STATEMENT FOR THE RECORD OF

GINA B. CARITHERS

PRESIDENT AND CHIEF EXECUTIVE OFFICER, PROSTATE CANCER FOUNDATION

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In Support of the POPCaP Authorization Act of 2026

Chairman Moran, Ranking Member Blumenthal, and distinguished Members of the Committee, thank you for the opportunity to submit this statement in support of the POPCaP Authorization Act of 2026.

My name is Gina Carithers, and I am President and Chief Executive Officer of the Prostate Cancer Foundation (PCF), the world's largest source of philanthropic support for prostate cancer research. Since our founding in 1993, PCF has raised more than $1 billion for prostate cancer research, funding groundbreaking studies that have led to the development of multiple FDA-approved, life-extending prostate cancer therapies.

1. Introduction

Prostate cancer affects 1 in 8 U.S. men and is the cancer most frequently diagnosed among Veterans.[1,2] This disease creates a substantial burden for Veterans and military families; it is also commonly considered a presumptive condition for those who have served, a toxic wound of war.[3–5]

Rates of newly diagnosed metastatic prostate cancer are rising nationally,[6,7] bringing untold suffering, death, grief, and hardship for thousands of people, including Veterans and their families. Contemporary, guideline-recommended care uses both tumor (genomic or somatic) testing to identify specific gene alterations and protein changes in tumor cells, and germline genetic testing - a saliva or blood test that looks for certain inherited gene mutations related to prostate cancer risk, disease behavior, and treatment response.

Especially when patients have advanced (metastatic) prostate cancer, both types of tests are needed to match them to the best treatments for their personal and tumor biology and prescribe treatments in the optimal order.[8,9] Accordingly, precision germline and genomic testing are recommended by leading professional societies of clinical experts specializing in prostate cancer care.[10–13]

In addition to germline and genomic testing, other aspects of precision oncology include genetic counseling to help patients and families understand and act on genetic test results, clinical pathways of standardized care that align with those of leading academic centers, the use of large data studies and analytics to drive care, and the use of tumor boards to enable system-wide discussions of challenging cases.

To support precision oncology services for prostate cancer patients in the VA Healthcare System, PCF in 2016 partnered with VA to fund and support a unique public-private partnership called POPCaP, which offers VA patients with advanced and life-threatening forms of prostate cancer access to genomic and genetic testing and counseling, prostate cancer clinical trials, FDA-approved drugs targeted to specific mutations, and coordinated, high-quality prostate cancer care.[14,15]

In the decade since POPCaP was formed, PCF has boosted its support and POPCaP has expanded to include 21 Centers of Excellence housed within VA Medical Centers, giving rise to high-impact programs and clinical trials that are benefitting thousands of Veterans with prostate cancer nationwide.[14,15]

Without POPCaP, we risk undoing more than a decade of progress that could shorten lives and diminish quality of life for thousands of Veterans with prostate cancer today—and tens of thousands more in the years ahead—as prostate cancer rates continue to rise across the country.[6]

The remainder of this testimony details the burden of prostate cancer in U.S. Veterans, the history and impact of POPCaP, and the reasons PCF strongly supports the Committee's advancement of the POPCaP Authorization Act of 2026.

2. Prostate Cancer: A Major Burden for U.S. Veterans and Families

Prostate cancer accounts for about 30% of all new cancer diagnoses within VA, making it the single most diagnosed cancer among VA patients.[16] Approximately 15,000 Veterans are newly diagnosed and treated for prostate cancer at VA each year.[17] Another 250,000 Veterans are living as prostate cancer survivors, of whom an estimated 15,200 have metastatic disease, based on analyses of data from the Department of Veterans Affairs (VA) Informatics and Computing Infrastructure (VINCI).[18,19]

Rates of life-threatening forms of metastatic prostate cancer have risen in VA[7,20] and are likely to continue increasing, consistent with U.S. data showing that new diagnoses of distant-stage prostate cancer rose by an average of 6.7% per year between 2011 and 2021.[6]

Prostate cancer is prevalent among Veterans and imposes a substantial burden on them and their families.[17] Even when it has not spread to bone, prostate cancer and its treatment can cause urinary, sexual, hormonal, and psychological distress that diminish quality of life and interfere with daily functioning.[21] When it does metastasize and spread to bone, skeletal-related events such as fractures, spinal cord compression, and radiation or surgery to bone can cause severe pain and loss of the ability to engage in regular activities of daily living.[22]

These complications, together with the emotional stress of advanced disease, can significantly affect the mental health of Veterans and the well-being of their families. Guideline-

recommended hormone-based therapies for advanced prostate cancer improve survival but can contribute to or worsen mental health conditions such as depression and anxiety, including among Veteran patients. Investigators in our network, such as Dr. Phoebe Tsao at the University of Michigan and Ann Arbor VA Medical Center, are studying this connection directly. Veterans with cancer experience suicide attempts at a rate of 203 per 100,000, a significantly higher rate than in the general population.[23] A dedicated network of multidisciplinary experts in prostate cancer treatment, such as that provided through POPCaP, helps support not only length of life but also quality of life for Veterans living with prostate cancer.

3. Precision Oncology: a Cornerstone of Prostate Cancer Care

Prostate cancer, particularly advanced (metastatic) prostate disease, is very biologically heterogeneous, meaning that a treatment that works well for one man may not work for another.[24,25] Many patients also carry inherited or acquired gene alterations that help predict which therapies are most likely to be effective for their cancer.[26–28]

Over the past decade, multiple life-extending therapies have become FDA-approved for patients with these genetic and molecular changes, and accordingly, both genomic (tumor) and germline (inherited) testing are now guideline-recommended to help clinicians match men with advanced prostate cancer to the best available treatments for their individual tumor and personal biology.[12,13] These precision tests are also essential for researchers to continue improving treatment strategies and targeted therapies, not only in prostate cancer, but across many other cancers as well.

PCF has played a central role in driving precision oncology, both within and outside VA. In 2012, PCF funded a multidisciplinary "Dream Team" led by Drs. Arul Chinnaiyan and Charles Sawyers to investigate the use of genetic and molecular testing in men with advanced prostate cancer.[29]

In 2015, these experts published landmark findings demonstrating that approximately one in five individuals carried a gene or protein alteration that was potentially clinically actionable.[30] In 2016, this work was expanded by research on the prevalence of germline (inherited) gene mutations that have important implications for emerging treatments.[31] Together, these studies

indicated that precision genomic and germline testing in patients with advanced prostate cancer could guide targeted treatment selection, ultimately benefitting tens of thousands of patients if these tests were implemented into routine care.

Today, patients with advanced prostate cancer can be matched through genomic and germline testing to FDA-approved treatments such as PARP inhibitors, or, in select cases, immunotherapy.[32–38] This ***precision oncology*** approach is now a cornerstone of advanced prostate cancer care and recommended by formal guidelines from leading professional societies.[10–13]

4. POPCaP Brings Veterans Critically Needed Oncology Services

In 2016, PCF, recognizing the potential of precision oncology to deliver life-extending care and drive discoveries for Veterans across the country, partnered with VA to design and launch a unique public-private partnership. The goals of this partnership were manifold: to expand precision oncology trials and research for Veterans with prostate cancer, speed the development of new therapies, and ensure that Veterans across the country could readily join trials and access these services.[39]

PCF seeded this effort with an initial commitment of $50 million.[15,39] The pilot was led by Dr. Bruce Montgomery and Dr. Matthew Rettig, who proposed systematically testing Veterans with advanced prostate cancer and, whenever possible, matching patients with a qualifying gene or molecular change to the correct targeted therapy. At the time, this treatment approach included precision therapies approved for other cancers that were used off-label in prostate cancer and subsequently approved for this indication.

Patients demonstrably benefited from this approach,[40] which steered PCF, in 2018, after many planning discussions with VA, to establish the first six POPCaP Centers of Excellence. These were housed in six VA Medical Centers that each received a multi-year, $2.5 million award to attract and retain teams of leading clinician-researchers who would dedicate their careers to VA patients: implementing precision prostate cancer testing and care, designing and conducting

clinical trials, and analyzing large datasets to advance new treatments and extend and improve lives.[14,15,41]

5. POPCaP Today Includes 21 Centers of Excellence Across the U.S.

Today, the POPCaP network has grown to include 21 Precision Oncology Centers of Excellence throughout the U.S.,[42] further supported by NCI-designated cancer center affiliates and regional partners across VA.

Together, these teams include more than 250 of the nation's leading clinicians and investigators who meet regularly to share expertise, mentor new members, and drive research and innovation that will help deliver the next generation of treatments and therapeutic approaches for Veterans and other patients with prostate cancer and other forms of cancer, too.

Because of POPCaP, thousands of Veterans across the country are now receiving these precision oncology services. The entire POPCaP network is grounded in a single core principle: that Veterans, who have served our country, deserve top care and access to cutting-edge treatments, no matter where they live.

PCF's philanthropic commitment to POPCaP has since grown to $65 million, sustaining and expanding this unique partnership so that Centers of Excellence can keep delivering precision oncology services, conducting trials of new treatments, and driving analytics and innovation for Veterans cared for in the POPCaP Centers of Excellence around the country living with prostate cancer. Conservatively, VINCI estimates that the number of Veterans with prostate cancer cared for at these Centers around the country is approximately 80,000.[18,19] Given that POPCaP collaborates with Centers well beyond this scope, we estimate that many more benefit from this work.

6. POPCaP's Centers of Excellence Have Helped Over 12,000 Veterans Receive Precision Prostate Cancer Testing and Care

Studies confirm that rates of precision prostate cancer testing rose markedly after POPCaP and its Centers of Excellence were implemented, which investigators attribute to the program's

integrated care delivery model and infrastructure.[43] In one recent study, for example, Veterans treated at a POPCaP Center of Excellence were 57% more likely to receive treatment-oriented precision sequencing of their tumor DNA compared with Veterans treated outside these Centers.[43] Furthermore, testing rates rose markedly over time – the likelihood of receiving clinically indicated precision testing was about three times higher in 2021 compared to 2016, and among all Veterans tested during this period, approximately 40% were tested in 2021.

The benefits of POPCaP and its Centers of Excellence are perhaps best demonstrated by stories of individual Veterans. When a West Point graduate and Army Veteran's advanced prostate cancer did not respond to standard treatment, his physician at a POPCaP Center of Excellence ordered precision testing, which found a genomic (tumor) change that made him eligible for an FDA-approved immunotherapy that works best in patients whose cancers harbor this finding.[44] More than five years later, this patient is alive and enjoying time with a two-year-old granddaughter he would never have met without precision oncology services.

This Veteran's story is not unique. Through POPCaP and its Centers of Excellence, more than 12,000 Veterans with advanced cancer have received precision testing to pair them with life-extending therapies.

7. Specific POPCaP Programs and Impact

<u>Prostate Cancer Analysis for Therapy Choice (PATCH)</u>

As our prostate cancer treatment armamentarium expands, it extends lives and reduces suffering but also raises complex questions about which treatment an individual patient should receive first. The Prostate Cancer Analysis for Therapy Choice (PATCH) initiative has opened or expanded 27 multi-site clinical trials across 34 VA Medical Centers that are studying this critical topic among Veterans.

PATCH trials include first-in-field studies such as COBRA (Carboplatin or Olaparib for BRCA-Deficient Prostate Cancer), an open-label, multicenter phase II trial enrolling Veterans with metastatic castration-resistant prostate cancer whose tumors harbor targetable DNA damage repair mutations identified through regular clinical testing. [45] COBRA – which continues to

actively enroll Veterans as of this writing – may help show how best to select initial treatment for Veterans and other patients with life-threatening forms of advanced prostate cancer.

A therapeutic mainstay for advanced prostate cancer is androgen receptor pathway inhibitors (ARPIs), oral pills administered together with androgen deprivation therapy (ADT).[10–13] A critical unanswered question, especially because ARPIs are now routinely used earlier in treatment, is which medicine to consider first for which patients.

Within PATCH, a randomized phase II trial is exploring this by comparing three FDA-approved ARPIs, abiraterone acetate, enzalutamide, and apalutamide, as first-line therapy for Veterans with metastatic hormone-sensitive prostate cancer.[46] The findings may help guide ARPI selection and inform care for millions living with advanced prostate cancer, both Veterans and non-Veterans.

Each year, POPCaP adds new interventional studies aimed at further extending and improving life. A recent example is VA-DOSE: Prostate, a trial presented at a recent POPCaP meeting. VA-DOSE will evaluate whether Veterans can safely reduce androgen blockade based on PSA response, tumor genomics, and clinical risk.

VA-DOSE grew directly out of a newly published study in which researchers analyzed tumor genes and clinical outcomes from 7,201 Veterans with metastatic hormone-sensitive prostate cancer.[47] They found 16 genes that were correlated with survival and designed a method to predict risk of death based on whether a tumor has these genes. This method was shown to be a reliable prognosticator and may help guide future treatment decisions for patients with advanced prostate cancer, both within and outside VA.

This clinical research is made possible by an integrated community of medical oncologists, radiation oncologists, urologists, nuclear physicians, pathologists, and biocomputing experts who routinely share knowledge throughout the POPCaP network, asking what trial to open next to help Veterans whose prostate cancers resist standard treatment or who suffer debilitating side effects.

Several PATCH trials and the involvement of POPCaP investigators have led to FDA approvals of new targeted therapies since the PCF-VA partnership formed in 2016. AMPLITUDE, on which PATCH lead Dr. Julie Graff was an author, supported the December 2025 approval of the first precision combination therapy for BRCA2-mutated metastatic hormone-sensitive prostate cancer.[48] Early in the PCF-VA partnership, as a precursor to what would become PATCH, POPCaP leadership brought the TRITON2[49] and TRITON3[50] trials to VA sites, opening access for Veterans. Those trials supported the approval of rucaparib – the first PARP inhibitor approved for prostate cancer.[35,38]

Because of PATCH, more VA facilities now run prostate cancer trials, more Veterans are enrolled in precision medicine studies, and more leading prostate cancer physician-researchers can generate evidence needed to guide the future of cancer treatment. Notably, this network has received not only federal and philanthropic support but also robust industry involvement, ensuring that oncology innovation serves Veterans first, not last.[14,15]

VA Multi-OMIC Analysis Platform for Prostate Cancer (VA-MAPP)

A landmark achievement of POPCaP is VA-MAPP (VA Multi-OMIC Analysis Platform for Prostate Cancer), a massive repository of biological specimens, prostate tumor scans, and clinical data from Veterans with or at risk of prostate cancer served across VA. [51,52]

Today, VA-MAPP, led by Dr. Isla Garraway, houses approximately 80,000 biological specimens and images: tissue samples from prostate cancer biopsy and surgery, blood and saliva samples used for precision testing, as well as clinical data, digital pathology images, and PSMA PET and MRI imaging scans from patients with both localized and advanced prostate tumors.[53] VA-MAPP is so large that it is considered one of the largest biorepositories in the world focused on prostate cancer, the most frequently diagnosed cancer among Veterans.

Because VA-MAPP biospecimens, scans, and clinical data are linked on a patient (individual) level, researchers are able to employ advanced techniques to study how tests that are already used in routine care can better predict treatment responses and outcomes. The size and robustness of

the VA-MAPP biorepository powers this work on a scale that no single hospital could achieve alone, enabling biomarker discovery through machine learning, AI-driven approaches, and other novel analytic methods that were never previously possible. [51,52]

VA-MAPP also captures information on toxic exposures Veterans may incur during active military service, such as exposure to certain environmental toxins, contaminated water, and atmospheric radiation.[53] This information is linked with the rest within VA-MAPP, enabling researchers to examine links between exposures and prostate cancer biology and outcomes, which may help guide future care decisions.

While VA-MAPP represents VA Medical Centers nationwide, 22 VA medical centers actively participate in VA-MAPP data and specimen collection. VA-MAPP is also the only VA-approved biorepository that is open to VA researchers and collaborators and links digital pathology slides and radiographic images to biospecimens and molecular data.

Precision medicine and large-scale data analysis were just beginning to converge when VA and PCF piloted the origins of POPCaP in 2016. Since then, the POPCaP network has analyzed VA-MAPP data using cutting-edge machine learning and artificial intelligence approaches that are delivering new insights into the biology of prostate cancer and helping experts develop better diagnostic tests, better treatments, and smarter combinations of existing therapies to benefit Veterans and other men with prostate cancer now and in the years ahead.

POPCaP Germline Testing Services Help Both Veterans and Families

Germline testing is core to precision oncology for patients with prostate and other cancers.[10–13,27] However, these tests also help protect families. This is because inherited mutations in BRCA2, BRCA1, and other DNA damage repair genes run in some families and significantly raise the risk of not only prostate but also breast, ovarian, pancreatic, and other serious cancers in both men and women.[54]

If a person tests positive for a germline mutation, first-degree relatives such as siblings and adult children have about a 50% chance of carrying the same mutation.[55] Second and even third-degree blood relatives are also at increased risk. With appropriate genetic counseling, a person who tests positive can learn how to inform his family and whom to tell. Family members can then decide if they want to get tested themselves (called 'cascade testing'), which helps those who test positive to receive earlier or more sensitive cancer screenings and take other preventive measures to prevent adverse health outcomes.[55,56]

POPCaP Centers of Excellence are deliberately built to deliver this precision-genetic infrastructure, offering access to germline testing, genetic counseling, and connections to appropriate care.[31,57] Without these services, patients and families might not learn of inherited risks in time for prevention.[58]

POPCaP Centers of Excellence teams also have worked tirelessly to expand genetic services in rural areas, and conduct research on inherited cancer risk genes to inform screening, prevention, and targeted treatment for all, Veterans and non-Veterans alike.[27,28]

The PCF-VA New Data Nurse of the Future Program

Genetic counseling is essential for patients and families to understand their germline test results so they can make informed healthcare decisions and take other key steps to support health and protect life. Genetic counselors specialize in helping patients and families understand their genetic test results and navigate needed services and screenings. However, access to genetic counselors is limited in some parts of the U.S., particularly rural areas, and some studies predict worsening shortages.[59,60]

Recognizing that nurses can be empowered to deliver genetic services at scale, in November 2020, PCF announced, in collaboration with the VA, a pilot of the New Data Nurse of the Future Program.[61] This novel nursing research and training initiative was designed to empower advanced practice registered nurses (APRNs) to join the genetic services workforce and deliver precision oncology care when appropriate. The program included a steering committee of nursing leaders,

the creation of a national training curriculum,[62] and a pilot program, which deployed an APRN to expand genetic services' reach and impact in what was contemporaneously referred to as the Veterans Integrated Service Networks 04 (VISN4).[63]

In 2021, the VA-PCF New Data Nurse of the Future Pilot Program had enrolled more than 130 nurse registrants from all Veterans Integrated Services Networks in nearly 50 states, plus Puerto Rico and the U.S. Virgin Islands.[62] The educational program created momentum for APRNs to be embedded in oncology and urology clinics to support genetic services and completion of precision testing. These nurses[64] practice at the top of their licenses, extending the reach of genetic services while escalating complex cases to genetic counselors. In addition to other specialists in VA, these APRNs play a unique role in educating Veterans about the purpose and benefits of genetic testing, the use of targeted therapies, and any opportunities to join precision oncology clinical trials.

At POPCaP's Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center in Philadelphia, a pilot program showed that embedding a nurse-led cancer genetics service in a VA oncology clinic markedly improved completion of germline testing compared with standard centralized tele-genetics services. POPCaP funding made it possible for the clinic to hire an advanced-practice genetics nurse scientist, who worked with an oncologist trained in cancer genetics and other site staff to build a dedicated cancer genetics clinic for Veterans across VISN 4.[65] This clinic now serves micropolitan, small town, and rural communities in the region, including areas such as Sussex County, Delaware; Schuylkill County, Pennsylvania; Burlington County, New Jersey; and Northumberland County, Pennsylvania. [65]

This VISN4 Cancer Genetics Clinic has accomplished significant growth. The number of consults grew from 41 in fiscal year 2020, before the clinic was established, to 530 in fiscal year 2025, a direct result of the capacity built by the innovative pilot at the POPCaP Center in Philadelphia. Notably, the clinic improved the percentage of referred patients who completed testing from 33% before establishment to 68% afterward. [65] Among 812 germline tests completed during 2021-2025, 84 pathogenic germline variants were found, of which 51 (61%) were a match for an

available targeted treatment.[65] By improving the number of genetics consults and the percentage of completed tests, the clinic surmounted barriers, enabling clinicians and patients to receive critical information to help guide treatment.

8. Reasons to Advance the POPCaP Authorization Act of 2026

Since its founding, POPCaP has served as the roadmap for clinical and scientific coordination. Its Centers of Excellence network represents a disease-specific community of leading clinician-scientists who care for Veterans around the country. These patients receive best-in-class care and often have the chance to join clinical trials of new therapies - studies created with deliberate attention to pragmatic, decentralized clinical trial (DCT) designs. Distance is a notorious barrier to clinical trial access and participation, with clinical trials often clustered in major metropolitan areas and the coast. Veterans stand to benefit when these resources from DCTs advance precision treatment.

PCF does not believe the existence of the Clinical Cancer Research Networks eliminates the need for POPCaP. VA is the nation's largest integrated health system, serving 9 million patients in over 1,200 facilities, and CCRN is a significant system-wide oncology program covering multiple cancers for these patients. However, CCRN should not and cannot replace POPCaP, which has built unique assets and retained world-class leadership in prostate cancer, establishing a national track record of competency and operationalizing specialized care for tens of thousands of Veterans. POPCaP has drawn a roadmap for how a clinical trials network can provide robust offerings and has drawn hundreds of needed clinical experts to VA. Given the rise in rates of metastatic prostate cancer, now is not the time to halt POPCaP's progress. Notably, the program is led by some of the foremost experts and leaders in prostate cancer; it would be a disservice to Veterans to eliminate POPCaP and lose their leadership.

The POPCaP Authorization Act of 2026 would direct the Secretary of Veterans Affairs to establish POPCaP in statute, require the Secretary to maintain not fewer than 21 medical facilities designated as Centers of Excellence at all times.[66,67] The Act would also require every Center of

Excellence to employ a complete clinical team and dedicated research staff, helping sustain and protect reach and impact for Veterans across the U.S, not only in large cities or on coasts. Requiring the maintenance of 21 POPCaP Centers of Excellence is a rational and efficient way to sustain precision oncology progress in places where it is already strong and well developed.

The POPCaP Authorization Act of 2026 carries forward the legacy of PCF Board members S. Ward "Trip" Casscells III and Larry Stupski, both of whom were Veterans and PCF Board Members whose legacy and leadership advanced PCF's mission-driven work serving Veterans. [68,69] Stupski served as a U.S. Navy officer in Vietnam and went on to a distinguished career as an executive at Charles Schwab. The Stupski Foundation,[70] which he founded with his wife, Joyce, notably underwrote the first $1 million philanthropic investment into the pilot effort. Dr. Casscells—who served a tour of duty in Iraq and later served as the Pentagon's medical chief—championed the importance of military medicine and Veterans' health while serving on PCF's Board of Directors.

This leadership[41] informed what became a guiding principle at PCF: that a Veteran in Twin Falls, Idaho should have access to the same caliber of care as any patient at Memorial Sloan Kettering or Dana-Farber Cancer Institute. Authorizing this Act will enable more Veterans to receive recommended prostate cancer care, including precision testing and treatment, no matter where they live. This is critical, as clinical trials often cluster in or near large coastal cities, while nearly one in four Veterans lives in rural areas – a substantially higher percentage than the general population.[71] Today, millions of Veterans look out at a landscape where cutting-edge treatments are being tested, but beyond the reach of their own communities – a gap that POPCaP and its nationwide Centers of Excellence network has helped fill.

Projected shortages of medical oncologists, set against the growing oncology care needs of an aging United States population, create a marked workforce challenge across cancer care.[72] POPCaP's care delivery model and research help meet this challenge by attracting VA medical oncologists who specialize in prostate cancer to build careers within VA.

Sustaining this talent through POPCaP is essential to meet the specific needs of Veterans with prostate cancer. VA physicians require support both for the clinical care they deliver and the research their investigator community conducts – research focused on advancing much-needed

new treatments. POPCaP's physician scientists are of the same caliber as doctors and scientists typically recruited by the nation's leading academic cancer centers. POPCaP has built a unique medical and research community that will keep attracting top talent, if this initiative and its momentum continue.

The coordinated, multisite, public-private partnership model that PCF and VA have formed innovates even beyond prostate cancer, extending to many other life-threatening diseases as well. The sacrifices that American Veterans have made for this nation have earned them our lasting respect and gratitude. They also deserve the best care and all the benefits of medical advances. This, ultimately, is why PCF partnered with VA: so that no Veteran would be left behind when a new, life-extending prostate cancer therapy could make a difference for him.

9. Summary

Prostate cancer affects 1 in 8 men and is the most frequent cancer diagnosed and treated in VA Healthcare System. Rates of life-threatening metastatic prostate cancer are rising. Our nation's Veterans dedicated their lives for our safety and freedom and should be the first, not the last, to benefit from new prostate cancer treatments and precision testing and care – no matter where they live. This is the guiding principle of POPCaP, a unique VA-PCF partnership that began in 2016 and has expanded with PCF support to include 21 Centers of Excellence in VA Medical Centers across the country.

Through POPCaP, Veterans with advanced prostate cancer receive precision genetic and molecular tests needed to be paired with the right treatment. The program has attracted hundreds of the nation’s best scientists and physicians to build careers in VA medical centers across the country – caring for Veterans, running cutting-edge trials, and constructing one of the world’s largest biorepositories focused on a single cancer. Together, this work innovates and accelerates breakthroughs for all patients and families, Veteran and non-Veteran, regardless of where they reside.

Sustaining the remarkable progress of POPCaP requires protecting access to precision testing, coordinated care, breakthrough research, and the leading physicians and scientists who make it all possible. Authorizing the POPCaP Act will protect and sustain these clinical resources and expertise within POPCaP Centers of Excellence - helping Veterans live longer with better quality of life, enabling military families to access needed genetic services, and driving the work needed to bring better treatments and care for everyone.

POPCaP is a disease-specific network built around the most common cancer among Veterans. That focus consolidates expertise, vision, and community. Never have we been better positioned to solve the most difficult problems facing Veterans with the most lethal forms of prostate cancer. The investment has been made. The organization is there. This is not the

moment to dissolve a decade of progress and the roadmap for how to create future progress for Veterans.

In closing, I want to thank Chairman Moran, Ranking Member Blumenthal, and members of the Committee for your continued commitment to prioritizing the health of those who have served. On behalf of the Veterans, families, and loved ones we serve, the Prostate Cancer Foundation urges the Committee to advance the POPCaP Authorization Act of 2026.

APPENDICES

1. POPCaP / PATCH Clinical Trial Portfolio

27 multi-site trials opened or advanced — 17 open, 10 closed (completed). As of July 10, 2026.

Open Trials (17)

#	Trial	Sponsor	Study Title
1	**AZD5305**	AstraZeneca	A Modular Phase I/IIa, Open-label, Multicentre Study to Assess the Safety, Tolerability, Pharmacokinetics, Pharmacodynamics and Preliminary Efficacy of Ascending Doses of AZD5305 as Monotherapy and in Combination With Anti-cancer Agents in Patients With Advanced Solid Malignancies
2	**BAT**	VA-ORD	High-dose Testosterone in Men with Metastatic Castration-resistant Prostate Cancer and ATM, CDK12, or CHEK2 deficiency
3	**CA071-1000**	Bristol-Myers Squibb	A Phase 3, Two-part, Randomized, Open-label, Adaptive Study Comparing BMS-986365 versus Investigator's Choice of Therapy Comprising Either Docetaxel or Second Androgen Receptor Pathway Inhibitor (ARPI), in Participants with Metastatic Castration-resistant Prostate Cancer (mCRPC)
4	**CaRPET**	Investigator Initiated / Daiichi Sankyo	A Phase II Clinical Trial to Evaluate the Efficacy and Safety of Fam-Trastuzumab Deruxtecan-Nxki (ENHERTU) in HER2-Positive Metastatic Castration-Resistant Prostate Adenocarcinoma
5	**CHOMP**	VA-ORD	A single-arm, open-label, phase II study of CHeckpoint inhibitors in men with prOgressive Metastatic castrate resistant Prostate cancer characterized by a mismatch repair deficiency or biallelic CDK12 inactivation
6	**COBRA**	VA-ORD	An open-label, multicenter phase II study to compare the efficacy of carboplatin as first-line followed by second-line olaparib versus olaparib as first-line followed by second-line carboplatin in the treatment of patients with castration resistant prostate cancer containing homologous recombination deficiency
7	**KEYNOTE-365**	Merck	Study of Pembrolizumab (MK-3475) Combination Therapies in Metastatic Castration-Resistant Prostate Cancer (MK-3475-365/KEYNOTE-365)
8	**MK2400-001**	Merck	A Phase 3, Open-label Study of Ifinatamab Deruxtecan Versus Treatment of Physician's Choice in Participants with Metastatic Castration-Resistant Prostate Cancer (mCRPC)
9	**MK5684-003**	Merck	A Phase 3 Randomized, Open-label Study of MK-5684 Versus Alternative Abiraterone Acetate or Enzalutamide in Participants With Metastatic Castration-resistant Prostate Cancer (mCRPC) Previously Treated With Next-generation Hormonal Agent (NHA) and Taxane-based Chemotherapy
10	**MK5684-004**	Merck	A Phase 3, Randomized, Open-label Study of MK-5684 versus Alternative Abiraterone Acetate or Enzalutamide in Participants with Metastatic Castration-resistant Prostate Cancer (mCRPC) and Have Progressed On or After Prior Treatment with One Next-generation Hormonal Agent (NHA) for Metastatic Hormone-sensitive Prostate Cancer (mHSPC)
11	**PCR3001**	Johnson & Johnson	A Phase 3 Randomized, Double-blinded, Placebo-controlled Study of JNJ-78278343, a T cell redirecting Agent Targeting Human Kallikrein 2 Versus Placebo for Metastatic Castration-resistant Prostate Cancer
12	**RESTORE**	VA-ORD	Randomized Phase II Trial of Targeted Radiation with No Castration for mCRPC

#	Trial	Sponsor	Study Title
13	**SNARE**	VA-ORD	A Single-Arm Phase II Study of Neoadjuvant Intensified Androgen Deprivation (leuprolide and abiraterone acetate) in Combination with AKT Inhibition (capivasertib) for High-Risk Localized Prostate Cancer with PTEN Loss
14	**STARPORT**	VA-ORD	Phase II/III Randomized Trial of STAndard Systemic theRapy With or Without PET-directed Local Therapy for OligoRecurrenT Prostate Cancer
15	**SOLAR Recur**	Curium	A Phase 3, Multicenter, Open-label Study to Test the Diagnostic Performance of Copper Cu 64 PSMA I&T PET/CT in Men with Biochemical Recurrence of Prostate Cancer
16	**SOLAR Stage**	Curium	A Phase 3, Multicenter, Open-label Study to Test the Diagnostic Performance of Copper Cu 64 PSMA I&T PET/CT in Staging of Men with Newly Diagnosed Unfavorable Intermediate-risk, High-risk or Very High-risk Prostate Cancer Electing to Undergo Radical Prostatectomy with Pelvic Lymph Node Dissection
17	**YONSA**	Sun Pharma	A Phase II Randomized Study of YONSA® (Abiraterone Acetate), Enzalutamide or Apalutamide as First Line Therapy in Veterans with Castrate-Sensitive Prostate Cancer

Closed Trials (10)

#	Trial	Sponsor	Study Title
1	**Amplitude**	Janssen	A Study of Niraparib in Combination With Abiraterone Acetate and Prednisone Versus Abiraterone Acetate and Prednisone for the Treatment of Participants With Deleterious Germline or Somatic Homologous Recombination Repair (HRR) Gene-Mutated Metastatic Castration-Sensitive Prostate Cancer (mCSPC)
2	**ECLIPSE**	Curium	A Multi-Center, Open-Label, Randomized Phase 3 Trial Comparing the Safety and Efficacy of 177Lu-PSMA-I&T versus Hormone Therapy in Patients with Metastatic Castration-Resistant Prostate Cancer
3	**HITCH**	VA-ORD	Hormonal Intervention for the Treatment in Veterans With COVID-19 Requiring Hospitalization (HITCH): A Multicenter, Phase 2 Randomized Controlled Trial of Best Supportive Care (BSC) vs BSC Plus Degarelix
4	**INKmune Bio**	Inmune Bio	Open-label, Phase I/IIa Dose Escalation and Expansion Study of INKmune in Men with mCRPC
5	**PSMAddition**	Novartis	An International Prospective Open-label, Randomized, Phase III Study Comparing 177Lu-PSMA-617 in Combination With SoC, Versus SoC Alone, in Adult Male Patients With mHSPC
6	**SOLAR**	VA-ORD	Systemic and Tumor-Directed Therapy for Oligometastatic Prostate Cancer
7	**SPLASH**	Point	Study Evaluating Metastatic Castrate Resistant Prostate Cancer Using 177lu-Pnt2002 PSMA Therapy After Second Line Hormonal Treatment
8	**TAMARACK**	MacroGenics	A Phase II/III, Randomized, Open-label, Study of MGC018 Versus Androgen Receptor Axis-targeted Therapy (Abiraterone or Enzalutamide) in Participants with Metastatic Castration-resistant Prostate Cancer
9	**Triton 2**	pharma & GmbH/Foundation Medicine	A Study of Rucaparib in Patients With Metastatic Castration-resistant Prostate Cancer and Homologous Recombination Gene Deficiency (TRITON2)

#	Trial	Sponsor	Study Title
10	**Triton 3**	pharma & GmbH/Foundation Medicine	A Study of Rucaparib Versus Physician's Choice of Therapy in Participants With Metastatic Castration-resistant Prostate Cancer and Homologous Recombination Gene Deficiency (TRITON3)

APPENDICES

2. POPCaP VA-PCF Centers of Excellence, 2026*[73]

POPCaP Center of Excellence	VA Medical Center	Location
1. The Stewart J. Rahr Foundation PCF Precision Oncology Center of Excellence	VA Ann Arbor Healthcare System	Ann Arbor, MI
2. The Blavatnik Family Foundation PCF Precision Oncology Center of Excellence	VA Boston Healthcare System	Boston, MA
3. The Blavatnik Family Foundation PCF Precision Oncology Center of Excellence	James J. Peters VAMC	Bronx, NY
4. The Robert Frederick Smith PCF Precision Oncology Center of Excellence	Jesse Brown VAMC	Chicago, IL
5. The Drew Foundation PCF Precision Oncology Center of Excellence	Durham VA Health Care System	Durham, NC
6. The David Geffen Foundation PCF Precision Oncology Center of Excellence	West Los Angeles VAMC	Los Angeles, CA
7. The John and Daria Barry Foundation PCF Precision Oncology Center of Excellence	Manhattan VAMC	Manhattan, NY

POPCaP Center of Excellence	VA Medical Center	Location
8. The Jonathan and Plum Simons PCF Precision Oncology Center of Excellence funded by the AJA Foundation and the Utay Family Foundation	Corporal Michael J. Crescenz VAMC	Philadelphia, PA
9. Robert and Cindy Citrone | The Michael and Lori Milken Family Foundation PCF Precision Oncology Center of Excellence	VA Portland Health Care System	Portland, OR
10. The Drew Foundation PCF Precision Oncology Center of Excellence	San Francisco VA Medical Center	San Francisco, CA
11. The Stephen J. Cloobeck PCF Precision Oncology Center of Excellence	VA Puget Sound	Seattle, WA
12. The John and Daria Barry Foundation PCF Precision Oncology Center of Excellence	James A. Haley Veterans' Hospital; Bay Pines VA Medical Center	Tampa and Bay Pines, FL
13. The Edward P. Evans PCF Precision Oncology Center of Excellence	Washington DC VAMC	Washington, DC
14. PCF Precision Oncology Center of Excellence	Baltimore VA Medical Center	Baltimore, MD
15. The Trailsend Foundation PCF-Winship-Emory-Atlanta VA Precision Oncology Center of Excellence & VA Genitourinary Center of Excellence	Joseph Maxwell Cleland Atlanta VA Medical Center	Atlanta, GA
16. VA Genitourinary Center of Excellence	Ralph H. Johnson VA Health Care System	Charleston, SC

POPCaP Center of Excellence	VA Medical Center	Location
17. VA Genitourinary Center of Excellence	VA Eastern Colorado Health Care System	Denver, CO
18. VA Genitourinary Center of Excellence	Michael E. DeBakey VA Medical Center	Houston, TX
19. VA Genitourinary Center of Excellence	Kansas City VA Medical Center	Kansas City, MO
20. VA Genitourinary Center of Excellence	VA Orlando Healthcare System	Orlando, FL
21. VA Genitourinary Center of Excellence	VA St Louis Healthcare System	St. Louis, MO

*POPCaP: Precision Oncology Program for Cancer of the Prostate; PCF: Prostate Cancer Foundation

3. Map of POPCaP VA-PCF Centers of Excellence, 2026[57]

PCF-VA Partnership Network of Centers of Excellence (COE) (2016-2026) Precision Oncology Program for Cancer of the Prostate (POPCaP)

PROSTATE CANCER FOUNDATION PCF CURING TOGETHER

Est. 2018
- Ann Arbor, MI
- Seattle, WA
- Bronx, NY
- Chicago, IL
- Los Angeles, CA
- Manhattan, NY

Est. 2019
- Philadelphia,
- Tampa and Bay Pines, FL
- Washington, DC
- Durham, NC

Est. 2020
- Portland, OR
- San Francisco, CA
- Boston, MA

Est. 2021-2022
- Atlanta, GA
- Charleston, SC
- Denver. CO
- Houston, TX
- Kansas City, MO
- Orlando, FL
- St Louis, MO
- Baltimore, MD

References

1. Bytnar JA, McGlynn KA, Nealeigh MD, Shriver CD, Zhu K. Cancer incidence in the US military: An updated analysis. Cancer. 2024 Jan 1;130(1):96-106. doi: 10.1002/cncr.34978.

2. American Cancer Society – Key Statistics for Prostate Cancer: https://www.cancer.org/cancer/types/prostate-cancer/about/key-statistics.html.

3. Honoring our PACT Act of 2022, Pub L No. 117-168, 136 Stat 1759 (2022).

4. Ansbaugh N, Shannon J, Mori M, et al. Agent Orange as a risk factor for high-grade prostate cancer. Cancer. 2013 Jul 1;119(13):2399-404.

5. 38 C.F.R. § 3.309(e). Disease subject to presumptive service connection. https://www.ecfr.gov/current/title-38/chapter-I/part-3/subpart-A/subject-group-ECFR39056aee4e9ff13/section-3.309

6. Van Blarigan EL, McKinley MA, Washington SL 3rd, Cooperberg MR, Kenfield SA, Cheng I, Gomez SL. Trends in Prostate Cancer Incidence and Mortality Rates. JAMA Netw Open. 2025 Jan 2;8(1):e2456825. doi: 10.1001/jamanetworkopen.2024.56825.

7. Candelieri-Surette D, Lee J, Lynch JA, Chang NN, Nelson TJ, Teerlink CC, Pimentel C, Schoen MW, Berlowitz D. Epidemiology of Metastatic Castration-Resistant Prostate Cancer in Veterans Nationwide. J Natl Compr Canc Netw. 2025 Jul 14;23(8):307-313. doi: 10.6004/jnccn.2025.7032.

8. Mizuno K, Beltran H. Future directions for precision oncology in prostate cancer. Prostate. 2022 Aug;82 Suppl 1(Suppl 1):S86-S96. doi: 10.1002/pros.24354.

9. Marino F, Totaro A, Gandi C, Bientinesi R, Moretto S, Gavi F, Pierconti F, Iacovelli R, Bassi P, Sacco E. Germline mutations in prostate cancer: a systematic review of the evidence for personalized medicine. Prostate Cancer Prostatic Dis. 2023 Dec;26(4):655-664. doi: 10.1038/s41391-022-00609-3.

10. Fizazi K, Attard G, Azad AA, et al; ESMO Guidelines Committee. Electronic address: clinicalguidelines@esmo.org. Advanced and metastatic prostate cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. Ann Oncol. 2026 May;37(5):590-607. doi: 10.1016/j.annonc.2026.01.015.

11. Advanced Prostate Cancer: AUA/SUO Guideline (2026) - American Urological Association. Accessed July 14, 2026. https://www.auanet.org/guidelines-and-quality/guidelines/advanced-prostate-cancer#x22998

12. National Comprehensive Cancer Network. NCCN Guidelines: Prostate Cancer. Version 5.2026. Accessed July 7, 2026. Available at: https://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf.

13. Yu EY, Rumble RB, Agarwal N, Cheng HH, Eggener SE, Bitting RL, Beltran H, Giri VN, Spratt D, Mahal B, Lu K, Crispino T, Trabulsi EJ. Germline and Somatic Genomic Testing for Metastatic Prostate Cancer: ASCO Guideline. J Clin Oncol. 2025 Feb 20;43(6):748-758. doi: 10.1200/JCO-24-02608.

14. Graff J. Leveraging Veterans Health Administration Clinical and Research Resources to Accelerate Discovery and Testing in Precision Oncology. *Fed Pract*. Published online August 15, 2020. doi:10.12788/fp.0028

15. Montgomery B, Rettig M, Kasten J, Muralidhar S, Myrie K, Ramoni R. The Precision Oncology Program for Cancer of the Prostate (POPCaP) Network: A Veterans Affairs/Prostate Cancer Foundation Collaboration. Fed Pract. 2020 Aug;37(Suppl 4):S48-S53. doi: 10.12788/fp.0021. P.

16. Department of Veterans Affairs. Man Up and See Your Doctor During Men's Health Month. Published June 12, 2023. Accessed July 15, 2026. https://www.va.gov/washington-dc-health-care/stories/man-up-and-see-your-doctor-during-mens-health-month/.

17. VA | Prostate Cancer Care at VA. Accessed July 7, 2026. https://www.cancer.va.gov/prostate.html

18. Veterans Administration. Office of Research & Development. VA Informatics and Computing Infrastructure (VINCI). Accessed July 16, 2026. Available at: https://www.research.va.gov/programs/vinci/.

19. Candelieri D, Lynch JA. VA Prostate Data Core. In: *This Work Was Supported Using Resources and Facilities of the Department of Veterans Affairs (VA) Informatics and Computing Infrastructure (VINCI), VA HSR RES 13-457*.

20. Al masalmeh Nada. Trends in diagnosis of de novo metastatic hormone sensitive prostate cancer in US Veterans, 2002-2021. J Clin Oncol 41, 2023 (suppl 16; abstr 10527).

21. Martín-Núñez J, Raya-Benítez J, López-López L, Calvache-Mateo A, Heredia-Ciuró A, Navas-Otero A, Valenza MC. Efficacy in urinary symptom burden, psychological distress, and self-efficacy of education-enhanced interventions in prostate cancer patients: a systematic review and meta-analyses. Support Care Cancer. 2023 May 16;31(6):340. doi: 10.1007/s00520-023-07803-6.

22. Saad F, Ivanescu C, Phung D, et al. Skeletal-related events significantly impact health-related quality of life in metastatic castration-resistant prostate cancer: data from the PREVAIL and AFFIRM trials. Prostate Cancer Prostatic Dis. 2017;20(1):110-116. doi:10.1038/pcan.2016.62.

23. Sullivan DR, Disher N, Rosa WE, et al. Longitudinal Risk for Suicidal Self-Directed Violence Among Veterans With Cancer. *JAMA Oncol*. Published online May 28, 2026. doi:10.1001/jamaoncol.2026.1459

24. Liu R, Rizzo S, Wang L, et al. Characterizing mutation-treatment effects using clinico-genomics data of 78,287 patients with 20 types of cancers. *Nat Commun*. 2024;15(1):10884. doi:10.1038/s41467-024-55251-5

25. Sokolova AO, Obeid EI, Cheng HH. Genetic Contribution to Metastatic Prostate Cancer. Urol Clin North Am. 2021 Aug;48(3):349-363. doi: 10.1016/j.ucl.2021.03.005.

26. Abida W, Armenia J, Gopalan A, et al. Prospective Genomic Profiling of Prostate Cancer Across Disease States Reveals Germline and Somatic Alterations That May Affect Clinical Decision Making. JCO Precis Oncol. 2017 Jul;2017:PO.17.00029. doi: 10.1200/PO.17.00029.

27. Montgomery B, Lynch JA, Brown J, et al. Remote delivery of cancer genetic testing in veterans with metastatic prostate cancer: A Million Veteran Program pilot study. *Cancer*. 2026;132(3):e70283. doi:10.1002/cncr.70283

28. Scheuner MT, Hoggatt KJ, Sales P, et al. Mainstreaming improved adoption of germline testing for Veterans Affairs patients with metastatic prostate cancer without exacerbating disparities. *Genet Med*. 2025;27(5):101383. doi:10.1016/j.gim.2025.101383

29. Stand Up To Cancer; Prostate Cancer Foundation. Stand Up To Cancer and Prostate Cancer Foundation announce new Dream Team dedicated to advanced prostate cancer research. News release. April 1, 2012. Accessed July 15, 2026. https://www.dana-farber.org/newsroom/news-releases/2012/stand-up-to-cancer-and-prostate-cancer-foundation-announce-new-dream-team-dedicated-to-prostate-cancer-research.

30. Robinson D, Van Allen EM, Wu YM, et al. Integrative clinical genomics of advanced prostate cancer. Cell. 2015 May 21;161(5):1215-1228. doi: 10.1016/j.cell.2015.05.001.

31. Pritchard CC, Mateo J, Walsh MF, De Sarkar N, Abida W, Beltran H, Garofalo A, Gulati R, Carreira S, Eeles R, Elemento O, Rubin MA, Robinson D, Lonigro R, Hussain M, Chinnaiyan A, Vinson J, Filipenko J,

Garraway L, Taplin ME, AlDubayan S, Han GC, Beightol M, Morrissey C, Nghiem B, Cheng HH, Montgomery B, Walsh T, Casadei S, Berger M, Zhang L, Zehir A, Vijai J, Scher HI, Sawyers C, Schultz N, Kantoff PW, Solit D, Robson M, Van Allen EM, Offit K, de Bono J, Nelson PS. Inherited DNA-Repair Gene Mutations in Men with Metastatic Prostate Cancer. N Engl J Med. 2016 Aug 4;375(5):443-53. doi: 10.1056/NEJMoa1603144.

32. Maio M, Ascierto PA, Manzyuk L, Motola-Kuba D, Penel N, Cassier PA, Bariani GM, De Jesus Acosta A, Doi T, Longo F, Miller WH, Oh DY, Gottfried M, Xu L, Jin F, Norwood K, Marabelle A. Pembrolizumab in microsatellite instability high or mismatch repair deficient cancers: updated analysis from the phase II KEYNOTE-158 study. Ann Oncol. 2022 Sep;33(9):929-938. doi: 10.1016/j.annonc.2022.05.519.

33. Bryce AH, McDermott RS, Piulats JM, et al. Rucaparib vs docetaxel (DTX) or second-generation androgen pathway inhibitor (ARPI) therapy for metastatic castration-resistant prostate cancer (mCRPC): TRITON3 final overall survival (OS) and safety. J Clin Oncol. 2025;45:5_suppl. doi: 10.1200/JCO.2025.43.

34. de Bono J, Mateo J, Fizazi K, et al. Olaparib for Metastatic Castration-Resistant Prostate Cancer. N Engl J Med. 2020 May 28;382(22):2091-2102. doi: 10.1056/NEJMoa1911440.

35. Fizazi K, Piulats JM, Reaume MN, et al; TRITON3 Investigators. Rucaparib or Physician's Choice in Metastatic Prostate Cancer. N Engl J Med. 2023;388(8):719-732. doi: 10.1056/NEJMoa2214676.

36. Efstathiou E, Roubaud G, Small EJ, et al. Niraparib and Abiraterone Acetate plus Prednisone in Metastatic Castration-resistant Prostate Cancer: Final Overall Survival Analysis for the Phase 3 MAGNITUDE Trial. Eur Urol Oncol. 2025;8(4):986-998. doi: 10.1016/j.euo.2025.04.012.

37. Saad F, Clarke NW, Oya M, et al. Olaparib plus abiraterone versus placebo plus abiraterone in metastatic castration-resistant prostate cancer (PROpel): final prespecified overall survival results of a randomised, double-blind, phase 3 trial. Lancet Oncol. 2023;24(10):1094-1108. doi: 10.1016/S1470-2045(23)00382-0. Epub 2023 Sep 12. Erratum in: Lancet Oncol. 2024 May;25(5):e180. doi: 10.1016/S1470-2045(24)00209-2.

38. Abida W, Campbell D, Patnaik A, et al. Rucaparib for the Treatment of Metastatic Castration-resistant Prostate Cancer Associated with a DNA Damage Repair Gene Alteration: Final Results from the Phase 2 TRITON2 Study. Eur Urol. 2023;84(3):321-330. doi: 10.1016/j.eururo.2023.05.021.

39. VA Partners with Prostate Cancer Foundation to Expand Clinical Research - VA News. Accessed July 15, 2026. https://news.va.gov/press-room/va-partners-with-prostate-cancer-foundation-to-expand-clinical-research/

40. Prostate Cancer Foundation. *PCF & The VA: Creating the Finest Care for Veterans*. 2017. Accessed July 15, 2026. https://www.youtube.com/watch?v=-g_Aig1uJ7Y

41. Levine R. Prostate Cancer Foundation-Department of Veterans Affairs Partnership: A Model of Public-Private Collaboration to Advance Treatment and Care of Invasive Cancers. *Fed Pract*. Published online August 15, 2020. doi:10.12788/fp.0035

42. VA Precision Oncology Program for Cancer of the Prostate (POPCaP). February 11, 2025. Accessed July 14, 2026. https://www.research.va.gov/isrm/amp/precision_oncology/popcap.cfm

43. Hung A, Candelieri D, Li Y, et al. Tumor testing and treatment patterns in veterans with metastatic castration-resistant prostate cancer. *Semin Oncol*. 2023;50(1):11-24. doi:10.1053/j.seminoncol.2023.03.001

44. Staying Active, Staying Positive. Prostate Cancer Foundation. Accessed July 14, 2026. https://www.pcf.org/patient-support/patient-profiles/david-atkinson/

45. Veterans Administration. Carboplatin or Olaparib for BRcA deficient prostate cancer (COBRA). Accessed July 15, 2026. Available at: https://www.research.va.gov/about/funded_research/proj-details-FY2024.cfm?pid=642056.

46. ClinicalTrials.gov. Abiraterone, Enzalutamide, or Apalutamide in Castrate-sensitive Prostate Cancer (NCT05422911). Updated April 30, 2025. Accessed July 16, 2026. https://clinicaltrials.gov/study/NCT05422911.

47. Schoen MW, Li J, Zeng S, et al. Genomic Classification to Predict Survival in Metastatic Prostate Cancer: Development of Somatic Tumor Risk Assessment for Overall Survival-Prostate. JCO Precis Oncol 10:e2600021.

48. Attard G, Agarwal N, Graff JN, et al. Niraparib and abiraterone acetate plus prednisone for HRR-deficient metastatic castration-sensitive prostate cancer: a randomized phase 3 trial. *Nat Med*. 2025;31(12):4109-4118. doi:10.1038/s41591-025-03961-8

49. pharmaand GmbH. *TRITON2: A Multicenter, Open-Label Phase 2 Study of Rucaparib in Patients With Metastatic Castration-Resistant Prostate Cancer Associated With Homologous Recombination Deficiency*. clinicaltrials.gov; 2023. Accessed July 19, 2026. https://clinicaltrials.gov/study/NCT02952534

50. pharmaand GmbH. *TRITON3: A Multicenter, Randomized, Open Label Phase 3 Study of Rucaparib Versus Physician's Choice of Therapy for Patients With Metastatic Castration Resistant Prostate Cancer Associated With Homologous Recombination Deficiency*. clinicaltrials.gov; 2025. Accessed July 19, 2026. https://clinicaltrials.gov/study/NCT02975934

51. CDMRP: Congressionally Directed Medical Research Programs. CDMRP Advances AI-Based Metastatic Cancer Detection Through VA Partnerships. Accessed July 16, 2026. Available at: https://cdmrp.health.mil/pubs/press/2025/Metatastic_Cancer_Feature.aspx.

52. Schoen MW, Li J, Zeng S, et al. Genomic Classification to Predict Survival in Metastatic Prostate Cancer: Development of Somatic Tumor Risk Assessment for Overall Survival-Prostate. *JCO Precis Oncol*. 2026;10(7):e2600021. doi:10.1200/PO-26-00021

53. Prostate Cancer Foundation. Personalized Diagnosis for Veterans. Accessed July 16, 2026. Available at: https://www.pcf.org/personalized-diagnosis-for-veterans/.

54. Li S, Silvestri V, Leslie G, et al. Cancer risks associated with BRCA1 and BRCA2 pathogenic variants. J Clin Oncol. 2022;40(14):1529-1541. doi:10.1200/JCO.21.02112.

55. Petrucelli N, Daly MB, Pal T. BRCA1- and BRCA2-associated hereditary breast and ovarian cancer. In: Adam MP, Feldman J, Mirzaa GM, et al, eds. GeneReviews. University of Washington, Seattle; 1993–. Last revision March 25, 2026. Accessed July 16, 2026. https://www.ncbi.nlm.nih.gov/books/NBK1247/.

56. Frey MK, Ahsan MD, Bergeron H, Lin J, Li X, Fowlkes RK, Narayan P, Nitecki R, Rauh-Hain JA, Moss HA, Baltich Nelson B, Thomas C, Christos PJ, Hamilton JG, Chapman-Davis E, Cantillo E, Holcomb K, Kurian AW, Lipkin S, Offit K, Sharaf RN. Cascade Testing for Hereditary Cancer Syndromes: Should We Move Toward Direct Relative Contact? A Systematic Review and Meta-Analysis. J Clin Oncol. 2022 Dec 10;40(35):4129-4143. doi: 10.1200/JCO.22.00303.

57. Veterans Administration. Office of Research & Development. VA Precision Oncology Program for Cancer of the Prostate (POPCaP). Accessed July 15, 2026. Available at: https://www.research.va.gov/isrm/amp/precision_oncology/popcap.cfm.

58. Franchio C, Sage D. VA cracking the cancer code through genetic testing. VA News. Published November 16, 2023. Accessed July 16, 2026. https://news.va.gov/125520/va-cracking-cancer-code-through-genetic-testing.

59. Frye JR, Wetherill L, Cohen SA, Fitzgerald-Butt SM, Helm BM, Prucka SK, Schroeder CD. Factors influencing retention of patient-facing genetic counselors: Role of generational age and work environment. J Genet Couns. 2025 Aug;34(4):e70076. doi: 10.1002/jgc4.70076.

60. Hoskovec JM, Bennett RL, Carey ME, et al. Projecting the supply and demand for certified genetic counselors: a workforce study. J Genet Couns. 2018;27(1):16-20. doi:10.1007/s10897-017-0158-8.

61. VA. VA, Prostate Cancer Foundation to expand genetic services to Veterans through nursing pilot initiative. Available at: https://news.va.gov/press-room/va-prostate-cancer-foundation-to-expand-genetic-services-to-veterans-through-nursing-research-pilot-initiative/.

62. Prostate Cancer Foundation Continues its Mission to Protect and Honor U.S. Veterans Diagnosed With Prostate Cancer | CURE. July 16, 2026. Accessed July 16, 2026. https://www.curetoday.com/view/prostate-cancer-foundation-continues-its-mission-to-protect-and-honor-u-s-veterans-diagnosed-with-prostate-cancer

63. On-Site Nurse-Led Cancer Genetics Program Increases Cancer Genetic Testing Completion in Black Veterans - PubMed. Accessed July 16, 2026. https://pubmed.ncbi.nlm.nih.gov/37220320/

64. International Society of Nurses in Genetics (ISONG) - Home. Accessed July 20, 2026. https://www.isong.org/

65. VISN4 Cancer Genetics Clinic, "VISN4 Genetics Clinic Expands Access to Rural Veterans," internal VA PowerPoint slide.

66. Rep. Murphy GF [R N 3. Text - H.R.8553 - 119th Congress (2025-2026): POPCaP Authorization Act of 2026. April 28, 2026. Accessed July 14, 2026. https://www.congress.gov/bill/119th-congress/house-bill/8553/text

67. Sen. Moran J [R K. Text - S.4993 - 119th Congress (2025-2026): A bill to direct the Secretary of Veterans Affairs to establish a precision oncology program for cancer of the prostate at the Department of Veterans Affairs, and for other purposes. July 15, 2026. Accessed July 20, 2026. https://www.congress.gov/bill/119th-congress/senate-bill/4993/text

68. https://www.sfgate.com/bayarea/article/lawrence-stupski-former-schwab-exec-dies-4597329.php.

69. Shapiro W. S. Ward Casscells, Pentagon medical chief, dies at 60. New York Times. October 15, 2012. Accessed July 17, 2026. Available at: [https://www.nytimes.com/2012/10/16/us/s-ward-casscells-pentagon-medical-chief-dies-at-60.html].

70. About Larry and Joyce Stupski. Stupski Foundation. Accessed July 20, 2026. https://stupski.org/about/about-the-stupskis/

71. Umucu E, Granger TA, Weichelt B, et al. Access to Care and Services Among U.S. Rural Veterans With and Without Disabilities: A National Study. Healthcare (Basel). 2025 Jan 30;13(3):275. doi: 10.3390/healthcare13030275.

72. Kirkwood MK, Balogh EP, Accordino MK, et al. Where Have We Been and Where Are We Going? The State of the Hematology and Medical Oncologist Workforce in America. *JCO Oncol Pract*. 2025;21(12):1775-1785. doi:10.1200/OP-25-00144

73. PCF - VA Centers of Excellence. Prostate Cancer Foundation. Accessed July 16, 2026. https://www.pcf.org/va-partnership/coe/