

Testimony

Submitted to the Senate Committee on Appropriations “Biomedical Research Hearing: Keeping America’s Edge in Innovation.”

April 30, 2025

Chairwoman Collins, Ranking Member Murray, and Members of the Committee:

Thank you for the opportunity to submit testimony on behalf of GO2 for Lung Cancer—the leading national organization founded by and for patients and survivors. We are dedicated to improving survival and quality of life for all those at risk for, diagnosed with, and living with lung cancer.

One of our most impactful accomplishments has been the establishment of the Lung Cancer Research Program (LCRP) within the Congressionally Directed Medical Research Programs (CDMRP), established in FY 2009 and administered by the Department of Defense (DoD). We are deeply concerned that the Full-Year Continuing Appropriations and Extensions Act (Public Law 119-4) enacted a 57% cut to CDMRP funding, reducing its overall budget from \$1.5 billion in FY 2024 to \$650 million in FY 2025. These cuts were not applied evenly across all 35 CDMRP programs. As a result, lung cancer research funding has been eliminated for FY 2025.

Such reductions jeopardize vital biomedical research nationwide. Federally funded lung cancer research has driven advances in prevention, early detection, and treatment—contributing significantly to the ongoing decline in cancer mortality across the United States. Cutting funding now risks stalling this progress just as we are on the brink of transformative breakthroughs. GO2 for Lung Cancer joins the Defense Health Research Consortium (DHRC) in urging the Committee to restore full funding to the CDMRP—either through a standalone FY 2025 supplemental appropriations bill or by incorporating such funding into the FY 2026 Defense Appropriations Act.

Given that lung cancer remains the leading cause of cancer-related death in the U.S., we respectfully request the restoration of the LCRP as a dedicated, stand-alone program within the CDMRP. Lung cancer’s deep and disproportionate impact on military populations underscores the need for a continued, focused research effort. Consider the following:

- In 2025, an estimated 226,650 people will be diagnosed with lung cancer, and 124,730 will die from the disease.

- Over 900,000 veterans are at elevated risk due to age, smoking history, and military-related exposures.
- Approximately 15 or more veterans die from lung cancer every day.
- Lung cancer incidence and mortality are 25–30% higher in military populations than in civilians.
- The Military Health System handles over 270,000 outpatient visits and 45,000 bed days annually for lung cancer care.

Despite this burden, lung cancer continues to receive among the least federal research funding per death of all major cancers. The CDMRP is a uniquely mission-driven program that prioritizes the health of U.S. Armed Forces personnel and veterans. Its research portfolio includes work on Gulf War Illness, respiratory illnesses, and toxic exposures such as burn pits—all of which are linked to elevated lung cancer risk.

As noted in the DHRC’s testimony, the CDMRP has a record of results:

- 56 FDA-approved treatments, including 11 cancer therapies.
- Over 600 clinical trials exploring innovative therapies and vaccines.
- A highly efficient management structure, with an overhead rate of just 5.62%, one of the lowest among federal research agencies.

Each year, Members of this Committee hear directly from lung cancer patients advocating for increased LCRP funding—and from countless others who share stories about loved ones lost to this disease. Without prompt action to restore funding, these programs will face serious setbacks, patients will suffer delays in care and treatment, and the long-term readiness and health of our Armed Forces—as well as the broader U.S. population—will be put at risk.

We appreciate your continued leadership and longstanding support of biomedical research that improves the lives of service members, veterans, and civilians alike.

For further information or to provide an update on today’s hearing, please contact Elridge Proctor, Senior Director of Government Affairs at GO2 for Lung Cancer, at eproctor@go2.org.

Sincerely,



Laurie Fenton Ambrose
President & CEO,
GO2 for Lung Cancer