

**Save lives by ensuring esophageal cancer is included again in DoD's vital
PRCRP research program**

Deadline to sign: **March 24, 2023**

Current Signatories: Loudermilk, Gottheimer

FY23 Signatories: Loudermilk, Gottheimer, Blumenauer, Casten, Cohen, Costa, Craig, Davis (IL), DeSaulnier, Doggett, Foster, Golden, Gonzalez (TX), Green (TX), Hayes, Holmes Norton, Horsford, Houlahan, Jackson Lee, Johnson (GA), Keating, Kuster, Larson, Levin, Lofgren, McBath, Neal, Panetta, Porter, Posey, Raskin, Schakowsky, Slotkin, Spanberger, Thompson (MS), Tlaib, Van Drew, Velázquez, Williams (GA)

Dear Colleague:

Please join us in sending this letter (full text below and [on Quill](#)) to Chair Calvert and Ranking Member McCollum encouraging the House Appropriations Subcommittee on Defense to continue to include esophageal cancer as one of the diseases eligible for funding under the Department of Defense (DoD) Peer-Reviewed Cancer Research Program (PRCRP) for FY 2024.

1. Esophageal cancer is one of the deadliest cancers in the US and in our nation's military.

Esophageal cancer is the seventh-leading cause of cancer-related death among American men and has a 21% five-year survival rate, largely because effective treatments and early detection tools are lacking and there are no screening guidelines. Congress has acknowledged the importance of addressing esophageal cancer by recognizing it as a recalcitrant cancer in the Recalcitrant Cancer Research Act of 2012 and by including it as a disease eligible for funding under the DoD's PRCRP since 2019. Further, those at greatest risk for esophageal cancer are men over the age of 55 who have a history of gastro-esophageal reflux disease (GERD), tobacco, and/or alcohol use, and/or obesity – all risks that are higher in the country's veteran population compared to the general population. Our troops and their families are also at risk because the most prevalent form of the disease, esophageal adenocarcinoma, is on the rise among those under the age of 50.

2. The Department of Veterans Affairs (VA) considers esophageal cancer to be a disability for which service connection is presumed.

One reason that the VA has taken this step is that some veterans have been exposed to types of radiation that have been linked to the disease. Thanks to the PACT Act, passed last year, veterans who have been exposed to burn pits will also qualify. In addition, veterans and their families who served or lived at U.S. Marine Corps Base Camp Lejeune, North Carolina, from the 1950s to the 1980s, were potentially exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals that have been linked to esophageal cancer.

3. We desperately need new approaches to fighting esophageal cancer, particularly given the risks to our veterans and active-duty service members.

Since 2009, the PRCRP has supported innovative and competitive cancer research to benefit our military and civilian populations. Each year, Congress specifies the cancers that will be eligible

for research under this program. Since including esophageal cancer for the first time in 2019, a total of more than \$11 million has been allocated to research this deadly cancer. **It is critical that esophageal cancer remains eligible for high-risk/high reward research funding through the PRCRP program in order to continue the progress already being made thanks to this initial funding.**

The DoD's PRCRP is complementary to research funding provided through the National Cancer Institute (NCI), but the funding awarded through the two programs is inherently different. While the NCI focuses on funding the best science regardless of the disease focus, the PRCRP focuses on funding the most compelling research for each specific disease. We need both approaches for esophageal cancer.

Due to the impact that esophageal cancer has on our military, their families, and the American public, and the fact that it is well established that there is a link between military service and this disease, the attached letter simply asks the Appropriations Subcommittee on Defense to continue to include esophageal cancer on the PRCRP list for FY 2024. It does not include a request for a specific funding level for the program.

We encourage you to show your support for our current and future military members at risk and suffering from esophageal cancer by signing on to this letter. To sign on or if you have any questions, please contact Ashleigh Padgett in Rep. Loudermilk's office (ashleigh.padgett@mail.house.gov) or Jackson Olesky in Rep. Gottheimer's office (jackson.olesky@mail.house.gov).

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The Honorable Kenneth Calvert
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Betty McCollum
Ranking Member
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

Dear Chair Calvert and Ranking Member McCollum:

As you begin deliberations on the fiscal year 2024 defense appropriations bill, we respectfully request that you continue to include esophageal cancer as a disease eligible for research funding through the Department of Defense (DoD) Peer Reviewed Cancer Research Program (PRCRP), as you have done since FY 2020.

Esophageal cancer is the seventh leading cause of cancer-related death among American men. In addition, four out of five patients (approximately 80 percent) die within five years of receiving an esophageal cancer diagnosis. It is one of America's deadliest cancers, largely because little effective treatment, scarce early detection and no screening guidelines exist for this disease.

Further, many of those at greatest risk for esophageal cancer are men over the age of 55 who have a history of gastro-esophageal reflux disease (GERD), tobacco and/or alcohol use, and/or obesity – all risks that are higher in the country's veteran population compared to the general population. Of increased concern, recent research shows that the incidence of esophageal adenocarcinoma, the most prevalent form of this cancer in the U.S., has doubled among younger patients in the last few

decades. That means our warfighters and their families are also at increased risk, and the studies show that these patients typically present with late-stage disease when treatment is rarely successful.

Our military personnel and veterans also have additional risks. In fact, the VA has already established that there is a presumption of service connection for esophageal cancer due to radiation and burn pit exposure. There is also a link to the contaminated drinking water at U.S. Marine Corps Base Camp Lejeune, North Carolina from the 1950s to the 1980s. Veterans and their families who were stationed there were potentially exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals that have been linked to esophageal cancer.

We greatly appreciate you including esophageal cancer in the PRCRP for the last four years. Given the lack of early detection tools and effective treatments, it is critical that esophageal cancer continues to be included in the PRCRP. A hallmark of the PRCRP is its focus on high-risk, high-reward research, which makes it inherently different than the approach used by the National Cancer Institute. By continuing to include esophageal cancer as a disease eligible for funding under the PRCRP, Congress will be giving all American men and women diagnosed with esophageal cancer a fighting chance for survival and a new hope for the future.

Congress established the PRCRP in FY 2009 to support research into specifically designated cancers with relevance to military service members and their families. Esophageal cancer clearly meets those criteria, particularly given the burden that it has and is projected to have on the military and veteran population and the fact that the VA and Congress have already recognized links between military service and esophageal cancer. We respectfully request that you continue to include esophageal cancer as a disease eligible for research funding in PRCRP for FY 2024. With your support, we will open new avenues of research to stop the devastation caused by this disease in both our military and civilian populations.

Sincerely,

Barry Loudermilk
Member of Congress

Josh Gottheimer
Member of Congress