

# Introductory Remarks

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PACHE Biennial Program Meeting

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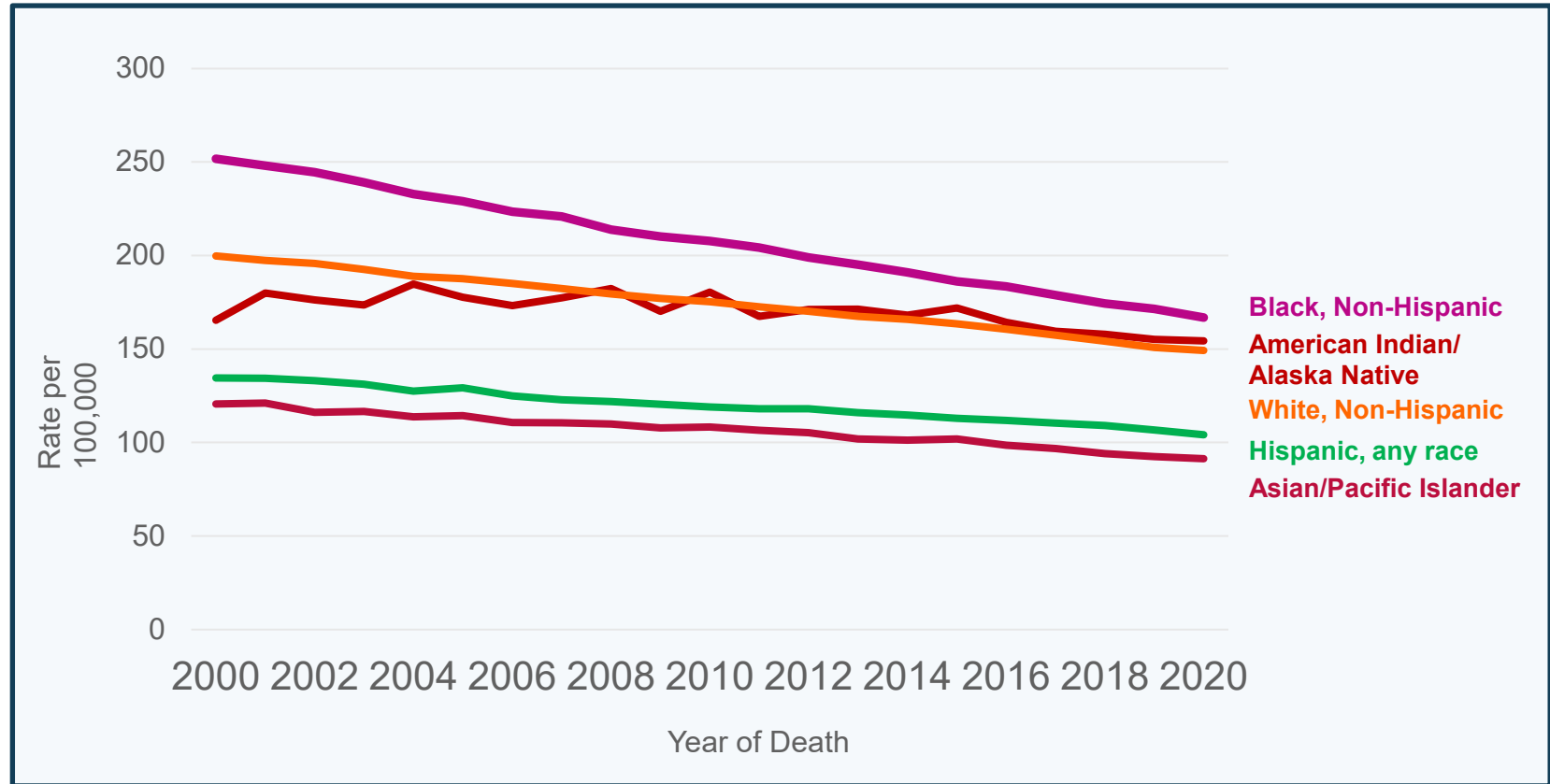
# Special thanks to...

- **Sandra San Miguel**
- **Sarah Szurek**
- LeeAnn Bailey
- Nelson Aguila
- Behrous Davani

# CRCHD & PACHE

- Reduce cancer health disparities
- Partnerships for cancer research, cancer education, cancer outreach
- Excellence, collaboration

# U.S. Age-Adjusted Cancer Mortality Rates, 2000-2020











**Two NCI priorities:**

**National Cancer Plan  
Cancer Moonshot**



# National Cancer Plan

## EIGHT GOALS

-  **Prevent Cancer**
-  **Detect Cancers Early**
-  **Develop Effective Treatments**
-  **Eliminate Inequities**
-  **Deliver Optimal Care**
-  **Engage Every Person**
-  **Maximize Data Utility**
-  **Optimize the Workforce**

A plan for the National Cancer Program to align broad societal engagement and focus on critical needs to end cancer as we know it.

## EVERYONE HAS A ROLE!

- The White House
- Congress
- National Cancer Institute
- NIH Institutes and Centers
- U.S. Department of Health and Human Services
- Cancer Cabinet
- Professional Societies
- Advocacy Organizations
- Academia
- Industry
- Foundations
- Health Care Providers
- People with Cancer and Other Individuals

CANCER MOONSHOT

Providing the vision and charge for a whole-of-government approach to stimulate collaboration and accelerate progress across the National Cancer Program

Read the plan: [nationalcancerplan.cancer.gov](https://nationalcancerplan.cancer.gov)



## Goals

- Reduce the cancer death rate by 50% in the next 25 years (in the U.S.)
- Overcome cancer disparities
- End cancer as we know it

Learn more: [whitehouse.gov/moonshot](https://whitehouse.gov/moonshot)  
[cancer.gov/moonshot](https://cancer.gov/moonshot)



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Opportunities for Achieving the Cancer Moonshot Goal of a 50% Reduction in Cancer Mortality by 2047

With S. Shiels, Stanley Lipkowitz, Nicole G. Campos, Mark Schiffman, John T. Schiller, Neal D. Freedman, Amy Berrington de González

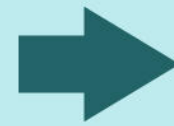
TO ACHIEVE THE  
CANCER MOONSHOT GOAL

**CANCER DEATH RATES  
MUST DECLINE FASTER**

CURRENT RATE  
OF DECLINE

**2.3%**

PER YEAR



NEEDED RATE  
OF DECLINE

**2.7%**

PER YEAR

SOURCE: Shiels M, et al. *Cancer Discovery*. 2023.



# Accomplishing the Goals of the Cancer Moonshot



- Do more of what we know works.
- Ensure everyone benefits.



- More research advances.
  - Including cancers that currently have a poor prognosis, rare cancers, and childhood cancers



# Health Disparities Research

## *Recent Highlights*

- Persistent Poverty Initiative (PPI)
- Connecting Underrepresented Populations to Clinical Trials (CUSP2CT)
- Telehealth Research Centers of Excellence (TRACE)
- Cancer Centers Community Outreach and Engagement expansion to focus on underserved populations
- Cancer Health Disparities and Minority Health (CHD-MH) SPORE Program
- ...and more

# Workforce and Training

## *Recent Highlights*

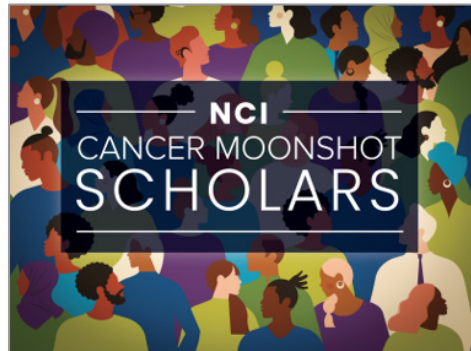


- Cancer Moonshot Scholars
- Early Investigator Advancement Program (EIAP)
- Continuing Umbrella of Research Experiences (CURE)
- Intramural Continuing Umbrella of Research Experiences (iCURE)
- Partnerships to Advance Cancer Health Equity (PACHE)
- NCI Early-Stage Surgeon Scientist Program (ESSP) Pilot Program
- ...and more

# Spotlight: Cancer Moonshot Scholars

The Cancer Moonshot Scholars program seeks to:

- ✓ **Advance cancer science**
- ✓ **Diversify the NCI R01 portfolio** by enhancing the number of applications from early-stage investigators from diverse backgrounds
- ✓ **Increase diversity of thought and approach** to cancer research



## Research projects

### Cancer sites:

- Rectal cancer
- Glioma
- Hepatocellular carcinoma
- Prostate cancer
- Lung cancer
- Cervical cancer
- Pancreatic cancer

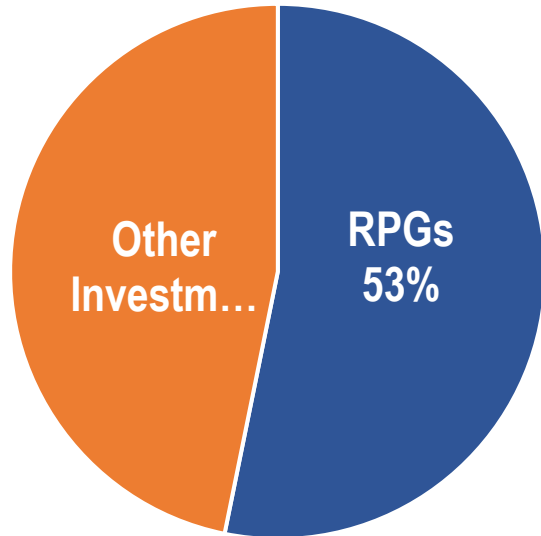
### Approaches/topics:

- Treatment
- Basic science
- Screening
- Prevention
- Implementation Science



# NCI budget increased ~\$1.05B between 2018-2022

Distribution of the increase between  
RPGs and non-RPGs:



The RPG portion of NCI's total budget **increased from ~41% to ~44%** between 2018 and 2022

*Note: The increase does not include the Cancer Moonshot, which decreased by \$104M between 2018 and 2022*

# Considerations for FY24



# Implications of a “flat” FY24 budget

- The “flat” budget may NOT be flat
  - Because the Cancer Moonshot funds were never part of the NCI base budget, the House budget mark for FY24 did not consider the fact that the \$216 million Moonshot funding for FY23 goes to zero in FY24.
  - The Senate mark for FY24 did consider this issue and added the \$216 (plus \$60 million) to its mark
- It is necessary to add ~\$250 million to the RPG pool in FY24 to maintain the current 12<sup>th</sup> percentile pay line for new awards and fund non-competing awards at 100%
- In addition, NCI incurs \$75-\$100 million each year in increased “mandatory” expenses—Program Evaluation, Cyber Security, Center for Scientific Review

# All parts of the NCI budget could be adversely affected by a “flat” budget: some examples

- RPG pool: it may be necessary to decrease the “payline” for new awards and fund non-competing awards at substantially lower than 100%
- Cancer Center support grants (CCSGs): It may be necessary to forgo at least some anticipated increases for competing renewals and decrease the amount of non-competing CCSGs
- Cancer training awards: It may be necessary to make fewer new awards
- SPORE grants: It may be necessary to make fewer new awards and reduce the size of non-competing awards
- Intramural research program will be cut at least as much as extramural awards



# Thank you!

[www.cancer.gov](http://www.cancer.gov)

[www.cancer.gov/espanol](http://www.cancer.gov/espanol)

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