



Confronting
Lung Cancer
Starts Here

May 21, 2025

The Honorable Mitch McConnell
Chair
Subcommittee on Defense
Senate Committee on Appropriations
Washington, DC 20510

The Honorable Christopher Coons
Vice Chair
Subcommittee on Defense
Senate Committee on Appropriations
Washington, DC 20510

The Honorable Ken Calvert
Chair
Subcommittee on Defense
Committee on Appropriations
Washington, DC 20515

The Honorable Betty McCollum
Ranking Member
Subcommittee on Defense
Committee on Appropriations
Washington, DC 20515

Dear Chairs and Ranking Members:

We write on behalf of constituents, patients, veterans, military families and providers to respectfully request the full amount of **\$60 million** in Fiscal Year (FY) 2026 for the **Lung Cancer Research Program (LCRP)** within the **Congressionally Directed Medical Research Programs (CDMRP)**, administered by the Department of Defense (DoD), in the FY2026 Defense Appropriations Act. As you begin work on this legislation, we urge your continued bipartisan strong support for the critical and highly successful CDMRP.

We are deeply concerned that the **Full-Year Continuing Appropriations and Extensions Act (Public Law 119-4)** enacted a **57% reduction** to CDMRP funding, cutting its overall budget from **\$1.5 billion in FY2024 to \$650 million in FY2025**. These cuts were not applied evenly across all 35 CDMRP programs. As a result, **lung cancer research funding of \$25 million was eliminated for FY2025**.

Since the cuts are for future grants and not existing awarded grants, we encourage you to read [Internal VA Emails that Reveal How Federal Cuts Jeopardize Veterans' Care, Including "Life-Saving Cancer Trials"](#) for a compelling example of what is at stake.

Accordingly, we urge you to prioritize essential investments in **lifesaving research** by restoring and adequately funding the LCRP to address the urgent needs of those affected by lung cancer. Established in 2008 with an initial appropriation of \$20 million, the **peer-reviewed LCRP** is a **stand-alone program** that investigates the pathology of lung cancer, its treatment, and strategies for preventing recurrence and metastasis.

Given that lung cancer remains the leading cause of cancer-related deaths in the United States, we respectfully request that the LCRP continue to receive dedicated, stand-alone funding within

SAN CARLOS, CA OFFICE
1100 Industrial Rd., #1
San Carlos, CA 94070
650.598.2857

WASHINGTON, DC OFFICE
2033 K Street NW, Suite 500
Washington, DC 20006
202.463.2080

HELPLINE
1.800.298.2436

the CDMRP. The disproportionate burden of lung cancer on military populations only strengthens the case for sustained and focused research. Consider the following:

- In 2025, an estimated **226,650 individuals** will be diagnosed with lung cancer, and **124,730** will die from the disease.
- Over **900,000 veterans** are at elevated risk due to age, smoking history, and military-related exposures.
- Approximately **15 or more veterans die from lung cancer every day**.
- Lung cancer **incidence and mortality are 25–30% higher** in military populations than among civilians.
- The **Military Health System** manages more than **270,000 outpatient visits** and **45,000 bed days** annually for lung cancer care.

Despite its significant burden, lung cancer remains one of the **least federally funded cancers per death**. The CDMRP is a uniquely mission-driven program that prioritizes the health of U.S. Armed Forces personnel and veterans. Its portfolio includes research on Gulf War Illness, respiratory illnesses, and toxic exposures such as burn pits—all associated with elevated lung cancer risk.

In the last Congress (FY2025), **52 bipartisan Members signed** on to **Rep. Brendan Boyle’s Dear Colleague letter** supporting this funding request, and **19 bipartisan Senators signed** on to the **Dear Colleague letter led by Senators Reed and Rounds** in support of the Lung Cancer Research Program (LCRP). In light of last year’s strong bipartisan support, I respectfully urge you to **support the FY2026 Dear Colleague letters** that will be submitted to the committee advocating for the continued—and increased—funding of the LCRP. You may contact Erin Gooley in Congressman Boyle’s office or Jill Boland in Senator Reed’s office to discuss the Dear Colleague Letters.

Investing in lung cancer research provides meaningful, wide-ranging benefits to public health and our communities. It attracts top scientific talent to study the complex biology of lung cancer and develop better treatment strategies. It drives innovation in early detection and treatment, improving survival outcomes for patients. Without immediate action to restore funding, these programs face serious setbacks, resulting in delayed care and treatment for patients and jeopardizing the long-term health and readiness of our Armed Forces—and the broader U.S. population.

We are grateful for your past leadership and longstanding support for defense health research that improves the lives of service members, veterans, and civilians alike.

For further information, please contact Elridge Proctor, Senior Director of Government Affairs, GO2 for Lung Cancer, at eproctor@go2.org.

Sincerely,

American Lung Cancer Screening Initiative (ALCSI)

Braf Bombers

SAN CARLOS, CA OFFICE
1100 Industrial Rd., #1
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WASHINGTON, DC OFFICE
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LiveLung (Dusty Joy Foundation)
Lung Cancer Action Network (LungCAN)
Lung Cancer Initiative
Lung Cancer Research Foundation
Lung Screening Network
LUNgevity Foundation
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National Comprehensive Cancer Network (NCCN)
Nebraska Methodist Health System
OHSU Dept of Diagnostic Radiology
Prevent Cancer Foundation
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Stony brook Medical Center
Streak for a Cure, Inc
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Upstage Lung Cancer

Westchester Medical Center / MidHudson Regional Hospital

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