questions about lymphoma, and the Lymphoma Research Foundation stands ready to provide additional information on existing lymphoma research and promising avenues for collaboration on lymphoma and other blood cancer-specific research initiatives.

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## **RONALD B. WHITTEN**

Ronald Whitten is a ten-year lymphoma survivor. He was diagnosed in late 1997 with Stage IV non-Hodgkin lymphoma, occurring above and below the diaphragm with bone marrow involvement. An aggressive course of chemotherapy was followed by the administration of a biological agent, leading to his complete clinical remission in the summer of 1998.

He is currently a member of the Board of Directors of the Georgia Chapter of the Lymphoma Research Foundation also serving as the Chairperson of that Chapter's Public Policy Committee. Ronald also serves on the Public Policy Committee for the national organization. The Lymphoma Research Foundation is the nation's largest lymphoma specific, voluntary health organization devoted exclusively to funding lymphoma research and providing patients and healthcare professionals with critical information related to the disease and its treatment.

Whitten is a board-certified, Licensed Clinical Social Worker. He currently holds a part-time appointment in the College of Health and Human Sciences at Georgia State University, and is a retired Professor Emeritus in the Department of Psychiatry and Behavioral Sciences at the Emory University School of Medicine. He earned his Bachelor of Arts Degree from Auburn University and received a Master of Science in Social Work Degree from the University of Tennessee, Knoxville. Whitten served as a Specialist 5th Class in the U.S. Army and was honorably discharged in 1968.

He and his wife live in Decatur, Georgia.