



Confronting
Lung Cancer
Starts Here

March 3, 2026

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
House Committee on Appropriations
Washington, DC 20515

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

Dear Chair McConnell, Vice Chair Coons, Chair Calvert, and Ranking Member McCollum:

We applaud the efforts of the House and Senate Appropriations Committee that enacted the Fiscal Year (FY) 2026 Defense Appropriations Act with dedicated funding for defense health research programs. As you begin to work on FY 2027 Appropriations, **we write as a coalition of patients, survivors, caregivers, veterans, providers, and military families to request the full amount of \$60 million for the Lung Cancer Research Program (LCRP) within the Congressionally Directed Medical Research Program (CDMRP), in the FY2027 Defense Appropriations Act.** We urge your continued bipartisan strong support for the critical and highly successful CDMRP.

We remain deeply concerned that, despite lung cancer being the leading cause of cancer-related deaths in the United States for decades, it continues to receive among the lowest levels of federal funding per death. This disparity has been further exacerbated by last year's funding decisions. As a result of the Full-Year Continuing Appropriations and Extensions Act (Public Law 119-4), CDMRP funding was reduced by 57 percent, leaving the program below its FY 2024 funding level and eliminated dedicated funding for the Lung Cancer Research Program in FY 2025.

Accordingly, we urge you to prioritize essential investments 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.

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We respectfully request the full amount of \$60 million as dedicated, stand-alone funding for the LCRP within the CDMRP FY 2027 budget. The disproportionate burden of lung cancer on military populations only strengthens the case for sustained and focused research. Consider the following:

- In 2026, an estimated **229,410** Americans will be diagnosed with lung cancer, and **124,990** 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.**
- **Military veterans are 25% to 76% more likely to be diagnosed** with lung cancer than civilians.
- The **Military Health System** manages **more than 240,000 outpatient visits** and **36,000 bed days annually for lung cancer care.**

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.

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,

Advocate Health-Atrium Health
ALK Positive, Inc
American College of Chest Physicians
American Association for Bronchology and Interventional Pulmonology (AABIP)
American Lung Association
American Lung Cancer Screening Initiative
Ascension Saint Agnes Cancer Institute
Association of American Cancer Institutes
Atrium Health
Atrium Health Wake Forest Baptist
BJC Saint Luke's
Bon Secours Mercy Health
Caring Ambassadors Programs, Inc.
Cass Regional Medical Center

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City of Hope
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Foundation for Peace
Free ME from Lung Cancer
George Washington University Hospital
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Indoor Environments Association
Inova Health System
Investigative Clinical Research of Indiana, LLC
LiveLung
LUNgevity Foundation
Lung Cancer Initiative
Lung Cancer Research Foundation
Lung Screening Network
MercyOne Des Moines
MercyOne Newton Medical Center
Methodist Jennie Edmundson Hospital
Oregon Health & Science University (OHSU)
OUCH-Int'l (Oncology Advocates United for Climate and Change - International)
Prevent Cancer Foundation
Rescue Lung Society
Resanna's Foundation
Roswell Park Comprehensive Cancer Center
Saint Francis
Solinsky Center for Cancer Care at the Elliot
St. Elizabeth Healthcare
St Tammany Health System
Streak for a Cure, Inc
Summa Health
The Society of Thoracic Surgeons
The White Ribbon Project
Trinity Health
Trinity Health Of New England
Trinity Health System Office, Livonia, MI
University of Illinois Cancer Center
University of Illinois Chicago
Upstage Lung Cancer
Upstate University Hospital
UVA Health
Young Lung Cancer Initiative