

Congress of the United States
Washington, DC 20515

March 25, 2015

The Honorable Rodney Frelinghuysen
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Peter J. Visclosky
Ranking Member
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Frelinghuysen and Ranking Member Visclosky:

On behalf of the thousands of Americans touched each year by ovarian cancer, we are writing to express our strong support for maintaining funding for the Department of Defense Ovarian Cancer Research Program (OCRP). We respectfully request that the House Appropriations Subcommittee on Defense allocate \$20 million for the OCRP in Fiscal Year 2016.

One in 75 women will develop ovarian cancer, and less than half will survive for five years. A full quarter will die within the first year of diagnosis. It is expected that more than 21,000 women will be diagnosed with the disease this year and of them at least 14,000 women will die from their ovarian cancer.

Of the 850,000 female service members, wives of active duty military and adult daughters of active duty military¹, approximately 11,800 will be diagnosed with ovarian cancer over the course of their lifetimes². Over the last five years alone, nearly 2,600 members of our military or their families have been hospitalized for ovarian cancer or suspected ovarian cancer. It is clear that the cost of ovarian cancer to our military is great, not only in terms of troop readiness, but also in terms of cancer care costs: treating all of these cases of ovarian cancer over these patients' lifetimes could cost TRICARE an estimated \$971.2 million³. TRICARE's potential costs to care for women with ovarian cancer could fund the OCRP for nearly 50 years at its current funding level.

The OCRP supports high-impact innovative research that is leading to significant breakthroughs. For example, in 2003, investigators funded by the OCRP identified five biomarkers associated

¹ Military Demographics for 2012. Available here: http://www.militaryonesource.mil/12038/MOS/Reports/2012_Demographics_Report.pdf.

² The lifetime risk of a women developing ovarian cancer is 1.4% according to the SEER Fact Sheet available here: <http://seer.cancer.gov/statfacts/html/ovary.html>.

³ The average cost of frontline ovarian cancer therapy is \$82,000, per the National Institutes of Health. <http://costprojections.cancer.gov/annual.costs.html>

with ovarian cancer. By 2009, they had commercialized this discovery into a test that determines if a woman with an abdominal mass is likely to have ovarian cancer or benign disease. That test, named OVA-1, is FDA cleared and now part of clinical guidelines.

While the knowledge generated by OCRP research will impact the screening, detection, and treatment of ovarian cancer, it also has generalizable applications such as identifying substances in a person's blood, developing better vaccines, and understanding why cells mutate when exposed to certain conditions. This knowledge can be used by all scientists, including those looking to develop and protect our military from various biomedical threats. The strategic partnerships fostered by the OCRP between our military, patients, clinicians, and scientists are accelerating discovery.

While we recognize that your Subcommittee has the difficult job of setting priorities among the many needs of our nation, the OCRP has a record of success in recruiting and supporting young investigators who work to improve prevention, early diagnosis, and survival rates from ovarian cancer. The OCRP is making a difference in the lives of the millions of Americans, including our military and their families. Thank you again for your attention to this request.

Sincerely,



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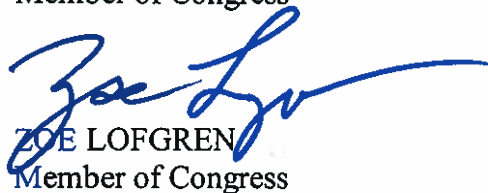

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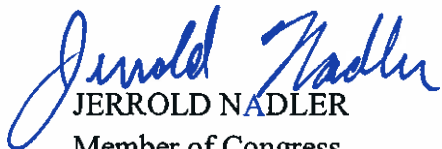
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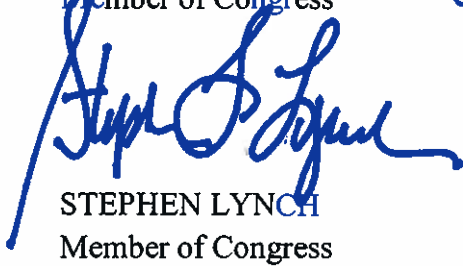
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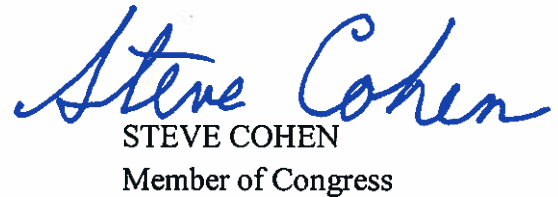
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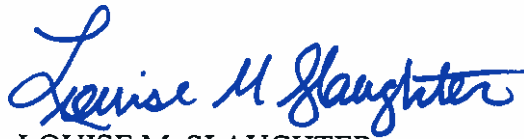
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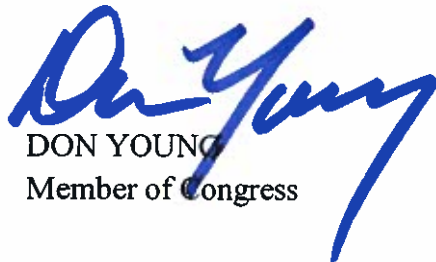
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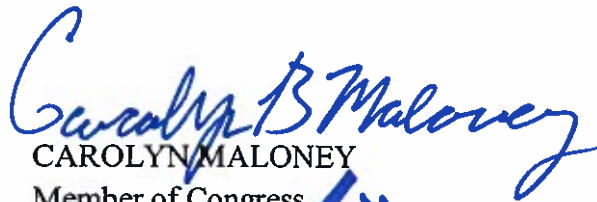
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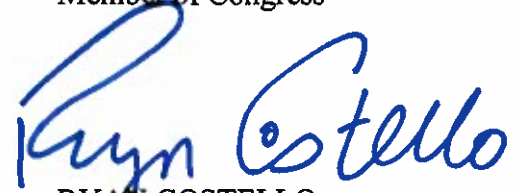
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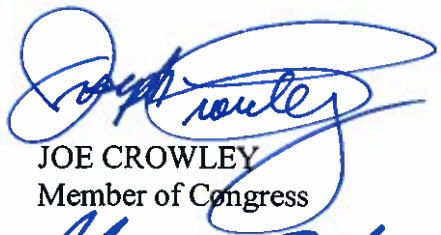
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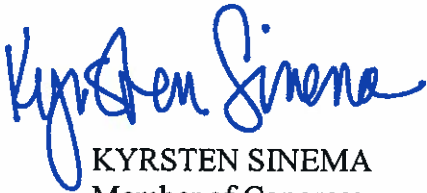
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