CANCER LEADERSHIP COUNCIL

A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS ADDRESSING PUBLIC POLICY ISSUES IN CANCER

July 13, 2026

The Honorable Russell Vought
Director
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Re: Regulation for Federal Financial Assistance (OMB 2026-0034)

Dear Director Vought:

The undersigned organizations representing people with cancer, the physicians and other health care professionals who care for them, researchers dedicated to understanding and curing cancer, and the caregivers and loved ones of cancer survivors write to express significant objections to the proposed Regulation for Federal Financial Assistance and to urge that it be withdrawn.

The proposed regulation would make changes across federal agencies related to the approval and distribution of federal grant funding. The changes relate to grants, cooperative agreements, and contracts, many of which support federal programs and initiatives that affect cancer survivors as they move through the trajectory of their disease. Of profound importance to cancer survivors is the research supported by the National Institutes of Health (NIH), as the cancer research and development effort at NIH is literally a lifeline for many people with cancer. We focus our comments on the proposed changes to grant making that will threaten the quality of the NIH research program and undermine American leadership in biomedical research and development.

Approximately 18.6 million Americans are living with a history of invasive cancer. In a decade, there will be more than 22 million Americans living as cancer survivors. These numbers are staggering because each of these individuals has heard the life-changing words, "you have cancer." The numbers also tell an encouraging story, as more and more people diagnosed with cancer live long and live well after effective treatment. The cancer death rate has steadily declined from its peak in

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1991. The decline in the death rate by 34% between 1991 and 2023 reflects 4.8 million deaths averted.[1]

The improvements in the death rate are largely because of reductions in smoking, earlier detection of cancer, and improved treatments. Federal investment in all of these efforts, through grants, contracts, and cooperative agreements, has been critical to the progress in the war against cancer. Proposed changes in the approval and distribution of federal funding now threaten this progress.

Members of the cancer community are active participants in research efforts. Patient-led research foundations fund research, identified through rigorous peer review. Health professional organizations fund research and researchers, with those individuals and their projects identified through peer review. And clinical researchers and people with cancer are actively engaged in clinical investigations of new treatments. Patients participate in clinical research because trials may provide the best treatment option. However, people with cancer also demonstrate their altruism through clinical trials participation.

Merit Review Emphasizing Political Review and Marginalizing Peer Review

The proposed rule advances a merit review process that is constructed around political review of federal funding awards. This review process is referred to as pre-issuance review and is intended to be conducted by senior appointees. The proposed rule states: "When conducting a pre-issuance review, senior appointees (or their designee) must not ministerially ratify or routinely defer to the recommendations of others, but must instead use their independent judgment when evaluating Federal award proposals."

The pre-issuance reviewers are also directed to review awards to ensure that they "demonstrably advance the President's policy priorities."

The proposed rule also minimizes the role of peer review in grant awards. Although peer review may be used, the proposed rule cautions that "peer review recommendations remain advisory and are not ministerially ratified, routinely deferred to, or otherwise treated as de facto binding by senior appointees or their designee."

The intentional, in fact the mandatory, politicization of grant making turns the review of biomedical research awards into a distinctly non-scientific process. The peer review of NIH grants, relying on scientific experts, has resulted in funding of world-class research. As cancer research advocates, we note that the peer review process has led to a cancer research program that has saved lives. The peer-

[1] American Cancer Society. *Cancer Facts & Figures 2026*. Atlanta: American Cancer Society, 2026.

reviewed cancer research program at NIH has deepened our understanding of cancer, led to development of new treatments, and improved the delivery of quality cancer care to all. A revision of the NIH grant review process to feature political review instead of peer review threatens the great achievement of NIH.

The proposed rule is also inconsistent with the Public Health Service Act standards for peer review at NIH. The statute states that the NIH Director shall require appropriate technical and scientific peer review of biomedical and behavior research grants.[2]

Peer review by scientific experts has been a matter of law, and followed by NIH officials, for decades. Congress passed and President Nixon signed into law the National Cancer Act of 1971 in an effort to strengthen the nation's cancer program. The Act established the National Cancer Institute (NCI) and gave the NCI Director broad authority to administer NCI programs. However, the Act was specific on the issue of peer review of NCI grants, with the review to be conducted by scientific experts.[3] The National Cancer Act also established advisory boards of medical and scientific experts to provide guidance on NCI programs. Fifty-five years ago, in an effort to energize the War on Cancer, Congress passed and President Nixon signed a law that endorses the idea of scientific experts providing input and guidance regarding the cancer program. The proposed rule at hand rejects that notion and instead substitutes politicization of research.

Termination of Awards

The proposed rule would expand authority of federal agencies to suspend or terminate awards because they no longer align with the Trump Administration's concept of "Gold Standard Science." Suspensions and terminations could occur even if the grantee is performing based on the scope of work of the grant award.

This termination authority can be used without standard. There is no definition in the proposed rule of the concept of "Gold Standard Science." Instead, political appointees can terminate grants not because there is anything scientifically unsound about the grant but because current leaders do not prefer the research topic or approach.

Everyone loses with this termination policy – researchers who lose their grant funding mid-stream, patients who may be enrolled in a clinical trial that is suddenly discontinued, and the American taxpayers who lose the benefit of the investment in the research to date. Research is often a lengthy process that requires years of sustained investment. This termination policy threatens that investment. The harm

[2] 42 USC 289a.
[3] Public Law 92-218.

will be immediate and also long-term. Researchers will be discouraged from pursuing complex and long-term projects and pursuing NIH funding for them; the long-term harm to American science is difficult to quantify but could be staggering. As cancer advocates, we are troubled by the idea of a trial enrollee suddenly being disenrolled and potentially losing access to the care they had been receiving in the trial. That represents immediate harm to patients, and it will not take long for enrollment in NIH-funded trials to plunge. Patients will not make a decision to enroll in trials that are at constant risk of ending, and over time the American clinical trials enterprise will slow and with it the development of cures for cancer and many other diseases.

Limits on Scientific Collaboration

The proposed rule would limit support for scientific publications, journal subscriptions, and attendance at scientific conferences. Separately, the proposal would place limits on international research partnerships. The limits imposed by the proposal suggest a research approach in which US-funded researchers are by design isolated and significantly censored.

American science will not flourish with these limits in place. The limit on international research partnerships will rapidly affect cancer clinical trials that enroll patients across borders and that advance therapeutic development. This is not in the best interest of cancer patients or others with serious and life-threatening illnesses for whom clinical trials are a life-saving option.

Neither do scientists flourish working solely in their own labs and clinics. They flourish by sharing their findings, being with other scientists who challenge them, and being in the marketplace of scientific ideas. As participants in the cancer research enterprise – as basic, translational, and clinical researchers; clinical trial enrollees; research funders; and advocates – we benefit from being with others to share cancer research ideas and accept challenges from our peers. The proposed rule will dampen the US cancer research enterprise and threaten our nation's leadership in the war on cancer.

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The Office of Management and Budget (OMB) asserts in the proposed rule related to the management of grants, cooperative agreements, and other forms of federal assistance that it is "proposing revisions that would improve transparency, accountability, and oversight for Federal awards across the Federal Government." The agency also says that it wants to ensure that "American tax dollars are not wasted or misused…" Those are laudable goals that we of course support. Regrettably, the proposed rule will not serve these goals. It will do the opposite. Substituting political review for peer review reduces rather than increases

transparency and accountability in NIH grant funding. The termination policy included in the proposal has the potential to waste tax dollars by interrupting promising research mid-project.

The negative effects of the proposed rule are so significant for NIH research funding that modifications or minor changes to the proposal will not be adequate. The proposed rule should be withdrawn.

Sincerely,

Cancer Leadership Council

American Society for Radiation Oncology
Association of Oncology Social Work
Cancer*Care*
Cancer Nation
Cancer Support Community
Children's Cancer Cause
College of American Pathologists
Fight Colorectal Cancer
Hematology/Oncology Pharmacy Association
International Myeloma Foundation
LUNGevity Foundation
Lymphoma Research Foundation
Ovarian Cancer Research Alliance
Susan G. Komen

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