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Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education and Related Agencies

FY 2026 Federal Funding for the National Institutes of Health and Centers for Disease Control and Prevention

June 13, 2025

The Association for Clinical Oncology (ASCO), the world's leading professional organization representing over 50,000 oncology professionals, thanks the subcommittee for its long-standing bipartisan support for federally funded research at the National Institutes of Health (NIH) and National Cancer Institute (NCI). Your strong commitment to scientific discovery has sped development of innovative treatments and sustained our nation's position as the *world leader* in biomedical research. ASCO is pleased to provide fiscal year 2026 funding recommendations to continue the scientific progress our patients depend on:

- $51.3 billion for the **National Institutes of Health**
    - $7.934 billion for the **National Cancer Institute**
- At least $1.5 billion for the **Advanced Research Projects Agency for Health**
- $492.9 million for the **Centers for Disease Control and Prevention's Division of Cancer Prevention and Control**

National Institutes of Health

In addition to supporting lifesaving research, NIH plays a vital role in driving economic growth. NIH provided $36.94 billion in research funding to scientists in all 50 states and the District of Columbia in 2024. This investment generated $94.58 billion in economic activity. By awarding funding to researchers across individual states, NIH stimulates employment and purchasing of research-related goods, services, and materials, resulting in a substantial return on investment. In FY 2024, each dollar of NIH funded research yielded a $2.56 return in economic activity.[1]

NIH-supported foundational research nationwide is essential for fostering innovation in both the public and private sectors. NIH grants contribute to a wide range of research projects, from basic science to clinical research and product commercialization. Approximately 51% of the NIH budget is allocated to funding basic science research and has led to breakthroughs, such as cancer immunotherapy. This transformative field emerged from decades of federally funded basic research into how the immune system functions at the molecular level.[2]

The path to cancer breakthroughs typically is an iterative process—and can take time. For example, just last year, the Food and Drug Administration (FDA) approved an innovative cancer treatment that uses the patient's own immune cells, called tumor-infiltrating lymphocytes or TILs. This innovation is built on NCI research that began in the late 1980s. It took years to refine the manufacturing and treatment protocols, but through this groundbreaking work, NCI delivered

results for a hard to treat—and deadly—disease. In February 2024, the drug was approved for patients with advanced melanoma. This is also the first cellular therapy to be approved for a solid tumor. Studies are now exploring how this technology can be used in other types of cancer, including colon and breast.

We are impatient for progress, but discoveries like this take time and patience. Strategic investment and predictable funding are critical to innovation. Adequate funding is crucial to ensure the continuity and success of these research projects, preventing both the loss of momentum and squandering prior investments.

We share a desire to see efficient and effective use of federal funding. However, we are concerned that drastic funding cuts to NIH, such as those proposed in the President's FY26 Budget Request, will end America's pre-eminence as the global leader in biomedical research. Dramatic and sudden reductions, both in staff and resources, could halt clinical trials, shutter labs across the country, force young researchers to abandon academic research and jeopardize Americans' access to new cancer treatments for years to come. We request that any restructuring or policy changes at NIH, such as across-the-board indirect cost caps or consolidations of Institutes and Centers, be carefully considered with public and private stakeholder input—including from researchers and institutions–and be focused on improvements designed to accelerate biomedical progress and preserve Americans' access to cutting edge medicine.

National Cancer Institute

For over fifty years, research funded by NCI has been instrumental in driving *every major advancement* in cancer prevention, detection, and treatment. However, according to the Biomedical Research and Development Price Index, NCI's purchasing power has decreased by 13% over the past 20 years.[3] Under current funding, NCI is able to fund only one out of every eight proposals that could fuel the next discovery, and with funding cuts proposed under the President's budget, that number would drop even further. Beyond missed scientific opportunities, we risk losing early career investigators who may opt for alternative career paths if their grant submissions remain unfunded, thereby disrupting the workforce pipeline.

More than 40% of Americans will be diagnosed with cancer during their lives. There are many types of cancer, and they can differ greatly in the ways they grow, spread, and respond to treatment. There are an estimated 18 million cancer survivors in America, and that number is growing. With new treatments that can significantly improve both the length of and quality of life in patients with cancer, we are approaching a time where many types of cancer are considered chronic diseases.

Significant strides have been made in preventing and treating several types of cancer, but more work is needed as cancer as whole is the second leading cause of death in the United States, and the leading cause of death in people younger than 85.[4] In 2025, over 2 million new cancer cases are expected to be diagnosed, and more than 618,000 people will die from the disease.[5] Alarmingly, the rate of early-onset cancer, which is among people between the ages of 18 and 49, has climbed by almost 80% since the 1990s, with little understanding of why. NCI is perfectly positioned to investigate causes and trajectories for such trends and to develop targeted interventions.[6]

NIH and NCI funded translational research and clinical trials have enhanced the standard of care in many diseases. For example, their work has produced insight critical to the development of targeted therapies, which identify patients most likely to benefit from treatments and help patients who will not benefit avoid the cost and pain of therapies unlikely to help them. This is where science becomes practice-changing for patients in America.

With your unwavering support, NCI can end cancer as we know it today, significantly reduce the cancer death rate, and improve the experience of the people living with and surviving cancer, their families, and caregivers.

Within NCI, ASCO also urges support for the National Clinical Trials Network (NCTN) and NCI Community Oncology Research Program (NCORP), which bring trials to the community setting. During FY 2023, more than 50,000 new patients enrolled in over 750 clinical trials, including those coordinated by the NCTN and NCORP. NCTN and NCORP accounted for about half of all new patients enrolled in clinical trials in FY 2023.[7]

Over the last 40 years, adult trials conducted by the NCTN have extended the lives of patients with cancer by an estimated 14.2 million life-years. That amounts to roughly $326 in federal investment for each life-year added.[8] Increasing investment in NCI would enable the Institute to expand patient access to clinical trials, speed discovery and give more patients the opportunity to extend and improve their quality of life.

Each year in the U.S. approximately 16,000 children are diagnosed with cancer. Approximately 1 in 263 children in the U.S. are diagnosed with cancer before their 20th birthday. Unfortunately, cancer remains the most common cause of death by disease for children in America. To address this, ASCO requests $30 million for the Childhood Cancer STAR Act and $50 million for the Childhood Cancer Data Initiative.

CDC's Division of Cancer Prevention and Control (DCPC)

The human and financial cost of advanced disease—and about 50% of cancer deaths—could be prevented using existing prevention and early detection strategies supported by CDC's Division of Cancer Prevention and Control (DCPC).

ASCO is concerned that the President's Budget eliminates the National Center for Chronic Diseases Prevention and Health Promotion, which houses the DCPC. DCPC has tremendous capacity to save lives and prevent cancer and must be able to continue to carry out its mission to create a healthier future for all Americans. ASCO, together with the entire cancer community, requests at least $492.9 million to support the vital work of DCPC.

The National Comprehensive Cancer Control Program (NCCCP), part of the DCPC, supports state and local health departments; researchers; health care providers; decision makers; cancer survivors and their families in addressing cancer concerns in communities across the country. Priorities include stopping cancer before it starts by promoting healthy lifestyles, coordinating early detection, and improving the lives of cancer patients and survivors.

ASCO urges support for the CDC's Cancer Registries Program, also within the DCPC. Cancer registries serve as indispensable tools, providing surveillance, identifying trends among various patient cohorts, evaluating prevention and control programs, and illustrating the impact of treatment advances on outcomes. Accessible data is essential for clinicians to gain a comprehensive understanding of cancer. Funding the National Program of Cancer Registries at $63.4 million could facilitate real-time reporting in up to 16 states.

Advanced Research Projects Agency for Health (ARPA-H)
From its inception, ASCO has championed ARPA-H's mission, anticipating the profound impact of its innovative, high-risk, high-reward research on cancer care across the country.

In the past year alone, ARPA-H has launched several programs that are poised to provide a tremendous benefit to cancer patients around the country. One example is "MarginCall," which started distributing awards this year. MarginCall combines technological innovations in surgery, imaging, pathology, medicine and artificial intelligence (AI) to create a fully integrated system that can provide surgeons with real-time, highly accurate assessments of surgical margins during cancer surgeries, reducing the likelihood of cancerous cells being left behind. This is "game-changing" technology for the surgical oncology field.[9]

As ARPA-H matures, we urge Congress to commit to consistent and appropriate funding levels. Sustained support is critical to fostering the public-private partnerships essential for expediting the delivery of groundbreaking health innovations.

Providing at least $1.5 billion in FY26, consistent with FY24, will enable ARPA-H to identify opportunities for revolutionary solutions. We reiterate the importance of ensuring the agency's funding be additive and complement the robust, predictable funding for NIH, NCI, and other research agencies.

Thank you again for your continued bipartisan support of federal agencies and programs benefiting cancer patients. We look forward to working with you on an FY26 budget that advances and accelerates cancer research and transformative health solutions. Please contact Katie Gifford at katie.gifford@asco.org with any questions.

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[1] United for Medical Research; https://unitedformedicalresearch.org/annual-economic-report/
[2] National Institutes of Health, Basic Research – Digital Media Kit, https://www.nih.gov/news-events/basic-research-digital-media-kit
[3] FY2025 NCI Professional Judgment Budget Proposal, https://www.cancer.gov/research/leading-progress/budget-proposal
[4] Siegel RL, Kratzer TB, Giaquinto AN, Sung H, Jemal A. Cancer statistics, 2025. CA Cancer J Clin. 2025; 75(1): 10-45. doi:10.3322/caac.21871
[5] American Cancer Society, Cancer Facts & Figures 2025, https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acs.pdf
[6] FY2026 NCI Professional Judgment Budget Proposal, https://www.cancer.gov/research/leading-progress/2026-professional-judgment-budget-proposal-aag.pdf
[7] FY2025 NCI Congressional Justification, https://www.cancer.gov/about-nci/budget/congressional-justification/fy2025-nci-congressional-justification.pdf
[8] Unger JM, et al. Population, Clinical, and Scientific Impact of National Cancer Institute's National Clinical Trials Network Treatment Studies. J Clin Oncol. 2022 Dec 8:JCO2201826. doi: 10.1200/JCO.22.01826.
[9] Emory Winship Cancer Institute, https://winshipcancer.emory.edu/newsroom/articles/2025/emory-researchers-awarded-up-to-17.6-million-dollars-from-arpa-h-to-innovate-cancer-surgery-improve-outcomes.php