

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

**November 30, 2020
2:20–3:20 p.m. EST
Virtual Meeting**

SUMMARY

Subcommittee Members

Dr. Anna D. Barker, Chair
Dr. Peter Adamson
Dr. Deborah Bruner
Dr. Yuan Chang
Dr. Andrea Hayes-Jordan
Dr. Scott W. Hiebert
Dr. Timothy Ley
Mr. Patrick McGarey, Executive Secretary
Dr. Margaret R. Spitz

Other Participants

Dr. Francis Ali-Osman, NCAB
Dr. Dafna Bar-Sagi, Board of Scientific
Advisors (BSA)
Dr. Michael J. Becich, BSA
Dr. Mary Beckerle, BSA
Dr. Philip E. Castle, National Cancer Institute
(NCI)
Dr. Robert T. Croyle, NCI
Dr. Howard J. Fingert, NCAB
Dr. Paulette S. Gray, NCI
Dr. Nikan Khatibi, NCAB
Dr. Michelle M. Le Beau, BSA
Dr. Douglas R. Lowy, NCI
Ms. Thu Nguyen, NCI
Dr. Electra D. Paskett, NCAB
Dr. Nancy J. Raab-Traub, NCAB
Mr. Ricardo W. Rawle, NCI
Dr. Robert D. Schreiber, BSA
Dr. Victoria L. Seewaldt, BSA
Dr. Norman E. Sharpless, NCI
Dr. Dinah S. Singer, NCI
Dr. Margaret R. Spitz, NCAB
Dr. Ian Thompson, Jr., BSA
Dr. Susan Thomas Vadaparampil, NCAB
Dr. Peter Wirth, NCI
Ms. Joy Wiszneauckas, NCI
Dr. Amanda Cennname, The Scientific
Consulting Group, Inc., Rapporteur

Planning and Budgets for the NCI in an Uncertain Environment (Overview of Issues and Timing)

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

Dr. Anna D. Barker, Subcommittee Chair, called the meeting to order at 2:20 p.m. EST. In her opening remarks, Dr. Barker highlighted the events of the previous Subcommittee meeting; the Subcommittee reviewed its charge and discussed approaches to maximize its value to the NCI. Topics of discussion included (1) the fiscal year (FY) 2020–2021 budget review, (2) the FY 2022 bypass budget, (3) supplemental NCI funding for coronavirus disease 2019 (COVID-19) research, (4) the NCI's percentile and pay line, (5) external engagement, and (6) the budget process. The number of NCI grant applications has increased by 50 percent since FY 2013; the NCI's budget has not increased sufficiently

to meet its funding needs. Additionally, the NCI has established a relationship with Cancer Research UK through Cancer Grand Challenges to develop new questions for the cancer research community. Dr. Barker commented on the NCI's current situation of uncertainty; she expressed her hope that more resources will become available in the near future. She encouraged the participants to share feedback on the Subcommittee's role during transition periods.

Budget Overview and Unknowns (Recent Funding Trends, FY 2021 Funding, Current Status of House and Senate Bills, Pandemic Funding (Restoration of Research Productivity Losses)

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

Mr. Patrick McGarey, Associate Director for Finance and Legislation, NCI, presented an overview of the NCI's budget and spoke on current unknown factors. The NCI's budget has increased since FY 2015 but maintains a rate that is slightly less than the rate of increase for the National Institutes of Health (NIH) budget. A large budget increase in FY 2017 is attributable in part to the onset of the Cancer MoonshotSM Initiative, which will end in FY 2023.

The answers to the following questions currently are unknown: (1) when the final FY 2021 budget will arrive, (2) what the NCI's FY 2021 budget will be, and (3) who will decide the budget that the NCI receives. The U.S. Congress recently reached an agreement on the total spending for FY 2021. The congressional subcommittees soon will begin to discuss how the total budget is distributed. The current budget expires December 11, 2020; the next several weeks will be important for ensuring that no gap in funding occurs.

The final appropriations likely will be received following the transition to the new presidential administration. The U.S. House of Representatives appropriations bill designates an increase of \$54 million (M) (plus 0.8%) for the NCI, plus an additional \$414 M for the NCI to restore reduced laboratory productivity resulting from the COVID-19 pandemic. The U.S. Senate appropriations bill designates an increase of \$282.5 M (plus 4.4%) for the NCI but does not include additional funds to restore laboratory productivity.

In typical years, the proposed increase likely would allow NCI to increase the payline; however, declines in grant productivity due to the onset of COVID-19 will likely increase the volume of NCI grant applications.

Mr. McGarey explained that 45 percent of grant budgets pay salaries. Grant institutions have maintained their grant-funded research staff and payroll during the COVID-19 pandemic, as NIH allows. The NCI's FY 2022 Annual Plan has been compiled and includes recommended funding and payline goals.

Round Robin Subcommittee Members (Thoughts/Recommendations for Ways that this Subcommittee Can Make a Positive Difference for NCI's Planning and Budget Processes and Outcomes)

Subcommittee Members

Dr. Barker commented that the President-elect is known to be committed to funding cancer research. She asked which factors contributed to the differences between the proposed budgets of the Senate and House of Representatives. Mr. McGarey explained that caps for appropriations can be waived in extreme situations (e.g., the COVID-19 pandemic). In general, the House waived the budget caps, but the Senate did not. The two proposed House and Senate bills must be resolved to reach a final appropriation bill. Dr. Barker added that the loss of productivity has not been described definitely; she expressed hope that the recently announced vaccine candidates will enable restoration of productivity.

Dr. Scott W. Hiebert asked about the total increase in the federal budget. Mr. McGarey noted that this information has not yet been released.

Dr. Dafna Bar-Sagi asked how loss of productivity is defined and quantified. Mr. McGarey explained that the additional funds, as defined in the House of Representatives appropriations bill, are intended to offset costs related to reductions in laboratory productivity resulting from interruptions or shutdowns of research activity in FY 2020. Mr. McGarey noted that the definition might change; for example, the loss of productivity could extend beyond FY 2020. Dr. Bar-Sagi suggested defining the issue in a deliberate and thoughtful way; she noted that different fields of research have been affected in different ways.

Mr. McGarey explained that the NIH recently issued a survey to grantees to address COVID-19-related questions. Dr. Norman E. Sharpless, Director, NCI, commented that the deficits are large; requests from grantees to accommodate lost funds might become unmanageable. Internal efforts to address the issue are being pursued, and the results from the NIH survey will be valuable. Dr. Barker stated that Congress' view of the situation will be crucial; presently, the issue has not received widespread public attention. She suggested producing an estimate of this impact. Mr. McGarey commented that the proposed funding to restore lab productivity in the House appropriation bill is important but carries significant challenges and potential issues on how to deploy these funds. Clear understanding of the NCI grantee needs will be critical.

In response to a question from Dr. Barker, Dr. Sharpless clarified that the emergency funds for the NCI Serological Sciences Network (SeroNet) represented a one-time appropriation and were dedicated specifically to COVID-19 serological research. The full spending plan was created specifically for these funds. Dr. Douglas R. Lowy, Principal Deputy Director, NCI, added that the network was intended generate new insights in immune function that might be relevant to future pandemics. Dr. Dinah S. Singer, Director, Experimental Immunology Branch, DCB, NCI, also clarified that the network's mission is two-fold: (1) to build upon the capacity-building centers to expand the NCI's ability to perform serological assays across the United States and (2) to fund research aimed at understanding the cellular and humoral basis of the adaptive immune response to COVID-19 and future emerging diseases. She explained that the centers will be reevaluated after 2 years in the context of current needs.

Dr. Timothy Ley suggested that the NCI contact the President-elect to discuss its budget needs. Dr. Paulette S. Gray, Director, DEA, NCI, recommended waiting until the presidential transition is completed.

Dr. Mary Beckerle asked whether public acknowledgement of the loss of laboratory productivity—coupled with the NCI's continued support of salaries—could lead to complications within Congress. Dr. Sharpless explained that the continued support of personnel was made clear at the onset of the pandemic; rebuilding that infrastructure after the pandemic would have incurred additional costs. Dr. Barker proposed that NCAB make a motion to highlight and thank the NCI leadership for its actions early in the COVID 19 pandemic to ensure future research productivity by preserving the Institute's major infrastructure programs and networks in the face of major ongoing challenges.

Addendum:

Following the Subcommittee on Planning and Budget report to the NCAB on December 2, 2020, a statement in support of the NCI was introduced for the Board's consideration: "The NCAB commends the NCI for their leadership during the early phases of the COVID-19 pandemic, and strongly endorses not only their work in understanding the impact of COVID-19 for patients with cancer, but importantly, for their foresight in taking action to maintain the nation's cancer research workforce, infrastructure,

programs and networks that are essential in driving current and future advances in the care of all patients with cancer.”

Motion. A motion to concur with the NCAB Subcommittee on Planning and Budget’s statement in support of the NCI was unanimously approved.

Adjournment

Dr. Barker thanked the attendees and adjourned the Subcommittee meeting at 3:19 p.m. EST.

Dr. Anna D. Barker
Chair

Date

Mr. Patrick McGarey
Executive Secretary

Date