

United States Senate
WASHINGTON, DC 20510

April 30, 2024

The Honorable Jon Tester
Chair
Senate Appropriations Subcommittee on
Defense
Room S-128, The Capitol
Washington, D.C. 20515

The Honorable Susan Collins
Ranking Member
Senate Appropriations Subcommittee on
Defense
Room S-128, The Capitol
Washington, D.C. 20515

Dear Chairman Tester and Ranking Member Collins:

We greatly appreciate the inclusion of colorectal cancer as eligible for funding through the Peer-Reviewed Cancer Research Program within the Department of Defense Congressionally Directed Medical Research Program in the Fiscal Year (FY) 2024 Defense appropriations bill. As you consider the Senate Department of Defense Appropriations bill for FY 2025, we respectfully request ***\$20 million dollars to create a Colorectal Cancer Research Program within the Department of Defense (DoD) Congressionally Directed Medical Research Program (CDMRP).***

Colorectal cancer is the second leading cause of cancer death for men and women combined. While colorectal cancer incidence rates in individuals over 50 have largely stabilized or declined due to significant advancements in preventive screening, incidence rates have been increasing among individuals under 50 years of age - a key demographic for our active and reserve duty military personnel whose average age is 29.6 years.¹

According to data recently published by the American Cancer Society, colorectal cancer is now the number one cause of death for men under the age of 50 and the number two cause of cancer death for women under the age of 50.² We don't know why this increase in colorectal cancer diagnoses in young people is happening. More research is critical to determine the cause, and ultimately to develop interventions that can help address these concerning trends.

¹ Total DoD Military Force. 2022 Demographics Dashboards. (n.d.) Retrieved from <https://demographics.militaryonesource.mil/chapter-1-total-force-characteristics>

² American Cancer Society. Cancer Facts & Figures 2024. Atlanta: American Cancer Society, 2024. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2024/2024-cancer-facts-and-figures-acf.pdf>

Individuals born in the 1990s have double the risk of colon cancer and quadruple the risk of rectal cancer as those born in the 1950s.³ Additionally, three of four colorectal cancer patients under the age of 50 have no family history of the disease and over 60 percent are diagnosed at a late stage when the disease is far more difficult to treat. And at those later stages, it becomes more expensive to patients and becomes an overwhelming financial burden on those patients and their families.⁴

Since FY10, colorectal cancer has been eligible for funding through the Peer Reviewed Cancer Research Program (PRCRP). The PRCRP has supported research exploring issues important to both the warfighter and the civilian population including whether environmental chemicals are associated with increased risk of colorectal cancer and whether drugs for other conditions can be used to treat colorectal cancer.

We are leaving good science on the table. In FY22, the DoD received 66 colorectal cancer applications. Of those, 25 were deemed “meritorious,” but only nine applications were funded.

While this is important progress, with more and more young people being diagnosed with and dying from colorectal cancer, greater investment is urgently needed. Colorectal cancer remains among the top five deadliest cancers, yet it stands the lone cancer without its own research program within the CDMRP. All while it remains the number two cancer cause of death. It is time we apply the model that has been successful in other cancers such as breast and lung to colorectal cancer. We need a dedicated funding stream and strategic approach to innovate and deliver meaningful advancements in the fight against colorectal cancer.

Thank you for your consideration of this request.

Sincerely,

³ Siegel, Rebecca L. et al. "Colorectal Cancer Incidence Patterns In The United States, 1974–2013". JNCI: Journal Of The National Cancer Institute, vol 109, no. 8, 2017. Oxford University Press (OUP), doi:10.1093/jnci/djw322.

⁴ K Robin Yabroff, PhD, Angela Mariotto, PhD, Florence Tangka, PhD, Jingxuan Zhao, MPH, Farhad Islami, MD, PhD, Hyuna Sung, PhD, Recinda L Sherman, PhD, S Jane Henley, MSPH, Ahmedin Jemal, DVM, PhD, Elizabeth M Ward, PhD, Annual Report to the Nation on the Status of Cancer, Part 2: Patient Economic Burden Associated With Cancer Care, JNCI: Journal of the National Cancer Institute, Volume 113, Issue 12, December 2021, Pages 1670–1682, <https://doi.org/10.1093/jnci/djab192>



Cory A. Booker
United States Senator



Raphael Warnock
United States Senator



Kirsten Gillibrand
United States Senator



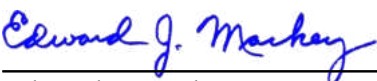
Richard Blumenthal
United States Senator



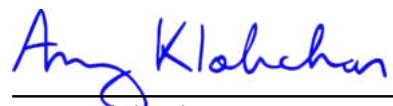
Chris Van Hollen
United States Senator



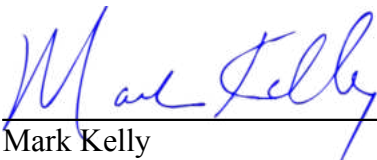
Ron Wyden
United States Senator



Edward J. Markey
United States Senator



Amy Klobuchar
United States Senator



Mark Kelly
United States Senator



Christopher A. Coons
United States Senator

A handwritten signature in blue ink that reads "Debbie Stabenow". The signature is fluid and cursive, with the first name "Debbie" and last name "Stabenow" clearly legible.

Debbie Stabenow
United States Senator