

DEADLIEST CANCERS COALITION

July 30, 2025

The Honorable Shelly Moore Capito The Honorable Robert Aderholt Chair Chair
Senate Appropriations Subcommittee on House Appropriations Subcommittee on Labor,
Health and Human Services, Labor, Health and Human Services, Education and Related
Agencies Education and Related Agencies Washington, DC 20510 Washington, DC 20515

The Honorable Tammy Baldwin The Honorable Rosa DeLauro Ranking Member
Ranking Member
Senate Appropriations Subcommittee on House Appropriations Committee & Labor, Health and
Human Services, Subcommittee on Labor, Health and Human Education and Related Agencies
Services, Education and Related Agencies Washington, DC 20510 Washington, DC 20515

Dear Chair Capito, Chair Aderholt, Ranking Member Baldwin, and Ranking Member DeLauro:

On behalf of the Deadliest Cancers Coalition, a collaboration of national nonprofit organizations focused on addressing issues related to our nation's most lethal cancers, we write today to express deep concern about the impact of the National Cancer Institute's (NCI) new upfront funding policy on progress against the nation's most lethal cancers.

Defined by the Recalcitrant Cancer Research Act (Public Law 112-239) as those with five-year survival rates below 50%, deadliest cancers account for over 40% of all cancer deaths in the U.S. and include brain, esophagus, liver, lung, mesothelioma, ovary, pancreas, and stomach cancers. While NCI funding for these cancers has increased over the last few years, they are still drastically underfunded, particularly given the general lack of prevention methods, early detection tools and treatments that are currently available. NCI's FY 2025 policy, which requires that at least half of remaining competing grants be fully funded up front, further compounds this imbalance, particularly given that NCI has stated that this will only enable funding of the top 4 percent of research proposals. While the intention is fiscal prudence, the consequences are deeply troubling to our community.

Some of the reasons why the current approach puts our patients and scientific progress at risk include:

1. Fewer Grants Result in Fewer Opportunities for Breakthroughs

At least in the short-term, upfront funding sharply reduces the total number of new grants awarded. For the deadliest cancers, which urgently need a wide range of exploratory studies, the loss of volume is devastating.

2. Deadly Cancers Are Already Underfunded

Restricting funding to just the top 4% of proposals disproportionately benefits cancers with established research infrastructure. Meanwhile, historically neglected cancers—where bold, exploratory research is most needed—will be left even further behind.

www.deadliestcancers.org @DeadliestCxr #deadliestcancers

3. Early-Career Researchers—and Their Training Pathways—Are Being Undermined

This policy makes it nearly impossible for new investigators working in high-risk historically under researched fields to obtain their first grant. But the threat goes deeper: when established labs face lower chances of

funding, the entire ecosystem of mentorship, postdoctoral training, and collaboration begins to erode. To cultivate the next generation of cancer researchers—especially in the deadliest cancers, where innovation is desperately needed—we need both a strong pool of funded senior investigators and viable entry points for junior scientists to learn, grow, and contribute.

4. The System Discourages Innovation

Knowing that only the most conventionally "safe" projects are likely to be funded discourages creative, high-risk approaches—the very kind that could lead to breakthroughs in the deadliest cancers.

5. Scientific Progress Requires a Broad Base, Not a Few Big Bets

Concentrating resources in a handful of large, fully funded labs limits the range of scientific approaches and lines of inquiry. Progress against recalcitrant cancers depends on multiple teams pursuing different hypotheses, technologies, and translational strategies simultaneously. A healthy research ecosystem needs both depth and breadth to accelerate discovery, avoid blind spots, and translate findings into patient impact.

Cancer is not a single disease, and advances in one area rarely translate directly to another without focused, disease-specific research. The NCI's upfront funding policy may offer short-term budget control, but it undermines scientific equity, slows innovation, and delays urgently needed progress against the nation's deadliest cancers. These are the very areas where diverse thinking, rapid advancement, and early-career investment are most critical. Increased funding for the NCI is desperately needed to ensure that we can continue to make progress on the cancers where we are the farthest behind.

We deeply appreciate your previous championship of cancer research and respectfully urge you to take the steps necessary to preserve the research ecosystem that is essential for reducing cancer mortality and delivering hope to millions of American families by continuing to support robust funding for the NCI. Our community stands ready to work with you towards addressing these issues. Please contact Megan Gordon Don at mgdon@mgdstrategies.com or 202.246.8095 with any questions.

Sincerely,

American Association for the Study of Liver Diseases
American Gastroenterological Association
Asbestos Disease Awareness Organization
Blue Faery: The Adrienne Wilson Liver Cancer Association
Cholangiocarcinoma Foundation Debbie's
Dream Foundation: Curing Stomach Cancer
Esophageal Cancer Action Network Global
Liver Institute
GO2 Foundation for Lung Cancer
Hepatitis B Foundation
Hope for Stomach Cancer
National Brain Tumor Society National
Pancreas Foundation Ovarian Cancer
Research Alliance Pancreatic Cancer Action
Network