

The Honorable Daniel Inouye  
Chairman  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Thad Cochran  
Ranking Member  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Harold Rogers  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Norman Dicks  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable C.W. Bill Young  
Chairman  
Subcommittee on Appropriations, Defense  
U.S. House of Representatives  
Washington, DC 20515

December 6, 2011

Dear Chairmen Inouye, Rogers and Young and Ranking Members Cochran and Dicks:

The undersigned national and local organizations respectfully request that the Conference Appropriations Subcommittee on Defense yield to the House funding level of \$16 million for the for the Department of Defense Ovarian Cancer Research Program (DoD OCRP) in FY 2012.

The DoD OCRP, which belongs to US Army Medical Research and Materiel Command (USAMRMC), complements but does not duplicate the important ovarian cancer research carried out by the National Cancer Institute (NCI). First, the OCRP funds innovative, high risk, high reward research that many large, non-DoD Federal research agencies do not have the flexibility to engage in.

Second, the OCRP is designed to prevent funding research that overlaps with other ovarian cancer research that has been funded by the NCI or other agencies. Before funding an award, OCRP grant managers are required to thoroughly check all sources of information to determine if a proposal is redundant of a previous OCRP grant or a grant awarded by another federal agency such as the NCI.

Third, the OCRP pushes investigators to make rapid progress in their research by requiring reapplication for every funding cycle. Because proposal reviews conducted by the OCRP are double blinded by investigator and research institution, an investigator's progress is evaluated on its own merit and must have sufficient new findings, data or ideas to warrant new funding. The OCRP's unique method of funding ovarian cancer research has yielded tremendous breakthroughs in the fight against ovarian cancer, such as:

- a new treatment using nanoparticles to deliver diphtheria toxin-encoding DNA to ovarian cancer cells, leaving healthy cells unaffected;
- the discovery of a compound that potentially inhibits a form of ovarian cancer that makes up 40% of ovarian cancer tumors;and
- the finding that ovarian cancer cells are sensitive to glucose deprivation and resveratrol treatment.

Fourth, the OCRP and other CDMRPs emphasize transparency of research funding. The CDMRPs provide a comprehensive and easily accessible database to enable people to search by disease type, grant location and other parameters. The database is accessible at the following site: <http://cdmrp.army.mil/search.aspx>

Cancer research performed by the DoD has been responsible for fundamentally changing the way cancer research is conducted. Many innovative practices and methods created by the CDMRPs have been adopted by the NCI, such as the use of cancer patients as consumer reviewers in the proposal review process. Furthermore, the CDMRP has also created funding mechanisms to incentivize research, such as the Idea Award, that would fill voids in our understanding of cancer that have been closely duplicated by NCI. Other awards originated by CDMRPs that have been duplicated by NCI are the Era of Hope Scholar and Concept Award mechanisms.

In a time that necessitates fiscal constraint, the OCRP has been designed to fund ovarian cancer research with extremely low overhead: only four to eight percent of the federal funding is used for administration costs.

Additionally, biomedical research, such as that conducted through the DoD OCRP, is a major provider of jobs in the United States economy. A 2008 Families USA study found that for every NIH dollar invested in states two dollars of economic output were created. Additionally, the report estimated that approximately 350,000 jobs were supported by medical research in 2007.

In the more than 40 years since the War on Cancer was declared, ovarian cancer mortality rates have not significantly improved. We are very concerned that if funding is reduced in FY 2012 for the DoD OCRP, the nation will continue to see growing numbers of women losing their battle with ovarian cancer.

The OCRP remains a modest program compared to the other cancer programs in the CDMRP yet has made vast strides in the fight against ovarian cancer with relatively few resources. With the House funding amount of \$16 million, the program will be able to continue research regarding ovarian cancer screening, early diagnosis and treatment of ovarian cancer. In light of this, we request that Congress appropriate \$16 million for FY 2012 to the OCRP.

Sincerely,

American Congress of Obstetricians and Gynecologists  
Cancer Support Community  
Colon Cancer Alliance for Research and Education for Lynch Syndrome  
FORCE: Facing Our Risk of Cancer Empowered  
National Ovarian Cancer Coalition  
National Patient Advocate Foundation  
Ovarian Cancer National Alliance  
Society of Gynecologic Oncologists  
Teal Toes

Local Organizations

Betty Allen Ovarian Cancer Foundation (Ft. Myers, Florida)  
CancerDancer (Virginia)  
Caring Together, Inc. (Albany, New York)

Celma Mastry Foundation for Ovarian Cancer Research Inc. (St. Petersburg, Florida)  
COCO (Capitol Ovarian Cancer Organization) (Frankfort, Kentucky)  
Colorado Ovarian Cancer Alliance (Denver, Colorado)  
Georgia Ovarian Cancer Alliance (Atlanta, Georgia)  
GRACE'S (Syracuse, New York)  
HERA Women's Cancer Foundation (Denver, Colorado)  
Hope for Heather (Liverpool, New York)  
Jourday Kasey Foundation (California)  
Kaleidoscope of Hope Foundation (Madison, New Jersey)  
Lillies of the Valley (Huntsville, Alabama)  
Linda Young Ovarian Cancer Support Program, Benedictine Hospital (Kingston, New York)  
Minnesota Ovarian Cancer Alliance, Inc. (Minneapolis, Minnesota)  
MIOCA (Michigan Ovarian Cancer Alliance)  
OASIS of Southern California (Riverside, California)  
Ovacome Ovarian Cancer Support and Advocacy of Tampa Bay (Tampa, Florida)  
Ovar'Coming Together (Indianapolis, Indiana)  
Ovarian and Breast Cancer Alliance (Seattle, Washington)  
Ovarian Awareness of Kentucky (Louisville, Kentucky)  
Ovarian Cancer Advocacy Alliance (San Diego, California)  
Ovarian Cancer Alliance of Arizona (Scottsdale, Arizona)  
Ovarian Cancer Alliance of California (Modesto, California)  
Ovarian Cancer Alliance of Florida (Longwood, Florida)  
Ovarian Cancer Alliance of Greater Cincinnati (Cincinnati, Ohio)  
Ovarian Cancer Alliance of North Florida, Inc. (Tallahassee, Florida)  
Ovarian Cancer Alliance of Ohio (Columbus, Ohio)  
Ovarian Cancer Alliance of Oregon and Southwest Washington (Vancouver, Washington)  
Ovarian Cancer Coalition of Greater California (Studio City, California)  
Ovarian Cancer Orange County Alliance (Anaheim, California)  
Ovarian Cancer TOGETHER! (Los Alamos, New Mexico)  
R.O.A.R.! (Dallastown, Pennsylvania)  
Sandy Rollman Ovarian Cancer Foundation, Inc. (Havertown, Pennsylvania)  
SHARE: Self-Help for Women with Breast or Ovarian Cancer (New York, New York)  
Space Coast Ovarian/Gynecologic Cancer Alliance (Melbourne, Florida)  
St. Louis Ovarian Cancer Awareness (St. Louis, Missouri)  
Teal Tulips (formerly R.O.C.C.S.) (Bloomfield, Connecticut)  
Terri's Breathing Angels (Rialto, California)  
The Elizabeth Ann Williamson Foundation (Flower Mound, Texas)  
The Ovarian Circle (Inspired by Robin Babbini) (Los Angeles, California)  
The Teal Tea Foundation (Lawrenceville, New Jersey)  
Wisconsin Ovarian Cancer Alliance (New Berlin, Wisconsin)  
Women's Cancer Awareness Group (Petaluma, California)  
You'll Never Walk Alone (Kailua-Kona, Hawaii)