



Leading Progress Against Cancer

NCI Fiscal Year 2026 Professional Judgment Budget Proposal

AT A GLANCE

DIRECTOR'S MESSAGE

When I began as a kidney cancer-focused oncologist a couple of decades ago, cancer science had not progressed enough to give almost any of my patients the one thing they all wanted—more time with their loved ones. Too often, even the best available advances only gave them a few additional months.

Today, kidney cancer has a very different outlook. Thanks to biological and clinical research led by NCI-supported scientists—and the unrelenting dedication of doctors, advocates, patients, and families—we can tell a new story. We have effective treatments for several types of kidney cancer, including a drug for people with a hereditary form of kidney cancer that controls their tumors with minimal side effects. Outcomes are improving for people with early-stage disease, and many with metastatic kidney cancer are being cured or living years with their cancer instead of months. The horizon holds promise to treat more kidney cancers and provide new approaches for prevention and early detection.

We can tell the same stories for many cancers because of robust NCI investment in cancer science

that has delivered enormous returns for the American people and the world. NCI-led research has paved the way for breakthroughs in prevention, screening, and treatment that have driven down cancer mortality rates over the past three decades. Many cancers once considered a death sentence now have dramatically better outlooks, such as advanced lung cancer and metastatic melanoma. We've seen similar progress with prostate cancer, breast cancer, and many others.

Unfortunately, research has not yet made enough progress for the more than 600,000 people expected to die from cancer in the United States in 2024. There is still much more to do for the more than 18 million people alive in our country today who have heard those frightening words, "You have cancer."

We are so close to transforming cancer from something people fear to a condition that we manage, prevent, or cure. For instance, this year, we achieved the first cellular therapy approved for a solid tumor, melanoma. This treatment, pioneered by NCI funding, has also shown promise against advanced colorectal cancer, advanced breast cancer, and even glioblastoma.

NCI research is also illuminating artificial intelligence's (AI) potential to tell us which treatments are most likely to work, enhance screening for precancers before they progress to cancer, and help find some of the hardest cancers to detect early. Approaches like these could greatly improve outcomes.

We are on the doorstep of much more progress. The rapid pace of cancer research discovery and innovation, the availability of powerful technology and infrastructure, and a cadre of talented people provide us with extraordinary opportunities for more lifesaving advances.

To achieve its full potential, the cancer research enterprise, known collectively as the National Cancer Program, must be mobilized to work at full strength—together. That starts with a diverse and innovative workforce empowered to produce the discoveries of tomorrow and reach people affected disproportionately by cancer—including racial and ethnic minority groups and those in rural areas—by addressing access to research and barriers to care.

It is critical that scientists have access to accurate data, representative of all patient populations, to engineer new machine learning and AI algorithms that predict the best interventions. We must revolutionize clinical research so that promising approaches and discoveries are tested in clinical studies that are accessible, inclusive, nimble, and able to rapidly answer the most pressing questions for all populations.

Finally, we must continue to generate the foundational scientific evidence necessary to strengthen cancer prevention, enhance screening, and deliver optimal care to everyone confronted by cancer.

With strategic increased investments through NCI, the cancer research enterprise could be fully powered to achieve the scientific breakthroughs required to reach the Cancer MoonshotSM goal to reduce the cancer death rate by 50% by 2047 and improve the experience of patients and families facing a cancer diagnosis.

As the largest funder and a key catalyst for all aspects of cancer science, NCI is the linchpin that unites cancer research through the National

Cancer Program. We are dedicated to bringing all stakeholders together to achieve the mission to *advance scientific knowledge and help all people live longer, healthier lives.*

NCI investments in training, data, science, and infrastructure sustain cancer research performed at cancer centers, hospitals, community clinics, and universities across the United States—assembling major networks that empower the advances needed in our current era. These activities, in turn, advance not only science, but the economic health of communities by creating jobs and fueling local entrepreneurship. NCI's nationwide research networks make it possible for people in all 50 states to participate in research. In this role, NCI has a unique ability to reach deep into communities to understand people's specific challenges, while also shaping our national efforts to take advantage of transformative opportunities.

This proposal highlights four immediate scientific opportunities to move the needle against cancer even further. They include reversing the alarming rise of cancer among young adults, understanding how cancer in one organ site affects the entire body, identifying ways to overcome the financial hardships that contribute to worse outcomes for many people, and developing vaccines to train the body's immune system to prevent or treat cancers. Of course, these four areas offer only a snapshot of the extraordinary opportunities and pressing challenges we must embrace with urgency.

When I think of how far cancer science has come, and the exciting ideas and promising interventions within reach, I am simply in awe. Together, we can radically change the experience of cancer and improve cancer outcomes to give more Americans more time to create lasting memories with their loved ones.



**W. Kimryn Rathmell,
M.D., Ph.D., M.M.H.C**

Director
National Cancer Institute

NCI FISCAL YEAR 2026 PROFESSIONAL JUDGMENT BUDGET PROPOSAL (DOLLARS IN MILLIONS)

FY24 NCI Appropriation	\$7,224	
FY25 President's Budget Proposal*	\$9,287	
Proposed Increase over FY25 President's Budget Proposal (Allocation by category)	\$2,179	<ul style="list-style-type: none"> \$479 Cancer Biology Research \$338 Cancer Prevention Research \$457 Cancer Detection & Diagnosis Research \$534 Cancer Treatment Research \$175 Public Health & Cancer Control Research \$196 Training & Infrastructure
FY26 TOTAL	\$11,466**	

*Each year the President submits a comprehensive budget request to Congress which outlines the administration's policy, economic outlook, and funding priorities for the coming fiscal year.

**This proposal includes \$50 million for the 7th year of the Childhood Cancer Data Initiative.

This Fiscal Year 2026 (FY26) Professional Judgment Budget Proposal presents NCI's assessment of the optimal funding needed to support the National Cancer Program and ultimately help all people live longer, healthier lives. While FY24 and FY25 were subject to statutory budget caps, FY26 presents an opportunity for Congress to fully fund cancer research. This includes new funding to increase investments in research grants, train the next-generation cancer workforce, modernize and expand clinical studies infrastructure, and develop new ways to prevent or intercept cancer.

NCI is the largest funder of cancer research in the world, providing foundational support that fuels novel discovery, technical innovation, economic growth, and hope. NCI funding is distributed across the United States in both academic and community settings. Meaningful progress against cancer requires sustained funding increases to act upon existing and emerging opportunities and to build on discoveries made from previous investments, including those made through the 21st Century Cures Act funding for the Cancer Moonshot. Support for these opportunities will increase our understanding of cancer biology and spark the discovery of better ways to prevent, detect, diagnose, and treat cancer.

Strengthening the future cancer workforce

NCI is committed to fostering a highly skilled and diverse cancer research workforce that catalyzes future progress against cancer. Strong support for training of the future workforce will ensure that progress against cancer continues and thrives by constantly infusing cancer research with innovative ideas to prevent more cancers, further reduce mortality, and improve outcomes for all.

Even with a constrained budget, NCI is prioritizing support for early-stage investigators (ESIs) by funding a higher percentile of peer-reviewed RO1 applications from ESIs than established investigators. In FY24, the ESI payline—the percentile cutoff point that NCI intends to fund in a given fiscal year—was maintained at the 17th percentile. However, the payline for established investigators fell to the 10th percentile, and decisions were made to reduce the budgets for existing grants and other programs.

This proposed budget for FY26 would allow NCI to grow its training portfolio beginning with the highly competitive K99/R00 Pathway to Independence Award. The program has succeeded in transitioning early-career mentored scientists to independent researchers. More funding would allow NCI to grow

the program beyond the current capacity of about 40 awards per year. Additionally, NCI could increase support for programs for trainees at all career stages, including for students as young as middle school through NCI's Youth Enjoy Sciences program.

As NCI seeks to attract talented individuals with a diversity of opinions, backgrounds, and interests to the cancer workforce, we also need to diversify our training portfolio. This requires steadfast support for diversity-focused career development and training programs that cultivate a sustainable pathway toward independence. NCI also needs new programs to prepare a workforce skilled in data science, public health, and other fields that support cancer research to sustain progress against cancer.

Modernizing cancer clinical studies to deliver breakthroughs

The pace of discovery is faster than ever before, aided by the return on decades of investment in basic research and technology development that are yielding advances for people with cancer and those at risk for the disease. Clinical research must keep pace with the speed of discovery to bring benefits to all people.

Clinical studies are a key step on the path to making progress against cancer. However, they can take years to design, launch, and complete. This proposed budget would enable NCI to further modernize clinical studies and expand clinical research networks and associated infrastructure into community oncology practices, where most people receive their cancer care.

In 2024, NCI launched a pilot Virtual Clinical Trials Office providing remote staff to help sites with patient screening, enrollment, and data collection. Innovative approaches like this can increase efficiency and make trials accessible to more people by enabling institutions with fewer resources to participate in more studies. NCI is also convening experts in community engagement and related fields to develop a plan to increase capacity to conduct cancer research in all communities, including rural areas and other underserved populations.

Sustained funding increases will allow NCI to transform the way we approach clinical studies, making them more accessible, nimble, and inclusive.

This transformation will ensure equity in access to clinical studies designed to rapidly answer the most pressing questions and help deliver high-quality cancer care for all people.

Preventing and intercepting cancer

Effective cancer prevention and control with proven, cost-effective strategies will have a powerful effect on the goal of cutting cancer death rates in half by 2047. To develop better preventive measures and screening methods, we must increase our knowledge about the causes and trajectories of many cancers. This requires investing resources in foundational research and promising new drugs, vaccines, and other interventions to reduce the risks of cancer and to intercept cancer at the earliest possible stages.

Research has shown that multi-cancer detection tests can find precancer or cancer before it is symptomatic. These tests could change how we screen for cancer and potentially improve outcomes by detecting cancer at its earliest stages. Using a single blood draw, these tests may be able to detect the presence of multiple cancer types—including ones without established screening methods. However, it is not known whether multi-cancer detection tests will save lives or cause substantial harms by overdiagnosing conditions that do not require invasive diagnostic measures or even treatment.

To answer these and other questions, NCI launched the Cancer Screening Research Network. This network will conduct large, rigorous studies on multi-cancer detection tests in asymptomatic people. Initial funding provides resources for seven sites; additional funding is needed to expand the network and support the goal of enrolling over 200,000 people from diverse populations into randomized controlled trials that evaluate these tests.

This budget request will enable NCI to fully leverage the scientific opportunities before us to prevent, detect, and treat cancer, while growing and diversifying the cancer research workforce. The return on this investment will be a stronger cancer research enterprise that maximizes research advances to empower progress against cancer for all people.

HIGHLIGHTED SCIENTIFIC OPPORTUNITIES

NCI continually pursues new and emerging scientific opportunities that, with further investment, would catalyze additional progress in cancer research. Read about four areas of opportunity highlighted in the NCI FY26 Annual Plan and Professional Judgment Budget Proposal: Leading Progress Against Cancer.



TACKLING THE EMERGENCE OF EARLY-ONSET CANCERS IN YOUNG ADULTS

The rate of cancer among people between the ages of 18 and 49, known as early-onset cancer, has climbed by almost 80% since the 1990s. The roots of this change are poorly understood. With sustained funding, NCI is primed to develop interventions specific to early-onset cancers and the unique needs of this patient population. We must tackle early-onset cancers to better protect young people today and future generations from cancer at any age.



APPROACHING CANCER AS A DISEASE THAT AFFECTS THE ENTIRE BODY

The whole-body effects of cancer can decrease a person's quality of life and allow tumors to spread to different parts of the body. More investments are needed to unite discrete research areas for a clearer picture of how cancer communicates with and affects healthy organs and tissues. This knowledge is critical to inform proactive, personalized treatment plans—improving outcomes for all.



ALLEVIATING FINANCIAL TOXICITY FOR CANCER SURVIVORS AND CAREGIVERS

Financial toxicity—the problems experienced by patients and their families caused by medical expenses—can be a catastrophic effect of cancer, even affecting treatment decisions and outcomes. Yet, many questions remain about how to address this problem in a way that meets the unique needs of all people. Sustained research and engagement efforts are needed to alleviate cancer-related financial toxicity.



EXPANDING THE UTILITY OF CANCER-TARGETING VACCINES

Vaccines against cancer-causing viruses have helped prevent certain cancers, and now vaccines against cancer itself have shown promise toward mitigating the disease. Cancer vaccine research requires sustained support to study interactions between cancer and immune cells, collect and share critical data, and engage every community in this work. The potential return on investment is huge for those living with cancer or at high risk for the disease: a cancer-free life with fewer interventions.