SUPPORT FEDERAL FUNDING FOR UROLOGICAL RESEARCH

The American Urological Association (AUA) has a long-standing commitment to supporting federal funding for biomedical research. The following is an overview of three federal programs and examples of the important research being conducted to address a variety of urological diseases of importance to the AUA.

Department of Defense Congressionally Directed Medical Research Programs

REQUEST – The AUA urges Congress to support increased funding in Fiscal Year (FY) 2020 for the Department of Defense (DoD) Congressionally Directed Medical Research Programs (CDMRP).

BACKGROUND – The CDMRP was established in 1992 through a Congressional appropriation with the directive to develop new approaches to basic, translational, and clinical research and fill gaps in research not being explored by other federal agencies. The CDMRP is funded through the annual DoD Appropriations bill, but the program is not included in the multi-year DoD budget request sent to Congress in the form of the President's budget. The CDMRP is not considered part of the DoD's core mission, and funding is added by Congress at the end of the annual appropriations process in response to requests by consumer advocates, provider organizations, and disease survivors.

Since 1992, CDMRP has funded 16,350 research grants and projects totaling $11.6 billion in funding. Numerous urologic conditions benefit each year from CDMRP funding, though prostate cancer is the most recognizable and longstanding research topic area. In FY 2019, the CDMRP prostate cancer line item received $100 million in funding from Congress. Kidney cancer is another urologic disease that benefits from military medical research. In FY 2019, Congress provided $20 million for kidney cancer in the CDMRP, and since FY 2016, Congress has provided opportunities for bladder cancer funding in response to the critical need to better address the needs of patients.

Patient-Centered Outcomes Research Institute

REQUEST – The AUA urges Members of Congress to support pending legislation to reauthorize the Patient-Centered Outcomes Research Institute (PCORI) and avoid a lapse in their important research efforts.

BACKGROUND – PCORI, created in 2010 as part of the Affordable Care Act, is an independent, non-profit research agency that facilitates comparative clinical effectiveness research to help patients make informed decisions about their care. Since 2017, PCORI has
invested nearly $2.4 billion in more than 600 research-related projects. This funding includes more than $32 million in funding for nine different urological disease research initiatives.

One currently funded project is conducting a comparative study of the outcomes from proton and photon radiation treatments in prostate cancer. According to PCORI, approximately one-third of men with prostate cancer receive primary treatment with radiation therapy and the majority of these treatments use x-rays. Proton therapy can have lower levels of radiation, but is more expensive and the effects on patient quality of life and organ dysfunction are unknown.

Bladder cancer is the fourth most common cancer in men and, in women, bladder cancer is often diagnosed at aggressive stages. PCORI has funded a research study comparing intravesical therapy and surgery as treatment options for bladder cancer. In addition, nearly 80 percent of spinal cord injury (SCI) patients have urinary issues, like incontinence or increased frequency, which can place a significant burden on patients’ physical health and quality of life. Thus, PCORI has funded a study for three different bladder-management strategies for SCI patients.

PCORI’s Congressional authorization will expire in September 2019, at which point they will no longer have the ability to commit to any new research initiatives.

**National Institutes of Health**

**REQUEST** – AUA joins with the Ad Hoc Group for Medical Research Funding in requesting that Congress provide $41.6 billion for the National Institutes of Health (NIH) in FY 2020, a 6.4 percent increase over the current funding level.

**BACKGROUND** – The NIH is at the forefront of funding, conducting, and supporting health and medical research in the United States. Many important discoveries have been made through the NIH, and many drugs and treatments have been developed out of NIH-supported activities.

NIH funding has already improved the lives of Americans with urologic diseases, including those with benign prostatic hyperplasia (BPH). BPH is a non-cancerous enlargement of the prostate gland, commonly found in men over the age of 50 and causing numerous office visits, symptoms such as pain and urinary dysfunction, and significant economic burden.

In addition, NIH research has shed light on potential health care savings with better treatment options for urinary incontinence. Urinary incontinence is a highly prevalent condition and costs more than $7.5 billion annually to evaluate and treat. Through a large collaborative research effort involving urology, gynecology, physical therapy, geriatrics, biostatistics, and epidemiologists, NIH-funded researchers discovered that certain bladder testing before surgery was unnecessary, and the application of these findings will save tens of millions of dollars by preventing unnecessary testing.