

**National Cancer Institute (NCI)
National Cancer Advisory Board (NCAB)
ad hoc Subcommittee on Global Cancer Research**

**Gaithersburg Marriott Washingtonian Center
Gaithersburg, MD**

29 June 2026

6:00 p.m.–7:00 p.m. EDT

DRAFT SUMMARY

Subcommittee Members

Dr. Fred K. Tabung, Chair
Dr. Richard J. Boxer
Ms. Ysabel Duron
Ms. Tamika Felder
Dr. Satish Gopal, Executive Secretary

Dr. Ana Navas-Acien (absent)
Dr. Edjah K. Nduom (absent)
Dr. Kimberly Stegmaier (absent)
Dr. Ashani T. Weeraratna (absent)
Dr. Karen M. Winkfield

Other Participants

Dr. John D. Carpten, NCAB
Dr. Christopher R. Friese, NCAB
Dr. Douglas R. Lowy, NCI
Dr. Shamala Srinivas, NCI

Dr. Bhadrasain Vikram, NCI
Ms. Sally Paustian, The Scientific Consulting
Group, Inc., Rapporteur

Welcome and Opening Remarks

Dr. Fred K. Tabung, Associate Professor, Division of Medical Oncology, Department of Internal Medicine, The Ohio State University Comprehensive Cancer Center, College of Medicine, The Ohio State University Wexner Medical Center

Dr. Fred K. Tabung, Subcommittee Chair, welcomed the participants to the NCAB *ad hoc* Subcommittee on Global Cancer Research (Subcommittee) meeting. He thanked participants and noted that the Subcommittee has a longstanding role in NCAB but has not met for a significant amount of time, so this meeting provided an important opportunity to reassess NCI's position in the global cancer landscape. Dr. Tabung commented that cancer is a global challenge and pointed out that therapies developed around the world can inform progress elsewhere. He suggested that researchers can learn from international partners, who in turn can learn from American researchers, and that this exchange advances science. The challenge of the Subcommittee is to provide thoughtful advice to NCAB to strengthen NCI's commitment to global cancer research.

Update on Global Health at NCI

Dr. Satish Gopal, Director, Center for Global Health, NCI

Dr. Satish Gopal, Subcommittee Executive Secretary, provided an update on global health activities at NCI. He pointed out that the National Cancer Act of 1971 statutorily obligates NCI to be globally engaged. This act directs the National Cancer Program and NCI Director to pursue international collaboration for specific purposes outlined in the act. NCI has been engaged in international collaborations since its founding in 1937. Dr. Gopal highlighted several examples of global cancer initiatives. Geographical mapping in the 1960s demonstrated that the frequency of cancer types varies around the world and led to etiological work that elucidated hepatitis B as an agent of worldwide hepatocarcinoma burden, which led to vaccine interventions for people around the world. A collaboration between NCI's intramural program and colleagues in China in 1985 was among the first research to

identify associations between dietary intake and cancer risk, as well as determine that this risk could be modified through dietary interventions. Dr. Gopal noted that this study has a renewed relevance in 2026 as biomedical researchers consider large-scale dietary trends influencing cancer.

Scientific benefits to the United States from NCI's global health history include opportunities to study rare or unique cancers, the chance to foster innovation and efficiency with less encumbrance by U.S. policy and practice conventions, the ability to test solution-oriented approaches for addressing U.S. cancer health disparities in populations facing more extreme versions of these disparities, and the opportunity to validate U.S. discoveries and extend them to other contexts to enhance replication and reproducibility.

When the Center for Global Health (CGH) was created in 2011, staff made a significant effort to integrate cancer into global health considerations, which was not common at the time. In 2021, CGH created a new global health strategy to prioritize cancer, given its escalating burden and the scientific opportunities afforded globally. In 2022, 19 million new cancer cases were diagnosed worldwide, and two-thirds of these were in low- and middle-income countries (LMICs). Dr. Gopal emphasized that every cancer case, no matter where it is, presents an equal chance to learn something. He explained that the rates are increasing worldwide as populations in LMICs increase and age, whereas populations in high-income countries are not expanding or aging as quickly.

Of NCI's total awards in 2025, about 5 percent of extramural projects involve LMICs, whereas 0.5 percent of awards across public and philanthropic funders globally involve LMICs. About 13 percent to 14 percent of all NCI extramural awards in recent years have included an international collaborative site, and most of these were foreign components structured as subawards until the recent policy change. A much smaller percentage received direct foreign awards. Dr. Gopal explained that the graph of new international awards is an indicator that is much more responsive in real time to environmental conditions than the data on all awards. He noted a downturn in new awards in recent years and commented that although the explanation has not been identified, it is likely multifactorial and complex. Application volume has declined, which likely contributes to but does not entirely explain the decrease in new international awards.

The CGH portfolio has grown in recent years. Dr. Gopal explained that the center has worked to reduce supplement awards and use them more strategically; he noted that CGH maintains a small portfolio of cofunding projects, usually given to the Fogarty International Center to supplement its main projects. Individual programs are categorized within the technology portfolio, the implementation science portfolio, or the research training portfolio. CGH benefits from a variety of NCI and NIH programs, including those that provide non-AIDS and AIDS funding.

Dr. Gopal provided several highlights of the CGH portfolio. The center supported development and validation of thermal ablation techniques for cervical precancer. Historically, treatment of precancer has relied on liquid nitrogen cryotherapy, which is impossible to implement in much of the world. The devices supported in this study demonstrated equivalent efficacy with thermal ablation, and the techniques were so successful that they have been integrated into U.S. guidelines for people who cannot access colposcopy. CGH also supported integration of novel tobacco control approaches for specific populations, such as nondaily smokers, smokeless tobacco users, and people with HIV. One method of evidence generation supported by NCI involves a study with people with HIV in Kenya that demonstrated that a smartphone app and bupropion were effective smoking cessation supports, but a combination of the two strategies yielded the highest cessation rates.

One of CGH's flagship training efforts leverages research partnerships between NCI-Designated Cancer Centers and academic partners in other countries. Dr. Gopal explained that these partners often have been supported by NCI grants for many years, creating a rich research ecosystem. This effort trains teams from

the United States and other countries to collaborate on addressing cancer questions now and in the future. CGH also is working closely with NCI-Designated Cancer Centers on global oncology. The footprint of the Cancer Centers is being mapped more comprehensively, and this study showed that nearly all were engaged in some global oncology. About half had a formal program, likely indicating resources devoted to this field, and most directors were prioritizing global oncology moderately to highly, in part because of trainee interest. Many other organizations support these efforts, and these non-NIH sources often are used in a way that is highly synergistic with NIH support.

Dr. Gopal noted that NCI's visible platform as the largest funder of cancer research in the world allows it to amplify its global investments. Some activities that capitalize on this reputation include a long-running annual symposium on global cancer research in LMICs, a well-attended seminar series featuring extramural research, and a number of communities of practice that bring together researchers and implementers in specific topic areas to facilitate exchanges and ensure cancer control is informed by the best available evidence.

In August 2025, NIH announced its move to a unified funding strategy with efforts to maximize and safeguard NIH's investment in foreign collaborations. Dr. Gopal emphasized that NIH continues to support research collaborations outside the United States, and he acknowledged that many breakthroughs have improved the health of Americans. Now, though, international studies require a clear scientific rationale for conducting research at a foreign rather than domestic site. The direct potential of studies to generate knowledge applicable to the health of Americans should be explicitly articulated, and the new award structure will assess risks at foreign sites.

The new linked award structure for foreign components replaces foreign subawards, which are no longer allowed. International projects require a budget specific to the international organization and are not individually scored but designated as "recommended" or "not recommended" by reviewers. The application should include the scope of work at the international organization; unique resources, expertise, populations, or capabilities; and integration with the overall project. Dr. Gopal emphasized that grants administration staff have been working with investigators to understand this new mechanism.

CGH's near-term planning and priorities center on ensuring the continuity of high-impact global cancer research and research training, as well as providing guidance to investigators navigating new policies and mechanisms. CGH has been able to maintain its existing grants and is transitioning many specific request for application solicitations to the more general Highlighted Scientific Topics as appropriate. An internal evaluation and strategy update is ongoing and will preserve the high-impact strengths and programs; move CGH from a period of rapid growth to a more sustainable steady state; and capture outcomes beyond grant and activity counts, including scientific outputs and capacity, policy and practice uptake, and follow-on funding. Dr. Gopal added that CGH will continue to recognize and leverage NCI's global platform.

Discussion

Dr. Gopal provided clarification about the portfolio graphs and noted the peak in new awards in fiscal year (FY) 2022, followed by drop-offs in FY 2023, FY 2024, and FY 2025. He reiterated that the cause of the sustained drop-off is unknown, especially because it began before the FY 2025 policy changes. The absolute number of applications decreased, but this does not explain the entirety of the change. CGH will continue to monitor the trends over time and work to understand them.

Dr. Gopal was unable to comment on the rate of meritorious proposals with international components marked as having administrative problems but noted that the CGH focused on preserving existing research in FY 2025, which may have influenced applicant behavior. He commented that CGH still is

able to advance a significant amount of international work and noted that the requirement to justify international research more explicitly is reasonable.

When asked whether application rates from various countries have changed, Dr. Gopal explained that most collaborations are with other high-income countries and that geographic distribution has not changed. CGH has focused on identifying scientific opportunities in LMICs, but the volume is likely too small to shift overall distributions. Dr. Gopal commented that an unbiased approach to discovery suggests a higher likelihood of finding new concepts in underexamined places and noted that CGH operates under a premise that reflects global cancer burden.

Dr. Gopal emphasized that supporting international institutions is positive because the institutions can develop their capacity. Transitions into the level of research required by NIH can be difficult for lesser-resourced institutions. Subcommittee members recommended sharing lessons learned about building capacity in domestic institutions. Dr. Gopal commented that institution-to-institution mentoring is important and must be sustained over time, which is often difficult. CGH works with a number of regional groups that can help support its research.

When asked whether the new applications require institutional investment or investment from the government of international partners, Dr. Gopal explained that such structures should be elucidated but can be difficult to judge from applications. NIH requests such information at all stages of the process, which likely leads to substantial buy-in and durable impact after NCI funding expires.

CGH has considered methods for communicating the benefits of its research to the American public, but the NIH communications landscape has changed significantly, so communicating the value of research can be difficult. The American Society of Clinical Oncology (ASCO) is rapidly increasing its global cancer portfolio and may be a helpful partner; ASCO members should be informed on the impact of collaborative research.

Dr. Tabung asked attendees about future topics that could continue this discussion. Subcommittee members recommended emphasizing communication by highlighting programs with bidirectionality, as well as the Center for Cancer Epidemiology at the Intramural Research Program. Members also encouraged Dr. Gopal to continue monitoring and analyzing trends in funding. Subcommittee members noted that because NCI has supported research in this area for a number of years, it is unlikely that other nonprofit organizations could fill a gap left by NCI changes. Members also recommended analyzing return on investment for dollars spent in LMICs.

When asked how the Subcommittee could help his team, Dr. Gopal commended the opportunity to inform the Subcommittee after a gap between meetings and recommended more regular meetings to exchange helpful advice and answer questions.

Closing Remarks and Adjournment

Dr. Tabung expressed appreciation to the participants for their engagement and adjourned the Subcommittee meeting at 7:04 p.m. EDT.

Dr. Fred K. Tabung
Chair

Date

Dr. Satish Gopal
Executive Secretary

Date