

A decorative graphic on the right side of the slide, featuring a network of interconnected nodes and lines in shades of blue, green, and yellow, resembling a molecular or biological structure.

NCI Director's Report

Norman E. Sharpless, M.D.

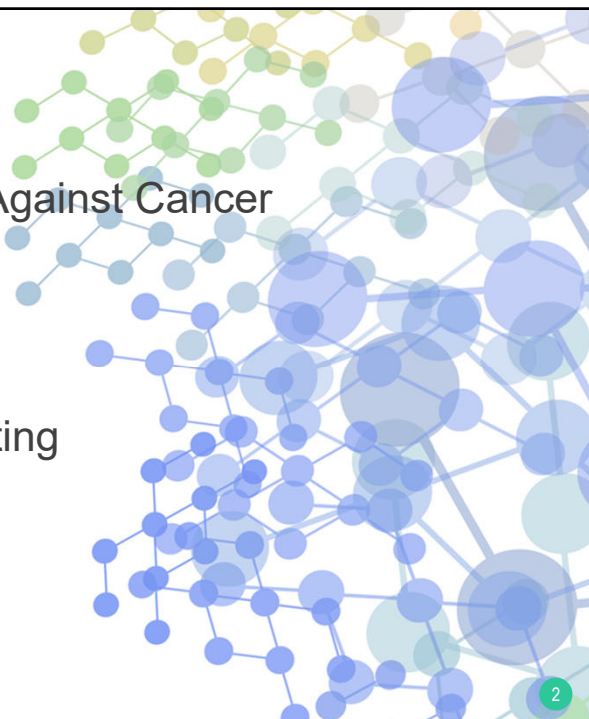
*Clinical Trials and Translational Research
Advisory Committee*

March 12, 2020

@NCIDirector
@TheNCI


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A decorative graphic on the right side of the slide, featuring a network of interconnected nodes and lines in shades of blue, green, and yellow, resembling a molecular or biological structure.

Today

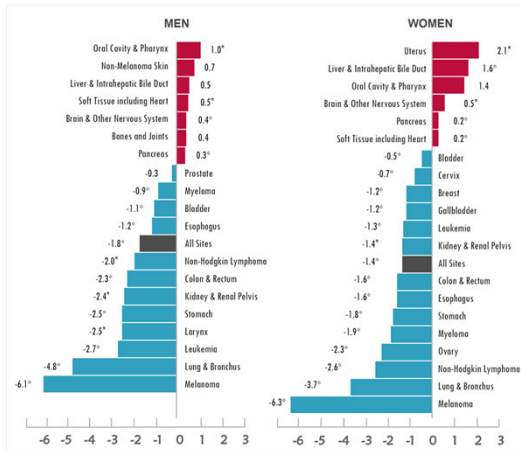
- More Evidence of Progress Against Cancer
- NCI Budget
- Leadership Updates
- CTAC Working Groups
- Clinical Trials Results Reporting
- Undisclosed Support
- Discussion

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Annual Report to the Nation



Cancer Mortality - Average Annual Percent Change 2013-2017



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Evidence of Progress Against Cancer

Facts & Figures 2020 Reports Largest One-year Drop in Cancer Mortality

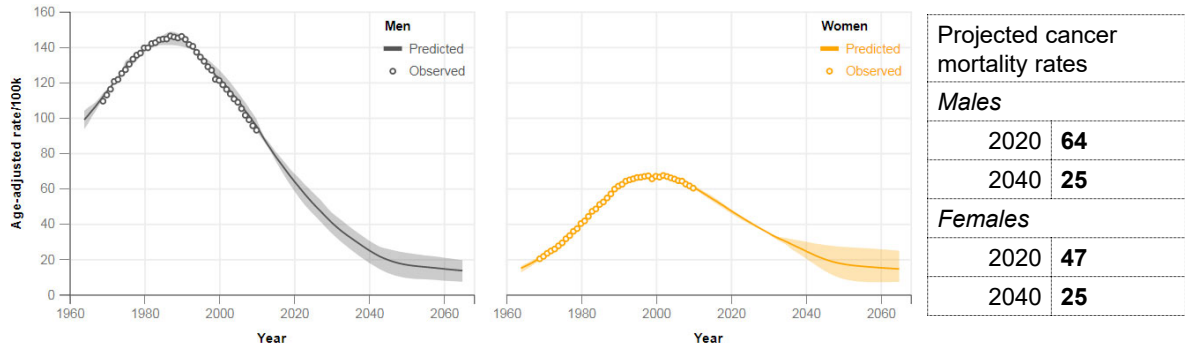
- Cancer death rate declined 29% from 1991 to 2017
- 2.2% drop from 2016 to 2017
- Most rapid declines in mortality: *Melanoma, NSCLC*



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Status Quo: Lung cancer mortality rates are projected to decrease by ~50% between 2020 and 2040

Projected lung cancer mortality until 2065 – ages 30-84
Means across for CISNET models



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Lung cancer mortality is decreasing faster than lung cancer incidence

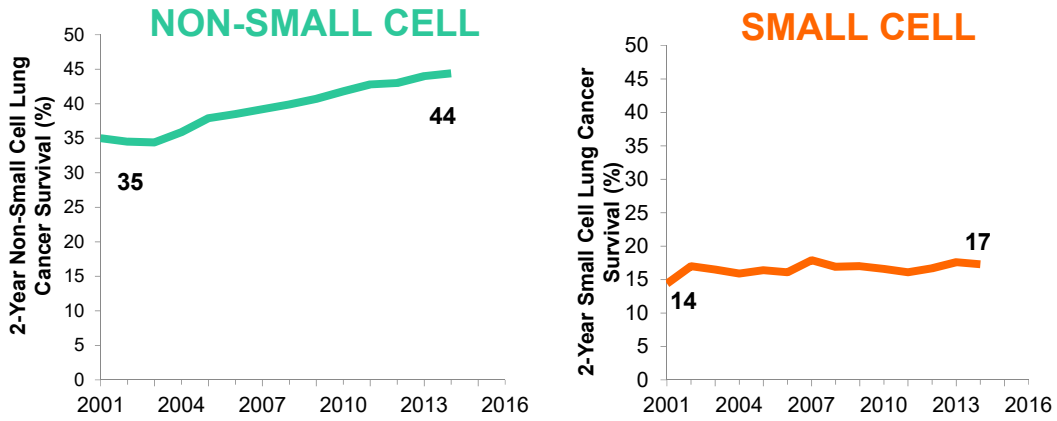
		Average annual percent change
Males	Incidence (2011-15)	-2.6
	Mortality (2012-16)	-4.3
Females	Incidence (2011-15)	-1.2
	Mortality (2012-16)	-3.1

Incidence: age standardized, delay-adjusted rate
Mortality: age-standardized rate

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Survival Trends in NSCLC & SCLC (Women)

SEER-18, 2001-2016



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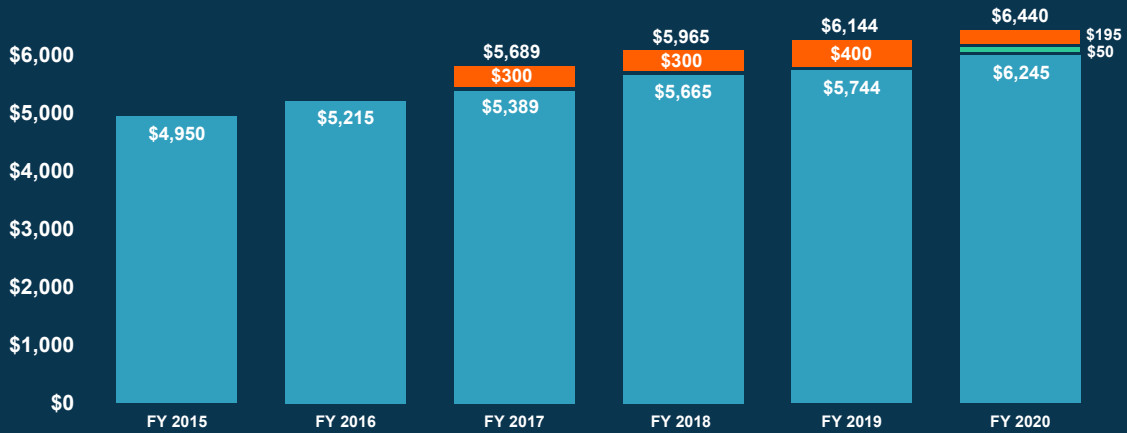
Courtesy of Nadia Howlader, Ph.D., Data Analytics Branch, DCCPS, NCI

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NCI Appropriations FY 2015 – 2020 (in millions)

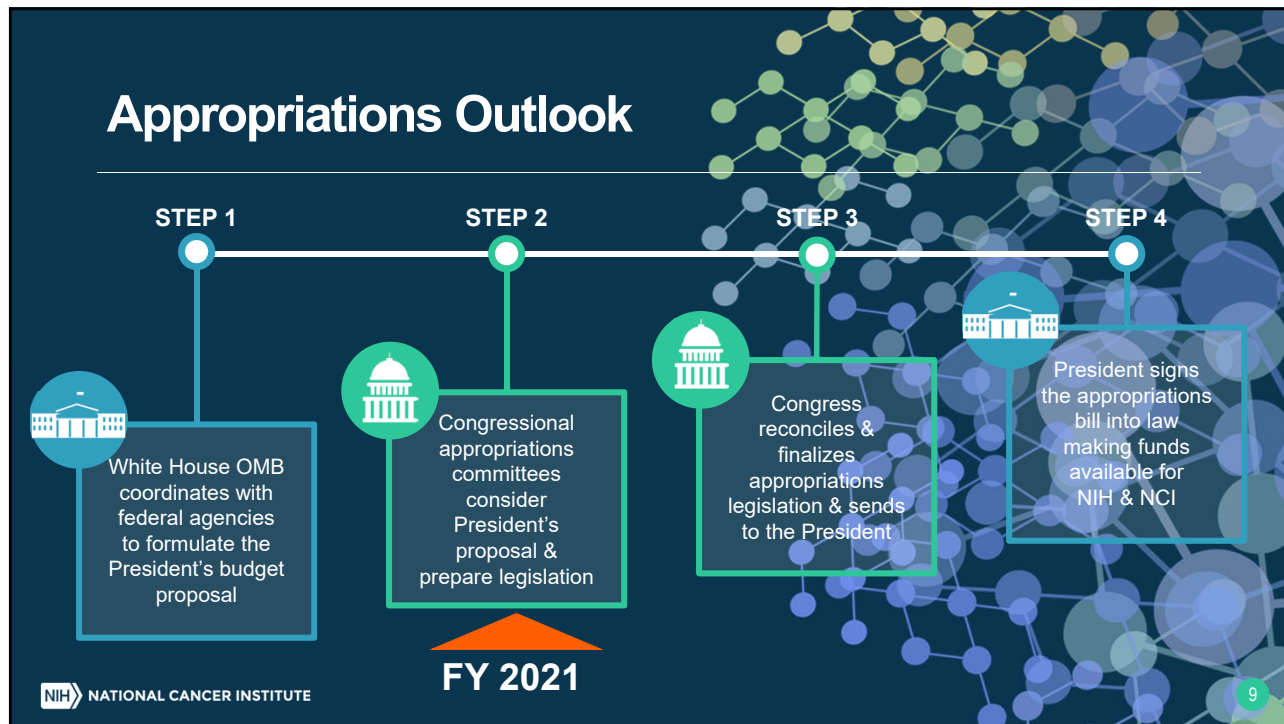
21st Century Cures Act - orange
Childhood Cancer Initiative - green



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House Appropriations Labor-HHS Subcommittee Hearing: FY 2021 NIH Budget Request

- Participated alongside Dr. Collins and IC Directors from NIAID, NHLBI, NIDA, and NICHD
- 8 questions including from the Chair and Ranking Member
- Topics included NCI's increase in applications, CCDI update, clinical trials, and kidney cancer
- Senate budget hearing is TBD

March 4, 2020

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More than \$210 Million Increase for Cancer Research and Training Across the U.S.

DIVISION A—DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES
APPROPRIATIONS ACT, 2020

NCI Paylines.—Grant applications to NCI have increased by approximately 50 percent since 2013, outpacing available funding, with requests for cancer research ten-fold greater than other Institutes. With such a high demand for NCI grants, only a fraction of this research is funded. To support more awards and improve success rates, the agreement provides \$212,500,000 to prioritize competing grants and sustain commitments to continuing grants.

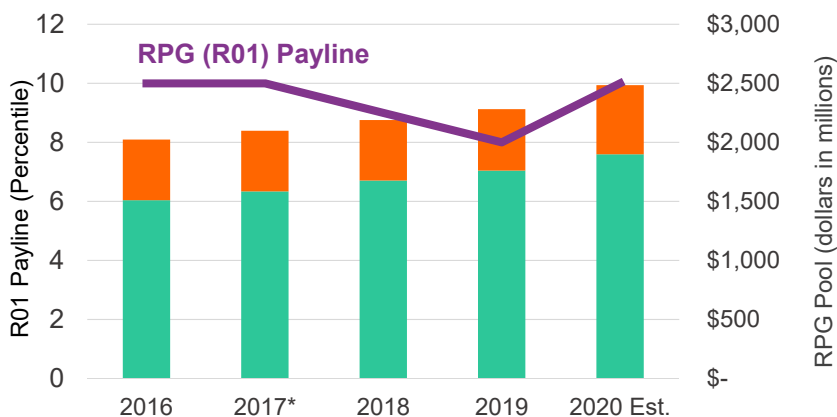
- *Prioritize Competing Grants* - Increase payline for most grants from the 8th percentile to the 10th
- *Sustain Commitments* - Restore 2019's 3% cut to continuing grants

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NCI RPG Pool and R01 Payline – FY 2016-20



- R01 Payline
- Competing RPG Pool \$
- Non-competing RPG Pool \$

In addition to these RPGs, in FY19 NCI supported over \$1.1B of extramural research grants through non-RPG mechanisms, e.g.,

- Clinical trials (U10)
- Cancer Centers (P30)
- SPORES (U54)
- Training (F, K, T)

Does not include SBIR/STTR or Admin Supplements

*FY 2017 includes competing first-year costs and awards from Cancer Moonshot fully funded awards.

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NCI Bottom Line: A Blog About Grants & More

New blog featuring 1-2 posts per month addressing:

- budget- and funding-related milestones
- funding trends and patterns
- emerging policy or fiscal issues
- analyses of NCI's grants portfolio

Subscribe at cancer.gov.

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Home > Grants & Training



NCI Bottom Line: A Blog about Grants and More

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This grantee-focused blog covers the latest on NCI's fiscal landscape, funding decisions, grants policy news, processes, and more.

**FY2020
BUDGET**
INCREASE FOR NCI

FY 2020 Budget Boost for NCI Increases Research Awards, Improves Paylines
January 16, 2020, by NCI Director, Dr. Norman E. Sharpless

For this edition of the NCI Bottom Line, NCI Director, Dr. Norman E. Sharpless provides an update to the fiscal year (FY) 2020 budget and what exactly that means for NCI, research awards and paylines. Dr. Sharpless further discusses the grant policies that surround both competing and noncompeting grants from NCI.

[Continue Reading >](#)

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New Leadership



Oliver Bogler, Ph.D.
Director
Center for Cancer Training



Satish Gopal, MD, MPH
Director
Center for Global Health

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Leadership Vacancies

Director, Division of Cancer Prevention (DCP)
Debbie Winn, Acting

Director, Division of Cancer Biology
Daniel Gallahan, Acting

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CTAC Working Group Updates

GBM

Report accepted by CTAC July 17, 2019

New concept to enhance GBM therapeutics incorporating some of the group's recommendations will be presented at the next BSA meeting.

Radiation Oncology

Report will likely be presented at the July 22 CTAC meeting.

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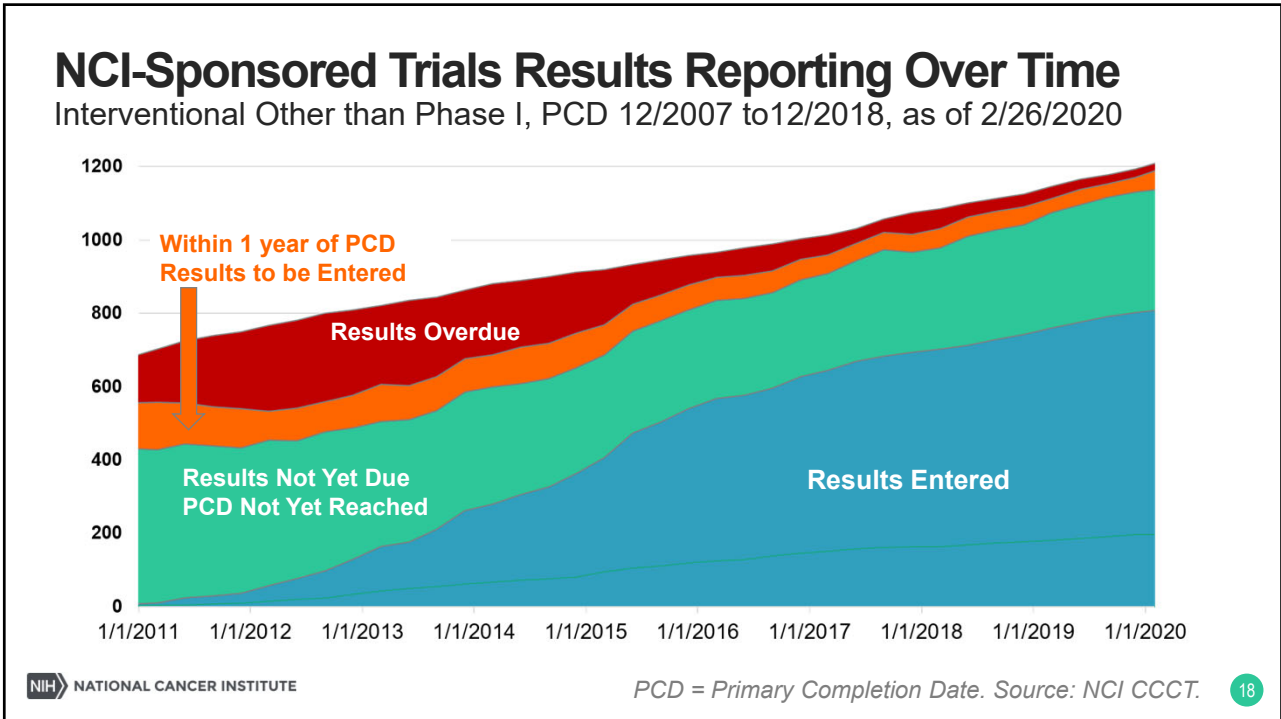
Clinical Trials Results Reporting



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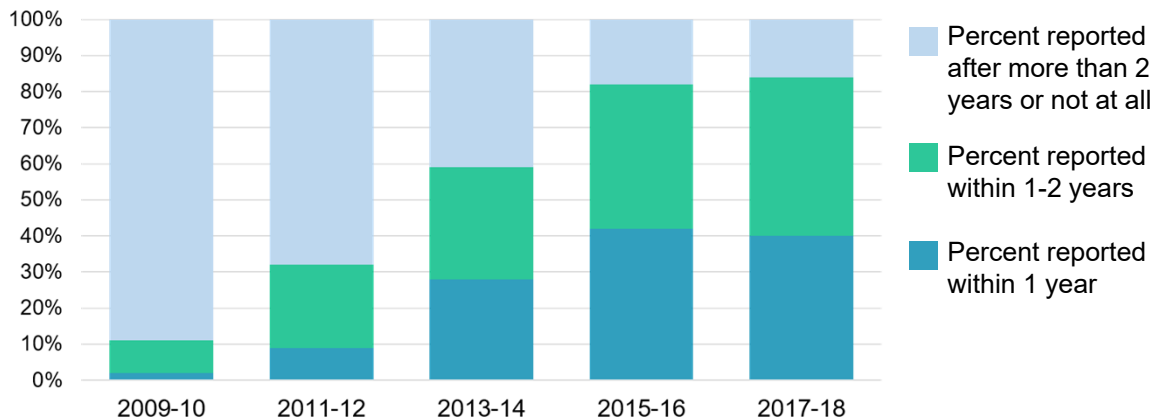
Status of NCI-Sponsored Trials Requiring* Results As of 2/26/2020 (n=820)

NCI-Sponsored Reporting: Based on Date Results Submitted to ClinicalTrials.gov N = 820	Number	Percent
Results Reported	801	98%
≤ 12 months	187	23%
≤ 24 months	341	42%
Results Overdue – Not Reported**	19	2%


* Interventional Other than Phase 1 Trials with a PCD from **12/28/2007 - 12/31/2018**

** Includes 6 Behavioral Interventional trials

Timeliness of Reporting for Trials NCI-Sponsored trials for which results are Due*



* Interventional Other than Phase 1 trials with a Primary Completion Date 12/28/2007 – 12/31/2017




Undisclosed Support

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Financial Conflicts of Interest

Undisclosed payments or arrangements that can lead to the perception of biased research

Foreign influence

- *Shadow laboratories*
- *Misbehavior in peer review*
- *Ghost-written applications*
- *Transfer of IP*

← **UNDISCLOSED SUPPORT** →

*Erosion of public trust in cancer research
Scrutiny from media, Congress, taxpayers*

Collaboration is a good thing...with transparency.

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How NCI plans to help

- We recognize that the vast majority of grantees want to comply and are fine with reporting **but it is confusing**.
 - Reporting similar but not identical information to multiple institutions and journals
 - Circumstances and policies may change over time
 - Reporting forms and systems have different requirements, timelines, platforms, passwords...
- We are having discussions with journals, AACR, ASCO, AACI and AAMC to identify options for a database that makes it easier to do the right thing.

More to come

- Ongoing reviews: 180 individuals at 70+ institutions

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