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March 24, 2015

The Honorable Rodney Frelinghuysen
Chairman
House Committee on Appropriations - Defense
2306 Rayburn House Office Building
United States House of Representatives
Washington, DC 20515-3011

RE: Request for Bladder Cancer Research Funding Through the Department of Defense Congressionally Directed Medical Research Programs

Dear Chairman Frelinghuysen:

On behalf of the nearly 21,000 members of the American Urological Association (AUA) and the patients they serve, I would like to thank the Committee for its longstanding support of innovative, impactful, biomedical research funded through the Department of Defense Congressionally Directed Medical Research Programs (CDMRP). The efforts of this invaluable organization are saving the lives and productivity of thousands of American people.

Similarly important, I would like to bring to your attention to a major and under-recognized need in the health of the American people and economy, and also identify an opportunity for you and the Committee members to rapidly affect an impactful solution for addressing this need.

Bladder cancer will result in the death of approximately 16,000 Americans in 2015, and approximately 74,000 will be diagnosed with the disease. In 2011, there were an estimated 571,000 people living with bladder cancer. Since bladder cancer is more commonly diagnosed after the age of 55, the burden of this disease on our citizens and society is becoming more profound as our population ages. In fact, bladder cancer has the highest cost of health care delivery per patient compared to all other malignancies, suggesting that diagnostic and therapeutic strategies lag significantly compared to other cancers. Yet the amount of funding for research to better understand and eliminate the impact of this disease is disproportionately low.

Impact of Bladder Cancer

Bladder cancer is the fourth most common cancer and the eighth leading cause of cancer death in men. Although women are diagnosed with bladder cancer less frequently than men, the disease is in the top ten for cancer death in women. In addition, bladder cancer diagnoses in women are increasing and, when diagnosed, the disease is typically more

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advanced and more lethal since diagnosis may have been previously missed due to being mistaken for common non-cancer gynecological or urological problems. This problem is further amplified in African-American women, in whom the 5-year survival rate for bladder cancer is only 53.4%, as compared to 77.6% in Caucasian men. Importantly, military and veteran populations show a higher prevalence of bladder cancer due to their demographics as well as military exposures (combat, radiation, herbicides), which include at least one agent (trichloroethylene or TCE) reported in 2003 by the Air Force to have a causative role in bladder cancer. Military and veteran populations also have unique needs in terms of survivorship and health-related quality of life.

Moreover, rates of suicide in bladder cancer patients are alarmingly higher than in other cancer patients, as bladder cancer has the highest recurrence rate – 50-80 percent – of any form of cancer. The high rate of recurrence and need for ongoing invasive monitoring are contributors to the major economic burden and human toll of this disease. There are no well-established biologic markers for bladder cancer diagnosis and progression. While there has been an explosion of FDA-approved molecular targeted therapies for many cancers, none exists for bladder cancer.

Lack of Funding for Bladder Cancer Research

Considering the extensive impact of the disease, and how its consequences compare to those of other cancers, the amount of federal funding invested in bladder cancer research is disproportionately low. For example, ovarian cancer is anticipated to be diagnosed in 21,290 women and cause 14,180 deaths in 2015, and the CDMRP received \$20 million in Fiscal Year 2015 appropriations for research on ovarian cancer. Bladder cancer, however, is expected to cause 16,000 deaths and has an incidence rate 3.5 times higher than that of ovarian cancer, but has no dedicated funding through the CDMRP. Adding significantly to the problem, bladder cancer is considerably underfunded by the National Institutes of Health (NIH). A recent examination of all actively funded NIH grants showed 50 grants to study bladder cancer, in comparison to 139 for ovarian cancer, 256 for lung cancer, 420 for prostate cancer, and 701 for breast cancer. Likewise, National Cancer Institute funding for Specialized Programs of Research Excellence (SPOREs) supports 8 institutions focused on bringing new prostate cancer treatments from the laboratory to patients, with 6 centers for breast cancer, 5 for ovarian cancer, 4 for lung cancer, and only one for bladder cancer. These facts are even more disturbing when considering that the 5-year survival rate for bladder cancer is significantly lower than for both prostate and breast cancers.

Opportunity for Rapid Impact on Bladder Cancer Research



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These facts make the need for targeted change to provide for research on bladder cancer crystal clear. The factors that contribute to its development need to be better understood. Better methods of early detection, especially in women who are less likely to be diagnosed at curable stages, are desperately needed. Bladder cancer patients must have more effective treatments available to them. Only research, backed by a strong commitment of federal funding, can lead us there.

In recent years, there has been exciting progress made in earlier diagnosis and improved outcomes for prostate cancer, which without question can be in large part attributed to federal funding for prostate cancer research both through the NIH and the CDMRP. This Committee could similarly provide great hope to bladder cancer patients and their families by effectively targeting this disease through research. In order to meet the needs in bladder cancer research, we join with bladder cancer patients and advocates in requesting that bladder cancer be added as a topic area to the Fiscal Year 2016 Peer Reviewed Cancer Research Program to be administered through the Defense Health Program and the Congressionally Directed Medical Research Programs. We strongly believe that this action will have a positive impact on addressing the imperative need to increase research on bladder cancer, such as it has done for other such orphan diseases. Moreover, CDMRP's focus on innovative and high-risk, high-gain research is exactly what's needed for bladder cancer.

We hope that the commitment of Congress to foster growth in funding of bladder cancer research will translate into real gains for the hundreds of thousands of Americans suffering from this disease.

Sincerely,

A handwritten signature in cursive script that reads "William W. Bohnert, MD".

William W. Bohnert, MD, FACS
President
American Urological Association