July 13, 2026

Office of Management and Budget
Office of Federal Financial Management
725 17th Street NW
Washington, DC 20503
Submitted electronically via www.regulations.gov

Re: Docket No. OMB-2026-0034: Regulation for Federal Financial Assistance

To the Office of Management and Budget:

The Society of Surgical Oncology (SSO) is the leading professional organization for surgeons, multidisciplinary clinicians, allied health professionals, trainees and students dedicated to the surgical management of cancer. We appreciate the opportunity to comment on the proposed revisions to the Uniform Guidance for Federal Financial Assistance and share in the commitment to the responsible use of federal funds. With more than 3,300 active members, the SSO is dedicated to advancing the understanding of cancer biology, improving patient outcomes and committed to discovery that generates innovation and furthers better patient care. Our members conduct federally funded basic, clinical, translational, and implementation research at academic medical centers, community-based institutions, and cancer centers throughout the United States and internationally.

We are concerned that the proposed changes to the US Code of Federal Regulations will be detrimental to the mission of SSO which is to improve multidisciplinary patient care by advancing the science, education and practice of cancer surgery. If finalized, we are concerned that several of the provisions of the proposed rule would jeopardize the conduct of federally funded cancer research, disrupt ongoing surgical clinical trials with potential risks to enrolled patients,

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delay the translation of findings into patient care, and impose new administrative burdens that are disproportionate to the benefits. We urge OMB to withdraw or substantially revise the provisions below.

200.202, 200.220

- The majority of SSO members are surgeons practicing in the United States, but we are an international organization as the diagnosis of cancer is not a uniquely American problem. Our domestic members are sometimes involved in international research and collaborations to advance the understanding of cancer and its management. For example, the SSO has 18 Memorandum of Understandings with International groups alone. A broad prohibition on use of federal funds, including indirect costs, for collaboration with "covered foreign countries or entities" could sweep in long-standing scientific partnerships requiring shuttering of fruitful science and interrupting or delaying active clinical trials, which may jeopardize the investment American taxpayers have already made in advancing these studies. Incorporating international collaborators can allow access to both basic science and enhance clinical trials to ensure adequate numbers of patients of certain types such as those with rare cancers can be enrolled in an efficient manner, ultimately improving the science and allowing for more effective use of grant funds to speed discovery to American patients.
- We are concerned that a government-wide policy governing eligibility and the use of international elements in Federal research and development awards could increase barriers for international clinical trials, global collaborations and data sharing efforts. We urge OMB to value the importance of international collaboration in advancing the study of cancer and to narrow these provisions to target genuine security risks without impeding routine international scientific collaboration in oncology.

200.205

- While the SSO is certainly supportive of broadening the number of institutions receiving grant funding and ensuring that compliance with relevant laws, political

appointee review of discretionary awards threatens merit-based peer review. The proposed insertion of a pre-issuance review policy that entails a senior political appointee to review and approve every discretionary award may increase bureaucracy; delaying the start of grant-funded studies and has the potential to shift funding decisions away from research of scientific importance. We are concerned that prioritizing agency discretion over the advisory scientific peer review may shift funding decisions away from being based primarily on their scientific merit to appearing to be based on their adherence to a political agenda, whether true or not. Cancer surgery research funding decisions have long relied on rigorous, independent scientific peer review to ensure that the most impactful and methodologically sound projects are funded. Even the appearance that adherence to a particular political viewpoint is required for federal funding may cut off impactful areas of research that could yield treatments for Americans due to scientists avoiding areas of inquiry that they might incorrectly believe would not be looked upon favorably. We urge OMB to preserve and reinforce the primacy of peer review in funding determinations for research and training awards.

200.206

- The SSO is supportive of ensuring that federal research dollars are sent to institutions that have the capabilities to utilize those monies well and notes that these capabilities are already considered in grant evaluation currently. The creation of additional risk assessments, however, should focus on administrative performance, audit findings, and compliance history. Broad or poorly defined evaluation criteria on financial capacity could disadvantage early-career investigators, and those working at institutions serving rural or medically underserved populations despite strong scientific capability. This proposed revision may be in conflict with the desire identified in 200.205 to broaden the number of institutions that receive funds. SSO urges applicant risk assessments to be limited to objective indicators directly related to financial stewardship and grant management.

200.218, 200.300(b)

- A substantial body of federally funded research documents measurable differences in cancer treatment, access, and outcomes by race, sex, geography, and socioeconomic status. SSO is concerned that the proposed restrictions on funding activity may be interpreted to prohibit the studying of gaps and differences in cancer outcomes. In particular, identification of differences in incidence, response to treatment, and outcomes, and studying their root causes, can lead to hypotheses both biologic and environmental that benefit the entire population by suggesting interventions to both prevent and treat cancer more effectively. We urge OMB to ensure the final rule clearly and unambiguously preserves federal support for rigorous epidemiological and health-services research in health differences and preventable health outcomes.

200.333

- The proposed rule would eliminate fixed-amount awards and subawards in favor of cost-reimbursement, absent specific statutory authorization. Fixed-amount mechanisms are widely used for surgical training, fellowship, and career-development awards because they reduce administrative overhead for both recipients and awarding agencies while preserving accountability for deliverables. Forcing a wholesale shift to cost-reimbursement will increase financial reporting burden on academic surgery departments, fellowship programs, and smaller nonprofit research sites, diverting limited administrative resources away from research and training activity. We recommend OMB retain fixed-amount awards as an available option, particularly for training and fellowship mechanisms.

200.340, 200.341, 200.342

- The proposed rule would allow an agency to terminate a federal award at any point if it no longer aligns with agency priorities, without a minimum notice period or an appeal process. Cancer trials are multi-year undertakings that enroll patients under an active consent process, may carry risk, and cannot ethically or practically be halted mid-course without harming the patients already enrolled.

Mid-trial termination would waste the resources already invested, discard data from patients who accepted trial-related risk in good faith, and could leave oncology teams unable to provide the follow-up care specified in the trial protocol. Stopping an NIH-funded clinical trial after patients have enrolled can disrupt patient care, waste public investment, and compromise scientific validity. We urge OMB to retain a defined notice period, a substantive justification standard, and an opportunity to appeal and challenge grant terminations. Additionally, if funding is terminated there should be an opportunity to wind down active clinical protocols in a manner that protects enrolled patients before termination. Failure to do so, could lead to wasted public and private investment and harm to Americans and American innovation when clinical trials are abruptly stopped.

200.432, 200.461

- Requiring agency pre-approval for publication and scientific conference costs adds an additional administrative hurdle to share findings that may directly affect patients' cancer management and inform ongoing cancer research. Timely dissemination of cancer research through peer reviewed publication and professional meetings, including SSO's own Annual Meeting and its journals, Annals of Surgical Oncology, and Surgical Oncology Insight, is central to improving patient care. Requiring separate agency approval for standard publication costs adds administrative burden without a corresponding benefit and risks delaying dissemination of results that inform real-time clinical decision-making. It is unrealistic to fully plan for each potential meeting or publication at the time of the grant application. Based on the findings of any given study, the results may be best disseminated at different conferences and/or journals which would have difference costs. Incorporating this in the initial budget of a multi-year award would be unlikely to be accurate and cause additional administrative burden to seek additional approvals at a later date. We urge OMB to preserve dissemination and open-access publication costs as an allowable direct or indirect cost without a separate approval requirement or provide significant latitude to

utilize already approved funds for similar publications or conferences as what was contemplated in the initial award. We ask OMB to clarify that routine, budgeted publication and conference costs consistent with an approved award do not require additional case-by-case agency pre-approval.

200.454

- The proposed rule would make membership costs in professional organizations allowable only when a recipient obtains prior written agency approval and would make journal subscription costs categorically unallowable. These changes may restrict the ability of federally funded surgeon-scientists to maintain professional society memberships, including in SSO, and to subscribe to peer-reviewed journals that they rely on to stay current on evolving cancer research, clinical trial results, and quality standards directly affecting patient care. A categorical bar on subscription costs, without regard to whether a journal is directly relevant to the funded research, will discourage participation in the professional societies and publications that disseminate research and set clinical and scientific standards. Furthermore, memberships in professional societies often provide significant discounts for attending approved conferences and publishing in affiliated journals that ultimately may provide cost-savings that exceed the cost of the membership. We urge OMB to retain journal subscriptions and professional society dues as allowable costs where reasonably related to an investigator's funded research or training, consistent with current practice.

SSO appreciates the opportunity to comment on this proposed rule and shares OMB's interest in a federal financial assistance framework that is transparent, accountable, and appropriately protective of taxpayer resources. We respectfully urge OMB to reconsider the provisions identified above in light of their potential impact on the training, education, and professional development of cancer clinicians and scientists. We would welcome the opportunity to discuss these comments further and to serve as a resource to OMB as this rulemaking proceeds.

Sincerely,

Society of Surgical Oncology,

Kenneth Tanabe, MD, FSSO
President