

CDMRP

Department of Defense



Kidney Cancer Research Program



US Army Medical Research and Materiel Command



Congressionally Directed Medical Research Programs

HISTORY

The Congressionally Directed Medical Research Programs (CDMRP) was created in 1992 from a powerful grassroots effort led by the breast cancer advocacy community that resulted in a Congressional appropriation of funds for breast cancer research. This initiated a unique partnership among the public, Congress, and the military. The success in managing the initial Congressional appropriations in breast cancer research, combined with additional advocacy movements and the need for focused biomedical research, catapulted the CDMRP into a global funding organization for cancer, military medical, and other disease-specific research. The CDMRP has grown to encompass multiple targeted programs and has received over \$12 billion in appropriations from its inception through fiscal year 2018 (FY18).

APPLICATION REVIEW PROCESS

The CDMRP uses a two-tier review process for application evaluation, with both steps involving dynamic interaction between scientists and clinicians (subject matter experts) and consumers. The first tier of evaluation is a scientific peer review of applications, measured against established criteria for determining scientific merit. The second tier is a programmatic review, conducted by the Programmatic Panel, which compares applications and makes funding recommendations based on scientific merit, portfolio composition, and relevance to program goals.

CDMRP VISION

Transform healthcare for Service Members and the American public through innovative and impactful research

MISSION

Responsibly manage collaborative research that discovers, develops, and delivers health care solutions for Service Members, Veterans and the American public

Kidney Cancer Research Program

VISION: To eliminate kidney cancer through collaboration and discovery

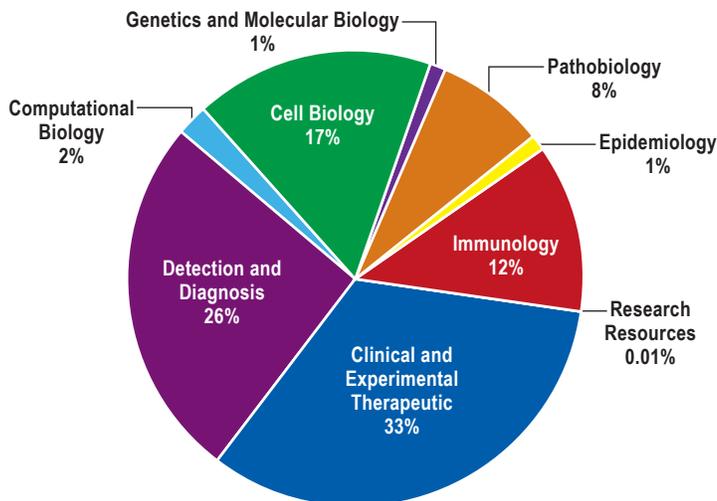
MISSION: To promote rigorous, innovative, high impact research in kidney cancer for the benefit of Service members, Veterans, and the American public

Worldwide, renal cell carcinoma (RCC) is the twelfth most common cancer, with 338,000 new cases reported in 2012. RCC is the sixth most common cancer in men, and the seventh most common cancer in women in the United States. Kidney cancer is twice as common among men as it is among women and is more common among African Americans. Sixty-five percent of patients are initially diagnosed with localized disease that is confined to the kidney, and nearly 35% of patients will be diagnosed with disease that has spread beyond the kidney, with 16% having the cancer spread to distant organs. Lifestyle factors that have been associated with kidney cancer include smoking, obesity, low physical activity, hypertension, diabetes mellitus, and beef, fatty food, and black tea consumption. Exposures to industrial solvents and other environmental carcinogens may also play a role in the development of kidney cancer.

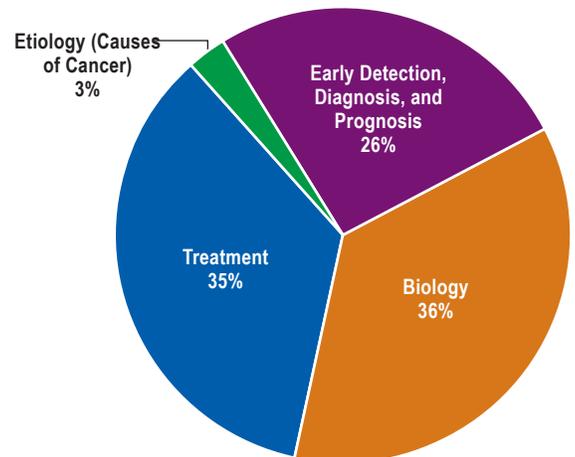
Historically, kidney cancer research was funded by the CDMRP under different funding programs as directed by Congress (e.g., the Peer Reviewed Medical Research Program and the Peer Reviewed Cancer Research Program [PRCRP]). From FY10 through FY16, the PRCRP invested over \$9.8M in kidney cancer research. In FY17, Congress directed \$10M to kidney cancer research in its Department of Defense appropriation, thus establishing the Kidney Cancer Research Program (KCRP).

Following the CDMRP program management cycle, the KCRP offered four different funding opportunities in FY17: the Concept Award, Idea Development Award, Translational Research Partnership Award, and Consortium Development Award. The Concept and Idea Development Awards are funding mechanisms that are designed to foster innovative research and provide opportunities for early-career investigators. The Translational Research Partnership Award brings together a clinician and a laboratory scientist to study an overarching question in research or patient care through synergistic applied research. Last, the Consortium Development Award focuses on developing the infrastructure to put together a multi-site, multi-investigator, clinical consortium. For FY17, 22 separate awards have been recommended for funding. The following is a brief summary of some of these awards.

FY17 KCRP Portfolio Research Area Investment (% Research Dollars)



FY17 KCRP Common Scientific Outline Investment (% Research Dollars)



Funding Mechanisms



CONCEPT AWARD

Paula Bates, Ph.D., of the University of Louisville, plans to study the use of nanoparticle-based drugs to manipulate the immune response, converting pro-tumor immune cells to anti-tumor immune cells. With this novel model system, Dr. Bates and her team hope to bring new, durable, clinical immunotherapy to patients with metastatic RCC.

IDEA DEVELOPMENT AWARD (ESTABLISHED INVESTIGATOR)



Leif Oxburgh, Ph.D., of the Maine Medical Center, will study the effects of stroma on kidney cancer, specifically clear cell RCC. The stroma is the collection of cells surrounding tumor cells—fibroblasts, endothelial cells, and inflammatory cells. In this study, Dr. Oxburgh's team will develop an assay that mimics the extracellular matrix scaffolding to determine the complex interactions and influences that tumor-associated fibroblasts have on tumor aggressiveness.

TRANSLATIONAL RESEARCH PARTNERSHIP AWARD



Michael Atkins, M.D., of Georgetown University and **Catherine Wu, M.D.**, of the Dana Farber Cancer Institute, will utilize the power of analyzing individual cells from patient tumor specimens to define how the characteristics of tumor and immune cells evolve during treatment. Using this information, they expect to develop biomarkers for predicting kidney cancer patient outcomes and rationally choosing therapies for future patients.

CONSORTIUM DEVELOPMENT AWARD



Eric Jonasch, M.D., of the MD Anderson Cancer Center, along with his collaborators, **Moshe Ornstein, M.D.**, of the Cleveland Clinic Foundation; **David McDermott, M.D.**, of Harvard Medical School; and **Hans Hammers, M.D.**, of the University of Texas Southwestern, proposed creating a multi-center clinical trials coalition that will utilize a standardized process for efficient protocol approval, clinical and data monitoring, data management platforms, and sample analysis procedures. Additionally, the team expects to forge industry partnerships for long-term continuity of the consortium. The goal of the consortium is to bring together leaders in kidney cancer research and patient care to accelerate clinical translation of outcomes and treatment options for patients with kidney cancer.



Fred Atkin devoted his time and energy to advocating for more research targeted at all forms of kidney cancer. His dedication to the cause led to the successful implementation

of the CDMRP's KCRP. Fred participated in the Stakeholders meeting and joined the Programmatic Panel during FY17 Vision Setting. He brought a soft voice, but strong words to the panel. In October 2017, Fred Atkin passed on, leaving the battle to others in the scientific and lay communities. His commitment to better treatments for kidney cancer patients will always be remembered by the KCRP.

For more information, please visit

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