

NCI Budget Update

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Joint NCAB/BSA meeting

Thanks to...

- **Tenille McCatty, Linli Liu:** NCI Office of Extramural Finance & Information Analysis
- **Christine Burgess:** NCI Center for Research Strategy

FY 2025 Updates

- ❑ The Continuing resolution (CR) covers October 1 through December 20, 2024.
- ❑ NCI has received a prorated appropriation for **81** days and **22.19%** funding.
- ❑ NCI cut internal operating budgets to manage within the funding environment.
- ❑ NCI **interim policy** is to fund noncompeting grants at **90% of the committed** level
- ❑ Pending Congressional action
 - ❑ *Budget Scenarios?*

FY 2025 Appropriations Timeline

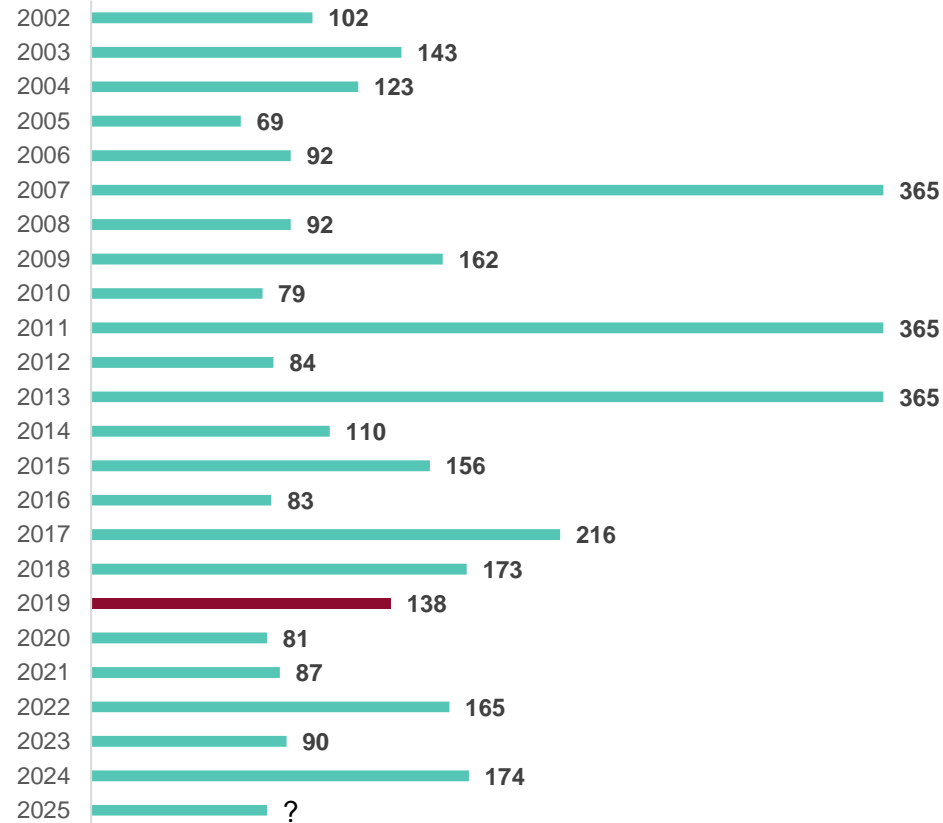


FY 2026 Appropriations Timeline



Congress has enacted one or more continuing resolutions in all but three of the last 48 fiscal years

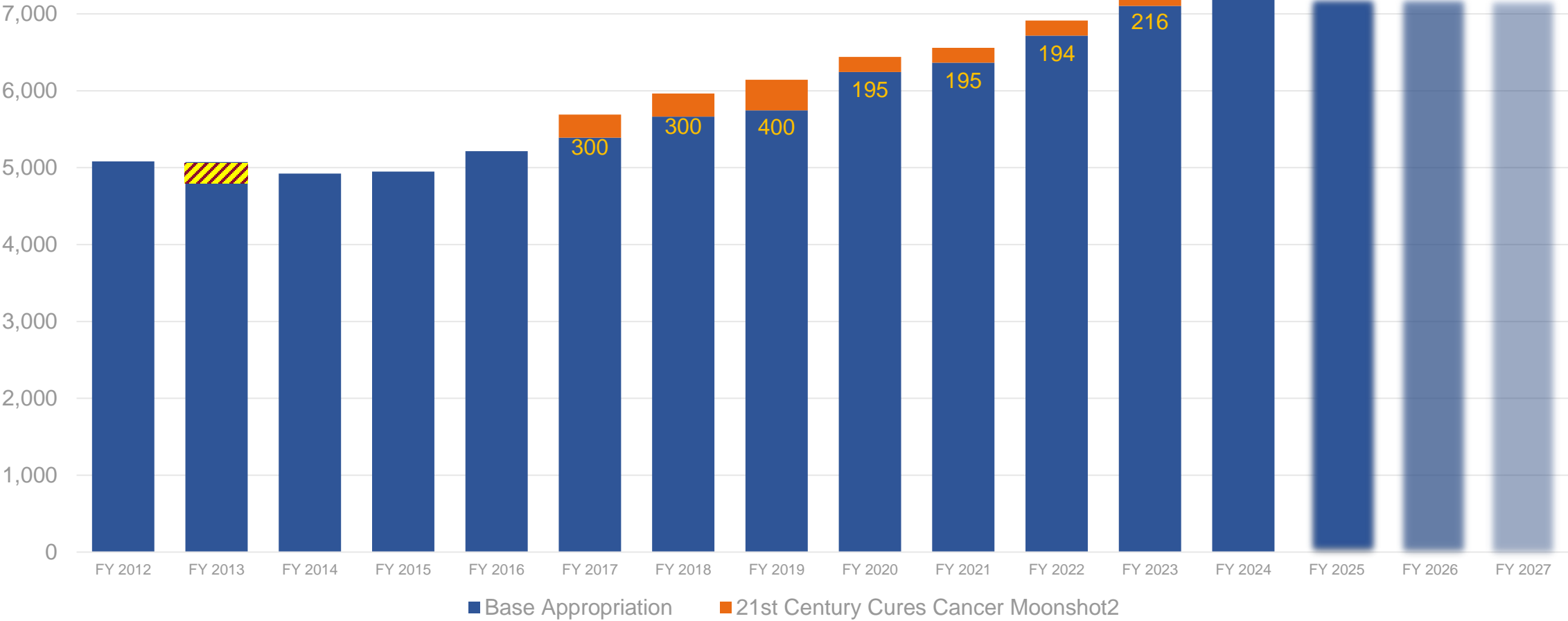
Total duration of continuing resolutions FY2002-2022, in days



SOURCE CRS, CRFB, GAO, Credit NCI OGCR

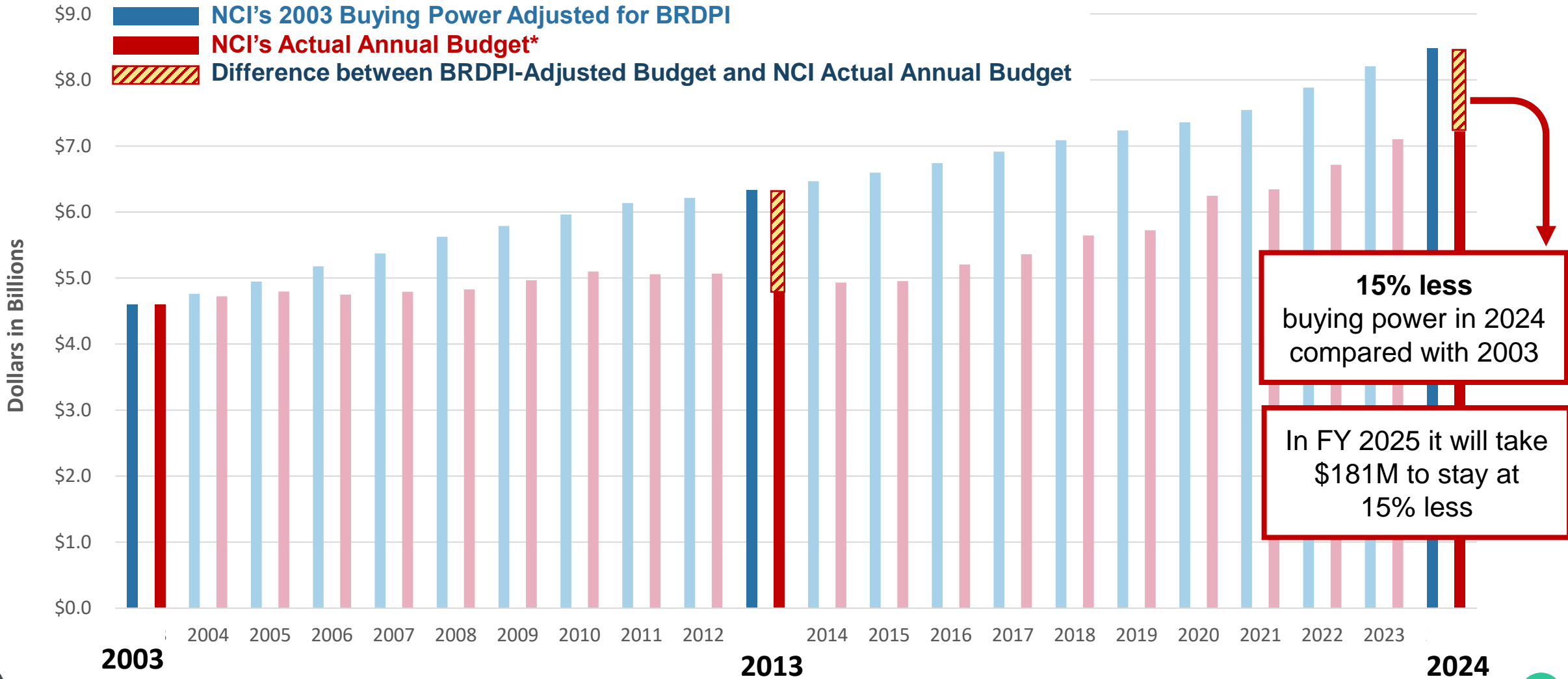
- Each year, Congress must approve spending bills to fund the government for the next 12 months
- If spending bills are not passed by October 1 (the beginning of the fiscal year), then the government will face a shutdown
- Continuing appropriations acts, or continuing resolutions (CRs), are used as a stop-gap to provide temporary funding for a specific period of time in the event that regular appropriations acts are not passed by October 1
- CRs cannot be used for “new starts” and provide a funding rate, not a set amount. May include anomalies that adjust the duration, amount, or purpose for which funds can be used.
- Past performance does not guarantee future results

NCI Appropriations FY 2012 – 2020 (in millions)



NCI's Research Buying Power is \$1.26B Less Than 2 Decades Ago

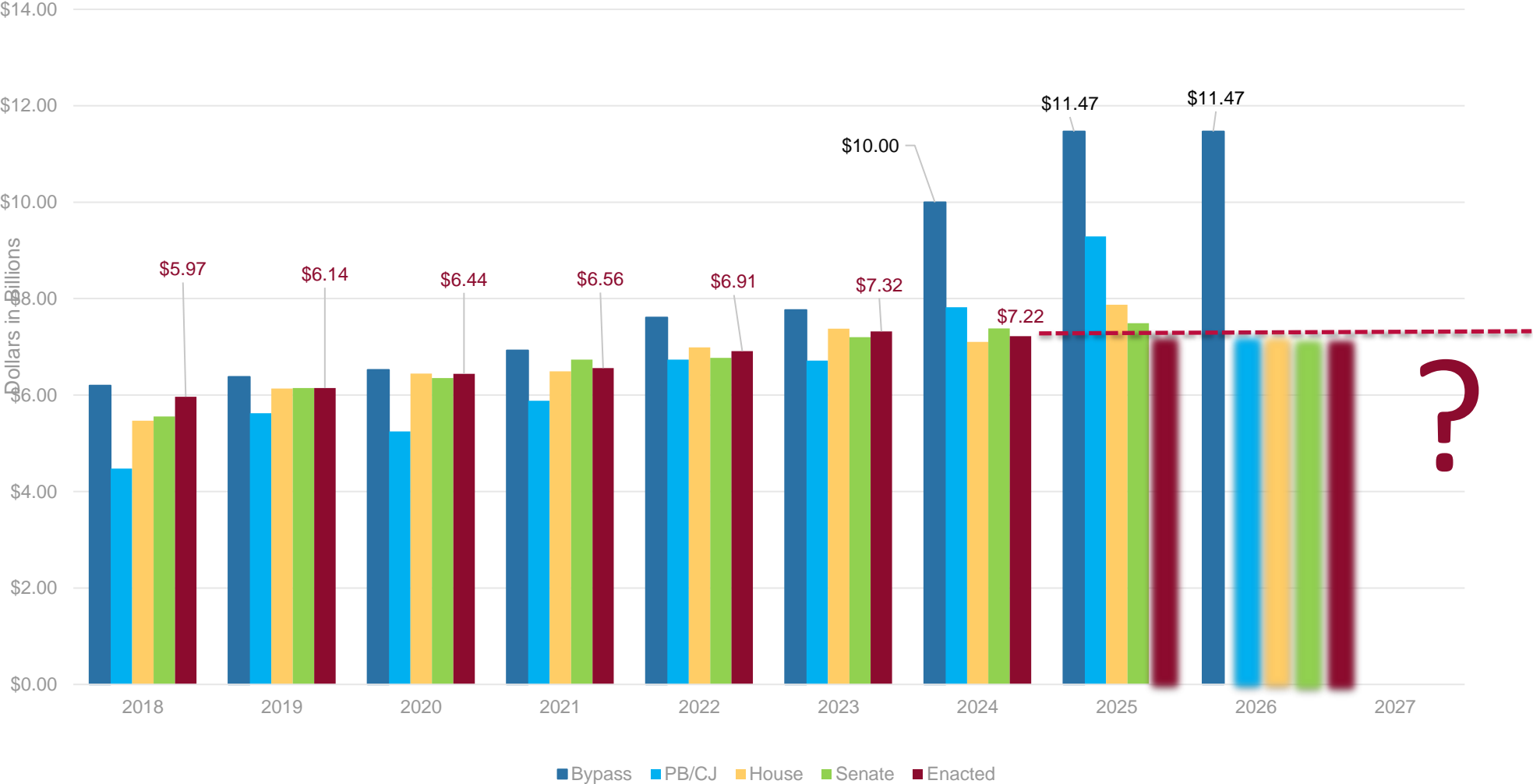
Even with substantial increases in recent years



Implications of a “flat” FY25 budget

- A “flat” budget is NOT flat
 - 21st Century Cures Act Cancer Moonshot activities transition
 - ~\$250 million needed in the RPG pool in FY25 to pay new awards and fund non-competing awards at committed amount
 - In addition, NCI incurs \$75-\$100 million each year in increased “mandatory” expenses—Program Evaluation, Cyber Security, Center for Scientific Review, etc

NCI Budget – Budget Actions

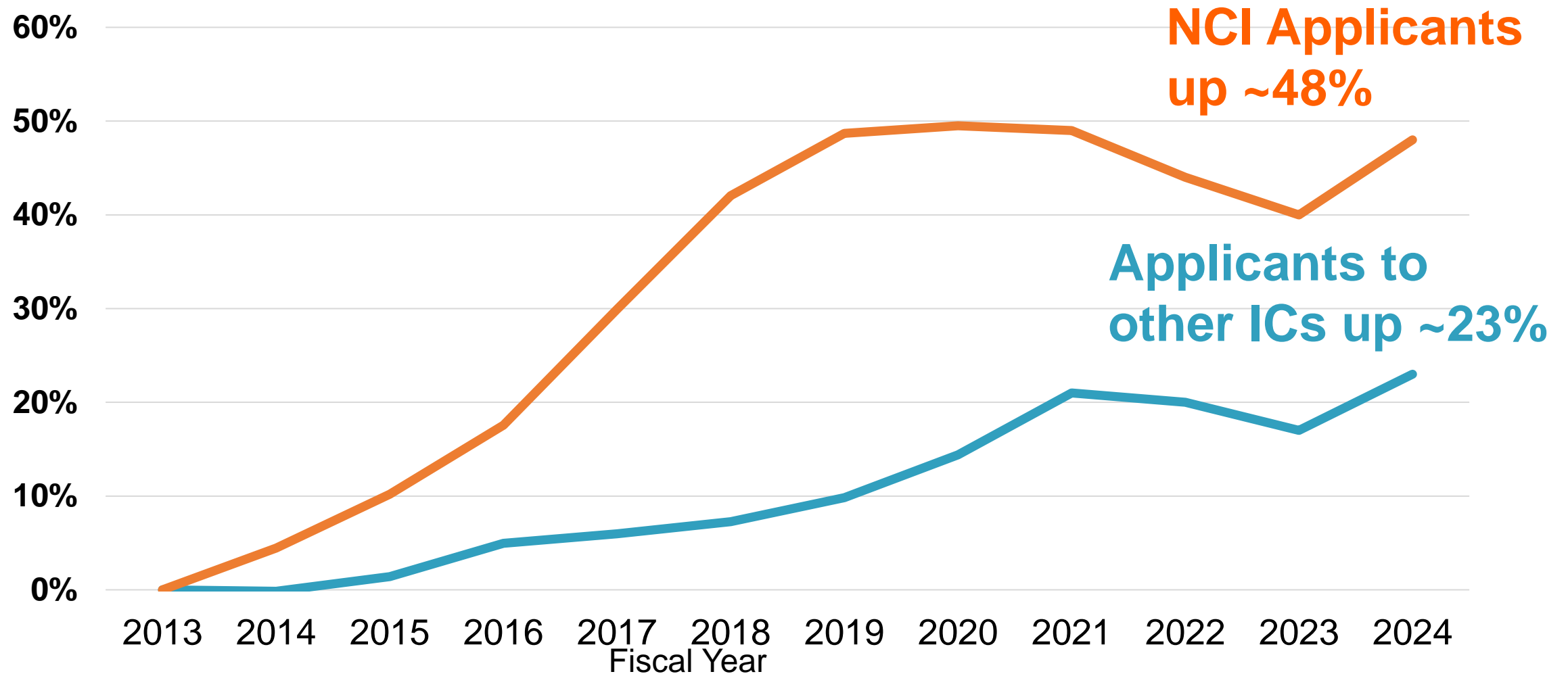


NCI funds many critical components of cancer research through mechanisms outside the RPGs

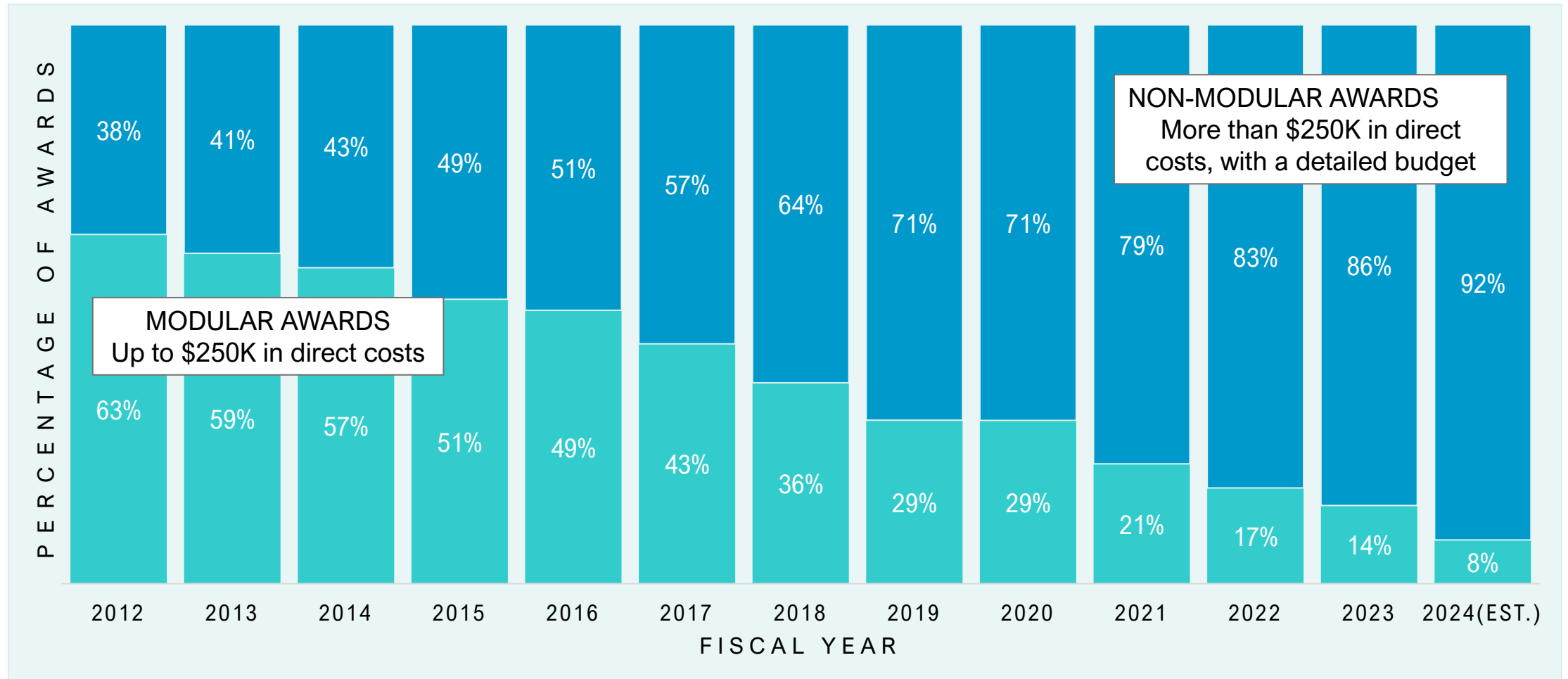
- A PARTIAL list:
 - SPORE grants
 - Cancer Center support grants
 - Cancer training
 - Clinical trials networks
- We need to support these mechanisms in addition to the RPGs

Increase in Unique NCI R01/R37 Applicants

Data include all MPI/PIs



Percentage of modular awards has decreased progressively from 63% in 2012 to 8% (~1 in every 13 awards) in FY 2024



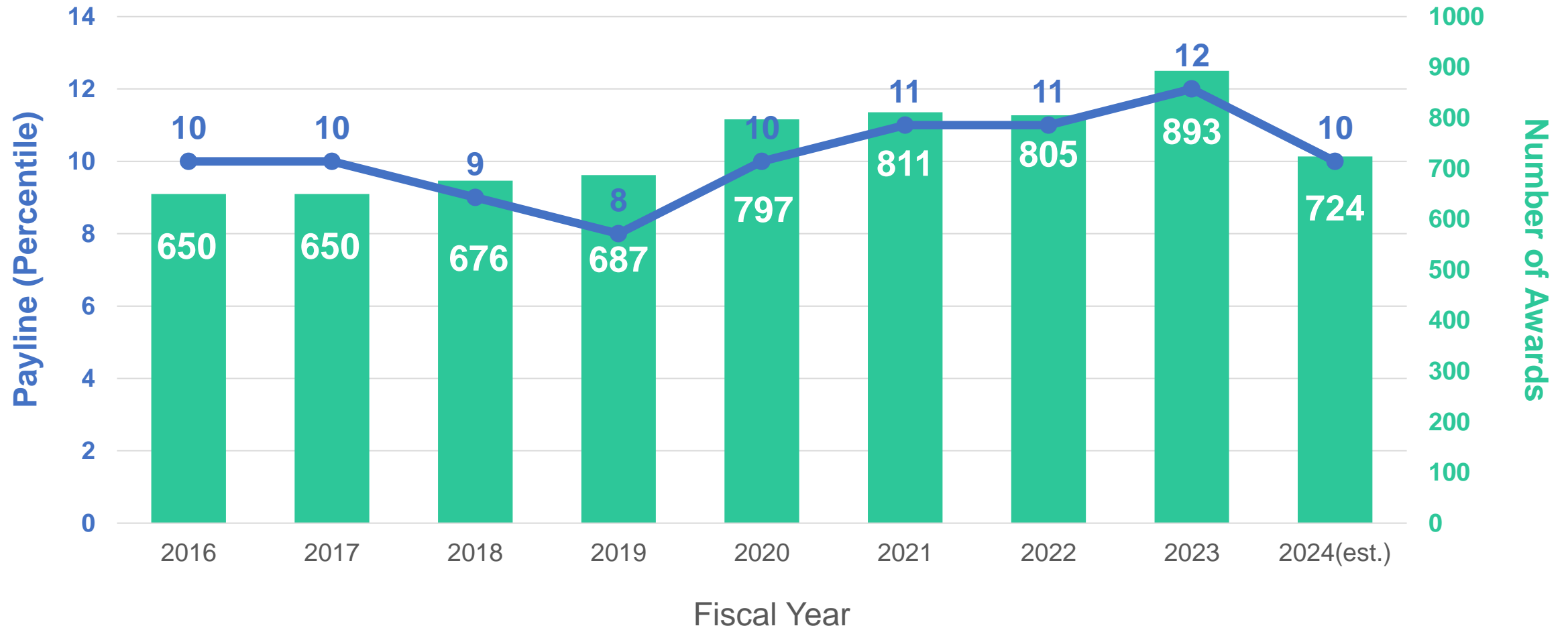
Total no. of R01 awards made (unsolicited)

620 582 578 623 650 650 676 687 797 811 805 893 724

Possible implications of <10% of R01 awards being modular

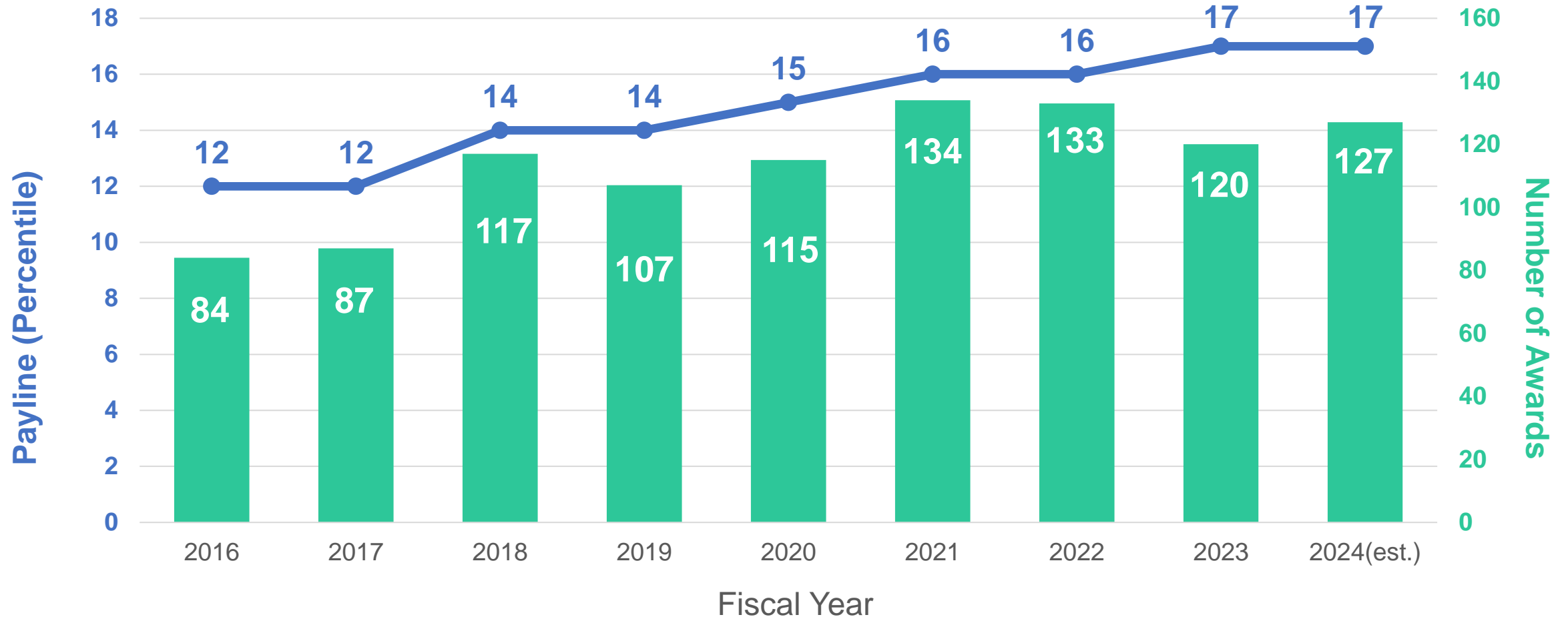
- Increase in non-modular awards reflect the progressive increase in research costs
- NCI has prioritized making more awards rather than fewer awards with more funding
- At what point might it be useful to consider increasing the average size of each award but modestly reduce the number of awards?

R01 award trends 2016-2024: Payline for experienced investigators & total number of awards from unsolicited applications



2016-2023 from <https://gsspubssl.nci.nih.gov/blog/articles>

Early-Stage Investigators (ESI): R01/R37 payline, awards* 2016 – 2024

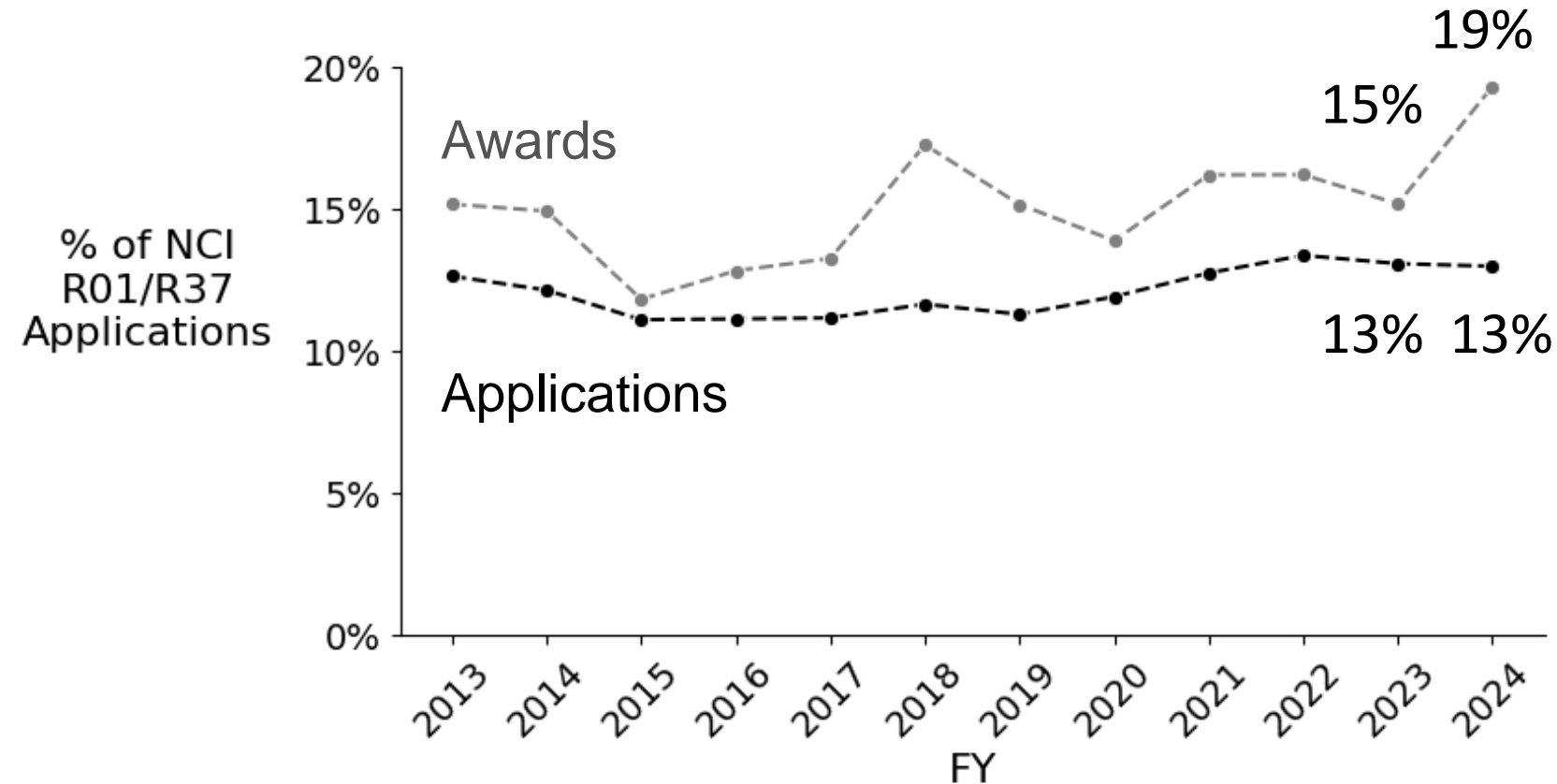


*Unsolicited Applications

2016-2023 from <https://gsspubssl.nci.nih.gov/blog/articles>

ESI Applications and Awards as a Percent of Total

Data as of 10/30/2024



- Since FY21, *ESI applications* account for ~13% of NCI R01/R37 applications.
- A higher percent of *awards* are ESI (15% in FY23 and 19% in FY24) due to higher ESI paylines.

Internal to NCI

Prioritization is even more important when the budget is constrained: some examples

- Developing new standards of care vs. research to increase uptake of current standards of care
- RPG pool: Investigator-initiated awards, early stage investigators, RFA's
- Cancer training
- Cancer Center support grants: Continue with Phase III? Continue to increase the number of designated centers?
- SPORE grants
- Clinical trials networks
- Cancer disparities: in under-represented groups, rural populations, and others
- Community engagement

Prioritization: Some examples of hard choices made

- Prioritize development of new standards of care
- RPG pool: Protect new investigator-initiated awards, especially early stage investigators, reduce investment in RFAs; support non-competing awards at <100%
- Cancer training: Maintain the number of extramural trainees through specific trainee award mechanisms

Thank you!

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