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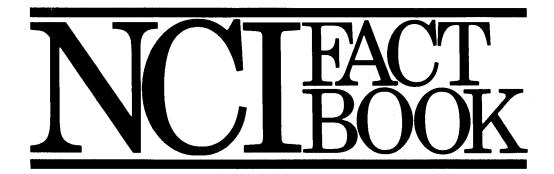
1983

National Cancer Program

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

National Institutes of Health



National Cancer Program 1983

FOR ADMINISTRATIVE USE

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 20205.

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ADMINISTRATIVE OFFICER	4-A-32	490-001
Mr. Nicholas Olimpio		496-960

NATIONAL CANCER INSTITUTE HISTORICAL DATA

LEGISLATIVE HIGHLIGHTS

- July 23, 1937—The National Cancer Institute Act, introduced by Congressman Warren G. Magnuson, was passed by Congress. 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.
- 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.
- 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.

- 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 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.
- August 1, 1977 The Biomedical Research Extension Act of 1977, P.L. 95-83, increased the number of expert appointments from 100 to 151.
- November 9, 1978—The Biomedical Research and Training Amendments of 1978, P.L. 95-622, was signed into law, authorizing appropriations for fiscal years 1979 and 1980. The amendments redefined the National Cancer Program to highlight prevention activities; expanded the membership of the National Cancer Advisory Board to 29 members; added basic research to the cancer centers authority; authorized travel and moving expenses to and from duty station for experts; and emphasized education and information in all aspects of the National Cancer Program.
- **December 17, 1980**—The Health Programs Extension Act of 1980, P.L. 96-538, was signed into law, authorizing expenditure of funds for fiscal years 1981 and 1982.

- **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.
- 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.
- 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 U. S.-U.S.S.R. agreement on the exchange of drugs, visiting scientists, and information was signed.
- 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.

- **September 10, 1974**—NCI established the Division of Cancer Control and Rehabilitation.
- 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.
- May 15, 1978—The first phase of an extensive NCI reorganization was announced. Day-by-day administrative and funding responsibility for extramural research programs was consolidated in each of the four research divisions. Responsibility for grant and contract review committees and for other committee management activities was transferred to the Division of Cancer Research Resources and Centers.
- July 14, 1980—The Division of Extramural Affairs replaced the Division of Cancer Research Resources and Centers. Also, the new Division of Resources, Centers and Community Activities replaced the Division of Cancer Control and Rehabilitation.
- July 14, 1981 The NCI component of the National Toxicology Program was officially transferred to the National Institute of Environmental Health Sciences.
- September 26, 1982 The single large contract for the operation of the Frederick Cancer Research Facility was recompeted as five separate contracts in FY 1982. A reorganization was implemented that centralized the management of Frederick under an Associate Director. The NCI Frederick Cancer Research Facility Advisory Committee was established to provide external peer review of the quality of the contractor-initiated research.
- October 2, 1983—Official dedication of the R. A. Bloch International Cancer Information Center. This marked the integration of all components of NCI's information system, including the Institute's two journals, the International Cancer Research Data Bank, the Scientific Information Branch of the Division of Cancer Treatment, and the newly implemented PDQ system which provides the link to tie national clinical resources together and offers all cancer patients an equal opportunity for cure.
- November 30, 1983—NCI retitled two Divisions to reflect more accurately their areas of emphasis following NCI reorganization. Division of Cancer Cause and Prevention became Division of Cancer Etiology; Division of Resources, Centers and Community Activities became Division of Cancer Prevention and Control.

DIRECTOR NATIONAL CANCER PROGRAM NATIONAL CANCER INSTITUTE

Vincent T. DeVita, Jr., M.D.

January 1, 1980 TO PRESENT

Dr. Vincent T. DeVita, Jr. received his B.S. degree from the College of William and Mary in 1957 and, in 1961, was awarded his M.D. degree with distinction from the George Washington University School of Medicine. He interned at the University of Michigan Medical Center and then completed a year of residency with the George Washington University medical service.

Dr. DeVita joined NCI in 1963 as a clinical associate and, after completing a senior residency at the Yale-New Haven Medical Center in 1966, returned to NCI as a senior investigator in the Solid Tumor Service. In 1971 he was appointed Chief of the Medicine Branch. In 1974 he was named Director of the Division of Cancer Treatment and, in 1975, Clinical Director of the Cancer Institute. In January 1980 he was named Director of the National Cancer Institute.

Dr. DeVita is a diplomate in the specialty of Internal Medicine and the subspecialties of Hematology and Medical Oncology. He serves on the editorial boards of many medical journals and maintains membership in many scientific and professional societies. He was President of the American Society of Clinical Oncology from 1977 to 1978. He has received many honors and awards for outstanding research and medical leadership: the 1972 Albert and Mary Lasker Medical Research Award, the Karnofsky Prize in 1979, the 1980 Griffuel Prize, the James Ewing Award in 1982. In addition he has received Honorary Doctor of Science degrees from the College of William and Mary in May 1982 and from Ohio State University in 1983, and Alumni Achievement Awards from the College of William and Mary in 1976 and the George Washington University in 1983.

PRESIDENT'S CANCER PANEL

	EXPIRATION OF APPOINTMENT
Armand Hammer, M.D., <i>Chairman 1983</i> Occidental International Corporation Washington, D. C.	1984
William P. Longmire, Jr., M.D. Center for Health Sciences University of California Los Angeles, California	1985
John A. Montgomery, Ph.D. Southern Research Institute Birmingham, Alabama	1986
EXECUTIVE SECRETARY Elliott H. Stonehill, Ph.D. National Cancer Institute Bethesda, Maryland	

NATIONAL CANCER ADVISORY BOARD

APPOINTEES	EXPIRATION OF APPOINTMENT		EXPIRATION OF APPOINTMENT
Dr. Tim Lee Carter, Chairman	1988	Mrs. Rose Kushner Breast Cancer Advisory Center	1986
Tompkinsville, Kentucky Mr. Richard A. Bloch Kansas City, Missouri	1988	Kensington, Maryland Ann Landers Field Newspaper Syndicate	1986
Dr. Roswell K. Boutwell University of Wisconsin Madison, Wisconsin	1984	Chicago, Illinois Dr. LaSalle D. Leffall Howard University	1986
Mrs. Ange! Bradley North Miami, Florida	1988	Washington, D. C. Dr. William E. Powers	1986
Dr. Victor Braren Vanderbilt University School of Medicin	1988 e	Harper Grace Hospital Detroit, Michigan Dr. Janet D. Rowley	1984
Nashville, Tennessee Dr. Ed L. Calhoon	1988	University of Chicago Chicago, Illinois	
Beaver, Oklahoma Dr. Maureen M. Henderson University of Washington	1984	Mr. Sheldon W. Samuels AFL-CIO Washington, D. C.	1984
Seattle, Washington Dr. Robert C. Hickey M.D. Anderson Hospital and Tumor Inst	1986	Mr. Morris M. Schrier MCA, Inc.	1984
Houston, Texas Dr. Geza J. Jako Surgeon, Research Professor	1988	New York, New York Dr. Irving J. Selikoff Mount Sinai School of Medicine New York, New York	1984
Melrose, Massachusetts Dr. Joseph Gale Katterhagen Tacoma General Hospital Tacoma, Washington	1986		

EX OFFICIO MEMBERS

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Dr. George A. Keyworth Office of Science and Technology Policy Washington, D. C. Mr. William D. Ruckelshaus

Environmental Protection Agency Washington, D. C.

Ms. Nancy Harvey Steorts Consumer Product Safety Commission Washington, D. C.

The Honorable Raymond J. Donovan Secretary of Labor Washington, D. C.

Dr. Donald L. Custis Veterans Administration Washington, D. C.

Dr. Mark Novitch

Food and Drug Administration Rockville, Maryland

Dr. J. Donald Millar

National Institute for Occupational Safety and Health

Atlanta, Georgia
Dr. David P. Rall

National Institutes of Environmental Health Sciences Research Triangle Park, North Carolina

The Honorable Margaret M. Heckler Secretary for Health and Human Services

Washington, D. C.
Dr. James B. Wyngaarden
National Institutes of Health
Bethesda, Maryland

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Dr. Gordon Wallace Office of Science and Technology Policy Washington, D. C.

Dr. Elizabeth L. Anderson Environmental Protection Agency

Washington, D. C. Dr. Peter W. Preuss Consumer Product Safety Commission

Bethesda, Maryland Dr. Ralph E. Yodaiken Department of Labor Washington, D. C.

Dr. Hollis Boren Veterans Administration

Washington, D. C. Dr. Allen Heim

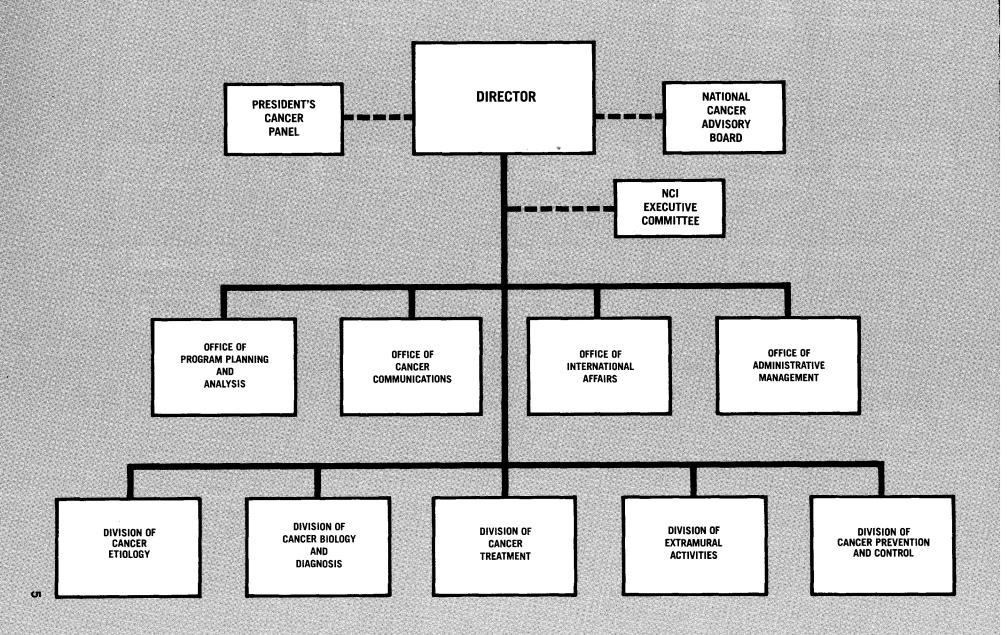
Food and Drug Administration Rockville, Maryland Dr. Elliott S. Harris

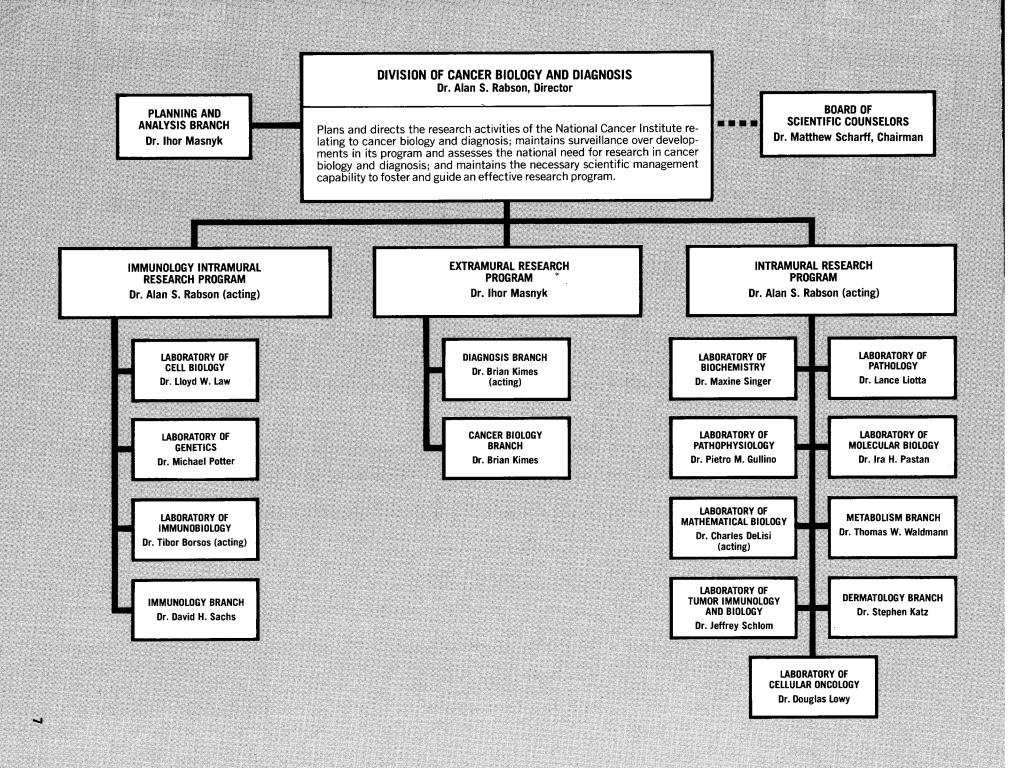
National Institute for Occupational Safety and Health Atlanta, Georgia

EXECUTIVE SECRETARY

Mrs. Barbara S. Bynum National Cancer Institute, NIH Bethesda, Maryland

NATIONAL CANCER INSTITUTE





DIVISION OF CANCER TREATMENT

Dr. Bruce Chabner, Director Dr. Saul A. Schepartz, Deputy Director

Plans, directs and coordinates an integrated program of cancer treatment activities with the objective of curing or controlling cancer in man by utilizing treatment modalities through intramural laboratory and clinical studies, contract, grant and cooperative agreement research, and research conducted in cooperation with other Federal agencies; administers targeted research and development programs in areas of drug development, biological response modifiers and radiotherapy development; administers a research program on all aspects of diagnostic imaging research and the biological effects of low-level exposures to ionizing radiation; and serves as the national focal point for information and data on experimental and clinical studies related to cancer treatment and for the distribution of such information to appropriate scientists and physicians.

ADMINISTRATIVE MANAGEMENT AND PLANNING BRANCH

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Dr. Samuel Broder

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Dr. Michael B. Sporn

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Dr. Harry V. Gelboin

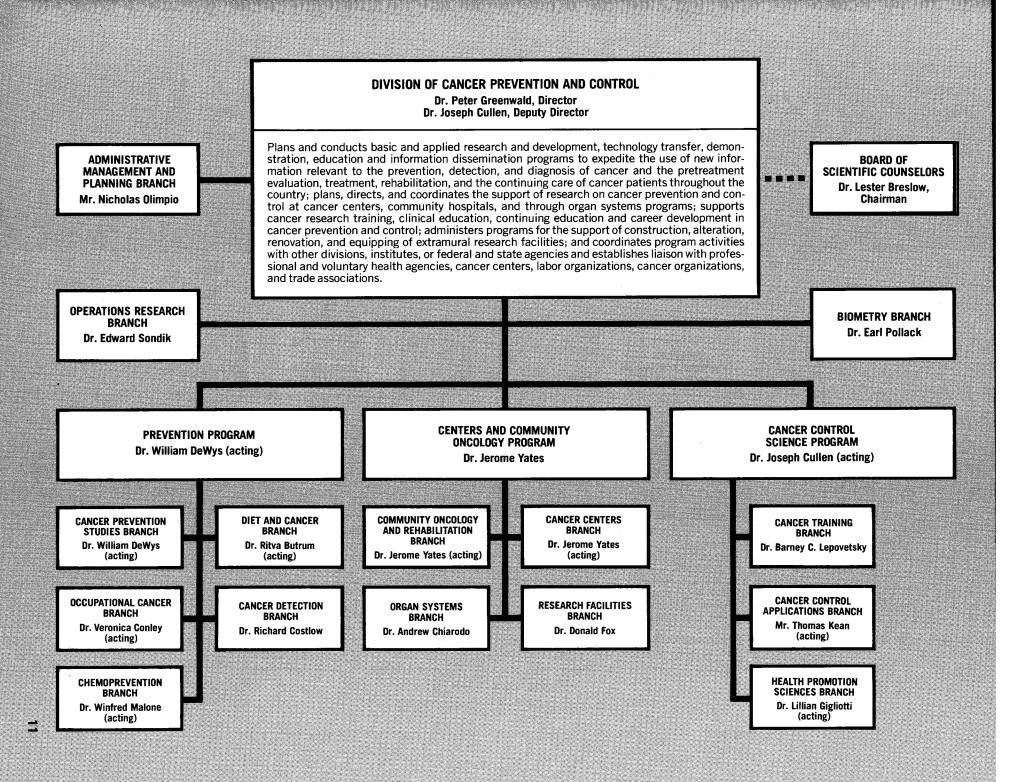
CARCINOGENESIS

Dr. Stephen O'Brien

(acting)

BRANCH

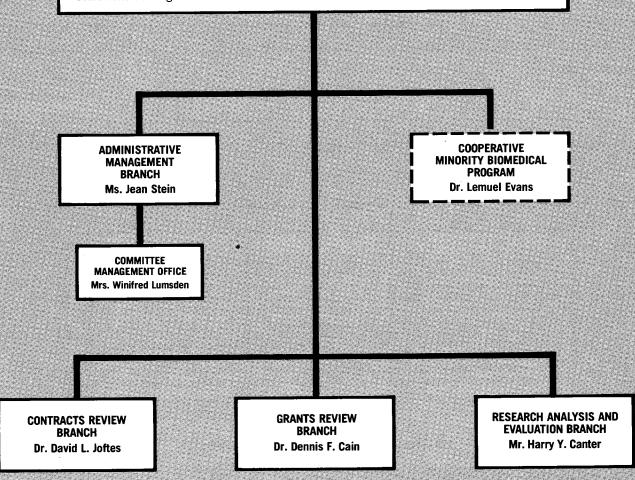
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DIVISION OF EXTRAMURAL ACTIVITIES

Mrs. Barbara S. Bynum, Director

Administers and directs the Institute's grant and contract review and processing activities; provides initial technical and scientific merit review of grants and contracts for the Institute; represents the Institute on over-all NIH extramural and collaborative program policy committees, coordinates such policy within NCI, and develops and recommends NCI policies and procedures as related to the review of grants and contracts; coordinates the Institute's review of research grant and training programs with the National Cancer Advisory Board; coordinates the implementation of committee management policies within the Institute and provides the Institute's staff support for the National Cancer Advisory Board; coordinates program planning and evaluation in the extramural area; provides scientific reports and analyses to the Institute's grant and contract programs; coordinates and administers the Institute's participation in minority research and training efforts.



5-YEAR RELATIVE SURVIVAL RATES

By Primary Site for Patients (all races, both sexes) Diagnosed 1973-1980, National Cancer Institute SEER Program

All Sites	48%
Corpus Uteri	87%
Melanoma of Skin	79%
Breast	73%
Bladder	72%
Cervix Uteri	67%
Prostate	67%
Colon	50%
Kidney	50%
Rectum	48%
Non Hadakia's Lymphoma	46%
Non-Hodgkin's Lymphoma	40 /6
Ovary	37%
	0 7.70
Brain and Other Nervous System	22%
Stomach	15%
Lung and Bronchus	12%
Pancreas	3%

NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX — 1980

TOT	AL	UNDE	R 15	15-	34	35-	54	55-	74	7:	5+
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Lung 75,421	Breast 35,640	Leukemia 536	Leukemia 338	Leukemia 840	Breast 628	Lung 9,842	Breast 8,012	Lung 48,914	Breast 18,214	Lung 16,495	Colon & Rectum 13,158
Calon & Rectum 26,665	Lung 28,252	Brain & CNS 255	Brain & CNS 203	Brain & CNS 494	Leukemia 594	Colon & Rectum 2,323	Lung 4,819	Colon & Rectum 14,244	Lung 17,336	Prostate 13,080	Breast 8,784
Prostate 22,880	Colon & Rectum 28,016	Endo- crine 138	Endo- crine 88	Non- Hodgkin's Lympho- mas 375	Brain & CNS 309	Pancreas 1,253	Colon & Rectum 2,130	Prostate 9,470	Colon & Rectum 12,545	Colon & Rectum 9,902	Lung _. 5,999
Pancreas 10,994	Uterus 10,908	Non- Hodgkin's Lympho- mas 106	Bone 58	Testis 302	Uterus 306	Brain & CNS	Uterus 1,926	Pancreas 6,512	Ovary 5,887	Bladder 3,232	Pancreas 4,289
Leukemia 9,306	Ovary 10,731	Connective Tissue 57	Kidney 42	Hodgkin's Disease 300	Hodgkin's Disease 206	Leukemia 1,134	Ovary 1,866	Stomach 4,613	Uterus 5,534	Pancreas 3,190	Uterus 31,40

Source: Vital Statistics of the United States, 1980.

RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES — 1980

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	All Causes Diseases of Heart Cancer Stroke Accidents Bronchitis, Emphysema & Asthma Pneumonia and Influenza Diabetes Mellitus Cirrhosis of Liver Arteriosclerosis Suicide Homicide Diseases of Infancy Nephritis and Nephrosis Congenital Abnormalities Septicemia and Pyemia Other and Ill-defined	1,989,841 761,085 416,509 170,225 105,718 56,050 54,619 34,851 30,583 29,449 26,869 24,278 22,866 16,753 13,938 9,438 216,610	878.3 336.0 183.9 75.1 46.7 24.7 24.1 15.4 13.5 13.0 11.9 10.7 10.1 7.4 6.2 4.2 95.4	100.0 38.3 20.9 8.6 5.3 2.8 2.7 1.8 1.5 1.5 1.4 1.2 1.1 0.8 0.7 0.5 10.9

Source: National Center for Health Statistics, 1980.

ESTIMATED CANCER DEATHS AND NEW CASES BY SEX AND SITE—19831

	EST	IMATED DEATH	S	ES1	IMATED NEW CA	SES
SITE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
All Sites	440,000	238,500	201,500	855,000	422,5001	432,5001
Buccal Cavity & Pharynx (Oral) Lip Tongue Salivary Gland Floor of Mouth Other & Unspecified Mouth Pharynx	9,150 175 2,000 700 525 1,550 4,200	6,300 150 1,400 450 400 1,000 2,900	2,850 25 600 250 125 550 1,300	27,100 4,600 4,900 9,800 7,800	4,100 3,200 5,800	8,500 500 1,700 4,000 2,300
Digestive Organs Esophagus Stomach Small Intestine Large Intestine Rectum Liver & Biliary Passages Pancreas Other & Unspecified Digestive	115,200 8,500 13,900 700 49,600 8,500 10,000 22,600 1,400	60,250 6,200 8,200 350 23,500 4,600 4,900 11,800 700	54,950 2,300 5,700 350 26,100 3,900 5,100 10,800 700	202,400 9,000 24,500 2,100 87,000 39,000 13,300 25,000	6,400 14,800 1,100 40,000 21,000 6,300 12,900	98,700 2,600 9,700 1,000 47,000 18,000 7,000 12,100 1,300
Respiratory System Larynx Lung Other & Unspecified Respiratory	122,100 3,700 117,000 1,400	87,000 3,100 83,000 900	35,100 600 34,000 500	149,100 11,000 135,000 3,100	9,200 94,000	43,900 1,800 41,000 1,100
Bone, Tissue & Skin Bone Connective Tissue Skin	10,500 1,750 1,650 7,100 ⁴	6,000 1,000 800 4,200	4,500 750 850 2,900	24,100 1,900 4,800 17,400	1,100 2,600	11,900 800 2,200 8,900 ²
Breast, Invasive	37,500	300	37,200	114,900	9003	114,000³
Genital Organs Cervix, Invasive Corpus, Endometrium Ovary Prostate Other & Unspecified Genital, Male Other & Unspecified Genital, Female	47,550 7,000 3,000 11,500 24,100 950 1,000	25,050 24,100 950 	22,500 7,000 3,000 11,500 — — 1,000	158,000 16,000 39,000 18,200 75,000 5,400 4,400	3 <u> </u>	77,600 16,000³ 39,000 18,200 — — 4,400
Urinary Organs Bladder Kidney & Other Urinary	19,200 10,700 8,500	12,500 7,300 5,200	6,700 3,400 3,300	56,700 38,500 18,200	28,000	17,300 10,500 6,800
Eye	400	200	200	1,800	900	900
Brain & Central Nervous System	10,800	5,900	4,900	12,600		5,600
Endocrine Glands Thyroid Other Endocrine	1,500 1,050 450	600 350 250	900 700 200	11,200 10,200 1,000	2,900	7,700 7,300 400
Leukemia	16,100	9,000	7,100	23,900	13,200	10,700
Other Blood & Lymph Tissues Hodgkin's Disease Multiple Myeloma Other Lymphomas	20,800 1,600 6,900 12,300	10,700 900 3,500 6,300	10,100 700 3,400 6,000	40,300 7,100 9,600 23,600	4,100 4,900	19,300 3,000 4,700 11,600
All Other & Unspecified Sites	29,200	14,700	14,500	32,900	16,500	16,400

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.

¹Carcinoma in situ and non-melanoma skin cancers not included in totals. Carcinoma in situ of the uterine cervix accounts for over 45,000 new cases annually and carcinoma in situ of the female breast accounts for over 5,000 new cases annually. Non-melanoma skin cancer accounts for about 400,000 new cases annually. ²Melanoma only. ³Invasive cancer only. ⁴Melanoma 5,200; other Skin 1,900.

Incidence estimates are based on rates from NCI SEER Program, 1973-1979.

RESEARCH POSITIONS AT THE NATIONAL CANCER INSTITUTE 1

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
I. CIVIL SERVICE			
A. Civil Service (tenured)	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs.	Minimum starting: Ph.D \$34,930 Physicians \$49,533 Maximum: \$63,800	Office of Personnel Management, Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
II. SPECIAL APPOINTMENT (OF EXPERTS AND CONSULTANTS		
A. Special Appointment of Experts and Consultants (non-tenured appointment which can be	Applicants shall possess outstanding ex- perience and ability as to justify recogni- tion as authorities in their particular fields of activity.	Equivalent to the salary range of GS-13 through GS-18.	Recommendation by Division Directors. Final approval rests with the Director, NCI.
extended up to 4 years).	•	Maximum: \$63,800	
III. MEDICAL STAFF FELLOWS			
A. Medical Staff Fellows	Appointment for 2 or 3 years with an additional 1-year extension for an initial 2-year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research.	\$30,000-\$34,000	Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20205.
B. Medical Staff Fellows in Pharmacology (PRAT Fellows). For physicians committed to research careers in pharmacological sciences, or clinical pharmacology.	Appointment for 2 or 3 years with an additional 1-year extension for an initial 2-year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research.	\$30,000-\$34,000	Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20205.
IV. VISITING PROGRAM (IIm	ited tenure).²		
A. Visiting Fellow (maximum 3 years)	1-3 years postdoctoral experience or training.	Entrance stipend \$16,000-\$17,600 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 experience or training with appropriate knowledge needed by NCI.	\$20,256-\$38,185	Contact Director or Laboratory Chief in area of interest.
C. Visiting Scientist (duration of project)	6+ years postdoctoral experience with appropriate unusual experience and knowledge needed.	\$29,374-\$63,800	Contact Director or Laboratory Chief in area of interest.

Does not necessarily indicate that positions are currently available at the National Cancer Institute.

² Under most circumstances, the various visiting programs are limited to non-citizens.

V. STAFF FELLOWSHIPS

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
A. Staff Fellowship	Physician or other doctoral degree equivalent awarded within last 5 years, U. S. citizen or non-citizen eligible for naturalization within 4 years. Maximum seven-year appointment.	Staff Fellows Physicians \$20,688-\$34,312 Other Doctorates \$17,000-\$34,269 Senior Staff Fellows Physicians \$23,439-\$46,570 Other Doctorates \$20,688-\$38,422	Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.

VI. CIVIL SERVICE SUMMER EMPLOYMENT PROGRAMS

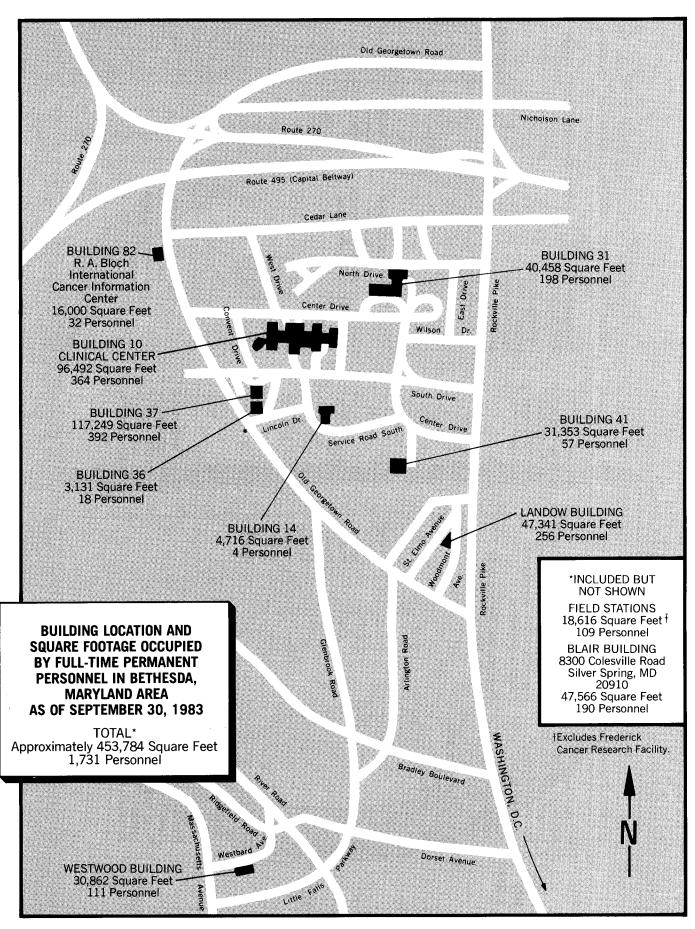
Α.	Summer Clerical Program	Must be 18 years of age or older (16 if high school graduate).	GS-1 through GS-4 Grade is based on education and/ or experience.	Apply to NIH on or before March 15.
В.	Summer Undergraduate Program	Students majoring in biological and/or physical sciences or related field, or applicants with appropriate experience.	GS-1 through GS-4 Grade is based on education and/ or experience.	Apply to NIH by March 15.
C.	Summer Graduate Program	College graduate, graduate student, planning to attend graduate school, faculty member, or equivalent experience and/or education.	GS-5 through GS-12 For some occupations superior scholastic work may qualify for a higher grade level.	Apply to NIH by March 15.
D.	Summer Employment for Needy Youth	Educationally and economically disadvantaged youths in their formative years (must have reached 16th birthday).	Federal minimum wage.	Register with the local office of the State Employment service and apply to NIH.
Ε.	Stay-in-School Program	Substantially full-time or full-time student at least 16 years of age who needs earnings from employment to continue in school.	Salary is commensurate with duties assigned and student's education and/or experience.	Apply to NIH. No deadline required for applying. However, no new appointments are made between May 1 to August 30.
F.	The Federal Junior Fellowship Program	Graduating high school senior in a public or private school in the Metro. Wash., D. C. area. Must be in upper 10% of graduating class, have applied for admission to an accredited college or university and need financial assistance to attend school.	GS-1 through GS-4	Nominations are submitted directly to the Office of Personnel Management by high school principals or counselors.

VII. SPECIAL PROGRAMS

Α.	Research Fellow sponsored by organization other than NIH, PHS.	Determined by sponsoring organization.	Established by sponsoring 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. Must have completed one year of study in a medical, dental or veterinary school; or a minimum of two years of baccalaureate program in a health-related field such as engineering, nursing, pharmacy, etc. May be enrolled in a master's or doctoral program in a health-related field (designated by the Assistant Secretary for Health). Physical requirements of PHS Commissioned Corps. Plans to return to college.	Pay and allowance of a Commissioned Officer, Jun- ior Asst. Grade.	Apply to PHS Commissioned Corps, COSTEP SECTION, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.
C.	Fogarty International Scholars In Residence Program.	International reputation, productivity, demonstrated ability in biomedical field.	\$60,000 for 10 months	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.

NCI INTRAMURAL REVIEW PROCESS

Board of Scientific Counselors		BSC Schedules Site Visit and Selects Team Members	BSC Site Visit Team Reviews Material Prepared by Division	BSC Site Visit Team Inspects and Reviews Laboratory	Site Visit Team Prepares Report and BSC Presents Recommendations to the Division Director		
	Step 1 Scheduling	Step 2 Schedule Approval and Team Selection	Step 3 Preparation for Site Visit	Step 4 Site Visit	Step 5 Site Visit Report and Recommendations	Step 6 Implementation of Recommendations	Step 7 Follow-up Report
NCI Divisions	Division Prepares Proposed Site Visit Schedule		Division Prepares Background Material on Laboratory to be:Site Visited and Sends to Site Visit Team	Site Visit Presentation by Laboratory		Division Implements Recommendations Contained in Site Visit Report	Division Prepares Report to BSC on Actions Taken

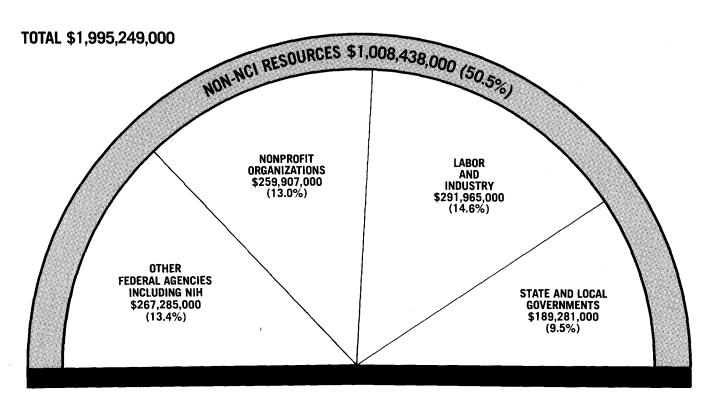


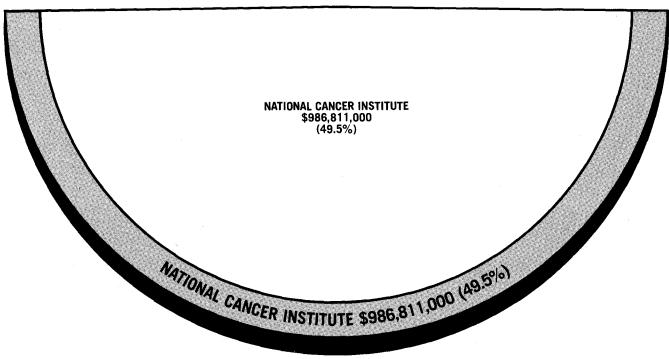
MAJOR STEPS IN THE BUDGET FORMULATION REVIEW PROCESS

	JANUARY FEBI	RUARY N	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
NCI Director's Meeting—estable budget policy for upcoming fiscal year; review operating plans for current fiscal year Submit Congres Justification for next fiscal year		olish Book for for transfer for transfer for transfer for the formula for the	Budget for or both the submitted v ration's gu	ulation of Preliminary et for two years in the future oth the by-pass, and budget itted within the Adminis- in's guidelines ressional Testimony by tor, NCI		NCI Director's Meeting—establish specific division levels for upcoming fiscal year Formulation Budget with Administration guidelines			Budget ion of vithin ration		ion of President's Budget	
NCAB 2					Review and revise Prelim- inary Budget for two fiscal years in future				Review By (OMB) Bud submitted . to the Pres		Division presentations of program activities for fiscal year just completed	·
BSC ³	Review operating plans for currengiscal year and policies from N Director's Meet	nt				Review ar on implen of specific divisional programs fiscal yea	nentation c current		Annual Di Budget Re current a plans	eviews		

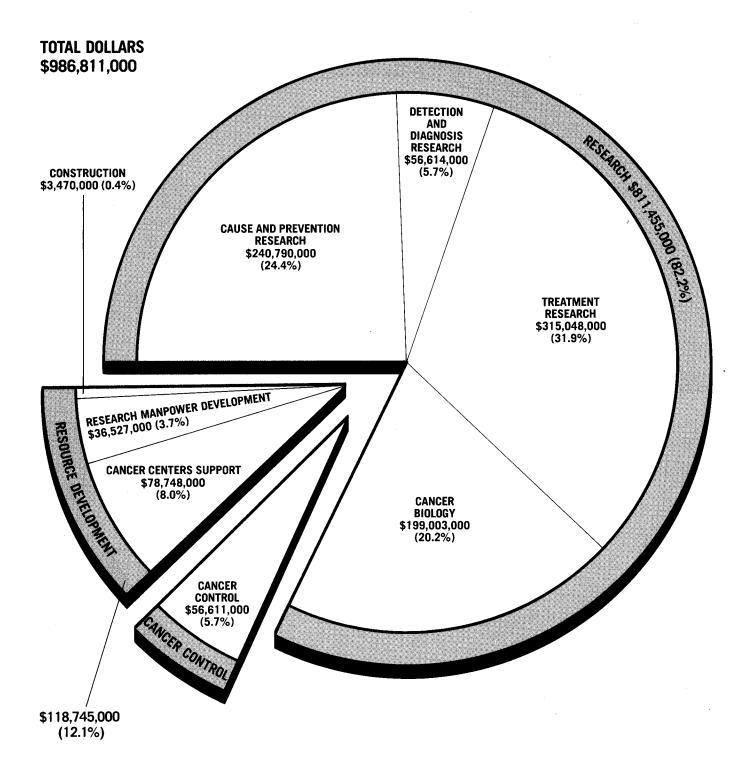
¹ Executive Committee and key administrative staff
² National Cancer Advisory Board – presidential appointees
³ Board of Scientific Counselors – outside NCI peer review bodies for each of four operating divisions

ESTIMATED TOTAL NATIONAL RESOURCES FOR CANCER RESEARCH AND CANCER CONTROL—FISCAL YEAR 1983

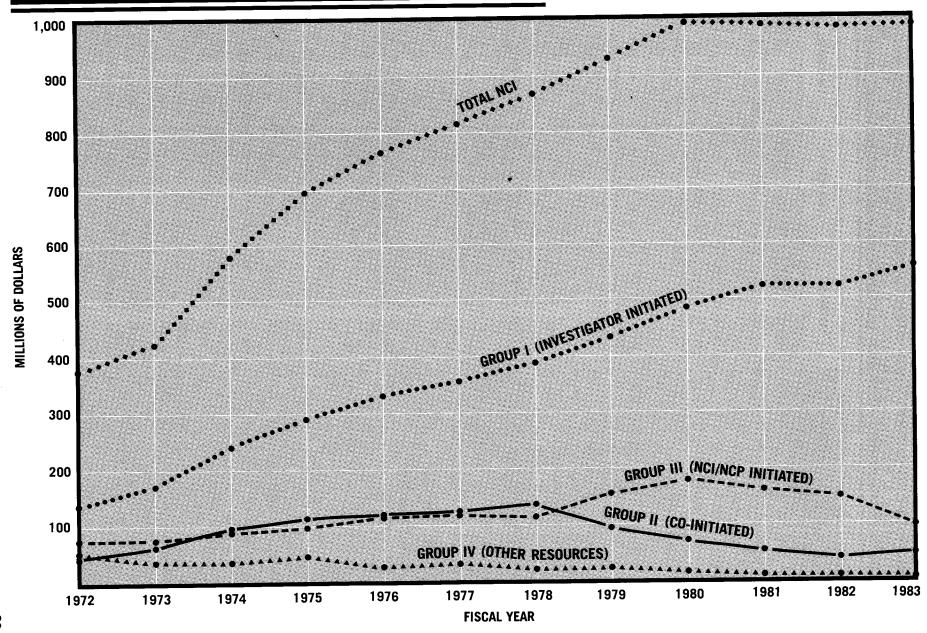




NCI PROGRAM STRUCTURE—FISCAL YEAR 1983



NATIONAL CANCER INSTITUTE BUDGET HISTORY BY GROUP



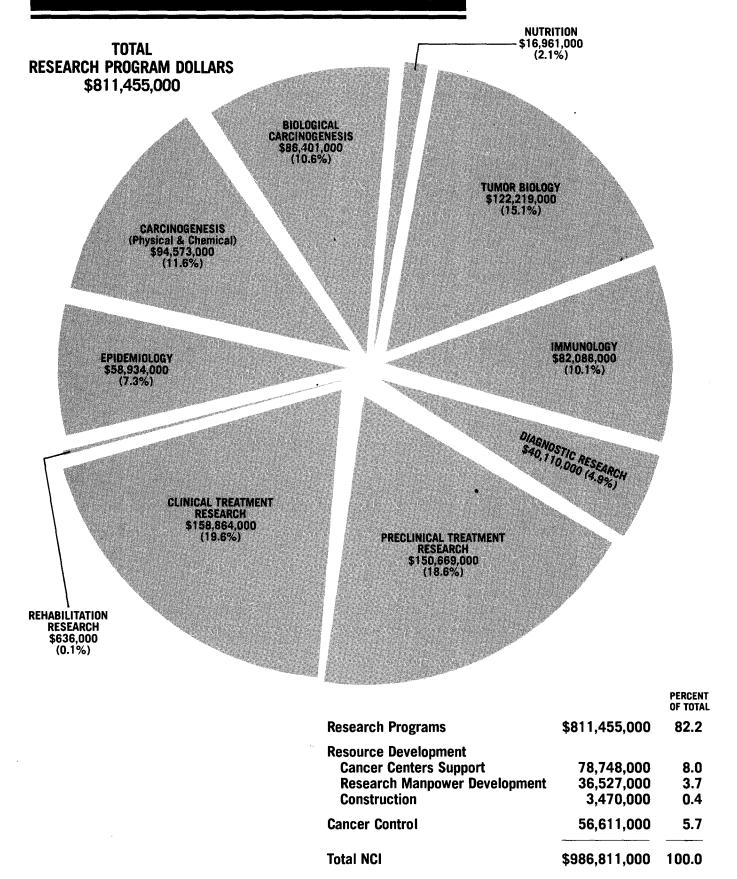
(DOLLARS IN THOUSANDS)

NATIONAL CANCER INSTITUTE BUDGET HISTORY BY MECHANISMS

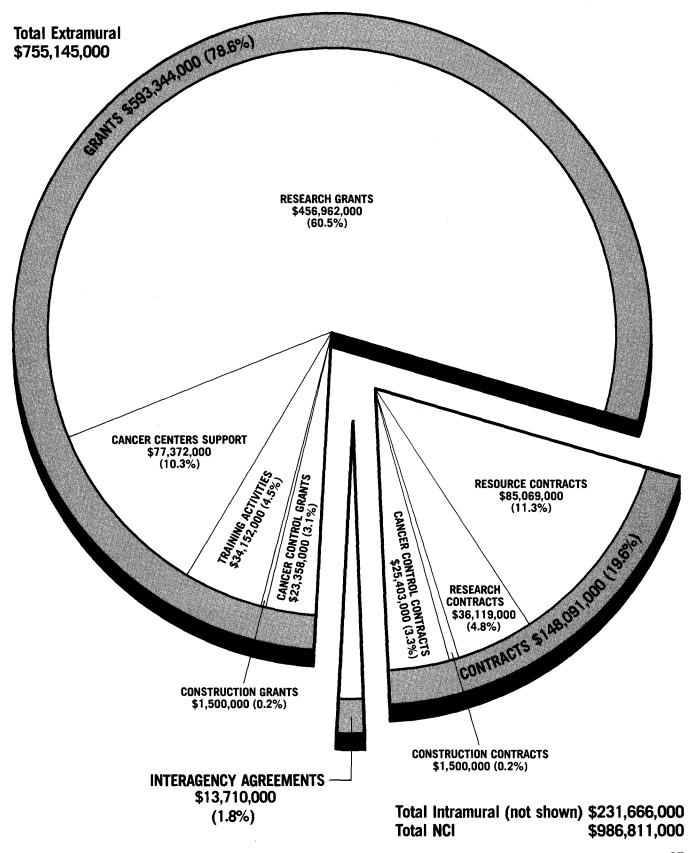
	1974 A	CTUAL	1975 ACTUAL		1976 ACTUAL		1977 ACTUAL	
	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
Group I — Invéstigator Initiated								
Regular Research Grants	\$ 99,415	21.5	\$115,195	21.4	\$130,633	22.7	\$140,159	23.0
Clinical Cooperative Groups	16,196	3.5	19,213	3.6	23,263	4.0	27,121	4.5
Program Projects – PO1's	71,997	15.6	84,536	15.7	80,029	13.9	83,453	13.7
Clinical Education Program	_		5,033	.9	7,698	1.3	8,996	1.5
Research Career Program	1,673	4 4	2,806	.5	3,243	.6	3,507	.6
Fellowships and Training	23,562	5.1	23,104	4.3	18,160	3.1	19,791	3,3
Organ Site	10,007	2.2	11,167	2.1	14,090	2.5	14,711	2.4
Cancer Centers—Core Support	17,575	3.8	30,096	5.6	47,803	8.3	55,132	9.1
Other Centers - Support Grants	_		_		_		_	Mad I
Cooperative Agreements	_		_		_		_	4.0
Minority Biomedical Support	_			1476	_		_	
Organ Systems	_						_	1 7 7
Subtotal	240,425	52.1	291,150	54.1	324,919	56.4	352,870	58.1
Group II—Co-Initiated								
CREG/RFA				. 10 <u>5</u> 12	2,577	.5	7,266	1.2
Research Contracts	94,964	20.5	105,076	19.5	111,524	19.3	110,740	18.2
Subtotal	94,964	20.5	105,076	19.5	114,101	19.8	118,006	19.4
owe we house this wa					^			
Group III — NCI/NCP Initiated Resource Contracts	72,365	15.7	82,916	* 15.4	96,509	16.7	94,229	15.5
	13,031	2.8	11,593	2.2	13,262	2.3	19,414	3.2
Interagency Agreements		100						
Subtotal	85,396	18.5	94,509	17.6	109,771	19.0	113,643	18.7
Group IV — Other Resources								Mas I
Planning Grants	2,880	.6	2,568	.4	2,803	.5	1,199	.2
Construction Grants	31,692	6.9	30,000	5.6	20,000	3.5	16,000	2.6
Construction Contracts	6,398	1.4	14,976	2.8	4,721	.8	5,992	1.0
Subtotal	40,970	8.9	47,544	8.8	27,524	4.8	23,191	3.8
Total	461,755	100.0	538,279	100.0	576,315	100.0	607,710	100.0
Percent of Total NCI Budget		79.5		77.0		75.7		74.6
I. Harris Barrasan	40,364	6.9	50,532	7.2	61,243	8.0	67,855	8.3
In-House Research	40,364 46,169	7.9	61,935	8.9	69,876	9.2	80,184	9.8
Management & Support (NIH Management Fund)	(16,754)	(2.9)	(20,248)	(2.9)	(23,037)	(3.0)	(26,817)	(3.3)
Cancer Control (Grants & Contracts)	32,826	5.7	48,574	6.9	54,016	7.1	59,208	7.3
		1000						25.4
Subtotal	119,359	20.5	161,041	23.0	185,135	24.3	207,247	23.4
	¢E01 114	100.0	¢600 330	1000	\$761.450	100.0	\$814,957	100.0
Total NCI	\$581,114	100.0	\$699,320	100.0	\$761,450	100.0	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ 	100.0

1978 ACTUAL		1979 ACTUAL		1980 ACTUAL		1981 AC	1981 ACTUAL		1982 ACTUAL		TUAL
DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
								,			
\$158,716	24.7	\$188,488	27.3	\$213,610	29.0	\$237,662	32.6	\$240,956	33.8	\$276,872	39.2
29,774	4.6	32,021	4.6	36,884	5.0	35,094	4.8	38,808	5.5	44,704	6.3
88,058	13.7	93,953	13.6	104,094	14.1	115,311	15.8	111,365	15.6	116,059	16.4
9,952	1.5	11,404	1.7	10,906	1.5	7,999	1.1	4,614	0.6	4,984	0.7
4,399	.7	4,771	0.7	5,357	0.7	5,480	0,8	5,706	0.8 3.1	5,215 23,953	0.7 3.4
20,129	3.1	20,139	2.9	27,260	3.7	25,606 1 15,962	3.5 2.2	22,374 13,945	2.0	23,903	
16,194	2.5	17,032	2.5	17,554 67,421	2.4 9.1	71,408	2.2 9.8	70,977	10.0	77,372	11.0
60,348	9.4	64,364	9.3	07,421		71,400		4,019	0.6		
_		-	d Ita	800	0.1	300	764.65	504	0.1	4,024	0.6
_		_		1,980	0.3	1,727	0.2	1,977	0.3	2,087	0.3
_	押上門			_		_			持續之	591	0.1
387,570	60.2	432,172	62.6	485,866	65.9	516,549	70.8	515,245	72.4	555,861	78.7
307,370		102,172		, , , , ,							
					A.Phy						
9,412	1.5	7,894	1.1	6,971	0.9	6,712	0.9	9,403	1.3	12,625	1.8
120,359	18.6	81,119	11.8	57,446	7.8	43,928	6.0	33,664	4.7	36,119	5.1
129,771	20.1	89,013	12.9	64,417	8.7	50,640	6.9	43,067	6.0	48,744	6.9
										i i	May B
						1 40 600	103	00.000	12.4	85,069	12.1
87,806	13.6	130,161	18.9	151,305	20.5	140,622	19.3 2.3	88,028 61,404	8.6	13,710	1.9
21,621	3.4	20,734	3,0	20,615	2.8	16,881					remarks a
109,427	17.0	150,895	21.9	171,920	23.3	157,503	21.6	149,432	21.0	98,779	14.0
		271	1	221		_	76 <u>.</u> 74	_		<u>_</u>	
632 12,000	.1 1.9	12,452	1.8	10,814	1.5	2,027	.3	1,225	0.2	1,500	0.2
4,544	7.7	4,878	.7	4,618		3,200	.4	3,268	0.4	1,500	0.2
17,176	2.7	17,601	2.6	15,653	2.1	5,227	.7	4,493	0.6	3,000	0.4
643,944	100.0	689,681	100.0	737,856	100.0	729,919	100.0	712,237	100.0	706,384	100.0
643,944	73.8	069,061	73.6	757,850	73.9	723,313	73.8	,	72.2		71.6
79,217	9.1	88,944	9.5	98,665	9.9	109,377	11.0	112,125	11.4	115,534	11.7
86,594	9.9	91,167	9.7	97,863	9.8	96,495	9.8	110,012	11.1	116,132	11.8
(30,150)	Commence of the Commence of th	(35,622)	COUNTY HE WAS COME THE TABLE TO BE	(39,549)		(42,471)	(4.3)	(48,817)	(4.9)	(49,632)	(5.0) 4.9
62,614	7.2	66,904	7.2	63,663	6.4	53,547	5.4	52,190	5.3	48,761	The state of the s
228,425	26.2	247,015	26.4	260,191	26.1	259,419	26.2	274,327	27.8	280,427	28.4
	KTAN										
\$872,369	100.0	\$936,696	100.0	\$998,047	100.0	\$989,338	100.0	\$986,564	100.0	\$986,811	100.0
			STORES AND ST	<u> </u>					A SHARE WAS A		

NCI RESEARCH PROGRAMS — FISCAL YEAR 1983



NCI EXTRAMURAL FUNDS—FISCAL YEAR 1983

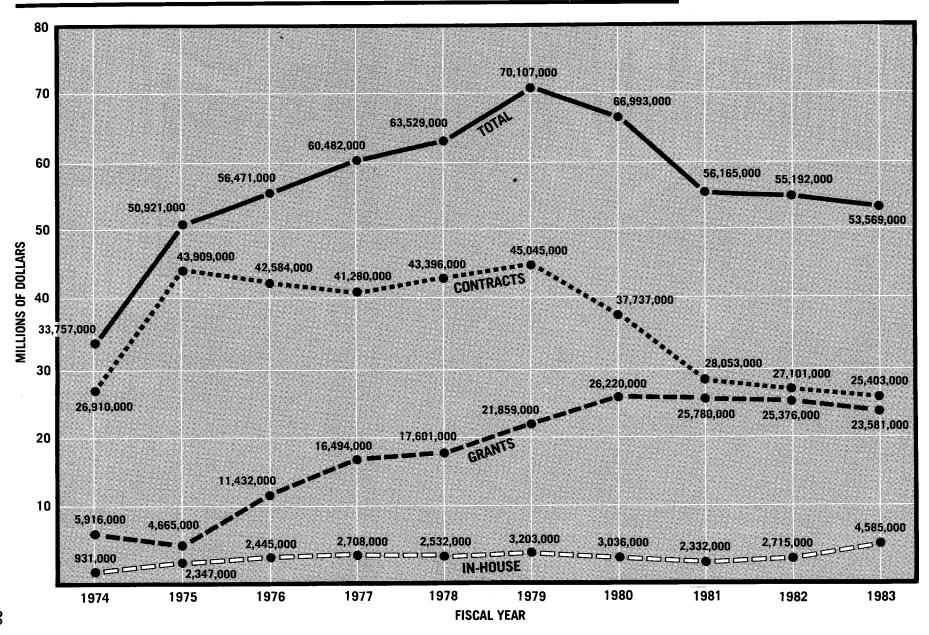


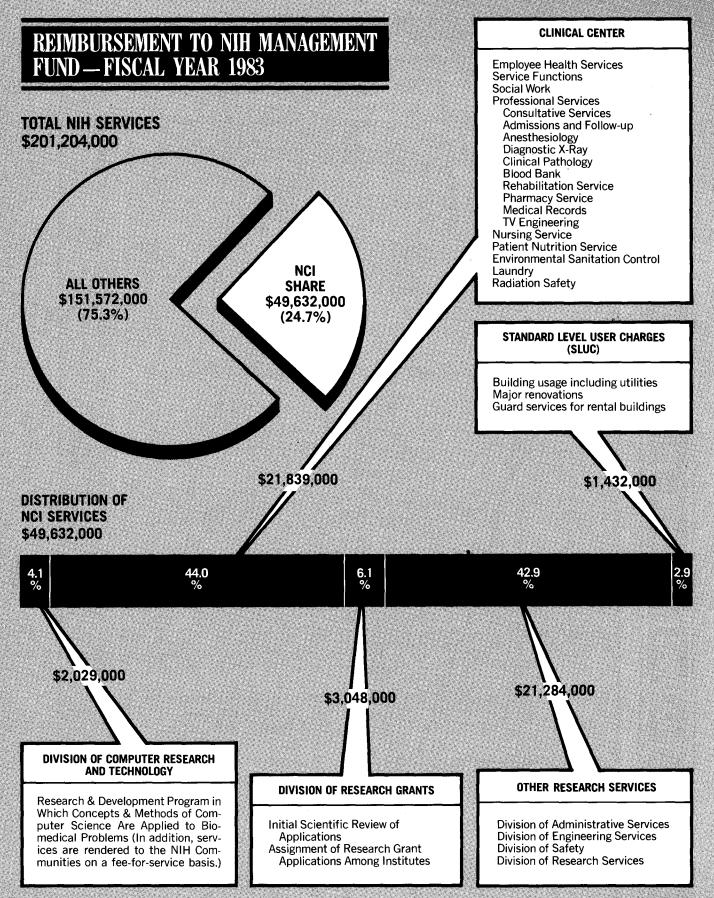
TOTAL NCI DOLLARS BY MECHANISMS—FISCAL YEAR 1983

(DOLLARS IN THOUSANDS)

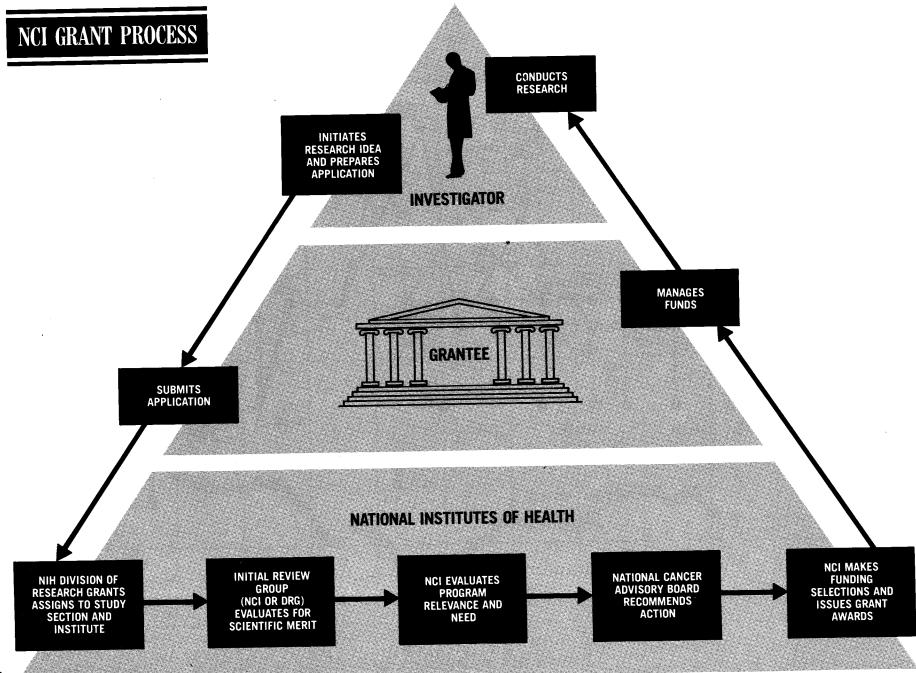
	,AMOUNT	MECHANISM	PERCENT OF TOTAL	
	RESEARCH P	ROJECT GRANTS		
\$406,143	\$265,790 5,406 12,625 116,059 4,769 1,494	Traditional (RO1) Young Investigators Cancer Research Emphasis Grants/RFA's Program Projects Cooperative Agreements Small Business Innovative Research	26.9 0.5 1.3 11.8 0.5 0.2	41.2%
	RESEARCH C	ENTERS GRANTS		
\$77,372	1,307 76,065	Other Centers Center Core Grants	0.1 7.7	7.8%
	OTHER RESE	ARCH GRANTS		
\$60,795	2,850 587 4,992 4,984 44,704 591 2,087	Scientific Evaluation Conference Grants Research Career Programs Clinical Education Programs Clinical Cooperative Groups National Organ Systems Program Minority Biomedical Research Support	0.3 0.1 0.5 0.5 4.5 0.1 0.2	6.2%
	TRAINING PR	OGRAM		
\$23,953	3,009 20,944	National Research Service Awards—Individual National Research Service Awards—Institutional	0.3 2.1	2.4%
	RESEARCH A	ND RESOURCE CONTRACTS		
\$134,898	134,898	Research and Resource Contracts	13.7	13.7%
\$53,569	CANCER CON			5.4%
	53,569	Cancer Control	5.4	
\$3,000	CONSTRUCTI	ON Construction	0.2	0.3%
	3,000	Construction	0.3	
\$227,081	174,000 41,088 11,993	Intramural Research Direct Operations Program Management	17.6 4.2 1.2	23.0%
	\$986,811	TOTAL NCI	100.0	

CANCER CONTROL OBLIGATIONS BY MECHANISM—FISCAL YEARS 1974-1983

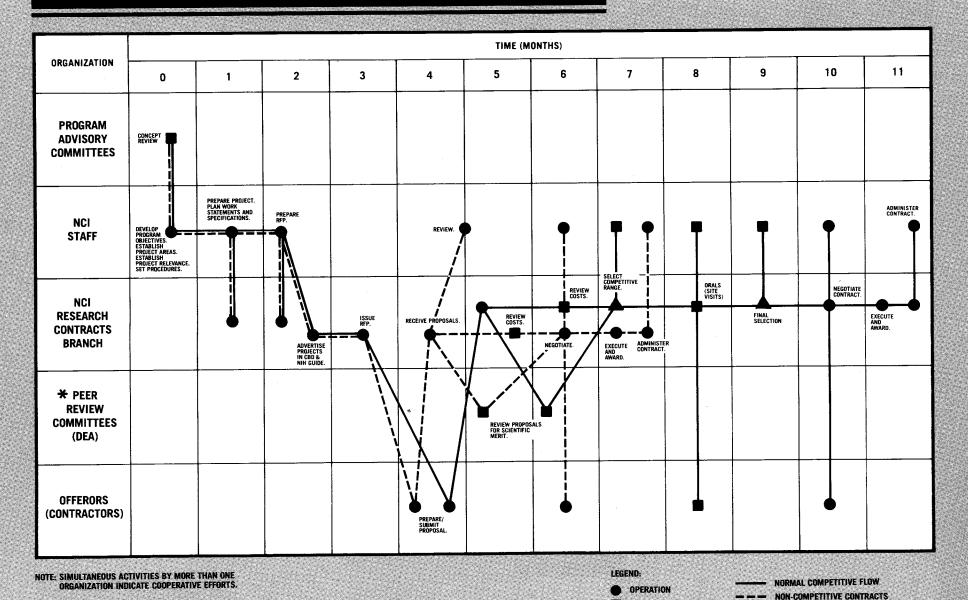




The Management Fund provides for the financing of certain common research supporting services and administrative activities which are required in the operating of NIH.



NCI CONTRACT AWARD PROCESS—UNDER CANCER ACT OF 1971



REVIEW

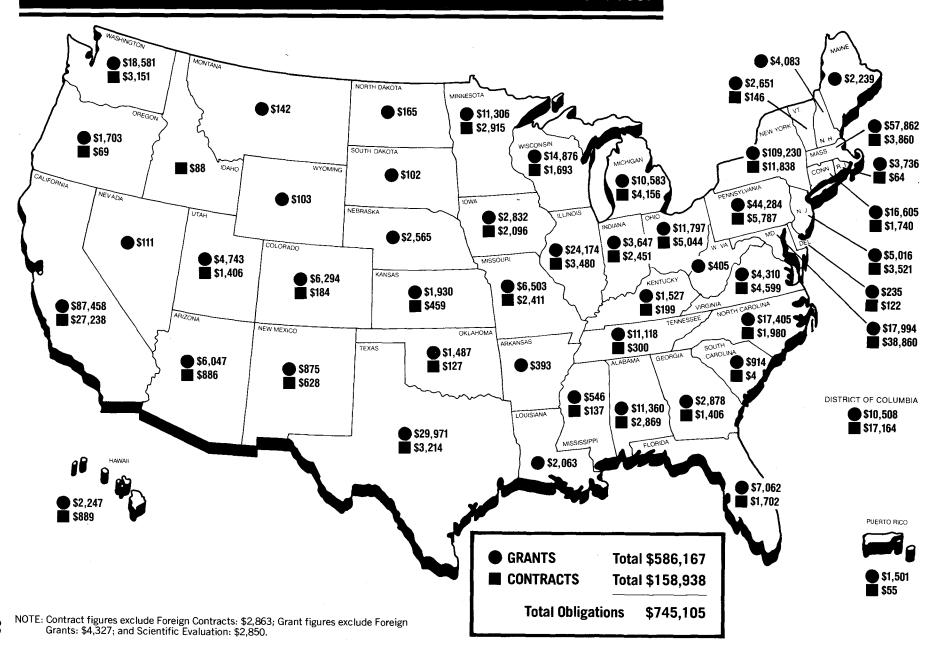
DECISION

AD HOC COMMITTEES MAY BE USED-

INCLUDES NON-GOVERNMENT EMPLOYEES.

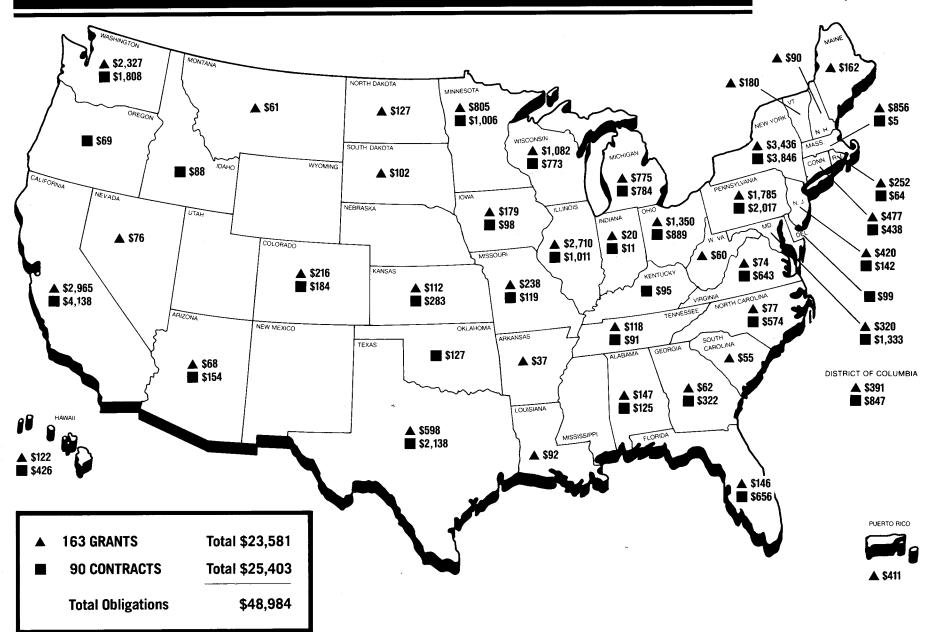
STATE DISTRIBUTION OF GRANTS AND CONTRACTS—FISCAL YEAR 1983

(DOLLARS IN THOUSANDS)



DISTRIBUTION OF CANCER CONTROL GRANTS AND CONTRACTS — FISCAL YEAR 1983

(DOLLARS IN THOUSANDS)



INSTITUTIONS RECEIVING MORE THAN \$2,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1983

(DOLLARS IN THOUSANDS)

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	STATE
				TOO JAMES HE WAS A	
University of Alabama System Southern Research Institute University of Arizona	\$ 8,457 2,390 5,705	\$ 350 2,234 886	\$ 7	\$ 8,807 4,624 6,591	Alabama Alabama Arizona
University of California	42,107 11,621 9,095	1,952 137 2,629	200 	44,259 11,758 11,724	California California California
Litton Industries		11,199	<u>-</u>	11,199 4,921	California California California
Northern California Cancer Program, Inc	1,677 4,170 1,434	2,686 2,677		4,363 4,170 4,111	California California
La Jolla Cancer Research Foundation	2,737 2,813	_		2,737 2,813	California Colorado
Colorado State University	2,192 13,733	_ 558		2,192 14,291	Colorado Connecticut
U. S. Department of the Army	140 198 2,004	4,940 2,569 664	_ _ _	5,080 2,767 2,668	Dist. of Col. Dist. of Col. Dist, of Col.
U. S. Department of Energy	_ 2,353 3,366	2,620 - 556	Ē	2,620 2,353 3,922	Dist. of Col. Dist. of Col. Florida
State University System of Florida	3,122 1,923 1,685	5 860 679		3,127 2,783 2,364	Florida Georgia Hawaii
University of Hawaii System University of Chicago American College of Radiology	9,021 2,941	91 526	<u>-</u> -	9,112 3,467	Illinois Illinois
University of Illinois Northwestern University IIT Research Institute	3,346 3,261 161	106 91 2,125		3,452 3,352 2,286	Illinois Illinois Illinois
Illinois Cancer Council	1,625 2,684	485 1,998		2,110 4,682	Illinois Iowa
Jackson Laboratory	2,033	21,349		2,033 22,101	Maine Maryland
Johns Hopkins University Westat, Inc. University of Maryland System	14,195 2,245	1,047 4,877 809		15,242 4,877 3,054	Maryland Maryland Maryland
U. S. PHS Public Advisory Groups Dana-Farber Cancer Institute Harvard University	2,850 14,647 12,344	- 5 123		2,850 14,652 12,467	Maryland Massachusetts Massachusetts
Massachusetts Institute of Technology	9,246 5,628 2,698	149 248	- -	9,395 5,876 2,698	Massachusetts Massachusetts Massachusetts
Boston University	2,185 4,259	_ 		2,185 4,686	Massachusetts Michigan
Michigan Cancer Foundation Wayne State University Mayo Foundation	2,008 1,627 5,384	2,250 380 1,819		4,258 2,007 7,203	Michigan Michigan Minnesota
University of Minnesota	5,654	889		6,543	Minnesota
Washington University University of Nebraska System Dartmouth College	3,577 2,565 3,315	- - -	- - 607	3,577 2,565 3,922	Missouri Nebraska New Hampshire

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	STATE
University of Medicine and Dentistry of New Jersey Sloan-Kettering Institute for Cancer Research New York State Department of Health	\$ 2,470 21,138 11,677	\$ 129 422 246	\$— — —	\$ 2,599 21,560 11,923	New Jersey New York New York
Columbia University	11,052 8,013 8,220	_ 276 _	328 -	11,052 8,617 8,220	New York New York New York
University of Rochester	7,776 5,479 6,291	1,485 451	— — —	7,776 6,964 6,742	New York New York New York
State University of New York/Mt. Sinai School of Medicine Cold Spring Harbor Laboratory	6,068 4,935 4,709	216 - -	- - - -	6,284 4,935 4,709	New York New York New York
Rockefeller University	4,357 3,270 —	324 2,371	<u>-</u> - -	4,357 3,594 2,371	New York New York New York
Duke University	10,365 4,672 2,203	807 - -	- - -	11,172 4,672 2,203	North Carolina North Carolina North Carolina
Ohio State University	3,896 511 2,856	552 2,980 —		4,448 3,491 2,856	Ohio Ohio Ohio
Institute for Cancer Research	8,922 7,493 6,706	5 - 33	_ 	8,927 7,493 6,739	Pennsylvania Pennsylvania Pennsylvania
University of Pittsburgh	4,495 4,224 3,779	1,965 - -	Ī	6,460 - 4,224 3,779	Pennsylvania Pennsylvania Pennsylvania
Fox Chase Cancer Center	1,496 2,002 5,667	1,517 — —	-1 - -	3,013 2,002 5,667	Pennsylvania Pennsylvania Tennessee
Vanderbilt University	2,426 2,166 21,507	91 _ 1,347	- - -	2,517 2,166 22,854	Tennessee Tennessee Texas
Baylor College of Medicine	5,046 477 4,522	1,613 1,405	• _	5,046 2,090 5,927	Texas Texas Utah
University of Vermont and State Agricultural College Virginia Commonwealth University Fred Hutchinson Cancer Research Center	2,538 2,003 11,744	146 _ 2,135	- - -	2,684 2,003 13,879	Vermont Virginia Washington
University of Washington University of Wisconsin System	4,471 13,623	875 1,024		5,346 14,647	Washington Wisconsin

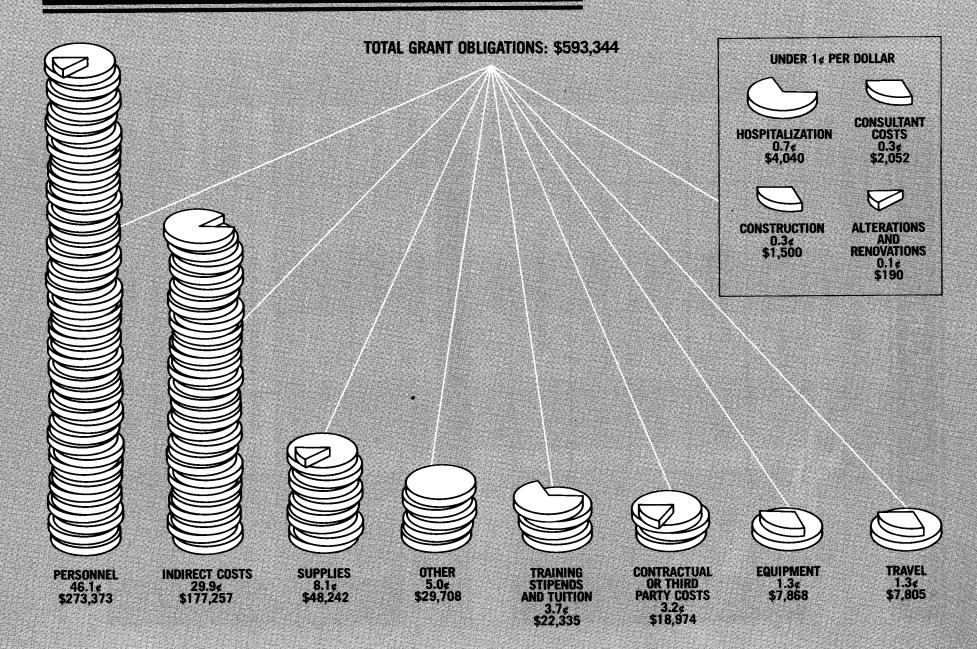
TOTALS PERCENT OF TOTAL AWARDED ABOVE TOTAL NCI FISCAL YEAR 1983 OBLIGATIONS	82.8	\$100,410 16.9	\$1,887 0.3	\$594,904 100.0	
PERCENT OF NCI TOTAL OBLIGATIONS		10.2	0.2	60.3	_

DISTRIBUTION OF NCI CONTRACTS—FISCAL YEAR 1983

		PROGRAM DISTRIBUTION		
PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
4.4	23	Division of Cancer Biology and Diagnosis	\$ 5,043	3.1
48.0	253	Division of Cancer Treatment	54,676	34.1
27.8	146	Division of Cancer Etiology	41,981	26.2
	99	Division of Cancer Prevention and Control	27,052	16,9
18.8	5	Office of the Director	31,528	19.7
28. 用完全共用证券。2. 用力2. %以出出证券。3. 用口形3. %。	526	TOTALS	\$160,280	

		INSTITUTIONAL DISTRIBUTION		
PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
34.4	181	Profit-Making	\$ 71,369	44.5
	127	Academic	29,301	
24.1	146	Non-Profit	39,582	18.3
27.8	45	Federal Government	13,956	24.7
8.6	11	State and Local Government	3,209	8.7
3.0	16	Foreign	2,863	1.8
	526	TOTALS	\$160,280	

NOTE: Excludes contracts that are not in direct support of research or control, such as Cancer Communications, Program Planning, and Construction contracts.



FOREIGN RESEARCH GRANTS AND CONTRACTS—FISCAL YEAR 1983

	NUMBER OF	GRANT DOLLARS	NUMBER OF	CONTRACT DOLLARS	TOTAL Dollars	PERCENT OF
	GRANTS	AWARDED	CONTRACTS	AWARDED	AWARDED	AWARDED
Australia	4	\$ 178,225		\$ -	\$ 178,225	2.5
Belgium	1	219,555	1	199,286	418,841	5.8
Canada	18	1,162,092	2	41,537	1,203,629	16.8
China	_	_	1	305,442	305,442	4.3
Denmark	1	96,560		_	96,560	1.4
Finland	2	94,262			94,262	1.3
France	2	347,717	1	908,000	1,255,717	17.5
Germany	2	114,800		_	114,800	1.6
Ghana	_		1	35,000	35,000	0.5
Israel	11	743,870	2	261,918	1,005,788	14.0
Italy	1	35,596		_	35,596	0.5
Jamaica	_	——	1	216,360	216,360	3.0
Japan		No. of the control of	4	566,815	566,815	7.9
Korea	1	12,449			12,449	0.2
South Africa	1	42,370			42,370	0.6
Sweden	7	619,402			619,402	8.6
Switzerland	2	191,778		——————————————————————————————————————	191,778	2.7
Tanzania		- CONTRACTOR AND	1	58,043	58,043	0.8
United Kingdom	6	445,193	2	271,029	716,222	10.0
_	entary Lab Miller (1994)	The second secon			The state of the s	
TOTAL	59	\$4,303,869 ¹	16	\$2,863,430	\$7,167,299	100.0

APPROPRIATIONS OF THE NCI 1938-1984

1938		0.16	
1940 THROU	удн 1946 \$3,879,570 1,820,90	\$21,00	U470
1948	•	000 J	2.13%
	50 THROUGH 1956 \$149,481,75		\$276,315,750
1958	,.,	5,402,000 75,268,000	•
	1960 THROUGH 1966 \$95		10.72% \$1,393,234,000
	1967	183.356.000	4.67%
	1970 1971	190,486,063	3 > \$606,018,563
82.32% \$10,693,918,500 <	1975 1976 "TQ" 1977 1978 1979 . 1980 1981 198	492,205 551,19 691,6 761 8	5,000 91,500 666,000 ,727,000 ¹ 2,901,000 ² 15,000,000 872,388,000 937,129,000 ³ 1,000,000,000 ⁴ 989,355,000 ⁵ . 986,617,000 ⁶ . 987,642,000 ⁷
TOTAL (1938-198	4)		\$12,990,487,283

TRANSITION QUARTER ("TQ")—July 1, 1976 through September 30, 1976

—The Interim Period in the changing of the Federal Fiscal Year from
July 1 through June 30, to October 1 through September 30.

Includes \$18,163,000 for training funds provided by Continuing

2 Includes \$3,201,000 for training funds provided by Continuing

⁸ Included \$20,129,000 for training funds provided by Continuing Resolution.

*Includes \$23,861,000 for training funds provided by Continuing Resolution.

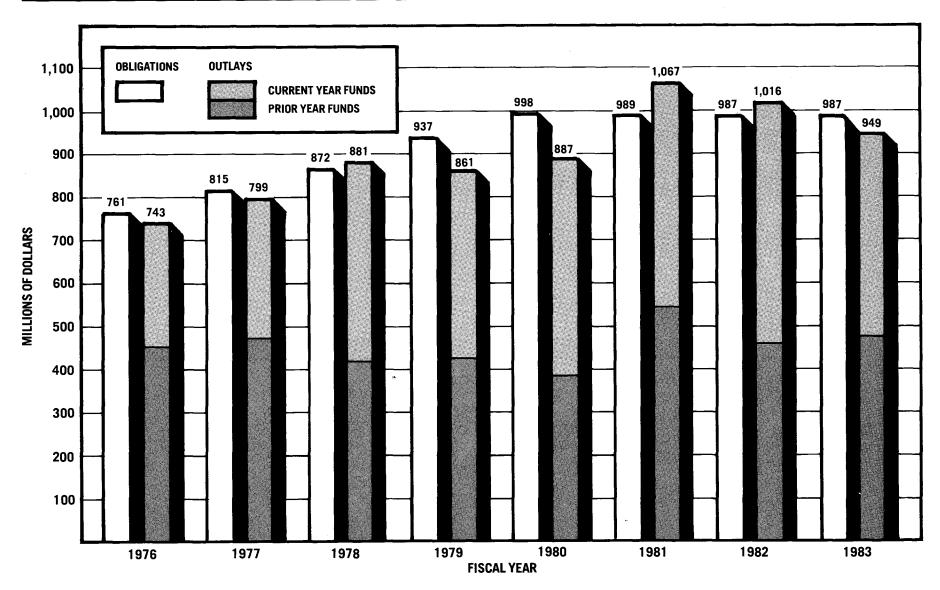
 ¹⁹⁸⁰ appropriation authorized under a Continuing Resolution.
 Reflects 1981 rescission of \$11,975,000.
 Amount included in Continuing Resolution. Includes \$47,988,000 transferred to the National Institute of Environmental Health Sciences for the National Toxicology Program.
 Appropriated under Continuing Resolution and Supplemental Appro-

COMPARISON OF DOLLARS, POSITIONS AND SPACE

		DOLLARS		POSITIONS			2011154110000000414199	SPACE	95277000-001-02523-2 LUNALAMAN 1 HARDA MAN (MIS SEEP PLES MONEY
	OBLIGATIONS (\$000's)	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ACTUAL 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	ger von von der det state i spar zu	1426	Base Year		321,230	Base Year	COMPONENTS OF CO. THE PERSON COMPONENTS OF CO.
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
1976	760,751	226.7	8.8	1955	37.1	5.7	387,324	20.6	1.3
1977	814,957	250.0	7.1	1986	39.3	1.6	428,285	33.3	10.6
1978	872,369	275.0	7.2	1969	38.1	-0.9	491,725	53.1	14.8
1979	936,696	302.3	7.4	1973	38.4	0.2	493,156	53.5	0.3
1980	998,047	328.6	6.5	1837	28.8	-6.7	467,730	45.6	-5.2
1981	989,338	324.9	— 0.9	1815	27.3	-1.2	472,633	47.1	1.0
1982	986,564	323.7	— 0.3	1703	19.4	—6.2	477,782	48.7	1.1
1983	986,811	323.8	0.02	1731	21.9	1.6	484,093	50.7	1.3

^{*}Does not include the Frederick Cancer Research Facility.

NATIONAL CANCER INSTITUTE OBLIGATIONS AND OUTLAYS



OBLIGATIONS: Orders placed, grants and contracts awarded, salaries earned and similar financial transactions which legally utilize or reserve an appropriation for expenditure. **OUTLAYS:** Payments (cash or checks) made from current or prior year appropriations.

		REQUESTED RECOMMENDED		MMENDED	AM	/ARDED	PERCENT	
	TYPE AWARD	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	FUNDED 2
1978	Competing New Renewal Board Supplement Subtotal Noncompeting Total					522 348 24 894 1,376 2,270	\$ 41,386 45,624 3,302 \$ 90,312 160,433 \$250,745	39.8 57.0 77.4 45.8
1979	Competing New Renewal Board Supplement Subtotal Noncompeting Total					565 314 21 900 1,493 2,393	\$ 50,351 56,651 1,033 \$108,035 177,097 \$285,132	39.3 56.5 77.8 44.6
1980	Competing New Renewal Board Supplement Subtotal Noncompeting Total					461 293 29 783 1,762 2,545	\$ 45,303 45,802 1,261 \$ 92,366 228,959 \$321,325	32.9 53.3 76.3 39.3
1981	Competing New Renewal Board Supplement Subtotal Noncompeting Total					483 311 32 826 1,802 2,628	\$ 53,004 48,122 940 \$102,066 253,389 \$355,455	30.3 47.6 68.1 36.0
1982	Competing ³ New Renewal Board Supplement Subtotal Noncompeting Total					434 323 4 761 1,797 2,558	\$ 47,224 50,186 86 \$ 97,496 260,853 \$358,349	24.3 45.7 16.7 30.3
1983	Competing ³ New Renewal Board Supplement Subtotal Noncompeting Total			• • • • • • • • • • • • • • • • • • • •		529 358 3 890 1,923 2,813	\$55,316 56,698 110 \$112,124 294,019 \$406,143	28.7 46.9 20.0 33.9

Includes R01 traditional grants, P01 program projects, R23 new investigator research awards, R01 and U01 awards of RFA's, and R43/R44 Small Business Innovative Research awards.

*Percent Funded: Number Awarded ÷ Number Recommended.

*Because of fiscal restraints, grants were awarded below recommended levels.

