

# NCI Update

*Douglas R. Lowy  
Acting Director, National Cancer Institute,  
National Institutes of Health*

# Outline of Presentation

- NCI budget: FY16 and FY17 proposal
- Minimum base for Cancer Center P30 grants
- Vice President's cancer initiative

# Outlook for Cancer Research Funding

- Strong bipartisan support for NCI/NIH
  - Need/opportunity
  - Key role of advocacy
  - Faster progress for patients
- Potential for continuing increases in Federal cancer research funding
- Coordination with private funding efforts

NCI FY16  
Total Appropriation  
Increase = \$265 million

PMI-O = \$70 million  
Non-PMI-O = \$195 million

- \$195 million: Non-PMI-O increase
  - ~\$50 million for increased fixed costs
  - \$10 million: Increase base for Cancer Center Support Grants
  - \$55 million: jump-start Vice President's Cancer Initiative
  - \$80 million for RPG pool: ~\$50 million for type 2 awards and ~\$30 million for new & competing RPG pool
  - (Additional \$20 million from reprogrammed NCI funds)

# The New Base Awards – Increases for 21/69 Cancer Centers

## BASIC (2/7; 29%)

Center	FY15 Budget	Proposed Base FY16
Purdue	1,060,500	1,200,000
Jackson	1,156,367	1,200,000

## CLINICAL (12/17; 71%)

Center	FY15 Budget	Proposed Base FY16
Indiana	999,867	1,400,000
Emory	1,000,000	1,400,000
Mt. Sinai	1,000,000	1,400,000
MUSC	1,000,000	1,400,000
Oregon	1,000,000	1,400,000
Hawaii	1,000,000	1,400,000
Kansas	1,000,000	1,400,000
Kentucky	1,000,000	1,400,000
Maryland	1,000,000	1,400,000
Nebraska	1,000,000	1,400,000
VCU	1,000,000	1,400,000
UT-SA	1,204,014	1,400,000

## COMPREHENSIVE (7/45; 16%)

Center	FY15 Budget	Proposed Base FY16
Wake	1,000,000	1,500,000
UT-SW	1,000,000	1,500,000
Utah	1,111,000	1,500,000
Arizona	1,257,443	1,500,000
New Mexico	1,272,293	1,500,000
City of Hope	1,300,357	1,500,000
Georgetown	1,454,514	1,500,000

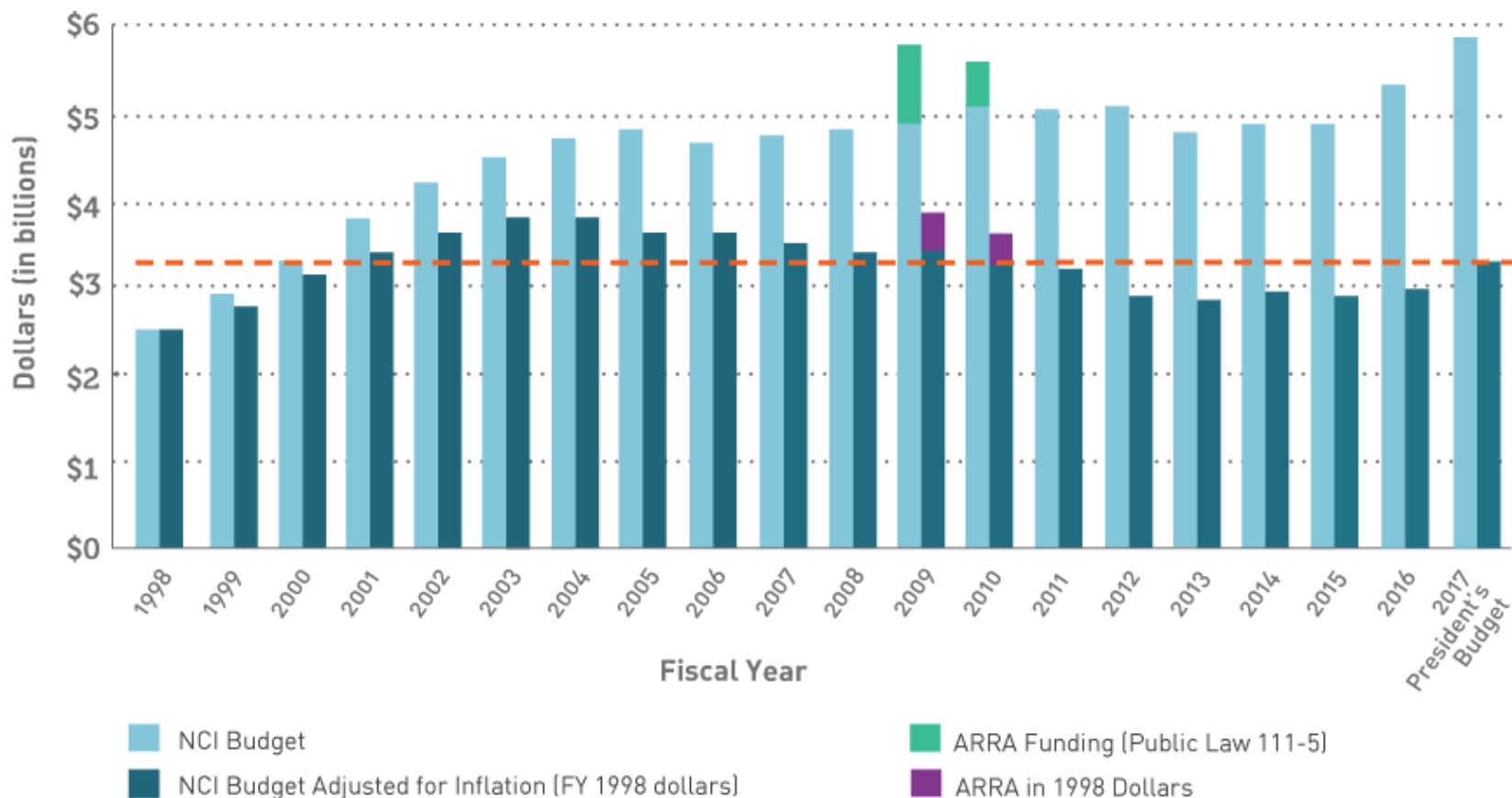
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# NCI BUDGET 2005 – 2015: A PERIOD OF LEVEL BUDGETS & PROGRESSIVELY DECREASING PURCHASING POWER

## FY 2016 & 2017: AN ENCOURAGING TREND



----- The dashed line at approximately \$3.3 billion indicates that the inflation-adjusted FY 2017 proposed budget is similar to the FY 2000 budget

# The Vice President's Cancer Initiative

- Accelerate progress in cancer, including prevention & screening
  - From cutting edge basic research to wider uptake of standard of care
- Encourage greater cooperation and breaking down silos
  - Within and between academia, government, and private sector
- Importance of data sharing



# Vice President Biden on the Initiative

- “My commitment is not for the next 12 months...I plan on doing this the rest of my life.”
- “I'm not naive to think we're going to find a cure. We're talking about prevention and early detection. I'm convinced we can get answers and come up with game-changing treatments and get them to people who need them. We have an opportunity to fundamentally change the trajectory.”

University of Pennsylvania Medical Center, January 15, 2016

# Proposed for Prevention, Screening, and Implementation

- Develop preventive vaccines against infectious and non-infectious targets
- Develop screening tests with body fluid samples (e.g, blood, saliva)
- Increase uptake of standard of care for prevention, screening, and treatment

# Proposed for Cancer Treatment Trials

- Increase immunotherapy trials and combination therapy trials
- Increase participation in clinical trials
- Develop a drug formulary from many companies at NCI
  - To facilitate preclinical and trial access to investigational agents

## Other Proposed Research

- Develop drugs for pediatric cancer
- Increase genomic analysis of tumor cells and stromal cells
- Increase preclinical studies of therapeutic cancer vaccines and cancer immunotherapy
- Increase basic research, especially in immunology
- Develop an “exceptional opportunities fund”



Cancer Moonshot Federal Task Force: Feb 1, 2016



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# Blue Ribbon Panel

- Researchers and other stakeholders
- Evaluate the current proposal: science, collaboration, public-private partnerships, etc.
- Consider other research opportunities
- Report to NCAB at June 2016 meeting



# New NCI Acting Deputy Directors Spring 2016



Dinah S. Singer, Ph.D.



Warren Kibbe, Ph.D.



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