



Testimony of Carlea Bauman  
President  
C3: Colorectal Cancer Coalition

to the  
United States House of Representatives  
Committee on Appropriations  
Subcommittee on Defense  
May 20, 2010, 10:00 am

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*Testimony of Carlea Bauman*  
*President, C3: Colorectal Cancer Coalition*  
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Mr. Chairman and Members of the Subcommittee:

Thank you for the opportunity to testify in support of the research that is being funded through DoD through the Peer Reviewed Cancer Research Program. My name is Carlea Bauman. I am the President of the C3: Colorectal Cancer Coalition (C3).

C3 is a nonprofit, nonpartisan advocacy organization seeking to eliminate suffering and death due to colorectal cancer. Founded in 2005 in order to provide focus, infrastructure and support to the growing colorectal cancer advocacy movement, C3 supports the work of research and grassroots advocates throughout the United States. Our mission is to win the fight against colorectal cancer through research, empowerment and access.

Last year, our advocates – all of whom are colorectal cancer survivors, caregivers, or health care providers – asked Congress to include colorectal cancer in the Department of Defense (DoD)'s Peer Reviewed Cancer Research Program (PRCRP). Thank you for listening to them.

We were thrilled that in the fiscal year 2010 bill, for the first time, colorectal cancer research is being funded through the DoD's Peer Reviewed Cancer Research Program because when you fund research for a disease, people diagnosed with that disease live longer and enjoy a higher quality of life. In 2010, there are \$15 million dollars for eight research areas that include melanoma, pediatric brain cancer and blood cancers as well as colorectal cancer. C3 is working with other advocacy groups to increase that funding for fiscal year 2011. We hope we can count on your support.

Along with the Cutaneous Lymphoma Foundation, International Myeloma Foundation, Kidney Cancer Association, Lymphoma Foundation of America, Lymphoma Research Foundation, the Leukemia & Lymphoma Society, and the Vietnam Veterans of America we respectfully ask that you increase the funding for this important program in fiscal year 2011. Specifically, we ask that you fund the DoD's Peer Reviewed Cancer Research Program at \$50 million.

The PRCRP, funded through the DoD Congressionally Directed Medical Research Programs (CDMRP) supports high-quality cancer research, concentrating its resources on research mechanisms which complement rather than duplicate the research approaches of the major funders of medical research in the United States. Although the cancers included in this program are diverse, the research on these disease types is often synergistic.

Investigators increasingly look at the molecular profiles of cancer, often finding connections across cancers affecting different body sites. Advances or progress related to one cancer fuels

the research on the other cancers in this program, and treatments initially approved for one cancer are routinely found to be effective in others.

An enhanced investment in research focusing on these cancers may yield benefits beyond the specific cancers.

For example, one of the first targeted cancer therapies was Gleevec for treatment of chronic myelogenous leukemia (CML); in addition to providing tremendous life-saving benefit to those with CML, this drug has yielded specific knowledge about the development of targeted therapies as well as additional treatments for those who become resistant to this drug.

A class of oral targeted therapies are providing benefit for those with kidney cancer and also showing benefit for those diagnosed with other forms of cancer.

Efforts to develop a genetic profile for pediatric brain tumors will direct research efforts and permit greater targeting of treatment options, and molecular profiling of melanoma will permit better predictions of therapeutic response and inform research efforts.

Researchers today working on colorectal cancer are producing biomarker tests that provide important information about which treatments will work – and which will not. Today, treatment options for colorectal cancer have expanded to seven drugs, more precise surgery and radiation. Whereas thirty years ago treatment options were limited to surgery, one drug, perhaps radiation, and “best supportive care.” Continuing to fund innovative research will result in more treatment options for colorectal cancer patients providing hope to those diagnosed with late stage cancer.

Thirty years ago people diagnosed with metastatic colorectal cancer lived approximately six months after their diagnosis. Today people diagnosed with metastatic colorectal cancer are living on average over two years past their diagnosis, and some are even cured.

In short, an increased investment in the PRCRP will provide significant help to those diagnosed with the cancers that are part of the program but will also yield benefits for other cancer patients and will advance overall progress in the fight against cancer.

The PRCRP also represents a unique partnership among the public, Congress, and the military. Congress has required the DoD to ensure that the research funded through the program has relevance to service members and their families. In a report to Congress the DoD notes that it considers this factor in awarding grants and that the research can help service members exposed to toxins and decrease the more than \$1 billion that the DoD spends on cancer care.

In a study published in the June 2009 edition of *Cancer Epidemiology Biomarkers & Prevention*, researchers found that colorectal cancer was one of the most common forms of cancer among active-duty military personnel.<sup>1</sup>

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<sup>1</sup> Zhu, Kangmin, et al. Cancer Incidence in the U.S. Military Population: Comparison with Rates from the SEER Program, *Cancer Epidemiology Biomarkers & Prevention*. June 2009. Available online at <http://www.dtic.mil/cgi-bin/GetTRDoc?Location=U2&doc=GetTRDoc.pdf&AD=ADA504845>.

In the general population, colorectal cancer is third most commonly diagnosed cancer and the second most common cause of cancer deaths for men and women in the United States. Nearly 147,000 people will be diagnosed with colorectal cancer and nearly 50,000 people will die from colorectal cancer this year.<sup>2</sup>

Funding for the DoD's PRCRP is an opportunity to advance the best research to eradicate diseases and support the warfighter for the benefit of the American public. A continued investment by the Subcommittee in research focusing on these cancers may yield benefits beyond the specific cancers.

The study published in *Cancer Epidemiology Biomarkers & Prevention*, found differences in cancer incidence rates between military personnel and the general population. Rates were lower among military personnel than the general population for colorectal, lung, and cervical cancers. However, for colorectal cancer, the difference in rates between the two populations was significant only among white males. It is unclear why white men in the military would have lower colorectal cancer incidence than other white men, although several factors may be related to the difference – specifically, the study authors speculated that the lower incidence rates in the military might be attributed to access to free screening, a healthier lifestyle, or other lifestyle factors.<sup>3</sup>

While the incidence rate of colorectal cancer for white males in the military may be lower than the general population, like the general population – many of those in the military who are diagnosed with colorectal cancer are diagnosed with late-stage disease. Screening rates in the military for colorectal cancer, like in the general population, are much too low. In 2008, only about 58% of those in the military who should be screened for colorectal cancer had been screened.<sup>4</sup> And, every day pre-cancerous polyps that could be detected through screening are not being found. Today, only 39 percent of colorectal cancer patients have their cancers detected at an early stage.<sup>5</sup> For many patients, a diagnosis of colorectal cancer means a diagnosis of late-stage cancer. Not nearly enough research is being done into late-stage colorectal cancer treatments. The PRCRP represents an opportunity to conduct such research.

The highly innovative research supported by the DoD also has far-reaching impact. In addition to the advantages for those cancers within the PRCRP, cancers that are not part of this initiative may also benefit. For example, treatments approved initially for kidney cancer have proven effective in other solid tumors outside the scope of this program. Monoclonal antibodies, designed to target specific molecules on the surface of cancer cells, were first used in the treatment of non-Hodgkin lymphoma. They are now the most widely used form of cancer immunotherapy, with clinical trials in progress for almost every type of cancer.

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<sup>2</sup> American Cancer Society. *Cancer Facts & Figures 2010*. Atlanta: American Cancer Society; 2010.

<sup>3</sup> Zhu, Kangmin, et al. *Cancer Incidence in the U.S. Military Population: Comparison with Rates from the SEER Program*, *Cancer Epidemiology Biomarkers & Prevention*. June 2009. Available online at <http://www.dtic.mil/cgi-bin/GetTRDoc?Location=U2&doc=GetTRDoc.pdf&AD=ADA504845>.

<sup>4</sup> <http://www.humana-military.com/library/pdf/qm-report-card-2009.pdf>.

<sup>5</sup> American Cancer Society. *Cancer Prevention and Early Detection Facts & Figures 2008*. Atlanta: American Cancer Society; 2008.

The PRCRP provides hope to cancer patients both in our armed forces and to the American public by promoting innovative and life-saving research.

Last year alone approximately 423,000 Americans were diagnosed with one of the cancers included in the PRCRP and nearly 128,000 Americans lost their lives to one of these diseases. To reduce their crippling human toll and improve the lives of those suffering from these cancers, it is essential that scientific investigators receive the resources they need to increase their understanding of these diseases and develop life-saving treatment options.

In a tight budget year, increased funding for the PRCRP makes fiscal sense because it goes not to one disease but to a pot of funding that will support research into treatments for at least eight different diseases.

Thirty years ago screening for colorectal cancer was not standard medical practice. Today we know that removal of polyps can prevent the vast majority of colorectal cancer, and that screening can find colorectal cancer early, when it's most curable.

Areas of focus for colorectal cancer research in the PRCRP could be:

- An inexpensive, non-invasive, accurate screening test;
- Predictive markers to identify who will benefit from which treatments; and
- Accurate diagnostics that can evaluate the markers.

Discoveries resulting from investment in PRCRP research have the potential to transform the investigation of cancer, through the development of new prevention strategies and therapies, and someday, cures.

The PRCRP stimulates new scientific knowledge by funding high-risk, high-gain research not sponsored by other agencies. Many of the award mechanisms offered support the exploration of revolutionary ideas and concepts, and focus on the potential of having a significant impact in the field of cancer research. A \$50 million investment will greatly enhance and accelerate such breakthroughs.

I thank you for your commitment to cancer research at the Department of Defense and efforts to improve the lives of Americans facing and living with a cancer diagnosis. I respectfully request that this Subcommittee continue to support the important work of the DoD's Congressionally Directed Medical Research Programs by funding the Peer Reviewed Cancer Research Program (PRCRP) at \$50 million for fiscal year 2011.

The funding will foster groundbreaking research and partnerships for development of better prevention, early detection and more effective treatments of cancer. It will improve quality of life by significantly decreasing the impact of cancer on service members, their families, and the American public. Once again, thank you for the opportunity to provide this testimony to the Subcommittee.