
October 24, 2017

The Honorable Mac Thornberry
Chairman
House Committee on Armed Services
2216 Rayburn House Office Building
Washington, DC 20015

Dear Mr. Chairman:

ZERO – The End of Prostate Cancer is a leading advocate for the prostate cancer patient community by advancing research, encouraging action, and providing education and support to men and their families through our patient-centric programs. The organization has a constituent base of about 500,000 men and families.

I am writing in response to a quote attributed to you in an October 16, 2017 *Politico Pro Defense* article “Space Corps, Budget Debates Top NDAA Conference Issues,” in reference to the Congressionally Directed Medical Research Program (CDMRP) at the Department of Defense (DoD).

As you know, several provisions of the Senate-approved version of the National Defense Authorization Act (NDAA) authored by Senate Armed Services Committee Chairman John McCain, that will effectively the CDMRPs and all other medical research at the DoD.

The Senate version of the NDAA will eliminate the most successful prostate cancer research program to date. PCRP grants have led to the commercial development of three treatments for advanced prostate cancer and one genomic biomarker over the last seven years. In short, the DoD funding model works to rapidly bring new treatments to our armed services and the public.

The article quotes you as stating you “worry that, over time this whole (CDMRP) program has grown so much to have so many diseases and conditions that have very tenuous, if any, connection with DoD that can’t be sustained.”

I am writing to share with you the importance of the Prostate Cancer Research Program (PCRP) CDMRP to our active duty military. For your consideration, over 1,000 active duty servicemen have a diagnosis of prostate cancer. Nearly twenty percent of those men are combat troops.¹

Additionally, 17 percent of our active duty military is black men. Black men are 1.7 times more likely to be diagnosed with—and 2.3 times more likely to die from—prostate cancer than white men. African American men are also slightly more likely than white men to be diagnosed with advanced disease.

One of those combat troops was a current ZERO board member, Col. Paul Taylor. Col. Taylor was diagnosed with prostate cancer at 41 years old. He remained in command of almost 700 soldiers during his aggressive prostate cancer treatment. Col. Taylor says the decision to remain at work while undergoing treatment was difficult, but is adamant it is one of the best decisions he's ever made. Remaining with his soldiers allowed him to maintain his daily routine, without focusing solely on cancer.

¹ Lee, T, et al. Incident Diagnoses of Cancers in the Active Component and Cancer-related Deaths in the Active and Reserve Components, U.S. Armed Forces, 2005–2014. MSMR. July 2016 Vol. 23 No. 7.

Paul is just one example. However, given the incidence of prostate cancer in our active duty military and the black male makeup of our active duty military, we believe that the PCRCP has an important connection to the readiness of our troops to serve and military health care workers to treat prostate cancer.

I would like to quote from the Medical Research and Materiel Command's (MRMC's) statement about the importance of this breadth of research to national security and readiness:

"Military medicine focuses on the overall health of Service Members (SMs) but also on the medical care of their family members. This commitment to DoD families' health directly contributes to the readiness of the SMs by allowing them to focus on their military mission."

Aside from our active duty military, the elimination of research will hurt our veterans as well. A [2013 study conducted at the Portland VA Medical Center and Oregon Health and Science University](#) found that veterans exposed to Agent Orange are not only at higher risk for prostate cancer, but they are more likely to have aggressive forms of the disease. Research aimed at discovering new associations between military service and disease states (i.e., discovery of yet undiscovered associations) would likely be prohibited.

Lastly, the defense health research programs enjoy strong bipartisan support in both the House and Senate. Recently, Senators Richard Durbin (D-IL) and Roy Blunt (R-MO) sent a letter, signed by 54 Senators, to you and your colleagues on the conference committee, urging you to remove these provisions. A similar letter was sent from the House that had over 170 Republican and Democratic Representatives.

The prostate cancer community as a whole benefits from the research conducted at the DoD. However, we ask that you consider the points above that demonstrate prostate cancer research impacts our active duty military as well as our veterans. Therefore, we urge you to remove the provisions that would harm the PCRCP in conference and continue this vital research for our armed forces. I welcome the opportunity to meet with you personally to discuss these issues with you prior to the conference committee deliberations.

If you have any questions regarding our comments, please contact me directly at 202-664-4200 or Jamie@ZeroCancer.org.

Sincerely,



Jamie Bearse
President & CEO
ZERO – The End of Prostate Cancer