National Cancer Institute

CONGRESSIONAL JUSTIFICATION
FY 2027

Department of Health and Human Services
National Institutes of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Cancer Institute (NCI)

FY 2027 Budget Table of Contents

General Notes

1. FY 2026 Enacted levels cited in this document include the effects of the FY 2026 HIV/AIDS transfer.
2. Estimates assume reauthorization of the SBIR/STTR program in FY 2026 and FY 2027.
3. Detail in this document may not sum to the subtotals and totals due to rounding.

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National Cancer Institute Overview

The mission of NCI is to lead, conduct, and support cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives. As the leader of the cancer research enterprise, collectively known as the National Cancer Program, and the largest funder of cancer research in the world, NCI manages a broad range of research, training, and information dissemination activities that reach across the entire country, meeting the needs of all people.

NCI funding over decades has played an essential role in supporting nearly every major advance in treating and preventing cancer. Thanks to advances in prevention, screening, and treatment, U.S. cancer mortality rates have progressively decreased for more than 30 years, and childhood cancer mortality rates have decreased even faster. This has resulted in a more than one-third decrease in age-adjusted cancer mortality rates.[1] These advances also mean that the number of cancer survivors is increasing. There are over 18 million cancer survivors today, which is more than 5 percent of the U.S. population; this number is projected to reach 26 million by 2040.[2]

Looking ahead, NCI plans to continue to support a portfolio that covers the cancer continuum, with a focus on key areas of opportunity, such as functional precision medicine (including non-animal models), childhood cancer data sharing and integration of artificial intelligence, cellular immunotherapy, and a continued commitment to cancer prevention and screening.

NCI programs in rural, frontier, and urban areas help ensure that the results of cancer research are relevant to the entire U.S. population. Through substantive engagement with communities, NCI aims to improve study designs to meet their needs, build trust among the public, and ease participation in research. Networks supported by NCI foster extensive partnerships between leading cancer centers and community practice sites so that each patient can connect to the study that is right for them.

Sustained investments in data infrastructure are crucial to progress, such as the Cancer Research Data Commons, which accelerates discoveries from basic research to clinical science by facilitating data sharing, access, interoperability, and cost-effective analysis at scale. The Childhood Cancer Data Initiative advances the understanding of cancer biology and improves childhood cancer diagnosis, treatment, quality of life, and survivorship through better data sharing.

NCI is leading research that is transforming the experience of the millions of lives touched by cancer and will continue to apply robust strategies designed to meet the needs of the communities we serve to ultimately improve survival and minimize long-term effects of cancer and its treatment. Strong and sustained funding for NCI will enable us to take advantage of scientific opportunities and sustain key programs that will deliver these results for the American people. The Program Descriptions that follow represent only a few of the many advances at NCI.

[1] pmc.ncbi.nlm.nih.gov/articles/PMC11745215/
[2] academic.oup.com/jnci/article/116/11/1784/7713374

Major Changes in the Budget Request

Major changes by budget mechanism are briefly described below. The FY 2027 President's Budget request for NCI is $7,353.0 million, an increase of $8.9 million or 0.1 percent from the FY 2026 Enacted level. The FY 2027 request includes $100.0 million for the Childhood Cancer Data Initiative (CCDI). The FY 2027 President's Budget reflects the Administration's fiscal policy goals for the Federal Government, including the policy to limit indirect costs for all research grants to a maximum of 15 percent of the modified total direct cost. Within that framework, NCI will pursue its highest research priorities through strategic investments and careful stewardship of appropriated funds.

Research Project Grants (RPG) ($269.4 million; total $3,710.7 million):
With savings from capping indirect cost rates at 15 percent, NCI will fund 1,186 competing RPG awards in FY 2027 with a focus on supporting early-stage investigators. The FY 2027 request will continue the NIH policy to fully fund competing RPG outyear commitments as part of the initial grant award. NCI will support noncompeting RPGs at 100 percent of their full commitment level. The noncompeting RPG count on the mechanism table will continue to fall from year to year with the shift in grants policy to multi-year funding for competing RPGs. Because the mechanism table reflects grant counts only for those awards obligated in a particular fiscal year, a growing proportion of NCI's active research project grant portfolio will not be captured on the mechanism table as the full funding policy phases in.

Research Centers (-$161.3 million; total $451.1 million):
With savings from limiting indirect cost rates to 15 percent, NCI will provide significant investments to its NCI-Designated Cancer Centers. Together with their community partners, the cancer centers form the backbone of NCI's extramural program for studying and controlling cancer.

Other Research (-$73.8 million; total $566.7 million):
This decrease largely reflects savings from the indirect cost rate policy change. NCI will continue to provide significant investment into clinical trial networks, as they are essential for testing new approaches and expanding options for people with cancer.

Training Awards ($0.0 million; total $91.4 million):
In FY 2027, NCI will support 93 more awards than in FY 2026. NCI training programs produce a strong cohort of future researchers capable of delivering important research results for people with cancer and those at risk for the disease.

Research & Development (R&D) Contracts ($0.0 million; total $739.8 million):
Continued R&D funding will support critical shared infrastructure across NIH, enhanced information technology, and continued funding of the Frederick National Laboratory for Cancer Research (FNLCR).

Intramural Research (-$3.9 million; total $1,283.5 million):
NCI intramural research will continue to emphasize high-risk, high-reward cancer research unlikely to be conducted by other entities. This budget request aligns with the budget proposal to cap Title 42 salaries. The decrease in funding is due to the salary cap.

Research Management and Support (RMS) (-$21.4 million; total $479.9 million):
These savings represent staff reductions and contract terminations. This budget request aligns with the budget proposal to cap Title 42 salaries and supports the management of NIH and NCI infrastructure.

Buildings and Facilities ($0.0 million; total $30.0 million):
NCI will support aging building infrastructure and laboratory space to protect mission-critical operations of the FNLCR.

NATIONAL INSTITUTES OF HEALTH

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Budget Mechanism *

(Dollars in Thousands)

Mechanism	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Research Projects:								
Noncompeting	4,211	$2,534,946	3,635	$2,485,823	3,266	$1,589,391	-369	-$896,431
Administrative Supplements	*(346)*	$46,646	*(293)*	$39,559	*(195)*	$20,898	*-(98)*	-$18,661
Competing:								
Renewal	128	$110,797	137	$80,626	119	$191,447	-18	$110,820
New	836	$540,708	1,105	$650,389	1,067	$1,723,019	-38	$1,072,630
Supplements	0	$0	0	$0	0	$0	0	$0
Subtotal, Competing	**964**	**$651,505**	**1,242**	**$731,015**	**1,186**	**$1,914,465**	**-56**	**$1,183,450**
Subtotal, RPGs	5,175	$3,233,097	4,877	$3,256,397	4,452	$3,524,755	-425	$268,358
SBIR/STTR	226	$181,570	228	$184,900	270	$185,900	42	$1,000
Research Project Grants	5,401	$3,414,667	5,105	$3,441,297	4,722	$3,710,655	-383	$269,358
Research Centers								
Specialized/Comprehensive	225	$607,076	226	$612,425	227	$451,098	1	-$161,326
Clinical Research	0	$0	0	$0	0	$0	0	$0
Biotechnology	0	$0	0	$0	0	$0	0	$0
Comparative Medicine	0	$0	0	$0	0	$0	0	$0
Research Centers in Minority Institutions	0	$0	0	$0	0	$0	0	$0
Research Centers	**225**	**$607,076**	**226**	**$612,425**	**227**	**$451,098**	**1**	**-$161,326**
Other Research:								
Research Careers	519	$106,696	519	$106,696	519	$106,696	0	$0
Cancer Education	92	$25,863	92	$25,863	92	$25,863	0	$0
Cooperative Clinical Research	25	$307,754	125	$332,543	125	$306,618	0	-$25,925
Biomedical Research Support	0	$0	0	$0	0	$0	0	$0
Other Biomedical Research Support	0	$1,275	0	$1,275	0	$926	0	-$348
Other	206	$174,127	200	$174,127	200	$126,556	0	-$47,572
Other Research	**842**	**$615,715**	**936**	**$640,504**	**936**	**$566,659**	**0**	**-$73,845**
Total Research Grants	6,468	$4,637,458	6,267	$4,694,225	5,885	$4,728,412	-382	$34,187
Ruth L Kirschstein Training Awards:	FTTPs		FTTPs		FTTPs		FTTPs	
Individual Awards	455	$22,127	472	$23,127	472	$23,127	0	$0
Institutional Awards	855	$58,515	843	$68,235	936	$68,235	93	$0
Total Research Training	**1,310**	**$80,642**	**1,315**	**$91,362**	**1,408**	**$91,362**	**93**	**$0**
Research & Develop. Contracts	305	$719,041	307	$739,829	304	$739,829	-3	$0
SBIR/STTR (non-add)	*(19)*	*($14,212)*	*(18)*	*($14,412)*	*(18)*	*($14,212)*	*(0)*	*-($200)*
Intramural Research	1,832	$1,262,131	1,667	$1,287,374	1,667	$1,283,456	0	-$3,918
Res. Management & Support	1,287	$491,968	1,035	$501,316	1,011	$479,941	-24	-$21,375
SBIR Admin. (non-add)		*($4,773)*		*($4,773)*		*($4,773)*		*($0)*
Construction		$0		$0		$0		$0
Buildings and Facilities		$30,000		$30,000		$30,000		$0
Total, NCI	**3,119**	**$7,221,241**	**2,702**	**$7,344,106**	**2,678**	**$7,353,000**	**-24**	**$8,894**

* All items in italics and brackets are non-add entries.

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National Cancer Institute

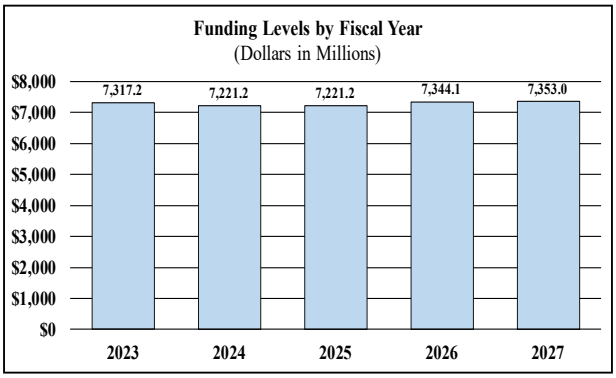
Summary of Changes
(Dollars in Thousands)

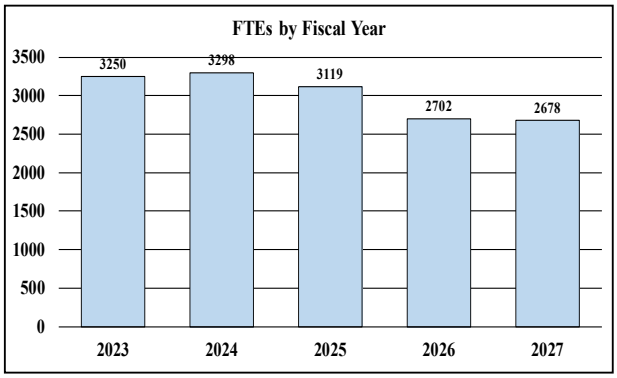
FY 2026 Enacted	$7,344,106
FY 2027 President's Budget	$7,353,000
Net change	$8,894

CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Built-In Change from FY 2026 Enacted	
	FTEs	Budget Authority	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:						
1. Intramural Research:						
a. Annualization of FY 2026 pay and benefits increase		$476,450		$478,217		$1,766
b. FY 2027 pay and benefits increase		$476,450		$478,217		$1
c. Paid days adjustment		$476,450		$478,217		$0
d. Differences attributable to change in FTE		$476,450		$478,217		$0
e. Payment for centrally furnished services		$217,378		$195,640		-$21,738
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$623,546		$639,599		-$4,140
Subtotal						-$24,110
2. Research Management and Support:						
a. Annualization of FY 2026 pay and benefits increase		$285,034		$261,375		$1,049
b. FY 2027 pay and benefits increase		$285,034		$261,375		$4
c. Paid days adjustment		$285,034		$261,375		$0
d. Differences attributable to change in FTE		$285,034		$261,375		-$6,622
e. Payment for centrally furnished services		$25,771		$23,194		-$2,577
f. Cost of laboratory supplies, materials, other expenses, and non-recurring costs		$190,511		$195,372		-$7,271
Subtotal						-$15,417
Subtotal, Built-in						-$39,527

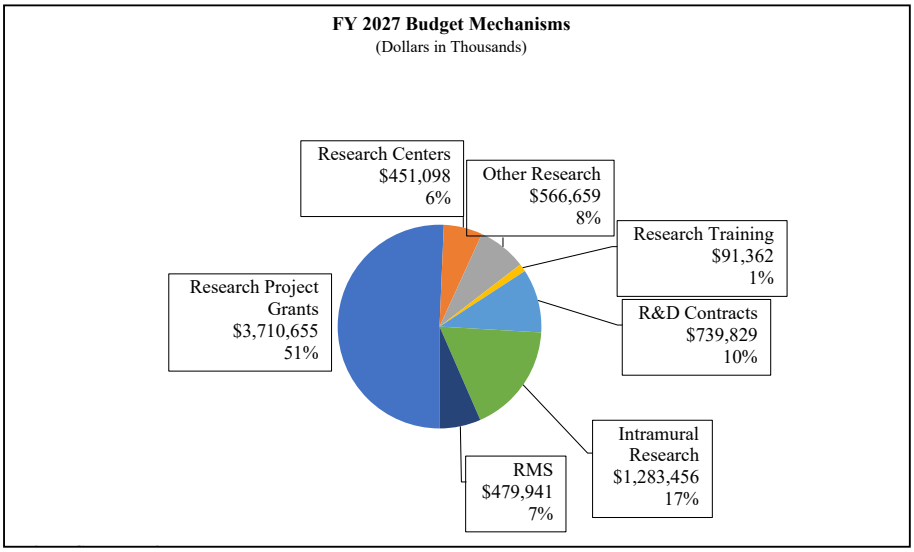
CHANGES	FY 2026 Enacted		FY 2027 President's Budget		Program Change from FY 2026 Enacted	
	No.	Amount	No.	Amount	No.	Amount
B. Program:						
1. Research Project Grants:						
a. Noncompeting	3,635	$2,525,382	3,266	$1,610,289	-369	-$915,092
b. Competing	1,242	$731,015	1,186	$1,914,465	-56	$1,183,450
c. SBIR/STTR	228	$184,900	270	$185,900	42	$1,000
Subtotal, RPGs	5,105	$3,441,297	4,722	$3,710,655	-383	$269,358
2. Research Centers	226	$612,425	227	$451,098	1	-$161,326
3. Other Research	936	$640,504	936	$566,659	0	-$73,845
4. Research Training	1,315	$91,362	1,408	$91,362	93	$0
5. Research and development contracts	307	$739,829	304	$739,829	-3	$0
Subtotal, Extramural		$5,525,416		$5,559,603		$34,187
6. Intramural Research	1,667	$1,287,374	1,667	$1,283,456	0	$20,192
7. Research Management and Support	1,035	$501,316	1,011	$479,941	-24	-$5,958
8. Construction		$0		$0		$0
9. Buildings and Facilities		$30,000		$30,000		$0
Subtotal, program changes						$48,421
Total built-in and program changes	2,702	$7,344,106	2,678	$7,353,000	-24	$8,894

History of Budget Authority and FTEs:

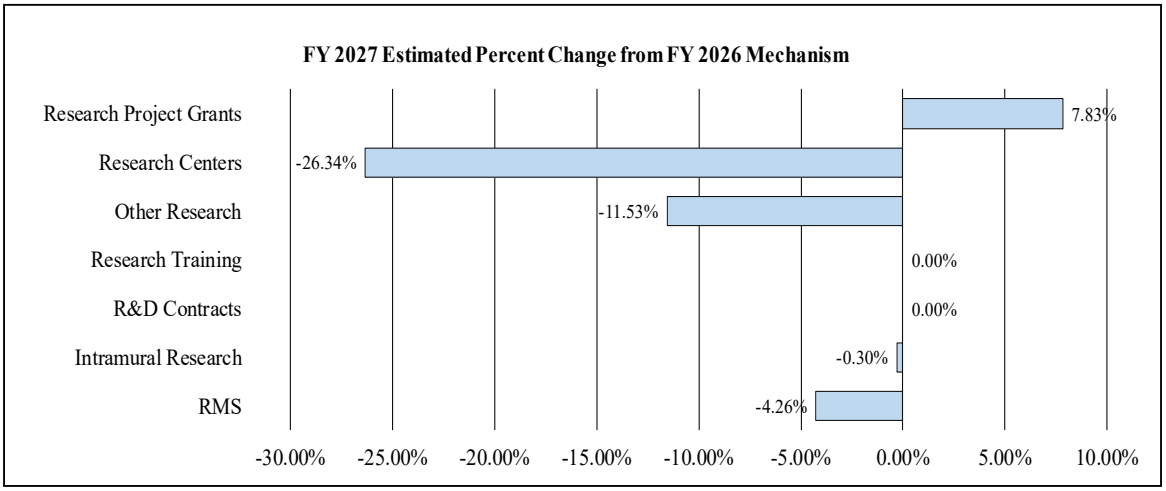




Distribution by Mechanism:



Change by Selected Mechanisms:



NATIONAL INSTITUTES OF HEALTH
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Budget Authority by Activity *
(Dollars in Thousands)

	FY 2025 Final		FY 2026 Enacted		FY 2027 President's Budget		FY 2027 +/- FY 2026 Enacted	
Extramural Research	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**
Detail								
Understanding How Cancer Develops		$1,007,166		**		$1,051,822		**
Understanding the Causes of Cancer		$1,144,536		**		$1,195,282		**
Detecting and Diagnosing Cancer		$663,693		**		$693,120		**
Treating Cancer and Improving Survivorship		$1,523,799		**		$1,591,360		**
Improving Cancer Prevention and Control		$242,259		**		$253,000		**
Cancer Centers		$593,550		**		$451,098		**
Research Workforce Development		$212,138		**		$223,921		**
Repairs and Improvements		$30,000		$30,000		$30,000		$0
Childhood Cancer Data Initiative (CCDI)		$50,000		$100,000		$100,000		$0
Subtotal, Extramural		**$5,467,141**		**$5,555,416**		**$5,589,603**		**$34,187**
Intramural Research	**1,832**	**$1,262,131**	**1,667**	**$1,287,374**	**1,667**	**$1,283,456**	**0**	**-$3,918**
Research Management & Support	**1,287**	**$491,968**	**1,035**	**$501,316**	**1,011**	**$479,941**	**-24**	**-$21,375**
TOTAL	**3,119**	**$7,221,241**	**2,702**	**$7,344,106**	**2,678**	**$7,353,000**	**-24**	**$8,894**

* Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

** For FY 2026 Enacted, funding levels are displayed for statutory and report-directed PPAs. Amounts with an asterisk represent other PPAs as levels have not yet been determined.

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National Cancer Institute

Budget Authority (BA):

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
BA	$7,221,241,000	$7,344,106,000	$7,353,000,000	$8,894,000
FTE	3,119	2,702	2,678	-24

Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

Overall Budget Policy: The FY 2027 President's Budget request for the National Cancer Institute is $7,353.0 million, an increase of $8.9 million or 0.1 percent compared with the FY 2026 Enacted level.

Program Descriptions and Accomplishments

Understanding How Cancer Develops

Cancer is a complex disease that requires an in-depth understanding of how genetic, physiological, behavioral, and environmental factors contribute to its development. Discoveries in basic scientific research on the initiation, growth, survival, and spread (metastasis) of cancer cells in the body have been, and continue to be, essential for progress. Research highlights include:

Expanding our knowledge of tumor growth at the molecular and cellular level: Research teams funded by NCI's Human Tumor Atlas Network (HTAN) have studied tumors at the single-cell level and constructed three-dimensional maps of human tumors that capture their molecular features and surrounding microenvironments over time. Recently published studies explored the role of the tumor microenvironment and immune system in promoting the spread of cancer and its resistance to treatment. Researchers also mapped the trajectory of precancerous colorectal tissues toward cancer by measuring the contributions of multiple molecular and cellular events.[3] A second phase of HTAN, which launched in 2024, aims to further build on these results with precancer and tumor atlases for expanded organ and tissue types.

Identifying the mechanisms of cancer development and treatment: NCI-funded researchers recently found that disrupting fat metabolism may hinder pancreatic cancer.[4] By targeting a specific enzyme in the fat-recycling process, pancreatic tumors were reduced in mouse and

[3] cancer.gov/news-events/press-releases/2024/new-studies-from-human-tumor-atlas-network
[4] nih.gov/news-events/nih-research-matters/disrupting-fat-metabolism-may-hinder-pancreatic-cancer

human models. The findings hint that interrupting fat-processing pathways could lead to new or enhanced approaches for treating this often-deadly cancer. Another NCI-supported study observed that feeding fructose to lab animals with cancer made their tumors grow faster.[5] However, researchers discovered that the tumors were not directly consuming fructose. Instead, the liver converts fructose into a type of fat that cancer cells can use. These researchers also showed that a drug that blocks the relevant liver enzyme slowed fructose-fueled tumor growth in mice, opening a potential new avenue for cancer treatments.

Budget Policy: The FY 2027 President's Budget request for Understanding How Cancer Develops is $1,051.8 million.

Understanding the Causes of Cancer

The risk of developing cancer is influenced by the interplay of a variety of factors. Understanding the interactions among genetic, environmental, and health factors will improve the ability of scientists to prevent, diagnose, and treat cancers. Research highlights include:

Identifying genetic changes in pediatric cancer: NCI-funded scientists identified a group of genetic changes that are likely involved in the development of cancer in children.[6] They found that genomic changes affecting large pieces of DNA, called structural variants, contribute to an estimated one to six percent of pediatric solid tumors. Structural variants occur when large chunks of the genome get deleted, added, duplicated, flipped around, or moved during cell division. The researchers focused on variants that are present at birth and typically inherited from a parent. They determined that children with cancer had more structural variants that were predicted to change the function of a gene than adults without cancer. These findings provided a better understanding of the earliest biology leading to childhood cancer.

Decreasing cancer risk through physical activity: In a prospective cohort study of more than 85,000 adults, a research team, including NCI intramural investigators, found that individuals who engaged in light- and moderate-to-vigorous-intensity daily physical activity had a lower risk of cancer than individuals who were more sedentary.[7] The findings are among the first to evaluate the cancer risk reduction associated with light-intensity activities such as doing errands and performing household chores.

Budget Policy: The FY 2027 President's Budget request for Understanding the Causes of Cancer is $1,195.3 million.

Detecting and Diagnosing Cancer

Reducing mortality from cancer by accurately identifying cancer and precancerous lesions and assessing their severity is the primary goal of cancer detection and diagnosis research. While early detection can save lives, imprecise assessments can lead to overdiagnosis, overtreatment, and unnecessary physical, psychological, and financial harm. Research highlights include:

[5] cancer.gov/news-events/cancer-currents-blog/2025/fructose-tumor-growth-liver-lipids
[6] cancer.gov/news-events/cancer-currents-blog/2025/structural-variants-cancer-in-children
[7] cancer.gov/news-events/press-releases/2025/light-intensity-physical-activity-cancer-risk

Improving rates of cervical cancer screening: Early detection of most cancer types can significantly improve a patient's response to treatment and overall outcomes. Cervical cancer is most commonly caused by infection with the human papilloma virus (HPV), which can be detected with screening tests even in precancerous stages.[8] Researchers found that women who were mailed self-collection kits were more than twice as likely to complete screening for cervical cancer compared to women who received only telephone reminders. The findings suggest that ready access to self-testing kits might help reduce obstacles to regular screening.

Detecting cancer in pregnant women: NCI and National Human Genome Research Institute researchers performed cancer screening on pregnant or postpartum women with no symptoms or signs of cancer, but who had abnormal prenatal testing (NIPT) results. NIPT is a routine prenatal blood test in pregnancy screening that detects the pregnant person's DNA along with placental DNA (a proxy for fetal DNA). Almost half of the women in the study were found to have cancer, mostly detected by whole-body MRI, which is not yet routinely used by doctors to follow up on abnormal NIPT results. Researchers hope that the results of this study can change medical management of patients who receive abnormal or inconclusive prenatal blood test results that point towards cancer.[9]

Studying risk biomarkers for breast cancer: NCI-supported researchers identified a series of changes in the architecture and cell composition of connective tissues of the breast, known as stromal tissue, that is associated with an increased risk of developing aggressive breast cancer among women with benign breast disease, and poorer rates of survival among women with invasive breast cancer. This process, which is called stromal disruption, could potentially be used as a biomarker to identify women with benign breast disease who are at high risk of developing aggressive breast cancers, as well as those with breast cancer who may be at increased risk of recurrence or death.[10]

Budget Policy: The FY 2027 President's Budget request for Detecting and Diagnosing Cancer is $693.1 million.

Treating Cancer and Improving Survivorship

For more than 50 years, NCI-supported research has played a vital role in the development of treatments for people with cancer. Cancer treatment research goes beyond developing and testing therapies, and includes controlling symptoms, managing toxicities, and improving care. Following treatment, research is focused on enhancing quality of life and long-term survivorship. Research highlights include:

Improving the treatment of gastrointestinal cancers: NCI scientists, in collaboration with the Frederick National Laboratory, developed a biological molecule (monoclonal antibody) that selectively targets pancreatic cancer cells. This is an early step toward new treatments for a deadly malignancy that is the third leading cause of cancer deaths.[11] Additionally, a clinical trial found that a new form of tumor infiltrating lymphocyte (TIL) therapy, a form of personalized

[8] nih.gov/news-events/nih-research-matters/home-test-kits-boost-screening-cervical-cancer
[9] nih.gov/news-events/news-releases/abnormal-prenatal-blood-test-results-could-indicate-hidden-maternal-cancers
[10] cancer.gov/news-events/press-releases/2025/new-tissue-biomarker-for-aggressive-breast-cancer
[11] frederick.cancer.gov/news/monoclonal-antibody-effective-targeting-pancreatic-cancer-cells

cancer immunotherapy, dramatically improved the treatment's effectiveness in patients with metastatic gastrointestinal cancers.[12]

Developing treatments for childhood leukemia: Based on results of a large NCI-supported clinical trial, the immunotherapy drug blinatumomab is expected to become part of the standard initial treatment for many children with acute lymphoblastic leukemia (ALL), a blood cancer.[13] Children in the trial treated with the combination of blinatumomab and a standard chemotherapy regimen had a substantial improvement in disease-free survival in comparison with children who only received chemotherapy.

Understanding the long-term effects of cancer treatments in children: The Childhood Cancer Survivor Study (CCSS) was started in 1994 to better understand these effects, increase survival, and minimize harmful health effects. A recent report utilizing CCSS data found that childhood cancer survivors have more than a two-fold increased risk of melanoma compared with the general population and that treatments like high-dose radiation are important risk factors for melanoma and should be considered in future patient guidance and screening.[14] Another report using CCSS data indicates that older survivors of childhood cancer continue to have an elevated burden of premature mortality, new cancers, and adverse health outcomes as they age.[15]

Budget Policy: The FY 2027 President's Budget request for Treating Cancer and Improving Survivorship is $1,591.4 million.

Improving Cancer Prevention and Control

Scientists estimate that 30 to 50 percent of cancers could be prevented through approaches including education, behavior modification, vaccination and other preventive treatments, and policies that limit carcinogen exposure. Cancer prevention and control research focuses on identifying ways to reduce cancer risk and improve cancer outcomes at the individual and population levels. Research highlights include:

Studying environmental risk factors that may lead to lung cancer in never smokers: Analyzing data from the Sherlock-Lung study, researchers found that fine-particulate air pollution, which includes pollution from vehicles and industry, was strongly associated with increased genomic changes in lung cancer in people who have never smoked.[16] The study showed that air pollution exposure increased cancer-driving genetic mutations, including genetic changes previously associated with tobacco smoking. These results help researchers understand drivers of lung cancer and may lead to more prevention strategies for never-smokers.

Improving uptake of vaccine that prevents cervical cancer: Researchers in the NCI intramural program and the Frederick National Laboratory, along with their collaborators, determined that one shot of the HPV vaccine provides long-term protection against cervical

[12] cancer.gov/news-events/press-releases/2025/combination-immunotherapy-shrinks-solid-tumors
[13] cancer.gov/news-events/cancer-currents-blog/2025/childhood-leukemia-blincyto-first-treatment
[14] pubmed.ncbi.nlm.nih.gov/39778123/
[15] pubmed.ncbi.nlm.nih.gov/40789102/
[16] nih.gov/news-events/news-releases/nih-study-links-particulate-air-pollution-increased-mutations-lung-cancers-among-nonsmokers

cancer.[17] HPV vaccines prevent up to 90 percent of cervical cancer. Only having to take one dose of the vaccine instead of the original three-dose schedule could greatly improve uptake and accessibility worldwide.

Facilitating studies of early-onset cancers through population-wide data: The Surveillance, Epidemiology, and End Results (SEER) Program is the cornerstone of NCI's cancer control program, providing information on cancer statistics to reduce the cancer burden among the U.S. population. The program includes 17 registries, covering about 46 percent of the U.S. population. SEER data, along with CDC population-based cancer registries, make up the U.S. Cancer Statistics Database and cover the entire U.S. population. Using this database, a recent study looked at incidence rates across multiple cancers and identified cancers where early-onset (occuring before age 50) rates are increasing.[18] This allows researchers to better understand the landscape of early-onset cancer trends and risk and necessitates further research into potential risk factors for these groups.

Budget Policy: The FY 2027 President's Budget request for Improving Cancer Prevention and Control is $253.0 million.

Cancer Centers

The 73 NCI-Designated Cancer Centers, together with their community partners, form the backbone of the nation's cancer research program. At any given time, hundreds of research studies are underway at cancer centers. Many of these studies are collaborative and involve several cancer centers, as well as other partners. At NCI-Designated Cancer Centers, cutting-edge cancer treatments are delivered to patients in communities across the United States through clinical studies. One study, which leveraged the NCI-supported infrastructure of the Cancer Centers to conduct a clinical trial, led to the FDA approval of engineered cell therapy for advanced synovial sarcoma, a type of soft tissue cancer.[19] The cellular therapy is made using a patient's own T cells, a type of immune cell. This is the first FDA approval for a T-cell receptor (TCR) therapy for cancer treatment.

Budget Policy: The FY 2027 President's Budget request for Cancer Centers is $451.1 million.

Research Workforce Development

NCI has a long-standing commitment to train, develop, and support a strong workforce of researchers spanning the career continuum. Through formal training programs, individual fellowships, and career development awards, NCI supports training at institutions across the country. Research project grants, including investigator-initiated awards, also support trainees and provide mentoring for future cancer researchers. In addition, NCI supports research training for high school, college, graduate, and medical students, and postdoctoral fellows in NCI's intramural research program.

Budget Policy: The FY 2027 President's Budget request for Research Workforce Development is $223.9 million.

[17] frederick.cancer.gov/news/one-shot-hpv-vaccine-protects-long-term-against-cervical-cancer
[18] aacrjournals.org/cancerdiscovery/article/15/7/1363/763190/Trends-in-Cancer-Incidence-and-Mortality-Rates-in
[19] cancer.gov/news-events/cancer-currents-blog/2024/fda-tecelra-synovial-sarcoma-mage-a4

Repairs and Improvements

Funding for repairs and improvements allows NCI to operate facilities at the Frederick National Laboratory for Cancer Research at Fort Detrick, Maryland, as a modern research enterprise.

Budget Policy: The FY 2027 President's Budget request for Repairs and Improvements is $30.0 million, which is equal to the FY 2026 Enacted level.

Childhood Cancer Data Initiative (CCDI)

NCI's Childhood Cancer Data Initiative (CCDI) is engaging the childhood cancer research, care, and advocacy community to harness and share data as a means of speeding research and discovery. To advance these goals, CCDI launched a series of projects, including the Molecular Characterization Initiative (MCI), that provide state-of-the-art molecular characterization of tumors at the time of diagnosis and help participants and doctors select the best and most appropriate treatment strategy.

CCDI is also collaborating with biobanking projects established through the Childhood Cancer STAR Act to support biospecimen collection and is building a CCDI Data Ecosystem that will connect data and tools, including the National Childhood Cancer Registry (NCCR), to enhance data sharing. The NCCR Data Platform is the nation's first resource that links childhood, adolescent, and young adult records across population-based cancer registries and real-world data partners to support in-depth analysis and advance scientific understanding of childhood cancer and survivorship.

In 2025, the U.S. Department of Health and Human Services announced a doubling of support for the CCDI, in alignment with Executive Order 14355, titled *Unlocking Cures for Pediatric Cancer With Artificial Intelligence*.[20] This increased support will help to engage private-sector partners to apply artificial intelligence to speed development of more effective and less toxic treatments. The initiative will also use artificial intelligence to improve patient experience as they navigate their treatment journey, as well as maximize the potential for electronic health record and claims data to inform research and clinical trial design. Parents will remain in control of their child's health information as the data is used to benefit patients and researchers.

Budget Policy: The FY 2027 President's Budget request for the Childhood Cancer Data Initiative is $100.0 million, which is equal to the FY 2026 Enacted level.

Intramural Research

The scientists, physicians, and clinicians who make up NCI's intramural research program (IRP) conduct basic, translational, clinical, and population-based research that engages with all aspects of the National Cancer Program. The IRP encompasses the Center for Cancer Research and the Division of Cancer Epidemiology and Genetics and includes investigators whose expertise spans a wide variety of disciplines.

[20] federalregister.gov/agencies/executive-office-of-the-president; nih.gov/news-events/news-releases/hhs-doubles-ai-backed-childhood-cancer-research-funding

The IRP has a unique ability to conduct high-risk or long-term studies that may not be possible in other research settings, such as longitudinal studies or clinical trials that may take decades to complete due to disease rarity and the associated challenge of recruiting patients to participate. For example, NCI's Cancer Prevention Clinic (CPC) conducts research in cancer prevention, early detection, and screening for groups at high risk of cancer. This clinical program supports the development of novel agents and the repurposing of therapeutic agents for prevention, including enhanced management of at-risk individuals. There are currently eight clinical studies open for recruitment through the CPC.

Budget Policy: The FY 2027 President's Budget request for Intramural Research is $1,283.5 million, a decrease of $3.9 million or 0.3 percent compared with the FY 2026 Enacted level.

Research Management and Support

NCI research management and support staff serve an indispensable role by enabling the success of all NCI programs. Their activities include central administration, program direction, grant and contract administration, human resources, program coordination, and financial management.

Budget Policy: The FY 2027 President's Budget request for Research Management and Support is $479.9 million, a decrease of $21.4 million or 4.3 percent compared with the FY 2026 Enacted level.

NATIONAL INSTITUTES OF HEALTH
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Appropriations History [1]

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2018	$4,474,222,000	$5,771,181,000	$5,858,270,000	$5,964,800,000
Rescission				$0
2019	$5,626,312,000	$6,136,037,000	$6,147,125,000	$6,143,892,000
Rescission				$0
2020	$5,246,737,000	$6,444,165,000	$6,351,863,000	$6,440,442,000
Rescission				$0
2021	$5,881,173,000	$6,494,155,000	$6,722,656,000	$6,559,852,000
Rescission				$0
2022	$6,733,302,000	$6,994,056,000	$6,772,469,000	$6,912,522,000
Rescission				$0
2023	$6,713,851,000	$7,378,579,000	$7,203,064,000	$7,320,159,000
Rescission				$0
2024	$7,820,159,000	$7,104,159,000	$7,380,159,000	$7,224,159,000
Rescission				$0
2025	$7,839,141,000	$7,875,289,000	$7,490,159,000	$7,224,159,000
Rescission				$0
2026	$4,530,833,000	$7,272,159,000	$7,374,159,000	$7,352,159,000
Rescission				$0
2027	$7,353,000,000			

[1] Includes funds derived by transfer from the NIH Innovation Account under the 21st Century Cures Act.

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Budget Authority by Object Class [1]
(Dollars in Thousands)

		FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Total compensable workyears:				
	Full-time equivalent	2,702	2,678	-24
	Full-time equivalent of overtime and holiday hours	1	1	0
	Average ES salary	$200	$200	$0
	Average GM/GS grade	13.1	13.1	0.0
	Average GM/GS salary	$144	$144	$0
	Average salary, Commissioned Corps (42 U.S.C. 207)	$142	$147	$5
	Average salary of ungraded positions	$172	$172	$0
	OBJECT CLASSES	**FY 2026 Enacted**	**FY 2027 President's Budget**	**FY 2027 +/- FY 2026**
	Personnel Compensation			
11.1	Full-Time Permanent	$289,042	$278,225	-$10,817
11.3	Other Than Full-Time Permanent	$184,339	$183,635	-$705
11.5	Other Personnel Compensation	$17,977	$17,378	-$600
11.7	Military Personnel	$3,048	$3,077	$29
11.8	Special Personnel Services Payments	$67,269	$67,178	-$91
11.9	**Subtotal Personnel Compensation**	**$561,676**	**$549,493**	**-$12,183**
12.1	Civilian Personnel Benefits	$189,241	$189,566	$325
12.2	Military Personnel Benefits	$517	$533	$16
13.0	Benefits to Former Personnel	$10,049	$0	-$10,049
	Subtotal Pay Costs	**$761,483**	**$739,592**	**-$21,891**
21.0	Travel & Transportation of Persons	$8,110	$8,611	$501
22.0	Transportation of Things	$1,083	$1,144	$61
23.1	Rental Payments to GSA	$31,904	$33,629	$1,725
23.2	Rental Payments to Others	$6	$7	$0
23.3	Communications, Utilities & Misc. Charges	$9,172	$9,854	$682
24.0	Printing & Reproduction	$27	$29	$1
25.1	Consulting Services	$352,029	$314,186	-$37,843
25.2	Other Services	$112,464	$109,175	-$3,289
25.3	Purchase of Goods and Services from Government Accounts	$578,100	$586,794	$8,694
25.4	Operation & Maintenance of Facilities	$389	$417	$28
25.5	R&D Contracts	$645,359	$665,375	$20,016
25.6	Medical Care	$4,188	$4,492	$305
25.7	Operation & Maintenance of Equipment	$95,989	$101,172	$5,183
25.8	Subsistence & Support of Persons	$0	$0	$0
25.0	**Subtotal Other Contractual Services**	**$1,788,517**	**$1,781,610**	**-$6,907**
26.0	Supplies & Materials	$38,595	$40,520	$1,926
31.0	Equipment	$5,933	$6,259	$326
32.0	Land and Structures	$4,908	$5,215	$307
33.0	Investments & Loans	$0	$0	$0
41.0	Grants, Subsidies & Contributions	$4,694,225	$4,726,428	$32,203
42.0	Insurance Claims & Indemnities	$0	$0	$0
43.0	Interest & Dividends	$142	$101	-$40
44.0	Refunds	$0	$0	$0
94.0	Financial Transfers	$0	$0	$0
	Subtotal Non-Pay Costs	**$6,582,623**	**$6,613,408**	**$30,785**
	Total Budget Authority by Object Class	**$7,344,106**	**$7,353,000**	**$8,894**

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.

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Detail of Full-Time Equivalent Employment (FTE)

Office	FY 2025 Final			FY 2026 Enacted			FY 2027 President's		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Division of Extramural Activities									
Direct:	77	2	79	38	-	38	26	-	26
Total:	77	2	79	38	-	38	26	-	26
Office of the Director									
Direct:	844	4	848	600	3	603	589	3	592
Reimbursable:	1	-	1	1	-	1	1	-	1
Total:	845	4	849	601	3	604	590	3	593
Center for Cancer Research									
Direct:	1,451	8	1,459	1,351	7	1,358	1,351	7	1,358
Reimbursable:	5	-	5	5	-	5	5	-	5
Total:	1,456	8	1,464	1,356	7	1,363	1,356	7	1,363
Division of Cancer Biology									
Direct:	62	-	62	58	-	58	58	-	58
Total:	62	-	62	58	-	58	58	-	58
Division of Cancer Treatment and Diagnosis									
Direct:	228	-	228	217	-	217	217	-	217
Total:	228	-	228	217	-	217	217	-	217
Division of Cancer Prevention									
Direct:	99	-	99	92	-	92	92	-	92
Total:	99	-	99	92	-	92	92	-	92
Division of Cancer Control and Population Sciences									
Direct:	169	1	170	164	1	165	164	1	165
Reimbursable:	1	-	1	1	-	1	1	-	1
Total:	170	1	171	165	1	166	165	1	166
Division of Cancer Epidemiology and Genetics									
Direct:	166	1	167	163	1	164	162	1	163
Total:	166	1	167	163	1	164	162	1	163
Total	3,103	16	3,119	2,690	12	2,702	2,666	12	2,678
Includes FTEs whose payroll obligations are supported by the NIH Common Fund.									
FTEs supported by funds from Cooperative Research and Development Agreements.	0	0	0	0	0	0	0	0	0

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Detail of Positions [1]

GRADE	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Total, ES Positions	3	3	3
Total, ES Salary	$594,371	$598,700	$598,700
General Schedule			
GM/GS-15	303	290	290
GM/GS-14	437	413	413
GM/GS-13	509	481	481
GS-12	291	275	275
GS-11	125	119	119
GS-10	4	4	4
GS-9	63	53	53
GS-8	12	10	10
GS-7	10	9	9
GS-6	3	3	3
GS-5	4	2	2
GS-4	0	0	0
GS-3	1	1	1
GS-2	2	2	2
GS-1	0	0	0
Subtotal	1,764	1,662	1,662
Commissioned Corps (42 U.S.C. 207)			
Assistant Surgeon General	0	0	0
Director Grade	6	5	5
Senior Grade	4	3	3
Full Grade	5	4	4
Senior Assistant Grade	1	0	0
Assistant Grade	0	0	0
Junior Assistant	0	0	0
Subtotal	16	12	12
Ungraded	977	1,025	1,001
Total permanent positions	2,456	2,109	2,087
Total positions, end of year	2,760	2,702	2,678
Total full-time equivalent (FTE) employment, end of year	3,119	2,702	2,678
Average ES salary	$198,124	$199,567	$199,567
Average GM/GS grade	13.0	13.1	13.1
Average GM/GS salary	$142,687	$144,114	$144,474

[1] Includes FTEs whose payroll obligations are supported by the NIH Common Fund.