An update on global health at the NCI

NCAB Subcommittee Meeting

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NIH NATIONAL CANCER INSTITUTE

Center for Global Health

June 29, 2026

Excerpts from the National Cancer Act of 1971

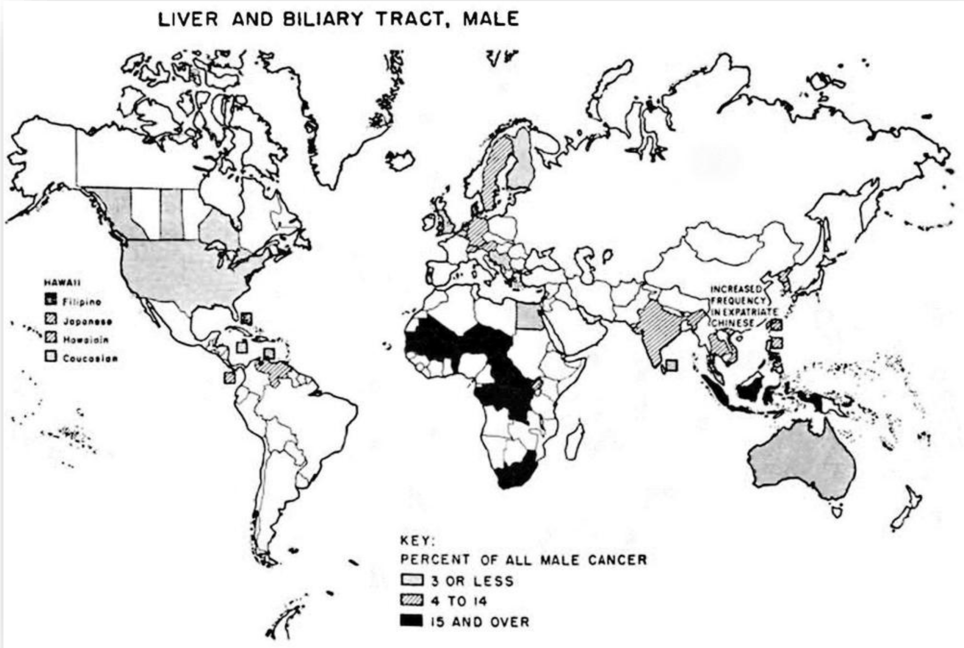
SEC. 407.

(b) In carrying out the National Cancer Program, the Director of the National Cancer Institute shall:

> (4) Collect, analyze, and disseminate all data useful in the prevention, diagnosis, and treatment of cancer, including the establishment of an international cancer research data bank to collect, catalog, store, and disseminate insofar as feasible the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country.
>
> (6) Support research in the cancer field outside the United States by highly qualified foreign nationals which research can be expected to inure to the benefit of the American people; support collaborative research involving American and foreign participants; and support the training of American scientists abroad and foreign scientists in the United States.

Excerpts from NCI global health history

NCI geographic pathology mapping in 1968



NCI-Linxian study team testing dietary interventions to reduce cancer risk in 1985

Scientific benefits to US

- Study **rare or unique cancers** for which US only efforts have limits
- Foster **innovation and efficiency** with less encumbrance by US policy and practice conventions
- Test **solution-oriented approaches** for addressing **US cancer health disparities**
- Validate and extend US discoveries to other contexts to enhance **replication and reproducibility**

Parascandola et al, J Natl Cancer Inst 2022

CGH 2021-2025 Strategic Plan

2011

…we have recently established the NCI Center for Global Health, which will develop an appropriate research strategy to help incorporate cancer control into global health programs; foster relevant research activities throughout the NCI's own extramural and intramural divisions; and work closely with the many potential collaborators who have displayed an interest in shared objectives.

COMMENTARY | POLICY

Integrating Cancer Control into Global Health

Harold Varmus* and Edward L. Trimble

+ See all authors and affiliations

Science Translational Medicine 21 Sep 2011:
Vol. 3, Issue 101, pp. 101cm28
DOI: 10.1126/scitranslmed.3002321

2021

…to "end cancer as we know it," it will be necessary to reduce cancer morbidity and mortality globally…As the Center for Global Health prepares to enter its second decade, the Center has developed an updated 5-year strategy to address these issues and to renew the NCI's commitment to a leadership role in global cancer research and control.

This Issue | Views 8,620 | Citations 2 | Altmetric 80 | Comments 1

Viewpoint

August 6, 2021

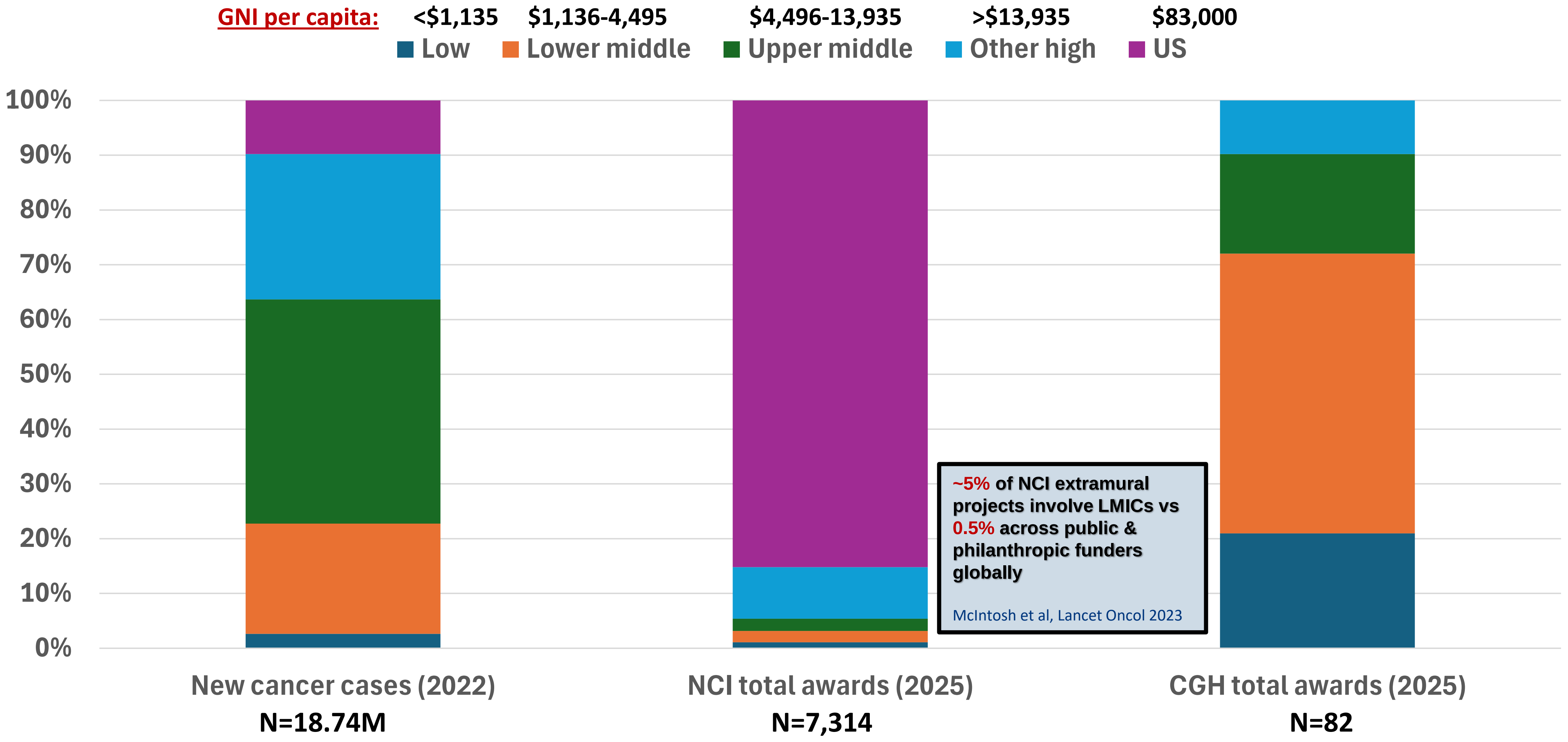
Cancer as a Global Health Priority

Satish Gopal, MD[1]; Norman E. Sharpless, MD[1]

» Author Affiliations

JAMA. 2021;326(9):809-810. doi:10.1001/jama.2021.12778

Cancer burden & NCI portfolio distribution by World Bank income category

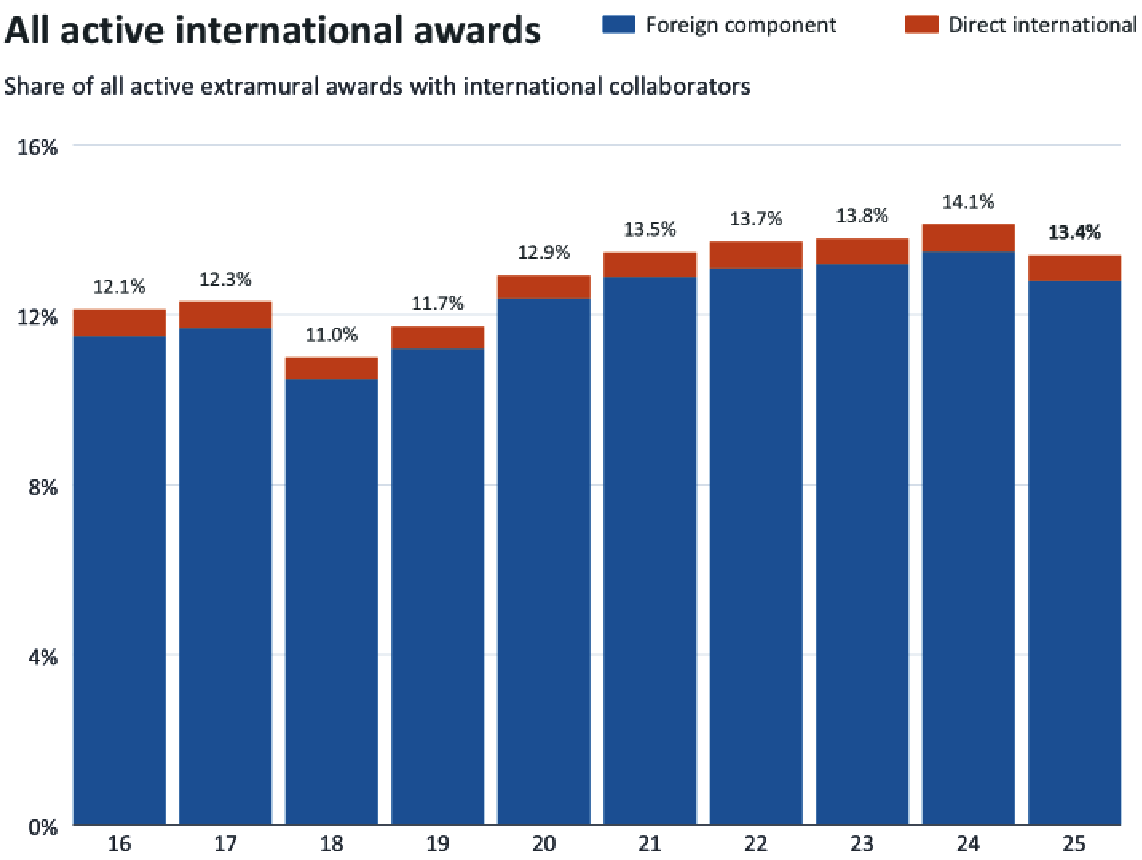


NCI international extramural awards: trends by award type, FY2016-FY2025

Foreign component awards comprise the overwhelming majority of international activity; direct international awards are a small share.

All active international awards

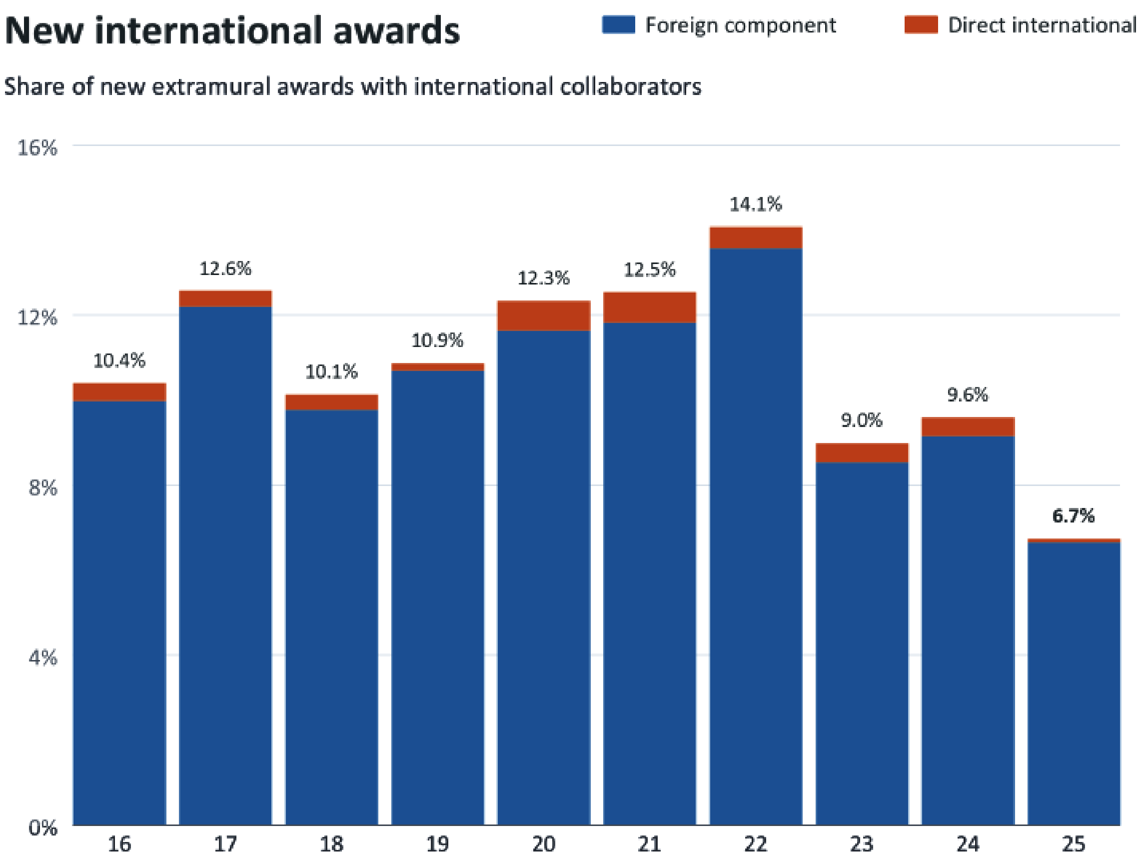
Share of all active extramural awards with international collaborators



FY25 total: 12.8% foreign component + 0.6% direct = 13.4% total (979 awards) | Counts: 936 FC + 43 direct

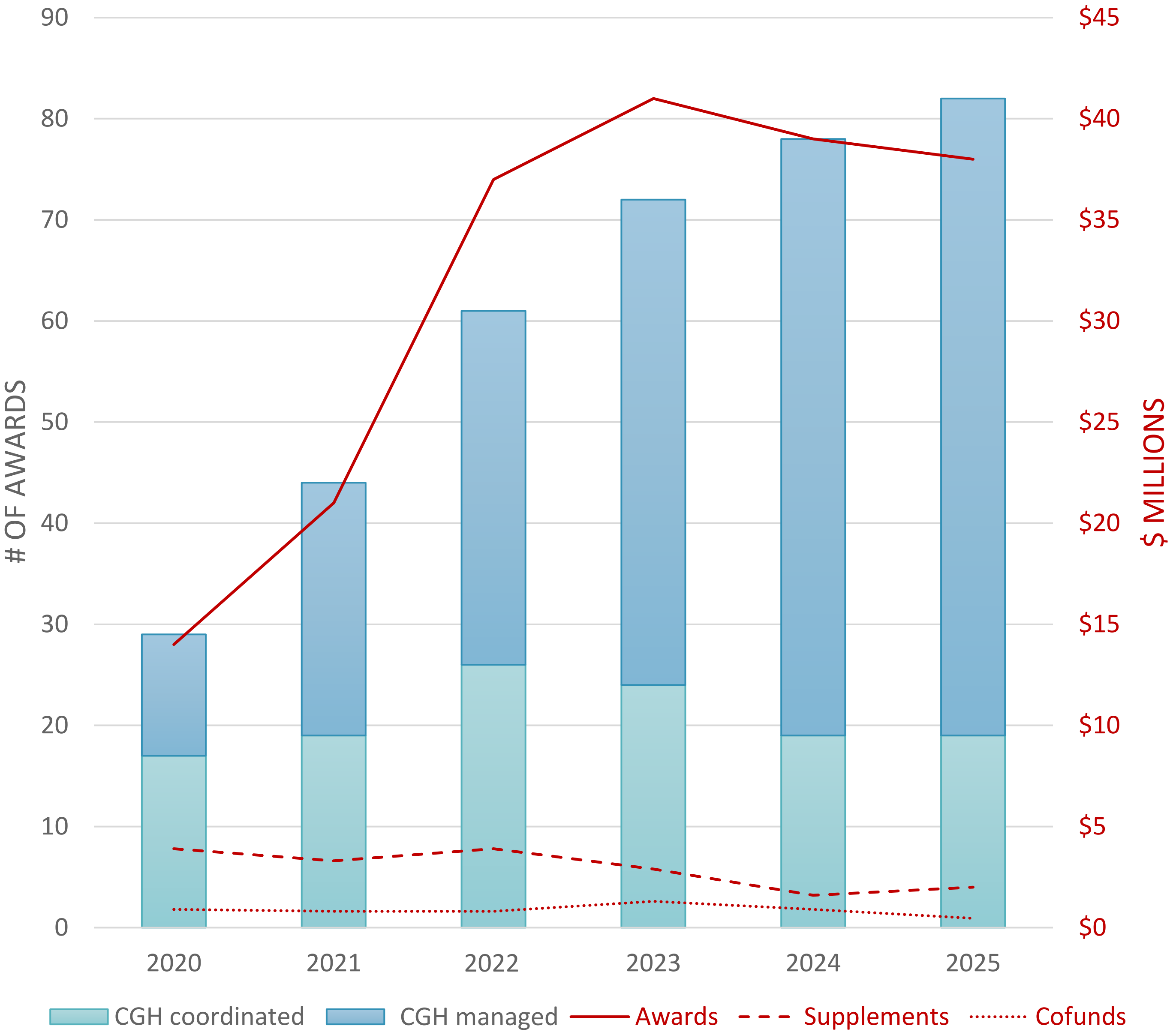
New international awards

Share of new extramural awards with international collaborators



FY25 total: 6.7% foreign component + 0.1% direct = 6.7% total (90 awards) | Counts: 89 FC + 1 direct

CGH portfolio 2020-2025



FY25	Awards	Funding level
Global health technologies		
Translational technologies *(RFA-CA-21-030, RFA-CA-22-020, RFA-CA-24-005)*	19	$8.33M
Mobile health *(NIH PAR-21-303, PAR-23-318)*	7	$2.14M
Data Science in Africa *(RFA-RM-22-023)*	1	$0.25M
Implementation science		
Cancer control, HIV-focused *(RFA-CA-21-056, RFA-CA-23-033)*	16	$10.28M
Cancer control *(NIH PAR-22-105)*	15	$6.93M
GlobalISE U54 centers *(RFA-CA-22-019)*	4	$3.76M
Tobacco control, HIV-focused *(RFA-CA-20-037)*	6	$4.17M
Research training		
GlobTRC institutional training awards *(RFA-CA-20-031)*	8	$2.15M
Emerging global leader awards *(NIH PAR-24-295, NIH PAR 24-296)*	1	$0.04M
Conference grants *(NIH R13 PAR)*	5	$0.03M
CGH Total	**82**	**$38.08M**
% of NCI Total	**1.1%**	**0.8%**

Thermal ablation development & validation for cervical precancer

	Cryotherapy group	Thermal ablation group	LLETZ group	Fisher's exact p value
Overall				
Participants followed up*	200	192	199	..
Participants with no evidence of disease	120 (60%)	123 (64%)	134 (67%)	0·52
HPV positive at baseline				
High-risk participants followed up	121	104	106	..
Participants with no evidence of disease	48 (40%)	44 (42%)	50 (47%)	0·48
HIV negative at baseline				
Participants followed up	85	93	93	..
Participants with no evidence of disease	68 (80%)	77 (83%)	76 (82%)	0·72
HIV positive at baseline				
Participants followed up	109	95	101	..
Participants with no evidence of disease	50 (46%)	42 (44%)	55 (54·5)	0·36

Data are n, or n (%). LLETZ=large loop excision of the transformation zone. HPV=human papillomavirus. VIA=visual inspection with acetic acid. Treatment success was defined as either HPV type-specific clearance at 6 months among women positive for the same HPV type at baseline, or negative VIA test at follow-up, if the baseline HPV test was negative. *HPV reports were missing in six participants in the cryotherapy group, five participants in the thermal ablation group, and five participants in the LLETZ group, who had HPV-positive results at baseline; these participants were excluded from the analysis of treatment success proportion.

Table 2: Treatment success proportions at 6-months follow-up after treatment

Pinder et al, Lancet Oncol 2020

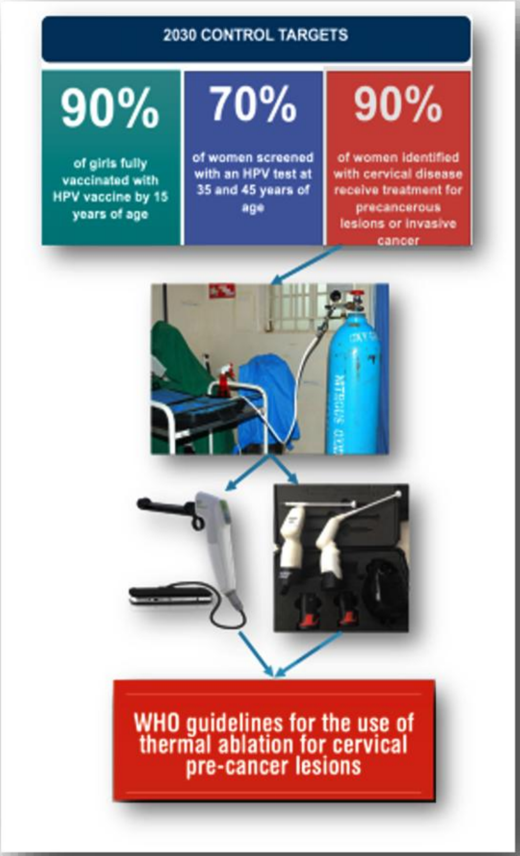
Global guidelines uptake

US guidelines integration

ASCCP Improving lives through the prevention and treatment of anogenital & HPV-related diseases

Cancer research career advancement

Treating Precancer in Low-Resource Settings to Prevent Cervical Cancer



Research, technologies

Integrating novel tobacco control approaches for specific populations

EDITORIAL

Reducing Tobacco Use Worldwide — A New Perspective Series

Authors: Nancy A. Rigotti, M.D., Kamran Siddiqi, Ph.D., M.P.H., M.B., B.S., Debra Malina, Ph.D., Genevra Pittman, M.P.H., Darren B. Taichman, M.D., Ph.D., Kristine M. Guinn, M.S., and Stephen Morrissey, Ph.D. Author Info & Affiliations

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PERSPECTIVE | REDUCING TOBACCO USE WORLDWIDE

Integrating Pharmacotherapy into Tobacco Control in Low- and Middle-Income Countries — A Critical Need

Authors: Nancy A. Rigotti, M.D., Natalie Walker, Ph.D., and Amer Siddiq Amer Nordin, M.B., Ch.B., Ph.D. Author Info & Affiliations

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PERSPECTIVE | REDUCING TOBACCO USE WORLDWIDE

Tobacco Cessation among Nondaily and Low-Intensity Smokers — Challenges and Opportunities in Latin America

Authors: Laura Llambi, M.D., Ph.D., and Paola Morello, M.D., M.P.H. Author Info & Affiliations

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PERSPECTIVE | TOBACCO USE REDUCTION

Integration of Tobacco-Cessation Interventions into Tuberculosis and HIV Care

Authors: Jonathan Shuter, M.D., Sonu Goel, M.D., Ph.D., and Seth S. Himelhoch, M.D., M.P.H. Author Info & Affiliations

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PERSPECTIVE | REDUCING TOBACCO USE WORLDWIDE

Smokeless Tobacco and Oral Cancer in Global Perspective

Authors: Mark Parascandola, Ph.D., Suzanne T. Nethan, M.D.S., and Kamran Siddiqi, Ph.D. Author Info & Affiliations

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PERSPECTIVE | REDUCING TOBACCO USE WORLDWIDE

The Contribution of Digital Treatment to Efforts to Reduce Global Tobacco Use

Authors: Felix Naughton, Ph.D., and Abhijit Nadkarni, Ph.D. Author Info & Affiliations

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PERSPECTIVE | REDUCING TOBACCO USE WORLDWIDE

The Epidemic of Tobacco Harms among People with Mental Health Conditions

Authors: Simon Gilbody, M.B., D.Sc., Garima Bhatt, M.P.H., Ph.D., and Krishna P. Muliyala, M.D. Author Info & Affiliations

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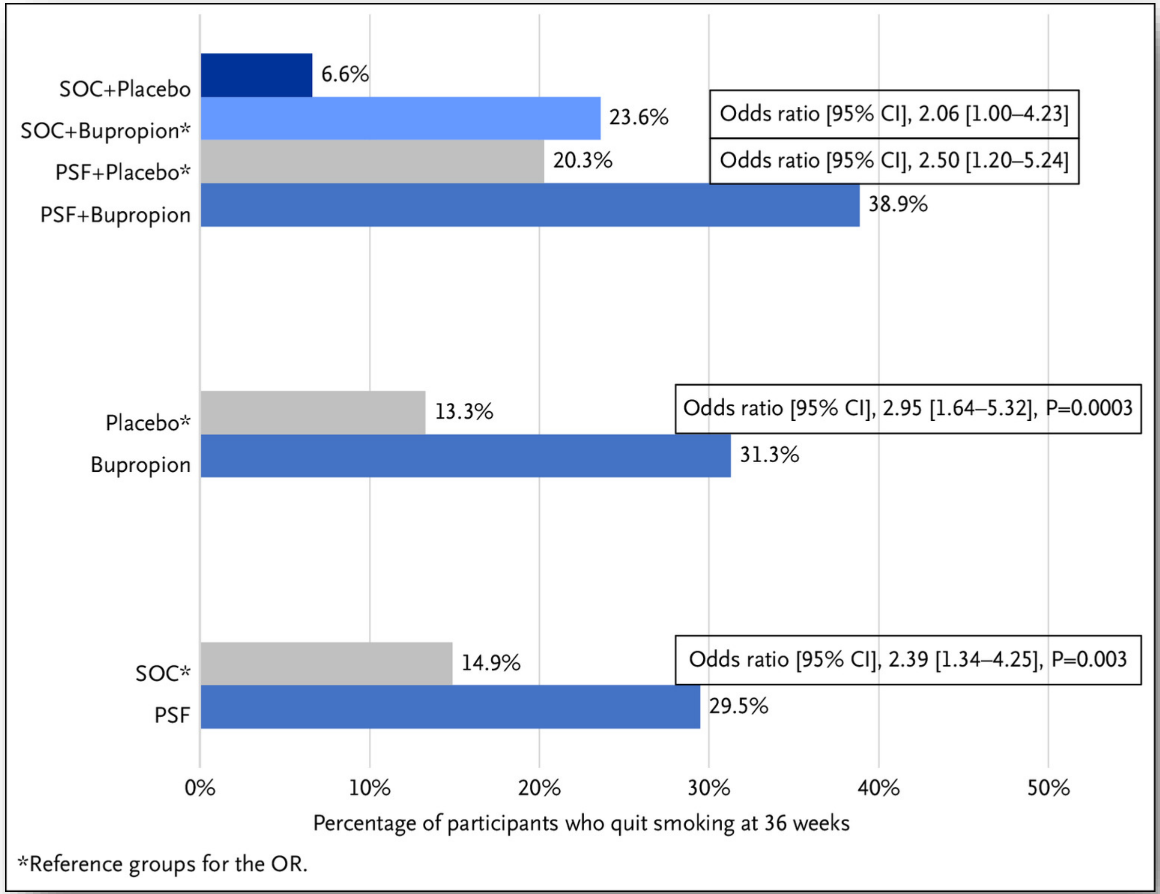
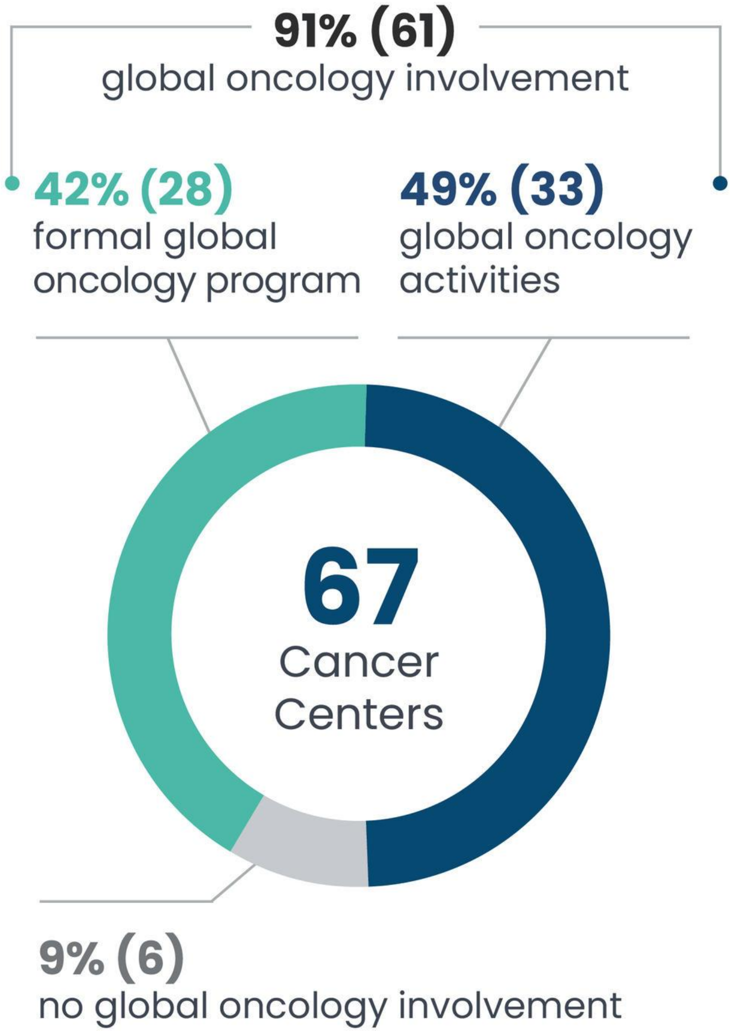
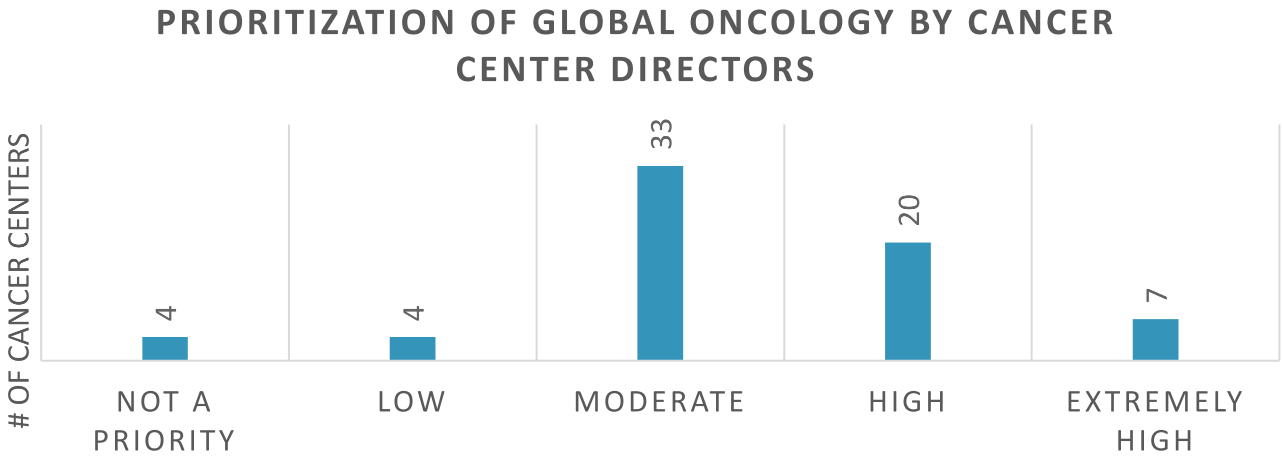


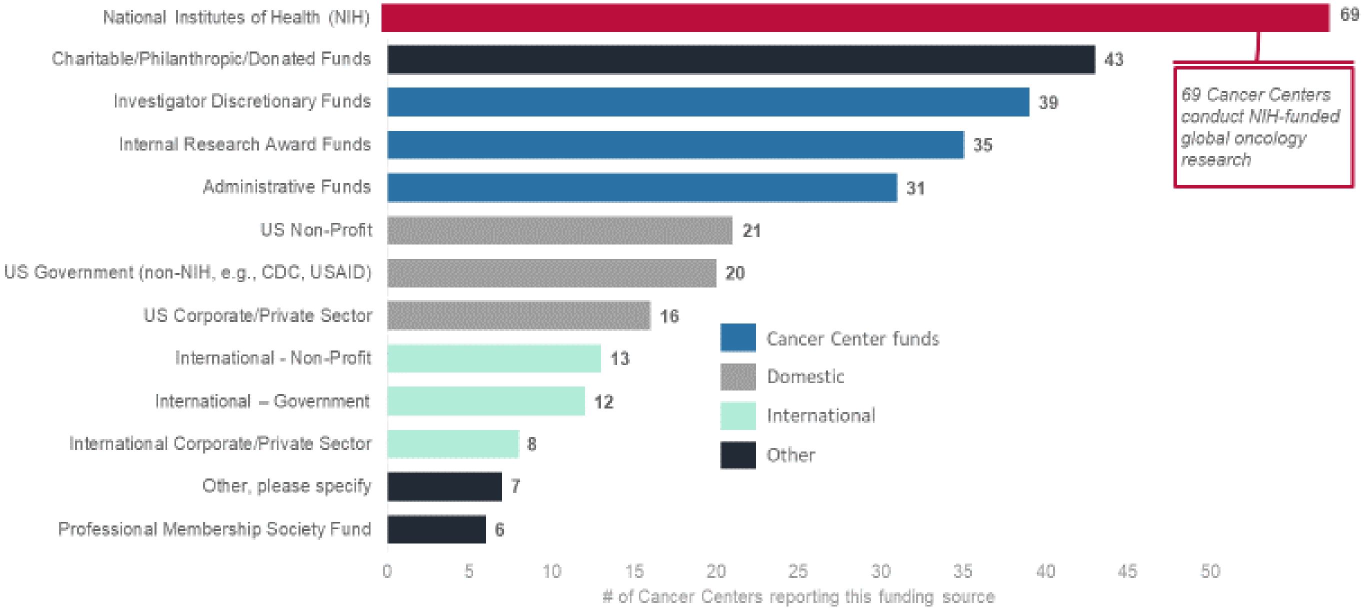
Himelhoch et al, NEJM Evid 2024

NCI GlobTRC institutional training awards

Global oncology at NCI-designated cancer centers







Garton et al, Lancet Oncol 2023

Amplifying NCI investments globally

Program	Key 2020-2025 outcomes
Annual Symposium on Global Cancer Research	• >400 abstracts in *ASCO JCO Global Oncology* & *AACR Cancer Epidemiology, Biomarkers and Prevention* • 2026 is the 14th year CGH has convened the symposium with many partners
Global Cancer Research and Control Seminar Series	• 28 sessions featuring extramural global health researchers • >2000 attendees
Communities of Practice	• 6 Communities of Practice; 44 sessions held in 2025; 57 participating countries • Cover cancer research and training, implementation science, and other focused topics related to cancer control

Dissemination

Advancing NIH's Mission Through a Unified Strategy

Maximizing & Safeguarding NIH's Investment in Foreign Collaborations

August 2025

- NIH supports research collaborations outside the US
- Many critical breakthroughs that improve the health of Americans have resulted from global partnerships
- Clear scientific rationale needed for conducting research at a foreign rather than domestic site
- Direct potential to generate knowledge applicable to Americans' health should be explicitly articulated
- New award structure to assess risks at foreign sites

PF5/UF5: linked-award structure for foreign components

PF5 grants -> RF2 | **UF5 cooperative agreements -> UL2** | reviewed as one application then disaggregated linked foreign awards made directly to foreign organizations; not for consultants, vendors, and/or collaborations with no NIH funding.

NIH March 19, 2026 component guidance for Collaborative International Research Project applications

Component	Required?	Page limit	What to include	Budget scope	Review considerations
Overall	Required	12-page Research Strategy	Scientific rationale and need; why international collaboration is necessary; how collaboration will function; required dispute-resolution plan	No budget in this section	Scored as part of peer review
Research Project	At least 1 required; more optional	12-page Research Strategy (each)	Scientific and technical direction of the project; may describe both domestic and international technical activities	Budget limited to domestic scope only	Scored as part of peer review
Core(s)	Optional, appropriate if multiple research projects	6-page Research Strategy (each)	Shared activities or resources supporting multiple components; efficiencies and synergies enabled by the core	Budget limited to domestic scope only	Not individually scored; reviewers designate Recommended or Not Recommended
Institutional Career Development & Training	Optional, if substantial training activities are proposed	25-page Training Program Plan	Training environment and mentoring; structure and goals of the training program; International Training Data Tables	Budget limited to domestic scope only	Scored as part of peer review
International Project	At least 1 required; one per participating international organization	6-page Research Strategy (each)	Scope of work at the international organization; unique resources, expertise, populations, or capabilities; integration with the overall project	Budget specific to the international organization	Not individually scored; reviewers designate Recommended or Not Recommended

CGH near-term planning & priorities

- Ensure continuity of high-impact global cancer research and research training
- Provide guidance to investigators navigating new policies and mechanisms
- Transition specific RFA solicitations to more general Highlighted Scientific Topics as appropriate
- Internal evaluation and strategy update ongoing, nested within parallel NIH and NCI efforts
    - Preserve high-impact strengths and programs
    - Move from rapid growth to sustainable steady-state
    - Capture outcomes beyond grant and activity counts
        - Scientific output and capacity
        - Policy and practice uptake
        - Follow-on funding
    - Leveraging convening and partnerships to amplify impacts beyond direct NCI funding

NCI Center for Global Health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