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FINAL

STATEMENT BY

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Chairman Towns and distinguished members of the Committee on Oversight and Government Reform, thank you for providing this opportunity to convey the important efforts being supported by Congress through the Department of Defense Prostate Cancer Research Program. My name is Carolyn Best, and I am the Program Manager for the Prostate Cancer Research Program, also known as the PCRCP, which has received over \$1 billion in funding for prostate cancer research since the program's inception in Fiscal Year 1997 (FY97). I am a former prostate cancer researcher and have been managing the PCRCP since 2007. Here with me today is Captain Melissa Kaime, my supervisor and the Director of the Congressionally Directed Medical Research Programs, or CDMRP, under which the PCRCP is one of the largest of nineteen programs. Captain Kaime is a hematology and oncology physician and currently sees cancer patients at Bethesda Naval Hospital, in addition to her responsibilities directing our organization. CDMRP is a research funding organization under the auspices of the United States Army Medical Research and Materiel Command, with Major General James K. Gilman as our Commanding General.

The PCRCP, which I am representing today, is the second-largest nation-wide funder of prostate cancer research, after the National Institutes of Health. The estimated funding for prostate cancer research in 2009 is approximately \$72 million for the PCRCP and \$300 million for the National Institutes of Health (NIH) (exact funding will be known at the completion of award negotiations). One important distinction, however, is that PCRCP funds are used exclusively for prostate cancer research, while the NIH funding supports research that includes prostate cancer but may not be exclusively focused on it. Another significant source of funding for prostate cancer research is the

philanthropically-supported Prostate Cancer Foundation, which distributed approximately \$10 million in funding in 2009.

The vision of the PCRFP is nothing less than to conquer prostate cancer; this translates into our mission to fund research that will eliminate all death and suffering from this disease. We seek to fund highly innovative science that will result in major advancements in prostate cancer prevention, detection, diagnosis, and treatment. All PCRFP funds available for research are openly competed to identify the most scientifically meritorious projects with high potential for significant impact on the field of prostate cancer research and/or patient care. The PCRFP does not itself conduct research. To select proposals for funding, we contract with hundreds of scientists, clinicians, and disease survivors each year to evaluate the merit of each proposal. Our Integration Panel, composed of 16 nationally and world renowned leaders in prostate cancer research and leaders of the prostate cancer survivor community, identifies and recommends for funding the most meritorious proposals that best fit the objectives of the program. The Integration Panel also recommends the award mechanisms that the program will use each year. These award mechanisms are designed to address specific needs in prostate cancer research while still motivating the scientific community to propose research questions that the program may not have specifically posed. For example, we have one award mechanism designed to bring exciting new drugs to clinical testing through academic avenues rather than solely through efforts by the pharmaceutical industry. Another mechanism is focused on bringing practicing prostate cancer physicians, who have a better understanding of patients and clinical needs, into

research so that fresh research ideas from the laboratory can be matched with the most critical patient needs.

Funding for the PCRCP has ranged from \$38 million in FY97 to \$100 million in FY01. Since FY06, funding has remained at \$80 million each year. With these appropriations, the PCRCP funds approximately 200 competitive research awards, or grants, per year to prostate cancer researchers in almost every state and the District of Columbia. After the FY09 awards are negotiated, the program will have provided nearly 2,200 grants to support prostate cancer research directed at eliminating this disease. These grants were selected from over 10,000 research proposals received over our 14-year history.

PCRCP grants support a wide range of research areas critical to achieving our vision. We have numerous investigators studying better approaches for prostate cancer screening and early detection, imaging, diagnosis, treatments and treatment decision-making, identifying aggressive disease, and discovering the underlying environmental and genetic factors that contribute to prostate cancer. This includes the causes of prostate cancer health disparity, which are the reasons why African American men suffer and die from prostate cancer at twice the rate of Caucasian men. There are many critical yet unanswered questions in prostate cancer research and clinical care: Which men with prostate cancer need to be treated and which do not? Does prostate cancer screening lead to more harm than good and, if true, how can this be corrected? How can we develop more effective treatments for preventing or curing the advanced forms of the disease that are responsible for prostate cancer death? Our grantees are

striving to answer these and other important questions, which will improve our understanding of the disease and advance our efforts to eliminate its consequences.

Each of the research grants we fund is subjected to an active management process through which the PCRCP is kept apprised of all progress, outcomes, accomplishments, and publications that communicate the research results to the full scientific and clinical communities so that discoveries can be used to help patients as quickly as possible.

I would like to briefly highlight just two of our grants for you to illustrate the impact that Congress is having on conquering prostate cancer through the PCRCP. Since FY05, the PCRCP has supported the development of the Prostate Cancer Clinical Trials Consortium, which has brought together vast scientific and clinical expertise and unique institutional resources from 13 major cancer centers across the nation to work together to design and execute faster, more precise, and more cost-effective clinical testing of new treatments. In less than four years, the Consortium has conducted more than 60 early-phase studies investigating over 30 different drugs. Over 1,700 patients have been recruited to participate in these studies, and these efforts have recently moved five potential therapies into the final phases of clinical testing before use of the new drugs can be approved. The Clinical Trials Consortium is poised to make a major impact on the lives of prostate cancer patients by ensuring the selection of the most promising drug candidates and executing their testing in the fastest and most productive fashion possible. Importantly, the Consortium also represents key leveraging of federal and private funding, as the Prostate Cancer Foundation has also contributed significant funding of its own to this effort.

Another example of a key research effort is the Prostate Cancer Project, or PCaP, which the PCRP has funded since FY02. The PCaP seeks to delineate the factors that contribute to the high incidences and disproportionate rates of prostate cancer deaths in African American versus Caucasian men. The PCaP is a collaboration among three leading institutions in Louisiana, North Carolina, and New York and, despite losing ground due to hurricane Katrina in 2005, has this year completed accrual of over 2,000 men with newly diagnosed prostate cancer. This landmark study may finally help us understand and address the factors that cause health disparity, including 1) access to and interaction with the health care system, 2) diet and genetics, and 3) race-dependent prostate cancer characteristics. Several more of our awards and their research awards are described in our program booklet, which we have provided for your reference.

The effectiveness of the PCRP relies on the strong partnership it fosters between the U.S. government, disease survivors, and prostate cancer scientists and clinicians. Disease survivors, who have become experts in what it means to cope with this disease, serve alongside scientific and clinical prostate cancer experts. These individuals work together to determine the priorities of the program, adapting them every year to ensure that we are continually addressing the most important needs in prostate cancer research that will move us closer to eliminating death and suffering. For example, for FY10, the program will present to the research community two overarching challenges: 1) to develop effective treatments for advanced prostate cancer so that fewer men will be lost from their families and society due to this disease and 2) to distinguish lethal from non-lethal disease so that a great deal fewer men who are

diagnosed with prostate cancer will undergo treatment that is actually unnecessary, yet causes them intense personal suffering and has a tremendous financial impact on our health care system.

In conclusion, the DOD Prostate Cancer Research Program, with the support of Congress, provides direct and undiluted support for prostate cancer research, funds both innovative, gap-filling projects and also scientists that would not otherwise be supported in the battle against this disease. I thank you once again for your interest in hearing about this program, and its efforts towards conquering prostate cancer.