

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

**2 December 2025
11:10 a.m.–12:10 p.m.**

**Virtual Meeting
SUMMARY**

Subcommittee Members

- Dr. Ashani Weeraratna - Chair
- Ms. Margaret Anderson
- Dr. Nilofer Azad
- Dr. Richard Boxer (absent)
- Dr. Luis Diaz
- Ms. Ysabel Duron
- Dr. Christopher Friese
- Ms. Julie Grant
- Dr. Andrea Hayes Dixon
- Dr. Edjah Nduom
- Dr. Karen Winkfield

Other Participants

Dr. John Carpten, Chair, NCAB
Dr. Boris Wawrick, Ex-Officio, DOE
Dr. J. Gordon, Ex-Officio, CPSC
Dr. Rebecca Zinn, Ex-Officio, NIEHS
Dr. Anthony Letai, Director, NCI
Dr. Warren Kibbe, Deputy Director, NCI
Dr. Gary Ellison, DCP, NCI
Katrina Goddard, DCCPS, NCI
Dr. Krzysztof Ptak, OCC, NCI
Dr. Satish Gopal, CGH, NCI
Dr. David Chambers, NCI
Ms. Erica Moshtahedian, NCI
Dr. George Sigounas, NCI
Mr. David Higgins (NIH/OD/ORS)
Dr. Kristin Komschlies McConville, NCI
Dr. Luke Cocchi, Ex-Officio, EPA
Dr. Michelle Heacock, Ex-Officio, NIEHS
Dr. Lori Minasian, NCI
Dr. Peter Ujhazy, NCI
Dr. Randiak Alaro, NCI
Ms. Shayla Beckham, NCI
Ms. Anne Lubenow, NCI
Mr. Ricardo Rawle, NCI
Dr. Shamala Srinivas, NCI
Ms. Thu Nguyen
Mr. Weston Ricks, NCI

Welcome and Updates

Dr. Ashi Weeraratna, Bloomberg Distinguished Professor of Cancer Biology, E.V. McCollum Chair of Biochemistry and Molecular Biology, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University

Dr. Ashi Weeraratna, Subcommittee Chair, called the meeting to order at 11:10 a.m. EST. In her opening remarks, Dr. Weeraratna emphasized that understanding the highly complex NCI budget process is important.

Overview of the NCI Budget Process

Mr. Weston Ricks, Director, Office of Budget and Finance, NCI

Mr. Weston Ricks, Subcommittee Executive Secretary, provided an overview of the NCI budget process and acknowledged that the mission of the NCI's Office of Budget and Finance is to support, inform, and advise the NCI on financial management, including budget formulation, execution, and reporting, to ensure the effective use of funds while advancing NCI's cancer research mission. As the Director of the office, he is responsible for management, planning, and advising all aspects of NCI's financial management activities. The goal of the office is to enable research through efficient resource allocation and problem solving, create actionable information for decision-makers, ensure Antideficiency Act (ADA) compliance, and be accountable for every dollar of the NCI budget and report to the U.S. public.

Mr. Ricks noted that appropriation of budget for NCI has ebbs and flows. Between 2004 and 2015, the average change of the budget is about \$27 million. This was followed by increase in the NCI budget with average change of \$227 million until 2024 when the Cancer Moonshot funds ended. Mr. Ricks noted that NCI's annual budget decreased significantly in 2025, flat with the previous year and that NCI needs approximately \$190 million annual increase just to maintain current operations due to ~2.5% inflation. He explained that the President's budget is the starting point of negotiation, with House proposing +\$48 million and Senate +\$150 million. Over the past two decades, the NIH has lost \$3 billion in purchasing power of which NCI has lost 50% of its purchasing power; the real buying power peaked during the end of doubling of the budget in 2003 and decreased for about a decade. Presently there is significant budget uncertainty and NIH/NCI is operating under continuing resolution. The Senate has proposed \$47 billion for NIH / \$7.3 billion for NCI and the House has proposed essentially the same (\$47 billion / \$7.37 billion for NCI). Currently, we are awaiting final appropriation with CR extending to January 30. Mr. Ricks highlighted the challenges posed by continuing resolutions (CR) and the uncertainty they create for budget and policy decisions.

Mr. Ricks discussed the constraints imposed by the Anti-Deficiency Act, explaining how budget lapses and adjustments affect NIH operations. He emphasized the need for careful planning to manage payroll and grant adjustments. He discussed the staffing trends across FTEs (federal employees), contractors, fellows, and guest researchers. He informed the subcommittee that due to staffing changes, acquisition processes were impacted. Additionally, he mentioned that NCI continues to have thirty million dollars budget authority need to renovate facilities at NCI Frederick.

Mr. Ricks discussed the funding distribution where 75% goes to extramural funding, and about 25% goes to intramural funding and Research Management Support (RMS). In 2024, the RPGs accounted for 41% of the funding, which increased to 47% in 2025. Mr. Ricks highlighted the policy of upfront or multi-year funding for grants and touched upon the significance of multi-year funding for grants and how the budget allocation will impact various research areas, including clinical trials and cancer centers. These discussions were set against the backdrop of the NIH's efforts to ensure stability and efficiency while navigating the evolving budgetary landscape.

Discussion

In response to Dr. Carpten’s question, Mr. Ricks clarified that his presentation reflected the upfront funding in 2025 and in 2024, R21 and R03 grants were fully funded but R01 grants were primarily funded incrementally. Because of upfront funding, about 260 fewer grants were funded in 2025. To Dr. Tabung’s question about the concern that fewer grants were funded in 2025, Mr. Ricks stated that in 2026, NCI will create policies to fund as many grants as possible. The upfront funded investigators will have stable funding for the entire award period. Mr. Ricks clarified that the directive for upfront funding came from the Office of Management and Budget (OMB), not the Congress. Once fully implemented and all-out year RPG commitments finish, this policy could provide flexibility; if the congress were to add funding, NCI can fund more grants without creating outyear obligations.

Dr. Letai acknowledged that the pain in funding is felt during the transition period of upfront funding but, during subsequent years, it will get easier because ongoing obligations for non-competing grants will be eliminated. He reassured the subcommittee that the NCI budget will likely increase in 2026 compared to 2025, with more funded grants expected. NCI is being creative in funding, and it is prudent for NCI to adapt. For instance, a grant can be funded for two years and potentially extended to five years or longer term.

In response to Dr. Tabung’s question, Mr. Ricks stated that upfront funding did not apply to SBIR grants and that SBIR program has not been reauthorized. He also clarified that Research Management and Support are primarily administrative costs including taps and assessments (IT services to support infrastructure, guard services, and certain non- R&D contracts). Dr. Winkfield wanted clarification on how NCI monitors accountability of the research with upfront funding. Mr. Ricks stated that Payment Management System remains in place and funds can be withheld if adequate progress is not made.

Dr. Letai informed the subcommittee that peer review scores are still foundational for decisions. Although there will not be a strict payline, it is likely that an application with good score will be funded. In the past, a small percentage of the grants were available for discretionary (select pay) funding but there will be more discretion at institute level to select grants based on priorities (early-stage investigators, strategic fit, etc.). Overall, NCI leadership’s commitment to extramural research remains unchanged and expects stabilization and improvement in 2026.

Adjournment

Dr. Weeraratna thanked the attendees. She adjourned the Subcommittee meeting at 12: 10 p.m. EST.

Dr. Ashi Weeraratna

Date

Mr. Weston Ricks

Date