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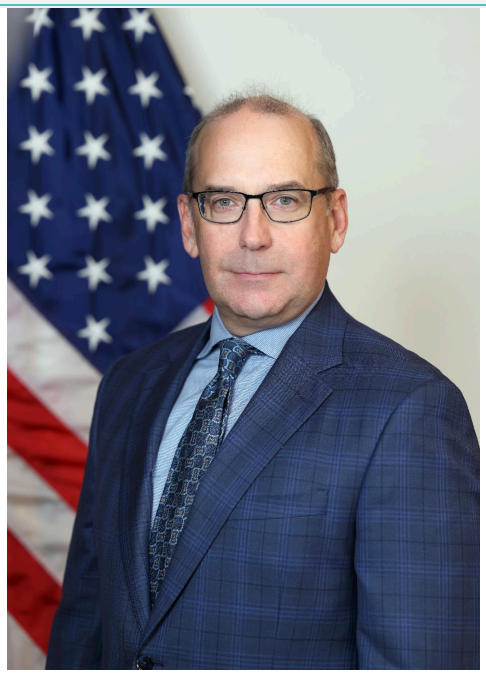
NCI Funding: Stability, Strategy, and Partnership

By Anthony Letai, MD, PhD



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Commentary Overview

- NCI resources devoted to the extramural community are at an all-time high. Year-to-year variation in funding reflects, in part, a transition to a multi–year funding model.
- NCI is evolving beyond strict paylines, with peer review remaining central to funding decisions.
- NCI aims to partner with cancer centers to reduce unnecessary friction and think collaboratively on trial initiation, patient accrual, and execution.

Over more than two decades as a medical oncologist and laboratory scientist, my research helped lead to a new therapy for leukemia—the kind of work that simply would not have happened without funding from the National Cancer Institute (NCI). I know firsthand how this ecosystem drives progress. Becoming NCI director changed my vantage point, but not my purpose. Across the cancer research community, we share a common mission: to reduce the burden of cancer and, ultimately, prevent it. That mission has not changed at NCI.

During the past year, there has been understandable concern about funding, scientific priorities, and the stability of the research enterprise. Some of those concerns reflect real changes in how funding is being administered. But much of it reflects a gap between perception and reality. Closing that gap with clear, accurate information is essential—because confidence in the system is critical to its success.

Funding Cancer Research: The Tide and the Waves

Let me begin with the most important point: NCI remains strongly committed to funding cancer research across the country. I find it helpful to think of our investment in two ways: the tide and the waves. The tide is the overall level of resources we devote to the extramural community. That tide is at an all-time high. In fiscal year 2025, we devoted more funding to extramural research than at any time in our history, and we expect to fund more grants in 2026 than in the prior year. Recent appropriations have provided stability, including an increase in the NCI budget that allows us to expand our support. These are not signals of contraction; they reflect continued national investment in cancer research.

The waves, however, are the year-to-year variations in how that funding is distributed and perceived. I know that for many investigators, the waves feel turbulent, and this can obscure the reality of the high tide. Several factors contribute to this. One is the transition toward multi-year funding. This approach provides greater stability for funded projects, but during the transition it can result in fewer new awards, since funds are committed across multiple years upfront. Importantly, however, this does not reflect a reduction in overall investment.

Another factor is the operational reality of funding. After a grant is selected, it can take several weeks before funds are distributed due to administrative processes. Following disruptions such as a government shutdown, these processes become more visible—but they are not new barriers. Last fall's shutdown was a powerful reminder of how these waves can create a very real sense of uncertainty, even when the underlying commitment is stronger than ever.

From Paylines to Funding Strategy

This brings me to the issue of paylines. For many years, NCI used paylines as a clear, if imperfect, means of identifying meritorious applications to fund. We are now moving away from a strict reliance on paylines. This is not a departure from scientific rigor, but rather an evolution toward a more flexible and strategic application of it. Peer review remains the most important factor. The goal is to thoughtfully build a portfolio of research with the greatest potential to help patients. This approach allows us to make more strategic investments, ensuring we build a body of science that is balanced and positioned for maximum impact.

What has not changed is just as important. Approximately three-quarters of the NCI budget continues to support extramural research. Peer review remains the cornerstone of funding decisions. And we remain firmly committed to early-stage investigators.

Even so, in a stable funding environment, our study sections consistently identify a wealth of scientifically rigorous applications that cannot be supported. The challenge we face is not a scarcity of good ideas, but an abundance of them. Our responsibility, therefore, is to act as stewards for the national cancer research portfolio as a whole – one that supports fundamental discovery, clinical application, and population science. This requires making strategic choices, in alignment with the new NIH Unified Funding Strategy, to guide consistent and clearer award decisions.

Within this stable funding framework, we are making targeted investments in areas with the greatest potential impact such as immunotherapy, where we have the opportunity to apply our successes in some forms of cancer, to those for which there has been little progress. We also are working to determine what therapeutic approaches will work for each patient.

My own laboratory's work centered on the programmed cell death pathways that determine whether a tumor cell lives or dies in the presence of a drug. Functional precision medicine is the clinical application of that same principle: if we want to know whether a drug will work, we should test it directly on the cancer itself. These methods are now far more mature than many realize, and they complement genomic approaches by providing a direct, functional readout of a tumor's vulnerabilities. Across these areas, we are focused on improving efficiency – accelerating first-in-human trials, strengthening infrastructure, and reducing barriers between discovery and clinical application.

Thinking Collaboratively to Address Shared Challenges

Cancer centers are central to this work. At NCI, we see ourselves not only as a funder, but more importantly, your partner. A key priority is to work together to identify and reduce unnecessary friction in the path from discovery to clinical testing. That means thinking collaboratively about the entire pathway from trial initiation to patient accrual and execution. This is a shared challenge, and one where closer coordination between NCI, academic centers, and our sister federal agencies can make a meaningful difference in sustaining U.S. leadership in cancer research.

I believe oncology is moving through a period of unprecedented momentum. We are able to test ideas faster and more intelligently than ever before. Seizing that opportunity will require strong partnership across the cancer research enterprise, especially with the cancer centers that anchor discovery, clinical investigation, and patient care. NCI remains deeply committed to that partnership—to supporting the best science, investing in the next generation of investigators, and helping ensure that discovery leads to meaningful progress for patients. I look forward to continuing that work together.

Our Mission

The Association of American Cancer Institutes (AACI) represents over 100 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by enhancing the impact of academic cancer centers and promoting cancer health equity.

About AACI *Commentary*

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.

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