

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

**June 13, 2022  
1:00 p.m. – 2:00 p.m. EDT  
Virtual Meeting**

**SUMMARY**

Subcommittee Members

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

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

Other Participants

Dr. Francis Ali-Osman, NCAB  
Dr. Chandrakanth Are, Board of Scientific  
Advisors (BSA)  
Dr. Nilofer S. Azad, NCAB  
Dr. Michael J. Becich, BSA  
Dr. John D. Carpten, Chair, NCAB  
Dr. Andrew T. Chan, BSA  
Dr. Chyke A. Doubeni, BSA  
Dr. Howard J. Fingert, NCAB  
Dr. Keith T. Flaherty, Chair, BSA  
Dr. Jennifer R. Grandis, BSA  
Dr. Paulette S. Gray, National Cancer Institute  
(NCI)  
Dr. Dorothy K. Hatsukami, BSA  
Dr. Amy B. Heimberger, NCAB  
Dr. Michelle M. Le Beau, BSA

Dr. Douglas R. Lowy, NCI  
Ms. Anne Lubenow, NCI  
Dr. Karen M. Mustian, BSA  
Ms. Thu Nguyen, NCI  
Dr. W. Kimryn Rathmell, BSA  
Mr. Ricardo Rawle, NCI  
Dr. Erle S. Robertson, BSA  
Dr. Robert D. Schreiber, BSA  
Dr. Susan Thomas Vadaparampil, NCAB  
Dr. Karen M. Winkfield, NCAB  
Dr. Peter Wirth, NCI  
Ms. Joy Wyszneuckas, NCI  
Dr. Richard C. Zellars, BSA  
Dr. Amanda Cennamo, The Scientific  
Consulting Group, Inc., Rapporteur

**Welcome and Updates**

*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 1:00 p.m. EDT. She stated that the extended continuing resolution has ended, and the meeting's discussions would focus on the fiscal year (FY) 2022 budget, as well as the proposed FY 2023 budget. Dr. Barker noted that since the last Subcommittee meeting, several changes in leadership have occurred: Dr. Norman E. Sharpless has stepped down as the National Cancer Institute (NCI) Director, and Dr. Douglas R. Lowy has stepped in as the Acting NCI Director. Currently, the positions of National Institutes of Health (NIH) Director, NCI Director, and Advanced Research Projects Agency for Health (ARPA-H) Director are open. Dr. Barker also stated that on 2 February 2022, President Joseph R. Biden announced his plans to reignite the Cancer Moonshot<sup>SM</sup>. The Administration's priorities include increasing diversity in clinical trials, improving cancer screening, and focusing on prevention, among others.

Dr. Barker also remarked that previous Subcommittee discussions have focused on the increasing number of NCI grant applications, which subsequently has affected NCI's payline. She noted that Congress has encouraged the NCI to dedicate \$150 million (M) of the 2022 appropriation toward improving its payline.

Dr. Lowy provided additional opening comments. He remarked that presently, many aspects of the future of the NCI budget are unknown. He noted that the NCI is seeking the Subcommittee's input on this matter.

### **Budget Status**

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

Mr. Patrick McGarey, Subcommittee Executive Secretary, presented an update on the status of the NCI budget. On 15 March 2022, the President 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. Mr. McGarey noted that NCI's base appropriations include \$50 M for the Childhood Cancer Data Initiative. In addition to the base appropriations, \$194 M is targeted for the Cancer Moonshot, as defined in the 21<sup>st</sup> Century Cures Act in 2016. FY 2023 will be the final year of funding for the current Cancer Moonshot. The total NCI funds for FY 2022 reflect a \$353 M increase, compared to FY 2021.

Mr. McGarey explained that FY 2022 began in October 2021, but the NCI did not receive its appropriations until March 15, 2022. The NCI could not set grant funding policies prior to this date. NCI's key paylines for FY 2022 were kept consistent with the paylines for the previous fiscal year: 11<sup>th</sup> percentile for R01 grants to established and new investigators, 16<sup>th</sup> percentile for R01 grants to early-stage investigators (ESIs), and 9<sup>th</sup> percentile for R21 exploratory grants. Additionally, the NCI has limited noncompeting grants to funding at the 98 percent level, with several targeted exceptions. More information on this policy can be found at the NCI Division of Extramural Activities [grant policies webpage](#).

In FY 2020 and FY 2021, the NCI raised its paylines for R01 grants from the 8<sup>th</sup> to 10<sup>th</sup> and 10<sup>th</sup> to 11<sup>th</sup> percentiles, respectively. In FY 2022, the payline for R01 grants was maintained at the 11<sup>th</sup> percentile. Mr. McGarey explained that the FY 2020 payline increase resulted in an increase of \$75 M that NCI will continue to pay during each of the next five fiscal years. The FY 2021 payline increase resulted in an increase of \$27 M that NCI will continue to pay for each of the next five fiscal years. In FY 2022, maintaining the payline resulted in an increase of \$39 M that NCI will continue to pay for each of the next five fiscal years.

Mr. McGarey explained that the discrepancy in costs between these years reflects various factors, including the volume of R01 applications submitted to the NCI. He emphasized that these factors must be considered each year in regard to future payline increases. Mr. McGarey noted that for ESIs, R01 awards can be converted to a 7-year R37 award. Dr. Lowy added that about two-thirds of R01 grants held by ESIs are converted to 7-year awards; the specific metrics vary by year. Dr. Lowy remarked that the NCI enacted this policy to increase the success of ESIs in receiving NCI funding. Mr. McGarey outlined other grant-related factors to consider, which include inflation and the commitment to grow grant volume. He also noted that in the *NCI Annual Plan & Budget Proposal for Fiscal Year 2023*, the NCI outlines its plan to achieve a payline of 15 percent by 2025.

NIH's enacted budget for FY 2022 included an increase of 7.6 percent, and NCI's enacted budget for FY 2022 included an increase of 5.4 percent. The President's proposed NIH budget for FY 2023 includes an increase of 35.3 percent—reflecting \$5 B for ARPA-H and \$12 B for Pandemic Preparedness. In contrast, the President's proposed NCI budget for FY 2022 includes a decrease of 2.9 percent. In a blog post published on 7 April 2022, Dr. Lawrence A. Tabak, Acting Director, NIH, explained that the Administration built its FY 2023 budget proposal using the FY 2022 continuing resolution as the budget

baseline for FY 2023. The FY 2022 appropriations arrived too late for the Administration to adjust the funds for FY 2023.

### *Discussion*

In response to a question from Dr. Barker, Mr. McGarey explained that ARPA-H funds were incorporated into the NIH budget on 15 April 2022. He noted that if the funds for ARPA-H and Pandemic Preparedness are disregarded, the proposed NIH budget still reflects an increase from the previous fiscal year. About half of the NIH Institutes and Centers, however, experienced decreases in funding. Mr. McGarey noted also that the NIH FY 2023 budget might not be finalized until late spring of 2023.

Dr. Lowy stated that the NCI receives strong bipartisan support from Congress and that the enacted budget for FY 2023 likely will not be the same as the President's budget. The cancer community's advocacy to Congress will support the overall funding increase for the NIH. Dr. Barker agreed that the advocacy groups have become increasingly active in recent years, particularly in regard to NCI's specific funding needs.

Dr. Ashani T. Weeraratna expressed concern that decreased paylines have discouraged investigators from pursuing or continuing careers in academia. Dr. Barker agreed, noting that the COVID-19 pandemic has caused many established investigators to reexamine their career-related priorities. Dr. Lowy acknowledged that the NCI shares this concern but noted that the number of ESIs who have received R01 or R37 awards from the NCI has increased by about 60 percent since 2017 which is encouraging.

### **Supercharged Cancer Moonshot<sup>SM</sup>—Update and Implications**

*Mr. Patrick McGarey*

Mr. McGarey presented an update on the next phase of the Cancer Moonshot. He explained that discussions regarding budget development are in the early stages; the budget will be released to Congress and the public in spring 2023, and the proposed changes would come into effect in FY 2024. The three goals of the reignited Cancer Moonshot are to cut the cancer death rate in half within 25 years, transform the meaning of cancer, and address cancer-related inequities. Mr. McGarey remarked that these goals likely will require a sustained budgetary commitment, and he emphasized the importance of maintaining NCI's other critical research activities at the same time that the Supercharged Cancer Moonshot advances.

On 4 May 2022, the NCI was asked to convene a community conversation on priorities to advance toward the goals of the reignited Cancer Moonshot. The conversation was focused on the topic of doubling accrual in clinical trials. Mr. McGarey noted that the participants—who included patients, scientists, advocates, and biomedical leaders—voiced strong support for the NCI. He commented that clinical trials were recognized broadly among the participants as essential for the advancement of discoveries from the laboratory to patients. President Biden has emphasized the need for an all-of-government approach in this effort, and the NCI will play an important role.

### **Subcommittee Open Discussion**

*Dr. Anna D. Barker, Mr. Patrick McGarey, and Subcommittee Members*

Dr. Barker asked whether the goal to increase enrollment in clinical trials by twofold has been associated with a budgetary increase. Mr. McGarey explained that discussions on the approaches for this effort are presently underway. Dr. Lowy emphasized that the goal relates to increasing diversity in addition to overall enrollment. Dr. John D. Carpten emphasized the importance of continued messaging on this topic.

Dr. Carpten asked for clarification on whether the next phase of the Cancer Moonshot will fall under the direction of the NCI. He also asked how support will be provided for administering the grants. Dr. Lowy

emphasized that the reignited Cancer Moonshot will involve an all-of-government approach, but the vast majority of the cancer research component likely would be managed through the NCI. He added that positive changes are needed in the area of cancer outcomes to meet the goals of the initiative. Dr. Barker noted that the current Cancer Moonshot will end in FY 2023, and the NCI has developed infrastructure around this initiative. Dr. Lowy added that the current Cancer Moonshot was achieved without increasing the size of NCI’s administrative team. To achieve the goals of the Cancer Moonshot, however, the NCI will require additional resources.

Dr. Barker asked whether public–private partnerships would be beneficial in providing additional funds for the clinical trials initiative proposed by the NCI for Moonshot 2.0. Dr. Lowy noted that this topic will remain an area of consideration in future discussions. He emphasized that long-term commitments are needed for sustained change.

Dr. Barker remarked that the increased number of funding applications might have resulted in part from the messaging regarding the current Cancer Moonshot. She emphasized the need for continued support of these applications.

Dr. Susan Thomas Vadaparampil commented on the importance of scientific research in implementing solutions to health challenges (e.g., screening for hepatitis C virus) in clinical practice. Dr. Lowy stated that implementation science remains at the front and center of NCI’s focus but cost management still must be considered.

### **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 1:58 p.m. EDT.

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Dr. Anna D. Barker  
Chair

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Date

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Mr. Patrick McGarey  
Executive Secretary

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Date