

National Cancer Institute

NCI Director's Update

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Board of Scientific Advisors
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U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

National Institutes
of Health

NCI – June 2009



- Most-challenging issues
 - American Recovery and Reinvestment Act of 2009
 - ‘Managing’ the FY09 budget
 - Planning for 2010 and 2011
 - Developing the trans-NIH cancer strategic plan

ARRA: \$10.4 Billion to NIH

- \$7.4 billion: Institutes and Centers
 - \$1.257 billion to NCI
- \$1 billion: extramural construction
- \$500 million: NIH construction
- \$300 million: shared instrumentation
- \$400 million: comparative effectiveness research (\$400M HHS; \$300M AHRQ)
- \$800 million: NIH Office of the Director

NCI ARRA Goals

- Meet the “jobs” goal of ARRA
- Fund the best new science
- Model one-time dollars to soften out-year problems
- Invest in science that will make a difference for patients

Supporting Individual Investigators

- **16th percentile: 2009 RPG payline** from appropriated funds

- **16th to 18th p** through stimulus appropriated do

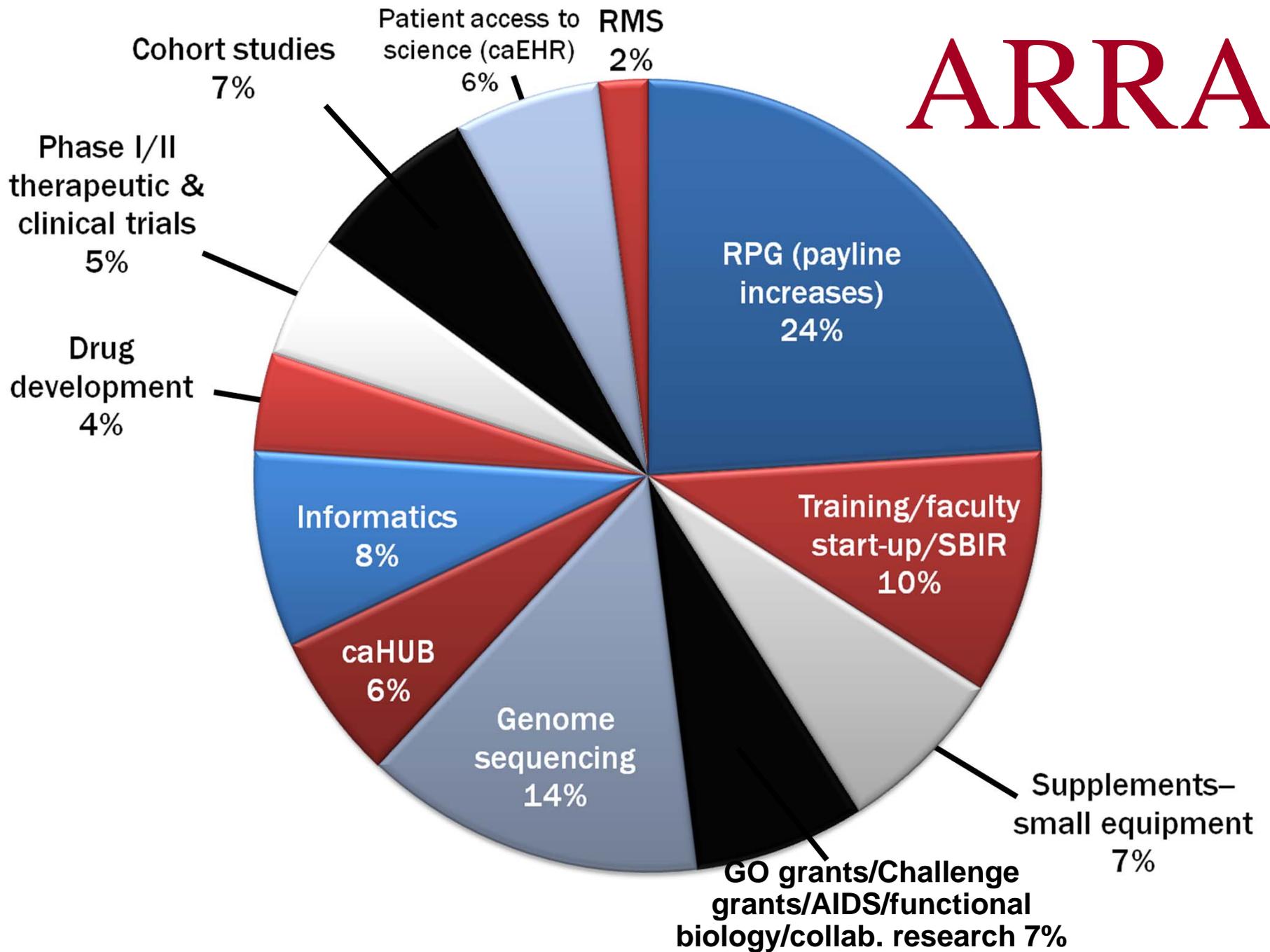
- **18th to 25th p** and 4-year gran years)

To date, 296 RPGs have been funded out of the planned 384 eligible (about 70% of eligible RPGs)

ARRA Funding Applications Received

Funding Opportunity	NIH total	NCI total	Status
NCI - Activities to Promote Research Collaborations		~167	Closed
Challenge Grants	~20,000	~4,398	Closed
Competitive Revisions	~2,123	~500	Closed
GO Grants	~2,500	~568	Closed
P30 Staff Grants	~550	~56	Closed
Administrative Supplements		2,500–3,000	Some closed 6/1; remainder for FY09 close 7/1

ARRA



ARRA Process

- **Nearly 50 ARRA funding announcements have been posted and made available to the community to apply for NCI support**
- Grants ready to award are submitted weekly through NIH to the White House
 - **After inclusion on the weekly list, generally about 2 weeks until the grant is officially awarded**

Obligating ARRA Funds

- ARRA funds need to be spent by the end of next year — FY2010
- We are on target to accomplish the task
- Grant specialists have been assigned to work on ARRA awards as their sole responsibility
- Like other ICs, NCI must administer its annual appropriation, as well

Draft Definition of CER

“Comparative effectiveness research is the conduct and synthesis of systematic research comparing different interventions and strategies to prevent, diagnose, treat and monitor health conditions. The purpose of this research is to inform patients, providers, and decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances...”

The Federal Coordinating Council for Comparative Effectiveness Research

Federal Coordinating Council for Comparative Effectiveness Research

- 15 member council to coordinate CER and related health services research across multiple agencies
- Will not recommend clinical guidelines for payment, coverage, or treatment
- Held public “listening” session April 14
- Will submit an operating plan to the House and Senate Appropriation Committees not later than July 30, 2009

Institute of Medicine CER Study

- **To submit a consensus report by June 30, 2009, providing specific recommendations to Congress and the Secretary for expenditure of CER funds**
- **Public meeting to gather input from stakeholders held March 20**

NCI FY 2009 Operating Budget Development

FY 2008 operating budget (with \$25M supplemental)	\$4,830,647
FY 2009 Omnibus Appropriations Bill	\$4,968,973
Difference, FY08 to FY09	\$138,326
Percent change, FY08 to FY09	+2.9%

(dollars in thousands)

NCI FY 2009 Operating Budget: NCI Operating Policies

- NCI operating policies
 - 3% inflationary adjustments on non-competing grants
 - Award at full commitments of record for categorical (non-modular) grants
 - No cut to modular non-competing RPGs
 - NCI to award more competing RPGs than FY 2008 (1,284 to 1,412)
 - Will hit NIH target for competing new investigator R01s

NCI FY 2009 Operating Budget: NCI RPG Policies

- NCI RPG policies
 - 3% above current levels for Type-2 (last year's grant award, in most cases) for competing continuing grants
 - Unless PI requested less than 3% or peer review recommended less than 3%
 - 5% above current levels for grants recommended for 7 modules or fewer
 - ~17% cut from Type-1 level requested (or approved by peer review)

FY2010 President's Budget Proposal

- “The President proposes to invest

over \$6 billion

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cancer

– \$5.1

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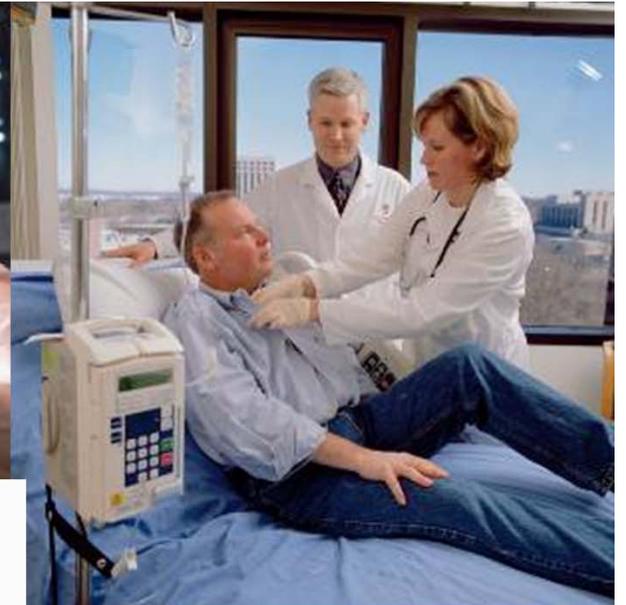
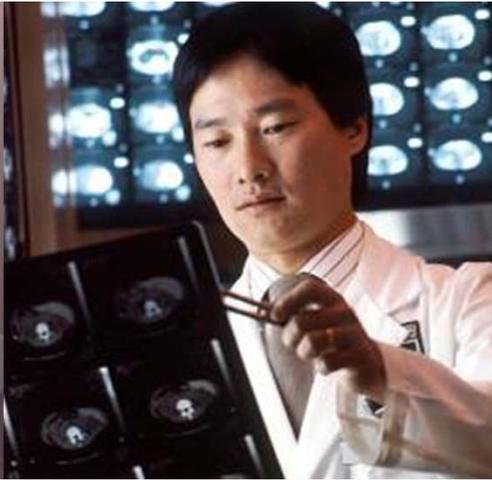
- **Hearings:** no indication there will be additional hearings on NIH 2010 budget
- **House:** Chairman Obey’s plan is to act on all 12 appropriations bills before the August recess, with Labor, HHS, Education bill to the House floor July 24
- **Senate:** No dates set; Chairman Inouye stated intention to pass all 12 bills before end of FY09

Developing the Trans- NIH Cancer Strategic Plan

- **Drs. Niederhuber and Katz (NIAMS) appointed by NIH to chair committee to develop plan**
- **All ICs conducting cancer research submitted information (24 of 27 NIH ICs)**
- **Report currently being written and edited**
- **To be submitted to NIH June 26**

Summary

- **ARRA funding will continue to require monitoring and adjustment**
 - Some denominators not yet determined
- We must continue to model for and plan a soft landing in the out-years after ARRA
- **Doubling of NIH cancer budget will present unique challenges**
 - May require a new logistical structure



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