2026

ZERO® PROSTATE CANCER SUMMIT

FEBRUARY 22-24, 2026

ADVOCATE GUIDE

Welcome

Dear Summit Advocates,

The 12 months since we last gathered in Washington, D.C. have been, in a word, **unprecedented.** The prostate cancer community's policy priorities have been subject to more threats in a shorter period of time than ever before.

- The Prostate Cancer Research Program suffered a 32 percent cut.
- The administration campaigned for the elimination of all the cancer-related public health programs at the CDC's Division of Cancer Prevention and Control.
- Changes to Medicaid and Marketplace insurance plans will leave millions of Americans uninsured.
- A record-breaking government shutdown disrupted medical research and access to many services for people across the country.

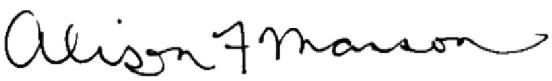
And that's just in the policy lane. I'd be remiss if I didn't acknowledge that we're living in a challenging time in our politics and our society. It is, as we hear from people every day, "a lot" and the idea of coming to Washington to advocate might feel pointless.

But in the midst of a time like this, about 900 people are still diagnosed with prostate cancer each and every day. About 100 will die of the disease. **Our work cannot stop.** Your voice and your story are more important than ever. The members of the prostate cancer community's steadfast commitment to showing up in D.C. and sharing their stories in support of policies that will help the next person diagnosed with prostate cancer live a longer and better life pays off in ways big and small.

- That 32 percent cut at the PCRP? Twenty-three of the thirty-four other research programs at the Congressionally Directed Medical Research Programs were eliminated entirely. The PCRP survived to fight another day because of years of dedicated advocacy from our community.
- The proposed elimination of the CDC's Division of Cancer Prevention and Control? The thousands of messages you sent to members of Congress meant that, not only did we save the program, we saw a small increase for prostate cancer activities.
- Virginia eliminated cost-sharing for prostate cancer screening for those at high risk, and we're poised to pass several more bills in 2026.

In a time like this, committed advocates give me hope. You've shown up in a hard time for a trip that we know is not a small commitment. You've shown up not because you think your advocacy will lead to the next breakthrough in prostate cancer for you, but because you're committed to making the prostate cancer journey a better one for the next generation of patients. I hope that when you leave this week, you leave with a sense of pride in what you've done. I hope this week is empowering for you. **But I know that when you leave, you'll have made a difference.**

Thank you.



Ali Manson, MPH
Vice President of Government Relations & Advocacy

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Agenda

Sunday, February 22, 2026

Time	Session
3:00 – 4:30 pm	**State Advocacy Training *optional** Policy change doesn't just happen in Washington, D.C., it's going on all the time in state capitals across the country. This session will prepare advocates to support prostate cancer policy in their own communities and advocates will leave with a game plan for their next steps.
6:00 – 7:00 pm	**Advocacy Leaders Program Toast *invitation only** Past and present participants in ZERO's Advocacy Leaders Program are invited to join us for a toast to their hard work and accomplishments in the last year!
7:00 – 9:00 pm	**Bold for Blue Awards** The Bold for Blue Awards celebrate some of the most impactful individuals in the prostate cancer community and get us all excited for the days to come. Cocktails and light hors d'oeuvres are provided.

Monday, February 23, 2026

Time	Session
7:00 – 8:30 am	**Breakfast**
8:30 – 9:00 am	**Welcome** Get ready for two jam-packed days! Learn what to expect, start getting to know your fellow advocates, and amp up your enthusiasm for the work to come.
9:00 – 9:45 am	**Update from the Prostate Cancer Research Program - Daniel Monson, Ph.D.** The PCRP is the most impactful federal investment in prostate cancer research. Hear from the program manager about what's new this year and what's on the horizon.

Monday, February 23, 2026

Time	Session
9:45 – 10:00 am	**PCRP Appropriations Request Training**
10:00 – 10:05 am	**Better Together: Defense Health Research Consortium** ZERO doesn't work alone. Our Better Together sessions will highlight critical partnerships that advance our priorities year round, starting with the Defense Health Research Consortium, a diverse community of patient advocacy organizations, medical provider groups, veterans' organizations, research advocacy groups, and private sector interests — all with the single purpose of protecting and preserving funding for the Congressionally Directed Medical Research Programs (CDMRPs).
10:05 – 10:35 am	**Break**
10:35 – 11:05 am	**CDC Appropriations Request Training**
11:05 – 11:10 am	**Better Together: Ad Hoc Cancer Friends** While not a formal coalition, ZERO convened a group of like-minded cancer organizations this year to protect and support the Division of Cancer Prevention and Control at the CDC.
11:10 – 11:40 am	**POPCaP Authorization Act Request Training**
11:40 – 11:45 am	**Better Together: One Voice Against Cancer** OVAC is a broad coalition of over 50 public interest groups representing millions of cancer patients, researchers, providers, survivors, and their families advocating for greater federal investment in cancer research.
11:45 am – 1:15 pm	**Lunch and State Group Networking**
12:15 – 12:45 pm	**What's Going on in D.C.?** Washington, D.C. in 2026 continues to bring new surprises and challenges. Join our partners from Cornerstone Government Affairs as they look into their crystal ball (or, at least, out the window) and offer our advocates vital insight into the political machinations that shape our policy success.

Agenda

Monday, February 23, 2026

Time	Session
1:15 – 2:15 pm	**Advocacy All Year Long** Advocacy isn't limited to federal legislation and it doesn't stop on February 25th. Learn about a variety of advocacy opportunities to serve the prostate cancer community and develop your action plan for the coming year.
2:15 – 2:30 pm	**Ask Me Anything** After a full morning, here's a great time to revisit any questions that weren't covered, understand more about our policy priority setting, and feel confident that you can make the most of your time in Washington.
2:30 – 2:45 pm	**Break**
2:45 – 2:50 pm	**Better Together: Partnership to Protect Coverage** The Partnership to Protect Coverage is a loosely affiliated group of patient and consumer advocacy organizations that work together to advance our shared goal of ensuring that health care coverage is affordable, accessible, and adequate.
2:50 – 3:30 pm	**How to Hold a Hill Meeting** Here's where the rubber meets the road. It's time to take everything you learned today and prepare to use it in an actual Hill meeting. Get tips and best practices for sharing your story to support policy change.
3:30 – 4:30 pm	**Q&A and State Group Coordination** Get all your questions answered and spend time with your group divvying up roles and preparing to go to the Hill tomorrow.
5:30 – 7:30 pm	**Congressional Reception on Capitol Hill — Cannon Caucus Room, Cannon House Office Building**

Tuesday, February 24, 2026

Time	Session
7:15 – 8:15 am	**Breakfast**
8:15 – 8:30 am	**On your marks, get set…** Before you head to Capitol Hill, take one last chance to review our priorities, triple-check your schedule, and collect your leave-behind materials.
8:30 – 9:30 am	**Champions for Men's Health - Representative Neal Dunn, MD (R-FL) and Representative Troy Carter (D-LA)** Join specially invited bipartisan elected officials and leaders of the Congressional Men's Health Caucus to hear about why prostate cancer is so important to them — and what they plan to do about it - in an exclusive fireside chat.
9:30 am – 5:00 pm	**Capitol Hill Meetings**

Legislative Priorities

2026 ZERO Prostate Cancer Legislative Requests

Support the VA's Precision Oncology Prostate Cancer Program (POPCaP) – Since 2018, the VA has operated 21 centers of excellence in the POPCaP program. These centers of excellence give Veterans access to genetic testing and counseling, prostate cancer clinical trials, and FDA-approved drugs targeted to specific cancer mutations. The VA is starting a new, broader precision oncology program with six sites and plans to discontinue the POPCaP program. Representatives Greg Murphy, MD (R-NC) and Herb Conaway, MD (D-NJ) introduced the Precision Oncology Program for Cancer of the Prostate Authorization Act (H.R. _____) to protect and expand the POPCaP program in law, ensuring our Veterans continue to receive the highest quality cancer care through the VA. We expect the introduction of a Senate companion soon. **We ask for your support and cosponsorship of the POPCaP Authorization Act.**

> **REQUEST:** To cosponsor, please contact Ray Celeste (Raymond.Celeste@mail.house.gov) in Rep. Murphy's office, and Jessica Spielman (Jessica.Spielman@mail.house.gov) in Rep. Conaway's office.

Support Prostate Cancer Research at DoD – The Prostate Cancer Research Program (PCRP) at the Department of Defense (DoD) is the most impactful federally funded prostate cancer research program. This high-risk, high-reward translational approach differs from the National Institutes of Health (NIH), which focuses on basic research. PCRP has produced seven new treatments for advanced prostate cancer and one advanced diagnostic in the last decade. The program received a 32 percent cut starting in FY2025. **We urge Congress to restore the PCRP to the $110M funding level in the FY2027 defense appropriations bill.** To support funding for this important program, we ask House members to sign the Dunn-Bishop Dear Colleague letter to the House Appropriations Committee, and we ask Senate members to please sign the Crapo-Bennet Dear Colleague letter to the Senate Appropriations Committee.

> **REQUEST:** : To sign on to the letter, please contact Lucie Flowers (lucie.flowers@mail.house.gov) in Rep. Dunn's office; Jonathan Halpern (jonathan.halpern@mail.house.gov) and Martain Brown (martain.brown@mail.house.gov) in Rep. Bishop's office; Matthew Mondello (matthew_mondello@crapo.senate.gov) in Sen. Crapo's office; or, Amelia Hawes (amelia_hawes@bennet.senate.gov) in Sen. Bennet's office.

Support CDC Cancer Prevention Efforts – The President's budget request for FY2026 proposed the complete elimination of the CDC's Division of Cancer Prevention and Control, the home to almost all federal cancer prevention efforts. However, Congress not only rejected those cuts, but provided small increases for the DCPC, including a specific $1M increase for the prostate cancer activities line, which invests in outreach and education for high-risk men. This brought total prostate cancer prevention funding to $16.5M in FY2026. Over the next three years, ZERO Prostate Cancer is investing in a targeted outreach program for high-risk men in at least 12 communities nationwide, and the DCPC has facilitated this targeted investment by providing the public health foundation of all cancer prevention efforts. We want to ensure that Congress continues to support the work of the DCPC and increases support available for prostate cancer activities. **We ask that Members support sustained funding for CDC's Division of Cancer Prevention and Control and include the following Labor-HHS report language in their individual request letters to the Appropriations Committee for FY27:**

LANGUAGE REQUESTED: : *Cancer Prevention and Control*—The Committee is pleased with the activities of CDC's Division of Cancer Prevention and Control and supports these ongoing efforts at no less than the fiscal year 2026 levels. However, due to concerns about the continued rise in prostate cancer and deaths, the Committee includes an additional $4,000,000 for Prostate Cancer programs to support CDC's outreach and education initiatives targeting high-risk men and their families.

Talking Points

The Problem

- Prostate cancer is the most commonly diagnosed cancer in men.
- Prostate cancer is the second leading cause of cancer-related death in men.
- In 2026, an estimated 333,830 men will be diagnosed with prostate cancer, and 36,320 men will die from it.
    - Rates of advanced prostate cancer are rising, reflecting the failure to screen and catch prostate cancer early.
- A man will be diagnosed with prostate cancer every 90 seconds in 2026 and die from it every 15 minutes.
- African American men are at increased risk for the disease. 1 in 6 Black men will be diagnosed with prostate cancer.
- African American men are more than 2 times more likely to die from the disease and 1.7 times more likely to be diagnosed with the disease.
- Veterans who were exposed to herbicides like Agent Orange and other toxic exposures are at increased risk for developing prostate cancer and are more likely to have an aggressive form of the disease.
- If caught early, prostate cancer has a five-year survival rate of nearly 100%. However, for late-stage prostate cancer, the five-year survival rate is 38%.
- The economic and social burden of prostate cancer is huge:
    - Prostate cancer is estimated to cost over $15 billion in direct medical expenditures.
    - Men who survive after treatment frequently suffer from side effects, including impotence and incontinence

The VA's POPCaP Program

- 15,000 Veterans are treated for prostate cancer each year at VA. It is the most common cancer diagnosed by the VA.
- In 2016, the VA and the Prostate Cancer Foundation (PCF) created an innovative program to provide Veterans with prostate cancer with increased access to genetic testing and cutting-edge clinical trials: the Precision Oncology Prostate Cancer Program (POPCaP).
- As part of the agreement, PCF would provide funding for the POPCaP sites for 5 years before the VA absorbed their funding.
- The 14 POPCaP sites were so successful that the VA began funding 7 more sites on its own in 2021 (at lesser dollar amounts), adding trials for kidney and bladder cancer to the POPCaP model at those locations.
- Last year, Congress provided funding for the VA to expand the program to 6 new sites, for a total of 27 sites.
- Instead of moving forward as directed, the VA is now using POPCaP funding to:
    - start a new program for all cancers in only 6 locations,
    - shutter the POPCaP administration office in Seattle,
    - eliminate 10 POPCaP sites altogether, and
    - change the mission of the other sites away from prostate cancer.

- This new oncology program only provides paperwork support to its locations, none of the mentoring and day-to-day engagement POPCaP provides to increase enrollment and the number of trials being conducted at its sites. It also removes a critical commitment to optimal prostate cancer care for Veterans.
- Legislation to authorize the POPCaP program and codify it in law will ensure that the VA continues to provide access to clinical trials and advanced care for veterans with prostate cancer across the country.
- **POPCaP Ask:** We ask that your office cosponsor H.R. _____ introduced in the House by Representatives Greg Murphy (R-NC) & Herb Conaway (D-NJ) and soon to be introduced legislation in the Senate to protect the POPCaP program in law, ensuring our Veterans continue to receive the highest quality cancer care through the VA.

The Prostate Cancer Research Program (PCRP)

- The Department of Defense's Prostate Cancer Research Program (PCRP) is part of the Congressionally Directed Medical Research Programs (CDMRP).
- PCRP complements the National Institutes of Health (NIH) research. PCRP takes on higher-risk, higher-reward research that the NIH does not. Funding the PCRP and the NIH is not duplicative—in fact, the NIH does not have the ability to conduct programmatic, disease-specific reviews of proposals.
- PCRP responds to the prostate cancer community's needs by incorporating patient advocates into the proposal peer-review process and the panel that sets the program's annual priorities.
- This approach — which annually defines the knowledge gaps in the fight against prostate cancer — operates much differently than NIH programs, which do not have mechanisms available for this approach. Rather than prioritizing proposals that meet the highest levels of medical need, the NIH designates funds based on proposals with the highest peer review scores.
- The PCRP produces results. In the last decade, the FDA has approved seven treatments that originated in PCRP research. Additionally, a PCRP-industry collaboration validated a genomic test for prostate cancer aggressiveness.
- More than 200 prostate cancer clinical trials have come through the PCRP clinical trial network.
- The program is now focused on our community's most urgent challenges – better diagnostics and treatment for late-stage disease.
- Last year, this program suffered a devastating setback when Congress failed to pass the FY2025 appropriations bills. Under the CR, our funding was cut to levels not seen since the 1990s.
- This $75M funding level (down from $110M) represents a cut of over 30% to the program.
- **PCRP Ask:** The PCRP, as part of the DoD's Congressionally Directed Medical Research Programs, is never included in the President's budget request, but Congress has funded it since 1997. In FY24, Congress provided $110 million, but the CR in FY25 brought that funding down to $75 million. We support restoring this vital cancer research to $110 million.

  We ask that House Members sign on to the Dunn-Bishop House letter or Crap-Bennet Senate letter to the Defense Appropriations subcommittees supporting this important program.

Talking Points

CDC Division of Cancer Prevention and Control & Prostate Cancer Activities

- CDC's funding is used to support communication initiatives, research, and surveillance across many different types of cancer, including prostate cancer.
- It is critical to not only support the CDC's ongoing cancer activities but also increase prostate cancer-specific outreach and education in high-risk communities, especially the African American community, which experiences much higher prostate cancer incidence and death rates.
- At the heart of every treatment and screening decision around prostate cancer is a conversation between men and their doctors. Given the complexity around when men should be screened (depending on age, race, ethnicity, comorbidities, and familial history), clear communication tools must be provided to both patients and providers.
- CDC funding conducts research and develops materials that bring more awareness to prostate cancer and promote informed decision-making related to prostate cancer screening, treatment, and quality of life.
- Surveillance activities enhance the prostate cancer data in cancer registries, the state of prostate cancer at the time of diagnosis, and the quality of care. The advocacy community, providers, researchers, and epidemiologists rely on surveillance information to understand incidence in key populations and track disease stage. This information helps the CDC and other organizations make informed recommendations for effective interventions.
- Since Fiscal Year 2020, at the direction of Congress, the CDC has increased its work in prostate cancer and undertaken additional outreach in African American and other high-risk communities around the country.
- Last year, the President's FY2026 budget request to Congress proposed eliminating the CDC's Division of Cancer Prevention and Control (DCPC) entirely.
- Congress rejected that proposal, maintaining the DCPC and even increasing prostate cancer work from $15.2M to $16.2M in the final FY2026 appropriations bill.
- With $20M in funding, the CDC can increase its outreach to high-risk communities and engage its partners to reach these men.
- **CDC Ask:** The CDC's Division of Cancer Prevention and Control (DCPC) is the critical source of cancer prevention activities for the federal government. An additional $4M in funding would allow the CDC to engage in targeted education and awareness activities to high-risk communities.

  We ask that Members of Congress protect the DCPC from cuts and increase funding for the CDC's prostate cancer activities by including our report language in their individual requests to the Appropriations Committee.

The Asks

1) Cosponsor H.R. _____, the POPCaP Authorization Act, legislation from Representatives Greg Murphy, MD (R-NC) and Herb Conaway, MD (D-NJ), to protect the program in law and ensure our Veterans continue to receive the highest quality cancer care through the VA.

2) In 2016, the VA and the Prostate Cancer Foundation (PCF) created an innovative program to provide Veterans with prostate cancer with increased access to genetic testing and cutting-edge clinical trials: the Precision Oncology Prostate Cancer Program (POPCaP).
3) Support the preservation of the CDC Division of Cancer Prevention and Control DCPC) and an additional $4M in FY27 funding for prostate cancer activities.

FOR SOME TEAMS ONLY – if this is an issue for your group, ZERO staff will discuss it with you. In all other cases, please do not discuss PSA for HIM in your meetings.

PSA Screening for HIM Act

- In 2018, the United States Preventive Services Task Force (USPSTF) issued a recommendation for prostate cancer screening. The PSA test was given a "C" rating for men ages 55-69 and a "D" rating for men 70 and over.
    - The "C" rating suggests that providers should offer the test for high-risk men in that category, but it does not require insurance coverage for the test.
    - The "D" rating for men 70 and above means the PSA test is not recommended for older men, regardless of their life expectancy or state of health.
- Unfortunately, this recommendation has led to much confusion about how and when providers should screen men for prostate cancer. The Affordable Care Act (ACA) tied USPSTF recommendations to insurance coverage. The law requires commercial insurers to cover screenings with "A" or "B" ratings without patient cost sharing.
- ZERO joined the provider community in submitting comments urging the USPSTF to reverse these ratings, but the USPSTF claims it needs more data to support screening—even the common-sense screening of high-risk men. This data could take decades to generate.
- There is no alternative to the PSA test. Without its widespread use, prostate cancer is going undiagnosed. Many experts agree that more men will die because their cancer will not be detected in time to be treated successfully.
- In fact, after decades of declining death rates, there has been a 15 percent jump in the number of prostate cancer deaths since 2017.
- A decline in screening related to changing recommendations from the USPSTF corresponded with a later increase in advanced disease at first diagnosis.
- Researchers are working to develop a better, more precise diagnostic tool for prostate cancer. But until there is an alternative to the PSA test, we must make sure that men have access to the PSA test and can engage in an informed conversation with their doctors about the screening and treatment of prostate cancer.
- This is especially true for African American men and men with a family history of prostate cancer, who are at a much higher risk of developing the disease. USPSTF has reported a data gap for these populations and said that filling this gap is a national priority.
- Researchers are unlikely to fill these data gaps because prostate cancer is slow-growing, screening some men and not others is unethical, and enrolling African Americans and men with a family history in clinical trials is challenging.
- Reps. Neal Dunn, MD (R-FL) and Yvette Clarke (D-NY) introduced the PSA Screening for HIM

Talking Points

Act (H.R. 1300) with original cosponsors Reps. Greg Murphy, MD (R-NC) and Troy Carter (D-LA), which requires PSA screening coverage for those two categories (African Americans and family history). The bill would require that insurers offer prostate cancer screening to individuals in these high-risk groups without any cost-sharing.

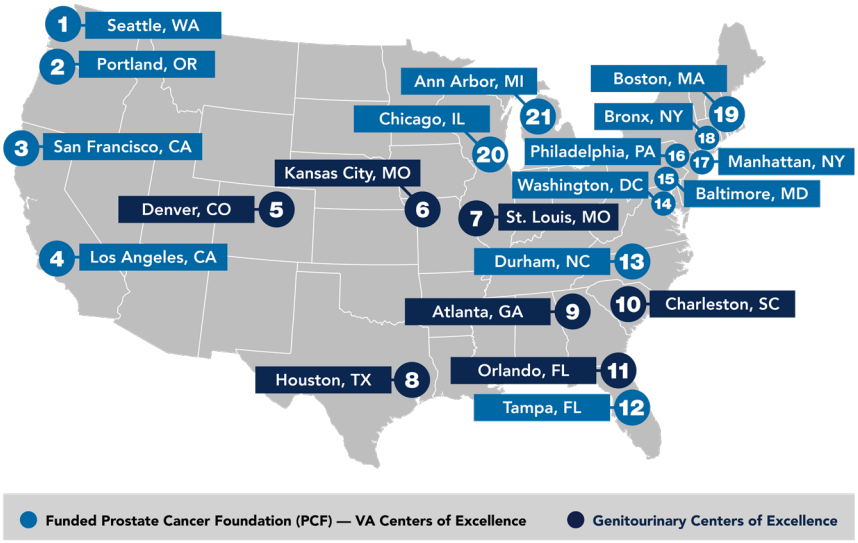
- Senators John Boozman (R-AR) and Cory Booker (D-NJ) introduced S.297, the Senate companion to PSA Screening for HIM.
- **PSA for HIM Ask:** Please urge the Energy and Commerce Committee to hold a legislative hearing on the PSA for HIM Act.
- **Alternative PSA for HIM Ask:** Thank you for your leadership on PSA for HIM.

The Precision Oncology Program for Cancer of the Prostate (POPCaP)

Prostate cancer significantly impacts both active duty servicemen, Veterans, and their families; in fact, active duty males are **twice as likely** to be diagnosed with prostate cancer as their civilian counterparts, with negative effects on their ability to serve. In addition, servicemembers exposed to toxins such as Agent Orange, burn pits, and PFAS and PFOA, are considered to be at increased risk of death from prostate cancer. **Prostate cancer is the most commonly diagnosed cancer in the U.S. Department of Veterans Affairs (VA) healthcare system.**

What IS POPCaP?

In 2016, the VA Office of Research & Development launched the VA Precision Oncology Program to conduct state-of-the-art precision oncology research to improve care for Veterans and others with cancer. As part of this initiative, in 2016 the VA partnered with the Prostate Cancer Foundation to establish the Precision Oncology Program for Cancer of the Prostate (POPCaP). This program seeks to use precision medicine to tailor individualized treatments for Veterans with prostate cancer.



Since its inception in 2016 and launch in 2018, the POPCaP program has operated a network of precision oncology centers across the country, giving Veterans with prostate cancer access to genetic testing and counseling, prostate cancer clinical trials, and FDA-approved drugs targeted to specific cancer mutations.

WHAT IS THE ISSUE?

In Fiscal Year 2024, Congress had allocated $5 million in funds to expand POPCaP to new sites. However, the VA responded by outlining plans to shutter POPCaP sites, close the POPCaP administrative office in Seattle, and fold POPCaP into a newly created Precision Oncology Program by September 2025. This would dilute the quality of care that Veterans with prostate cancer receive, and potentially make it more difficult for Veterans to receive state-of-the-art treatments.

We ask that your office cosponsor H.R. _____, introduced by Representatives Greg Murphy, MD (R-NC) and Herb Conaway, MD (D-NJ) to protect the POPCaP program in law, ensuring our Veterans continue to receive the highest quality cancer care through the VA. To cosponsor, please contact Raymond.Celeste@mail.house.gov (Murphy) or Jessica.Spielman@mail.house.gov (Conaway).

A Senate version is expected to be introduced soon.

ZEROCANCER.ORG

For more information about the POPCaP program, please contact Ali Mason: ali@zerocancer.org.

POPCaP Backgrounder

Overview of VA's Precision Oncology Program for Cancer of the Prostate (POPCaP)

ASK: Protect the VA's POPCaP Program – The Department of Veterans Affairs' (VA) Precision Oncology Program for Cancer of the Prostate (POPCaP) uses genetic information to tailor individualized treatments for veterans with advanced prostate cancer and mentors VA staff to increase clinical trials at 21 POPCaP sites around the country. Even though prostate cancer is the most commonly diagnosed cancer in VA, the Department is seeking to dismantle the POPCaP program as part of a larger restructuring of its precision oncology efforts. Bipartisan efforts are underway in Congress to ensure the POPCaP program is maintained. We ask that House members please cosponsor H.R. _____, the Precision Oncology Program for Cancer of the Prostate Authorization Act, led by Representatives Greg Murphy, MD (R-NC) and Herb Conaway, MD's (D-NJ). A Senate version is expected to be introduced soon.

Prostate Cancer at the VA:

Every year, about 15,000 veterans are diagnosed and treated for prostate cancer by VA. VA has a complicated history of prostate cancer care. In 2014, a whistleblower alleged the veterans at the Phoenix VA died while waiting for appointments. Subsequent investigations by the VA Inspector General, Congress, and the media showed that some of the deaths were due to delayed treatment for prostate cancer. Changes to VA's appointment scheduling and other reforms were undertaken by the Administration and Congress in the aftermath of the investigations. In 2014 and 2018, Congress passed legislation expanding eligibility criteria for veterans who wanted or needed to access "community care" — care paid for by VA but provided by non-VA providers. In 2022, Congress passed additional legislation (sponsored by Rep. Neal Dunn, M.D. (R-FL) and Sen. Jerry Moran (R-KS) which required VA to create a clinical pathway for VA providers to follow. In 2024, the VA Oncology Office released the prostate cancer clinical pathway, an evidence-based roadmap that serves as a guide for providers to help standardize care across VA. Advocates are working with VA and Congress to strengthen the pathway.

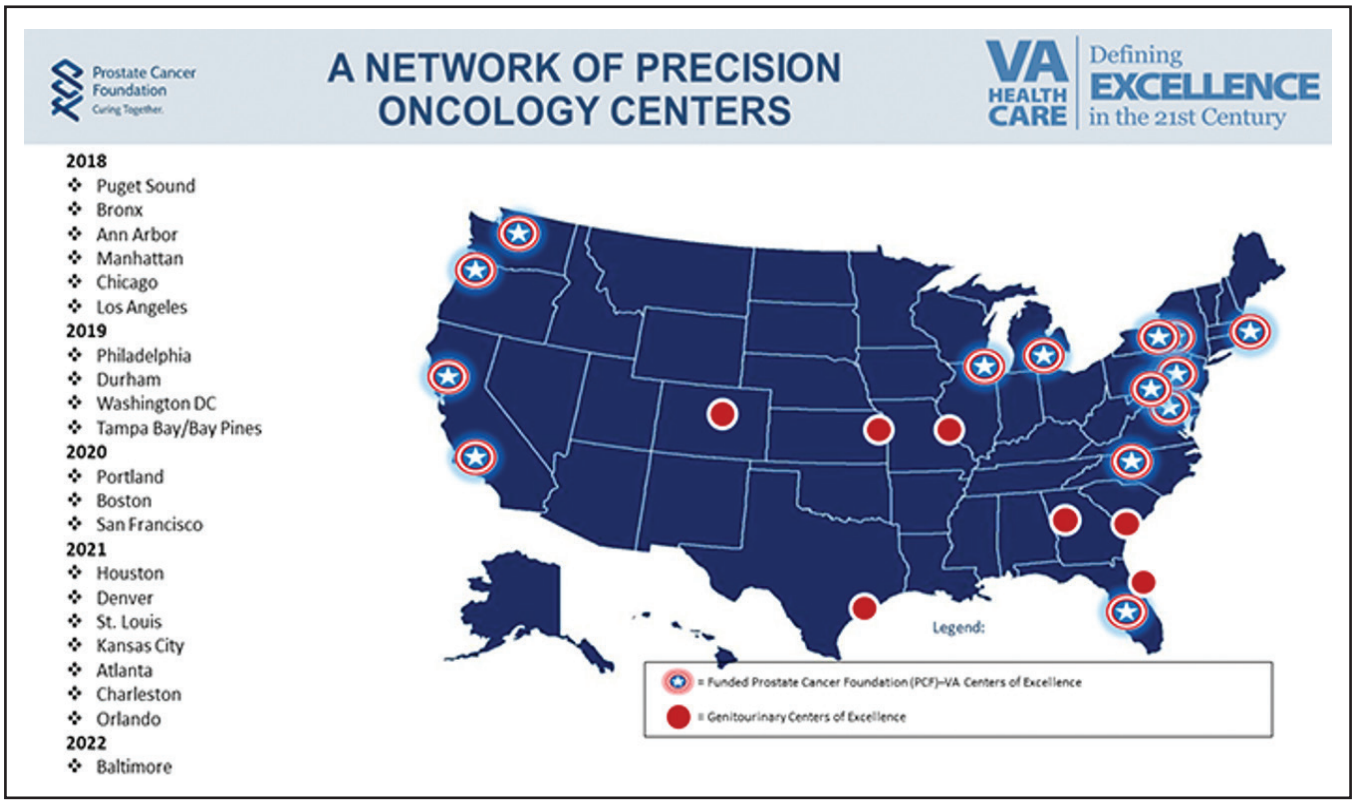
POPCaP Background:

In 2016, the Prostate Cancer Foundation (PCF) partnered with the Department of Veterans Affairs (VA) to create a network of precision oncology centers across VA. Under the terms of the agreement, PCF would cover the cost of the centers for the first five years. The first Precision Oncology Program for Cancer of the Prostate (POPCaP) sites began in 2018, and their funding was due to be absorbed by the VA in 2023. Additional POPCaP Centers of Excellence were added through 2022. POPCaP sites, chosen by PCF, have clustered mainly on the coasts near PCF donors underwriting the investments. Due to the success of the program and noting the geographic disparity, VA opened seven non-PCF-supported sites in 2021 to expand on the successful POPCaP model to include other cancers. These Genitourinary Centers of Excellence apply the POPCaP model to prostate, kidney, and bladder cancer.

POPCaP uses genetic information to tailor individualized treatments for veterans with advanced prostate cancer. Components of POPCaP include access to genetic testing and counseling, prostate cancer clinical trials, and FDA-approved drugs targeted to specific cancer mutations. The POPCaP program maintains a data repository and provides liaisons for industry-funded clinical trials to ensure VA engagement in study

design, participation, and credit, coordinates multiple sites for VA participation in National Cancer Institute Cooperative Group Studies, and facilitates the development of VA investigator-initiated studies. POPCaP has the expertise to provide varying levels of decentralized support for clinical research across VA, including research coordination, regulatory startup and maintenance, and data management without a local institutional review board (IRB) approval. POPCaP also provides support and training for investigators who do not have experience in developing proposals or creating studies.

Each POPCaP site requires approximately $500,000 a year for operations, and the annual cost for administration of the program is about $1 million. PCF has covered the annual costs for 14 of the 21 sites for the first 5 years. As sites rotate out of PCF funding and shift to VA funding, the base costs of the program are increasing for VA, from $8 million in FY23 to $11.5 million in FY26.



POPCaP leadership, based at the Seattle Puget Sound VA, is working to add six additional POPCaP sites across the country to ensure better access to oncology clinical trials for veterans. Ideally, they would locate new sites in:

- VISN 16 (Louisiana, Arkansas, South Mississippi, or East Texas)
- VISN 7 or 8 (South Georgia/North Florida)
- VISN 17 (North/Northwest Texas)
- Utah (in VISN 19)
- VISN 12 or 23 (the Upper Midwest)
- VISN 22 (Arizona or New Mexico)

POPCaP Backgrounder

Six additional sites would add a $3 million annual cost to the program, for a total program cost of $14.5 million in FY26.

The FY24 Milcon-VA Appropriations Act's Joint Explanatory Statement included increased funding to expand the POPCaP program:

> *Due to the lack of capacity to enhance and increase current clinical cancer trials into additional areas of the country, the Committees direct that up to an additional $5,000,000 be allocated to expand the Precision Oncology Program for Cancer of the Prostate (POPCaP) program to new sites in order to facilitate additional partnerships between VA medical centers and university cancer centers.*

POPCaP Background:

In the spring of 2024, in response to a request for information, VA outlined plans to shutter the POPCaP Centers of Excellence sites, close the POPCaP administrative office in Seattle, and fold the seven POPCaP genitourinary sites into a newly designed Precision Oncology Program, which would eventually have one Clinical Research Center (CRC) per VISN. Ignoring Congressional intent, the VA plans to use the appropriations funding directed for POPCaP program expansion to support six Precision Oncology CRCs (Boston, Kansas City, Madison, Minneapolis, Philadelphia, and Washington, DC). The CRC model differs substantially from the POPCaP program, providing only minimal administrative/paperwork support for sites, but none of the mentoring, liaisons, or coaching in clinical trial development or planning supported by POPCaP, which is vital in order to provide the best clinical care for veterans with prostate cancer.

Both the Senate Milcon-VA Appropriations Subcommittee and the Senate VA Committee have made inquiries into the future of POPCaP. VA's oncology office, based in Durham, has defended its decision to shut down POPCaP, suggesting that POPCaP sites are free to compete to become one of the precision oncology sites if funding becomes available. **If not altered, under current plans, VA plans to shutter the POPCaP program at the end of September 2025.**

Congressional Action:

- March 2024 – FY24 JES Milcon-VA Appropriations Subcommittee language
  - *Due to the lack of capacity to enhance and increase current clinical cancer trials into additional areas of the country, the Committees direct that up to an additional $5,000,000 be allocated to expand the Precision Oncology Program for Cancer of the Prostate (POPCaP) program to new sites in order to facilitate additional partnerships between VA medical centers and university cancer centers.*
- 2024 – 3 rounds of questions from Senate Milcon-VA Appropriations Subcommittee to VA
- Summer 2024 – FY25 Senate Milcon-VA Appropriations Subcommittee language
  - *POPCaP Program.—The Committee supports the work of the Precision Oncology Program for Cancer of the Prostate [POPCaP] program in providing veterans with access to clinical trials and individually customized treatments based on the cancer's genetic profile and encourages expansion to multiple POPCaP sites at VAMCs across the country.*

- Fall 2024 – Senate VA Committee questions and meeting with VA
- 1Q 2025 – House VA Committee inquiries to VA
- July 2025 – FY26 Senate Milcon-VA Subcommittee report language:
    - *Precision Oncology Program for Cancer of the Prostate [POPCaP].—The Committee is disappointed that the Department has not yet expanded the number of POPCaP sites as required by the joint explanatory statement accompanying Public Law 118–42. As such, the Committee directs the Department to submit a report within 30 days after the enactment of this act detailing how it will maintain the 21 current POPCaP sites and expand to additional locations. Additionally, the Committee directs VA to provide a spend plan for how it allocated funding to the current sites in fiscal years 2024 and 2025, including how it spent the additional funds provided in the joint explanatory statement accompanying Public Law 118–42 specifically for the expansion of POPCaP, as directed, as well as a spend plan for maintaining and expanding POPCaP sites in fiscal year 2026 and beyond.*
- Currently:
    - Drafting statutory language codifying the existing POPCaP Program (likely introduction by Rep. Greg Murphy, MD, R-NC, a urologist on HVAC).

The Prostate Cancer Research Program (PCRP)

WHAT IS THE PCRP?

The Prostate Cancer Research Program (PCRP) began in 1997 as a part of the Congressionally Directed Medical Research Programs, or CDMRP. Created by Congress in 1992 and administered by the Department of Defense, CDMRP programs advance biomedical research, with a particular focus on applied research that supports the greatest needs of the disease community and U.S. service members.

Military personnel are **twice as likely** to be diagnosed with prostate cancer as the general public.

The PCRP is dedicated to supporting high-risk, high-reward research with near-term clinical application to eradicate prostate cancer deaths and promote groundbreaking development of new tests and treatments. **ZERO supports restoring funding for the PCRP to $110M for Fiscal Year 2027.**

A key component of the PCRP is the Consumer Reviewer Panel, comprised of patients, providers, clinicians, and caregivers who act as lay experts on prostate cancer, bringing their lived experiences and perspectives to the evaluation of research grant proposals. **This helps ensure that the research conducted will make a meaningful difference in the lives of prostate cancer patients.**

The PCRP has contributed to developing 7 new treatments in the last decade. These include multiple therapies for metastatic cancer that no longer respond to other treatments. PCRP investment has also supported the development of a new test that helps identify aggressive prostate cancers to allow patients and their doctors to better determine the best treatment method.

> **The PCRP is a critical component of the fight against prostate cancer and the country's cancer research enterprise. As a Veteran, prostate cancer survivor, and prior PCRP reviewer, I've seen the tremendous work that the program does for the prostate cancer community as a whole and the specific value to military service members and Veterans like myself. In fact, I credit several therapeutics developed with PCRP funding as the reason why I'm alive today after a stage 4 cancer diagnosis almost ten years ago.**
>
> Col. Paul Taylor,
> *U.S. Army, Retired*

ZEROCANCER.ORG

For more information about the Prostate Cancer Research Program, please contact **Ali Manson: ali@zerocancer.org**

PCRP Backgrounder

Overview of the Department of Defense's (DoD) Prostate Cancer Research Program (PCRP)

ASK: Prostate Cancer Research at DoD – The Prostate Cancer Research Program (PCRP) at the Department of Defense (DoD) is the most impactful federally funded prostate cancer research program, employing a unique structure to set annual goals addressing gaps in understanding of the disease's diagnosis and treatment. This high-risk, high-reward translational approach, which differs from the National Institutes of Health (NIH) focus on basic research, has resulted in seven new treatments for advanced prostate cancer and one advanced diagnostic in the last decade. We urge Congress to support funding of $110M for the PCRP and to recognize prostate cancer as a militarily relevant disease in the FY27 defense appropriations bill. We ask House members to please sign the Dunn-Bishop Dear Colleague letter to the House Appropriations Committee, and we ask Senate members to please sign the Crapo-Bennet Dear Colleague letter to the Senate Appropriations Committee supporting funding for the PCRP program.

Background:

The Department of Defense's (DoD) Prostate Cancer Research Program (PCRP) was established in 1996 as a part of the Fiscal Year (FY) 1997 Department of Defense Appropriations Act. It was the second research program in the DoD's fledgling Congressionally Directed Medical Research Program (CDMRP). The first, added in 1993, focused on breast cancer in response to the lobbying efforts of the women's advocacy movement. Congress authorized funds for a substantial increase in support of new and promising research aimed at the eradication of breast cancer. Because Congress, with rare exceptions, does not direct the National Institutes of Health (NIH) – the nation's largest biomedical research funder to fund specific disease research, the breast cancer-specific appropriation required a new agency to be established within the DoD's biomedical research infrastructure. From FY1992-2025, the CDMRP managed over $20 billion in congressional appropriations for peer-reviewed research, funding over 22,000 awards through FY2024. As of FY2026, there are now 32 programs at the CDMRP.

CDMRP's Unique Structure and Process:
To ensure the establishment of a scientifically sound program that could address the needs of both consumers and clinical and research communities, in 1993, the DoD sought advice from the National Academy of Sciences' Institutes of Medicine (IOM) to advise on an investment strategy for the wisest expenditure of the funds and an appropriate review system for the evaluation of competitive proposals. A blue-ribbon committee of the IOM studied these major considerations. It issued a report recommending a traditional peer review of proposals submitted, an approach similar to the NIH model of Study Sections, followed by a second-tier review of all of the proposals for program relevance, to be performed by an Integration Panel (IP).

To identify important research areas that need support, the CDMRP depends on three sources of advice and counsel: the community of stakeholders, the IPs, and the scientists and consumers who participate in peer and programmatic reviews. In addition to the unique review process, all review panels, stakeholder meetings, and IPs are composed of scientists, clinicians, members of the military, as applicable, and consumers from advocacy communities. Consumers serve as full voting members and play a significant role in maintaining the focus of the respective programs on relevant research that has the potential to impact

the affected communities significantly. The CDMRP process is innovative in including consumer reviewers on both the peer review and programmatic panels. Consumers are engaged at all levels of the CDMRP process, which is unique among government research funding agencies. Other organizations, such as NIH, are moving toward more significant involvement of consumers in their funding processes, including setting research priorities. The CDMRP has been doing this since its inception.

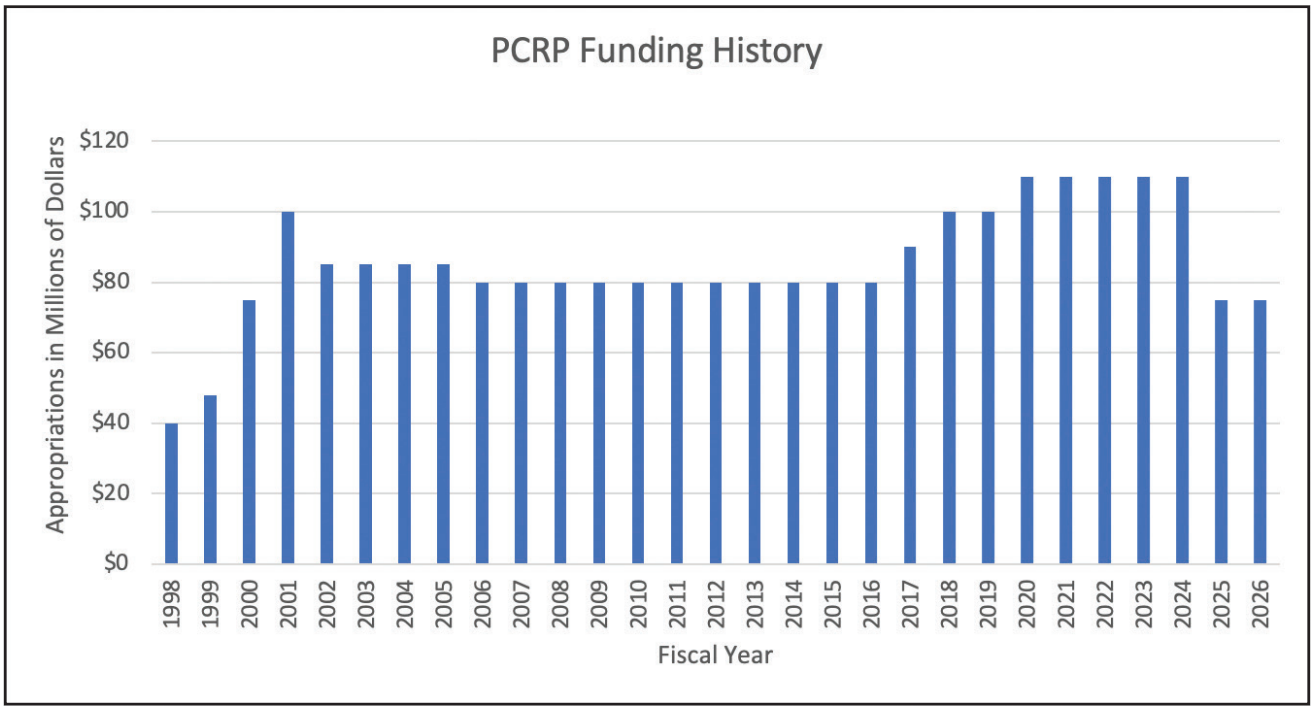
The two-tiered review process was designed to balance the most meritorious science across many disciplines and offer the greatest promise for fulfilling programmatic goals, providing greater flexibility to fund proposals that may not have scored as well in peer review but that addressed a program priority. This review of all projects considered eligible for funding by the peer reviewers is a comparison-based process in which proposals from multiple research areas compete in a common pool. Those projects deemed to have the highest relevance and importance to the CDMRP mission and specific program vision are recommended for funding. Programmatic reviewers do not automatically recommend funding for submissions highly scored by scientific peer review panels. Thus, unlike many other agencies that support research, proposals are not funded strictly in order of scientific merit. Considering programmatic intent and portfolio balances means that applications are not funded using an established "pay line." Proposals with low programmatic relevance are less likely to be funded.

Unlike other federal agencies for which the budgets for biomedical research are assured continuingly, Congress appropriates funds for the CDMRP yearly. Additionally, congressional language may identify targeted research initiatives for a particular year. Thus, planning occurs one year at a time. This arrangement means that with each new funding cycle, the CDMRP can create new research opportunities and focus funding on the most recently recognized research gaps or controversies.

After the CDMRP receives its appropriations, it has two years by law to obligate the money; each CDMRP award is fully funded upfront. However, even though each award is fully funded, principal investigators do not necessarily receive all their funding at once; rather, milestones are established and must be met to release further funds. Program announcements specify the maximum length over which award money may be allocated; the length of the award may not exceed five years.

Prostate Cancer Research Program (PCRP):

The Prostate Cancer Research Program (PCRP) began in FY1997 with a $45 million appropriation and an overall vision of conquering this disease. Its present mission is to fund research that will result in substantial improvements over current approaches to preventing, detecting, diagnosing, and treating prostate cancer. From FY1997 through FY2024, the PCRP has received $2.37 billion in congressional appropriations, and 3,947 awards have been funded through FY2024.



The PCRP is focused on eradicating prostate cancer by promoting:

- Highly innovative, groundbreaking research;
- High-impact research with near-term clinical relevance;
- The next generation of prostate cancer investigators, through mentored research and
- Resources that will facilitate translational research

The PCRP prioritizes research that will: 1) develop treatments that improve outcomes for men with lethal prostate cancer; 2) reduce lethal prostate cancer in African Americans, Veterans, and other high-risk populations; 3) define the biology of lethal prostate cancer to reduce death; and 4) improve the quality of life for survivors of prostate cancer.

Prostate Cancer's Military Relevance:

Military relevance is an important requirement for all CDMRP programs. Eighty percent of the U.S. military's active-duty population are men, and 11.7% of the almost 9,000 new cancer diagnoses of active-duty members of the U.S. Armed Forces between 2005 and 2014 were prostate cancer diagnoses. Between 2010 and 2019, over 211,000 active-duty service members and beneficiaries were treated for prostate cancer in the military health system.

PCRP Backgrounder

A 2013 study conducted at the Portland VA Medical Center and Oregon Health and Science University found that veterans exposed to Agent Orange are not only at higher risk for prostate cancer, but they are also more likely to have aggressive forms of the disease. According to a 2009 NIH-sponsored study, prostate cancer incidence rates in the active-duty military population are significantly higher than in the civilian population. As new data becomes available about the impact of burn pits and other toxic exposures following the enactment of the PACT Act, we expect to learn more about which service members are at an elevated risk for prostate cancer and why.

While there is clearly a connection between prostate cancer and exposures in previous wars, many speculate that active-duty incidence rates may be the result of mandatory annual physicals for service members, coupled with the comparative lack of barriers to accessing care due to the universality of the military health care system. Others cite the possible exposure to depleted uranium in Middle East conflicts as a likely cause for recent prostate cancer diagnoses. More research is required to provide certainty on this point.

The program focuses on developing more effective therapeutics and has led to the development of a new diagnostic tool. By improving diagnosis to reduce overtreatment and accurately distinguish life-threatening disease from indolent tumors, the PCRP may have its greatest impact on active-duty servicemen who can be confidently monitored through active surveillance rather than compromising their service to undergo treatment.

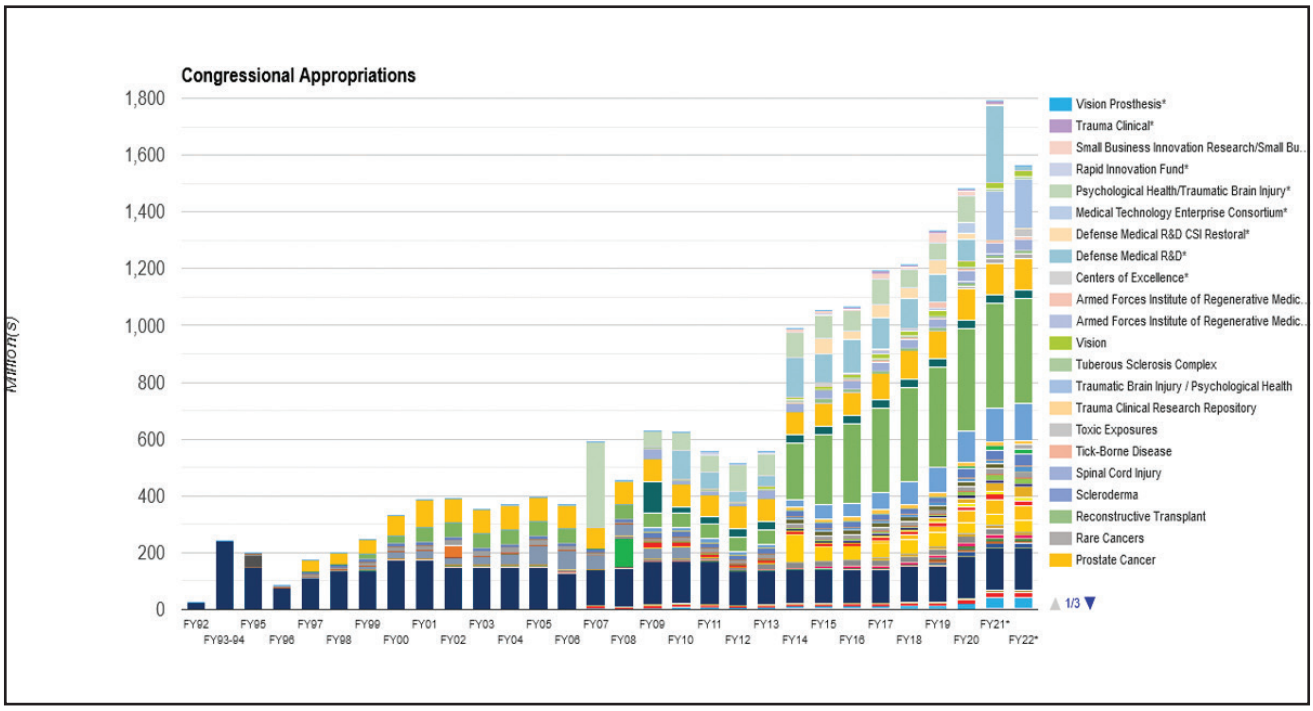
The PCRP program also has an important role in “readiness,” which is the concept of the day-to-day condition of armed forces military personnel (both mental and physical condition) and their equipment. Troops and practitioners must be mentally and physically fit for duty. A family cancer diagnosis and subsequent concerns over treatment and prognosis degrade military readiness.

CDMRP Growth:

The creation and growth of the CDMRP in the 1990s coincided with the revival of Congress’s use of the Constitutional power of the purse to provide checks on the Executive Branch in the annual budgeting and appropriations process. This was most commonly seen through the practice of “earmarks,” and the CDMRP, whose funding is never requested in the President’s budget, still struggles to distance itself from this association. The CDMRP was created at DoD to allow Members of Congress to direct medical research into specific diseases, as a gentleman’s agreement has prevented that practice with the NIH.

Although appropriations for individual research programs can (and occasionally do) vary from year to year, funding for the individual programs has stayed relatively consistent since their inception. As Congress has added programs, the CDMRP has seen a growth in funding—from $200 million in FY1993 to almost $1.5 billion in FY2023.

This growth has elevated the CDMRP’s profile with budget hawks and caused some to question whether or not CDMRP programs are duplicated in the NIH. These questions arise, in part, from a lack of understanding of the CDMRP program's unique aspects. Beyond the standard protocols to ensure that both agencies do not inappropriately fund research proposals, staff at both the PCRP and the NIH communicate regularly to discuss proposals and funding decisions and prevent duplication.



Recent Activity:

Most of the Members of the House and Senate Appropriations Committees are supportive of the CDMRP. However, a few Republicans on each committee believe this research is better housed at NIH. For several years, Members of Congress in both the House and Senate have sent letters to their respective Appropriations Committees requesting funding for the PCRP. Representative Neal Dunn (R-FL) and Representative Sanford Bishop (D-GA) have organized the House letter, which garners signatures from 110 and 150 Members of Congress each year, with 117 Members of Congress signing on in 2025 (down from 137 in 2024). Senators Mike Crapo (R-ID) and Michael Bennet (D-CO) led the Senate letter, which attracted 23 Senators in 2025 (up from 21 in 2025). This public support, coupled with internal requests from its members to the Appropriations Committee, is critical to building champions for the PCRP.

The Senate Appropriations Committee usually recommends a funding level lower than the House initially, and ultimately recedes to the House funding level. In FY2025, the Senate recommended $75 million for the PCRP program, while the House recommended $110 million. However, in FY2026, both chambers recommended $75 million. This was a result of serious funding problems in FY2025/2026.

Funding for the PCRP program recently received a significant setback when, as a result of having no appropriations bills signed into law, FY2025 funding dropped to $75 million. The PCRP was one of just 12 CDMRP programs to receive funding in FY2025. In FY26, Congress focused funding on the 20 programs that were eliminated in FY25. For FY2027, we hope that Congress will now restore funding to the $110M level.

Groundbreaking Prostate Cancer Treatments Deliver Hope

WHAT IS THE PROSTATE CANCER RESEARCH PROGRAM (PCRP)?

The PCRP is part of the Congressionally Directed Medical Research Programs (CDMRP) at the Department of Defense, is one of the most effective programs in the world designed to produce treatments and, one day, a cure for prostate cancer.

Erleada® (apalutamide) 60 mg tablets — An AR-targeted therapy indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer (nmCRPC) and for the treatment of patients with metastatic castration-sensitive prostate cancer.

JEVTANA® (cabazitaxel) injection — JEVTANA is a microtubule inhibitor indicated in combination with prednisone for treatment of patients with metastatic castration-resistant prostate cancer (mCRPC) previously treated with a docetaxel-containing treatment regimen.

Rubraca® (rucaparib) tablets — RUBRACA® tablets are a prescription medicine used in adults for the treatment of castration-resistant prostate cancer (prostate cancer that no longer responds to medical or surgical treatment that lowers testosterone).

XGEVA® (denosumab) injection 120 mg/1.7 mL vial — XGEVA® is used for prostate cancer patients with metastatic bone disease to prevent fractures, severe bone pain, and spinal cord compression.

Xofigo® radium Ra 223 dichloride injection — The Xofigo® (radium Ra 223 dichloride) injection is used to treat prostate cancer that no longer responds to hormonal or surgical treatment that lowers testosterone. It is for men whose prostate cancer has spread to the bone with symptoms but not to other parts of the body.

Xtandi® (enzalutamide) 40 mg tablets | 80 mg tablets — A prescription medicine used to treat prostate cancer that no longer responds to a hormone therapy or surgical treatment to lower testosterone OR has spread to other parts of the body and responds to a hormone therapy or surgical treatment to lower testosterone.

Zytiga® abiraterone acetate — ZYTIGA® is a prescription medicine that is used along with prednisone. ZYTIGA® is used to treat men with prostate cancer that has spread to other parts of the body.

oncotype DX® AR-V7 Nucleus Detect powered by Epic Sciences — Identifies whether your tumor will respond to AR-targeted therapies—or whether you should consider chemotherapy or other therapies.

HOW CAN YOU HELP?

Tell your elected officials that you want increased funding for the PCRP to generate more new treatment options for prostate cancer patients. Visit *zerocancer.org/advocacy* to get started today.

ZEROCANCER.ORG

For more information about the Prostate Cancer Research Program, please contact **Ali Manson: ali@zerocancer.org**

Co-Signers of the FY26 PCRP Letter

House of Representatives

Member	Party	District
Rep. Alma Adams	D	NC-12
Rep. Gabo Amo	D	RI-1
Rep. Nanette Barragan	D	CA-44
Rep. Joyce Beatty	D	OH-3
Rep. Ami Bera	D	CA-6
Rep. Don Beyer	D	VA-8
Rep. Sanford Bishop *	D	GA-2
Rep. Suzanne Bonamici	D	OR-1
Rep. Brendan Boyle	D	PA-2
Rep. Shontel Brown	D	OH-11
Rep. Julia Brownley	D	CA-26
Rep. Nikki Budzinski	D	IL-13
Rep. Mike Carey	R	OH-15
Rep. Troy Carter	D	LA-2
Rep. Joaquin Castro	D	TX-20
Rep. Sheila Cherfilus-McCormick	D	FL-20
Rep. Gil Cisneros	D	CA-31
Rep. Emanuel Cleaver	D	MO-5
Rep. Luis Correa	D	CA-46
Rep. Jim Costa	D	CA-21
Rep. Angie Craig	D	MN-2
Rep. Jason Crow	D	CO-6
Rep. Sharice Davids	D	KS-3
Rep. Danny Davis	D	IL-7
Rep. Diana DeGette	D	CO-1
Rep. Chris Deluzio	D	PA-17
Rep. Mark DeSaulnier	D	CA-10
Rep. Maxine Dexter	D	OR-3
Rep. Lloyd Doggett	D	TX-37
Rep. Neal Dunn *	R	FL-2
Rep. Dwight Evans	D	PA-3
Rep. Brian Fitzpatrick	R	PA-1
Rep. Lizzie Fletcher	D	TX-7
Rep. Bill Foster	D	IL-11
Rep. John Garamendi	D	CA-8
Rep. Andrew Garbarino	R	NY-2
Rep. Chuy Garcia	D	IL-4
Rep. Carlos Gimenez	R	FL-28

Member	Party	District
Rep. Dan Goldman	D	NY-10
Rep. Jimmy Gomez	D	CA-34
Rep. Vicente Gonzalez	D	TX-34
Rep. Josh Gottheimer	D	NJ-5
Rep. Al Green	D	TX-9
Rep. Jahana Hayes	D	CT-5
Rep. Pablo Hernandez	D	PR-AL
Rep. Jim Himes	D	CT-4
Rep. Steven Horsford	D	NV-4
Rep. Val Hoyle	D	OR-4
Rep. Glenn Ivey	D	MD-4
Rep. Jonathan Jackson	D	IL-1
Rep. Hank Johnson	D	GA-4
Rep. Bill Keating	D	MA-9
Rep. Robin Kelly	D	IL-2
Rep. Mike Kelly	R	PA-16
Rep. Ro Khanna	D	CA-17
Rep. Kevin Kiley	R	CA-3
Rep. Raja Krishnamoorthi	D	IL-8
Rep. Rick Larsen	D	WA-2
Rep. John Larson	D	CT-1
Rep. Summer Lee	D	PA-12
Rep. Teresa Leger Fernandez	D	NM-3
Rep. Sam Liccardo	D	CA-16
Rep. Zoe Lofgren	D	CA-18
Rep. Stephen Lynch	D	MA-8
Rep. Seth Magaziner	D	RI-2
Rep. Doris Matsui	D	CA-7
Rep. Sarah McBride	D	DE-AL
Rep. April McClain-Delaney	D	MD-6
Rep. Jim McGovern	D	MA-2
Rep. Max Miller	R	OH-7
Rep. Gwen Moore	D	WI-4
Rep. Jared Moskowitz	D	FL-23
Rep. Kevin Mullin	D	CA-15
Rep. Jerry Nadler	D	NY-12
Rep. Richard Neal	D	MA-1

* Denotes members who were original sponsors of letter

Co-Signers of the FY26 PCRP Letter

House of Representatives

Member	Party	District
Rep. Joe Neguse	D	CO-2
Rep. Eleanor Holmes Norton	D	DC-AL
Rep. Ihan Omar	D	MN-5
Rep. Jimmy Panetta	D	CA-19
Rep. Scott Peters	D	CA-50
Rep. Brittany Pettersen	D	CO-7
Rep. Chellie Pingree	D	ME-1
Rep. Stacey Plaskett	D	VI-AL
Rep. Jamie Raskin	D	MD-8
Rep. Josh Riley	D	NY-19
Rep. John Rose	R	TN-6
Rep. Deborah Ross	D	NC-2
Rep. Raul Ruiz	D	CA-25
Rep. Pat Ryan	D	NY-18
Rep. Linda Sanchez	D	CA-38
Rep. Mary Gay Scanlon	D	PA-5
Rep. Jan Schakowsky	D	IL-9
Rep. Brad Schneider	D	IL-10
Rep. Hillary Scholten	D	MI-3
Rep. David Scott	D	GA-13
Rep. Terri Sewell	D	AL-7
Rep. Christopher Smith	R	NJ-4
Rep. Darren Soto	D	FL-9
Rep. Pete Stauber	R	MN-8
Rep. Haley Stevens	D	MI-11
Rep. Suhas Subramanyam	D	VA-10
Rep. Eric Swalwell	D	CA-14
Rep. Shri Thanedar	D	MI-13
Rep. Mike Thompson	D	CA-4
Rep. Bennie Thompson	D	MS-2
Rep. Paul Tonko	D	NY-20
Rep. Lori Trahan	D	MA-3
Rep. Derek Tran	D	CA-45
Rep. Juan Vargas	D	CA-52
Rep. Marc Veasey	D	TX-33
Rep. Nydia Velazquez	D	NY-7
Rep. George Whitesides	D	CA-27
Rep. Nikema Williams	D	GA-5
Rep. Frederica Wilson	D	FL-24
Rep. Joe Wilson	R	SC-2

Senate

Member	Party	State
Sen. Angela Alsobrooks	D	MD
Sen. Michael Bennet*	D	CO
Sen. Richard Blumenthal	D	CT
Sen. Lisa Blunt Rochester	D	DE
Sen. Cory Booker	D	NJ
Sen. Maria Cantwell	D	WA
Sen. Chris Coons	D	DE
Sen. Mike Crapo*	R	ID
Sen. Tammy Duckworth	D	IL
Sen. Kirsten Gillibrand	D	NY
Sen. Mark Kelly	D	AZ
Sen. Andy Kim	D	NJ
Sen. Angus King	I	ME
Sen. Amy Klobuchar	D	MN
Sen. Ben Ray Lujan	D	NM
Sen. Ed Markey	D	MA
Sen. Roger Marshall	R	KS
Sen. Alex Padilla	D	CA
Sen. Gary Peters	D	MI
Sen. Jim Risch	R	ID
Sen. Elissa Slotkin	D	MI
Sen. Tina Smith	D	MN
Sen. Chris Van Hollen	D	MD
Sen. Raphael Warnock	D	GA
Sen. Elizabeth Warren	D	MA
Sen. Ron Wyden	D	OR

* Denotes members who were original sponsors of letter

Other Members who signed the FY25 PCRP Letter:

Representatives: Gus Billirakis, Andre Carson, Sean Casten, Steve Cohen, Jasmine Crockett, Don Davis, Madeleine Dean, Scott DesJarlais, Debbie Dingell, Veronica Escobar, Sara Jacobs, Sydney Kamlager-Dove, Thomas Kean, Nick LaLota, Mike Lawler, Laurel Lee, Mike Levin, Ted Lieu, Michael McCaul, Mariannette Miller-Meeks, Greg Murphy, Chris Pappas, Amata Coleman Radewagen, Kim Schrier, Rashida Tlaib, Derrick Van Orden, Roger Williams

Senators: Lisa Blunt Rochester and Andy Kim

FY27 House Appropriations Letter

March XXX, 2026

The Honorable Ken Calvert
Chairman
Subcommittee on Defense
House Appropriations Committee
H-405, The Capitol
Washington, DC 20515

The Honorable Betty McCollum
Ranking Member
Subcommittee on Defense
House Appropriations Committee
1016 Longworth House Office Building
Washington, DC 20515

Dear Chairman Calvert and Ranking Member McCollum:

This year, prostate cancer is estimated to be the number one diagnosed cancer in the United States, with over 330,000 men diagnosed, and more than 36,000 men will likely die from this disease in 2026. As you consider the Fiscal Year (FY) 2027 Defense Appropriations Act, we respectfully request that the Committee appropriate $110 million to the U.S. Department of Defense's (DOD's) Prostate Cancer Research Program (PCRP) and restore funding to the FY2024 level.

As you know, the FY2025 Continuing Resolution reduced the CDMRP programs by almost 60 percent. Because of this, there has been a devastating loss of research funding for prostate cancer. Funded at $75M under the CR and in FY2026, the program did not fund any new competitive awards, focusing all of its funding to keep the prostate cancer clinical trial consortium. To help make up ground, we request a FY2027 appropriation of $110 million for the PCRP within the CDMRP. Researchers will use this funding to develop treatments that improve outcomes for men with lethal prostate cancer; reduce lethal prostate cancer in African Americans, veterans, and other high-risk populations; and improve the quality of life for survivors of prostate cancer. With prostate cancer deaths on the rise, we need your help now more than ever to increase research that will produce tools for earlier detection and later-stage treatment and save lives.

After more than two decades of progress in reducing prostate cancer deaths, there has been a recent reversal. Prostate cancer is the most diagnosed cancer in men, and second deadliest cancer in men (behind lung cancer). Since 2014, the incidence rate for advanced-stage prostate cancer has increased by about five percent per year. This increase is significant because while prostate cancer has a nearly 100 percent survival rate when caught early, the survival rate drops to 30 percent when the cancer has metastasized. As more men are diagnosed with late-stage cancer, death rates are increasing. It is estimated that over 500 more men will die this year of prostate cancer than in 2025, which reflects an increase of 9,000 more deaths when compared to 2017.

Since 1996, the Committee has been instrumental in advancing prostate cancer research by funding the DOD's Congressionally Directed Medical Research Program (CDMRP) for prostate cancer. CDRMP's administrative structure has demonstrated an ability to be flexible and quickly adjust responses to changing medical research needs and priorities. The PCRP, which complements wider NIH basic science efforts, is the gold standard in prostate cancer research and an integral weapon in the national fight against prostate cancer.

Unlike the NIH, PCRP has clear priorities each year that target gaps in prostate cancer diagnostics, care, and treatment with an emphasis on meeting the needs of the prostate cancer community. The programmatic review of all proposals ensures that the government is not spending scarce dollars on duplicative research. This structure works. In the last ten years, the PCRP has produced three new treatments for metastatic prostate cancer and one new advanced diagnostic.

The PCRP is both effective and military relevant. Prostate cancer is the most frequently diagnosed cancer among veteran men. Service members on active duty also have an incidence rate that is twice that of the general population. Between 2005 and 2014, prostate cancer accounted for 11.7 percent of cancer diagnoses in active-duty men. In addition, it is well known that cancer diagnoses among service members or their families have a negative impact on psychological health and military readiness.

Please join us in making prostate cancer research, awareness, and early detection a national health care priority by ensuring that adequate resources are available for the DOD PCRP. We recognize the difficult task ahead in setting priorities among many needs, but we appreciate your thoughtful consideration of this request.

Sincerely,

Neal P. Dunn, M.D.
Member of Congress

Sanford D. Bishop, Jr.
Member of Congress

FY27 Senate Appropriations Letter

March XXX, 2026

The Honorable Mitch McConnell
Chairman
Committee on Appropriations
Subcommittee on Defense
S-128, The Capitol
Washington, DC 20510

The Honorable Chris Coons
Ranking Member
Committee on Appropriations
Subcommittee on Defense
S-128, The Capitol
Washington, DC 20510

Dear Chairman McConnell and Ranking Member Coons:

In 2026, prostate cancer is estimated to be the number one diagnosed cancer in the United States, with over 330,000 men diagnosed, and more than 36,000 men are estimated to die from this disease. As you consider the Fiscal Year (FY) 2027 Defense Appropriations Act, we respectfully request that the Committee restore funding to the U.S. Department of Defense's (DOD's) Prostate Cancer Research Program (PCRP) at the FY2024 level.

As you know, the FY2025 Continuing Resolution reduced the CDMRP programs by almost 60 percent. Because of this, there has been a devastating loss of research funding for prostate cancer. Due to funding cuts, the program did not fund any new competitive awards, focusing all of its funding to keep the prostate cancer clinical trial consortium. To help make up ground, we request a robust FY2027 appropriation to restore funding to the PCRP. Researchers will use this funding to develop treatments that improve outcomes for men with lethal prostate cancer; reduce lethal prostate cancer in African Americans, veterans, and other high-risk populations; and improve the quality of life for survivors of prostate cancer. With prostate cancer deaths on the rise, we need your help now more than ever to increase research that will produce tools for earlier detection and later-stage treatment and save lives.

After more than two decades of progress in reducing prostate cancer deaths, there has been a recent reversal. Prostate cancer is the most diagnosed cancer in men, and second deadliest cancer in men (behind lung cancer). Since 2014, the incidence rate for advanced-stage prostate cancer has increased by about five percent per year as a result of fewer men being screened. This increase is significant because while prostate cancer has a nearly 100 percent survival rate when caught early, the survival rate drops to 30 percent when the cancer has metastasized. As more men are diagnosed with late-stage cancer, death rates are increasing. It is estimated that over 500 more men will die this year of prostate cancer than in 2025, which reflects an increase of 9,000 more deaths when compared to 2017.

The PCRP is military relevant. Prostate cancer is the most frequently diagnosed cancer among veteran men. Service members on active duty also have an incidence rate that is twice that of the general population, which also has a negative impact on psychological health and military readiness.

Since 1996, the Committee has been instrumental in advancing prostate cancer research by funding the DOD's Congressionally Directed Medical Research Program (CDMRP) for prostate cancer. CDRMP's administrative structure has demonstrated an ability to be flexible and quickly adjust responses to changing medical research needs and priorities. The PCRP, which complements wider NIH research efforts, is the gold standard in prostate cancer research and an integral weapon in the national fight against prostate cancer.

PCRP has clear priorities each year that target gaps in prostate cancer diagnostics, care, and treatment with an emphasis on meeting the needs of the prostate cancer community. The programmatic review of all proposals ensures that the government is not spending scarce dollars on duplicative research. This structure works. In the last eleven years, the PCRP has produced three new treatments for metastatic prostate cancer and one new advanced diagnostic.

Please join us in making prostate cancer research, awareness, and early detection a national health care priority by restoring funding to the PCRP program and ensuring that DoD has adequate resources to fight prostate cancer. We recognize the difficult task ahead in setting priorities among many needs, but we appreciate your thoughtful consideration of this request.

Sincerely,

Mike Crapo
Senator

Michael Bennet
Senator

ZERO PROSTATE CANCER

The Critical Role of CDC's Division of Cancer Prevention and Control (DCPC)

Cancer remains one of our nation's most significant public health challenges:

- 2 million new cases diagnosed annually;
- Over 600,000 deaths each year;
- The United States has one of the highest age-standardized cancer rates globally;
- Cancer care costs our nation $185 billion annually;

The Division of Cancer Prevention and Control (DCPC), part of the CDC's National Center for Chronic Disease Prevention and Health Promotion, has been instrumental in reducing cancer mortality rates by 34% over the past 30 years. **This remarkable progress is threatened by proposed funding cuts that would devastate our national cancer prevention infrastructure.**

The DCPC's work provides the foundation for evidence-based policy decisions, targeted intervention strategies, and efficient resource allocation. Their efforts are fundamental to achieving national healthcare goals and maintaining America's progress against cancer.

WHAT DOES THE CDC DO FOR PROSTATE CANCER?

While there is no dedicated national program for prostate cancer within the CDC, the **CDC's Division of Cancer Prevention and Control** supports various prostate cancer activities. Within the Division, the **National Comprehensive Cancer Control Program** includes support for state health departments' prostate cancer activities within their state cancer programs. The Division also works at a national level conducting applied research and surveillance on prostate cancer and creating significant communication and outreach initiatives.

HOW YOU CAN HELP

We ask Congress to continue to support the work of the DCPC. ZERO supports a $4M increase over the Fiscal Year (FY) 2026 level for the CDC's prostate cancer activities, to maintain momentum in the fight against prostate cancer.

We ask that the following report language be included in the report accompanying the FY27 Labor-HHS-Education Appropriations Act.

> *Cancer Prevention and Control.*—The Committee is pleased with the activities of CDC's Division of Cancer Prevention and Control and supports these ongoing efforts at no less than the fiscal year 2026 levels. However, due to concerns about the continued rise in prostate cancer and deaths, the Committee includes an additional of $4,000,000 for Prostate Cancer programs to support CDC's outreach and education initiatives targeting high-risk men and their families.

ZEROCANCER.ORG

For more information about the DCPC, please contact **Ali Manson: ali@zerocancer.org**

CDC Backgrounder

Overview of CDC's Division of Cancer Prevention and Control & Prostate Cancer Activities

ASK: Support Investment in Cancer Prevention and Prostate Cancer Awareness at the CDC — We would like Congress to support sustained funding for the CDC's Division of Cancer Prevention and Control, including $20M for prostate cancer activities. This investment will continue to support the critical cancer prevention infrastructure that is the foundation of both public and private efforts to reduce cancer deaths and improve lives. A $4M in funding for prostate cancer activities over the Fiscal Year (FY) 2026 will continue the nationwide momentum in prostate cancer awareness, leading to improved early detection and prostate cancer outcomes. We ask that Members include the following Labor-HHS report language in their individual request letters to the Appropriations Committee for FY27:

> *Cancer Prevention and Control.*—The Committee is pleased with the activities of CDC's Division of Cancer Prevention and Control and supports these ongoing efforts at no less than the fiscal year 2026 levels. However, due to concerns about the continued rise in prostate cancer and deaths, the Committee includes an additional $4,000,000 for Prostate Cancer programs to support CDC's outreach and education initiatives targeting high-risk men and their families.

Background

The Centers for Disease Control and Prevention (CDC), an agency within the Department of Health and Human Services (HHS), is the nation's public health protection agency, working to safeguard Americans from health and safety threats. It is responsible for providing credible information to support health decisions and for promoting health through strong partnerships. The CDC is organized into a number of centers, institutes, and offices, some focused on specific public health challenges (e.g., injury prevention, chronic disease) and others focused on general public health capabilities (e.g., surveillance and laboratory services). About seventy percent of the CDC's annual $8B budget provides grants to state, local, municipal, tribal, and foreign governments and academic and non-profit entities. It has few regulatory responsibilities, instead issuing voluntary guidelines for the public health community.

In addition to the very public work of CDC staff around the world in response to public health emergencies, the CDC also promotes quality of life and prevention of leading causes of disease, injury, disability, and death through programs that provide Americans with the essential health information and tools they need to make informed decisions to protect and advance their health. CDC scientists collect and analyze health data, determining how health threats affect specific populations, issuing reports for health professionals and patients alike on all manner of disease and injury, and conducting public awareness campaigns to help inform the public about key health information.

Division of Cancer Prevention and Control

The CDC's National Center for Chronic Disease Prevention and Health Promotion has eight divisions and offices that carry out its work, including the Division of Cancer Prevention and Control (DCPC), home of the nation's cancer prevention infrastructure. The DCPC includes the National Comprehensive Cancer Control Program (NCCCP), National Program of Cancer Registries (NPCR), Colorectal Cancer Control Program, National Breast and Cervical Cancer Early Detection Program, and a variety of awareness and education efforts.

Funding for NCCCP flows from CDC to all 50 states, 7 US territories, and 7 tribes or tribal organizations to address their unique cancer challenges, whether by increasing access to screening, addressing health disparities, or responding to the many needs of cancer survivors. Multidisciplinary committees made of partners from across medicine, public health, civic groups, and more in each grantee's area come together to complete a strategy for using NCCCP funding to prevent cancer, find it early, and improve the lives of survivors.

The NPCR provides the information necessary to target the places and people at greatest risk for cancer. It complements the Surveillance, Epidemiology, and End Results (SEER) Registry supported by NIH to provide a complete picture of the burden of cancer in the United States, including information about new cancer cases (including the type, extent, and location of the cancer), the type of initial treatment, and outcomes.

The CDC conducts education and outreach and regularly develops educational materials for state and local public health agencies, health care providers, and the general public. Health education is a component of almost all of the CDC's programs related to specific diseases and health issues. Currently, the CDC has many ongoing awareness campaigns, including some that are designed to:

- Inform seniors about injury prevention
- Increase HIV testing, prevention, and treatment
- Raise awareness of urgent maternal warning signs during and after pregnancy
- Help Americans understand their risk for prediabetes

Prostate Cancer Activities

The Division of Cancer Prevention and Control has no designated prostate cancer program, but some activities of the NCCCP awardees and within the Division's work are specific to prostate cancer. The CDC's prostate cancer funding supports communication initiatives, applied research and analysis, surveillance, and prostate cancer activities in the NCCCP. According to the CDC, providers are often unaware of current guidelines concerning prostate cancer counseling and do not adequately inform patients of the risks and benefits of screening. As such, many of the CDC's research and surveillance activities have focused on enhancing knowledge of effective prostate cancer communication and intervention, such as efforts related to informed decision-making around screening and treatment.

The CDC's funding for **prostate cancer communication** supports the agency's work with partner organizations to research pertinent questions and promote messages that may benefit men at risk for prostate cancer, prostate cancer patients and their families, and providers. The CDC develops prostate cancer materials, which are released in print and web formats. These materials require consistent, evidence-based updating and are widely used by providers and advocacy groups to promote informed decision-

making and open discussion between patients and providers. A few years ago, the CDC, working with ZERO and other groups, launched "Nathan," an interactive avatar simulation decision aid focusing on prostate cancer screening and treatment decisions. More recently, the CDC has been creating a digital prostate cancer resource center for easier and more widely disseminated materials. As part of this process, the CDC will create new materials based on the identified needs of the patient, caregiver, and provider communities. As part of its dissemination of information, the CDC is actively engaged with the USPSTF, providing surveillance and other data to the Task Force as it updates its PSA screening recommendation this year.

The CDC's funding for prostate cancer applied research and analysis supports and conducts research on prostate cancer across a wide spectrum of public health topics, ranging from early detection with prostate-specific antigen screening to prostate cancer survivorship. Examples of current topics of special interest include:

- Analysis of surveillance data to assess the impact of U.S. Preventive Services Task Force recommendations (and changes in recommendations) on prostate cancer screening and shared decision-making;
- Development and evaluation of a decision aid to promote active surveillance management for men with low-grade, local-stage prostate cancer;
- Follow-up of needs of long-term prostate cancer survivors and their spouses; and
- Studies of prostate cancer incidence and survival by demographic and tumor characteristics to assess prostate cancer burden and identify racial and ethnic disparities.

Within the CDC's NCCCP, a total of 19 grantees have developed and implemented specific activities related to prostate cancer in the most recent reporting years of the cooperative agreement (2012–2023), including in Arizona, Massachusetts, Michigan, New Mexico, Ohio, Pennsylvania, South Carolina, South Dakota, Missouri, Tennessee, Virginia, Washington, Wisconsin, and Wyoming.

In addition to the Chronic Disease Center's prostate cancer activity funding, the CDC's Healthy People 2030 initiative includes one prostate cancer-specific goal: to "reduce the prostate cancer death rate."

Prostate Cancer Public Awareness

In 2025, ZERO Prostate Cancer launched the most ambitious initiative in the history of U.S. prostate cancer programs and services. Prostate cancer exacts a devastating toll on under-resourced and underserved communities across the country. Black men, Veterans, and rural underserved populations, in particular, carry the disease's greatest burden. Barriers exist at every point, from screening and diagnosis to accessing cutting-edge treatment. Through *Blitz the Barriers*, ZERO works both in-community and virtually to dismantle obstacles, empower communities, and pave the way for more sustainable interventions.

Blitz the Barriers has launched awareness, outreach, education, and support initiatives in pilot communities of greatest need nationwide over the next three years. These efforts drive screenings through education and awareness and offer personalized navigation to patients as they receive care. A 24-7 support tool will immediately assist patients and caregivers. This comprehensive approach will increase screening in our pilot communities by 20 percent, saving 30,0000 lives by 2030. By combining ZERO's on-the-ground efforts with CDC's proven record of public awareness and health communication, we can amplify the impact of both efforts. *Blitz* has launched in Baltimore and Atlanta, and will begin work in Detroit, Washington, D.C., New Orleans, and Mississippi imminently. Houston, Alabama, Appalachia, southern Georgia, and Chicago will follow.

ZERO has developed a strong working relationship with the CDC. Through that engagement, ZERO has grown to better understand the work that could be done if the CDC had funding for prostate cancer outreach. Since FY20, we have been able to secure an additional $2 million a year for CDC to undertake new initiatives to increase outreach, education, and resources for men at high risk of developing prostate cancer, including African-American men. This funding has allowed the CDC to work with and support appropriate governmental and non-governmental organizations to develop and disseminate additional information about prostate cancer.

We hope to increase funding by $4 million in FY2027. This investment will allow the CDC to enhance their communications and education efforts, building on national momentum in awareness and early detection of prostate cancer.

CDC Backgrounder

Recent Funding History

In FY26, the President's Budget Request proposed the elimination of the entire Division of Cancer Prevention and Control. While some CDC programs were recommended for movement over to a proposed Agency for a Healthy America, the DCPC programs were not. In response, ZERO convened an ad hoc group of partners with a shared interest in the DCPC programs to fight for their preservation in the appropriations process. A community letter in support of the DCPC was signed by 89 organizations.

This effort was successful - not only did Congress preserve the DCPC in FY26, but it also provided small increases for the overall division. Congress provided $16.2M for the CDC's prostate cancer activities, a $1M increase over FY25. Both House and Senate bills included the report language listed below:

FY26 House Report:

> ***Cancer Prevention and Control.—*** The Committee provides $417,548,000 for CDC cancer prevention and control activities, a $7,499,000 increase from the fiscal year 2024 enacted level. The Committee directs CDC to fund the following activities at not less than the fiscal year 2024 enacted level: breast and cervical cancer including WISEWOMEN, breast cancer awareness for young women, cancer registries, colorectal cancer, comprehensive cancer control, Johanna's Law, ovarian cancer, prostate cancer, skin cancer, and the cancer survivorship resource center. In addition, under this heading in the fiscal year 2027 congressional justification, CDC is directed to include a discussion of planned efforts for each of the areas identified in the preceding sentence. Within the amounts provided, the Committee includes increases of $5,499,000 for Breast and Cervical Cancer programs, $500,000 for Ovarian Cancer programs, $500,000 for Johanna's Law programs and $1,000,000 for Prostate Cancer programs.

FY26 Senate Report:

> ***Prostate Cancer.—*** The Committee remains concerned about the continued rise in prostate cancer deaths and supports CDC's work to address this trend by increasing public awareness of prostate cancer risks, screening, and treatment in high-risk men. The Committee provides continued funding for CDC's prostate cancer activities, including for outreach and education initiatives targeting high-risk men and their families.

Advocacy Tips and Best Practices

Remember:

- **Do your homework.** Read and understand the materials in your advocate email, including the "Legislative Priorities" and the "Dear Colleague" letters. Get comfortable with the "Talking Points."
- **Be aware** of notable items in a member's history and/or recent events.
- **Remember,** staff are principal advisors and are instrumental in shaping decisions.
- **MAKE THE ASK!** It is always expected, regardless of the answer or the length of the meeting.

Pre-Meeting Preparation

Know your asks. This packet contains information to help you become acquainted with the bills and programs ZERO supports and your role as an advocate when attending meetings on Capitol Hill.

Practice telling your story. The "Share Your Story" section will help you develop a compelling story. We encourage you to practice telling your story in advance to increase confidence for your meetings.

Learn more about your Senators and Representatives. It is extremely helpful to familiarize yourself with your members' priorities and views by visiting their websites at www.senate.gov or www.house.gov.

Be prepared to meet with your legislator's staff. Your legislator may not be able to attend the meeting. Staff may be young, but they are instrumental in shaping the legislator's views. It is not unusual for the legislator to defer to his/her staff for an opinion on your issue. It is important to demonstrate respect to everyone you encounter during your visit.

Meeting Pointers

Prepare as a group. We are expecting well over 100 advocates. However, there may only be one or two advocates in any district. You will **not** be attending your legislative visits alone. You will be in a group of approximately 2-5 advocates grouped with members of your state or nearby states if necessary. If there is no Advocacy Leader in your group, you will assign a "leader" to each group to start and conclude the meeting. One group member must take notes and report the details of each meeting. Make sure you assign this task in your group before you are at the visit! We ask groups to make time **before** your meetings to prepare together.

The constituents are most important. The legislators' primary concern is being responsive to their constituents—the people who hired them. If you live in the district, you are important. The spokesperson should begin the meeting by identifying himself/herself as a constituent and introducing all participants. Indicate your relationship to the issue (i.e., patient, survivor, family member, doctor, etc.) and briefly identify your request early in case time runs short.

Advocacy Tips and Best Practices

Cover the priority issue. Now is the time you've been waiting for. Tell your story and explain why funding for DoD prostate cancer research, or any of our other requests, is important to you. Make your remarks brief and to the point. Encourage them to learn more and do more.

Avoid focusing solely on the medical details. Your story is more powerful and memorable when you keep it simple and accessible. See the "Share your Story" section for help. Remember to tie your story back to this year's requests.

Stay on topic. A little chit-chat is acceptable, but be sure to stay on topic and not be drawn into storytelling—you'll never know where the time went! Be concise and stick to the issue, but do not rush the conversation.

Solicit the legislator's views on this issue. Review your request and do some research on your legislator. Does your legislator focus on defense or health issues? Do they sit on relevant committees? Do they have a personal connection to prostate cancer? If they do, focus on these issues. Make sure to thank them for their time and support and ask them to take action as outlined in the material you will leave with them. Never argue with your legislator or staff if there is a disagreement. Listen to his/ her perspective and then present your views. You will enhance your effectiveness if you demonstrate a willingness to participate in a friendly exchange of ideas. Record your legislator's response to facilitate follow-up.

Conclude your meeting. Ensure your legislator and/or staff has received briefing materials with ZERO's contact information. Thank them for their time and offer to be a resource on prostate cancer issues.

Storytelling Road Map

Many of us have been through a lot in our journey with prostate cancer. Unfortunately, in the world of advocacy, you don't have time to share a book with your lawmakers. In fact, you may only have 30 seconds. Whether writing an email, making a phone call, doing an interview or meeting your legislator face-to-face, your story is the most powerful tool you have. It is important to develop this story to have maximum impact.

A strong advocacy story follows four steps: share what happened, describe how you felt or what you did, explain the impact or lesson, and end by making a clear ask. This approach keeps your story focused, memorable, and motivates your audience to take action.

Part 1: What Happened? (Context & Challenge)

- Briefly describe the experience or challenge related to prostate cancer that you want to snare
- What was the context?
- Who was involved?
- What was the primary challenge or problem?
- Example: "My father was diagnosed with prostate cancer at age 62..."

Part 2: How You Felt / What You Did (Journey)

- Describe your emotional response to the situation.
- What actions did you take in response to the challenge?
- Who resources did you seek out?
- Who did you turn to for support?
- Example: "I felt unsure and helpless. I started searching everything I could about prostate cancer."

Part 3: What Changed / Why It Matters (Impact)

- What was the outcome of your actions?
- What changed as a result of the experience?
- Why is this story important to you?
- What broader impact can this story have?
- Example: "My father's treatment was successful, but the experience taught me the importance of early detection..."

Part 4: Make the Ask (Call to Action)

- What specific action do you want your audience to take?
- How can your audience help address the challenge?
- What resources or support are needed?
- What is the desired outcome?
- Example: "I urge you to support this bill that provides funding for prostate cancer awareness programs."

Advocacy Tips and Best Practices

Advocacy Dos and Don'ts

DOs

Do be on time. 5 minutes early ***is*** on time.
Do be polite, professional, and friendly.
Do be concise and to the point.
Do let them interrupt with questions.
Do adhere to time limits they set.
Do ask if they have questions.
Do ask your own questions.
Do offer to provide additional information.
Do get the staffer's name and follow up via email.
Do contact Malcolm (mfoggio@cgagroup.com) if you need help or have questions about your schedule.

DON'Ts

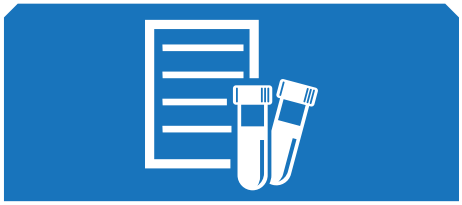
Don't just make up an answer if you are confronted with a question you cannot answer. Write the question down and let them know you will have someone at ZERO respond later.
Don't show up too early. Offices are small and arriving more than 5 minutes early can inconvenience staff.
Don't forget to say "Thank you".
Don't do all the talking.
Don't try to be completely comprehensive, hit the key points.
Don't be negative.
Don't overextend your welcome.
Don't talk personal politics.

Other ZERO Legislative Priorities

The Prostate-Specific Antigen Screening for High-risk Insured Men Act (H.R. 1300/S. 297)

WHAT IS THE PSA SCREENING FOR HIM ACT?

The PSA Screening for High-risk Insured Men Act, introduced in the Senate by Senators John Boozman (R-AR) and Cory Booker (D-NJ) and in the House by Representatives Neal Dunn, M.D. (R-FL) and Yvette Clarke (D-NY), **would require health insurance providers to offer prostate cancer screenings without any cost-sharing requirements (co-pays, deductibles, or co-insurance)** for high-risk men, including African-American men and men with a family history of prostate cancer or known genetic alteration, over the age of 40.



Only 33% of African-American men aged 50 or older had a PSA test in 2018.

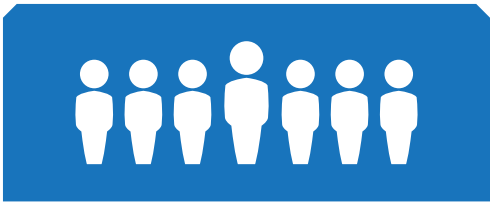
Men with at least one close family member with prostate cancer are at least 2x the risk for prostate cancer; risk increases with each affected family member.

WHY ARE PSA TESTS SO IMPORTANT?

The Prostate-Specific Antigen (PSA) test is the most effective tool we have right now to detect prostate cancer, and, most instances of prostate cancer are initially detected with this test. PSA is a substance made by the prostate, and the levels of PSA in the blood can be higher in men who have prostate cancer. **By testing the PSA levels, we are able to detect possible signs of prostate cancer.** The earlier the disease is caught, the higher the survival rates: prostate cancer caught in Stage 1 is almost 100% survivable. However, if caught at a later stage, survival rates plummet to around 38%.

WHY IS THIS BILL SO IMPORTANT?

Studies have shown that even the smallest amount of cost-sharing is a barrier to access for many. Too many men in high-risk groups delay getting tested for prostate cancer, which decreases their odds for survival. **This bill would require insurance providers to cover PSA tests for the highest- risk patients at no cost,** similar to other high-value cancer screenings such as mammograms. With an estimated 333,000+ men in America being diagnosed with prostate cancer in 2026 alone and an estimated 36,300+ deaths, the urgency to act has never been greater.



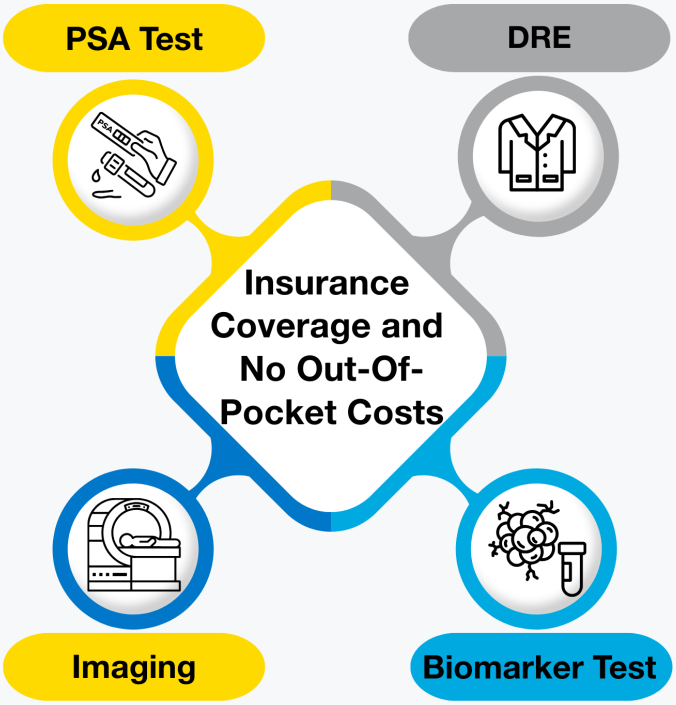
African-American men are 1.7x more likely to be diagnosed with prostate cancer, and 2.1x more likely to die from the disease.

HOW CAN YOU HELP?

Co-sponsor the PSA Screening for HIM Act today and help improve early detection rates for prostate cancer! To co-sponsor in the House, please contact Rep. Dunn's office at **Lucie.Flowers@mail.house.gov** or Rep. Clarke's office at **Nisha.Thanawala@mail.house.gov**. In the Senate, reach out to Senator Boozman's office at **Kathleen_Bochow@boozman.senate.gov** or Senator Booker's office at **Gloria_Nunez@booker.senate.gov**. To learn more about ZERO's advocacy efforts please contact **Advocacy@zerocancer.org**.

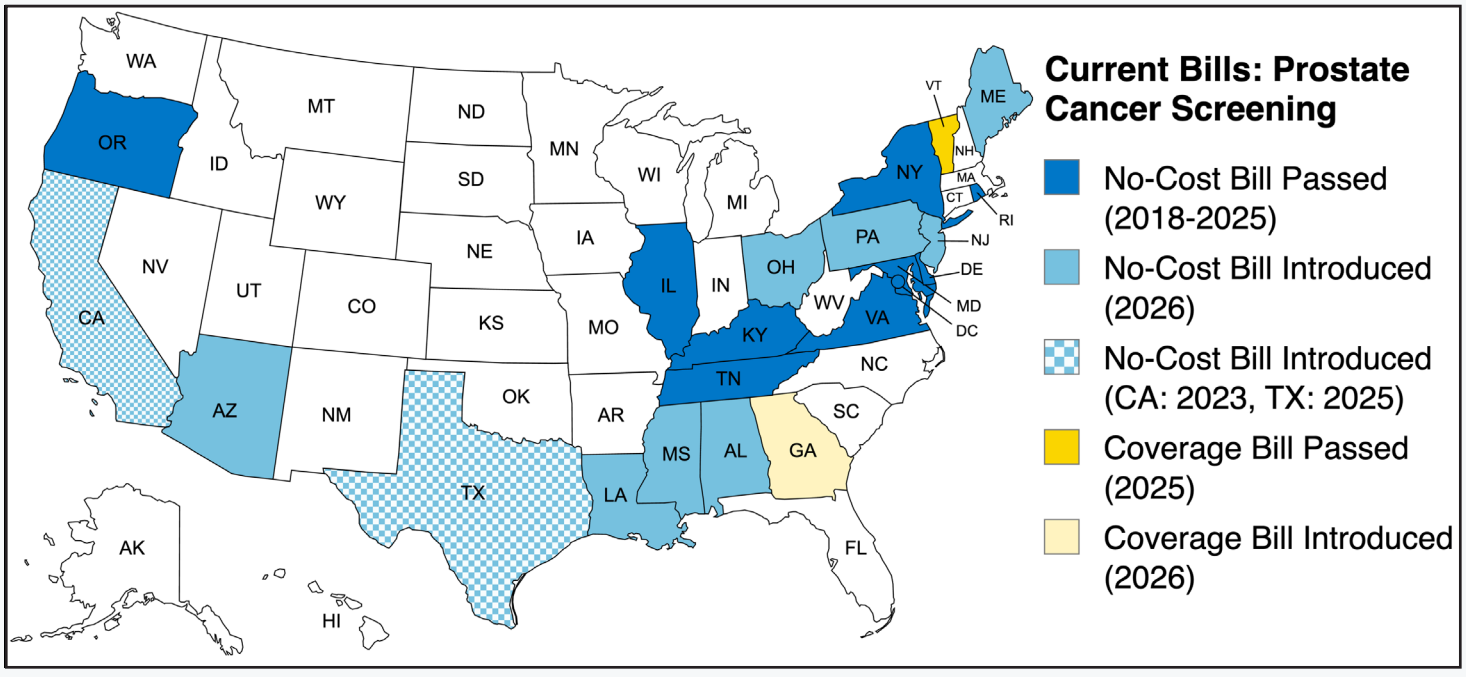
ZERO® PROSTATE CANCER State Advocacy Priorities

First Priority: No-Cost Screening



Secondary Priorities

- Prostate Cancer Screening & Awareness Programs
- Protecting Patients from Bad Insurance Practices
- Insurance Coverage for Testing & Treatment
- Medical Debt Relief & Affordable Care Initiatives



Biomarker Hearing Testimony

February 10, 2026

Re: Support for Hawaii SB 2390 (Relating to Insurance and Biomarker Testing)

Chair Buenaventura and Members of the Committee on Health and Human Services:

Thank you for the opportunity to submit written testimony in support of SB 2390 which will expand access to comprehensive biomarker testing for patients in Hawaii. As of the writing of this letter, similar legislation has been signed into law by 22 states with bipartisan support.[1]

Biomarker testing has been shown to improve the predictive accuracy of prostate cancer risk, help avoid ineffective treatments, and guide treatment decisions for prostate cancer patients.[2] Because of these benefits, nationally recognized clinical practice guidelines for prostate cancer screening recommend the use of biomarker testing. Although an increasing number of biomarker tests are performed to help treat prostate cancer patients,2 66 percent of oncology providers have reported that insurance coverage for biomarker testing is a significant or moderate barrier to appropriate biomarker testing.[3]

Improving insurer coverage for and access to biomarker testing is critical to reducing health disparities in prostate cancer and other diseases. Prostate cancer has the worst racial disparity among all cancers in the United States,[4] with Black men having a two-fold higher rate of prostate cancer mortality relative to men of other races.[5] Unfortunately, Black cancer patients are less likely to receive biomarker testing compared to White patients.[6] Studies have shown that when offered the same access to care as their White counterparts, Black men have similar prostate cancer outcomes, suggesting that the disparity in outcomes stems from social determinants of health and other factors that limit effective access to screening and early detection.[7]

Biomarker testing for prostate cancer patients improves outcomes, is critical to reducing health disparities, and is recommended in clinical practice guidelines. However, insurance plans do not cover biomarker testing for patients who need it. Therefore, I urge your support for SB 2390, to expand access to biomarker testing for patients.

Thank you, and please follow up with me with any questions.

Respectfully,
Georgia Bates
Manager, State Government Relations & Advocacy, ZERO Prostate Cancer
Georgia@zerocancer.org

[1] Biomarker testing coverage for all state-regulated plans: AZ, CA, CT, GA, IL, IN, IA, KY, MD, MN, NE, NM, NJ, NY, OK, PA, RI, TX
Biomarker testing coverage for some plans: AR, CO, FL, LA

[2] Le, T., Rojas, P. S., Fakunle, M., & Huang, F. W. (2023). Racial disparity in the genomics of precision oncology of prostate cancer. Cancer reports (Hoboken, N.J.), 6 Suppl 1(Suppl 1), e1867. https://doi.org/10.1002/cnr2.1867

[3] Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers, December 2021, American Cancer Society Cancer Action Network. https://www.fightcancer.org/sites/default/files/national_documents/provider_utilization_of_biomarker_testing_polling_memo_dec_2021.pdf

[4] Siegel, D. A., O'Neil, M. E., Richards, T. B., Dowling, N. F., & Weir, H. K. (2020). Prostate Cancer Incidence and Survival, by Stage and Race/Ethnicity — United States, 2001–2017. In MMWR. Morbidity and Mortality Weekly Report (Vol. 69, Issue 41, pp. 1473–1480). Centers for Disease Control MMWR Office. https://doi.org/10.15585/mmwr.mm6941a1

[5] Lowder, D., Rizwan, K., McColl, C., Paparella, A., Ittmann, M., Mitsiades, N., & Kaochar, S. (2022). Racial disparities in prostate cancer: A complex interplay between socioeconomic inequities and genomics. In Cancer Letters (Vol. 531, pp. 71–82). Elsevier BV. https://doi.org/10.1016/j.canlet.2022.01.028

[6] Kehl, K. L., Lathan, C. S., Johnson, B. E., & Schrag, D. (2019). Race, Poverty, and Initial Implementation of Precision Medicine for Lung Cancer. Journal of the National Cancer Institute, 111(4), 431–434. https://doi.org/10.1093/jnci/djy202

[7] Riviere P, Luterstein E, Kumar A, et al. Survival of African American and non-Hispanic white men with prostate cancer in an equal-access health care system. Cancer. 2020; 126(8):1683-1690. doi:10.1002/cncr.32666

eAPTC Letter

FOR IMMEDIATE RELEASE
January 13, 2025

Patients Need a Path Forward: 40 Patient Advocacy Orgs Urge Senate to Extend ACA Tax Credits

Washington, D.C. — 40 non-partisan, nonprofit organizations representing millions of patients with serious and chronic health conditions applaud the House for advancing a clean three-year reauthorization of the Affordable Care Act (ACA)'s enhanced advance premium tax credits. This vote marks an important first step for millions of people who rely on the exchange for high quality health insurance, but who have already seen their premiums spike.

"Thursday's bipartisan vote in the House underscored a shared recognition that access to quality, affordable health insurance is essential for millions of families and individuals across the country – including those with serious and chronic health conditions. After months of Congressional inaction, patients have already run out of time and are looking to the Senate to swiftly follow suit and vote to reauthorize the enhanced tax credits.

eAPTC Letter

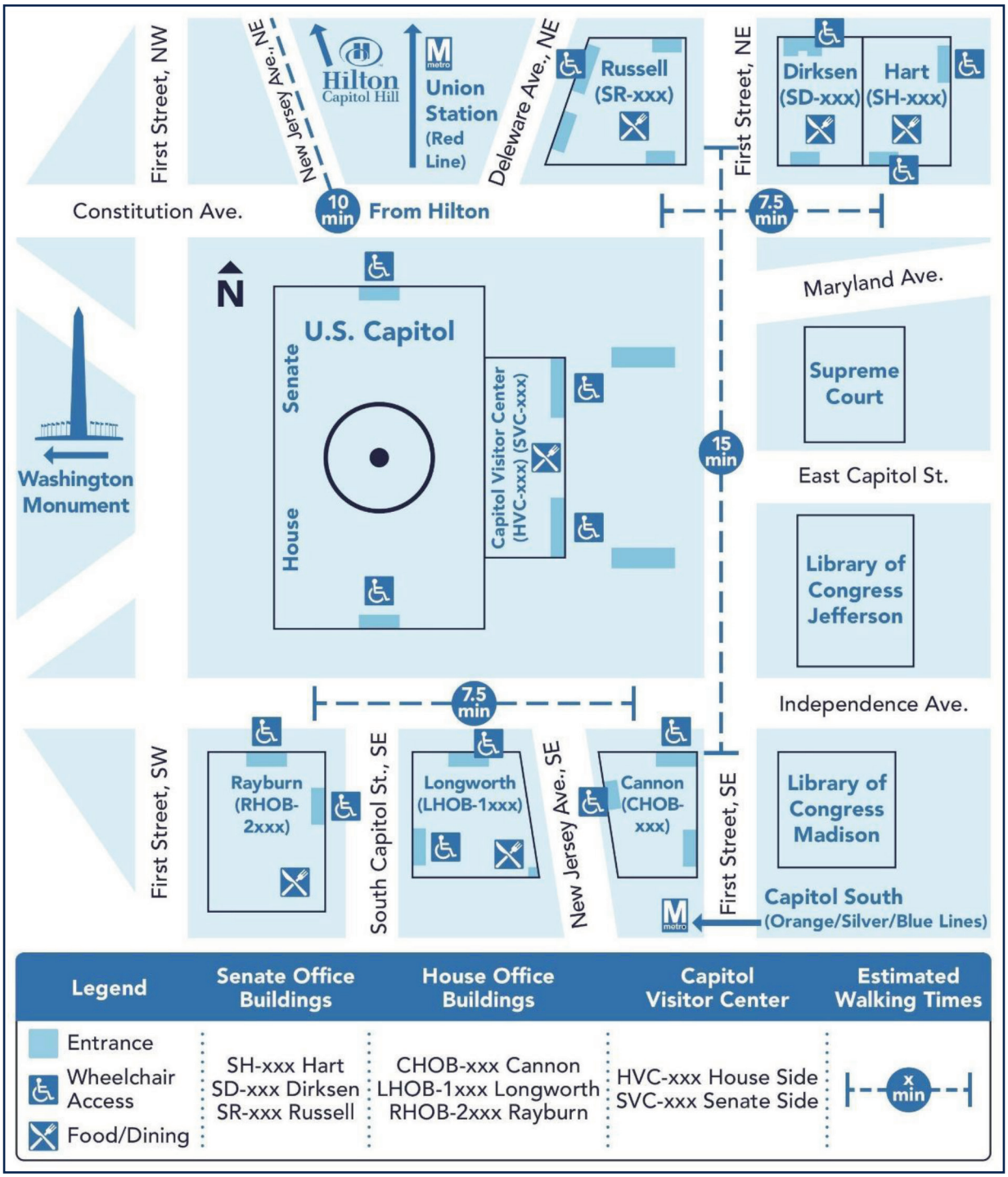
“Our organizations continue to hear from families and individuals worried about their ability to afford skyrocketing premiums and some who are walking away from critical coverage entirely. Congress must intensify its efforts and reach an agreement before open enrollment closes on January 15.

“We appreciate that lawmakers from both parties recognize the urgency of extending the enhanced tax credits now that the 2026 plan year has begun but there is no time for further delays. We strongly caution against any proposals that would increase costs, reduce access to comprehensive coverage or create new financial barriers to care. These approaches are not adequate solutions and would only deepen affordability challenges.

“Time has run out for rhetoric without action. Patients living with serious and chronic conditions have already started the year with delays in care, higher costs, and increased uncertainty. The Senate must act now to restore the enhanced tax credits before more individuals also walk away from high-quality coverage.”

AiArthritis
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Kidney Fund
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
Autoimmune Association
Blood Cancer United
Cancer Nation
Cancer Support Community
CancerCare
Chronic Disease Coalition
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Diabetes Patient Advocacy Coalition
Epilepsy Foundation of America
Foundation for Sarcoidosis Research
Hemophilia Federation of America
Hypertrophic Cardiomyopathy Association
Immune Deficiency Foundation
Legal Action Center
Lupus Foundation of America
Lutheran Services in America
Muscular Dystrophy Association
National Alliance on Mental Illness
National Bleeding Disorders Foundation
National Health Council
National Kidney Foundation
National Multiple Sclerosis Society
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Sickle Cell Disease Association of America
Susan G. Komen
The AIDS Institute
The Coalition for Hemophilia B
UsAgainstAlzheimer's
ZERO Prostate Cancer

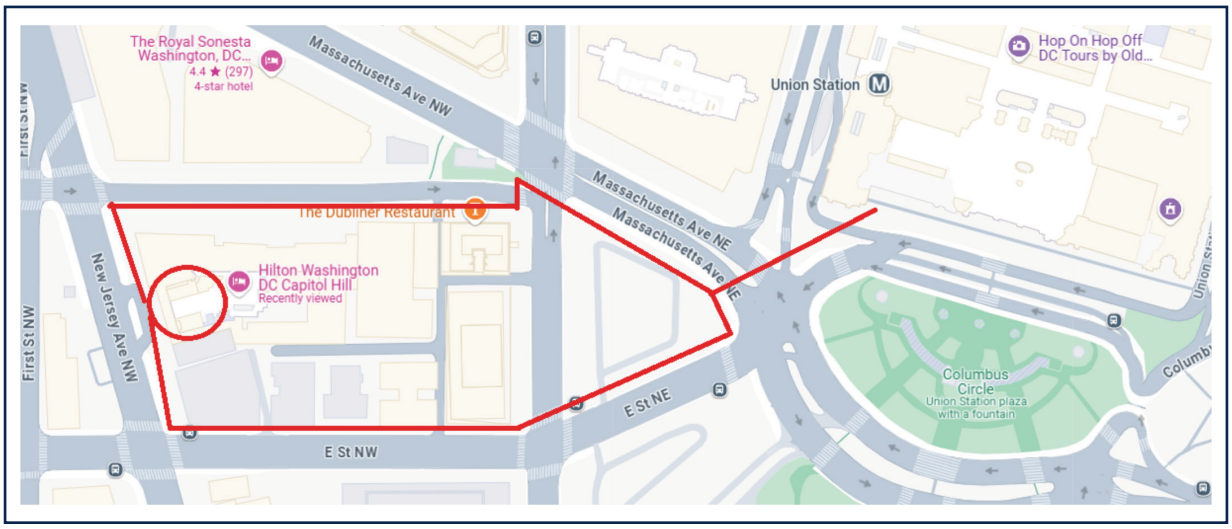
Locations and Directions



Hotel Address:
Hilton Washington DC Capitol Hill
525 New Jersey Avenue, NW
Washington, DC 20001

Locations and Directions

To get to the Hilton Washington DC Capitol Hill from Union Station:



The above map shows two roughly equidistant routes to the hotel by walking from Union Station.

To get to Union Station from Ronald Reagan Washington National Airport (DCA) via public transit:

1. Take the Yellow Metro line from the airport towards Mount Vernon Square.
    a. Transfer to the Red Metro line at Gallery Pl-Chinatown towards Glenmont (6 stops).
    b. Exit at Union Station (2 stops).
2. Take the Blue Metro line from the airport towards Largo.
    a. Transfer to the Red Metro line at Metro Center towards Glenmont (9 stops).
    b. Exit at Union Station (3 stops).

To get to Union Station from Washington Dulles International Airport (IAD) via public transit:

1. Take the Silver Metro line from the airport towards Largo.
    a. Transfer to the Red Metro line at Metro Center towards Glenmont (18 stops).
    b. Exit at Union Station (3 stops).

ZERO PROSTATE CANCER SUMMIT

Thank you to Pfizer Oncology for sponsoring the 2026 ZERO Prostate Cancer Advocacy Summit Advocate Guide

Notes

Notes

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