

March 14, 2013

The Honorable C.W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
H-405 Capitol Building
Washington, DC 20515

The Honorable Peter Visclosky
Ranking Member
Subcommittee on Defense
Committee on Appropriations
1016 Longworth HOB
Washington, DC 20515

Dear Chairman Young and Ranking Member Visclosky:

We are writing to express our deep gratitude for your decision to include funding in the fiscal year 2013 Defense Appropriations Act for the Congressionally Directed Medical Research Programs (CDMRPs) at the Department of Defense (DoD). We are encouraged to see the previously-negotiated House-Senate agreement for the CDMRPs move through Congress and remain hopeful that a final fiscal year 2013 appropriations measure can be enacted into law prior to the expiration of the continuing resolution.

Last March, our coalition – comprised of patient advocacy, health care provider, research advocacy, and veteran organizations – wrote to you about the need for continued investment in the invaluable medical research that is supported by the CDMRPs. This investment is contributing significantly to the fight against diseases affecting service personnel, their families, and all Americans. We are again attaching a document affirming the military value of each of these programs. We are cognizant of, and thankful that, both the House and Senate Appropriations Committees recognize that any disruption to these programs would have a significant, adverse impact on the progress that has been made in advancing treatments and cures for cancers, military injuries, rare diseases and other disorders studied under the CDMRPs.

In that context, we remain concerned about the impact of sequestration on the CDMRPs. We hope that, as DoD seeks to implement sequestration across all of its programs, you can work with the Department and your colleagues in Congress to ensure that the fiscal year 2013 appropriation for the CDMRPs is kept intact if possible, and is certainly not disproportionately cut beyond eight percent. We also hope that Congress can ultimately find a solution to repeal these indiscriminate sequestration cuts and return to the prioritization of funding. Under that scenario, we believe that Congress and DoD would continue to recognize the multi-faceted value of the CDMRPs and provide them the funding needed to fuel ongoing progress against disabling and deadly diseases.

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As always, we remain available to assist you with any questions you may have about these important research programs.

Sincerely,

The ALS Association
American Association of Orthopaedic Surgeons
American Cancer Society Cancer Action Network
American College of Gastroenterology
American Congress of Obstetricians and Gynecologists
American Gastroenterological Association
American Society for Gastrointestinal Endoscopy
American Society for Reproductive Medicine
American Urological Association
Aplastic Anemia & MDS International Foundation
The Arthritis Foundation
Autism Speaks
Blinded Veterans Association
Blue Ribbon Advocacy Alliance
Children's Tumor Foundation
Colon Cancer Alliance
Crohn's and Colitis Foundation of America
Epilepsy Foundation
Fight Colorectal Cancer
FORCE: Facing Our Risk of Cancer Empowered
International Myeloma Foundation
Interstitial Cystitis Association
Kidney Cancer Association
Leukemia and Lymphoma Society
Lung Cancer Alliance
Lupus Research Institute
Lymphoma Research Foundation
Malecare
Melanoma Research Foundation
Men's Health Network
National Alliance of State Prostate Cancer Coalitions
National Autism Association
National Multiple Sclerosis Society
The Neurofibromatosis Network
Ovarian Cancer National Alliance

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Preventing Colorectal Cancer
Prostate Cancer Foundation
Prostate Cancer International
Prostate Conditions Education Council
Prostate Health Education Network
The Prostate Net
Research! America
Society for Women's Health Research
Society of Gastroenterology Nurses and Associates
Society of Gynecologic Oncology
Susan G. Komen for the Cure Advocacy Alliance
Tuberous Sclerosis Alliance
Urology Care Foundation
US Hereditary Angioedema
Us TOO International Prostate Cancer Education and Support Network
Veterans for Common Sense
Vietnam Veterans of America
ZERO-The Project to End Prostate Cancer

Enclosure

March 14, 2013

Senator Richard Durbin
Chairman
Subcommittee on Defense
Committee on Appropriations
122 Senate Dirksen Building
Washington, DC 20510

Senator Thad Cochran
Ranking Member
Subcommittee on Defense
Committee on Appropriations
113 Senate Dirksen Building
Washington, DC 20510

Dear Chairman Durbin and Ranking Member Cochran:

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Enclosure

Congressionally-Directed Medical Research Programs (CDMRPs)

Relevance to National Security and Military Families

April, 2012

- **Breast Cancer:** Active duty females have higher incidences of breast cancer; their risk is 20 to 40 percent higher than the general population. In 2008, 1/7 of active duty individuals were women, the majority of whom were under the age of 40. Tumors diagnosed in younger women are often more aggressive and less responsive to treatment. More than 10,000 U.S. women under 40 are expected to be diagnosed with breast cancer this year, and more than 1,100 will die.
- **Lung Cancer:** Numerous studies over the years published by the Institute of Medicine, *Cancer*, *Military Medicine*, *Chest* and others have shown that lung cancer incidence and mortality rates, due to much higher smoking rates and exposures to known carcinogens during active duty, are an estimated 25% – 30% higher in the military than in civilian populations.
- **Prostate Cancer:** Active duty males are twice as likely to develop prostate cancer than their civilian counterparts. Research funded by the Prostate Cancer Research Program (PCRP) advances treatments and procedures for war fighters exposed to chemical weapons, who are at an increased risk of developing prostate cancer. These soldiers include those exposed to chemical agents such as Agent Orange in Vietnam; other unknown chemicals that have emerged since the Desert Storm operations in Iraq; and exposure to depleted uranium which has been used in munitions since 1991 and used in classified testing facilities since the 1970s.
- **Colorectal Cancer:** According to a study published in the June 2009 issue of *Cancer Epidemiology, Biomarkers & Prevention*, researchers found that colorectal cancer was one of the most common forms of cancer among active duty military personnel. Yet, screening rates among military personnel for colorectal cancer remain low. As published in the 2009 Humana Military's Clinical Quality Report Card, only 58 percent of those in the military were up to date with screening in 2008. The PCRP has supported research into treatments for colorectal cancer, including research into treatments that would block the growth of metastatic colorectal cancer.
- **Leukemia/Lymphoma/Multiple Myeloma:** Many of the blood cancers are linked to chemical and radiological exposures. Leukemia, lymphoma, Hodgkin's disease and multiple myeloma have all been linked to either ionizing radiation, Agent Orange, or both; Vietnam veterans who are diagnosed with non-Hodgkin's lymphoma are diagnosed significantly earlier than their non-Vietnam veteran counterpart and once diagnosed, they will experience approximately 30 percent shorter lives than their non-Vietnam veteran counterparts.

- **Tuberous Sclerosis Complex (TSCR)**: Research supported by the TSCR is paving the way to finding cures and treatments for individuals with TSC as well as those with other neurological disorders like epilepsy and autism spectral disorder (ASD). Research through a TSCR grant developed a mouse model for TSC which, in addition to its use for studying epilepsy and autism, is helping shed light on the consequences and potential treatment for post-traumatic brain injury – a disorder of growing concern to the U.S. Armed Services.
- **Bone Marrow Failure Disease (BMFD)**: Recent data indicate that members of the armed services who were deployed to Iraq or Afghanistan may have been exposed to environmental factors associated with aplastic anemia, MDS and other bone marrow failure diseases. By studying Armed Forces personnel who have been diagnosed with these conditions, the BMFD program at DoD is helping us gain a much better understanding not only of what causes bone marrow failure diseases, but also of how to protect our troops—and the general public—in the future.
- **ALS**: According to studies by the DOD, VA, NIH and Harvard University, people who have served in the military are approximately twice as likely to develop ALS as the general population. The VA has recognized the connection between ALS and military service by establishing a presumption of service connection for ALS. The VA presumes that ALS was incurred in or aggravated by service in the military. Moreover, the presumption applies to any veteran who served, from any branch of the military, regardless of where or when a veteran served (home or abroad, during a time of peace or conflict) and regardless of when they were diagnosed with the disease following discharge (eg, 1 year after service or 50 years).
- **Neurofibromatosis (NF)**: The Neurofibromatosis Research Program (NFRP) has benefited thousands of our warfighters, other military personnel, veterans, and their families. NF research is a critical part of the military mission, because it directly impacts the development of treatments for peripheral nerve regeneration after injury and brain trauma, and it also furthers the development of imaging platforms. In addition, NF research has enhanced our understanding of nerve cells, their degeneration, and nerve pain – results of which are being translated into clinical practice and treatment for a wide range of nerve and chronic pain conditions. Lastly, NF research facilitates a better understanding of wound healing, particularly vascular development and control of blood vessel growth, which is of great importance to our armed forces.
- **Peer-Reviewed Orthopaedic Research** - Eighty-two percent of injuries from the Global War on Terror involve the extremities – often severe and multiple injuries to the arms and legs. PRORP, funded through the Department of Defense Health Program, was established to quickly develop focused basic and clinical research through direct grants to research institutions. The goal is to help military surgeons address the leading burden of injury and loss of fitness for military duty by finding new limb-sparing techniques to save injured extremities, avoid amputations, and preserve and restore the function of injured extremities.

- **Multiple Sclerosis:** A study in the *Annals of Neurology*, identified 5,345 cases of MS among U.S. veterans that were deemed "service-connected." The number of service-connected cases was a significant increase from previous studies.
- **Autism:** According to the Centers for Disease Control and Prevention, 1 in 110 children have an autism spectrum disorder (ASD). In 2011, the Department of Defense reported that 21,500 military dependents had a diagnosis of ASD. These families are affected substantially by the financial and emotional costs of raising a child with autism and this impact extends to the performance and readiness of service members and their units. It is well known that children with autism, if they receive prompt treatment and early intervention services, can improve their long-term functional prospects dramatically. Additional research will help to improve treatment and intervention directly serving the interests of service members and DoD families impacted by autism as well as the medical, educational, healthcare and service professionals who serve the needs of the autism community within and beyond DoD.
- **Melanoma:** A 2000 "Annals of Epidemiology" study comparing mortality among WWII veterans of the Pacific and European Theaters found that Pacific Theater Prisoner of War veterans had an estimated 3-fold higher risk of dying from melanoma than veterans of the European Theater, concluding that exposure to high levels of solar radiation in young adulthood is associated with a higher risk of melanoma mortality. Given this information, U.S. military personnel currently stationed in Iraq and Afghanistan, where the intensity of sun exposure is similar to that of the Pacific, have the potential for a long-term risk of melanoma. According to the American Academy of Dermatology, skin cancer is the most prevalent of all types of cancer and malignant melanoma is the most deadly of all skin cancers killing an estimated 8,000 Americans each year. Furthermore, the mortality rate of melanoma for persons ages 16-29 is exceeded only by breast cancer, cervical cancer and non-Hodgkin's Lymphoma and deaths from melanoma have increased more than 100 percent in the past 30 years for men ages 55-80.
- **Osteoarthritis (OA):** Current research suggests that stresses placed on joints during military training activities, increased rates of injury, and increased weight of military packs have led active duty soldiers and veterans to have twice the rate of **Osteoarthritis (OA)** when compared to non-military populations. In fact, OA is the leading cause of disability and medical discharge in active service members under the age of 40. Rheumatoid arthritis (RA) strikes at the peak one's career (mid-late thirties/forties) and often leads to early retirement and disability. CDMRP research funding for OA and RA could help identify arthritis prior to the onset of symptoms. This research could help identify medical and physical interventions to prevent or minimize joint damage and slow or stop the arthritis disease process before joints are permanently damaged. Targeted research efforts would focus on examining genetic factors, ways to improve diagnosis, screening, and treatment options.