

**National Cancer Advisory Board (NCAB)
Subcommittee on Planning and Budget**

**31 August 2022
12:10 p.m.–1:10 p.m. EDT
Virtual Meeting**

DRAFT SUMMARY

Subcommittee Members

Dr. Anna D. Barker, Chair
Dr. Andrea A. Hayes (absent)
Dr. Scott W. Hiebert (absent)
Dr. Nikan Khatibi (absent)

Mr. Patrick McGarey, Executive Secretary
Dr. Electra D. Paskett
Dr. Ashani T. Weeraratna (absent)

Other Participants

Dr. Francis Ali-Osman, NCAB
Dr. Nilofer S. Azad, NCAB
Dr. John D. Carpten, NCAB
Dr. Howard J. Fingert, NCAB
Dr. Christopher R. Friese, NCAB
Dr. Paulette S. Gray, National Cancer Institute (NCI)
Dr. Amy B. Heimberger, NCAB
Dr. Douglas R. Lowy, NCI

Ms. Anne Lubenow, NCI
Ms. Thu Nguyen, NCI
Mr. Ricardo W. Rawle, NCI
Dr. Dinah S. Singer, NCI
Dr. Susan Thomas Vadaparampil, NCAB
Dr. Karen M. Winkfield, NCAB
Ms. Joy Wiszneauckas, NCAB
Dr. Amanda Cennname, The Scientific Consulting Group, Inc., Rapporteur

Background for 2022 and Looking Forward

Dr. Anna D. Barker, Chief Strategy Officer, Ellison Institute for Transformative Medicine, University of Southern California

Dr. Anna D. Barker, Subcommittee Chair, called the meeting to order at 12:11 p.m. EDT. In her opening remarks, Dr. Barker noted that the number of NCI grant applications has increased substantially in recent years, and the NCI paylines have been affected. She reflected that these metrics reflect substantial progress and interest in the area of cancer research and emphasized the importance of protecting the NCI budget during this critical time. Dr. Barker also noted that fiscal year (FY) 2023 is the final year of funding for the current Cancer MoonshotSM. She added that the Advanced Research Projects Agency for Health (ARPA-H) could help enhance opportunities for preclinical and early translational cancer research.

Budgets: Current and Future Considerations (2022–2024)

Mr. Patrick McGarey, Associate Director for Finance and Legislation, NCI

Mr. Patrick McGarey, Subcommittee Executive Secretary, presented an update on the NCI budget, highlighting current and future considerations. He stated that the current fiscal year will end on 30 September 2022. Congress has continued to deliberate the FY 2023 budget, and the Administration has begun to formulate the FY 2024 budget. Mr. McGarey also noted that the FY 2024 budget will be delivered to Congress in 7–8 months.

FY 2022: Final Funding Projections and Wrap-Up

Mr. McGarey reminded the Subcommittee members that in March 2022, President Joseph Biden signed the omnibus appropriations bill into law. NCI appropriations for FY 2022 totaled \$6.9 billion (B), of

which \$6.7 B is base appropriations. NCI's base appropriations include \$50 million (M) for the Childhood Cancer Data Initiative and \$194 M for the Cancer Moonshot. The total NCI funds for FY 2022 reflect a \$353 M increase, compared with FY 2021. NCI's paylines for FY 2022 were kept consistent with the previous fiscal year: 11th percentile for R01 grants to established and new investigators, 16th percentile for R01 grants to early-stage investigators, and 9th percentile for R21 exploratory grants. The NCI has limited noncompeting grants to funding at the 98 percent level, with several targeted exceptions. Mr. McGarey noted that metrics on NCI grant mechanisms will be available sometime after the end of the current calendar year.

FY 2023: Update and Expectations

Mr. McGarey also reminded the Subcommittee members that in FY 2020 and FY 2021, the NCI raised its paylines for R01 grants from the 8th to 10th and 10th to 11th percentiles, respectively. In FY 2022, the payline for R01 grants was maintained at the 11th percentile. The FY 2020 payline increase resulted in an increase of \$75 M for each of the next five fiscal years toward competing grants funded during that year, and the FY 2021 payline increase resulted in an increase of \$27 M over the same period. In FY 2022, maintaining the prior year paylines resulted in an increase of \$39 M for the current year and for each of the next four fiscal years. Those four additional fiscal years are continuing years (i.e., non-competing years) of a grant award.

The House and the Senate have been considering the National Institutes of Health (NIH) and NCI budgets for FY 2023, and the FY 2023 appropriations might not be approved until spring 2023. The proposed NCI budget for FY 2023 includes increases of 6.7 and 4.2 percent by the House and Senate, respectively. The proposed NIH budget for FY 2023 includes increases of 5.5 and 6.6 percent in the House and Senate, respectively. Mr. McGarey noted that post-election politics might influence the final budget decisions.

Mr. McGarey also highlighted the current status of ARPA-H. In FY 2022, ARPA-H received \$1.0 M and was managed through the NIH, although the authority initially was granted to the U.S. Department of Health and Human Services (HHS). The House and Senate have proposed \$2.75 M and \$1.0 M, respectively, for ARPA-H in FY 2023. The House proposed that ARPA-H be housed within the HHS, and the Senate proposed that ARPA-H be housed within the NIH. Mr. McGarey commented that cancer research has been identified as a clear priority within ARPA-H.

In response to a question from Dr. Barker, Mr. McGarey stated that the House and Senate are discussing the final year of the initial Cancer Moonshot; both bills include the full amount for this initiative. He explained that corresponding adjustments to the total NCI budget have been made by Congress when needed. New Cancer Moonshot funding for the following year, however, remains uncertain.

FY 2024: Outlook

Mr. McGarey first presented an overview of the reignited Cancer Moonshot. The three goals of the next phase of the Cancer Moonshot are to cut the cancer death rate in half within 25 years, transform the meaning of cancer, and address cancer-related inequities. These goals will be addressed by the NCI in partnership with other agencies.

President Biden recently established a Cancer Cabinet, which includes representation from the NCI. Several recent efforts, such as the establishment of the Cancer Moonshot Scholars Diversity Program and the development of multi-cancer early detection assays, are aligned with the goals of the reignited Cancer Moonshot. Mr. McGarey emphasized the importance of sustaining the NCI budget, even as new investments are developed.

Round Robin: Subcommittee Members (Input/Questions/Recommendations)

Subcommittee Members and Dr. Anna D. Barker

Dr. John D. Carpten asked for more information on the prioritization and development of mechanisms within the reignited Cancer Moonshot. Dr. Douglas R. Lowy, Acting NCI Director, stated that the new initiative likely will involve greater involvement of government agencies, in regard to funding and other activities. He noted that the NCI and U.S. Food and Drug Administration are the only agencies that are involved in developing standards of care, and the NCI has a unique opportunity to help patients with cancer.

Dr. Carpten suggested that the fundamental concept of standard of care could be re-envisioned for the benefit of patients; he noted that many patients fail to enter the system for care. Dr. Lowy agreed on the importance of this issue and noted that the NCI is exploring ways to engage in implementation research. He remarked that Administration's goals are aspirational, and NCI's responsibility is to make the goals feasible. Dr. Barker suggested that the processes for changing standards of care could be reassessed.

Dr. Dinah S. Singer explained that the initial Cancer Moonshot has been focused on accelerating cancer research in specific areas. The Blue Ribbon Panel was established to define these areas. Implementation science was identified as a potential area, but the reignited Cancer Moonshot has enabled a shift to greater emphasis on this area. Dr. Barker added that advocacy communities are aware of the need for greater resources for cancer research. She added that the importance of raising paylines for investigators must be emphasized.

Dr. Karen M. Winkfield commented that insurance and access to health care also are critical for patients. She noted that many NCI-Designated Cancer Centers do not accept Medicaid, which represents a barrier to care. Dr. Winkfield emphasized the importance of addressing disparities in cancer care. Dr. Barker agreed, noting that the NCI has worked with the Centers for Disease Control and Prevention in the past to address health disparities (e.g., screening for breast cancer).

Dr. Barker stated that the Sergeant First Class (SFC) Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act recently was enacted to expand care for veterans who were exposed to burn pits and other toxic substances during their service. The PACT Act also provides funds for research on carcinogen exposure associated with military activities. Mr. McGarey explained that the PACT Act does not affect the NCI directly but is broadly relevant to the field of cancer research. He noted that the NCI is interested in partnering with the U.S. Department of Veterans Affairs and U.S. Department of Defense to leverage resources among the agencies. Dr. Barker emphasized that this topic involves exploration of complex scientific questions.

In response to a question from Dr. Barker, Mr. McGarey explained that the NCI and NIH manage resources to assess the allocation of funds among different areas of cancer. The [NCI Funded Research Portfolio](#) contains data on NCI-funded research grants, contract awards, and intramural research programs; the [NIH Research, Condition, and Disease Categorization \(RCDC\) database](#) contains estimates of funding for various cancer and noncancer RCDCs. These programs use complex algorithms, and new research categories are added as needed.

In response to a question from Dr. Barker, Mr. McGarey noted that the NCI makes a concerted effort to ensure that an appropriate balance is maintained between requests for applications (RFAs) and investigator-initiated research. Dr. Lowy added that the NCI ensures that critical RFAs are published. He stated that RFAs represent 10–15 percent of the research project grant pool each year. Dr. Singer added that NCI RFAs are focused primarily on emerging areas within its portfolio. Dr. Barker also noted that RFAs are reviewed and considered carefully.

Dr. Barker asked whether NCI research infrastructure is sufficient to meet new needs related to multi-cancer detection and standards of care. Dr. Lowy stated that mortality endpoints are critical in considering standards of care, and the NCI is playing an important role in this effort. He noted that wide screening across multiple platforms is needed, requiring extensive infrastructure. Dr. Carpten added that this issue is highly complex. Dr. Barker noted that this challenge likely reflects a paradigm shift within the field of cancer research, and the NCI must remain aware of the topic.

Dr. Lowy briefly commented on the pending appointment of Dr. Monica Bertagnolli as the new NCI Director. He stated that the NCI looks forward to Dr. Bertagnolli's leadership in this role. Dr. Barker commended Dr. Lowy for his work as the Acting Director. Dr. Barker also suggested discussing new ways for the NCAB to best serve the NCI in the future.

Adjournment

Dr. Barker thanked the attendees and invited them to send follow-up comments to herself or to Mr. McGarey. She adjourned the Subcommittee meeting at 1:09 p.m. EDT.

Dr. Anna D. Barker
Chair

Date

Mr. Patrick McGarey
Executive Secretary

Date