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*National  
Cancer  
Institute*



# NCI FACT BOOK

**NATIONAL CANCER PROGRAM**

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service                      National Institutes of Health

Revised December 1975

## PREFACE

The information set forth in this publication is compiled and amended annually by the Financial Management Staff of the National Cancer Institute and is intended primarily for use by members of the Institute staff, the principal advisory groups to the Institute and others involved in the administration and management of the National Cancer Program. Questions regarding any of the information contained herein may be directed to the Financial Manager, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland 20014.

FACT BOOK COORDINATOR  
Frank B. Showers

# *National Cancer Institute* **FACT BOOK**

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service                      National Institutes of Health

DHEW Publication No. (NIH) 76-512

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NATIONAL INSTITUTES OF HEALTH  
BETHESDA, MARYLAND 20014****Area Code 301  
656-4000  
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<b>CHIEF, MANAGEMENT POLICY BRANCH</b> Mr. Richard L. Sherbert	<b>BUILDING 31</b> 11-A-33	62308
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<b>DIRECTOR, DIVISION OF CANCER CONTROL AND REHABILITATION</b> Dr. Diane J. Fink	<b>BLAIR BUILDING</b> 732A	427-7997
<b>ADMINISTRATIVE OFFICER</b> Mr. James R. Gregg	<b>BLAIR BUILDING</b> 730A	427-7965

# NATIONAL CANCER INSTITUTE HISTORICAL DATA

## LEGISLATIVE HIGHLIGHTS

- March 7, 1928** — Senator M.M. Neely introduced S. 3554, "To authorize the National Academy of Sciences to investigate the means and methods for affording Federal aid in discovering a cure for cancer and for other purposes."
- April 12, 1937**—Congressman Warren G. Magnuson of Washington introduced H.R. 6100, an identical bill to S. 2067.
- July 8, 1937** — A joint hearing of the Senate and House committees was conducted before a Subcommittee on Cancer Research, and a revised bill was written.
- July 23, 1937** — The National Cancer Institute Act was passed by Congress.
- August 5, 1937**—The National Cancer Institute Act, Public Law 244, 75th Congress, was signed by President Franklin D. Roosevelt, "To provide for, foster, and aid in coordinating research relating to cancer; to establish the National Cancer Institute; and for other purposes." An appropriation of \$700,000 for each fiscal year was authorized.
- July 1, 1944** — The Public Health Service Act, Public Law 410, 78th Congress provided that "The National Cancer Institute shall be a division in the National Institutes of Health." The act also revised and consolidated many revisions into a single law. The limit of \$700,000 annual appropriation was removed.
- December 4, 1970** — Senator Ralph Yarborough, Texas, introduced S. 4564, "A bill which would establish a National Cancer Authority for the purpose of devising and implementing a national program for the conquest of the world's most dreaded disease — cancer."
- January 22, 1971** — In his State of the Union Message, President Nixon announced that he would ask for the appropriation of an additional \$100 million to launch an intensive effort to control cancer, and that he would ask later for whatever additional funds could be effectively used.
- March through November 1971** — Hearings on proposed legislation relating to cancer research expansion were held by both House and Senate subcommittees.
- October 18, 1971** — The President announced that the Army's Biological Defense Research Center at Fort Detrick, Maryland would be converted into a leading center for cancer research as part of the major campaign to conquer cancer.
- December 7, 1971** — After three conference sessions that began on November 30, the Senate-House Conference Committee agreed on S. 1828.
- December 9, 1971** — The House passed the bill by voice vote.
- December 10, 1971** — The Senate passed the bill 85-0 and sent it to the President for signature.
- December 23, 1971** — The President signed P. L. 92-218, The National Cancer Act of 1971, providing increased authorities and responsibilities for the NCI Director; initiating a National Cancer Program; establishing a three-member President's Cancer Panel and a 23-member National Cancer Advisory Board; establishing cancer control programs as necessary for cooperation with State and other health agencies; and providing for the collection, analysis, and dissemination of all data useful in the diagnosis, prevention, and treatment of cancer, including the establishment of an international cancer research data bank.
- January-February 1974** — Hearings were held on the proposed legislation to improve on the National Cancer Plan and to authorize appropriations for the next three years.
- July 23, 1974** — The National Cancer Act Amendments of 1974, P.L. 93-352, was signed. The Amendments: encourage the NCP to explore the role of nutrition in the treatment, rehabilitation, and causation of cancer; authorize the Director to include personnel needs in the budget estimate to OMB; remove the limit on the number of comprehensive cancer centers; increase the number of consultant/expert appointments to 100; and direct the NCI to provide and contract for a program to disseminate and interpret information respecting the cause, prevention, diagnosis and treatment of cancer.

## HISTORICAL EVENTS

- August 5, 1937** — President Franklin D. Roosevelt signed the National Cancer Act.
- November 9, 1937** — The National Advisory Cancer Council held its first meeting.
- January 13, 1938** — Dr. Carl Voegtlin was appointed the first Director of the Institute.
- October 31, 1940** — President Franklin D. Roosevelt dedicated Building 6.
- July 1, 1947** — NCI reorganized to provide for expanded program; intramural cancer research, cancer research grants, and cancer control activities.
- July 2, 1953** — NCI inaugurated a full-scale clinical research program in the new Clinical Center.
- April 1955** — The Cancer Chemotherapy National Service Center was established in the Institute to coordinate the first national, voluntary, cooperative cancer chemotherapy program.
- January 11, 1966** — NCI reorganized to coordinate related activities. The areas of three Scientific Directors were established: Etiology; Chemotherapy; and a group of discipline-oriented laboratories and branches referred to as General Laboratories and Clinics.
- February 13, 1967** — A Cancer Research Center was established in Baltimore USPHS Hospital to conduct an integrated program of laboratory and clinical research on the therapy and management of cancer patients.
- April 27, 1970** — At the request of Senator Ralph W. Yarborough, Chairman of the Committee on Labor and Public Welfare, the Senate approved the establishment of the National Panel of Consultants on the Conquest of Cancer.
- November 25, 1970** — The National Panel of Consultants submitted to the Senate Committee a report entitled "National Program for the Conquest of Cancer."
- October 18, 1971** — President Nixon converted the Army's former biological warfare facilities at Fort Detrick, Md., to research on the causes, treatment and prevention of cancer.
- December 23, 1971** — President Nixon signed P.L. 92-218, The National Cancer Act of 1971.
- June 22, 1972** — The Institute awarded a contract for the operation and maintenance of the Frederick Cancer Research Center at Fort Detrick, Maryland. This constituted the largest research contract ever awarded by a research component of the National Institutes of Health.
- June 30, 1972** — A team of five U.S. cancer scientists met with Russian scientists in Moscow to exchange information on cancer drugs. Dr. C. Gordon Zubrod, Scientific Director for Chemotherapy, NCI, on behalf of the United States, signed a U.S.-U.S.S.R. agreement for continued cooperation on the exchange of drugs, visiting scientists, and information.
- July 27, 1972** — A Bureau-level organization was established for the National Cancer Institute, giving the Institute and its components organizational status commensurate with the responsibilities bestowed on it by The National Cancer Act of 1971. Under the reorganization, the Institute was composed of the Office of the Director and four Divisions: the Division of Cancer Biology and Diagnosis; Division of Cancer Cause and Prevention; Division of Cancer Treatment; and Division of Cancer Grants.
- February 27, 1974** — The Division of Cancer Treatment completed negotiations with the University of Maryland to relocate the Baltimore Cancer Research Center within the University of Maryland Hospital Complex in Baltimore.
- September 10, 1974** — NCI established the Division of Cancer Control and Rehabilitation, which will plan, direct and coordinate an integrated program of activities regarding the widespread application of available and new methods for reducing the incidence, morbidity and mortality from cancer.
- July 1975**—The Division of Cancer Treatment was expanded to include the NCI Surgery and Radiation Oncology Branches and the extramural program of Cancer Cooperative Clinical Trials. The reorganization strengthened the Division's capabilities for conducting a national program of research on cancer treatment by combined modalities.

**DIRECTOR  
NATIONAL CANCER PROGRAM  
NATIONAL CANCER INSTITUTE**

**MAY 5, 1972 TO PRESENT**

**Frank Joseph Rauscher, Jr., Ph.D.**

Dr. Frank J. Rauscher, Jr. was born in Hellertown, Pennsylvania, on May 24, 1931. He received his B.S. degree from Moravian College in 1953 and his Ph.D. degree from Rutgers in 1957.

Dr. Rauscher came to the National Cancer Institute in 1959 and served as a microbiologist in the Laboratory of Viral Oncology until 1964, when he was appointed Head, Viral Oncology Section. He served in this position until 1965, when he was

made Acting Chief, Viral Leukemia and Lymphoma Branch. During this period, he also served as Chairman, Special Virus Cancer Program. In 1966, he became Chief of the Viral Leukemia and Lymphoma Branch until 1967 when he was appointed Associate Scientific Director for Viral Oncology. Dr. Rauscher became Acting Scientific Director for Etiology in 1969, and was subsequently named Scientific Director in 1970.

On May 5, 1972, the President named him Director of the National Cancer Institute and of the National Cancer Program.

**DEPUTY DIRECTOR  
NATIONAL CANCER INSTITUTE**

**AUGUST 1, 1973 TO PRESENT**

**Guy Rene Newell, M.D.**

Dr. Guy R. Newell, was born in Bogalusa, Louisiana, September 21, 1937. Dr. Newell received both his B.S. (1959) and M.D. (1962) degrees from Tulane University and his M.S. in Hygiene from the Harvard School of Public Health in 1968. From July 1963 to June 1965, he served as a Research Planning Associate in the Office of the Director, NCI. Between July

1965 and June 1968, he received training in internal medicine and oncology at the Johns Hopkins Hospital and the Peter Bent Brigham Hospital. He returned to the NCI in July 1968, where he was an Assistant for Program, Viral Oncology and served as Executive Secretary, Biometry & Epidemiology Contract Review Committee until June 1970. From July 1970 until his appointment as Deputy Director, NCI in August 1973, Dr. Newell held positions of Assistant and then Associate Professor of Epidemiology at Tulane University.

**PRESIDENT'S CANCER PANEL**

	<b>EXPIRATION OF APPOINTMENT</b>
Mr. Benno C. Schmidt, Chairman J. H. Whitney & Co. New York City, New York	2-16-78
Dr. R. Lee Clark University of Texas System Cancer Center Houston, Texas	2-20-77
Dr. Ray D. Owen California Institute of Technology Pasadena, California	2-20-76

## NATIONAL CANCER INSTITUTE EXECUTIVE COMMITTEE

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Deputy Director, NCI

Mr. Calvin B. Baldwin, Jr.  
Associate Director for Administrative Management

Mr. Louis M. Carrese  
Associate Director for Program Planning and Analysis

Dr. Vincent T. DeVita, Jr.  
Director, Division of Cancer Treatment  
Clinical Director, NCI (acting)

Dr. Diane J. Fink  
Director, Division of Cancer Control and Rehabilitation

Dr. Thomas J. King  
Director, Division of Cancer Research Resources and Centers

Dr. Bayard H. Morrison III,  
Assistant Director, NCI

Dr. Gregory T. O'Connor  
Associate Director for International Affairs

Dr. James A. Peters  
Director, Division of Cancer Cause and Prevention

Dr. Alan S. Rabson  
Director, Division of Cancer Biology and Diagnosis

Dr. Richard A. Tjalma  
Assistant Director, NCI

Mr. J. Paul Van Nevel  
Associate Director for Cancer Communications

Dr. Frank J. Rauscher, Jr., *Ex Officio*  
Director, National Cancer Program, National Cancer Institute



# NATIONAL CANCER ADVISORY BOARD

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University of Pennsylvania  
Philadelphia, Pennsylvania

EXPIRATION  
OF  
APPOINTMENT

3-31-78

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Harvard Medical School  
Boston, Massachusetts

3-31-76

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Bell Telephone Laboratories, Inc.  
Murray Hill, New Jersey

3-31-80

Mr. Elmer H. Bobst  
Warner Lambert Company  
New York, New York

3-31-76

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Scripps Clinic and Research Foundation  
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3-31-78

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3-31-80

Dr. Werner Henle  
The Children's Hospital of Philadelphia  
Philadelphia, Pennsylvania

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University of Washington  
Seattle, Washington

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New York, New York

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and Technology  
Cambridge, Massachusetts

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Dr. Gerald P. Murphy  
Roswell Park Memorial Institute  
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3-31-76

Dr. Joseph H. Ogura  
Washington University  
St. Louis, Missouri

3-31-80

Dr. William E. Powers  
Washington University School of Medicine  
St. Louis, Missouri

3-31-80

Mr. Laurance S. Rockefeller  
Memorial Sloan-Kettering Cancer Center  
New York, New York

EXPIRATION  
OF  
APPOINTMENT

3-31-78

Dr. Philippe Shubik  
University of Nebraska  
Omaha, Nebraska

3-9-76

Dr. Howard E. Skipper  
Southern Research Institute  
Birmingham, Alabama

3-31-78

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Washington, D. C.

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Director, National Science Foundation  
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Bethesda, Maryland

Dr. James R. Cowan  
Department of Defense  
Washington, D. C.

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Veterans Administration  
Washington, D. C.

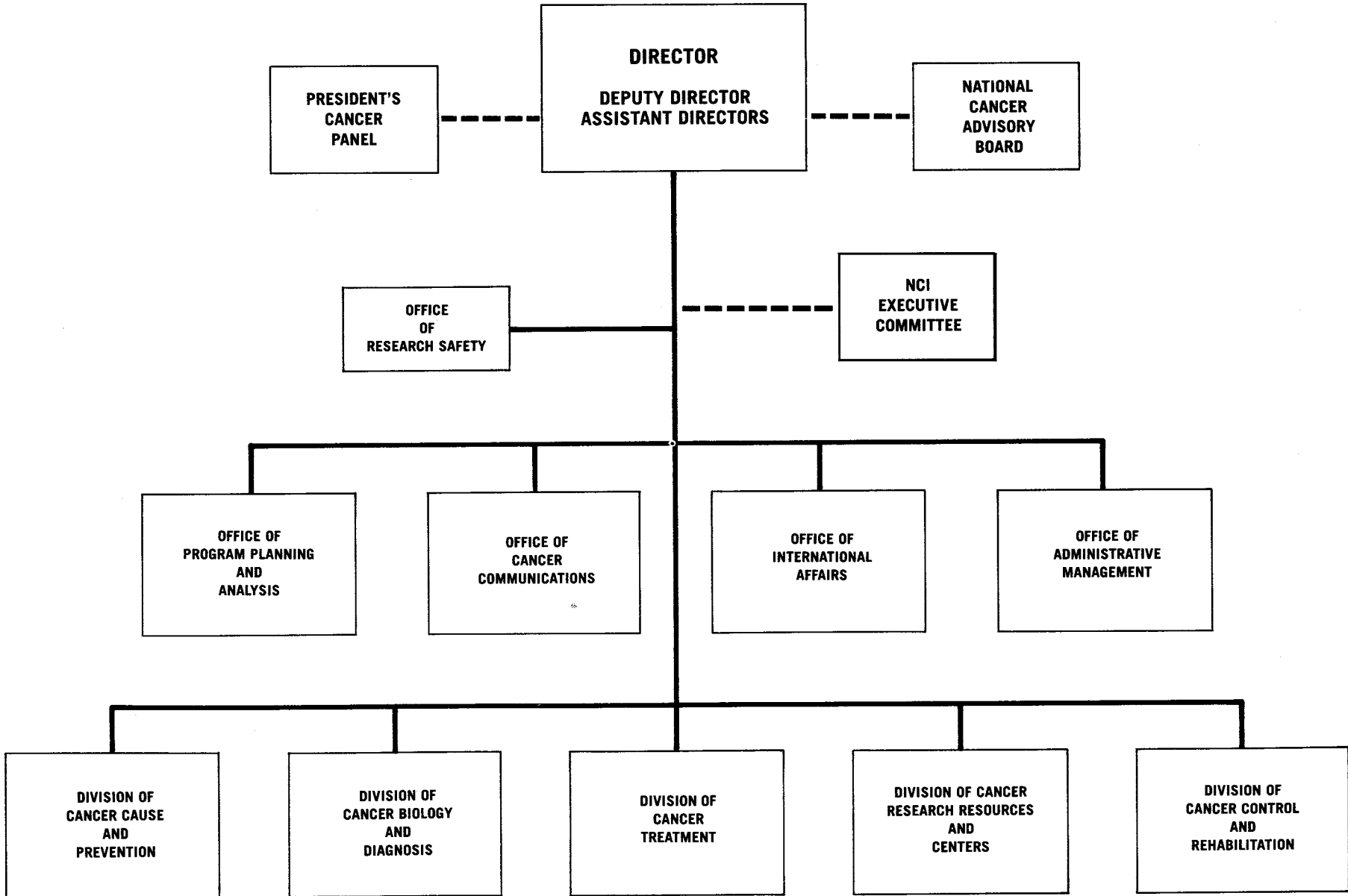
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Director, Armed Forces Institute of Pathology  
Washington, D. C.

Dr. Edward J. Burger, Jr.  
National Science Foundation  
Washington, D. C.

## EXECUTIVE SECRETARY

Dr. Richard A. Tjalma  
National Cancer Institute  
Bethesda, Maryland

# NATIONAL CANCER INSTITUTE



**OFFICE OF THE DIRECTOR**  
**Dr. Frank J. Rauscher, Jr., Director**  
**Dr. Guy R. Newell, Deputy Director**

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Plans, develops, directs, and coordinates the activities and programs of the Institute and of the National Cancer Program; and provides overall administrative guidance and services.

**OFFICE OF RESEARCH SAFETY**  
**Dr. William E. Barkley**

**OFFICE OF PROGRAM  
 PLANNING AND ANALYSIS**  
**Mr. Louis M. Carrese**

Manages development of the National Cancer Program Plan, the annual 5-year plan, individual program plans, and the evaluation plan; analyzes programs of the Institute; evaluates resource needs for the National Cancer Program; develops and provides support for management and scientific information systems.

**OFFICE OF  
 CANCER COMMUNICATIONS**  
**Mr. Paul Van Nevel**

Develops and manages the program communications activities of the NCI/NCP; interprets program and organizes, prepares and disseminates reports on cancer research for research institutions and other organizations participating in the NCP; maintains liaison with NCI constituents on behalf of the Director; responds to public inquiries; prepares and coordinates internal reports for dissemination within the Institute, the Executive Branch, and the Congress; and serves as a focal point for information on legislation.

**OFFICE OF  
 INTERNATIONAL AFFAIRS**  
**Dr. Gregory T. O'Connor**

Plans, coordinates, and manages cooperative international cancer research activities and provides leadership within the National Cancer Institute for the development of international programs and activities.

**OFFICE OF  
 ADMINISTRATIVE MANAGEMENT**  
**Mr. Calvin B. Baldwin, Jr.  
 Executive Officer**  
**Mr. Richard L. Sherbert  
 Deputy Executive Officer**

Directs, coordinates, and conducts administrative management activities of the Institute including: personnel, budget, contracts, and administrative services; advises Director on administrative management aspects of the program.

**PROGRAM ANALYSIS AND  
 FORMULATION BRANCH**  
**Dr. Robert Love**

**SYSTEMS PLANNING  
 BRANCH**  
**Mr. John E. McShulskis**

**PROGRAM LIAISON  
 BRANCH**  
**Mr. Robert G. Schonfeld**

**EDUCATION & TECHNICAL  
 REPORTS BRANCH**  
**Mr. William S. Gray**

**ADMINISTRATIVE  
 SERVICES BRANCH**  
**Mr. Thomas L. Kearns**

**FINANCIAL MANAGEMENT  
 BRANCH**  
**Mr. Earle L. Browning**

**PERSONNEL MANAGEMENT  
 BRANCH**  
**Mrs. Elizabeth Stroud**

**RESEARCH CONTRACTS  
 BRANCH**  
**Mr. James E. Graalman**

**MANAGEMENT POLICY  
 BRANCH**  
**Mr. Richard L. Sherbert**

**DIVISION OF CANCER CAUSE AND PREVENTION**  
 Dr. James A. Peters, Director  
 Dr. Gio B. Gori, Deputy Director

Plans and directs a program of laboratory, field and demographic research on the cause and natural history of cancer and means for preventing cancer through direct in-house research and through research contracts; evaluates mechanisms of cancer induction by viruses and by environmental carcinogenic hazards; serves as the focal point for the Federal Government on the synthesis of clinical, epidemiological, and experimental data relating to the cause of cancer; and participates in the evaluation of and advises the Institute Director on program-related aspects of cancer control activities and of grants and grant applications as they relate to cancer cause and prevention.

**ADMINISTRATIVE MANAGEMENT BRANCH**  
 Mr. John M. Miller

**SCIENTIFIC COORDINATOR  
 FREDERICK CANCER RESEARCH CENTER**  
 Dr. William W. Payne

**FIELD STUDIES AND STATISTICS PROGRAM**  
 Dr. Marvin A. Schneiderman

Plans, conducts, and evaluates demographic research activities of the NCP and provides statistical services for all NCP research programs.

**CARCINOGENESIS PROGRAM**  
 Dr. Umberto Saffiotti

Plans, implements, and administers coordinated program of basic and applied research on carcinogenesis by chemical and physical factors and on its prevention; conducts programs in the areas of (a) coordination on environmental carcinogenesis; and (b) epidemiologic pathology.

**VIRAL ONCOLOGY PROGRAM**  
 Dr. John B. Moloney

Plans and conducts the Institute's program of research and development dealing with viruses as etiological agents of cancer; supports programmatic investigations aimed at the detection, propagation, characterization, prevention, and control of tumor viruses and/or their induced diseases.

**BIOMETRY BRANCH**  
 Mr. William M. Haenszel

**EPIDEMIOLOGY BRANCH**  
 Dr. Robert W. Miller

**BIOLOGY BRANCH**  
 Dr. Herbert J. Rapp

**LUNG-CANCER BRANCH**  
 Dr. Michael B. Sporn

**CHEMISTRY BRANCH**  
 Dr. Harry V. Gelboin

**CARCINOGEN BIOASSAY AND PROGRAM RESOURCES BRANCH**  
 Dr. Norbert P. Page

**EXPERIMENTAL PATHOLOGY BRANCH**  
 Dr. Umberto Saffiotti

**CARCINOGEN METABOLISM AND TOXICOLOGY BRANCH**  
 Dr. Elizabeth K. Weisburger

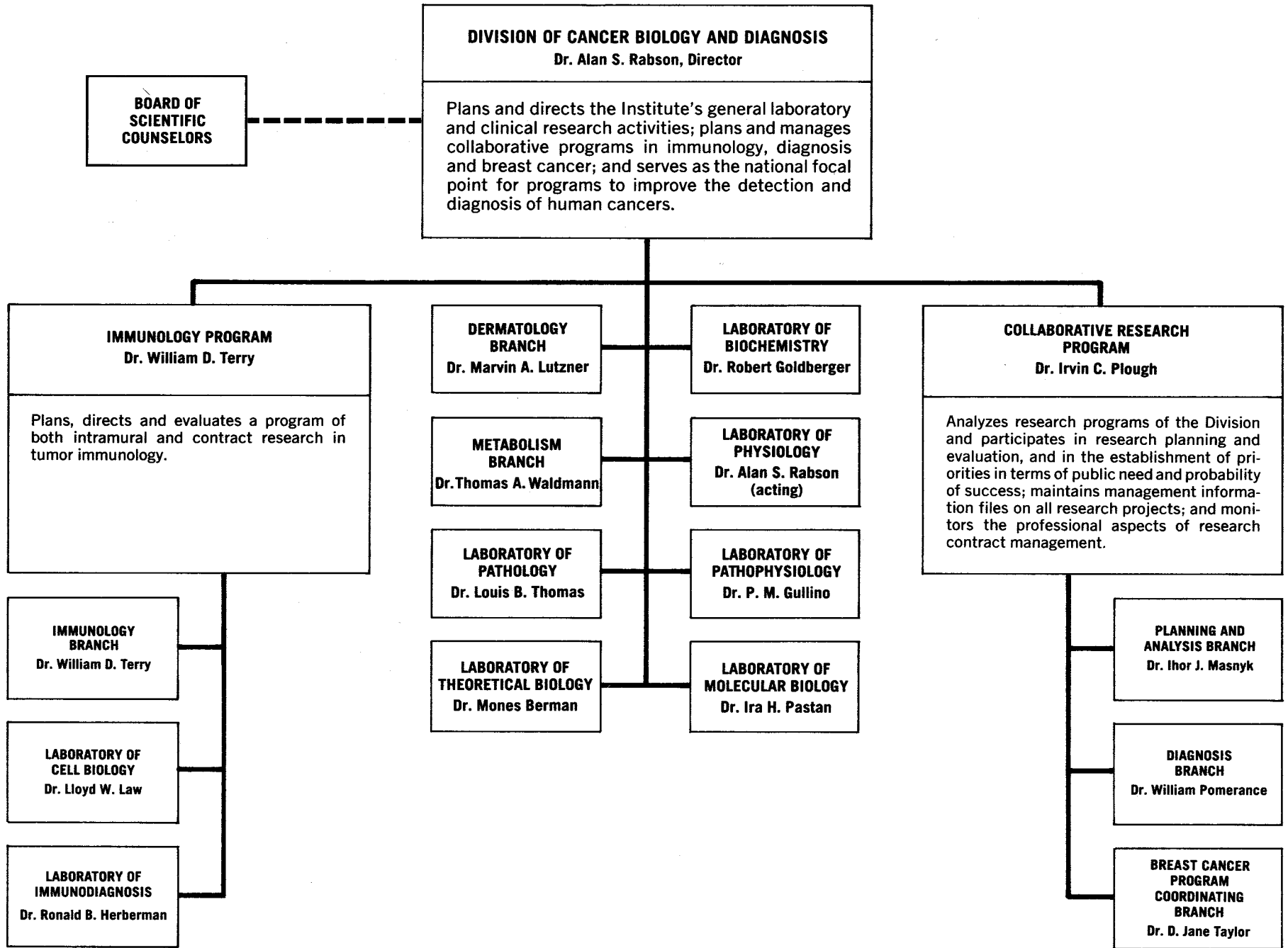
**LABORATORY OF VIRAL GENETICS**  
 Dr. Edward M. Scolnick

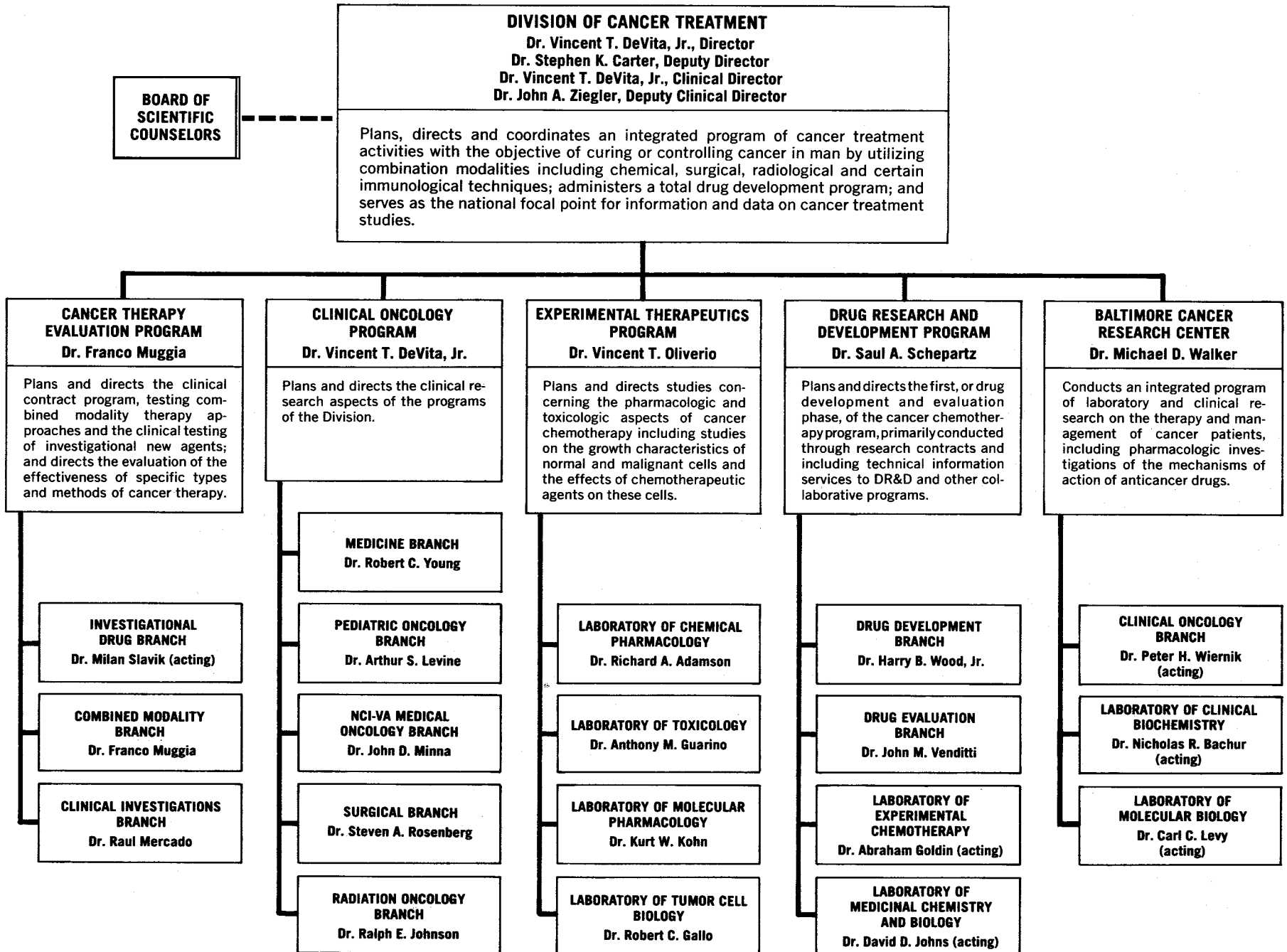
**LABORATORY OF RNA TUMOR VIRUSES**  
 Dr. Robert J. Huebner

**COLLABORATIVE RESEARCH BRANCH**  
 Dr. Robert A. Manaker

**LABORATORY OF DNA TUMOR VIRUSES**  
 Dr. Robert A. Manaker

**LABORATORY OF VIRAL CARCINOGENESIS**  
 Dr. George J. Todaro

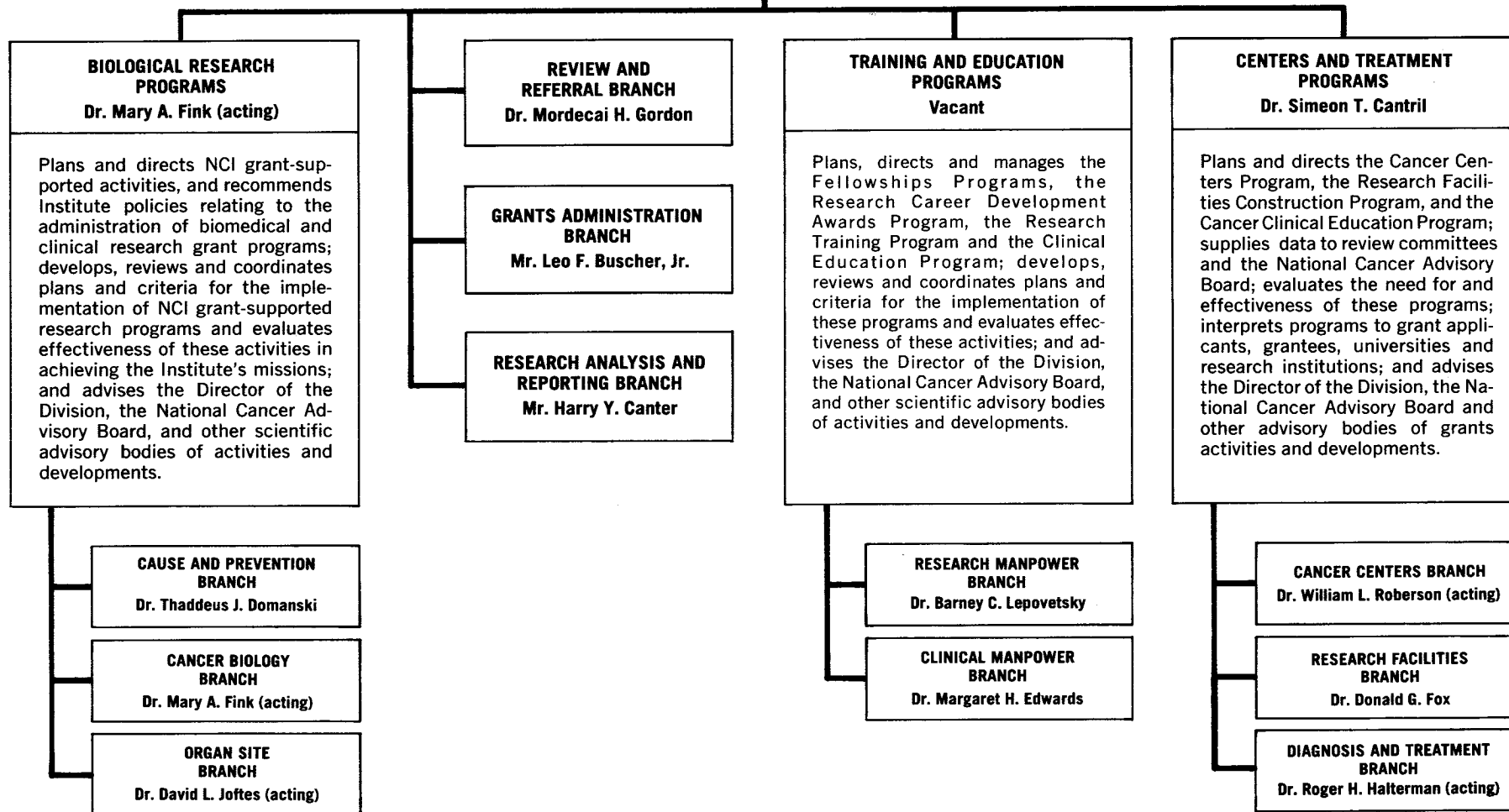


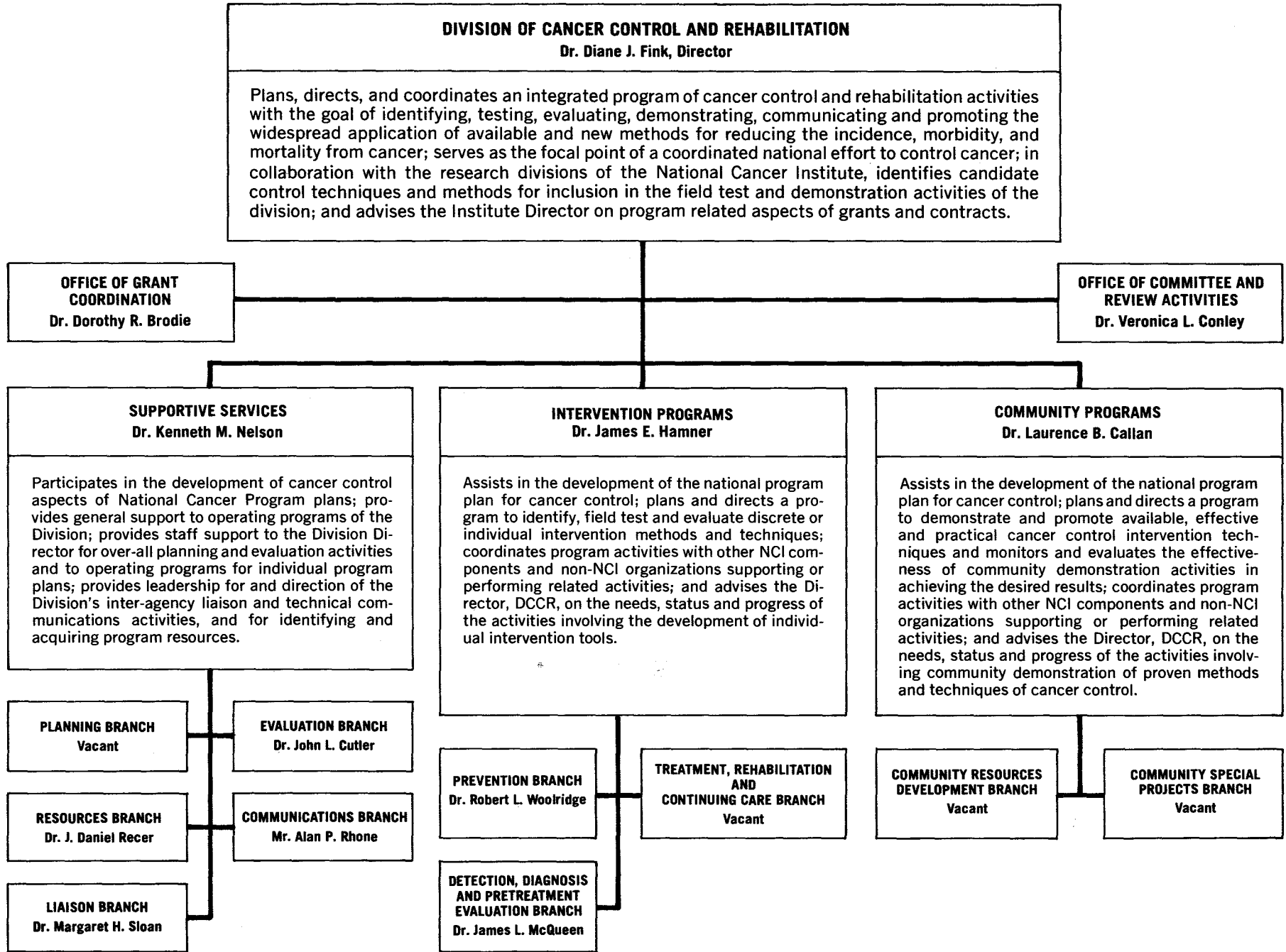


**DIVISION OF CANCER RESEARCH RESOURCES AND CENTERS**

**Dr. Thomas J. King, Director**  
**Dr. William A. Walter, Deputy Director**

Plans and directs the Institute's grant-supported activities; recommends Institute policies relating to the administration of grant programs; develops, reviews and coordinates plans and criteria for the implementation of NCI grants and evaluates effectiveness of grant-supported activities in achieving the Institute's missions; and advises the Institute Director, the National Cancer Advisory Board, and other advisory bodies of grant activities and developments.

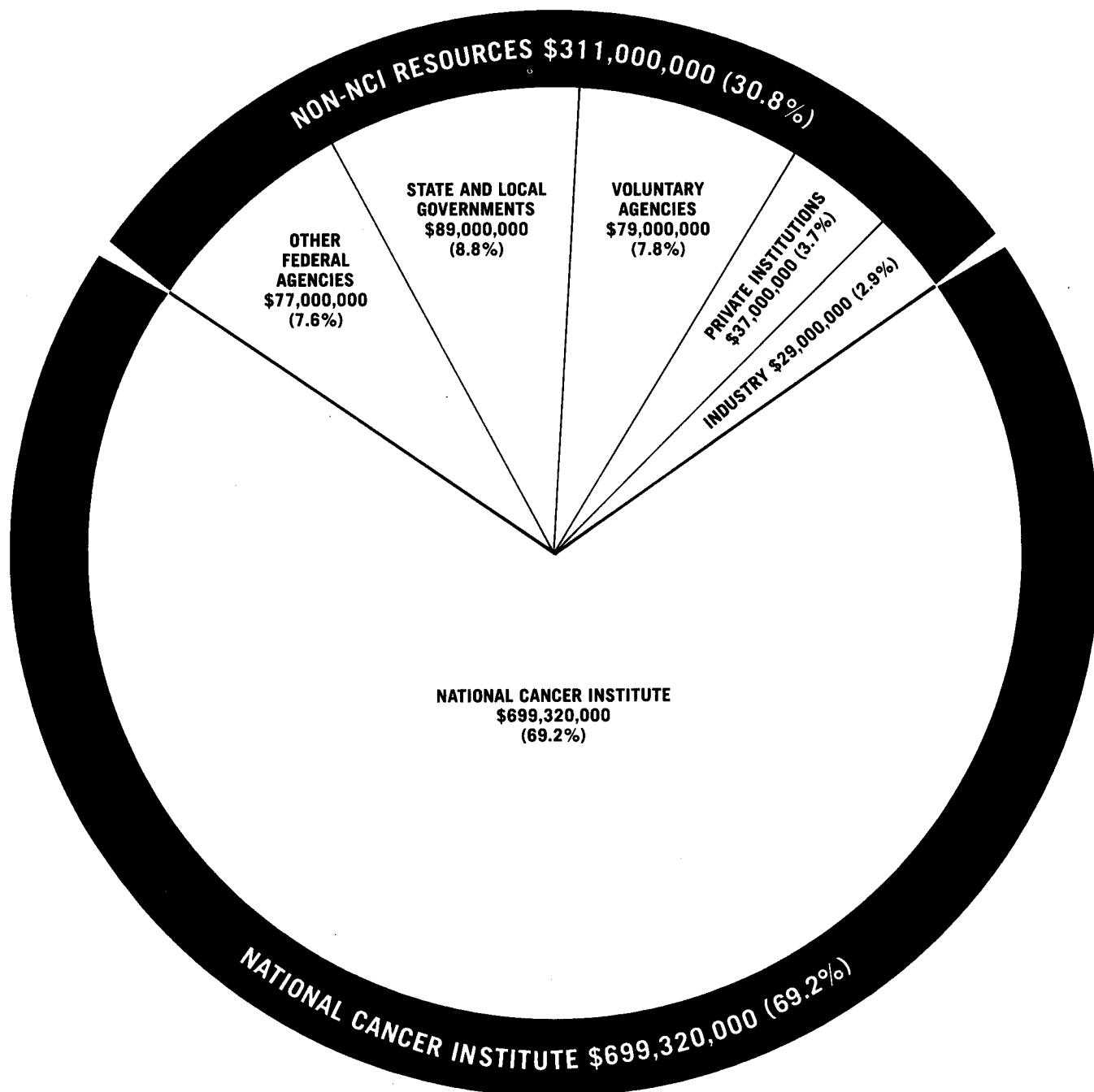






**TOTAL RESOURCES FOR THE NATIONAL  
CANCER PROGRAM — FISCAL YEAR 1975**

**TOTAL: \$1,010,320,000**



Information derived from estimates provided in the draft DHEW/NIH/NCI publication entitled "The National Cancer Program Annual Plan, FY 1977-1981." The NCI portion represents actual 1975 obligations.

## NATIONAL CANCER PROGRAM STRATEGY

The National Cancer Program came into being as a result of the National Cancer Act of 1971 to conduct a nationally coordinated effort to achieve the conquest of cancer. The goal of the National Cancer Program (NCP) is to develop the means to significantly reduce the incidence of cancer in man and morbidity and mortality due to cancer, and ultimately to develop the means for eliminating all human cancers. Since achievement of this goal is a long term effort, the strategy of the program is to provide for a balanced program covering the entire spectrum of research, from basic through applied and developmental, by the implementation of laboratory, field, and clinical programs that are judged most likely to produce the information and needed technology that can be transferred to medical practice in preventing and treating cancer.

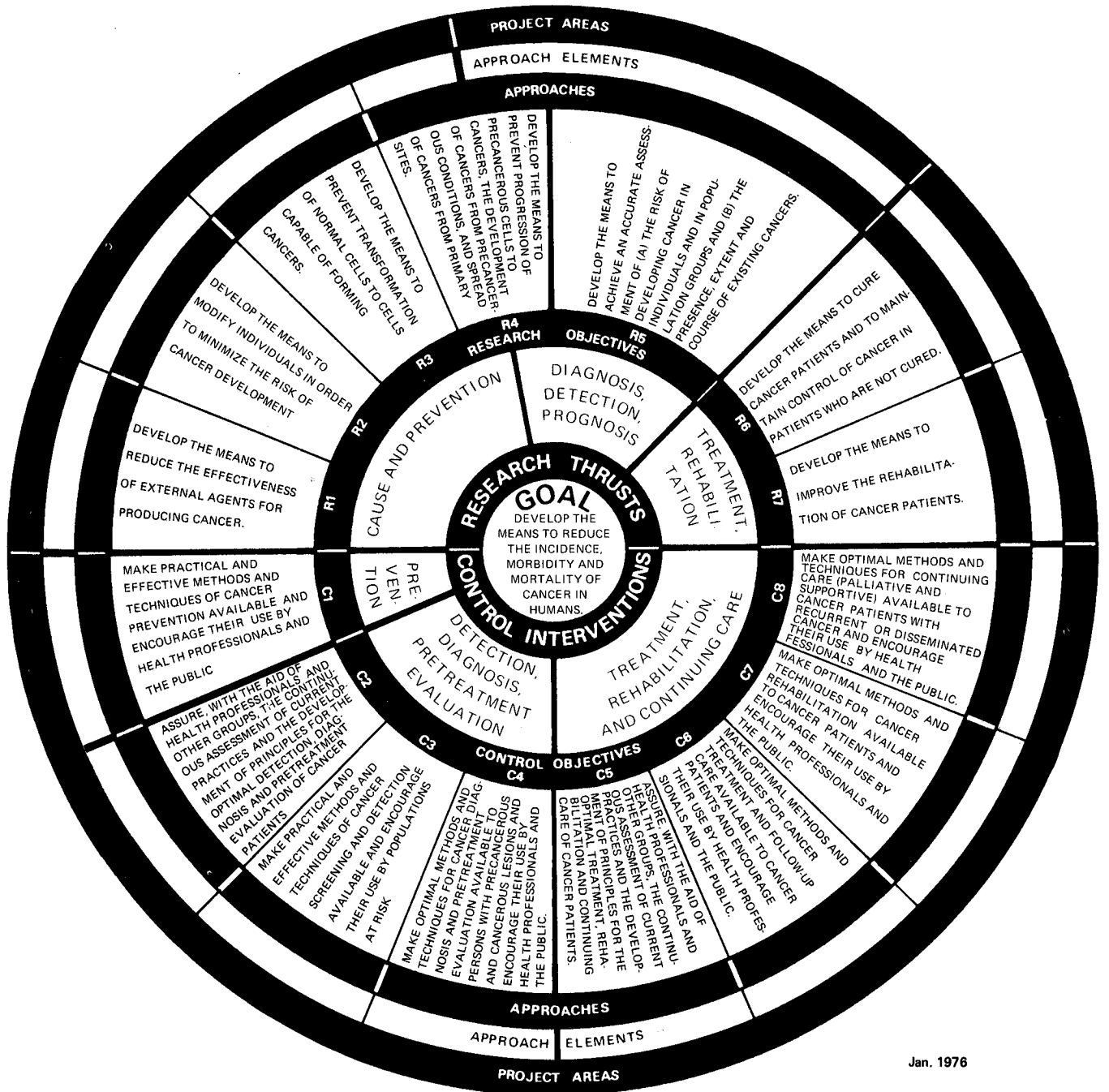
The NCP Strategic Plan which was released in 1973, was the first major output of the continuous planning process being carried out within the NCP. Research together with Cancer Control are the major scientific components of the program strategy. The associated scientific activities deemed necessary to achieve the research and cancer control objectives cover the full range of activities from determining the cause of cancer to rehabilitation and continuing care of patients.

To facilitate and provide continuity to the planning process, and to facilitate the analysis of large volumes of planning information, a hierarchical format is used to organize the content of the National Cancer Plan:

- National Cancer Program Goal
- Research Thrusts and Control interventions
- Research and Control objectives
- Research and Control approaches
- Research and Control approach elements
- Research and Control project areas

The first three levels are displayed on the facing figure.

The next three levels provide increasingly more detailed definition of the scientific content and activities encompassed within the program strategy.



Jan. 1976

## MORTALITY FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX – 1973

TOTAL		UNDER 15		15-34		35-54		55-74		75+	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<b>Lung</b> 59,187	<b>Breast</b> 31,850	Leukemia 792	Leukemia 534	Leukemia 779	Leukemia 534	Lung 9,851	Breast 8,633	Lung 38,223	Breast 15,764	Lung 10,936	Colon & Rectum 10,455
<b>Colon &amp; Rectum</b> 22,709	<b>Colon &amp; Rectum</b> 24,857	Brain, etc. 418	Brain, etc. 369	Brain, etc. 429	Breast 521	Colon & Rectum 2,334	Lung 3,713	Colon & Rectum 12,188	Colon & Rectum 11,745	Prostate 10,428	Breast 6,929
<b>Prostate</b> 18,830	<b>Lung</b> 15,746	Lympho-sarcoma, etc. 120	Bone 73	Hodgkin's Disease 428	Uterus 338	Pancreas 1,338	Uterus 2,772	Prostate 8,065	Lung 8,881	Colon & Rectum 7,991	Pancreas 3,064
<b>Pancreas</b> 10,380	<b>Uterus</b> 11,774	Bone 72	Kidney 66	Testis, etc. 423	Brain, etc. 332	Brain, etc. 1,320	Colon & Rectum 2,494	Pancreas 6,028	Uterus 5,804	Stomach 3,106	Lung 3,039
<b>Stomach</b> 9,178	<b>Ovary</b> 10,002	Kidney 65	Connective Tissue 54	Bone 234	Bone 315	Stomach 1,147	Ovary 2,426	Stomach 4,862	Ovary 5,396	Pancreas 2,911	Uterus 2,854

Source: National Center for Health Statistics, 1973

## RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES – 1973

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
	<b>All Causes</b>	<b>1,973,003</b>	<b>940.2</b>	<b>100.0</b>
1	Diseases of Heart	757,075	360.8	38.4
2	<b>Cancer</b>	<b>351,055</b>	<b>167.3</b>	<b>17.8</b>
3	Stroke	214,313	102.1	10.9
4	Accidents	115,821	55.2	5.9
5	Influenza & Pneumonia	62,559	29.8	3.2
6	Diabetes Mellitus	38,208	18.2	1.9
7	Cirrhosis of Liver	33,350	15.9	1.7
8	Arteriosclerosis	32,617	15.5	1.7
9	Certain Diseases of Infancy	30,503	14.5	1.5
10	Suicide	25,118	12.0	1.3
11	Emphysema	22,249	10.6	1.1
12	Homicide	20,465	9.8	1.0
13	Congenital Anomalies	14,062	6.7	0.7
14	Nephritis and Nephrosis	8,336	4.0	0.4
15	Ulcers	7,688	3.7	0.4
	Other & Ill-Defined	239,584	114.1	12.1

Source: National Center for Health Statistics, 1973

## ESTIMATED CANCER DEATHS AND NEW CASES BY SEX AND SITE — 1976<sup>1</sup>

SITE	ESTIMATED DEATHS			ESTIMATED NEW CASES		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
All Sites	370,000	202,000	168,000	675,000 <sup>1</sup>	339,000 <sup>1</sup>	336,000 <sup>1</sup>
Buccal Cavity & Pharynx (Oral)	8,300	5,900	2,400	23,800	16,900	6,900
Lip	225	200	25	4,100	3,800	300
Tongue	2,000	1,400	600	4,500	3,100	1,400
Salivary Gland	650	400	250	8,600	5,100	3,500
Floor of Mouth	525	400	125			
Other & Unspecified Mouth	1,250	800	450			
Pharynx	3,650	2,700	950	6,600	4,900	1,700
Digestive Organs	101,900	53,800	48,100	169,000	88,200	80,800
Esophagus	6,600	4,800	1,800	7,500	5,600	1,900
Stomach	14,400	8,500	5,900	22,900	14,000	8,900
Small Intestine	700	350	350	2,200	1,200	1,000
Large Intestine (Colon- Rectum)	38,900	18,000	20,900	69,000	31,000	38,000
Liver and Biliary Passages	10,300	5,700	4,600	30,000	17,000	13,000
Pancreas	9,800	4,800	5,000	11,800	5,800	6,000
Other & Unspecified Digestive	19,600	10,900	8,700	21,700	12,000	9,700
Other & Unspecified Digestive	1,600	750	850	3,900	1,600	2,300
Respiratory System	88,450	68,900	19,550	104,700	82,700	22,000
Larynx	3,250	2,800	450	9,200	8,100	1,100
Lung	83,800	65,200	18,600	93,000	73,000	20,000
Other & Unspecified Respiratory	1,400	900	500	2,500	1,600	900
Bone, Tissue and Skin	8,550	4,850	3,700	15,700	7,900	7,800
Bone	1,900	1,100	800	1,900	1,100	800
Connective Tissue	1,650	850	800	4,500	2,400	2,100
Skin	5,000 <sup>4</sup>	2,900	2,100	9,300 <sup>2</sup>	4,400 <sup>2</sup>	4,900 <sup>2</sup>
Breast	33,100	300	32,800	88,700	700	88,000
Genital Organs	43,200	20,400	22,800	128,800	60,600	68,200
Cervix, Invasive } Uterus	7,700	—	7,700	20,000 <sup>3</sup>	—	20,000 <sup>3</sup>
Corpus Uteri } Uterus	3,300	—	3,300	27,000	—	27,000
Ovary	10,800	—	10,800	17,000	—	17,000
Other Female Genital	1,000	—	1,000	4,200	—	4,200
Prostate	19,300	19,300	—	56,000	56,000	—
Other Male Genital	1,100	1,100	—	4,600	4,600	—
Urinary Organs	16,600	11,100	5,500	44,700	31,200	13,500
Bladder	9,500	6,600	2,900	29,800	22,000	7,800
Kidney & Other Urinary	7,100	4,500	2,600	14,900	9,200	5,700
Eye	400	200	200	1,700	800	900
Brain & Central Nervous System	8,600	4,800	3,800	10,800	5,900	4,900
Endocrine Glands	1,650	650	1,000	9,100	2,700	6,400
Thyroid	1,150	350	800	8,100	2,200	5,900
Other Endocrine	500	300	200	1,000	500	500
Leukemia	15,000	8,400	6,600	21,300	12,000	9,300
Lymphomas	19,000	10,100	8,900	29,500	16,000	13,500
Lymphosarcoma & Reticulosarcoma	7,500	4,000	3,500	10,400	5,600	4,800
Hodgkin's Disease	3,200	1,900	1,300	7,200	4,200	3,000
Multiple Myeloma	5,300	2,700	2,600	8,000	4,100	3,900
Other Lymphomas	3,000	1,500	1,500	3,900	2,100	1,800
All Other & Unspecified Sites	25,250	12,600	12,650	27,200	13,400	13,800

NOTE: The estimates of new cancer cases are offered as a rough guide and should not be regarded as definitive. Especially note that year-to-year changes may only represent improvements in the basic data.

<sup>1</sup> Carcinoma-in-situ of the uterine cervix and non-melanoma skin cancer not included in totals.

<sup>2</sup> Melanoma only. <sup>3</sup> Invasive cancer only. <sup>4</sup> Melanoma 3500, other skin 1500.

Incidence estimates are based on rates from NCI Third National Cancer Survey, 1969-71.

# RESEARCH POSITIONS AT THE NATIONAL CANCER INSTITUTE<sup>1</sup>

The National Cancer Institute recognizes that one of the most valuable resources to be drawn upon in the fight against cancer is the wealth of scientific talent available in the U.S. and around the world. In an effort to attract and maintain the highest quality scientific staff, two personnel systems are used: the U.S. Civil Service System and the PHS Commissioned Corps. In addition, the Staff Fellowship Program and the NIH Visiting Program have been designed to meet special needs. Special programs are also available for those who qualify.

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
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## I. CIVIL SERVICE

<b>A. Civil Service (tenured)</b>	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs	Minimum starting: Ph.D. — \$22,906 Physicians — \$29,782 Maximum: \$36,000	Civil Service Commission. Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
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## II. SPECIAL APPOINTMENT OF EXPERTS AND CONSULTANTS

<b>A. Special Appointment of Experts and Consultants (non-tenured appointment which can be extended up to 4 years)</b>	Applicants shall possess outstanding experience and ability such as to justify recognition as authorities in their particular fields of activity.	Equivalent to the salary range of GS-13 through GS-18 Maximum: \$36,000	Recommendation by Division Directors. Final approval rests with the Director, NCI.
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## III. USPHS COMMISSIONED CORPS

Associate Training Program including CORD residency deferment program (limited tenure, maximum 3 years) <sup>2</sup>			
<b>A. Clinical Associate</b>	Graduates of Medical Schools including Internship	Pay and allowances of Senior Assistant Surgeon or Surgeon of PHS Commissioned Corps	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health
<b>B. Research Associate</b>	Graduates of Medical Schools including Internship	Pay and allowances of Senior Assistant Surgeon or Surgeon of PHS Commissioned Corps	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health
<b>C. Staff Associate</b>	Graduates of medical and dental schools, or other doctoral qualifications	Pay and allowances of Senior Assistant Surgeon of PHS Commissioned Corps	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health
<b>D. Senior COSTEP Program (Medical)</b>	Senior Medical Students	Pay and Allowances of Junior Asst. Health Service Officer plus payment of tuition, fees and other necessary expenses. Candidates incur 2 year active duty obligation with PHS Commissioned Corps.	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health

#### IV. VISITING PROGRAM (limited tenure)<sup>3</sup>

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
A. Visiting Fellow (maximum 3 years)	1-3 years postdoctoral education	Entrance stipend \$10,000-10,800  No dependency allowance provided	Contact Director or Laboratory Chief in area of interest.
B. Visiting Associates (1 year with renewals to end of project)	3+ years postdoctoral education with appropriate knowledge needed by NCI	\$12,841-20,125	Contact Director or Laboratory Chief in area of interest.
C. Visiting Scientist (duration of project)	6+ years postdoctoral education with appropriate unusual experience and knowledge needed	\$18,463-36,000	Contact Director or Laboratory Chief in area of interest.

#### V. STAFF FELLOWSHIPS

A. Staff Fellowships (maximum 5 years)	Physician or other doctoral degree equivalent awarded within last 5 years, U.S. citizen or non-citizen eligible for naturalization within 4 years.	Staff Fellows Physicians \$18,800-22,700 Other Doctorates \$14,400-21,200 Senior Staff Fellows Physicians \$21,300-29,800 Other Doctorates \$18,800-24,100	Contact Director or Laboratory Chief in area of interest or the NCI Person- nel Office.
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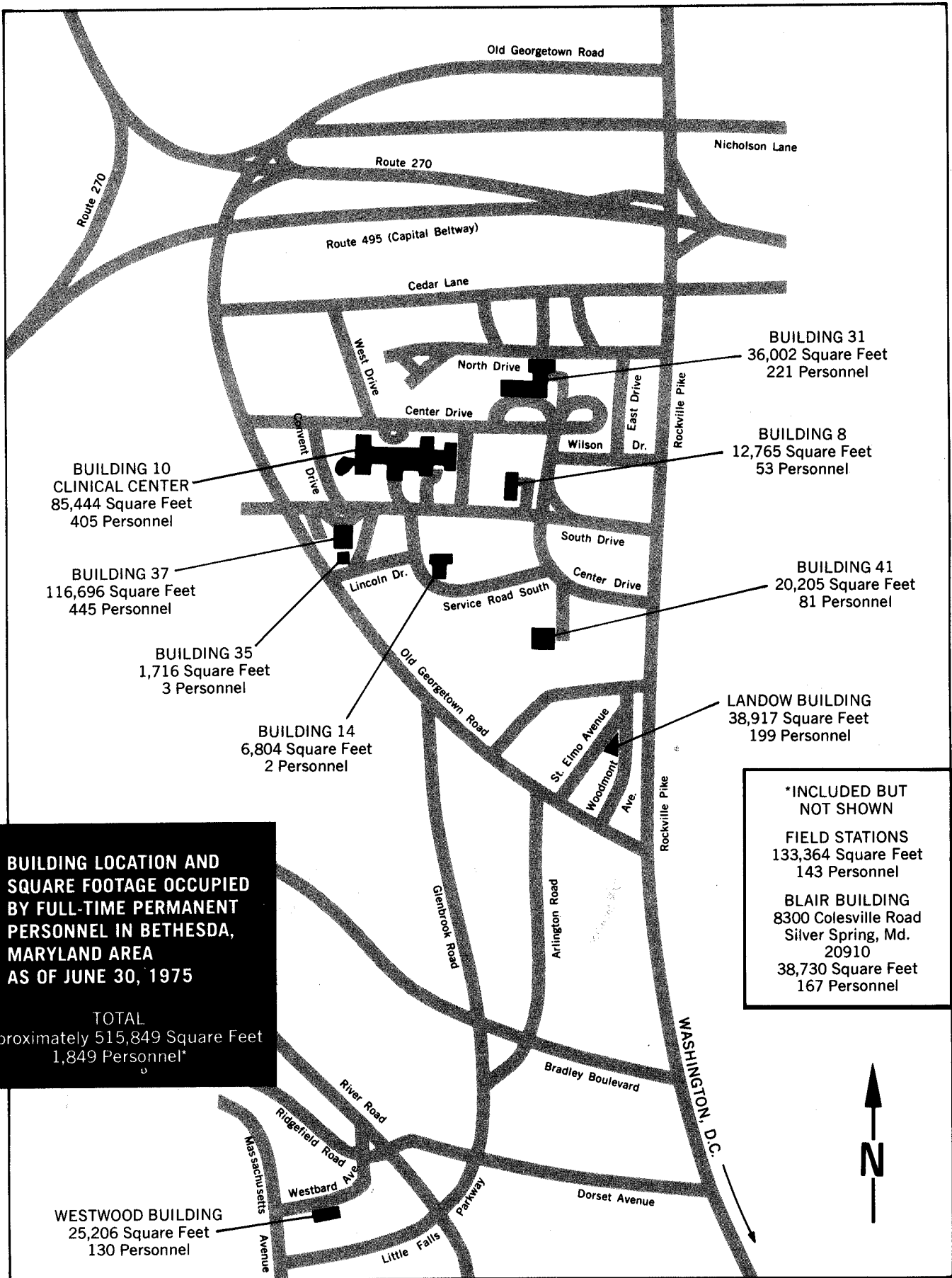
#### VI. SPECIAL PROGRAMS

A. Research Fellow spon- sored by organization other than NIH, PHS	Determined by sponsoring organization.	Established by spon- soring organization	Contact Director or Laboratory Chief in area of interest; also apply to sponsoring agency, e.g. American Cancer Society, Eleanor Roosevelt Cancer Foundation, Leukemia Society of America, Inc., etc.
B. COSTEP Program (operates year-round) Maximum 120 days per 12 month period	U.S. citizen with 2 years of bac- calaureate program or more in health-related field. May be enrolled in doctoral program or professional school. Physical requirements of PHS Commissioned Corps. Plans to return to college.	Pay and allowance of a Commissioned Officer, Junior Asst. Grade	Apply to PHS Commissioned Corps, COSTEP SECTION, Parklawn Building, 5600 Fishers Lane, Rock- ville, Maryland 20852.
C. Civil Service Summer Employment Program	U.S. citizen, 18 years of age or older (16 if high school graduate)	Pay equivalent to GS-1 through GS-4 depending on education and ex- perience	Civil Service Summer Employment Examination
	College graduates, graduate students, faculty members, equivalent experience.	Pay equivalent to GS-5 through GS-12	Apply to NIH Personnel Staffing Branch.
D. Fogarty International Scholars	International reputation, produc- tivity, demonstrated ability in biomedical field	\$30,000 per annum	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.

<sup>1</sup>Does not necessarily indicate that positions are currently available at the National Cancer Institute.

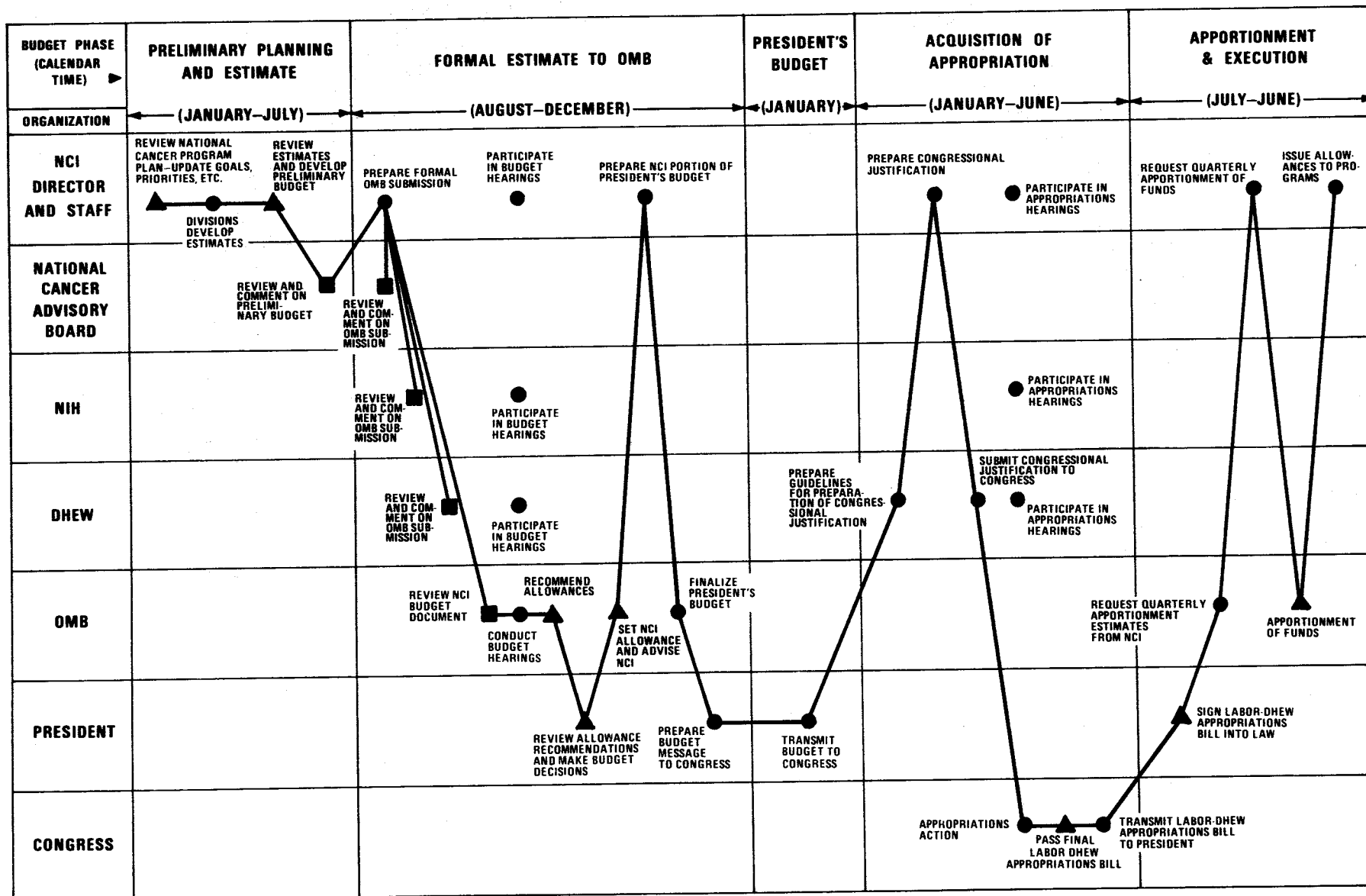
<sup>2</sup>Appointments are made upon intellectual attainment and demonstrated research interest and ability matched to NCI's needs.

<sup>3</sup>Under most circumstances, the various visiting programs are limited to non-citizens.





# NCI BUDGET ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971

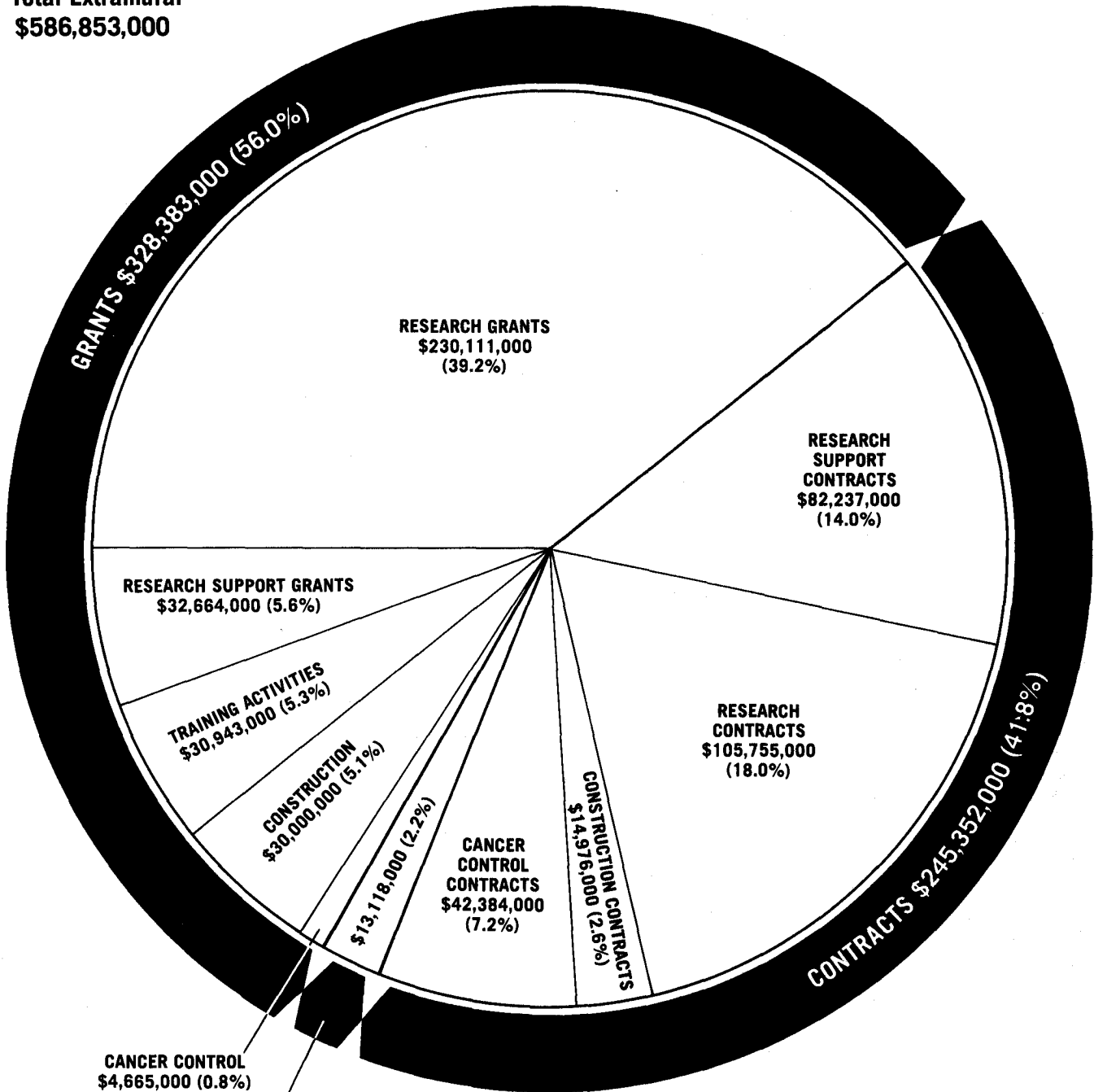


NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS

LEGEND: ● OPERATION    ■ REVIEW    ▲ DECISION

**NCI EXTRAMURAL FUNDS — FISCAL YEAR 1975**

**Total Extramural  
\$586,853,000**



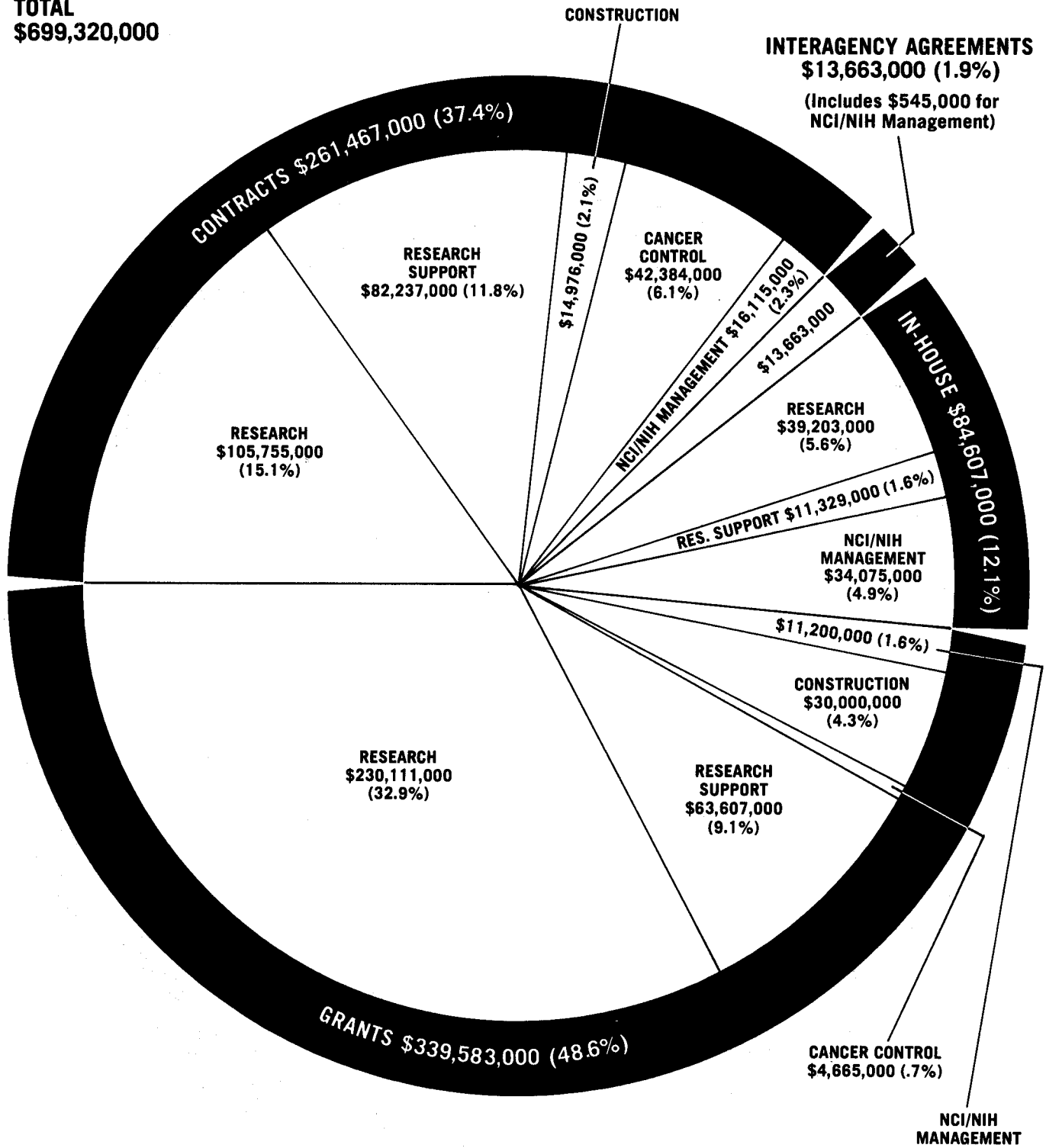
**INTERAGENCY AGREEMENTS  
\$13,118,000  
(2.2%)**

**Total Intramural (not shown)  
Total NCI**

**\$112,467,000  
\$699,320,000**

**TOTAL NCI DOLLARS BY MECHANISMS — FISCAL YEAR 1975**

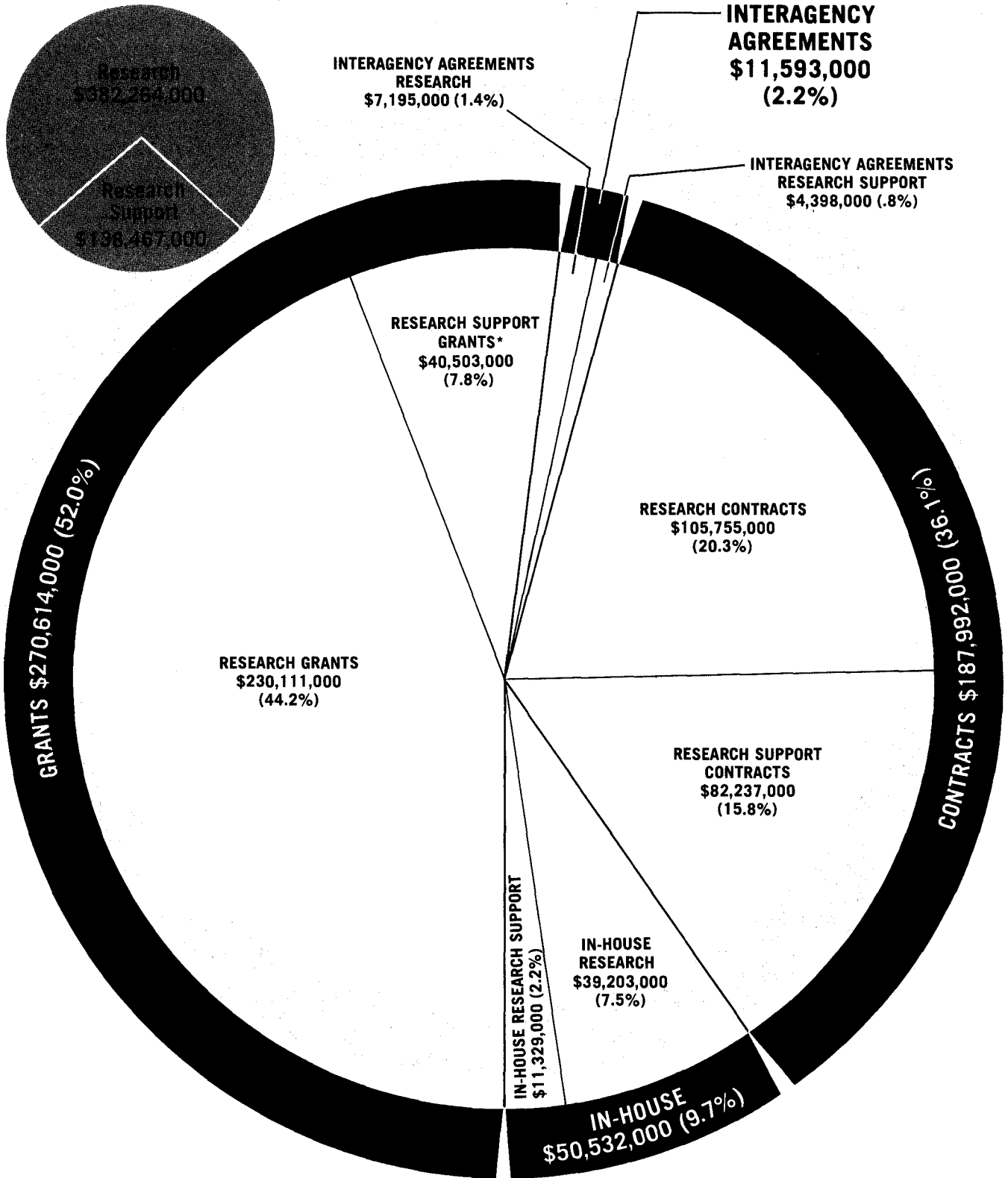
**TOTAL  
\$699,320,000**



NOTE: Management includes NCI Management as well as NIH Management Fund.

# COMPARISON OF RESEARCH/RESEARCH SUPPORT — FISCAL YEAR 1975

TOTAL: \$520,731,000



NOTE: Excludes Fellowships and Training Grants, Construction, Cancer Control and NCI/NIH Management Fund.  
 \*Research Support Grants include the Clinical Education Program and the Research Career Program.

# NATIONAL CANCER INSTITUTE 1975 BUDGET BY ORGANIZATION (THOUSANDS OF DOLLARS)

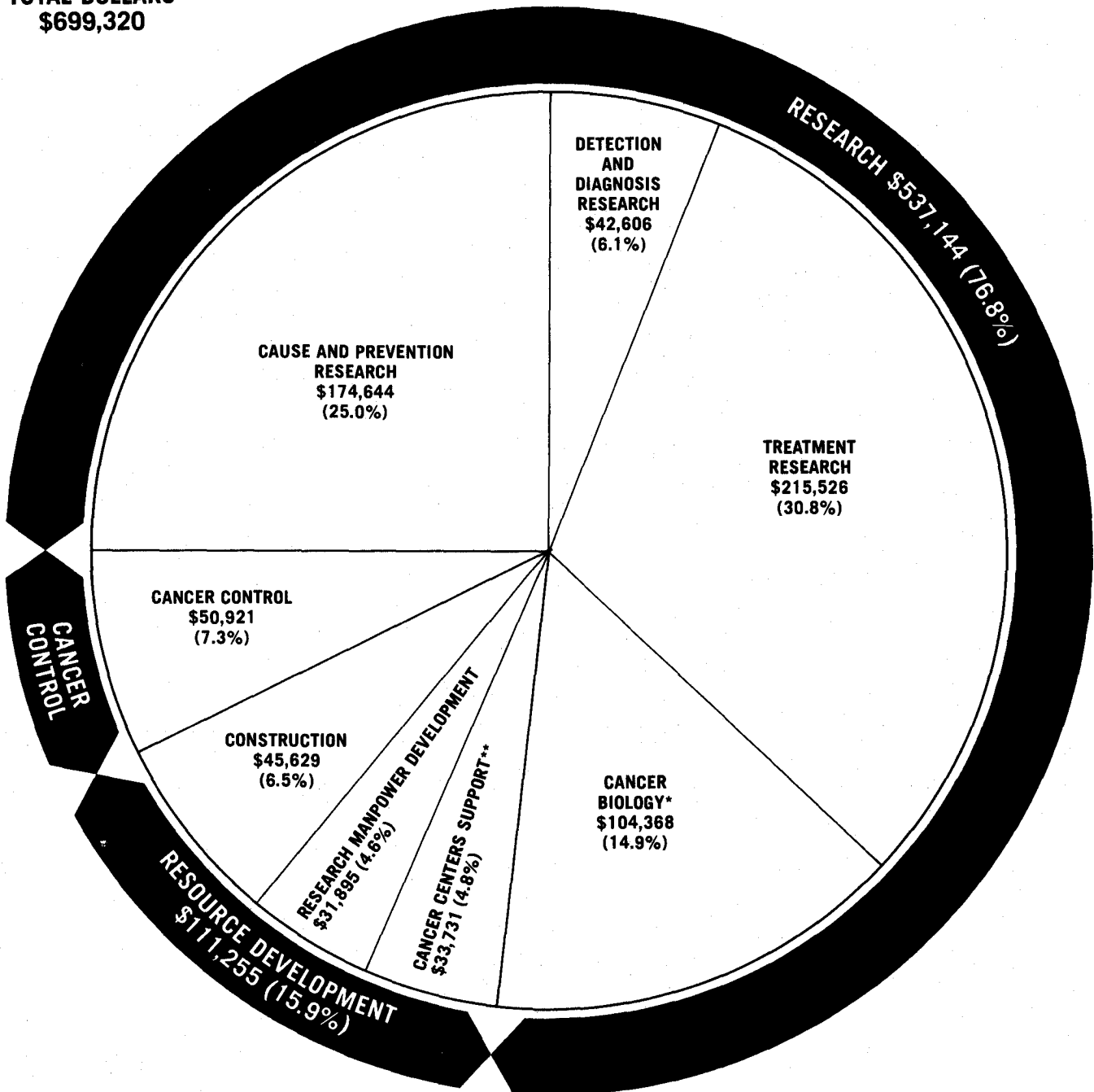
	AMOUNT	ACTIVITY	PERCENT OF TOTAL
<b>DIVISION OF CANCER RESEARCH RESOURCES AND CENTERS</b>			
<b>\$330,062</b>	\$131,471	Regular Program	18.8
	83,468	Program Projects	11.9
	4,005	Radiation Development	.6
	11,167	Task Forces (Organ Sites)	1.6
	30,096	Core Support	4.3
	2,568	Planning Grants	.4
	5,033	Clinical Education Program	.7
	2,806	Career Program	.4
	13,368	Fellowships	1.9
	9,736	Training Grants	1.4
	30,000	Construction	4.3
	6,344	Review and Approval	.9
	<b>47.2%</b>		
<b>DIVISION OF CANCER BIOLOGY AND DIAGNOSIS</b>			
<b>\$50,724</b>	41,716	Laboratory and Clinical Research	6.0
	9,008	Task Forces	1.3
<b>7.3%</b>			
<b>DIVISION OF CANCER TREATMENT</b>			
<b>\$86,441</b>	85,691	Cancer Therapy	12.3
	750	Task Forces	.1
<b>12.4%</b>			
<b>DIVISION OF CANCER CAUSE AND PREVENTION</b>			
<b>\$122,664</b>	8,671	Office of the Division Director	1.2
	58,782	Virus Cancer Program	8.4
	40,449	Carcinogenesis	5.8
	9,165	Field Studies and Statistics	1.3
	5,597	Task Forces	.8
<b>17.5%</b>			
<b>DIVISION OF CANCER CONTROL AND REHABILITATION</b>			
<b>\$50,273</b>	50,273	Cancer Control	7.2
<b>7.2%</b>			
<b>OFFICE OF THE DIRECTOR</b>			
<b>\$59,156</b>	21,590	Program Direction and Supporting Services	3.0
	2,264	Basic Science Program—FCRC	.3
	14,976	Construction Contracts	2.1
	20,326	Management Fund	3.0
<b>8.4%</b>			
	<b>\$699,320</b>	<b>TOTAL</b>	<b>100.0</b>

NOTE: Does not reflect transfer of the Surgery and Radiation Branches from the Division of Cancer Biology and Diagnosis to the Division of Cancer Treatment nor the transfer of the Clinical Cooperative Groups from the Division of Cancer Research Resources and Centers to the Division of Cancer Treatment.

**NCI PROGRAM STRUCTURE — FISCAL YEAR 1975**

(THOUSANDS OF DOLLARS)

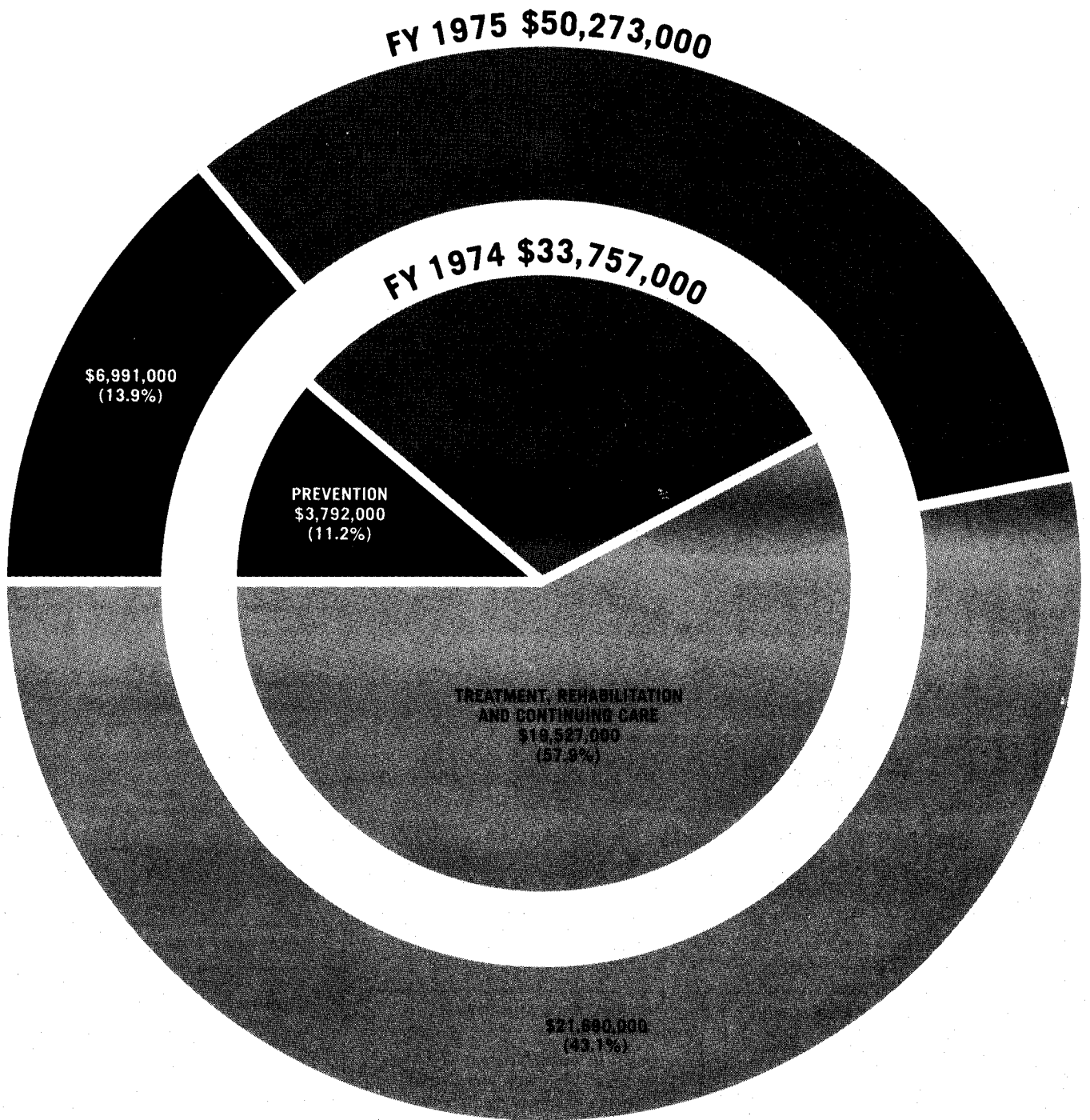
**TOTAL DOLLARS  
\$699,320**



\*Includes research which has application to all the research thrusts, i.e. cause and prevention research, detection and diagnosis research and treatment research.

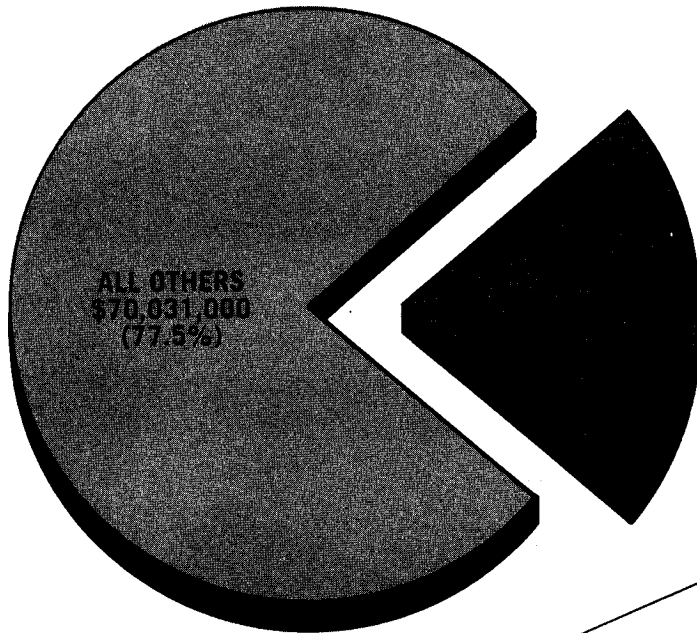
\*\*Planning and core support of centers.

**CANCER CONTROL OBLIGATIONS  
FISCAL YEARS 1974 AND 1975**



# REIMBURSEMENT TO NIH MANAGEMENT FUND FISCAL YEAR 1975

**TOTAL NIH SERVICES  
\$90,357,000**



CLINICAL CENTER
Employee Health Services
Service Functions
Social Work
Professional Services
Consultative Services
Admissions and Follow-up
Anesthesiology
Diagnostic X-Ray
Clinical Pathology
Blood Bank
Rehabilitation Service
Pharmacy Service
Medical Records
TV Engineering
Nursing Service
Patient Nutrition Service
Environmental Sanitation Control
Laundry
Radiation Safety

\$8,484,000



**DISTRIBUTION OF NCI SERVICES  
\$20,326,000**

DIVISION OF RESEARCH GRANTS
Initial Scientific Review of Applications
Assignment of Research Grant Applications Among Institutes

\$1,459,000

\$888,000

DIVISION OF COMPUTER RESEARCH & TECHNOLOGY
Research & Development Program in Which Concepts & Methods of Computer Science Are Applied to Biomedical Problems (Services Are Rendered to the NIH Communities on a Fee-For-Service Basis).

\$1,364,000

OFFICE OF ADMINISTRATION
Division of Administrative Services
Division of Contracts and Grants
Division of Engineering Services
Division of Financial Management
Division of Management Policy
Division of Management Survey and Review
Division of Personnel Management

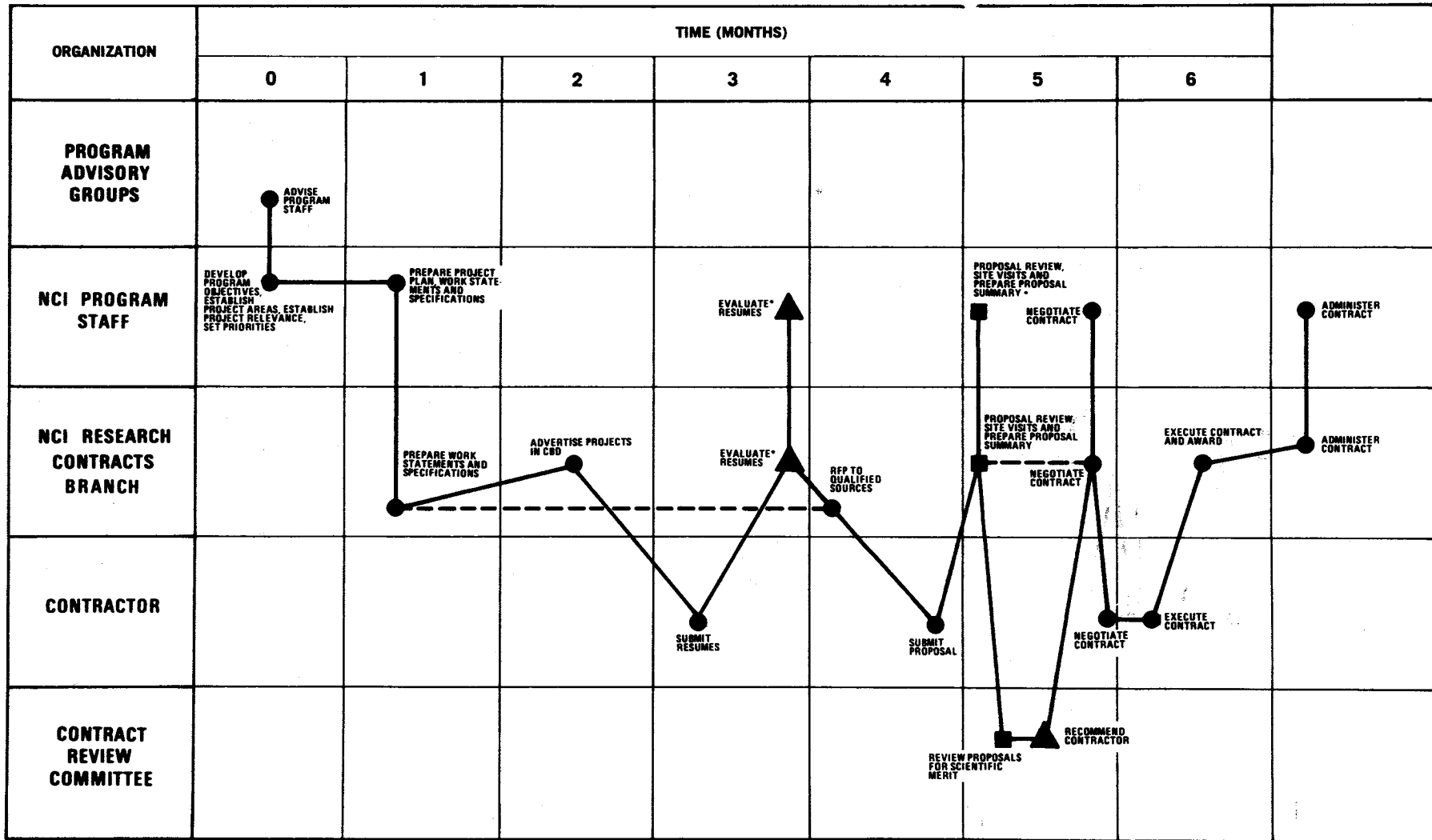
\$8,131,000

DIVISION OF RESEARCH SERVICES
Laboratory Aids
Animal Hospital
Media Preparation
Glassware Preparation
Comparative Pathology
Germ-free Animal Production
Biomedical Engineering and Instrumentation
Library Services
Medical Arts
Environmental Services

The Management Fund provides for the financing of certain common research supporting services and administrative activities which are required in the operating of NIH.



# NCI CONTRACTS ADMINISTRATION PROCESS – UNDER CANCER ACT OF 1971



NOTE:  
SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS

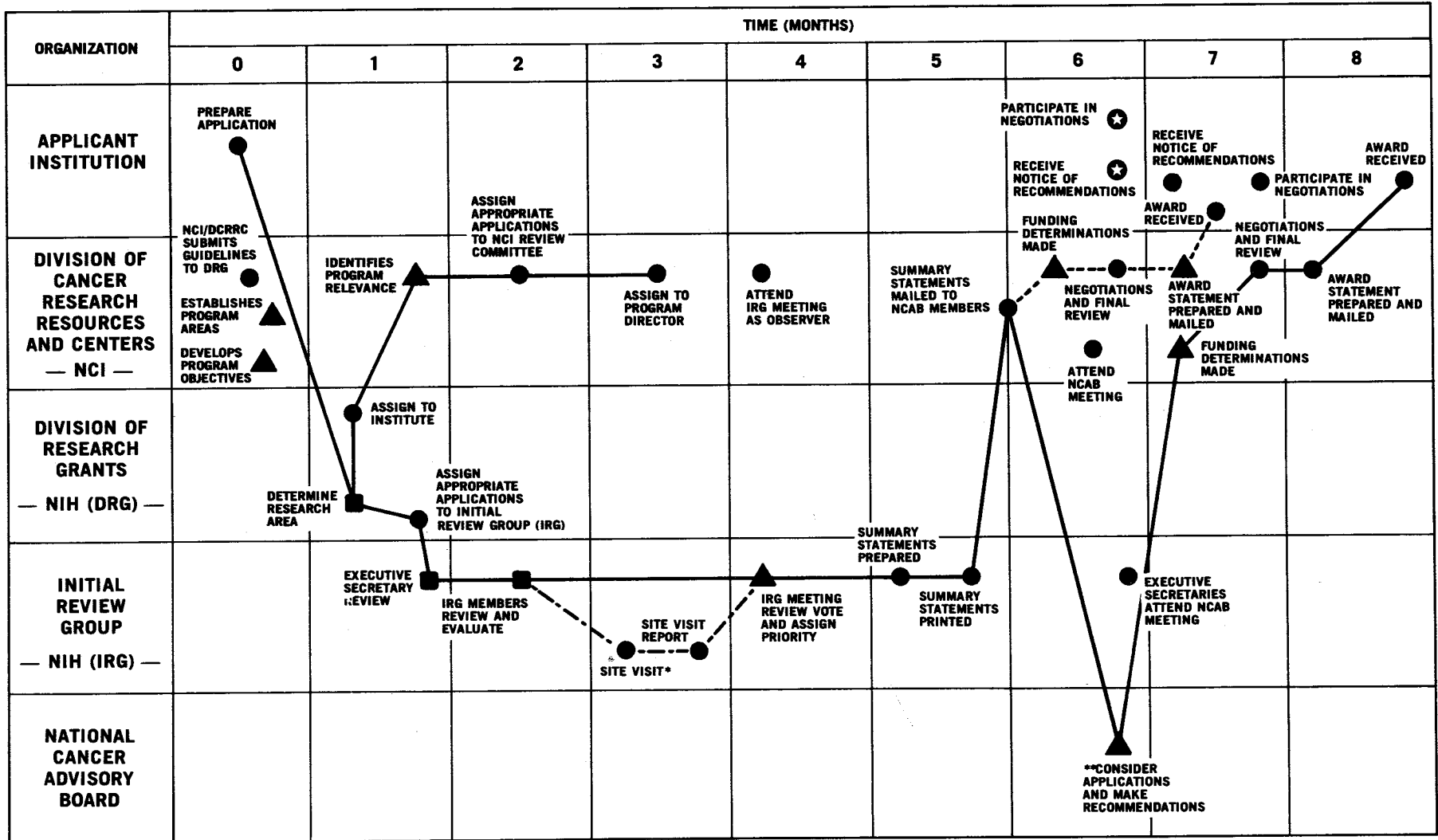
LEGEND

- - OPERATION
- - REVIEW
- ▲ - DECISION

- NORMAL FLOW
- - - NON-COMPETITIVE CONTRACTS

\* AD HOC COMMITTEES MAY BE USED - INCLUDES OUTSIDE SCIENTISTS

# NCI GRANTS ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971



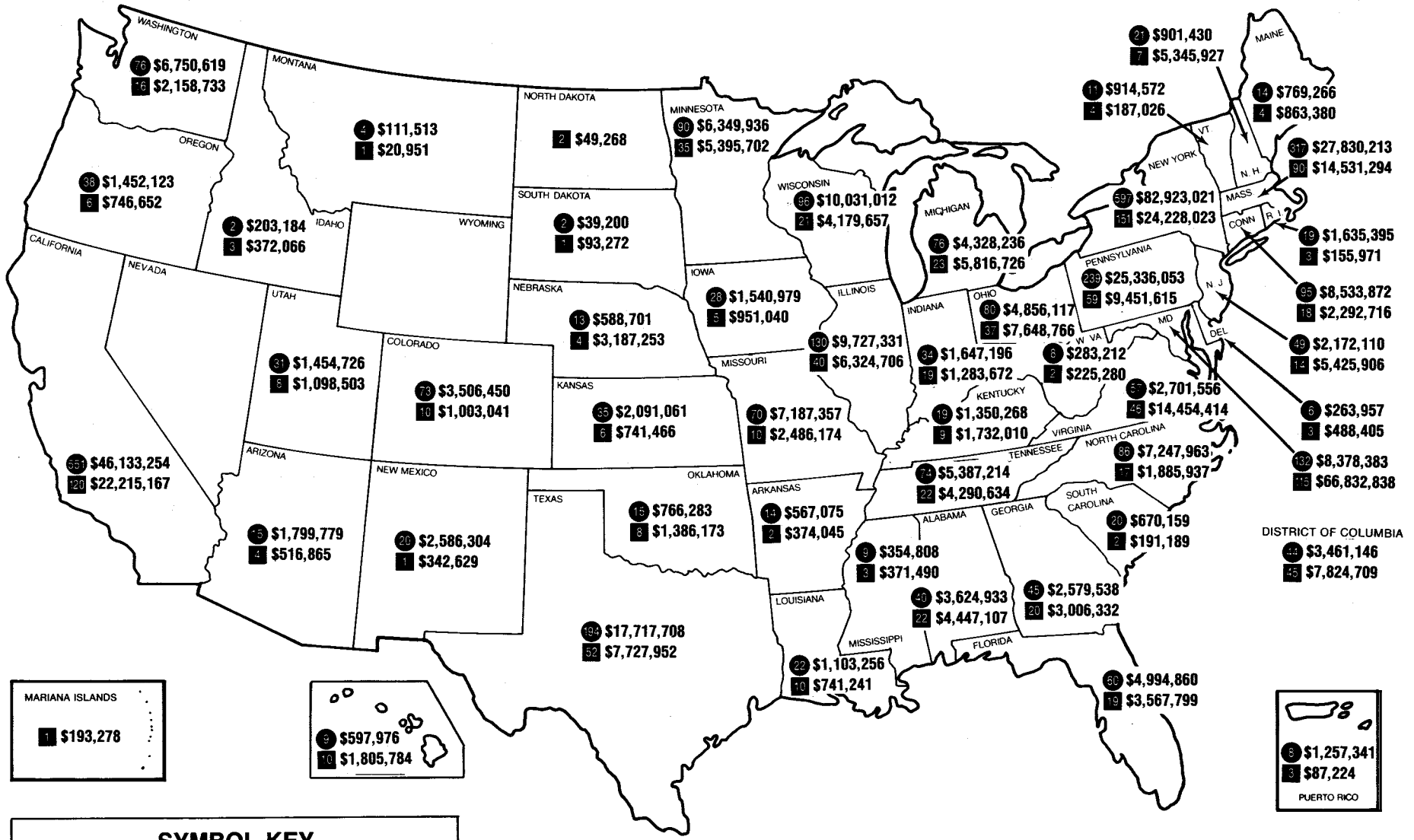
NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS

**LEGEND:**

- OPERATIONS
- REVIEW
- ▲ DECISION

- NORMAL ADMINISTRATIVE FLOW
- - - - - APPLICATIONS LESS THAN \$35,000 TOTAL COSTS (TIME SAVING 3 TO 4 WEEKS)
- - - - - \* SITE VISITS REQUIRED FOR ONLY ABOUT 10% OF APPLICATIONS
- \*\* NCAB MEETS NOT LESS THAN 4 TIMES PER YEAR

# STATE DISTRIBUTION OF GRANTS AND CONTRACTS—FISCAL YEAR 1975



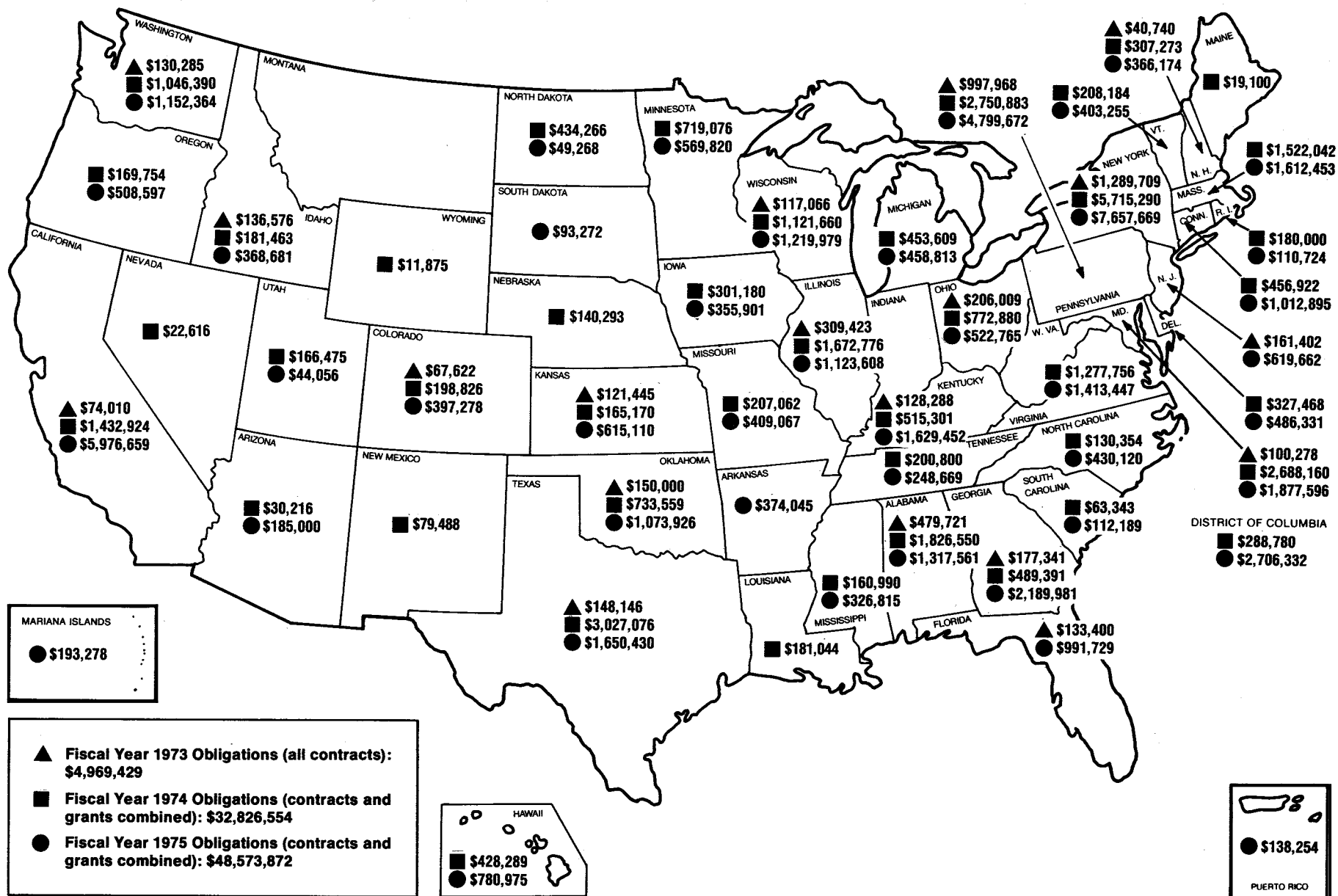
**SYMBOL KEY**

○ TOTAL NO. OF GRANTS & DOLLARS PER STATE

□ TOTAL NO. OF CONTRACTS & DOLLARS PER STATE

NOTE: Contract figures exclude Foreign Contracts: \$7,721,992. Grant figures exclude Foreign Grants: \$1,284,988; Purchases of Drugs: \$3,000,000; and Scientific Evaluation (DRG): \$390,000; but include 26 Cancer Control Grants and 577 Supplemental Awards.

# DISTRIBUTION OF CANCER CONTROL OBLIGATIONS BY STATE AND TERRITORY—FISCAL YEARS 1973-1975



# NCI SUPPORT TO COMPREHENSIVE CANCER CENTERS — FISCAL YEAR 1975

(DOLLARS IN THOUSANDS)

COMPREHENSIVE CANCER CENTERS	LOCATION	RESEARCH GRANTS	RESEARCH AND RESEARCH SUPPORT CONTRACTS	MANPOWER PROGRAMS	CANCER CONTROL	CONSTRUCTION	TOTAL EXTRAMURAL SUPPORT
Memorial Sloan-Kettering Cancer Center	New York City	\$ 19,417	\$ 2,126	\$ 653	\$ 1,515	\$ 200	\$ 23,911
University of Texas System Cancer Center	Houston	9,696	3,433	790	808	—	14,727
Fox Chase and University of Pennsylvania Cancer Center	Philadelphia	10,074	344	990	477	—	11,885
Roswell Park Memorial Institute	Buffalo	8,290	1,138	627	1,408	—	11,463
University of Wisconsin Clinical Cancer Center	Madison	8,294	613	1,042	638	—	10,587
University of Southern California/Los Angeles County Cancer Center	Los Angeles	4,501	3,201	589	953	—	9,244
Yale University Comprehensive Cancer Center	New Haven	5,584	1,135	632	282	1,274	8,907
Illinois Cancer Council	Chicago	5,649	1,688	615	293	455	8,700
Johns Hopkins University Comprehensive Cancer Center	Baltimore	5,164	1,629	762	1,129	—	8,684
Fred Hutchinson Cancer Center	Seattle	5,117	861	679	742	—	7,399
Sidney Farber Cancer Center	Boston	811	773	354	90	4,897	6,925
Mayo Foundation Cancer Center	Rochester	1,820	3,059	72	537	—	5,488
Duke University Comprehensive Cancer Center	Durham	3,390	1,011	490	299	—	5,190
University of Alabama Comprehensive Cancer Center	Birmingham	3,118	302	255	1,052	—	4,727
Comprehensive Cancer Center of the State of Florida	Miami	2,917	665	124	815	—	4,521
Colorado Regional Cancer Center	Denver	2,726	427	338	351	—	3,842
Georgetown University/Howard University Comprehensive Cancer Center	Washington, D. C.	993	645	130	801	—	2,569
<b>TOTAL NCI SUPPORT</b>		<b>\$97,561</b>	<b>\$23,050</b>	<b>\$9,142</b>	<b>\$12,190</b>	<b>\$6,826</b>	<b>\$148,769</b>

# INSTITUTIONS RECEIVING MORE THAN \$1,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1975

(DOLLARS IN THOUSANDS)

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
University of California Systems	\$ 18,207	\$ 5,694	\$ 5,063	\$ 28,964	California
Litton Bionetics	—	19,437	6,834	26,271	Maryland
University of Texas System	13,862	4,831	—	18,693	Texas
Sloan-Kettering Institute for Cancer Research	14,590	804	—	15,394	New York
Yeshiva University	3,675	1,391	8,650	13,716	New York
Columbia University	5,003	1,568	5,890	12,461	New York
Roswell Park Memorial Institute	9,157	2,306	—	11,463	New York
University of Wisconsin Clinical Cancer Center	9,336	1,251	—	10,587	Wisconsin
Stanford University	6,429	2,977	—	9,406	California
University of Southern California/LAC Cancer Center	5,090	4,154	—	9,244	California
Yale University Comprehensive Cancer Center	6,411	1,221	1,274	8,906	Connecticut
Johns Hopkins University Comprehensive Cancer Center	6,318	2,366	—	8,684	Maryland
Memorial Hospital for Cancer and Allied Diseases	5,480	2,837	200	8,517	New York
Tracor Jitco, Inc.	—	8,475	—	8,475	Virginia
Sidney Farber Cancer Center	1,165	863	4,897	6,925	Massachusetts
New York University Medical Center	4,857	1,058	704	6,619	New York
Microbiological Associates	—	6,390	—	6,390	Maryland
Fox Chase Institute for Cancer Research	5,790	477	—	6,267	Pennsylvania
University of Chicago	4,445	989	455	5,889	Illinois
University of Minnesota	4,159	1,487	—	5,646	Minnesota
Enviro Controls, Inc.	—	5,644	—	5,644	Maryland
University of Pennsylvania	5,274	344	—	5,618	Pennsylvania
Mayo Foundation Cancer Center	1,892	3,596	—	5,488	Minnesota
University of Maryland	560	4,767	—	5,327	Maryland
Washington University	4,440	106	733	5,279	Missouri
Massachusetts General Hospital	3,874	1,335	—	5,209	Massachusetts
Duke University Comprehensive Cancer Center	3,933	1,257	—	5,190	North Carolina
Harvard University	4,466	615	—	5,081	Massachusetts
University of Rochester	4,025	983	—	5,008	New York
SUNY Downstate Medical Center	3,690	1,301	—	4,991	New York
CUNY Herbert H. Lehman College	4,053	899	—	4,952	New York
University of Alabama Comprehensive Cancer Center	3,373	1,354	—	4,727	Alabama
Mary Hitchcock Memorial Hospital	—	4,684	—	4,684	New Hampshire
University of Washington	3,920	735	—	4,655	Washington
Meloy Laboratories	—	4,639	—	4,639	Virginia
Comprehensive Cancer Center of the State of Florida	3,538	983	—	4,521	Florida
Baylor College of Medicine	3,276	1,146	—	4,422	Texas
Arthur D. Little, Inc.	—	4,195	—	4,195	Massachusetts
Massachusetts Institute of Technology	3,488	546	—	4,034	Massachusetts
Salk Institute for Biological Studies	2,062	96	1,800	3,958	California
American Health Foundation	2,949	925	—	3,874	New York
Flow Laboratories	—	3,740	—	3,740	Maryland
Emory University	1,897	1,731	—	3,628	Georgia
Temple University	3,344	244	—	3,588	Pennsylvania
Stanford Research Institute	583	2,977	—	3,560	California
University of Nebraska Medical Center	539	3,011	—	3,550	Nebraska
JRB Associates	—	3,481	—	3,481	Virginia
Ohio State University	2,167	1,247	—	3,414	Ohio
Tufts University	2,978	—	150	3,128	Massachusetts
Wistar Institute	2,916	187	—	3,103	Pennsylvania
University of New Mexico	2,576	343	—	2,919	New Mexico
Illinois Institute of Research	76	2,836	—	2,912	Illinois
Hazleton Laboratories	—	2,900	—	2,900	Virginia
Thomas Jefferson University	1,789	1,077	—	2,866	Pennsylvania
Fred Hutchinson Cancer Research Center	1,876	868	—	2,744	Washington
Pennsylvania State University	1,429	1,299	—	2,728	Pennsylvania
Battelle Memorial Institute	143	2,568	—	2,711	Ohio
Michigan Cancer Foundation	1,138	1,536	—	2,674	Michigan

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Southern Research Institute	134	2,442	—	2,576	Alabama
Pfizer, Inc.	—	2,526	—	2,526	New Jersey
St. Jude Children's Research Hospital	2,472	—	—	2,472	Tennessee
Scripps Clinic and Research Foundation	1,336	1,060	—	2,396	California
University of Iowa	1,523	778	—	2,301	Iowa
University of North Carolina	1,891	379	—	2,270	North Carolina
University of Pittsburgh	934	1,320	—	2,254	Pennsylvania
Utah State University	1,230	980	—	2,210	Utah
University of Tennessee	1,534	617	—	2,151	Tennessee
University of Arizona	1,733	399	—	2,132	Arizona
University of Louisville	416	1,550	—	1,966	Kentucky
George Washington University	1,519	422	—	1,941	Dist. of Col.
Mason Research Institute	—	1,904	—	1,904	Massachusetts
University of Colorado Medical Center	1,454	378	—	1,832	Colorado
Cold Spring Harbor Laboratories	1,797	—	—	1,797	New York
St. Louis University	544	1,228	—	1,772	Missouri
Children's Hospital of Philadelphia	1,091	639	—	1,730	Pennsylvania
Montefiore Hospital and Medical Center	1,159	543	—	1,702	New York
Rush Presbyterian-St. Luke's Medical Center	973	708	—	1,681	Illinois
University of Kansas	1,130	548	—	1,678	Kansas
New England Medical Center Hospital	1,238	439	—	1,677	Massachusetts
Case Western Reserve University	1,159	473	—	1,632	Ohio
University of Oregon	1,401	204	—	1,605	Oregon
University of Illinois Medical Center	1,024	548	—	1,572	Illinois
Medical College of Virginia	1,472	95	—	1,567	Virginia
Boston University	1,051	426	75	1,552	Massachusetts
Worcester Foundation	1,203	343	—	1,546	Massachusetts
American College of Radiology	935	587	—	1,522	Illinois
Charles River Breeding Laboratories	—	1,472	—	1,472	Massachusetts
Electro-Nucleonics Laboratories	—	1,450	—	1,450	Maryland
Howard University	785	659	—	1,444	Dist. of Col.
Children's Hospital of Los Angeles	514	924	—	1,438	California
Dartmouth College	795	618	—	1,413	New Hampshire
University of Hawaii	598	769	—	1,367	Hawaii
University of Michigan	1,013	342	—	1,355	Michigan
Jackson Laboratory	692	647	—	1,339	Maine
World Health Organization	—	1,337	—	1,337	Switzerland
California State Department of Health	201	1,125	—	1,326	California
Life Sciences, Inc.	—	1,319	—	1,319	Florida
TRW Systems Group	—	1,308	—	1,308	Virginia
Merck and Company, Inc.	—	1,296	—	1,296	New Jersey
University of Florida	1,083	202	—	1,285	Florida
Rockefeller University	1,263	—	—	1,263	New York
Puerto Rico Medical Center	1,257	—	—	1,257	Puerto Rico
Upjohn Company	—	1,248	—	1,248	Michigan
University of Virginia	984	180	—	1,164	Virginia
Wisconsin Alumni Research Federation Institute, Inc.	—	1,141	—	1,141	Wisconsin
Medical College of Wisconsin	593	535	—	1,128	Wisconsin
Georgetown University	338	787	—	1,125	Dist. of Col.
U. S. Small Business Administration	—	1,116	—	1,116	Dist. of Col.
Allegheny General Hospital	727	379	—	1,106	Pennsylvania
Colorado State University	942	160	—	1,102	Colorado
Roger Williams General Hospital	1,078	—	—	1,078	Rhode Island
Bowman Gray School of Medicine/Wake Forest University	1,032	16	—	1,048	North Carolina
New York Medical College	790	258	—	1,048	New York
Weizmann Institute of Science	124	903	—	1,027	Israel
College of Medicine and Dentistry of New Jersey	656	352	—	1,008	New Jersey
Vanderbilt University	679	329	—	1,008	Tennessee
University of Cincinnati	495	508	—	1,003	Ohio

<b>TOTALS</b>	<b>\$255,230</b>	<b>\$183,687</b>	<b>\$36,725</b>	<b>\$475,642</b>
<b>PERCENT OF TOTAL AWARDED ABOVE</b>	<b>53.7</b>	<b>38.6</b>	<b>7.7</b>	<b>100.0</b>
<b>TOTAL NCI FISCAL YEAR 1975 OBLIGATIONS</b>	<b>\$699,305</b>			
<b>PERCENT OF NCI TOTAL OBLIGATIONS</b>	<b>36.5</b>	<b>26.3</b>	<b>5.3</b>	<b>68.0</b>

NOTE: NCI funds approximately 500 institutions; therefore, the above listing represents about 24 percent of the institutions annually funded by NCI.

# DISTRIBUTION OF NCI CONTRACTS – FISCAL YEAR 1975

## PROGRAM DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
25.9	307	Division of Cancer Biology and Diagnosis	\$ 30,907	12.7
24.3	288	Division of Cancer Treatment	63,120	25.9
32.9	389	Division of Cancer Cause and Prevention	103,294	42.4
16.8	199	Division of Cancer Control and Rehabilitation	43,909	18.0
0.1	1	Office of the Director	2,264	1.0
	1,184	Totals	\$243,494	

Excludes 14 construction contracts totalling \$14,976,000.  
Includes Interagency Agreements.

## INSTITUTIONAL DISTRIBUTION

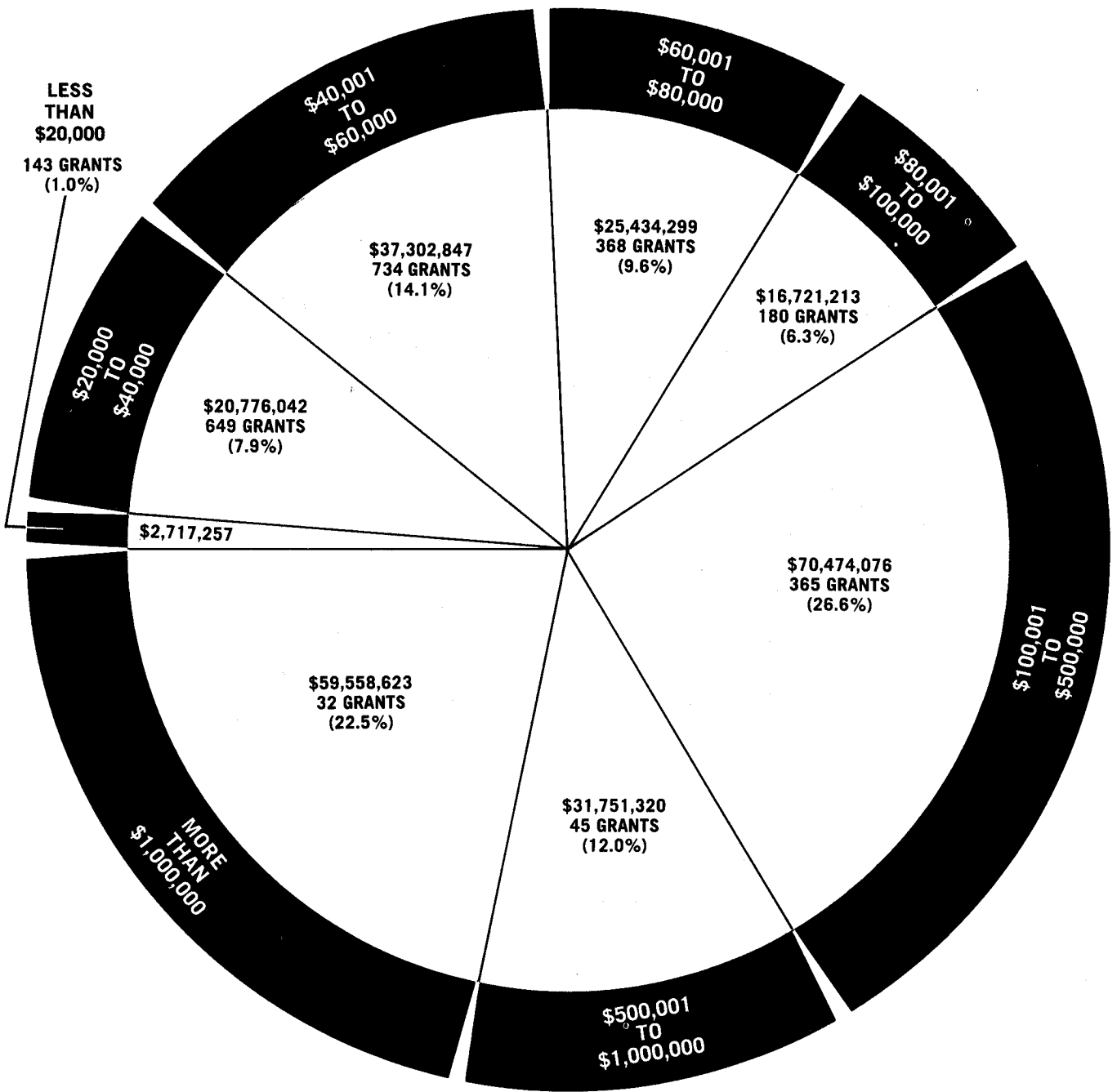
PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
18.8	223	Profit-Making	\$ 90,612	37.2
40.8	483	Academic	68,560	28.2
24.1	285	Non-Profit	54,173	22.2
3.8	45	Federal Government	13,118	5.4
5.1	60	State and Local Government	9,309	3.8
7.4	88	Foreign	7,722	3.2
	1,184	Totals	\$243,494	

Excludes 14 construction contracts totalling \$14,976,000.



**DISTRIBUTION OF NCI RESEARCH GRANTS BY VALUE OF GRANT AWARD — FISCAL YEAR 1975**

**TOTAL GRANT DOLLARS**  
**\$265,581,000**  
**2,516 GRANTS**

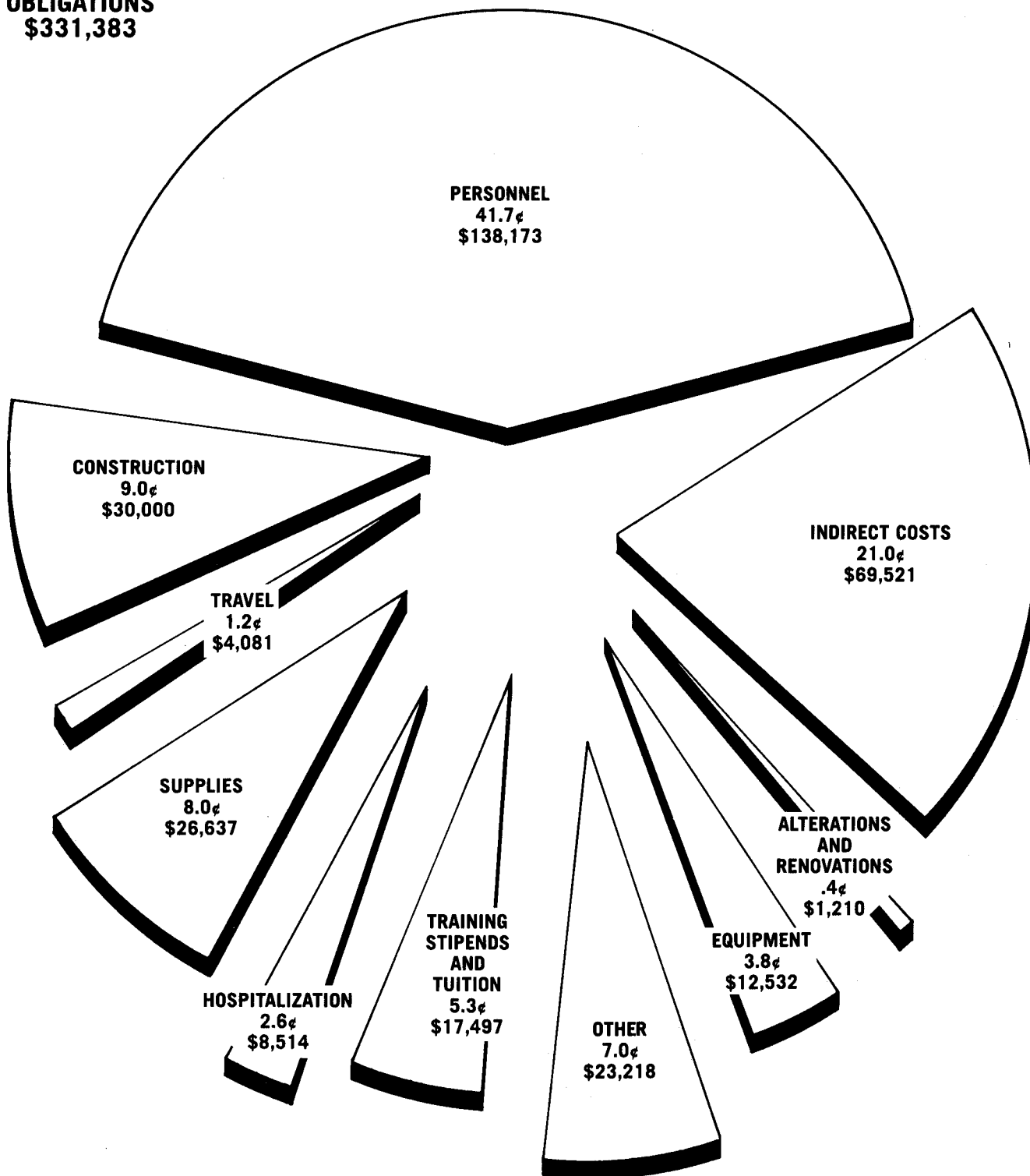


Excludes Purchases of Drugs, Training and Fellowship Awards, Construction, Cancer Control Grants, and Clinical Education.

**DISTRIBUTION OF THE "GRANT DOLLAR" — FISCAL YEAR 1975**

**(DOLLARS IN THOUSANDS)**

**TOTAL GRANT OBLIGATIONS  
\$331,383**



NOTE: Includes \$3,000,000 for Purchase of Drugs.

**FOREIGN RESEARCH GRANTS AND  
CONTRACTS — FISCAL YEAR 1975**

(DOLLARS IN THOUSANDS)

	NUMBER OF GRANTS	GRANT DOLLARS AWARDED	NUMBER OF CONTRACTS	CONTRACT DOLLARS AWARDED	TOTAL DOLLARS AWARDED	PERCENT OF TOTAL AMOUNT AWARDED
Australia	2	\$ 60	5	\$ 367	\$ 427	4.9
Austria	—	—	1	43	43	.5
Belgium	1	132	3	514	646	7.4
Canada	5	150	7	435	585	6.7
Colombia	—	—	1	83	83	.9
Denmark	1	20	—	—	20	.2
England	3	62	6	233	295	3.4
Finland	1	49	3	72	121	1.3
France	2	49	9	1,343	1,392	15.9
Germany	—	—	2	81	81	.9
Israel	2	118	15	1,688	1,806	20.6
Italy	2	151	8	778	929	10.6
Japan	1	1	4	285	286	3.3
Netherlands	—	—	5	399	399	4.6
Norway	—	—	1	99	99	1.1
Portugal	1	45	—	—	45	.5
South Africa	—	—	1	30	30	.3
Spain	1	22	1	28	50	.6
Sweden	2	143	10	702	845	9.7
Switzerland	1	35	4	252	287	3.3
Uganda	—	—	1	252	252	2.9
Wales	—	—	1	38	38	.4
<b>TOTALS</b>	<b>25</b>	<b>\$1,037</b>	<b>88</b>	<b>\$7,722</b>	<b>\$8,759</b>	<b>100.0</b>

# APPROPRIATIONS OF THE NCI 1938-1976

1938 .....	\$ 400,000	.01%
1939 .....	400,000	
1940 THROUGH 1946	\$3,879,570	.40%
		<b>\$20,600,470</b>
1947 .....	1,820,900	
1948 .....	14,500,000	
1949 .....	22,000,000	
1950 THROUGH 1956	\$149,481,750	5.36%
		<b>\$276,315,750</b>
1957 .....	48,432,000	
1958 .....	56,402,000	
1959 .....	75,268,000	
1960 THROUGH 1966	\$958,954,000	27.03%
		<b>\$1,393,234,000</b>
1967 .....	175,656,000	
1968 .....	183,356,000	
1969 .....	185,149,500	
1970 .....	190,486,063	
1971 .....	230,383,000	
		11.76%
		<b>\$606,018,563</b>
1972 .....	\$378,794,000	
1973 .....	492,205,000	
1974 .....	551,191,500	
1975 .....	691,666,000	
1976 .....	743,564,000*	
		<b>55.44%</b>
		<b>\$2,857,420,500</b>
<b>TOTAL (1938 through 1976)</b> .....	<b>\$5,153,989,283</b>	

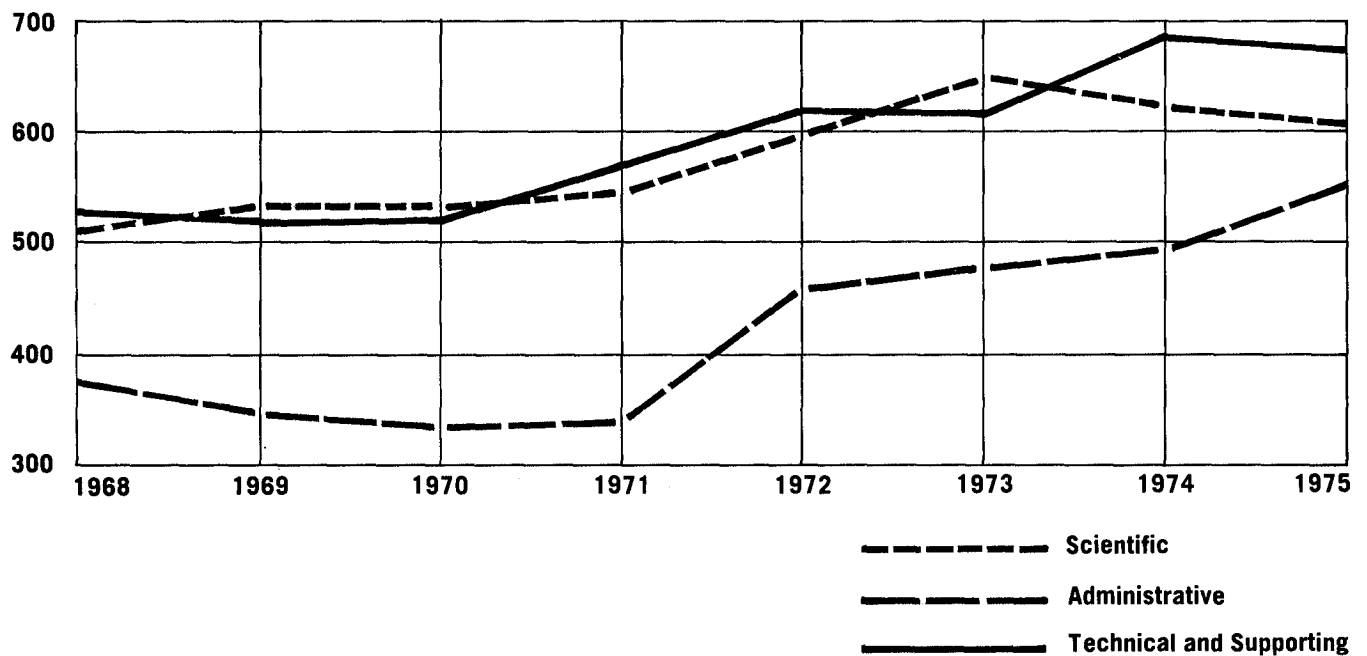
## NOTEWORTHY DATES FOR NCI APPROPRIATIONS

Exceeded \$1,000,000 in 1947. Exceeded \$50,000,000 in 1958. Exceeded \$100,000,000 in 1961.  
Exceeded \$500,000,000 in 1974. Cumulative appropriations exceeded \$5,000,000,000 in 1976.

\*Does not include \$18,163,000 for training, which is awaiting renewal legislation.

# DISTRIBUTION OF PERSONNEL BY FUNCTION

Percent of Actual Employment								
	FISCAL YEAR							
	1968	1969	1970	1971	1972	1973	1974	1975*
<b>Scientific</b>	37.5%	37.8%	38.3%	37.5%	36.2%	37.3%	34.4%	32.7%
<b>Administrative</b>	25.5%	24.4%	24.0%	23.9%	27.3%	27.6%	27.0%	30.0%
<b>Technical and Supporting</b>	37.0%	37.8%	37.7%	38.6%	36.5%	35.1%	38.6%	37.3%
<b>Total Actual Employment</b>	1453	1411	1355	1426	1665	1736	1805	1849



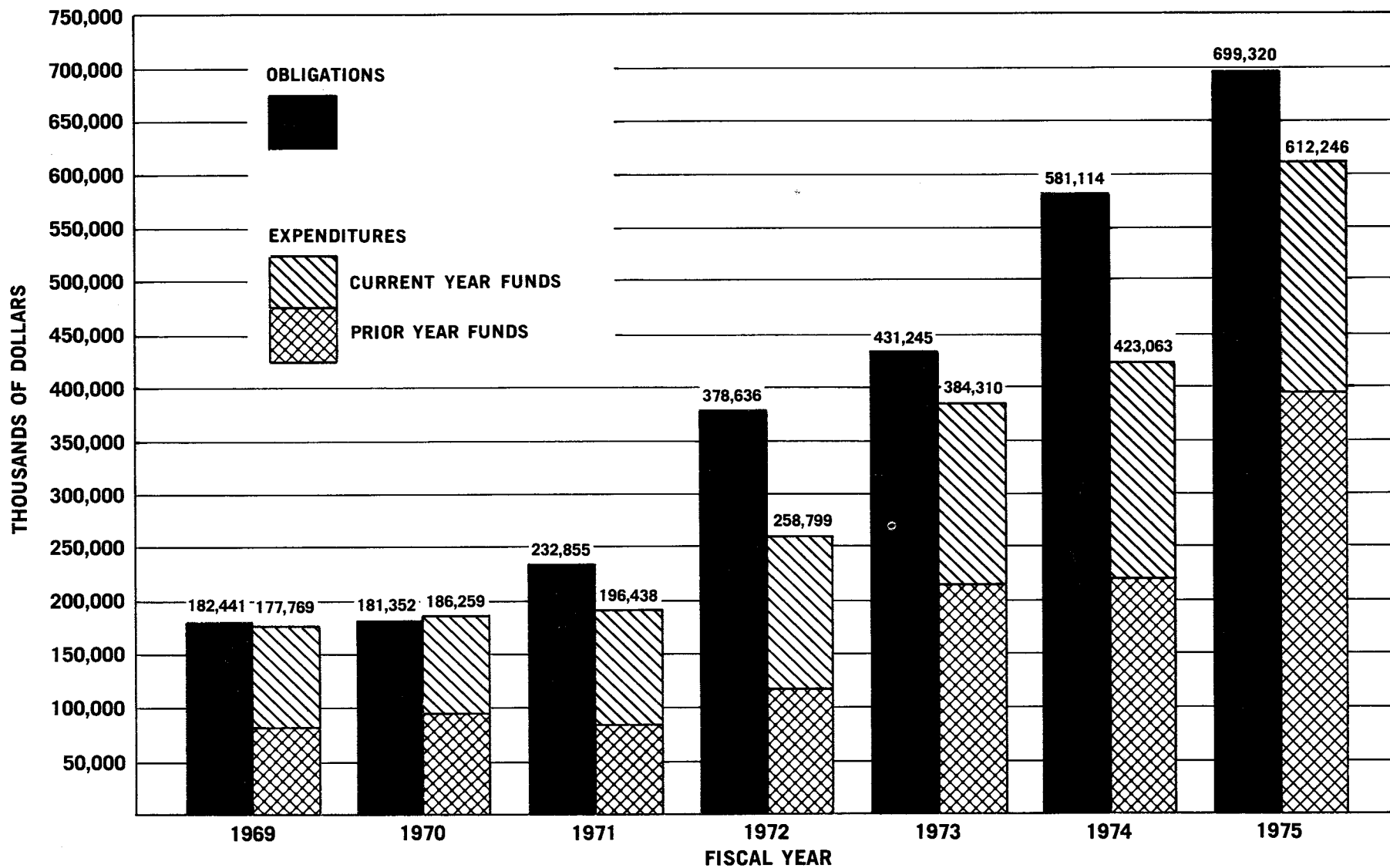
# COMPARISON OF DOLLARS, POSITIONS AND SPACE

FISCAL YEAR

	DOLLARS			POSITIONS			SPACE		
	OBLIGATIONS (\$000's)	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	FULL-TIME PERMANENT EMPLOYEES	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ALLOCATED SPACE (SQUARE FEET)*	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR
1971	232,855	Base Year		1426	Base Year		321,230	Base Year	
1972	378,636	62.6	62.6	1665	16.8	16.8	329,587	2.6	2.6
1973	431,245	85.2	13.9	1736	21.7	4.3	357,972	11.4	8.6
1974	581,149	149.6	34.8	1805	26.6	4.0	381,436	18.7	6.6
1975	699,320	200.3	20.3	1849	29.7	2.4	382,485	19.1	0.2

\*Does not include field station-assigned space.

# NATIONAL CANCER INSTITUTE OBLIGATIONS AND EXPENDITURES



**OBLIGATIONS:** Orders placed, grants and contracts awarded, salaries earned and similar financial transactions which legally utilize or reserve an appropriation for expenditure.

**EXPENDITURES:** Payments (cash or checks) made from current or prior year appropriations.

# NCI OBLIGATIONS — 1970-1975

(DOLLARS IN THOUSANDS)

	1970		1971		1972		1973		1974		1975	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
<b>GRANTS</b>												
Research .....	1,142	\$ 80,381	1,175	\$ 97,327	1,472	\$125,202	1,770	\$165,684	2,195	\$219,743	2,567	\$270,614
Fellowships .....	175	1,691	191	1,786	197	3,948	91	988	405	6,004	452	13,368
Training .....	185	10,774	171	10,774	201	16,474	193	12,900	173	17,558	103	9,736
Construction .....	—	—	—	—	17	47,004	17	34,737	8	31,692	10	30,000
Cancer Control .....	—	—	—	—	—	—	—	—	11	5,916	26	4,665
<b>TOTAL GRANTS</b>	<b>1,502</b>	<b>92,846</b>	<b>1,537</b>	<b>109,887</b>	<b>1,887</b>	<b>192,628</b>	<b>2,071</b>	<b>214,309</b>	<b>2,792</b>	<b>280,913</b>	<b>3,158</b>	<b>328,383</b>
<b>DIRECT OPERATIONS</b>												
Research and Research Support												
Contracts .....	333	50,833	445	78,196	582	122,857	677	135,908	950	180,360	1,016	199,585
Construction Contracts .....	—	—	—	—	—	3,999	—	4,067	19	6,398	14	14,976
In-House .....	<u>1,355</u>	28,219	<u>1,426</u>	33,853	<u>1,665</u>	46,235	<u>1,736</u>	56,362	<u>1,805</u>	68,848	<u>1,849</u>	90,442
Management Fund .....	—	9,455	—	10,917	—	12,910	—	15,194	—	16,754	—	20,326
<b>TOTAL DIRECT OPERATIONS</b>	<b>—</b>	<b>88,507</b>	<b>—</b>	<b>122,966</b>	<b>—</b>	<b>186,001</b>	<b>—</b>	<b>211,531</b>	<b>—</b>	<b>272,360</b>	<b>—</b>	<b>325,329</b>
<b>CANCER CONTROL</b>												
In-House .....	—	—	—	—	—	—	[8]	182	[26]	931	[53]	1,699
Contracts .....	—	—	—	—	—	—	19	5,222	154	26,910	199	43,909
<b>TOTAL CANCER CONTROL</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>5,404</b>	<b>—</b>	<b>27,841</b>	<b>—</b>	<b>45,608</b>
<b>TOTAL NCI OBLIGATIONS</b>	<b>—</b>	<b>\$181,353</b>	<b>—</b>	<b>\$232,853</b>	<b>—</b>	<b>\$378,629</b>	<b>—</b>	<b>\$431,244</b>	<b>—</b>	<b>\$581,114</b>	<b>—</b>	<b>\$699,320</b>

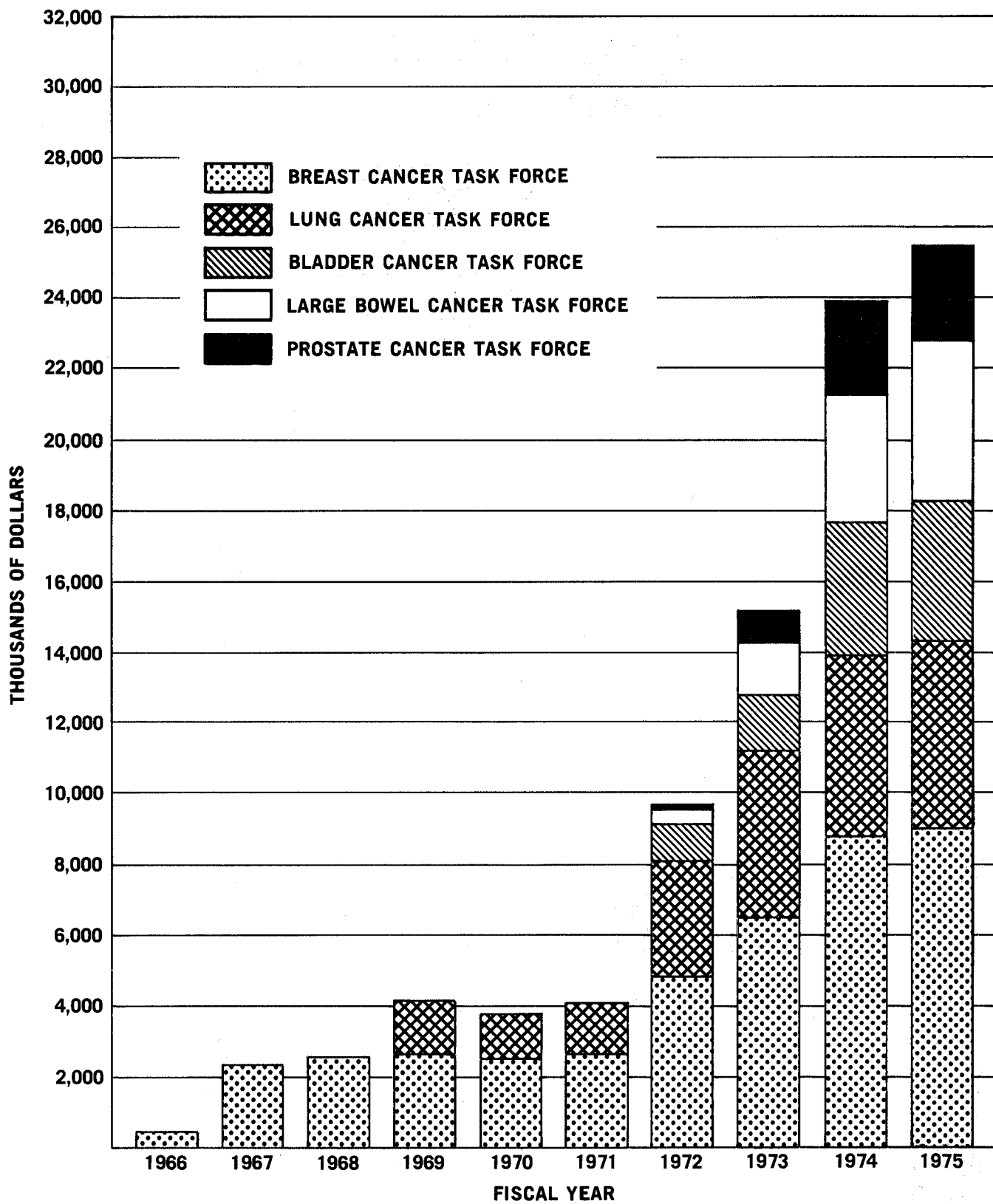
NOTES: Career programs and Clinical Education Program are included in Research Grant figures.

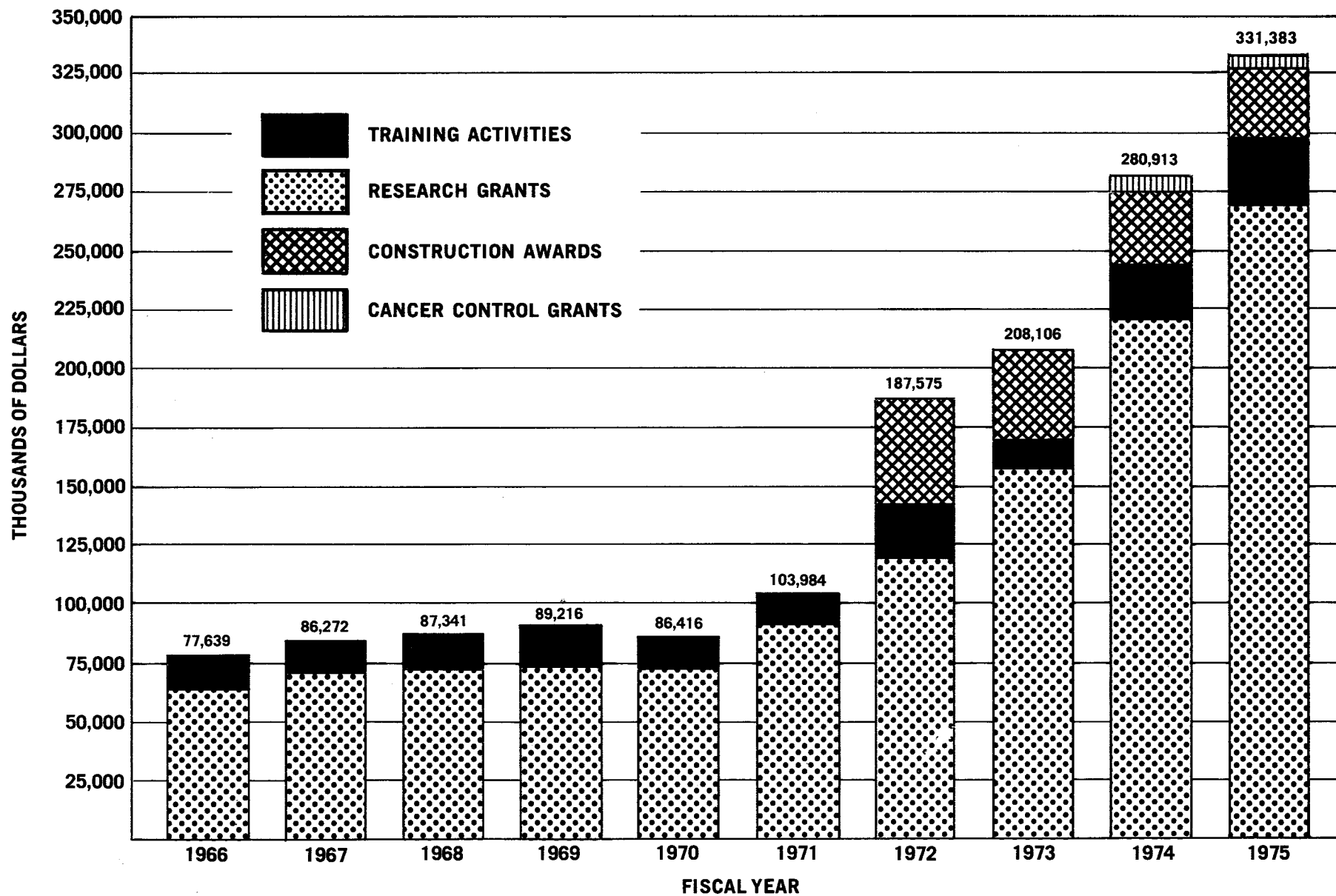
Underscored figures represent full-time permanent employees on rolls as of June 30 of the year indicated.

Figures in brackets are full-time permanent employees and are included in total figures underscored above.



# TASK FORCE OBLIGATIONS — 1966 -1975



**NCI GRANT AWARDS — 1966-1975**

# NCI REGULAR GRANT AWARDS — 1970-1975 (Including Clinical Cooperative Groups)

(DOLLARS IN THOUSANDS)

FISCAL YEAR	TYPE AWARD	REQUESTED		APPROVED		AWARDED		PERCENT FUNDED
		NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	
1970	Competing							
	New .....	499	\$ 24,392	335	\$12,105	91	\$ 3,846	27.2
	Renewals.....	296	16,956	249	11,624	136	5,982	54.6
	<b>Total</b>	<b>795</b>	<b>41,348</b>	<b>584</b>	<b>23,729</b>	<b>227</b>	<b>9,828</b>	<b>38.9</b>
	<b>Non-Competing .....</b>	—	—	—	—	<b>770</b>	<b>34,666</b>	—
1971	Competing							
	New .....	570	\$ 26,854	388	\$13,648	215	\$ 7,346	55.4
	Renewals.....	328	20,711	273	13,572	177	9,455	64.8
	<b>Total</b>	<b>898</b>	<b>47,565</b>	<b>661</b>	<b>27,220</b>	<b>392</b>	<b>16,801</b>	<b>59.3</b>
	<b>Non-Competing .....</b>	—	—	—	—	<b>618</b>	<b>33,009</b>	—
1972	Competing							
	New .....	1,013	\$ 57,836	612	\$26,093	384	\$17,122	62.7
	Renewals.....	343	25,171	284	16,833	204	13,346	71.8
	<b>Total</b>	<b>1,356</b>	<b>83,007</b>	<b>896</b>	<b>42,926</b>	<b>588</b>	<b>30,468</b>	<b>65.6</b>
	<b>Non-Competing .....</b>	—	—	—	—	<b>694</b>	<b>36,417</b>	—
1973	Competing							
	New .....	1,258	\$ 84,946	715	\$33,794	372	\$18,085	52.0
	Renewals.....	217	21,906	189	13,363	129	10,365	68.3
	<b>Total</b>	<b>1,475</b>	<b>106,852</b>	<b>904</b>	<b>47,157</b>	<b>501</b>	<b>28,450</b>	<b>55.4</b>
	<b>Non-Competing .....</b>	—	—	—	—	<b>1,013</b>	<b>54,687</b>	—
1974	Competing							
	New .....	1,382	\$100,717	909	\$45,713	500	\$27,824	55.0
	Renewals.....	379	33,651	336	22,815	285	20,413	84.8
	<b>Total</b>	<b>1,761</b>	<b>134,368</b>	<b>1,245</b>	<b>68,528</b>	<b>785</b>	<b>48,237</b>	<b>63.1</b>
	<b>Non-Competing .....</b>	—	—	—	—	<b>1,049</b>	<b>62,803</b>	—
1975	Competing							
	New .....	1,509	\$108,621	979	\$48,023	581	\$30,605	59.5
	Renewals.....	555	55,314	429	31,876	349	27,949	81.0
	<b>Total</b>	<b>2,064</b>	<b>163,935</b>	<b>1,408</b>	<b>79,899</b>	<b>930</b>	<b>58,554</b>	<b>66.1</b>
	<b>Non-Competing .....</b>	—	—	—	—	<b>1,112</b>	<b>72,917</b>	—

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