

Budget Overview

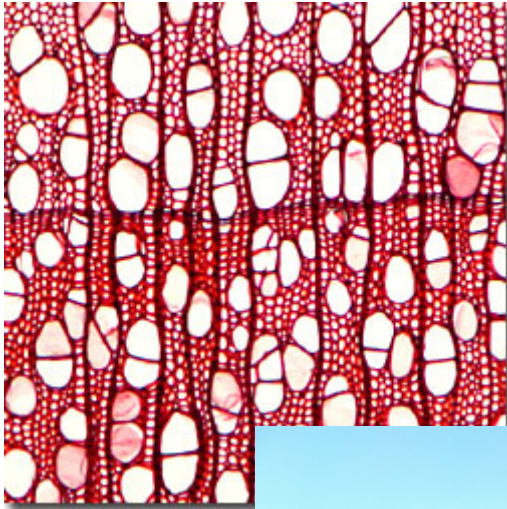
Douglas R. Lowy, M.D.
Principal Deputy Director
National Cancer Institute

Weston Ricks
Director, Office of Budget and Finance
National Cancer Institute

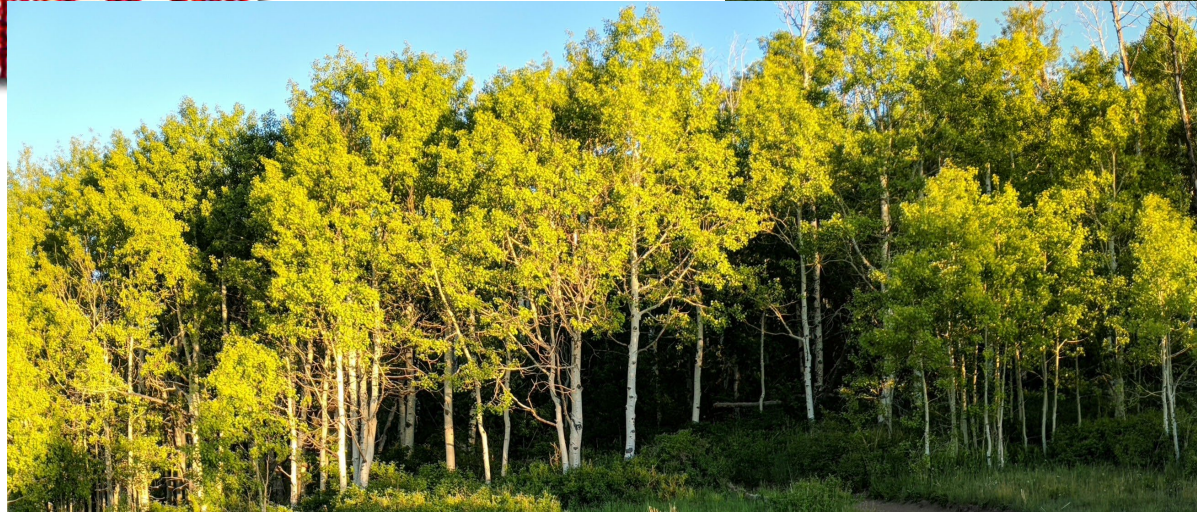
September 6, 2023

19th Virtual Meeting of the National Cancer Advisory Board

Budget Overview

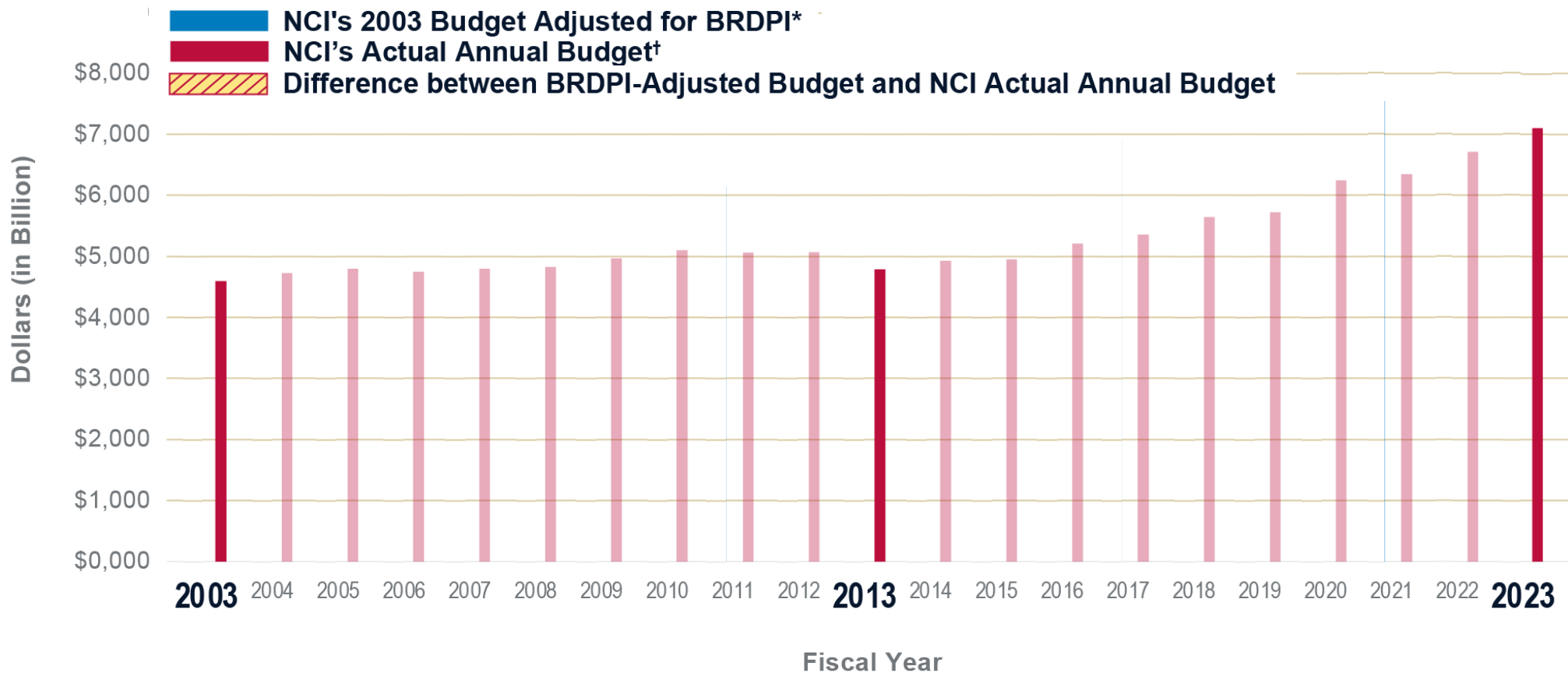


Where are we
and what are
we looking at?



Context matters

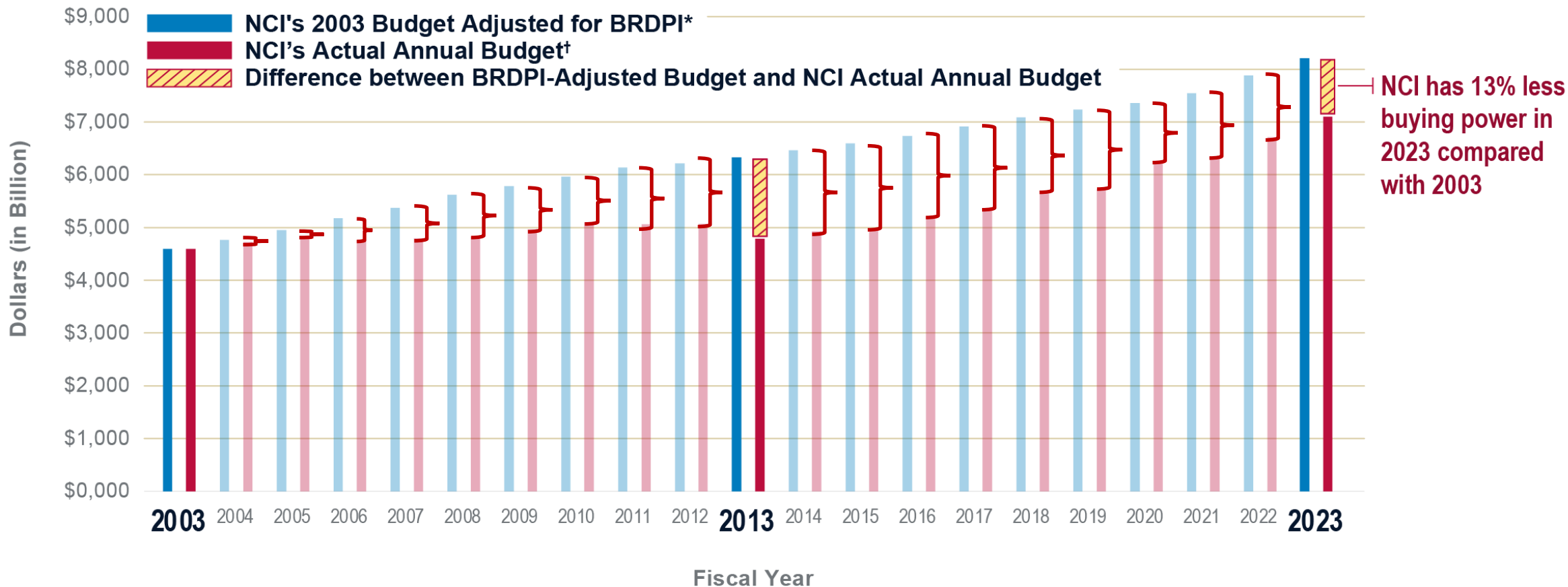
NCI's Budget In Time And Context



†Actual Annual Budget excludes funds from the American Recovery & Reinvestment Act and 21st Century Cures Act

NCI'S RESEARCH BUYING POWER IS \$1.1 BILLION LESS THAN 20 YEARS AGO

Cumulative Missed Opportunity ~ \$21 B



*Biomedical Research and Development Price Index

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Three Major Buckets of Costs

OUT-YEAR COMMITMENTS



Continuing Activities

TAPS AND ASSESSMENTS



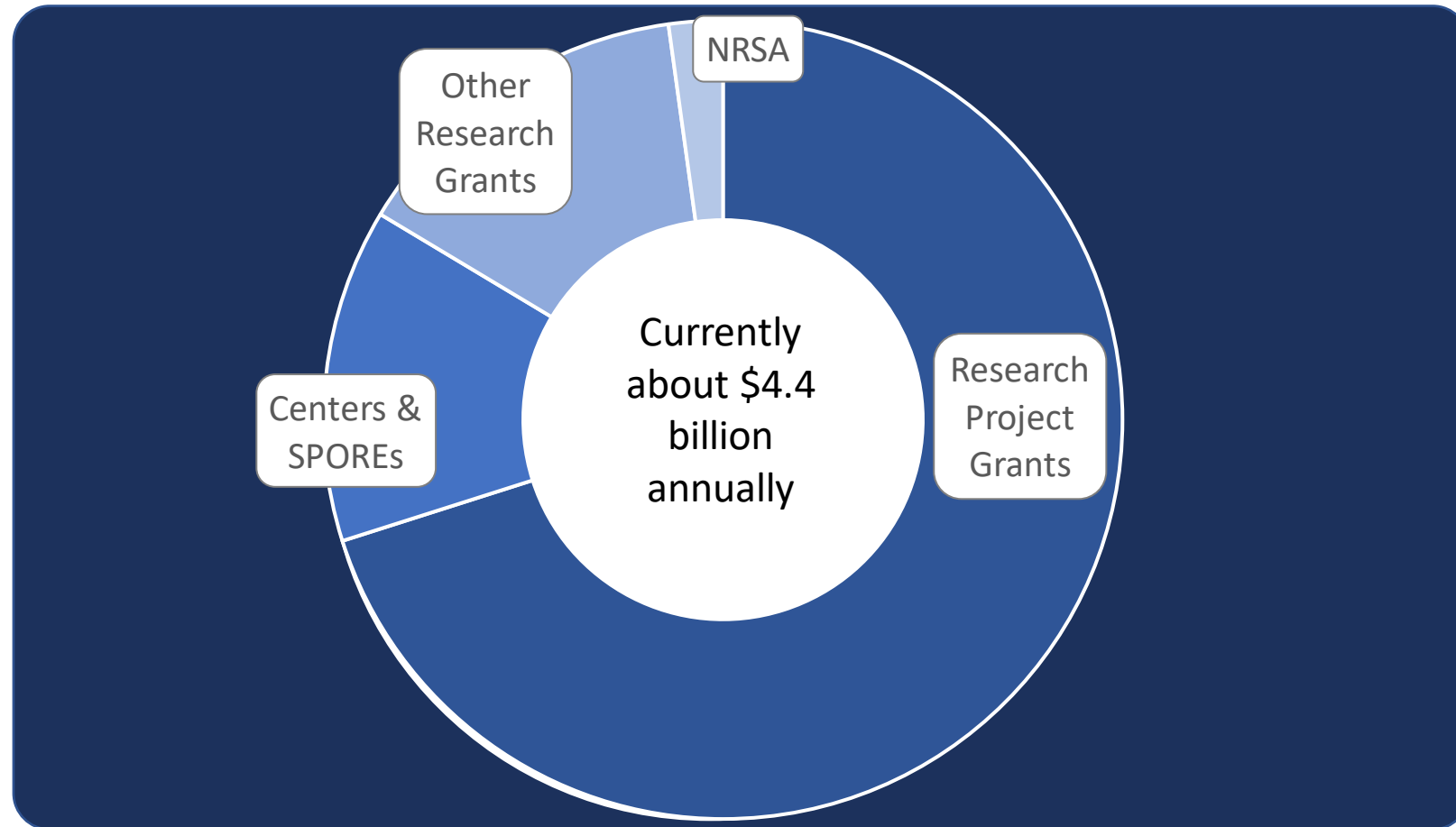
Bills we have to pay

NEW SCIENTIFIC OPPORTUNITIES



Ideas we need to pursue

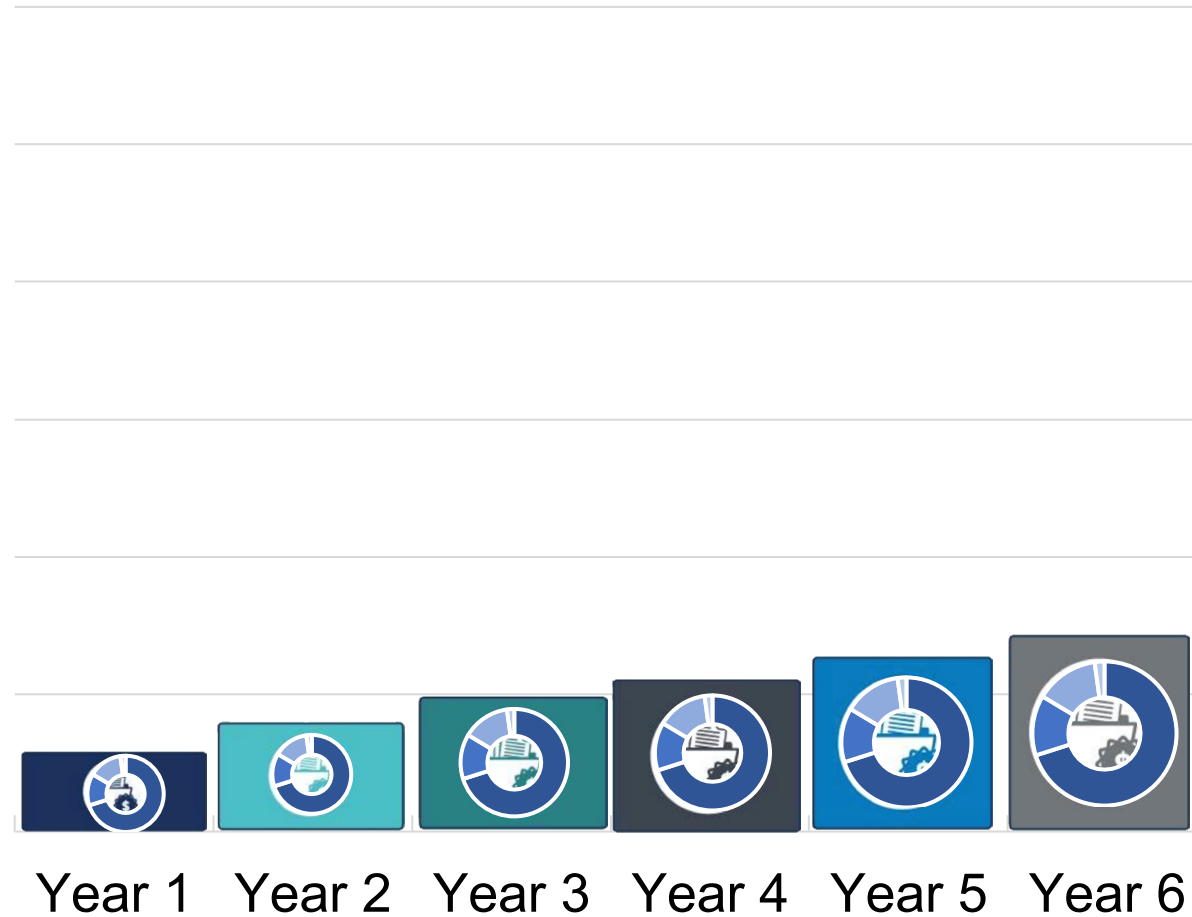
Grant Commitments Over Time



Based on 2022 actuals and excludes Cancer Moonshot funding.

Grant Commitments Over Time

Another, often more numerous and more costly, cohort of new or re-competing grants awarded annually



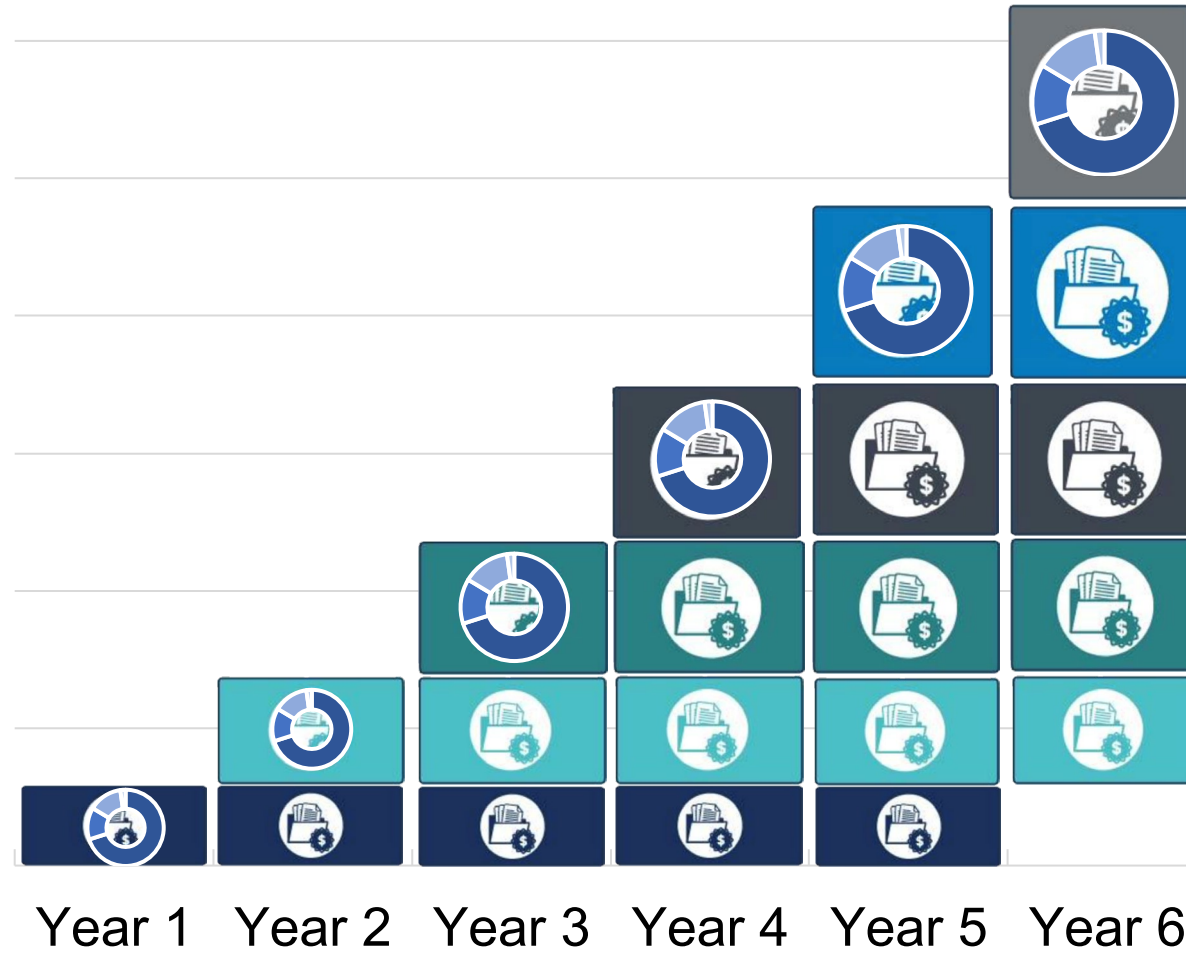
Grant Commitments Over Time

Each new set builds on the previous years' work



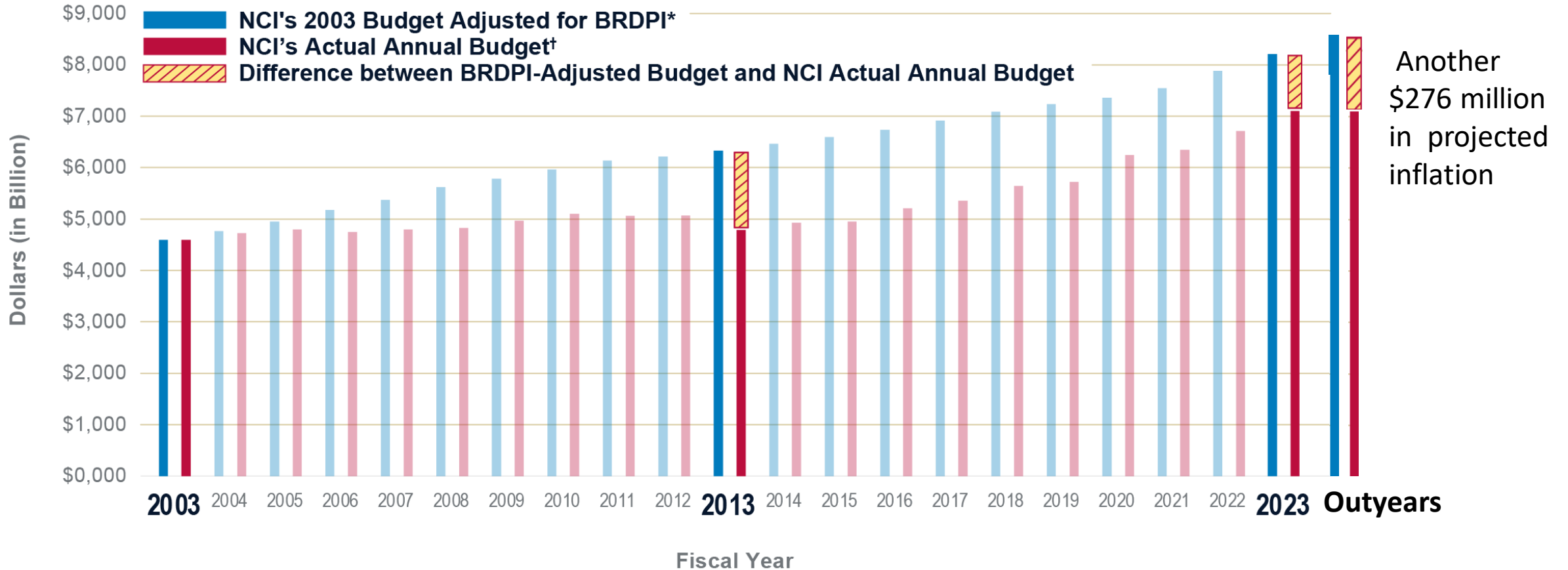
Grant Commitments Over Time

Each new set of grants is *in addition to* continuing grants from the prior years



Potential Widening Gap In the Outyears

Another \$1.4 billion in missed opportunities



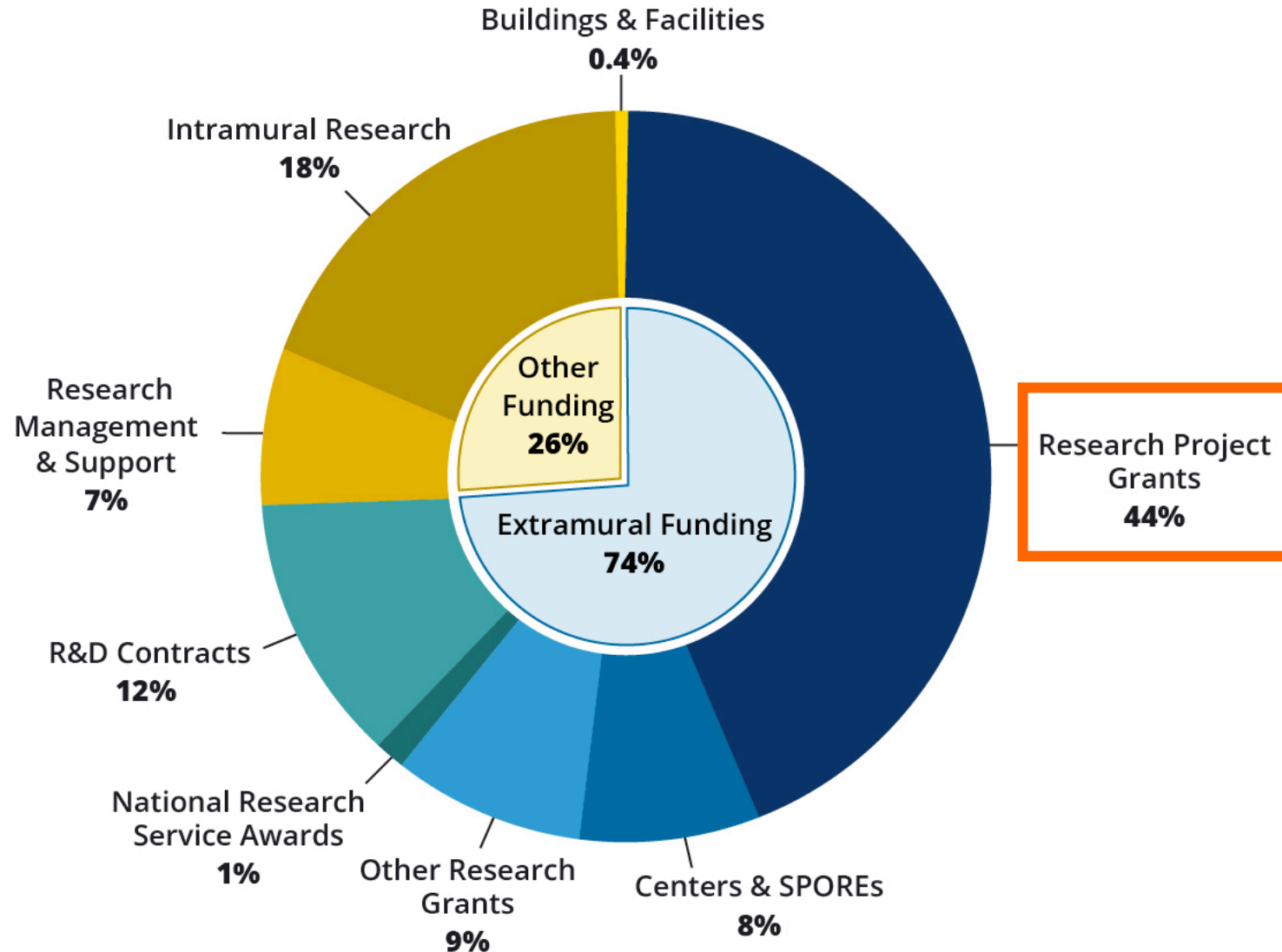
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Interconnectedness of NCI budget and program components

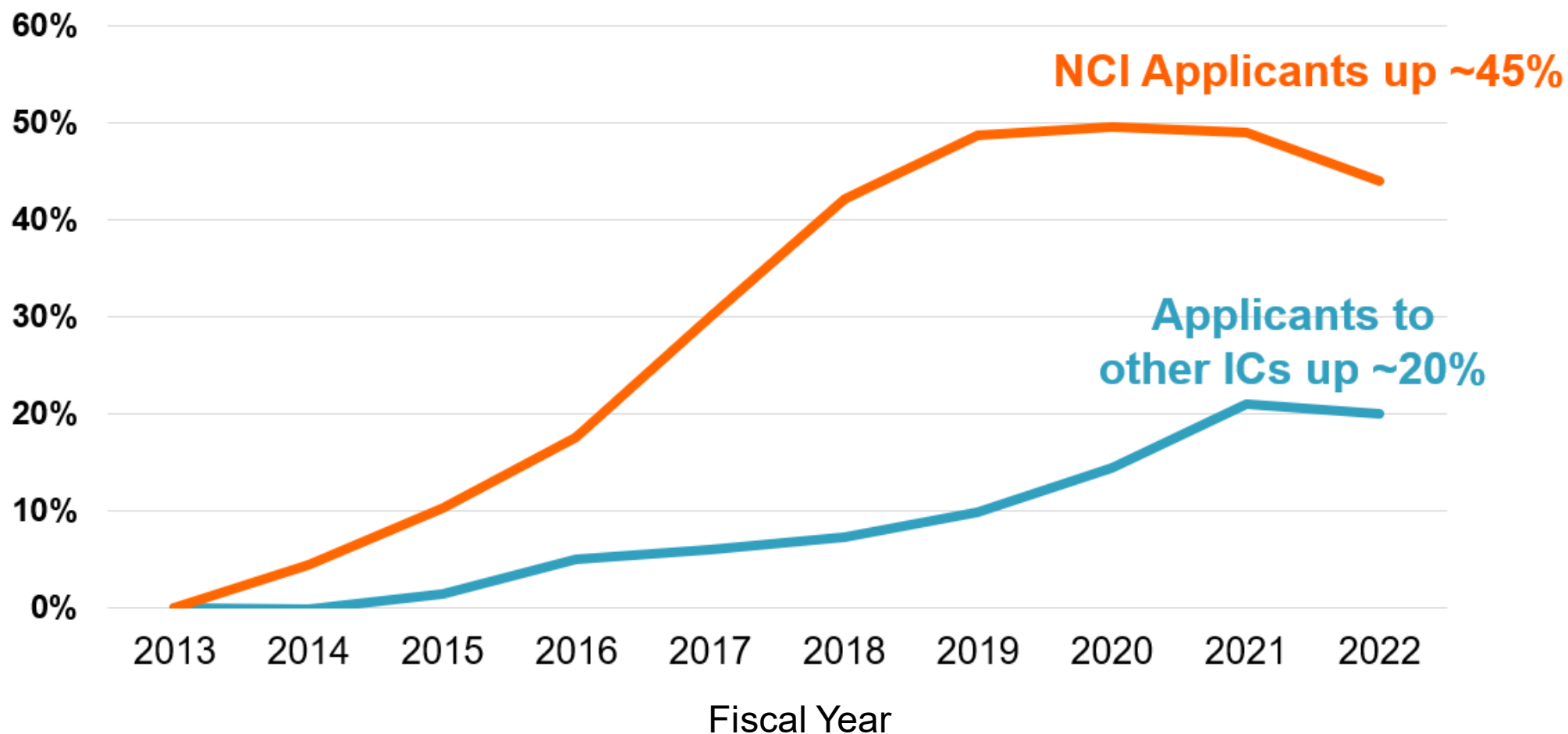


FY 2022 Percent Share of Total NCI Dollars



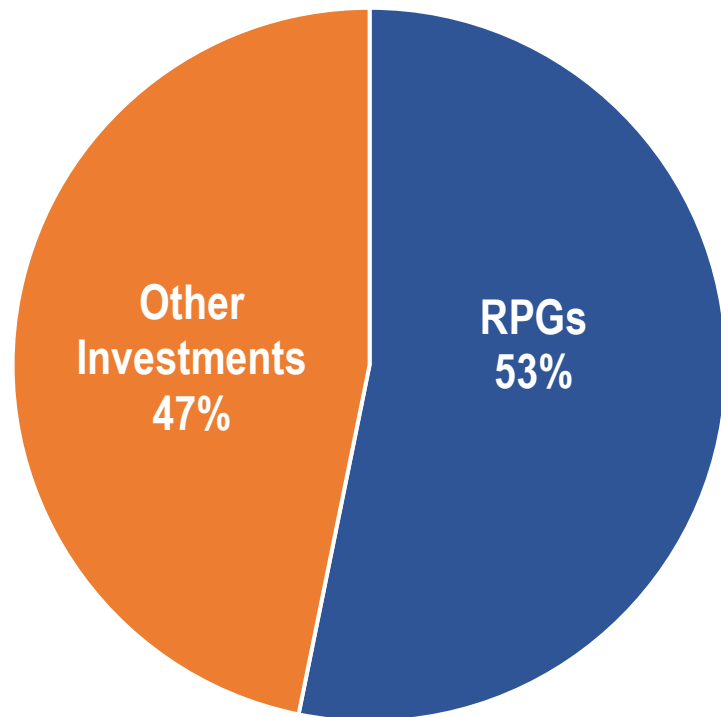
Increase in Unique NCI R01/R37 Applicants

Data include all MPI/PIs



NCI budget increased ~\$1.05B between 2018-2022

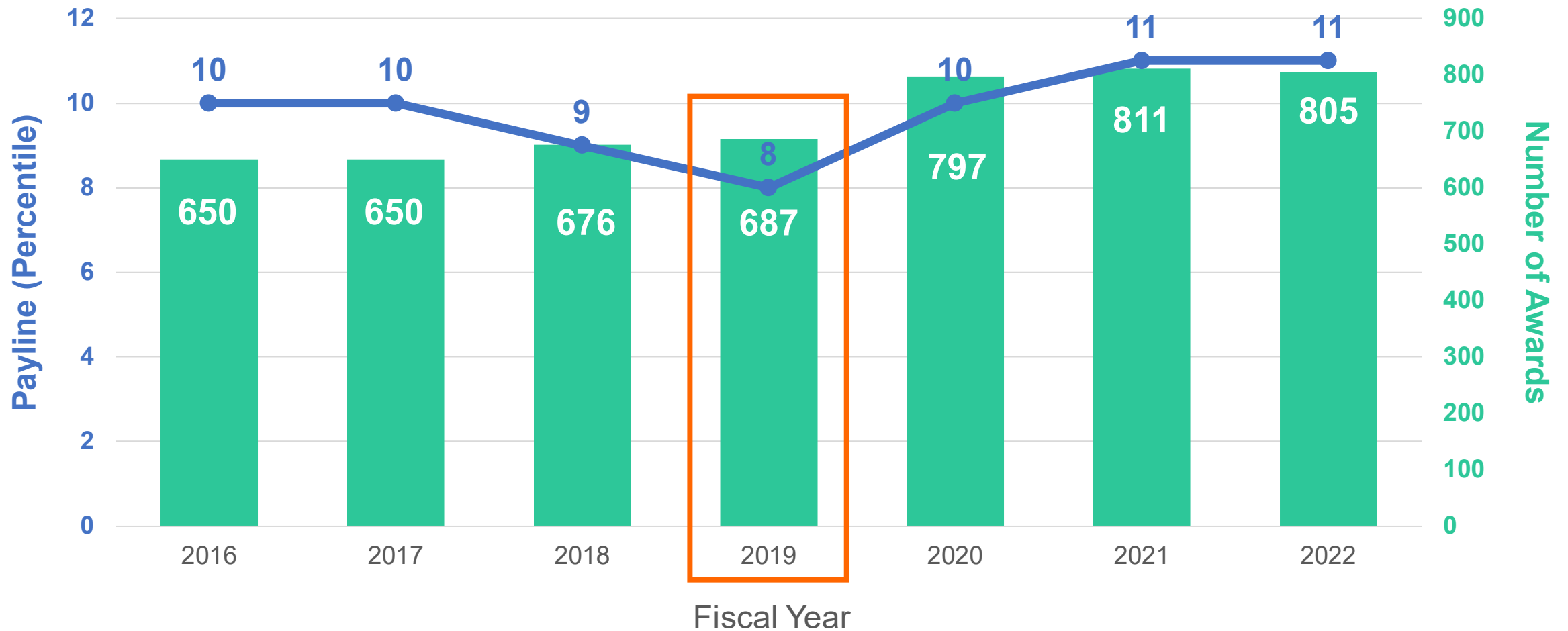
Distribution of the increase between
RPGs and non-RPGs:



The RPG portion of NCI's total budget increased from ~41% to ~44% between 2018 and 2022

Note: The increase does not include the Cancer Moonshot, which decreased by \$104M between 2018 and 2022

R01 award trends 2016-2022: Payline for experienced investigators, total number of awards from unsolicited applications



2016-2021 from <https://gsspubssl.nci.nih.gov/blog/articles>

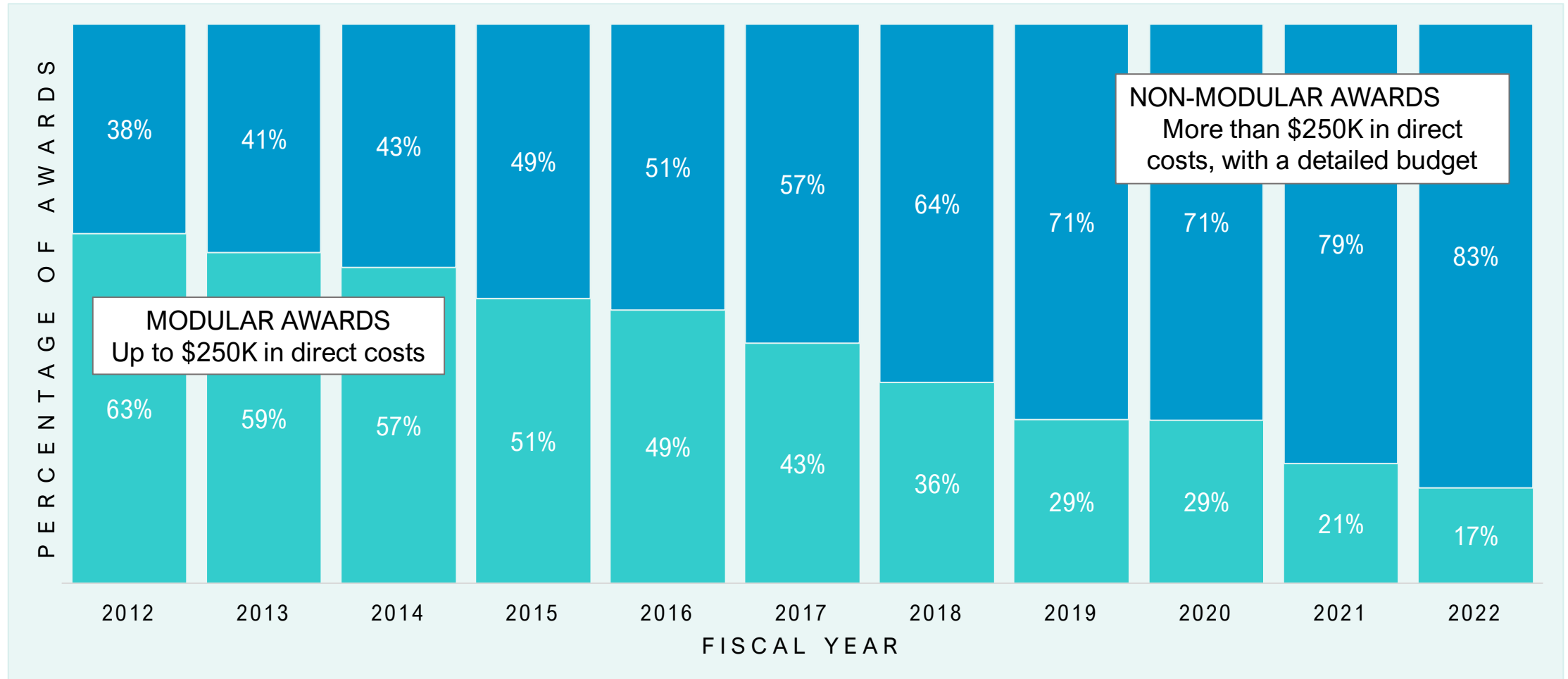
2022 from https://gsspubssl.nci.nih.gov/blog/articles?funding_patterns/2022

Funding non-competing RPG awards at less than 100% of commitment level?

NCI considers this option *only when: funds from turnover of completed awards & funds from NCI appropriation are insufficient.*

- In these situations, the overall issue is whether to prioritize:
 - making more awards (i.e., having a higher payline) or
 - funding non-competing grants at 100% commitment
- ***NCI usually prioritizes funding more competing awards***

Percentage of modular awards has decreased progressively from 63% in 2012 to 17% (~1 in 6 awards) in FY 2022



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

Implications of a “flat” FY24 budget

- The “flat” budget may NOT be flat
 - Because the Cancer Moonshot funds were never part of the NCI base budget, the House budget mark for FY24 did not consider the fact that the \$216 million Moonshot funding for FY23 goes to zero in FY24.
 - The Senate mark for FY24 did consider this issue and added the \$216 (plus \$60 million) to its mark
- It is necessary to add ~\$250 million to the RPG pool in FY24 to maintain the current 12th percentile pay line for new awards and fund non-competing awards at 100%
- In addition, NCI incurs \$75-\$100 million each year in increased “mandatory” expenses—Program Evaluation, Cyber Security, Center for Scientific Review

All parts of the NCI budget could be adversely affected by a “flat” budget: some examples

- RPG pool: it may be necessary to decrease the “payline” for new awards and fund non-competing awards at substantially lower than 100%
- Cancer Center support grants (CCSGs): It may be necessary to forgo at least some anticipated increases for competing renewals and decrease the amount of non-competing CCSGs
- Cancer training awards: It may be necessary to make fewer new awards
- SPORE grants: It may be necessary to make fewer new awards and reduce the size of non-competing awards
- Intramural research program will be cut at least as much as extramural awards

Thank you!

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