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August 3, 2026

National Institutes of Health (NIH)
c/o Dr. Jay Bhattacharya, Director
9000 Rockville Pike
Bethesda, Maryland 20892

Dear. Dr. Bhattacharya,

The Association of American Cancer Institutes (AACI) is the only membership association dedicated to academic cancer centers. AACI represents more than 100 premier academic and freestanding cancer centers in the United States and Canada. AACI member institutions conduct a substantial share of the nation's cancer research, clinical trials, and workforce training. AACI appreciates the opportunity to comment in response to the National Institutes of Health's (NIH) Request for Information on limiting the number of simultaneous NIH research project grants held by a principal investigator. While AACI shares NIH's goal of expanding opportunities for early-career investigators, we encourage the agency to carefully evaluate whether a government-wide cap on research project grants could have unintended consequences for translational research, team science, and the broader biomedical research enterprise.

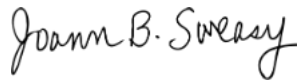
Academic cancer centers rely on highly collaborative research programs that move discoveries from the laboratory to patients through basic, translational, and clinical research. As a result, many principal investigators contribute to multiple complementary NIH-supported projects that collectively advance new diagnostics, therapies, and approaches to cancer prevention and care. An arbitrary cap on the number of simultaneous grants could unintentionally discourage collaborative research, incentivize prioritization of larger awards over smaller, innovative, or high-risk projects, and disrupt complex research programs built over many years. These concerns are particularly relevant for translational research, where investigators often lead multiple grants supporting different stages of the research continuum.

NIH should carefully consider the operational consequences of requiring investigators to relinquish active awards. Reassigning a principal investigator is not a simple administrative exercise. These changes require NIH approval, institutional coordination, and identification of a qualified successor with the appropriate scientific expertise and capacity. In many specialized fields, suitable replacements may not be readily available. Mid-course leadership changes can also disrupt ongoing research, delay scientific progress, and negatively affect trainees, research staff, and collaborative teams supported by these awards.

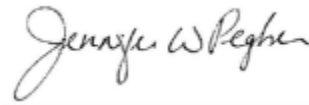
AACI also encourages NIH to consider whether existing funding mechanisms could more effectively expand opportunities for early-career investigators without compromising scientific merit review. NIH has long recognized the importance of supporting early-career investigators through targeted funding policies and other initiatives designed to foster the next generation of biomedical researchers. Before implementing a cap, NIH should evaluate the full range of available approaches, including existing early-career investigator programs; training investments; and the cumulative effects of current funding policies, including multi-year funding practices, on the number of new awards available to investigators.

Thank you for the opportunity to comment. AACI appreciates NIH's continued commitment to strengthening the nation's biomedical research enterprise and looks forward to continued engagement.

Sincerely,

A handwritten signature in cursive script, reading "Joann B. Sweasy".

Joann B. Sweasy, PhD
President, AACI

A handwritten signature in cursive script, reading "Jennifer W. Pegher".

Jennifer W. Pegher, MA, MBA
Executive Director, AACI