July 13, 2026

The Honorable Russell Vought, J.D.
Director
Office of Management and Budget
725 17th St., NW
Washington, D.C. 20503

Re: Docket No. OMB-2026-0034
Regulation for Federal Financial Assistance (2 CFR Part 200)
91 Fed. Reg. 32198 (May 29, 2026)

Dear Director Vought:

On behalf of LUNGevity Foundation, the nation's preeminent lung cancer nonprofit that funds research, provides education and support, and builds communities for the nearly 230,000 Americans diagnosed with lung cancer each year and over 600,000 Americans living with the disease,[1] we appreciate the opportunity to submit these comments on the Office of Management and Budget's (OMB) proposed revisions to the Uniform Guidance governing federal financial assistance (91 Fed. Reg. 32198, Docket No. OMB-2026-0034). Our organization represents patients, caregivers, clinicians, researchers, and advocates committed to reducing the burden of lung cancer through prevention, screening, early detection, innovative treatments, survivorship research, and equitable access to high-quality care.

Lung cancer remains the leading cause of cancer death in the United States, expected to claim an estimated 124,990 lives in 2026 alone, more than colorectal and pancreatic cancer deaths combined, and nearly 1-in-5 U.S. cancer deaths this year. At the same time, we have seen remarkable progress in lung cancer survivorship in recent years. Five-year survival for local disease climbed from roughly 20% to 37% from 2015-2021, while survival for metastatic disease increased fivefold, from about 2% to 10%.[2] These gains have been made possible because of consistent and predictable federal investment in independent,

---

[1] American Cancer Society. 2026. "Key Statistics for Lung Cancer." Last modified January 13, 2026. Accessed July 10, 2026. https://www.cancer.org/cancer/types/lung-cancer/about/key-statistics.html.
[2] Siegel, Rebecca L., Taylor B. Kratzer, N. S. Wagle, Hyuna Sung, and Ahmedin Jemal. "Cancer Statistics, 2026." *CA: A Cancer Journal for Clinicians*, 2026. https://doi.org/10.3322/caac.70043.

peer-reviewed biomedical research, primarily through the National Institutes of Health (NIH).

We recognize OMB's stated goals of improving accountability, transparency, and stewardship of taxpayer resources. Those objectives are shared by the biomedical research community. However, having reviewed the proposed rule in detail, we are concerned that it goes beyond administrative reform. Taken together, its provisions would:

1. Insert political appointees into the scientific review of individual grant applications;
2. Expand agencies' authority to terminate active, multi-year research awards without any finding of fraud or noncompliance;
3. Restrict federally funded researchers from attending conferences, publishing in peer-reviewed journals, or otherwise communicating their findings to the public; and
4. Impede the international scientific collaboration on which much of modern lung cancer research depends.

We address each of these topics below and explain why they would slow progress for people living with lung cancer in the United States.

Political control over grant awards would undermine the scientific basis of lung cancer research (§200.205)

The success of NIH-funded research is dependent on independent scientific peer review, upon which NIH funding decisions have rested for nearly 80 years.[3] Applications undergo rigorous review by subject-matter experts who assess scientific merit, innovation, feasibility, significance, investigator qualifications, and potential public health impact before funding recommendations are made. The NIH peer review system is widely regarded as the international standard for evaluating biomedical research.

This process has produced extraordinary advances in lung cancer care over the past two decades. NIH-supported investigators helped establish the evidence supporting low-dose CT for lung cancer screening; identified molecular drivers such as EGFR, ALK, and KRAS G12C that now allow oncologists to match patients to targeted therapies; and advanced immunotherapy for the treatment of lung cancer. These discoveries that now save

[3] Lauer, Michael S., and Richard Nakamura. 2015. "Reviewing Peer Review at the NIH." *New England Journal of Medicine* 373 (20): 1893–1895. https://doi.org/10.1056/NEJMp1507427.

thousands of American lives every year were made possible by the investment in peer-reviewed scientific research by the NIH.

The proposed revisions to §200.205 would require senior political appointees to conduct a "pre-issuance review" of every discretionary grant and explicitly bars those appointees from routinely deferring to peer reviewers' recommendations, which the rule characterizes as merely "advisory." It also introduces a "Gold Standard Science" standard, tied to Executive Order 14303, that is invoked repeatedly but never concretely defined, leaving agencies free to favor or disfavor institutions on grounds unrelated to the scientific merit of the research proposals. While agency leadership appropriately retains ultimate funding authority, weakening the central role of independent scientific review risks reducing confidence in the objectivity and consistency of NIH funding decisions. Furthermore, for diseases such as lung cancer, where the most important discoveries of the past two decades have often come from investigator-initiated proposals (for example, the small-cell lung cancer consortium funded through the National Cancer Institute), weakening an expert-driven review process risks funding decisions that no longer track with the science most likely to help patients.

We are also concerned that the proposed “pre-issuance review” by senior political appointees will unnecessarily slow the grant administration process. Even relatively short delays can postpone project start dates, interrupt research continuity, and increase administrative burdens for both federal agencies and grant recipients, particularly for time-sensitive biomedical research.

Expanded mid-award termination authority would put ongoing lung cancer research at risk (§200.340)

Long-term biomedical research requires predictability. Biomedical research differs from many other forms of federal assistance because scientific discovery often requires years of consistent and sustained investment.

A single NIH grant may support patient recruitment, longitudinal data collection, laboratory experiments, and clinical trial infrastructure. For example, biomarker-driven master protocols enroll lung cancer patients into targeted therapy sub-studies over many years, and cohort studies track long-term outcomes of screening implementation. A grant may also support the training of graduate students, postdoctoral fellows, and physician-scientists over multiple years. The proposed revisions to §200.340 would expand agencies' authority to terminate active awards simply because they are deemed "inconsistent with

program goals or agency priorities," requiring only a brief written rationale and no finding of fraud or material noncompliance. OMB likens this to the "termination for convenience" clause in federal contracts, but a research grant is not such a contract. Institutions hire staff, enroll patients who have consented to years of follow-up, and build entire research programs on the presumption that a funded, peer-reviewed grant will run its course.

For lung cancer patients awaiting new therapies, delays in research have tangible human consequences. Interruptions to ongoing studies can delay clinical trials, postpone publication of important findings, increase research costs, and slow translation of discoveries into patient care.

New restrictions on conferences, journals, and publication would block dissemination of lung cancer research (§§200.432, 200.454, 200.461, 200.421)

Scientific conferences such as the International Association for the Study of Lung Cancer (IASLC) World Conference on Lung Cancer and the American Society of Clinical Oncology (ASCO) and the American Association for Cancer Research (AACR) annual meetings are where lung cancer researchers present trial results, receive expert critique, and form the multi-institutional collaborations needed to study a complex health problem like lung cancer that no single center could study alone. The proposed rule would eliminate the current presumption that conference attendance is an allowable grant cost, instead requiring that every conference be expressly named and pre-approved in an award's terms and conditions, often years before that year's conference schedule exists. The rule would also make professional society memberships allowable only with prior agency approval, make journal subscriptions categorically unallowable, and presumptively bar publication costs, including open-access and article-processing fees, absent a specific statutory mandate or case-by-case agency approval. This directly conflicts with the 2022 OSTP public-access memorandum and would make it harder for federally funded lung cancer researchers to disseminate findings from their research projects. Combined with new restrictions on public communications and "issue advocacy," the rule could also prevent researchers from discussing their own federally funded findings on topics such as screening disparities or radon exposure with the public or press.

The proposed restrictions also contradict key tenets of “Gold Standard Science,” including reproducibility, transparency, collaboration, and interdisciplinarity. Imposing strict limits on the ability of researchers to share their work and learn from colleagues will make it more

difficult to achieve our shared goal of promoting high-quality research that advances care for patients.

Broad restrictions on international collaboration would set back global progress against lung cancer (§§200.220, 200.202(e))

Lung cancer research is inherently international. Global consortia, including the IASLC – AJCC staging classification system used by oncologists worldwide to categorize tumors, depend on U.S. investigators' ability to collaborate with foreign researchers. Several NIH-funded initiatives that have transformed how we diagnose and treat lung cancer, such as the International Lung Cancer Consortium and The Cancer Genome Atlas, were made possible because of international collaborations. The proposed rule would broadly prohibit the use of federal funds, including indirect costs, for collaboration with researchers from a wide range of "covered foreign countries." Such collaborations would require case-by-case justification and senior political-appointee approval for any international element of an R&D award under a new "domestic-first" framework. While targeted safeguards against specific national-security risks are reasonable and required, broad restrictions risk excluding U.S. lung cancer researchers from partnerships that have made lung cancer a treatable disease today.

Restricting population-based research would widen existing lung cancer gaps

Lung cancer does not affect all Americans in the same way. Disease burden, screening rates, treatment access, and outcomes vary across geographic regions and patient populations, with rural and medically underserved communities often experiencing greater barriers to prevention, early detection, and treatment. For example, lung cancer screening remains vastly underutilized nationwide, but there is significant variation by state. An estimated 18% of eligible high-risk Americans receive annual low-dose CT screening, with rates ranging from approximately 31% in the highest-performing state to less than 10% in the lowest-performing state.[4] Research that identifies and addresses these gaps is essential to improving access to evidence-based care and ensuring that advances in early detection, diagnosis, and treatment reach the patients who need them.

The proposed rule's government-wide prohibition on funding activities that could be characterized as promoting certain policies or practices is written broadly enough to create

[4] American Lung Association, *State of Lung Cancer 2025 Report* (Chicago: American Lung Association, 2025), https://www.lung.org/getmedia/5f587b49-4f94-4fd0-8e57-c55de5e684b5/SOLC-2025-Print-Report.pdf.

uncertainty for this type of scientific research, including studies examining access to screening, treatment, and participation in clinical trials. Ensuring that clinical trials include participants who reflect the populations that will ultimately use approved medical products is fundamental to generating reliable evidence, understanding how treatments perform across patient populations, and maintaining confidence that new therapies are safe and effective for Americans nationwide, including those in rural and medically underserved communities.

General Comments

We offer these additional comments on the potential impact of the proposed rule with regard to two of LUNGevity's core constituencies: the patients who participate in clinical trials and the early-career researchers who will become the next generation of lung cancer research leaders going on to make new scientific discoveries on behalf of those patients.

Every year, thousands of individuals diagnosed with lung cancer volunteer to participate in NIH-funded clinical trials. Their willingness to participate rests in part on confidence that federally funded research is selected through an impartial scientific process rather than considerations unrelated to scientific merit. Similarly, taxpayers expect the government to be good stewards of taxpayer dollars, which implies that federal research investments are to be guided by objective evaluation conducted by individuals with the necessary scientific expertise.

Preserving transparent peer review procedures, robust conflict-of-interest protections, and clearly articulated funding criteria strengthens public confidence and promotes responsible stewardship of federal resources.

From a research workforce perspective, maintaining predictable review processes is particularly important for early-stage investigators competing for their first NIH awards, whose future careers often depend upon the outcome of a single grant competition. Thanks to the NIH Career Development Award mechanisms (K01, K08, K22, K23), 91 young investigators have been funded to conduct lung cancer research between 2012-2024. Supporting these young scientists and their peers will be critical to continued progress against lung cancer and other life-threatening conditions.

Uncertainty surrounding grant review, mid-award terminations, and eligibility for renewed funding may discourage early-career investigators from pursuing academic research

careers at a time when the United States already faces significant challenges in sustaining the biomedical research workforce.

Recommendations

To preserve the effectiveness of the federal biomedical research enterprise while advancing OMB's objectives, any new regulation on this topic should:

1. Reaffirm that independent scientific peer review remains the primary basis for NIH funding recommendations.
2. Define “Gold Standard Science” in concrete, measurable terms and subject to public notice and comment.
3. Preserve transparent, merit-based evaluation criteria centered on scientific quality, innovation, feasibility, and public health impact.
4. Clarify that political or administrative review supplements, rather than supplants, scientific peer review.
5. Retain strong safeguards limiting termination of active research awards to cases involving documented fraud, material noncompliance, or failure to meet established scientific or administrative requirements.
6. Preserve researchers' ability to attend scientific conferences, maintain professional society memberships, and publish research findings, consistent with existing federal open-access requirements.
7. Uphold support for international scientific collaboration, limiting any restrictions to those that address specific, clearly identified national security risks.
8. Clarify that research examining who is and is not receiving recommended screening or treatment, identifying gaps in access or outcomes, and developing strategies to improve care for populations with the greatest unmet need is scientific and public health research.
9. Be preceded by a transparent process to engage with and obtain additional input from stakeholders including patient organizations, scientific societies, universities, academic medical centers, and federal research agencies.

Conclusion

Americans diagnosed with lung cancer today have more treatment options and greater hope than ever before because previous generations invested in an independent, scientifically rigorous biomedical research system. This is part of what makes America great.

The NIH peer review process has been central to that success. While opportunities always exist to improve administrative efficiency and accountability, reforms should strengthen, and not diminish, the scientific principles that have enabled decades of life-saving discoveries.

It is of utmost importance to preserve the independence of scientific peer review, maintain stability for long-term biomedical research, and protect the integrity of the federal research enterprise.

As such, we respectfully urge OMB to withdraw the current proposed rule and formally engage with stakeholders including Congress, patient organizations, scientific societies, universities, academic medical centers, and federal research agencies to identify alternative approaches that would strengthen accountability and transparency while preserving the key characteristics of the federal grantmaking system that have contributed to life-saving advances for Americans living with lung cancer and hundreds of other conditions.

Thank you for considering our comments and for the opportunity to participate in this important rulemaking.

Respectfully submitted,

Andrea Stern Ferris
President and CEO