

Written Testimony
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Submitted for the record to the Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Department of Health and Human Services (HHS), National Institutes of Health (NIH)
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The Society of Gynecologic Oncology (SGO) appreciates the opportunity to provide outside witness testimony to the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) for the Fiscal Year (FY) 2027 Labor-HHS appropriations bill. We appreciate your consideration of our requests:

- \$51.303 billion for the National Institutes of Health (NIH), including \$7.989 billion for the National Cancer Institute (NCI);
- \$20 million for the Ovarian Cancer Control Initiative and \$15 million for Johanna's Law within the Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion; and
- Include report language on “Cervical Cancer Screening and HPV Self-Collection” and the “Office of Research on Women’s Health” in the report accompanying the FY 2027 Labor-HHS appropriations bill.

The SGO is the premier medical specialty society for healthcare professionals trained in the comprehensive management of gynecologic cancers. Our more than 2,700 members include physicians, advanced practice providers, nurses, and patient advocates who collaborate with the SGO's foundation, the Foundation for Women's Cancer, to increase awareness of gynecologic cancers and improve the care of those diagnosed with gynecologic cancers. Our mission focuses on supporting research, disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations dedicated to gynecologic cancers and related fields, all with the ultimate vision of eradicating gynecologic cancers.

Funding for the NIH

As Congress considers funding for FY 2027, the SGO requests that you provide at least \$51.303 billion, an increase of \$4.1 billion, to the NIH, and \$7.989 billion, an increase of \$637 million, for the NCI. This funding is crucial to expand the NIH's and NCI's capacity to support promising science in all disciplines, including gynecologic oncology.

Significant advances have been made in gynecologic oncology through ground-breaking research, the development of novel therapeutics, and collaboration with patients, community advocates, and cooperative clinical trial groups. However, concerning increases remain in incidence and mortality trends for several women's cancers, and gaps in gynecologic cancer care persist. Specifically, while the incidence and mortality of most solid tumors is plateauing or decreasing across the globe, the incidence and death rates associated with endometrial cancer—the 4th most common cancer diagnosed in U.S. women—continue to rise. Though research efforts are ongoing, there is still no screening test for this cancer. Robust, sustained, and predictable funding is necessary for all biomedical research, particularly research on gynecologic cancers.

Moreover, SGO urges the Labor-HHS subcommittee to ensure congressionally appropriated funds for biomedical research are spent as intended. Despite the FY 2026 Appropriations being enacted in early February, the Office of Management and Budget (OMB) only approved the apportionment for the NIH in mid-March, delaying the release of grant funds for grantee institutions across the nation. In addition, a slow rollout of new Notices of Funding Opportunities (NOFOs) due to political review at HHS and a reduced number of NOFOs released by NIH are contributing to the significant delay in awarding new grants, impacting application timelines and creating uncertainty for researchers. SGO is deeply concerned that this is disrupting ongoing research and will jeopardize the discovery of future cures and the biomedical research workforce.

Funding for Gynecologic Cancer Programs at the CDC

In 2026, it is estimated that approximately 117,660 U.S women will be diagnosed with gynecologic cancer, and 34,570 will die of their disease.¹ As Congress appropriates funding for FY 2027, the SGO requests that you provide at least \$20 million for the Ovarian Cancer Control Initiative and \$15 million for Johanna's Law at the CDC. Johanna's Law supports programs, research projects, and activities at the CDC aimed at promoting education and awareness of gynecologic cancers, and the Ovarian Cancer Control Initiative is a program designed to monitor demographic data and other factors at the population level around ovarian cancer diagnosis, treatment, and survival.

In the last fifty years, despite declines in cervical cancer incidence due to screening and the introduction of a safe and effective high-risk human papillomavirus (HPV) vaccine, we continue to see a persistently low nationwide adoption of the HPV vaccine. Additionally, there is a concerning overlap between the population segment that misses their screening Pap test and those who do not receive vaccination. As a result, efforts should be made to both screen and vaccinate to prevent late-stage cervical cancer cases. Despite progress, each year, there are still nearly 14,000 women who are diagnosed with cervical cancer due to challenges with access to care and education.

Additionally, in the United States alone, the rate of new endometrial cancer cases has increased by about 1% each year, and the mortality rate has risen by almost 2% annually, with even sharper increases among Asian, Hispanic, and Black women. By 2030, endometrial cancer is projected to surpass colon cancer and become the third most common malignancy diagnosed in women. For these reasons, support for gynecologic cancer programs at the CDC is crucial.

Furthermore, SGO implores the subcommittee to ensure that the reduced workforce and reorganization at CDC do not affect the agency's ability to raise awareness and support surveillance of these cancers. These changes have a significant impact on the CDC's ability to effectively respond to public health challenges, including the rising rates of gynecologic cancers. It is vital that resources dedicated to gynecologic cancer prevention, treatment, and education are not compromised, as they are essential to the health and well-being of women across the nation.

Cervical Cancer Screening and HPV Self-Collection

¹ <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2026/2026-cancer-facts-and-figures.pdf>

Cervical cancer is a preventable cancer with an effective screening test. Yet, persistent gaps in screening continue to drive avoidable morbidity and mortality, particularly among those with limited access to care or facing structural, cultural, or logistical barriers to in-clinic screening. Recent updates to the Health Resources and Services Administration (HRSA) guidelines supporting coverage of HPV self-collection represent an important, evidence-based opportunity to close these gaps and modernize cervical cancer prevention strategies. However, guideline updates alone are insufficient to ensure real-world adoption. Successful implementation of HPV self-collection requires clear and consistent coverage and reimbursement policies and practical integration into existing screening and follow-up workflows.

Therefore, SGO urges Congress to ensure that the Department of HHS and its agencies provide the necessary infrastructure for implementing the updated HRSA guidelines, including clear coverage and payment pathways to support clinician and program adoption; educational and technical assistance resources to help states, providers, and public health programs integrate self-collection into established screening systems; and targeted outreach strategies designed to reach populations with historically lower screening rates, including individuals in rural and underserved communities. To achieve this, SGO respectfully requests that you include the following report language in the report accompanying the FY 2027 Labor-HHS appropriations bill under the Department of Health and Human Services (HHS) Office of the Secretary (OS):

Cervical Cancer Screening and HPV Self-Collection. – The Committee applauds the recent actions by the Health Resources and Services Administration updating preventive services guidelines to support coverage of HPV self-collection tests. To support the implementation of HPV self-collection as an evidence-based cervical cancer screening option, the Committee encourages the Department of Health and Human Services (HHS) to ensure there are appropriate coverage, reimbursement, and program guidance issued by the Centers for Medicare & Medicaid Services and educational resources for states, clinicians, and public health programs on the integration of HPV self-collection into existing cervical cancer screening and cancer prevention efforts issued by the Centers for Disease Control and Prevention (CDC). The CDC's materials should be designed to reach populations with historically lower screening rates, including those in rural areas. The Committee expects HHS to report to Congress within one year on barriers to adoption, best practices for implementation, and the impact of HPV self-collection on screening participation and cervical cancer follow-up care.

Supporting Women's Health Research and Workforce at NIH

We cannot improve the health of Americans if we do not focus on health of women across the lifespan. While women make up more than half of the U.S. population, current funding for women's cancers and other conditions that are unique to women or that impact women disproportionately or differently than men is not sufficient to meet the health needs of women and advance scientific progress and innovation. The rising incidence and mortality of endometrial cancer, as outlined above, exemplify the challenge that we currently face.

A recent National Academies of Sciences, Education, and Medicine (NASEM) report, conducted at the direction of Congress, addressed this issue and found that while NIH grant funding has steadily increased in dollars spent and in the number of projects funded between FY 2013 – FY

2023, the actual proportion of funding for research specific to women's health actually decreased from 9.7 percent to 7.9 percent of the agency's total budget during the same time period. Therefore, we urge the subcommittee to safeguard these investments in women's health by ensuring this research receives the funding necessary to support breakthroughs and that NIH continues to have the necessary capacity.

To fund conditions that differently, disproportionately, or exclusively affect women commensurate with their public health burden, SGO joins the Women First Research Coalition in recommending that a Women's Health Research Fund within the Office of Research on Women's Health (ORWH) be established to support women's health research across NIH's institutes and centers. By increasing ORWH's FY 2027 budget by \$230 million, including \$200 million to establish a fund dedicated to women's health research, Congress can ensure that NIH investments catalyze interdisciplinary research projects and accelerate innovation in this underfunded area of research. SGO respectfully requests that you include the following report language in the report accompanying the FY 2027 Labor-HHS appropriations bill under NIH Office of the Director:

Office of Research on Women's Health (ORWH)—The Committee provides \$336,480,000 in total funding, including \$14 million for the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program and \$200 million to establish a new women's health research fund. This office ensures women's health research and research on the biological and sociocultural influence of sex and gender are included within the larger NIH scientific framework. Congress recognizes that ORWH is the first public health service office to officially promote women's health research within and beyond the NIH scientific community. However, the Committee recognizes the need for increased, sustained, and integrated investment in women's health research at NIH. Therefore, the Committee establishes a central fund within the ORWH—funded at \$200 million—to support interdisciplinary women's health research with a focus on innovation and accelerating biomedical discoveries on diseases and conditions that differently disproportionately, or exclusively affect women. This fund should support research across NIH and incentivize Institutes and Centers to prioritize women's health research and collaborate, allowing NIH to catalyze the ambitious, multi-faceted, interdisciplinary research projects that are needed to advance women's health in a meaningful way. The Committee urges NIH to continue to expand basic, clinical, and translational research into women's health, including improving understanding of the mechanisms underlying endometriosis, fibroids, pelvic floor disorders, and other prevalent gynecological conditions; advance early diagnostic and later prognostic markers of these heterogeneous conditions; and develop new preventative treatment methods. The Committee urges expansion of these programs and directs NIH to provide an update in the FY 2028 CJ on the research activities and the number of new women's health researchers supported by these programs in FY 2027.

Again, the SGO appreciates the opportunity to submit testimony to the Subcommittee as you begin your work on the FY 2027 appropriations bills. We look forward to working with you to ensure the prevention and treatment of all gynecologic cancers, improving health outcomes for all women.