HEALTH

Cancer research, long protected, feels ‘devastating’ effects under Trump

Budget cuts and research delays threaten to reverse progress on what had been a bipartisan cause

Blue flags were placed on the National Mall near the Capitol on March 12 to advocate for research on colorectal cancer.

By Angus Chen March 24, 2025

Cancer Reporter

Mark Vieth was stunned when he saw the numbers. Vieth coordinates the Defense

Health Research Consortium, which advocates for a Pentagon program that has long received about $1.5 billion a year in federal funds for medical research — nearly half of which typically goes toward cancer.

In the funding bill passed this month, the Republican-led Congress slashed the program's budget by 57%. "We originally thought that'd be applied proportionally to all programs," said Vieth.

But instead, Vieth said, it looks like funding will be eliminated to several areas in the Congressionally Directed Medical Research Programs (CDMRP), for which his consortium of patient and provider groups advocates. "No money for kidney cancer," Vieth said. "No money for pancreatic cancer. No money for lung cancer. It leaves so much completely unfunded. Yeah, wow. It's pretty devastating." The omissions were confirmed in congressional documents obtained by STAT.

For decades, cancer held a near-sacred spot in the American biomedical enterprise, commanding the lion's share of research dollars and support from both Democrats and Republicans. Now, not even cancer is protected from political change.

More than a dozen people in the cancer field — including researchers, clinicians, policy experts, advocates, and patients — told STAT that government and congressional actions since President Trump's inauguration are threatening treatment for cancer patients and the development of new therapies or cures. As they faced what felt to them like a bombardment of cuts, delays, and policy changes to science, the word members of the cancer community used over and over to describe the changes was "devastating."

The Cancer Moonshot was also flagged as a "controversial" term in a National Cancer Institute guidance earlier this month, raising concerns that programs related to this signature initiative of former President Biden could be at risk for cuts or cancellations. Already, due to recent cuts, individual labs and research departments have shuttered some experiments and placed hiring freezes. Patients are facing clinical trial stoppages, many of whom rely on such trials for their treatment. With more cuts and delays on the horizon, cancer center directors also told STAT that without some clarity soon, operations at some centers may not be able to continue business as usual for much longer.

The policy changes strike at a time when progress against cancer is at a high point. Federal investment has seeded a plethora of new therapies and driven a rapid decline in cancer deaths. “Every-freaking-body should be waking up and saying 34% more people are living with cancer instead of dying from it in the last 30 years. It’s anti-smoking campaigns, screening technologies, new tests, new therapies, new surgeries,” said Robert Winn, the director of the VCU Massey Comprehensive Cancer Center. That’s directly thanks to dollars from the federal government and the National Cancer Institute in particular, Winn said.

All that investment over the decades, experts told STAT, has brought cancer science to the point where new discoveries are accelerating. In many ways, the stage is poised to bring a dizzying number of advances to cancer for the next 10 years, including new targeted therapies, immunotherapies, and multi-cancer screening technologies.

When he accepted the Republican nomination for president last year, Donald Trump promised that he would be the leader to “get the cure for cancer, Alzheimer’s, and so many other things.” But with the cancer field eyeing losses in the hundreds of millions of dollars, experts warned that the cuts the Trump administration is pushing forward would actually slow new discoveries — or lose them altogether.

Without a reversal soon, those in the world of cancer said, the future for cancer research will instead suffer long-lasting damage, and patients will die when they otherwise might have lived.

A blow to pancreatic cancer research

The cut to the CDMRP is one of the latest of these hits and also one of the most drastic. A project-level spending plan prepared by Congress, and reviewed by STAT, leaves no funds allocated specifically to kidney, pancreatic, lung, or brain cancer and reduces funding for breast, ovarian, and prostate cancer. It also cuts specific funding for bone marrow failure diseases, some of which are considered cancer.

The plan was enclosed with a letter from Sen. Mitch McConnell (R-Ky.) and Rep. Ken Calvert (R-Calif.) to Defense Secretary Pete Hegseth and is intended to communicate

Congress' intent for the cuts to the Defense Department. The letter noted that the budget is intended to align with the Defense Department's work to "restore military readiness" and "prioritize lethality" — goals frequently underlined by Trump officials.

Trump has also put pressure on congressional Republicans to cover tax cuts, though the cuts to CDMRP would only represent about 0.1% of the total defense budget. Overall, the total reduction to cancer alone is $192.5 million, including the $7.5 million loss to bone marrow failure disease, in the letter tables — which may not be the same as the final spending plan.

The program was one of the most important funding sources for diseases like pancreatic cancer, said Julie Fleshman, the president and CEO of the patient advocacy organization PanCAN. Pancreatic cancer is one of the deadliest cancers and is one of the toughest tumor types to treat. Yet when her father died from pancreatic cancer about 26 years ago, Fleshman remembered, there was hardly any funding dedicated to the disease. PanCAN was founded around that time, and Fleshman was hired as the first employee. Gradually, money began to flow into the field, through programs like the CDMRP, and with it came results.

"PanCAN was lobbying at the Hill to get more funding appropriated for pancreatic cancer at the NIH and DOD. After several years of doing that, Congress responded by including pancreatic cancer in the CDMRP, which was a big deal, and creating the Recalcitrant Cancer [Research] Act," said Howard Crawford, the scientific director at the Henry Ford Pancreatic Cancer Center in Detroit.

Those federal dollars have funded investigations into the basic biology of pancreatic cancer, including some of Crawford's own studies, as well as clinical trials for the last couple of decades. And he believes they're about to pay off in a big way. "We have over 50 RAS inhibitors in the pipeline," he said, referring to a type of targeted therapy for many solid tumors. "Clinical trials are incredibly expensive — most of it is coming from the government."

Cancer vaccines, new blood-based screening technologies, and new biomarkers for pancreatic cancer are also in development. The early trial results for many of these treatments have been nothing short of remarkable, Crawford said. Now, a push through

larger, Phase 3 trials is needed.

“We’ve all lived for the day where pancreatic cancer patients survive commonly for five years with a good quality of life,” Crawford said. Treatment has advanced to the point where almost 13% of patients have five-year survival now, and he said “the idea we will double it seems conservative at this point, in my mind.” But, he added, such progress is in jeopardy with these kinds of cuts. “It’s just so sad,” he said, shaking his head.

So far, his center has been able to continue operating more or less at status quo. “We have a lot of philanthropic funding, which is the reason the center exists in the first place,” he said. But if federal funding goes away, he said, “philanthropy won’t be very meaningful for very much longer — we’d be able to keep moving at the same rate probably only for a couple years, tops.”

When Crawford learned from STAT that the draft CDMRP budget included zero dollars for pancreatic cancer for the next year, he was floored. Some of the young scientists at his center depend on defense funding for their research, and Crawford himself received a CDMRP grant from 2024. “Funding opportunities for pancreatic cancer research are already scarce and eliminating one of the major funding sources, even for a year, will destroy the careers of some bright young scientists and any groundbreaking discoveries they might have made otherwise in the years to come,” he said.

It may take some time for the full impact of this to become apparent, Crawford said. The trials and studies in the industry pipeline will likely continue and turn up exciting results. “It’s going to look like all this progress in the next four years, but it’s because of what happened 15 years ago and more,” he said. “Anything that happens now may take another five, six, eight years to really show the true colors of what its effects are — when we have no or little cancer research going on in this country.”

Patients desperate for trials

The question of what will happen to cancer patients in the next few years — and what she’ll do herself — has been haunting Natalie Phelps. Almost five years ago, just after she’d given birth to her second child, Phelps’ doctors discovered metastatic colorectal cancer that had spread to her liver. Since then, she’s been through over 40 rounds of

chemotherapy and multiple surgeries. “Now it’s in my lungs. I did have it in my brain for a period of time,” she told STAT. “There’s nothing else in colorectal cancer that I haven’t already tried.”

For patients like her, the only options remaining are trudging down the old, worn path of chemotherapy again — or finding a clinical trial for a novel treatment. She knew she didn’t want to do more of the drugs and the chemo. In November, she flew from Seattle to Bethesda, Md., where National Institutes of Health research clinicians sailed her through dozens of tests to determine her eligibility for a promising clinical trial. Led by pioneering NIH immunologist Steven Rosenberg, it’s testing a cell therapy for solid tumors.

“I was lucky — a family friend gifted me my mileage, and then we paid for a hotel,” Phelps said. “They were really good. I was there for two days, and they hammered out 100 tests. I’ve never been to a doctor’s appointment that was with more efficient and kinder people.”

After she got back home, good news traveled fast. On a cold, wet December morning, Phelps boarded the Bainbridge Island ferry with her kids. As the ferry set out on the deep gray Puget Sound toward the dark shapes of the Seattle skyline, the family of a colleague hurried up to her.

“Congratulations,” they said. “You made it into the holy grail!”

She’d been tentatively accepted into the trial. The couple was dealing with late-stage lymphoma in their own family, so they knew what the trial meant to Phelps and how hard it was to get in.

Now, with cuts to cancer research funding and news of mass layoffs of federal workers, she’s terrified she won’t get the opportunity to start. She’s worried that the funding for the trial could be taken away, or that staffing reductions could eliminate key study personnel, leading to a delay or stop. Stoppages may have already happened to some patients: Journalist Jon Rauch posted on Bluesky that a friend of his discovered her breast cancer trial was ended halfway through due to NIH cuts.

Natalie Phelps, a stage 4 cancer patient, stands inside an inflatable colon with her husband and two children at a cancer fundraising event. Courtesy Natalie Phelps

at a cancer fundraising event. Courtesy Natalie Phelps

Phelps is still waiting to receive the intervention, an experimental treatment called TIL therapy, in which immune cells are extracted from a piece of her tumor, grown into an army of anti-cancer cells in a lab, and then infused back into her. The Food and Drug Administration recently approved a similar TIL treatment for advanced melanoma.

Even if Phelps is able to do the trial and gets some benefit from the immunotherapy, it may not be the last clinical trial she'll need. She and her husband can't help but wonder if enough future trials will be available — not just for her, but for all the cancer patients who haven't seen standard, approved therapies work for them.

"I think of decreased funding for places like universities that drive a lot of the cancer research and would be offering trials to patients. I have committee members that help plan the Walk For Colon Cancer that are stage 4," she said. "They're going to have fewer options moving forward with this lack of funding. It's just going to be the way that it is."

Losing those options for her and others, Phelps said, could mean death.

"I just get really upset. Sometimes, we want to call out people who are cheering these cuts," she said. "I don't know if they realize or if they're willing to accept and look me in the eye and know that means I potentially won't be around very long."

Cancer centers trying to keep lights on

There are 70 NCI-designated cancer centers across the country that conduct basic science and clinical research on top of providing some of the best medical care for cancer in the world. Like the universities and medical institutions that house them, these centers get much of their support from the federal government.

Since the new government has been in power, multiple center directors told STAT that they'd never been so uncertain about the future of this support. By far the greatest threat to cancer research funding from the Trump administration has been the call to cap the indirect cost rate, they said.

"That's where it's financially devastating," said Robert Ferris, the director of the Lineberger Comprehensive Cancer Center at the University of North Carolina. "This will

have a major effect. You're now going to put a stake in the heart of the cancer research enterprise if we don't have a mechanism to keep lights on and pay for a building and make water run."

The indirect costs, also called facilities and administration costs, are a portion of practically every research grant to help pay for things that aren't directly accounted for in the grant budget — but are still necessary for doing research. That includes the electricity bill, shared research infrastructure like machines or equipment, basic lab supplies, and paid time for important administration like ensuring safety and legal compliance in trials.

Last month, the NIH capped the indirect rate at 15%, meaning for every dollar in direct funds from a grant, the institution would receive at most an additional 15 cents in support. That's far lower than the indirect rate many research institutions get, which can often be between 50% and 70%.

A federal judge halted the NIH policy change just hours after the agency imposed it, leaving research institutions with a temporary reprieve from losses that many estimated would top $100 million each. But, experts told STAT, nobody expects the indirect cost rate to remain untouched at the end of this.

"No matter what I say, it seems the percentage of indirects will change. I have come to accept that reality. Where it lands will be important," said Massey director Winn. "For me, if it lands in a place where I am not able to maintain the excellence or capacity of clinical trials, not being able to maintain laboratory, staff, or facilities to drive new molecules that will become the next breakthrough cancer drugs, then we failed."

The uncertainty of where that number will land is having an effect on its own. To prepare for austerity, universities have already begun tightening their belts — pulling back on hiring, canceling graduate student admissions, and making other cost-saving measures to try to protect the institution's core functions. That means less training of new scientists and less funding overall for science, making it harder for labs to operate. For example, pediatric brain cancer scientist Rachael Sirianni announced on Bluesky that she was unable to continue research operations as normal in her lab due to loss of NIH support.

And there are more direct hits to cancer science, too. After Trump's executive orders on canceling diversity, equity, and inclusion programs, LBGTQ+ programs, and more, the federal government began terminating some existing research grants to scientists who were studying something related to these topics or pulling back new grants that were set to be given. In some cases, key research grants seemed to have been yanked away simply because they were given through programs designed to promote inclusion among the ranks of scientists.

One cancer researcher who spoke with STAT on the condition of anonymity for fear of reprisal said that they were waiting for the notice of award for a major research grant through the NCI Cancer Moonshot Scholars Diversity Program. The point of the program, created through the Biden Cancer Moonshot, was to fund 45 early-career scientists from underrepresented backgrounds with R01 grants — a major grant that the researcher hoped would set up their career as an independent scientist.

Then, they said they learned that grants with the purpose of diversifying the scientific workforce like this one had been terminated. Now, if NIH grant reviews proceed, after weeks of delays, the scientist can reapply for another R01 grant for the same research, just not through a diversity-oriented program.

"At best, I could receive this grant in 12 months from then," they said. "It creates a lot of uncertainty for my team, my research, my patients, the people that are impacted by the work we're doing."

Doing science has long been a dream of theirs, and now the researcher is beginning to consider looking for jobs outside of the U.S. — a move that has become increasingly attractive to young scientists who have been discouraged by the new instability of the American scientific enterprise.

"If we're not able to find a way to sustain this work in the next year, I would likely not be in science and research anymore," they said. "We've made amazing advancements. It just breaks my heart to think about not doing this work in the future."

Cancer, politicized

The first week of March, an NCI document instructing employees to flag documents or communications containing certain "controversial" terms began pinging around social media. The included the terms "diversity/equity efforts" and "gender ideology" and, first on the list, "Cancer Moonshot."

Given that the Cancer Moonshot was President Biden's signature cancer program, there's a sense among researchers and patient advocates that cancer research is facing a politicization that they've never seen. Cancer, they argued, is inherently not political. It isn't clear if all existing Cancer Moonshot programs are being singled out by the current administration for termination, however.

The way that such terms like equity or inclusion are used by the cancer community aren't political either, experts said. They're about trying to improve the lives and outcomes of cancer patients by making sure trials and interventions are available that are right for them, said Karen Knudsen, who is a former director of the Sidney Kimmel Comprehensive Cancer Center and former CEO of the American Cancer Society.

"In one of our geographies in northeast Philly was a very high smoking population. Patients would get smoking-related cancer at a much higher frequency than other oncology units," Knudsen said. "I would wake up and say, what do I need to do in this population to think differently? What are the right trials I can open, trials we don't need in other sites as much? You exist as a health system to serve the patients that walk into *that* door. Not the door across town."

At the Huntsman Cancer Institute at the University of Utah, distance is a key way providers and scientists think about disparities. Rural cancer patients are 10% more likely to die compared to metropolitan patients, said Neli Ulrich, the center's director. "About one-third of our patients travel over 150 miles each way to receive care," she said. For her, she said, overcoming that disparity has everything to do with making sure that patients in Utah, Idaho, Montana, Wyoming, and Nevada who rely on her center can get the best possible care.

Cancer experts and advocates said that both Republican and Democrat politicians have historically understood this. Republican senators led the expansion of the NIH budget

in the 1990s. That's one reason some advocates told STAT they felt blindsided by the sudden lack of support.

"It just seems like there's really an assault on universities, science, academic medicine," one cancer expert told STAT. "A lot of Republicans on the Hill are scared and not speaking out about what's happening and just — whether it's DOGE or these executive orders, nobody is really pushing back."

There are some exceptions, the expert added. Senator Susan Collins (R-Maine), for example, has spoken out against the cuts to research funding. Advocates said more people in power need to push back. They plan to remind Congress that cancer is a bipartisan issue and that they should not throw away all the momentum and progress from the last 30 years of cancer support. "It could be quite devastating to the United States, to the cancer space, to people's lives," Knudsen said. "Now is not the time to slow down."

Now is the time, she said, for government to do whatever it can to speed cancer research up.