FIGHT COLORECTAL CANCER
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Docket ID: OMB-2026-0034

Public Comment on Regulation for Federal Financial Assistance, Proposed Rule (OMB-2026-0034)

Submitted by: Fight Colorectal Cancer (Fight CRC)

On behalf of Fight Colorectal Cancer (Fight CRC), we appreciate the opportunity to submit comments on the proposed revisions to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. Part 200).

Fight CRC is the leading national colorectal cancer patient advocacy organization dedicated to ending colorectal cancer (CRC) through policy change, research investment, and patient empowerment. Colorectal cancer is the second-leading cause of cancer death in the United States, and the leading cause of cancer death for Americans under the age of 50.[1] This threat is worsening among the very Americans who are in the prime of their lives. While overall CRC incidence has declined, US incidence rose by 3% annually in adults aged 20–49 during 2013–2022, and mortality in adults under 50 has climbed roughly 1% annually since 2004.[2] A separate analysis of national CDC data confirms this reversal, finding rising incidence and mortality among US young adults even as rates fall for older Americans.[3] The patients and families we serve depend on a federal research enterprise that is rigorous, stable, and science-driven. We share our comments because several provisions in this proposed rule, if finalized as written, would destabilize the research infrastructure colorectal cancer patients depend on.

We do not support the expanded discretionary termination authority proposed at section 200.340, which would allow agencies to end awards at any time if they no longer align with current federal priorities. Colorectal cancer research operates on timelines that reflect the biology of the disease, not the rhythms of federal funding cycles. Clinical trials enroll real patients over months and years; the studies that produce valid, actionable results cannot be compressed or paused without consequence. When a grant ends mid-stream, that

[1] Siegel RL, et al.. 2026. "Leading Cancer Deaths in People Younger Than 50 Years." *JAMA*, 2026. https://doi.org/10.1001/jama.2025.25467.
[2] Siegel RL, et al. *Colorectal cancer statistics, 2026.* CA Cancer J Clin. 2026. https://doi.org/10.3322/caac.70067
[3] Bin Abdul Ghaffar Q, Naqvi SMM, Shields G, et al. *Colorectal Cancer in the U.S., 1999–2021: Declining Rates, Rising Concerns, and Persistent Disparities.* Diseases. 2025. doi: 10.3390/diseases13120392

research is not paused, it is most often destroyed. Data goes unpublished, and patients enrolled in investigational trials lose access to treatment. Colorectal cancer does not pause based on federal funding freezes. Patients like the stage IV colorectal cancer patient and mother of four from Georgia, diagnosed at age 36, or the 42-year-old stage IV patient from Washington with two young children, who both passed away after their clinical trials were cancelled or delayed due to NIH staffing cuts, demonstrate the real-world consequences of federal grant pauses and cancellations. Discretionary termination of active clinical trials would also create ethical and safety concerns. Patients on experimental protocols cannot simply revert to standard care without risking disease progression or severe withdrawal from investigational agents, and abandoning the infrastructure that monitors their safety would represent a violation of clinical trial ethics. This proposal would further erode trust in, and access to, the clinical trial system and patients will pay the price. The young mothers in Georgia and Washington deserved better from our premier research institutions, as do all future clinical trial participants.

Under the notification requirements proposed at section 200.341, agencies would be required to provide only a brief summary of the reason for termination, with no requirement for detailed justification. And under section 200.342, discretionary terminations carry no administrative hearing rights, leaving researchers with no meaningful recourse to challenge a decision. A CRC researcher could lose years of work, and the patients enrolled in that work could lose access to investigational treatment with a brief, vague explanation and nowhere to turn. We do not support these proposals and urge OMB to withdraw them.

We are also concerned by the pre-issuance review process proposed at section 200.205, which requires senior political appointees to evaluate grant proposals for alignment with administration priorities and makes peer review explicitly non-binding. Colorectal cancer drug development and clinical translation require long-term, stable environments, often spanning a decade or more from initial concept to FDA approval. Introducing a layer of review tethered to rapidly shifting political administrations will paralyze long-term scientific investments and discourage investigators from pursuing complex, high-impact longitudinal research. The research that has produced today's CRC screening guidelines, targeted therapies, and improved survival rates was funded based on scientific merit. Peer review by scientific experts is not bureaucratic formality, it is the mechanism that directs limited research dollars toward the most promising science. Replacing that process with political review risks misallocating research funding toward lower-priority projects, slowing

progress on treatments and cures, or leaving promising research unfunded entirely. Patients facing a colorectal cancer diagnosis cannot afford inefficiency. They need a stable pipeline of peer-reviewed, evidence-based research focused on finding cures faster. We are opposed to this proposal and urge OMB to preserve binding scientific peer review as the basis for all federal research award decisions.

We further oppose the proposals at sections 200.461 and 200.432, which would make it significantly harder for researchers to publish and share their findings and restrict attendance at scientific conferences. Open access publication allows anyone, including patients, caregivers, and the clinicians treating them, to read the results of the research they funded. Restricting the fees that make open access possible would bury publicly funded science behind paywalls or prevent publication altogether. Taxpayers fund this research, and they all deserve access to its results. The conference proposal compounds this problem. Awards are made years before many relevant conferences occur, and requiring approval at the time of award makes it effectively impossible for researchers to attend scientific meetings that did not yet exist when funding was granted. Colorectal cancer is a fast-moving field. New findings on screening, treatment, and early-onset disease emerge constantly, and conferences are where researchers share those findings, build collaborations, and accelerate progress. Together, these proposals would wall off publicly funded CRC research from the clinicians, researchers, and patients who need it most. We do not support these proposals and urge OMB to withdraw them.

Fight CRC is also concerned about the prohibition on federal funds for covered foreign collaborations proposed at section 200.220 and the domestic-first framework for research and development awards proposed at section 200.202. Early-onset colorectal cancer (EOCRC) has become a global health crisis as rates of CRC in people under 50 continue to rise year over year globally.[4] Understanding why this is happening and tackling the crisis effectively requires international cohorts, shared biobanks, and standardized epidemiological tools that no single country can build alone. In June 2025, Fight CRC convened 71 researchers, clinicians, and patient advocates from 18 countries for the first-ever global think tank dedicated exclusively to EOCRC, precisely because the science demands international collaboration. Restricting federal funds from supporting

[4] Sung H, et al. "Colorectal cancer incidence trends in younger versus older adults: an analysis of population-based cancer registry data." Lancet Oncology. 2025;26(1):51-63. https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(24)00600-4/fulltext

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international research collaborations, or deprioritizing them by default, would undermine the coordinated global research strategy that represents our best chance at understanding and stopping this disease in young people. We do not support the prohibition at sections 200.220 and 200.202. Scientific necessity, not national origin, should determine whether international collaboration is warranted.

Fight CRC supports accountability in federal grantmaking, but these proposals, as written, would cause real harm to the research enterprise and the patients it serves. We appreciate your consideration of our comments and urge you to keep the health and well-being of the colorectal cancer community at the forefront as this proposed rule is finalized.

Sincerely,
Fight Colorectal Cancer