World's Premier Cancer Institute Faces Crippling Cuts and Chaos

The NIH's National Cancer Institute, which has long benefited from enthusiastic bipartisan support, now faces an exodus of clinicians, scientists and other staffers.

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The Trump administration's broadsides against scientific research have caused unprecedented upheaval at the National Cancer Institute, the storied federal government research hub that has spearheaded advances against the disease for decades.

NCI, which has long benefited from enthusiastic bipartisan support, now faces an exodus of clinicians, scientists, and other staffers — some fired, others leaving in exasperation.

After years of accelerating progress that has reduced cancer deaths by a third since the 1990s, the institute has terminated funds nationwide for research to fight the disease, expand care, and train new oncologists. "We use the word 'drone attack' now regularly," one worker said of grant terminations. "It just happens from above."

The assault could well result in a perceptible slowing of progress in the fight against cancer.

Nearly 2 million Americans are diagnosed with malignancies every year. In 2023, cancer killed more than 613,000 people, making it the second-leading cause of death after heart disease. But the cancer fight has also made enormous progress. Cancer mortality in the U.S. has fallen by 34% since 1991, according to the American Cancer Society. There are roughly 18 million cancer survivors in the country.

That trend "we can very, very closely tie to the enhanced investment in cancer science by the U.S. government," said Karen Knudsen, CEO of the Parker Institute for Cancer Immunotherapy and a globally recognized expert on prostate cancer.

"We're winning," Knudsen said. "Why we would let up, I really don't understand."

This article is based on interviews with nearly two dozen current and former NCI employees, academic researchers, scientists, and patients. KFF Health News agreed not to name some government workers because they are not authorized to speak to the news media and fear retaliation.

“It’s horrible. It’s a crap show. It really, really is,” said an NCI laboratory chief who has worked at the institute for three decades. He’s lost six of the 30 people in his lab this year: four scientists, a secretary, and an administrator.

“If we survive I will be somewhat surprised,” he said.

After a mandate by the Department of Health and Human Services and the Department of Government Efficiency to slash contract spending by more than a third, the cancer institute is cutting contracts to maintain precious biological specimens used in its research, according to three scientists. “The required contract cuts are going to be devastating,” a senior scientist said.

On the NCI campus in Bethesda, Maryland, scientists describe delays in getting essential supplies — “literally anything that goes into a test tube or a petri dish,” a recently departed clinician said — because of staffing cuts and constant changes in policies about what they can order.

Even the websites that publish new evidence on cancer treatment and diagnosis aren’t being updated, because HHS fired workers who managed them. And when NCI scientists do communicate with outsiders, what they say has been severely restricted, according to documents viewed by KFF Health News. Forbidden topics include mass firings, President Donald Trump’s executive orders, and “DEIA” – diversity, equity, inclusion, and accessibility.

The turmoil at the National Institutes of Health’s largest arm could haunt the country and the world for years to come.

“I really, really don’t understand what they’re trying to achieve,” said Sarah Kobrin, chief of NCI’s health systems and interventions research branch. “It just doesn’t make sense.”

“Efforts that are lifesaving now are being curtailed,” one scientist said. “People will die.”

Years of Bipartisan Support

Initially, some workers said, they thought the cancer institute might be spared. HHS Secretary Robert F. Kennedy Jr. has called chronic disease — cancer is one — “an existential threat” to the country. Cancer research, with multiple NCI-funded breakthroughs in genetics and immunotherapy, has sidestepped the political minefields around other public health issues, like vaccination.

“People who care about cancer might be the biggest lobby in the country,” said Paul Goldberg, editor and publisher of The Cancer Letter, which has monitored oncology science and policy since 1973.

Count Mike Etchamendy, 69, of Big Bear Lake, California, as part of that lobby. Since 2013 he’s flown to the East Coast scores of times to participate in five clinical trials at the cancer wing of NIH’s Clinical Center.

“They call it the House of Hope,” Etchamendy said. Between drugs, therapeutic vaccines, and

expert treatment for his rare bone cancer, called chordoma, he said, he believes he's gained at least 10 years of life. He's proud to have served as a "lab rat for science" and worries about NCI's future.

"People come from all over the world to learn there," Etchamendy said. "You cut funding there, you're going to cut major research on cancer."

In response to a list of detailed questions from KFF Health News about the cuts and chaos at NCI, HHS spokesperson Andrew Nixon said the reporting amounted to a "biased narrative" that "misrepresents a necessary transformation at the National Cancer Institute." Nixon declined to elaborate but said research into cancer and other health conditions continues to be a high priority "for both NIH and HHS."

"We are refocusing resources on high-impact, evidence-based research — free from ideological bias or institutional complacency. While change can be uncomfortable for those invested in the status quo, it is essential to ensure that NCI delivers on its core mission," he said.

Much of NCI's work is authorized by the National Cancer Act of 1971, which expanded its mandate as part of President Richard Nixon's "War on Cancer." Three of four of the cancer institute's research dollars go to outside scientists, with most of the remainder funding more than 300 scientists on campus.

And Congress was generous. Harold Varmus, one of more than 40 Nobel laureates whose work was funded by NCI, said budgets were usually handsome when he was NIH director from 1993 through 1999. President Bill Clinton "would say to me, 'I'd like to give you a bigger increase, Harold, but your friends in Congress will bring it up.' He'd offer me a 5% increase," Varmus recalled, but "I'd end up getting more like 10%" from Congress.

Congress appropriated $2 billion to NCI in fiscal 1993. By 2025, funding had risen to $7.22 billion.

Rat on Your Colleagues

During a May 19 town hall meeting with NIH staff members, Jay Bhattacharya, the institute's new director, equivocated when asked about funding cuts for research into improving the health of racial and ethnic minorities — cuts made under the guise of purging DEI from the government.

According to a recording of the meeting obtained by KFF Health News, Bhattacharya said the agency remained "absolutely committed to advancing the health and well-being of every population, including minority populations, LGBTQ populations, and every population."

Research addressing the health needs of women and minorities is "an absolute priority of mine," he said. "We're going to keep funding that." But a study considering whether "structural racism causes poor health in minority populations" is "not a scientific hypothesis."

"We need scientific ideas that are actionable, that improve the health and well-being of people,

not ideological ideas that don't have any chance of improving the health and well-being of people," he said. That comment angered many staffers, several said in interviews. Many got up and walked out during the speech, while others, watching remotely, scoffed or jeered.

Several current and former NCI scientists questioned Bhattacharya's commitment to young scientists and minorities. Staffing cuts early in the year eliminated many recently hired NCI scientists. At least 172 National Cancer Institute grants, including for research aimed at minimizing health disparities among racial minorities or LGBTQ+ people, were terminated and hadn't been reinstated as of June 16, according to a KFF Health News analysis of HHS documents and a list of grant terminations by outside researchers.

Those populations have higher rates of certain cancer diagnoses and are more likely to receive diagnoses later than white or heterosexual people. Black people are also more likely to die of many cancer types than all other racial and ethnic groups.

Jennifer Guida, a researcher who focuses on accelerated aging in cancer survivors, said she recently left NCI after a decade in part because of the administration's DEI orders. According to several workers and internal emails viewed by KFF Health News, those included an HHS edict in January to report their colleagues who worked on such issues, and flagging grants that included DEI-related terms because they didn't align with Trump's priorities.

'I'm not going to put my name attached to that. I don't stand for that. It's not OK," said Guida, who added that it amounted to a "scrubbing of science."

Racial discrimination is one factor that contributes to accelerated aging. "There are a growing number of cancer survivors in the U.S.," Guida said, and "a significant number of those people who will become cancer survivors are racial and ethnic minorities."

"Those people deserve to be studied," she said. "How can you help those people if you're not even studying them?"

In May, NCI informed leaders of the Comprehensive Partnerships to Advance Cancer Health Equity, a program that links 14 large U.S. cancer centers with minority-serving colleges and universities, that their funding would be cut. The project's Notice of Funding Opportunity — the mechanism the government uses to award grants — had been suddenly taken offline, meaning NCI staffers couldn't award future funding, according to three sources and internal communications viewed by KFF Health News. These "unpublishings" have often occurred without warning, explanation, or even notification of the grantee that no more money would be coming.

The cancer partnerships have trained more than 8,500 scientists. They're designed to address widely documented disparities in cancer care by having top medical schools place students from rural, poor, and minority-serving schools and community clinics in research, training, and outreach.

Research shows that patients from racial and ethnic minorities receive better medical care and

have improved outcomes when their clinicians share their background.

“I’m from an immigrant family, the first to graduate in my family,” said Elena Martinez, a professor of family medicine and public health at the University of California-San Diego, who leads one of the partnerships with colleagues at largely Hispanic Cal State-San Diego. “I wouldn’t be here without this kind of program, and there won’t be people like me here in the future if we cut these programs.”

Silencing the Science Communicators

In early April, when the dust settled after mass firings across HHS, workers in NCI’s communications office were relieved they still had their jobs.

It didn’t last. A month later, HHS fired nearly all of them, three former workers said. Combined with retirements and other departures, a skeleton crew of six or seven remain of about 75 people. “We were all completely blindsided,” a fired worker said. NCI leadership “had no idea that this was happening.”

As a result, websites, newsletters, and other resources for patients and doctors about the latest evidence in cancer treatment aren’t being updated. They include Cancer.gov and NCI’s widely used Physician Data Query, which compile research findings that doctors turn to when caring for cancer patients.

Gary Kreps, founding director of the Center for Health and Risk Communication at George Mason University, said he relied on Physician Data Query when his father was diagnosed with advanced stomach cancer, taking PDQ printouts when he met with his dad’s doctors. “It made a huge difference,” Kreps said. “He ended up living, like, another three years” — longer than expected — “and enjoyed the rest of his life.”

As of May 30, banners at the top of the Cancer.gov and PDQ websites said, “Due to HHS restructuring and reduction in workforce efforts, the information on this website may not be up to date and pages will indicate as such.” The banners are gone, but neither website was being updated, according to a fired worker with knowledge of the situation.

Outdated PDQ information is “really very dangerous,” Kreps said.

Wiping out NCI’s communications staff makes it harder to share complex and ever-changing information that doctors and patients need, said Peter Garrett, who headed NCI’s communications before retiring in May. Garrett said he left because of concerns about political interference.

“The science isn’t finished until it’s communicated,” he said. “Without the government playing that role, who’s going to step in?”

A Budget To ‘Destroy Clinical Research’

Following court decisions that blocked some NIH grant cancellations or rendered them “void” and “illegal,” NIH official Michelle Bulls in late June told staffers to stop terminating grants. However, NCI workers told KFF Health News they continue to review grants flagged by NIH to assess whether they align with Trump administration priorities. Courts have ordered NIH to reinstate some terminated grants, but not all of them.

At NCI and across NIH, staffers remain anxious.

The White House wants Congress to slash the cancer institute’s budget by nearly 40%, to $4.53 billion, as part of a larger proposal to sharply reduce NIH’s fiscal 2026 coffers.

Bhattacharya has said he wants NIH to fund more big, breakthrough research. Major cuts could have the opposite effect, Knudsen said. When NCI funding shrinks, “it’s the safe science that tends to get funded, not the science that is game changing and has the potential to be transformative for cures.”

Usually the president’s budget is dead on arrival in Congress, and members of both parties have expressed doubt about Trump’s 2026 proposal. But agency workers, outside scientists, and patients fear this one may stick, with devastating impact.

It would force NCI to suspend all new grants or cut existing grants so severely that the gaps will close many labs, said Varmus, who ran NCI from 2010 to 2015. Add that to the impact on NCI’s contracts, clinical trials, internal research, and salaries, he said, and “you can reliably say that NCI will be unable to keep up in any way with the promise of science that’s currently underway.”

The NCI laboratory chief, who has worked at the institute for decades, put it this way: “If the 40% budget cut passes in Congress, it will destroy clinical research at NCI.”

KFF Health News correspondent Rae Ellen Bichell contributed to this report.

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