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**Testimony prepared for:
Committee on Appropriations, Subcommittee on Labor, Health and Human Services,
Education and Related Agencies**

**FY 2027 Federal Funding for the National Institutes of Health and Centers for Disease
Control and Prevention**

May 22, 2026

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 (FY) 2027 funding recommendations to continue the scientific progress on which our patients depend:

- \$51.3 billion for the **National Institutes of Health**
 - \$7.99 billion for the **National Cancer Institute**
- At least \$1.5 billion for the **Advanced Research Projects Agency for Health**
- \$482.9 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 critical role in driving economic growth and job creation. NIH provided \$36.58 billion in research funding to scientists in all 50 states and the District of Columbia in FY 2025. This investment supported over 390,800 jobs and generated \$94.15 billion in economic activity. By awarding funding to researchers across individual states, NIH stimulates employment and supports purchasing of research-related goods, services, and materials, resulting in a substantial return on investment. In FY 2025, each dollar of NIH funded research yielded a \$2.57 return in economic activity.¹

Robust expansion of NIH-supported foundational research nationwide is essential for fostering innovation in both public and private sectors. NIH awards 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 – scientific exploration aimed at understanding the fundamental mechanisms of biology and disease. Such research is essential for advances like 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 is an iterative process. For example, oncologists have been alarmed and puzzled by the increased rate of early-onset colorectal cancer (EOCRC), diagnosed

in those under 50.³ A new study, funded in part by NCI, achieved a milestone by formally linking ultra-processed foods with EOCRC for the first time. By analyzing the diets and endoscopy results from almost 30,000 women over a median period of 13 years, researchers found that high consumption of these foods increased the risk of EOCRC precursors by 45%.⁴ While further investigations into risk factors are still needed, this finding represents an important step toward preventing a disease that is frequently diagnosed too late, with devastating outcomes.

We are impatient for progress, yet discoveries like this take time and patience. Strategic investment and predictable funding are critical to innovation. Year-over-year growth is crucial to ensure the continuity and success of these research projects, preventing the loss of momentum and squandering of 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 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 urge the committee to ensure indirect cost adjustments, such as across-the-board caps, involve researcher input to prioritize biomedical progress and access to cutting-edge medicine. We additionally ask the committee to continue its commitment to funding innovative research projects by preventing an increase in the amount of competitive grants fully funded in the first year, which limits the number of new projects supported.

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. ASCO appreciates the increase provided by this committee to NCI in FY26. However, due to biomedical inflation, NCI's purchasing power is actually 18%, or \$1.58 billion, less than it was in 2003.⁵ Under FY25 funding, NCI rejected more than 9 out of every 10 research applications that could fuel the next discovery. Beyond stalled progress, we risk disrupting the workforce pipeline as early career investigators may opt for alternate career paths or relocate to international competitors.

More than 40% of Americans will be diagnosed with cancer at some point in their lives. There are many types of cancer, and they can differ greatly in the ways they grow, spread, and respond to treatment. Thanks in large part to federally funded research, there are an estimated 18.1 million cancer survivors in America, and remarkably, the five-year survival for all cancers is now 70%.⁶ With new treatments improving both the length and quality of life in patients with cancer, we are approaching a time where many types of cancer are considered chronic diseases.

Despite significant strides made in preventing and treating cancer, it remains the second leading cause of death in the United States (U.S.), and the leading cause of death in people younger than 85. In 2026, over 2 million new cancer cases are expected to be diagnosed, and more than 626,000 people will die from these diseases.⁷ Innovation is more important than ever.

NIH- and NCI-funded translational research and clinical trials have enhanced the standard of care for many diseases. For example, these investments have led to the development of precision medicine treatments, cancer therapies that target specific genetic or molecular changes in cancer cells. When paired with diagnostic tools to identify which patients are most likely to benefit, these therapies can be utilized by the patients who will benefit most while sparing others the unnecessary cost and side effects of ineffective treatments. This is where laboratory science becomes life-changing medicine for patients.

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 2024, more than 50,000 new patients enrolled in over 750 clinical trials that NCI sponsored or supported, many of which would likely not have been funded by the private sector. NCTN and NCORP accounted for about half of all new patients enrolled in clinical trials in FY 2024.⁸

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.⁹ 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.

Cancer knows no age limit. Each year in the U.S., approximately 16,000 children are diagnosed with cancer. Unfortunately, cancer remains the most common cause of death by disease for children in America. To address this, ASCO requests \$35 million for the Childhood Cancer STAR Act and \$100 million for the Childhood Cancer Data Initiative. These complementary initiatives seek to improve not only outcomes for pediatric cancer patients, but survivors' quality of life.

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

Over 40% of cancer deaths—and many of the human and financial costs of advanced disease - could be prevented using existing prevention and early detection strategies supported by CDC's Division of Cancer Prevention and Control (DCPC).

Prevention and early detection are the core of the DCPC's work, and with 80% of DCPC funding going to states, additional resources will power existing efforts to create a healthier future for all Americans. Although DCPC has tremendous capacity to save lives and prevent cancer, its federal funding has not kept pace with inflation. ASCO, together with the entire cancer community, requests at least \$482.9 million to support the important work of DCPC.

Within the DCPC, ASCO urges support for the National Comprehensive Cancer Control Program (NCCCP), which supports state and local health departments; researchers; health care providers; decision makers; cancer survivors and their families in addressing cancer concerns

across the country. Priorities include stopping cancer before it starts through healthy lifestyles and early detection, as well as improving the lives of cancer patients and survivors. Additionally, we urge support for the National Program of Cancer Registries (NPCR). Cancer registries serve as indispensable tools, providing surveillance, identifying trends, 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 NPCR 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 poised to provide a tremendous benefit to cancer patients nationwide. In February 2026, the agency announced the opening of its first ever interventional trials, through its Advanced Analysis for Precision Cancer Therapy (ADAPT) program. The trials will enroll patients across more than 33 clinical sites in the U.S. and will adjust treatments using a tumor's changing signals to maximize response while minimizing resistance. This builds on ADAPT's goal of making cancer treatments more responsive and precise, to "deliver the exactly right treatment at the right moment for each patient."¹⁰

As ARPA-H matures, we urge Congress to commit to ongoing 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 FY27, consistent with FY26, will enable ARPA-H to attract top talent and 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 for federal agencies and programs benefiting cancer patients. We look forward to working with you on an FY27 budget that advances and accelerates cancer research and transformative health solutions. Please contact Katie Gifford at katie.gifford@asco.org with any questions.

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 Siegel RL, Wagle NS, Jemal A. Leading Cancer Deaths in People Younger Than 50 Years. *JAMA*. 2026;335(7):632–634. doi:10.1001/jama.2025.25467

⁴ Wang C, Du M, Kim H, et al. Ultraprocessed Food Consumption and Risk of Early-Onset Colorectal Cancer Precursors Among Women. *JAMA Oncol*. 2026;12(1):49–57. doi:10.1001/jamaoncol.2025.4777

⁵ The Cancer Letter, https://cancerletter.com/nci/20260213_1/

⁶ American Cancer Society. *Cancer Facts & Figures 2026*. Atlanta: American Cancer Society; 2026.

⁷ American Cancer Society. *Cancer Facts & Figures 2026*. Atlanta: American Cancer Society; 2026.

⁸ FY2026 NCI Congressional Justification, <https://www.cancer.gov/about-nci/budget/congressional-justification/fy2026-nci-congressional-justification.pdf>

⁹ 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.

¹⁰ ARPA-H opens first interventional clinical trials to outpace cancer in real time, <https://arpa-h.gov/news-and-events/arpa-h-opens-first-interventional-clinical-trials-outpace-cancer-real-time>