

### **BACKGROUND**

ASTRO remains committed to advocating for sustained increases in cancer research funding at the NIH, NCI, and ARPA-H despite the setbacks faced over the last year. **Outright cuts and even flat funding for these institutions will have detrimental effects on the research community and America's cancer patients.** 

#### RESEARCH IMPACT

- 1.9 million cancer diagnoses this year.
- 1 million will receive Radiation Therapy as part of their cancer treatment.
- 18.1 million cancer survivors in the U.S.
- 33% decrease in the cancer death rate since 1991; that's 3.8 million lives saved.
- In FY 2022, NIH research funding supported nearly 570,000 jobs and produced more than \$96 billion in economic output nationwide.
- Radiation oncology is responsible for 40% of all cancer cures.

Investments in radiation therapy research and innovation could improve cure rates for 3.5 million people and provide palliative relief for 3.5 million others.

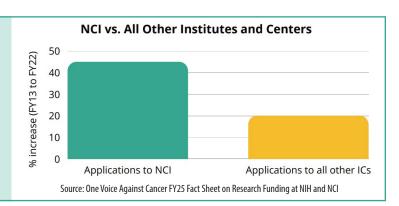
#### 2024 FUNDING LEVELS AND FY 2025 BUDGET

	FY 2024 enacted	FY 2025 funding request
NIH	\$47.5 billion	\$51.303 billion (7.5% increase)
NCI	\$7.32 billion	\$7.934 billion (7.5% increase)
ARPA-H	\$1.5 billion	\$1.5 billion

#### **HOW FLAT FUNDING AFFECTS RESEARCH**

# Unmet Demand at NCI: High Volume of Research Applications

Because of the incredible promise of cancer research, NCI receives more research grant applications than any other Institute or Center at NIH, by far. But the scientific demand has far outpaced NCI's budget, meaning that **5 out of every 6 proposals go unfunded** every year. The only way to meet this demand is by boosting funding for NCI.



## **THE ASK**

- \$51.303 billion in funding for NIH.
- \$7.934 billion for NCI, a \$554 million increase over the FY 24 bipartisan Senate level.
- At least \$1.5 billion for ARPA-H that does not displace or reduce funding, particularly from NCI.
- Ensure initiatives like the Cancer Moonshot support efforts to enhance access to radiation therapy, address disparities in care and treatment outcomes, and reduce obstacles to care like treatment delays.