



Statement of  
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of  
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Testimony before the Appropriations Subcommittee on Defense  
In support of the Department of Defense Ovarian Cancer Research Program (DoD OCRP)

U.S. Senate  
June 23, 2010

**Summary of Testimony:** Karen Mason offers testimony regarding the appropriation request of a minimum of \$30 million in FY 2011 for the Department of Defense Ovarian Cancer Research Program (DoD OCRP) to fund research to eliminate ovarian cancer.

Good morning, Mr. Chairman, Ranking Member and Members of the Subcommittee. I am honored to appear before you in support of the Ovarian Cancer National Alliance's request of a minimum of \$30 million for the Department of Defense Ovarian Cancer Research Program in FY 2011. My name is Karen Mason and I am an intensive care nurse from Pitman, New Jersey. I also serve as an Integration Panel member for the Ovarian Cancer Research Program, which I will refer to as the OCRP for the remainder of my testimony.

As a nine year survivor of late stage ovarian cancer, I feel a strong sense of responsibility to my community and sit before you today as the voice of all women with this disease, past, present and future. It is my hope that today I can beseech you to share this responsibility to fund research conducted by the OCRP that works to find new treatments and an early detection test for ovarian cancer.

This year, approximately 20,000 women will be diagnosed with ovarian cancer and 15,000 women will die of this disease.<sup>1</sup> Ovarian cancer has no test like the mammogram for breast cancer or pap test for cervical cancer. Because there is no reliable early detection test, women must rely on their – and their doctors' - knowledge of ovarian cancer symptoms.

However, most women, and even their doctors, do not know the symptoms of ovarian cancer, which are bloating, pelvic or abdominal pain, urinary urgency or frequency, and difficulty eating or feeling full quickly. These symptoms are often confused with less threatening conditions.

Unfortunately, even with symptom awareness, by the time a woman has symptoms, she will already have late stage cancer. Two out of three women with ovarian cancer are diagnosed when their cancer is late stage, as mine was.<sup>2</sup> Current treatments are brutal and consist of long "debulking" surgeries

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<sup>1</sup> "Ovarian Cancer." National Cancer Institute. May 4, 2010  
<<http://www.cancer.gov/cancertopics/types/ovarian>>.

<sup>2</sup> M. J. Horner, L. A. G. Ries, M. Krapcho, N. Neyman, R. Aminou, N. Howlader, S. F. Altekruse, E. J. Feuer, L. Huang, A. Mariotto, B. A. Miller, D. R. Lewis, M. P. Eisner, D. G. Stinchcomb, E. K. Edwards, eds. *SEER Cancer Statistics Review 1975-2006*. National Cancer Institute, 2009.  
[http://seer.cancer.gov/csr/1975\\_2006](http://seer.cancer.gov/csr/1975_2006).

followed by months of chemotherapies. Even when the initial treatment response seems positive, around 70 - 95 percent of women diagnosed at stages 3 or 4 will have a recurrence.<sup>3</sup>

During my nine years of survivorship, I have befriended many women who also had late-stage ovarian cancer. One by one, I have watched most of these women die. Today in the Delaware Valley, I know of no other woman diagnosed at a late stage who has survived as long as I have. I still speak to woman newly diagnosed to offer them hope, but now I must hold a piece of my heart in reserve.

The OCRP has one bold aim: to eliminate ovarian cancer. Since 1997, the OCRP has funded out of the box, innovative research focused on detection, diagnosis, prevention and control of ovarian cancer. Many of the funded proposals can be characterized as high risk and high reward. Although we take risks in the research we fund, we believe that investing in innovative research will result in great breakthroughs in the fight against ovarian cancer.

An example of a scientific breakthrough that came out of the OCRP was the creation of the OVA-1 test for risk stratification. This test was recently brought to the market and has received much media attention, most notably in the March 9th edition of the Wall Street Journal.<sup>4</sup> In 2003, Dr. Zhen Zhang, an investigator at John Hopkins School of Medicine received an Idea Development Award from the OCRP in the amount of \$563,022.00. Dr. Zhang's research eventually led to the creation of OVA1, which is a blood test that can help physicians determine if a woman's pelvic mass is at risk for being malignant. While OVA1 is not an early detection test, it is a step in the right direction.

The OCRP is also special in that it involves patient advocates at all levels. I have volunteered my time for the past three years to serve as an Integration Panel Member for the OCRP. I work alongside physicians, scientists and other patient advocates and together, we select proposals that we believe merit funding. Patient advocates hold equal weight with scientists and physicians when funding proposals and deciding the program's vision for the future.

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<sup>3</sup> Armstrong, M.D., Deborah. "Treatment of Recurrent Disease Q&A." John Hopkins Pathology. May 9, 2010 <<http://ovariancancer.jhmi.edu/recurrentqa.cfm>>.

<sup>4</sup> Johannes, Laura. "Test to Help Determine If Ovarian Masses Are Cancer." The Wall Street Journal March 9, 2010. <<http://online.wsj.com/article/SB10001424052748704869304575109703066893506.html>>.

Last fall during our vision setting day, I suggested that if the OCRP was truly seeking innovative out of the box researchers, perhaps the reviewers should be blinded as to who the researchers were and what institutions they represent. Imagine my delight when the panel agreed. Because researchers and institutions were blinded to us, a relatively unknown researcher from a lesser institution could conceivably be invited to submit a full proposal based solely on his or her idea.

However, one of my community's biggest fears is that the relatively low incidence of ovarian cancer (lifetime risk of developing invasive ovarian cancer is 1 in 71) versus other types of cancers (lifetime risk of developing breast cancer is 1 in 8) has resulted in a much smaller investment in ovarian cancer research, thus dissuading young scientists from studying ovarian cancer and instead choosing to head into other organ sites for their careers in order to secure research funding.<sup>5,6</sup>

Additionally, Michael Seiden, M.D, Ph.D, President and CEO of Fox Chase Cancer Center and a fellow Integration Panel Member aptly stated that:

“Reducing the burden of ovarian cancer requires recruiting and, more importantly, mentoring a group of scientists and clinicians who are committed to building sustained and productive careers in ovarian cancer research. Few academic medical or research centers have the large ovarian cancer research teams and the number of junior faculty focused on developing careers that are supported through peer-reviewed, competitively funded ovarian cancer research. Often junior faculty have few if any peers at their research center with common interests; thus, this group often lacks specific mentoring and networking opportunities that would maximize the pace of their career development.”

The OCRP addressed this concern last year. We voted to award funding for the creation of an Ovarian Cancer Academy. The Academy puts the African proverb "it takes a village to raise a child" into action by training the next generation of ovarian cancer researchers. This award will develop a unique, interactive virtual academy that will provide intensive mentoring, national networking, and a peer group

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<sup>5</sup> "What Are the Key Statistics About Ovarian Cancer?" American Cancer Society. May 2, 2010 <[http://www.cancer.org/docroot/cric/content/cric\\_2\\_4\\_1x\\_what\\_are\\_the\\_key\\_statistics\\_for\\_ovarian\\_cancer\\_33.asp](http://www.cancer.org/docroot/cric/content/cric_2_4_1x_what_are_the_key_statistics_for_ovarian_cancer_33.asp)>.

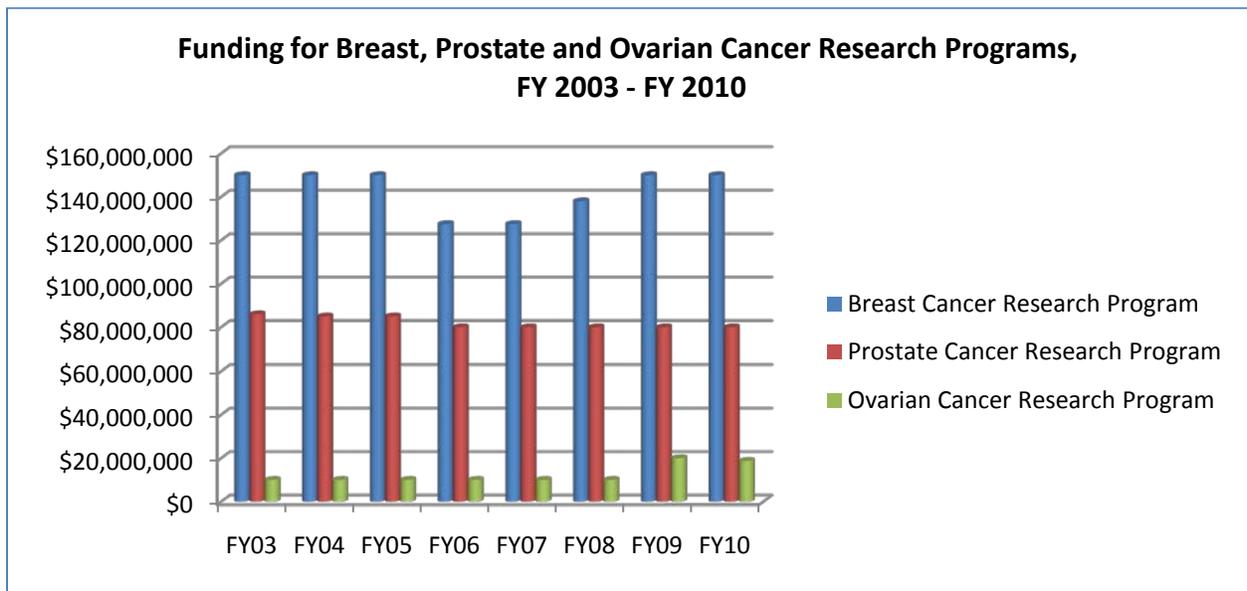
<sup>6</sup> "Probability of Breast Cancer in American Women." American Cancer Society. May 3, 2010 <<http://www.cancer.gov/cancertopics/factsheet/Detection/probability-breast-cancer>>.

for junior faculty. Under the guidance of mentors and a chosen Academy Dean, it is hoped that successful, highly productive ovarian cancer researchers will emerge.

But in order to continue supporting innovative research, the OCRP needs increased funding. This spring, we received approximately 350 pre-applications. In the end, we will only be able to fund approximately 30 full proposals. The ovarian cancer community worries that the cure could be heading to the trash can. Only with increased funding can the OCRP grow and continue to contribute to the fight against ovarian cancer.

### Ovarian Cancer Community Concerned by Funding Cuts to the OCRP

The ovarian cancer community was extremely disappointed when we found out that OCRP funding was reduced from \$20 million in 2009 to \$18.75 in 2010. It is shocking when you consider our mortality rate has not decreased and new treatments and an early detection test are still so desperately needed.



The OCRP remains a modest program compared to the other cancer programs in the Congressionally-Directed Medical Research Programs, and yet has made vast strides in the fight against ovarian cancer with relatively few resources. With an increase in funding, the program can support more research into screening, early diagnosis and treatment of ovarian cancer.

## **Congressional Support for FY 2011 Appropriation Request**

This year, the ovarian cancer community has been proactive in securing support for our FY 2011 appropriation request. A letter addressed to you in support of the \$30 million appropriation for the OCRP was signed by Senator Robert Menendez and Senator Olympia Snowe, who were joined by Senators Daniel Akaka, Barbara Boxer, Sherrod Brown, Roland Burris, Ben Cardin, Bob Casey, Susan Collins, Chris Dodd, Richard Durbin, Kirsten Gillibrand, John Kerry, Kay Hagan, Ted Kaufman, Herb Kohl, Frank Lautenberg, Joe Lieberman, Blanche Lincoln, Jack Reed, Bernard Sanders, Charles Schumer, Debbie Stabenow, Sheldon Whitehouse, and Ron Wyden.

A companion letter in the House supporting the \$30 million request was sent to Chairman Dicks and Ranking Member Young from Congresswoman Rosa DeLauro and Congressman Dan Burton, who were joined by 84 Representatives from both sides of the aisle: Representatives Andrews, Baldwin, Berkley, Berman, Blumenauer, Boswell, Boucher, Corrine Brown, Capuano, Carney, Carson, Castor, Cleaver, Cohen, Conyers, Crowley, Cummings, Susan Davis, DeGette, Delahunt, Doggett, Donna Edwards, Ellison, Farr, Frank, Gerlach, Gene Green, Grijalva, Gutierrez, John Hall, Halvorson, Hastings, Hirono, Hodes, Holt, Eddie Bernice Johnson, Kildee, Kilroy, Kind, Peter King, Kucinich, Lance, Levin, LoBiondo, Loeb sack, Lynch, Maloney, Edward Markey, Marshall, McDermott, McGovern, Meeks, Michaud, George Miller, Brad Miller, Dennis Moore, Gwen Moore, Christopher Murphy, Patrick Murphy, Nadler, Norton, Oberstar, Pascrell, Peterson, Rahall, Richardson, Rush, Schakowsky, Bobby Scott, David Scott, Sestak, Shea-Porter, Snyder, Mike Thompson, Tierney, Tonko, Tsongas, Van Hollen, Velazquez, Walz, Wasserman Schultz, Waxman, Wu and Yarmuth.

## **Appropriation Request for FY 2011**

On behalf of the entire ovarian cancer community – patients, family members, clinicians and researchers – we greatly appreciate your leadership and support of federal programs that seek to reduce and prevent suffering from ovarian cancer. Thank you in advance for your support of a minimum of \$30 million in FY 2011 funding for the Department of Defense Ovarian Cancer Research Program.