



American Society of Hematology

Helping hematologists conquer blood diseases worldwide

American Society of Hematology's (ASH) Response to National Institutes of Health (NIH) Request for Information on the NIH-Wide Strategic Plan for Fiscal Years 2027-2031

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Background

The National Institutes of Health (NIH) is seeking public input via a [Request for Information](#) (RFI) on the Framework for the NIH-Wide Strategic Plan for Fiscal Years 2027-2031 (FY27-FY31). The purpose of the NIH-Wide Strategic Plan is to communicate how NIH will advance its mission to support research in pursuit of fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

The Agency is currently developing the NIH-Wide Strategic Plan for FY27-FY31 and anticipates releasing it in early FY27. The Framework articulates NIH's Priorities in the following three key areas that apply across NIH.

NIH-Wide Strategic Plan Framework

Priority 1: Research Areas

- Goal 1: Advance Foundational Knowledge of Human Health and Disease
- Goal 2: Prevent Disease and Promote Health Across the Lifespan
- Goal 3: Advance and Optimize Interventions, Treatments, and Cures

Priority 2: Research Capacity

- Goal 1: Develop and Sustain an Interdisciplinary Research Workforce
- Goal 2: Build, Improve, and Sustain Research Resources and Infrastructure

Priority 3: Research Operations

- Goal 1: Enhance Scientific Stewardship and Decision-Making
- Goal 2: Foster Transparency and Accountability to Improve Public Trust in Science

ASH Response

The following includes ASH's response to NIH's request, which was submitted electronically on May 21, 2026 via the [NIH's submission platform](#).

Priority 1: Research Areas

Blood affects every disease, delivers most treatments, and is a fundamental way to measure benefit; thus, understanding hematologic pathways is essential to improving human health. The American Society of Hematology (ASH) supports NIH's emphasis on advancing foundational knowledge, prevention, and therapeutic innovation, and encourages explicit prioritization of mechanistic, systems-level biology to support these advances.

ASH endorses advancing foundational knowledge of human health and disease and highlights this commitment in the [ASH Agenda for Hematology Research](#). The agenda identifies cross-cutting research areas in hematology with broad relevance to other human diseases and to fundamental mechanisms of health and disease. ASH advocates use of holistic experimental systems and appropriate alternative models in alignment with the three principles of humane animal research (replacement, reduction, and refinement). Integrating functional studies with multi-omics approaches that interrogate proteins, DNA, RNA, and the surrounding niche environment is essential to define the molecular and cellular basis of health and disease and to understand how hematopoietic, immune, and other physiological systems interact across environmental and lifespan contexts.

Recent advances in multi-omic profiling, functional genomics, computational biology, and cell and gene therapy create a timely opportunity for NIH to accelerate discovery and translation in ways that were not previously possible. Leveraging this knowledge will advance therapeutic discovery. Defining disease at multiple levels can reveal targeted, personalized treatments that are safe and effective for both classical and malignant hematologic diseases. Applying insights from these techniques to experimental models that integrate biological and behavioral factors, as well as social and environmental exposures can also advance understanding of how these determinants interact across the lifespan to influence health beyond individual organs.

As the fundamental understanding of stem cell function continues to evolve, research focused on stem cell biology, self-renewal, and regeneration will further elucidate developmental hierarchies in normal and malignant hematopoiesis. Support for research that leverages human embryonic stem cells and induced pluripotent stem cells, when appropriate, can inform development of novel therapeutic products that are vital for the treatment of hematologic diseases.

ASH also recommends strong emphasis on disease prevention and promotion of health across the lifespan. This aligns with ASH scientific efforts, including the [Scientific Committee on Blood Disorders in Childhood](#) and initiatives in aging-related diseases. NIH should strengthen the framework's focus on early disease detection and prevention through predictive models that use longitudinal clinical data, patient-generated data, and advanced computational approaches, and should prioritize precision medicine strategies that account for molecular and clinical heterogeneity across age, biology, and disease stage. ASH further encourages NIH to support innovative, inclusive clinical trial designs that expand access, improve representation of all populations, and accelerate translation of discoveries into effective interventions.

Guided by the [ASH Research Agenda](#), ASH recommends emphasis on several emerging and transformative areas to accelerate progress toward cures for hematologic diseases: genetics, genomics, and epigenetics; immunology and immunotherapies; hemostasis, thrombosis and vascular biology; infectious disease (especially in immunocompromised individuals); artificial intelligence; and clinical research reflective of disease epidemiology.

Priority 2: Research Capacity

ASH commends NIH's commitment to developing and sustaining a strong biomedical research workforce and robust research infrastructure and encourages continued emphasis on interdisciplinary training and career development for scientists with diverse backgrounds and expertise. ASH maintains numerous programs that support training and development of physician- and Ph.D.-scientists, including helping early-stage investigators launch and sustain research careers, supporting them in the transition between training and independence, and preparing them for careers in patient-oriented clinical research. ASH also supports hematologists and blood scientists at all career stages through mentorship opportunities, scientific exchange, and recognition of significant scientific contributions to the field. ASH recommends that NIH partner with professional societies such as ASH to recruit, develop, and retain the scientific workforce.

The future workforce must be equipped with integrated expertise that spans the bench-to-bedside pipeline, including computational biology, multi-omics, data science, functional experimental models, and clinical investigation. To support innovation through a robust, interdisciplinary research workforce, it is essential the NIH provides sustained mentorship programs, stable and predictable funding mechanisms, and unbiased, transparent review processes. For established investigators, ASH encourages NIH to strengthen mentorship structures, funding streams, and programs that promote career and scientific stability, support high-risk/high-reward science, and foster rigorous, innovative discovery and translation.

ASH also recommends a strong focus on encouraging trainees and early-stage investigators to pursue and sustain research careers in academic settings in the United States. Targeted mechanisms are needed to recruit and retain talented physician- and Ph.D.-scientists, particularly in specialty fields such as hematology, where the workforce is relatively small but plays a critical role in advancing lifesaving therapies.

In parallel, NIH should prioritize investment in research infrastructure that is scalable, interoperable, and allows for collaboration between institutions. Support for information systems that are harmonized, user-friendly, and capable of capturing biologically relevant experimental data as well as clinical and longitudinal information will enable more rapid translation from laboratory discoveries to clinical applications. Strengthening clinical and translational research infrastructure will be critical for ensuring equitable access to research participation and maximizing the impact of scientific advances across diverse populations. Expansion of trial networks and strategic partnerships with professional societies can help achieve these goals. For example, expansion and integration of population-scale databases with clinical and biomarker data, such as the [ASH Research Collaborative](#) and [ASH HematOmics Program](#), can empower discovery science and ensure it remains patient-focused.

Finally, strong, bidirectional links between basic/discovery science and clinical practice are essential. Clinical observations should inform patient-centered research questions, and basic/discovery science should continually generate new ideas that translate into improved diagnostics and treatments. ASH encourages NIH to strengthen this interplay through coordinated investments in interdisciplinary research infrastructure and workforce development.

Priority 3: Research Operations

ASH supports NIH's focus on enhancing scientific stewardship and fostering transparency and accountability and recommends that research operations be grounded in data-driven, outcome-oriented decision-making. To sustain innovation, ASH emphasizes the importance of funding models that incentivize interdisciplinary and multi-institutional collaboration and enable high-impact research programs.

NIH should continue to use objective and measurable indicators of impact to guide funding strategies while maintaining a balanced portfolio that supports both foundational discovery and translational research. Abrupt operational or funding changes may lead to lab closures, trainee attrition, reduced institutional diversity in research participation, and loss of capacity in rare disease and other under-invested fields. A stable and predictable funding environment is essential to sustain the biomedical research enterprise and preserve its capacity to respond rapidly to emerging scientific opportunities and public health threats.

ASH remains concerned that abrupt changes in funding models or grant-making processes, such as applying multi-year funding approaches to NIH grants, may have unintended consequences. These changes may disproportionately affect laboratories at institutions with fewer resources; investigators working on rare diseases or under-invested areas; and early-stage investigators and trainees. Such outcomes could severely diminish the size and resilience of the U.S. research workforce and would decimate the goal of developing and sustaining an interdisciplinary research workforce outlined under Priority 2, Goal 1. ASH encourages NIH to evaluate proposed operational changes using equity-focused impact assessments and to engage stakeholders before broad implementation.

To strengthen public trust, NIH should prioritize clear, consistent, and accessible communication of research findings and their implications. NIH should maintain active, bidirectional engagement with patient and community stakeholders and remain firmly committed to rigor, reproducibility, open science, and inclusive research practices. Together, these efforts will help ensure that NIH remains a responsible steward of public resources while advancing scientific progress that equitably benefits all populations.