



Congress of the United States  
House of Representatives  
Washington, DC 20515

March 12, 2020

The Honorable Peter Visclosky  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
H-405 Capitol Building  
Washington, DC 20515

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

The Honorable Rosa DeLauro  
Chairwoman  
House Appropriations Subcommittee  
on Labor, Health and Human Services,  
Education, and Related Agencies  
2358 Rayburn HOB  
Washington, DC 20515

The Honorable Tom Cole  
Ranking Member  
House Appropriations Subcommittee  
on Labor, Health and Human Services,  
Education, and Related Agencies  
1016 Longworth HOB  
Washington, DC 20515

Dear Chairmen and Ranking Members:

As you consider Fiscal Year (FY) 2021 appropriations bills, we write to thank you for your long-standing support of funding for medical research programs, specifically research that pertains to lung cancer initiatives. We respectfully request your continued support for the critical and highly successful defense health research programs, funded through the Congressionally Directed Medical Research Programs (CDMRP). Specifically, we urge you to provide sufficient funding in the FY 2021 Defense Appropriations bill for the Lung Cancer Research Program (LCRP). LCRP has been funded below its original \$20 million allocation since FY 2009, hindering progress in education, awareness, and research of this deadly form of cancer. We also urge you to include important language in the L-HHS Appropriations bill to increase the percentage of high-risk individuals who are screened for lung cancer.

**Lung Cancer Research Program (LCRP)**

As you may know, lung cancer is the leading cause of death among men and women nationwide. Lung cancer has a 5-year survival rate below 20% despite advancements in current lung cancer treatments. Furthermore, in 2020 an estimated 228,820 new cases of lung cancer are expected, and an estimated 135,720 lives will be lost due to lung cancer. Additionally, as 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.

With a vision to eradicate deaths and better the health and welfare of service members, veterans, and the American public, we are proud to report new research highlights for the Lung Cancer Research Program (LCRP). Several LCRP-funded projects have led to active clinical trials testing new therapies for lung cancer, including new immunotherapies and novel types of precision medicines for patients with specific genetic changes in their lung cancer. The LCRP is an important part of the federal research portfolio and the only one of its kind that looks at the pathology of how lung cancer develops, how to treat it, and how to prevent its recurrence. To date, lung cancer research remains severely underfunded and we ask you to consider that restoring LCRP's original \$20 million allocation would help address the high rates of lung cancer prevalence, morbidity, and mortality.

While we recognize this is a challenging fiscal environment, we ask that you continue to consider lung cancer research an urgent priority within CDMRP as the disease continues to uniquely and significantly affect the military population at rates higher than their civilian counterparts.

#### **Language Request: Lung Cancer Screening & Early Detection Awareness**

Research demonstrates that early detection and treatment of lung cancer translates into higher survival rates, but only 16% of lung cancer cases are diagnosed in an early stage when the disease is most treatable. Recognizing that CDC's Division of Cancer Prevention and Control (DCPC) has the experience and expertise in educating the public on cancer risk factors and early detection and screening tools we feel that the CDC's role should be expanded.

To this end, we respectfully request the inclusion of language in the L-HHS Appropriations bill to require the CDC to incorporate lung cancer screening awareness and referral into their state "Quitline" strategies that are part of their core National Tobacco Control Program. The effort will increase the percentage of high-risk individuals who are screened for lung cancer and reinforce the cessation journey by further aligning it with screening as a "teachable moment".

Again, we thank you for your continued support for lung cancer research within your respective subcommittees. If you have any additional questions about the Lung Cancer Research Program, please contact Ted Steinberg ([Ted.Steinberg@mail.house.gov](mailto:Ted.Steinberg@mail.house.gov)) in Rep Boyle's Office at 5-6111 or Lizzie Messer ([Lizzie.Messer@mail.house.gov](mailto:Lizzie.Messer@mail.house.gov)) in Rep Rutherford's Office at 5-2501.

Sincerely,



Brendan F. Boyle  
Member of Congress



John Rutherford  
Member of Congress

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Member of Congress

Lung Cancer Research FY 21 Appropriations Request  
List of Signatories  
March 13, 2020

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