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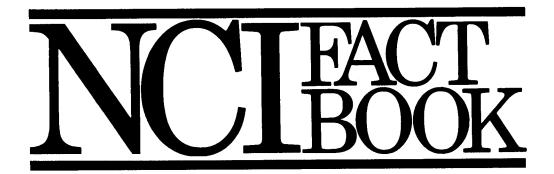
1984

National Cancer Program

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

National Institutes of Health



National Cancer Program 1984

FOR ADMINISTRATIVE USE

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service National Institutes of Health

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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*NCI Executive Committee Members		

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.
- July 22, 1982—The Small Business Innovation Development Act of 1982, P.L. 97-219, was signed. This law requires the NIH to set aside a certain amount of its extramural R&D budget each year to fund R&D agreements with small businesses.

- **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.

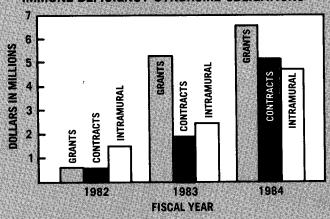
- **September 10, 1974**—NCI established the Division of Cancer Control and Rehabilitation.
- July 1975—The Division of Cancer Treatment was expanded to include the NCI Surgery and Radiation Oncology Branches and the extramural program of Cancer Cooperative Clinical Trials.
- May 15, 1978—The first phase 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.

SIGNIFICANT INITIATIVES IN 1984

Acquired Immune Deficiency Syndrome— HTLV-III Discovery

NCI scientists have strong evidence that variations of a human cancer virus are the primary cause of Acquired Immune Deficiency Syndrome (AIDS). An NCI scientist, Dr. Robert Gallo, Jr., reported the isolation of a new group of viruses which are variants of human T-cell leukemia/lymphoma virus (HTLV). The new viruses, named HTLV-III, were isolated from the helper T-cells of more than 50 patients with AIDS or pre-AIDS symptoms, as well as from healthy individuals at high-risk for developing AIDS. About 90 percent of AIDS patients tested so far have high levels of antibody to the virus. Similar results have been found in patients exhibiting pre-AIDS symptoms, such as the lymphadenopathy syndrome. Individuals who are not at high-risk for developing AIDS have very low or negative antibody levels. This discovery may make the control of AIDS feasible by enabling the development of a simple test for the detection of AIDS-infected blood by blood banks and diagnostic laboratories as well as the development of an AIDS vaccine. The NCI has contracted with five outside laboratories to develop testing procedures that can be used to screen large numbers of blood donors for antibodies to the virus. A vaccine against HTLV-III infection for people at high-risk for developing AIDS is also undergoing development.

NATIONAL CANCER INSTITUTE ACQUIRED IMMUNE DEFICIENCY SYNDROME OBLIGATIONS



Small Business Innovation Research Program

P.L. 97-219, the Small Business Innovation Development Act passed in July 1982, requires the NCI to reserve a specified amount of its extramural research and development (R&D) budget for the Small Business Innovation Research program

National Cancer Institute SMALL BUSINESS INNOVATION RESEARCH Program Set-Aside

(Dollars in Millions)

	of R&D	NIH	NCI
FY 1983 Actual	0.2%	\$ 6.55	\$1.49
FY 1984 Actual	0.6	20.95	4.96
FY 1985 Estimate	1.0	39.93	9.11

(SBIR). The legislation is intended to stimulate technological innovation by small businesses to meet Federal research and development needs, to increase private sector commercialization of innovations derived from Federal research and development, and to foster and encourage participation by minority and disadvantaged persons in technological innovation. In FY 1984 the NCI SBIR program awarded 61 grants for a total of \$4.96 million.

SMALL BUSINESS INNOVATION RESEARCH PROGRAM

Phase I (R43 grant)

To establish technical merit and feasibility of proposed R & D effort Not to exceed \$50,000 and 6 months

Phase II (R44 grant)

Continuation of R & D effort from Phase I Only Phase I awardees are eligible to apply Not to exceed \$500,000 and 2 years

Phase III

Small business competes for non-federal support

International Cancer Information Center

The Office of International Affairs (OIA), NCI coordinates the planning, management, and evaluation of the international research, control and information activities of the National Cancer Program as well as maintaining liaison with Federal and other international agencies involved in the National Cancer Program. In 1984, the OIA underwent a reorganization with the establishment of the International Cancer Information Center (ICIC). The ICIC coordinates and oversees the activities of the Computer Communications Branch, the Publications Branch, and the International Cancer Research Data Bank Branch, including the development and enhancement of online databases of the Physician Data Query system (PDQ).

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.	1987
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. David Korn, <i>Chairman</i> Stanford University Stanford, California	1990	Dr. Geza J. Jako Institute for Research in Laser Surgery Melrose, Massachusetts	1988
Mr. Richard A. Bloch Kansas City, Missouri	1988	Dr. Joseph G. Katterhagen Tacoma General Hospital	1986
Dr. Roswell K. Boutwell University of Wisconsin Madison, Wisconsin	1990	Tacoma, Washington Ms. Rose Kushner Breast Cancer Advisory Center	1986
Mrs. Angel Bradley North Miami, Florida	1988	Kensington, Maryland Ann Landers	1986
Dr. Victor Braren Vanderbilt University School of Medicine Nashville, Tennessee	1988	Field Newspaper Syndicate Chicago, Illinois Dr. LaSalle D. Leffall, Jr.	1986
Mrs. Helene G. Brown Jonsson Comprehensive Cancer Center	1990	Howard University Hospital Washington,DC	
Los Angeles, California Dr. Ed L. Calhoon	1988	Dr. Enrico Mihich Roswell Park Memorial Hospital	1990
Beaver, Oklahoma Dr. Tim Lee Carter Carter Clinic	1988	Buffalo, New York Dr. William E. Powers Harper Grace Hospital	1986
Tompkinsville, Kentucky Dr. Gertrude B. Elion	1990	Detroit, Michigan Dr. Louise C. Strong M.D. Anderson Hospital and Tumor Institute	1990
Burroughs Wellcome Company Research Triangle Park, North Carolina Dr. Robert C. Hickey M.D. Anderson Hospital and Tumor Institute	1986	Houston, Texas	
Houston, Texas	-		

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Secretary of Labor Washington, DC

Dr. John Gronvall

Veterans Administration Washington, DC

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

Dr. George A. Keyworth Office of Science and Technology Policy Washington, DC

The Honorable William E. Mayer

Department of Defense Washington, DC

Dr. J. Donald Millar

National Institute for Occupational Safety and Health Atlanta, Georgia

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Dr. Bernadine Healy Bulkley

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Vice Admiral Lewis H. Seaton

Office of Chief of Naval Operations Washington, DC

Dr. Elliott S. Harris

National Institute for Occupational Safety and Health

Dr. David P. Rall

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

Mr. Lee Thomas

Environmental Protection Agency Washington, DC

Ms. Nancy Harvey Steorts

Consumer Product Safety Commission Washington, DC

Dr. James B. Wyngaarden

National Institutes of Health Bethesda, Maryland Dr. Frank E. Young

Food and Drug Administration Rockville, Maryland

Dr. Elizabeth L. Anderson Environmental Protection Agency Washington, DC

Dr. Allen Heim

Food and Drug Administration Rockville, Maryland

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Mrs. Barbara S. Bynum

National Cancer Institute, NIH Bethesda, Maryland

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David G. Bragg, M.D.	1985	Israel David Goldman, M.D.	1986	Rodrigue Mortel, M.D.	1985
Paul Calabresi, M.D.	1986	Leon Goodman, Ph.D.	1986	Carol S. Portlock, M.D.	1985
Mortimer M. Elkind, Ph.D.	1986	Robert L. Goodman, M.D.	1987	Efraim Racker, M.D.	1986
Karen K. Fu, M.D.	1985	Susan B. Horwitz, Ph.D.	1986	Alan S. Rosenthal, M.D.	1986

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.G. Barry Pierce, M.D., Chairperson		1987			
Edward Bresnick, Ph.D. 19 C. C. Cheng, Ph.D. 19 Allan H. Conney, Ph.D. 19 Pelayo Correa, M.D. 19	85 86 86 85 85	Renato Dulbecco, M.D. Myron Essex, D.V.M., Ph.D. Charlotte Friend, Ph.D. William M. Haenszel, M.A. Hilary Koprowski, M.D. Gilbert S. Omenn M.D. Ph.D.	1986 1986 1985 1986 1985	Nicholas L. Petrakis, M.D. Roy Shore, Ph.D. Carl M. Shy, M.D. Lee W. Wattenberg, M.D.	1985 1988 1985 1987

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Philip G. Archer, Sc.D. Erwin P. Bettinghaus, Ph.D. Robert A. Cooper, Jr., M.D. Robert W. Day, M.D. Jerome J. DeCosse, M.D.	1986 1987 1987 1986 1986	David Mark Hegsted, Ph.D. Loretta M. Itri, M.D. Mary Jane Jesse, M.D. Kaye H. Kilburn, M.D. Laurence N. Kolonel, M.D.	1986 1985 1987 1985 1986	William C. Levin, M.D. Virgil Loeb, Jr., M.D. David J. Sencer, M.D. Charles R. Smart, M.D. Louis W. Sullivan, M.D.	1988 1985 1988 1987 1988
Saxon Graham, Ph.D.	1986	Lewis Henry Kuller, M.D., M.P.H.	1987	John E. Ultmann, M.D.	1988

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Dr. Jane Henney Deputy Director

Dr. Peter Fischinger Associate Director

Mr. Philip Amoruso
Associate Director for Administrative Management

Dr. Richard Adamson
Director, Division of Cancer Etiology

Mrs. Barbara Bynum Director, Division of Extramural Activities

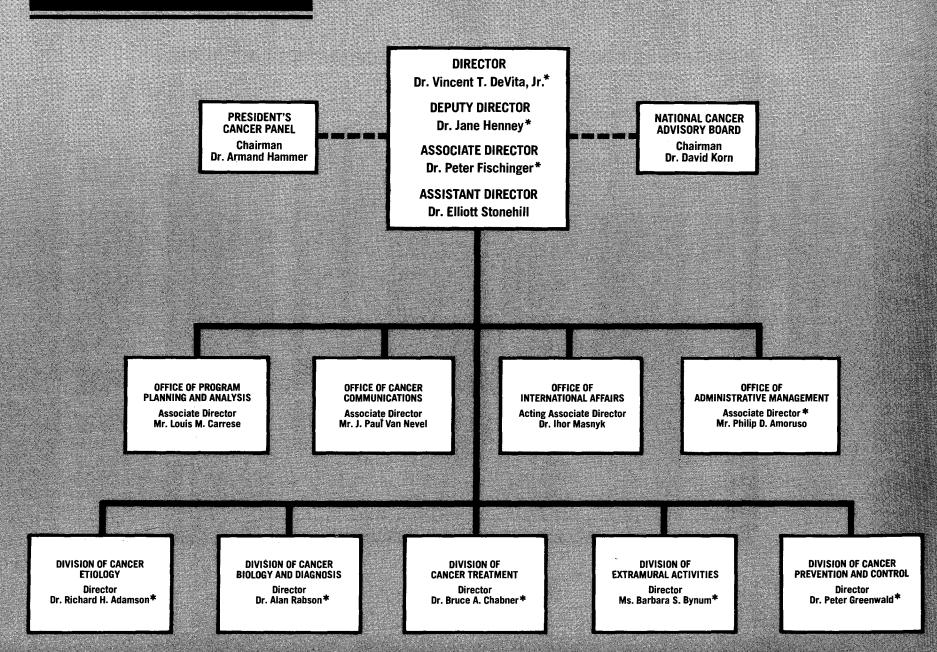
Dr. Bruce Chabner
Director, Division of Cancer Treatment

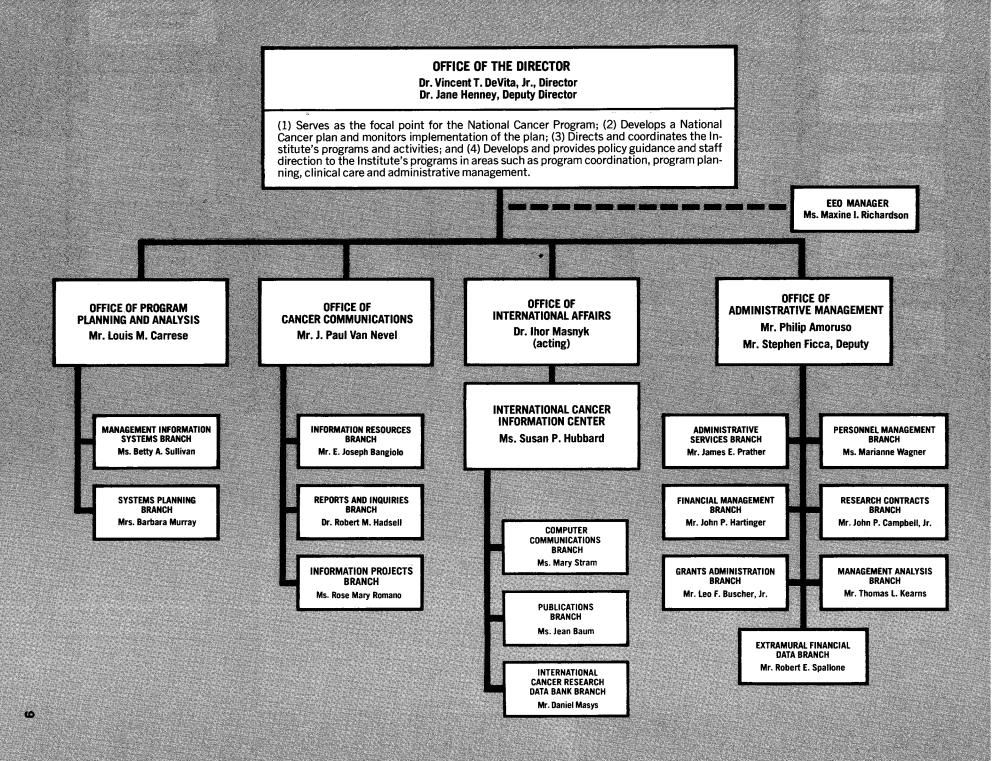
Dr. Peter Greenwald
Director, Division of Cancer Prevention and Control

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

Ms. Iris Schneider Executive Secretary

NATIONAL CANCER INSTITUTE





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Dr. Joseph G. Mayo

DRUG SYNTHESIS AND CHEMISTRY BRANCH

Dr. Ven Narayanan

NATURAL PRODUCTS BRANCH

Dr. Matthew Suffness

DRUG EVALUATION BRANCH

Dr. John M. Venditti

PHARMACEUTICAL RESOURCES BRANCH

Mr. J. Paul Davignon

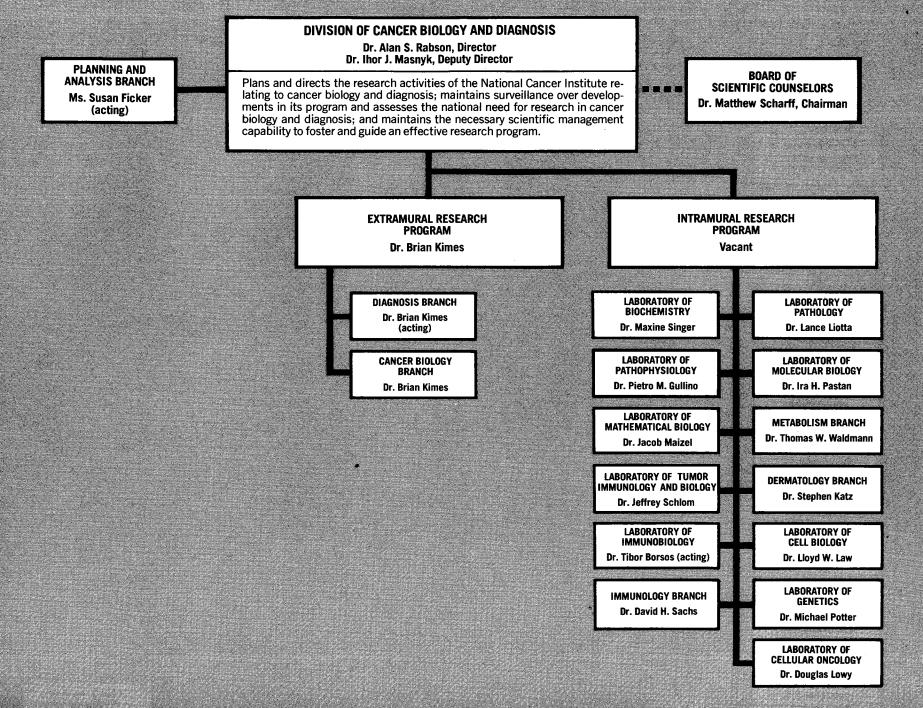
TOXICOLOGY BRANCH Dr. Charles K. Grieshaber

INFORMATION TECHNOLOGY BRANCH

Dr. G.W.A. Milne

EXTRAMURAL RESEARCH & RESOURCES BRANCH

Dr. Moreshwar Nadkarni



DIVISION OF CANCER ETIOLOGY

Dr. Richard H. Adamson, Director Dr. Susan M. Sieber, Deputy Director

ADMINISTRATIVE MANAGEMENT BRANCH Mr. Mark Kochevar

Plans and directs a national program of basic research including laboratory, field and epidemiologic and biometric research on the cause and natural history of cancer and means for preventing cancer. This program is implemented by intramural research, research grants, cooperative agreements, and contracts; evaluates mechanisms of cancer induction and promotion by chemicals, viruses and environmental agents; serves as the focal point for the Federal government on the synthesis of clinical, epidemiological, and experimental data relating to cancer causation; and participates in the evaluation of and advises the Institute Director on program related aspects of other basic research activities as they relate to cancer cause and prevention.

CHEMICAL AND PHYSICAL

CARCINOGENESIS PROGRAM

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BIOLOGICAL CARCINOGENESIS PROGRAM Vacant

Vacant

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LABORATORY OF MOLECULAR ONCOLOGY

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LABORATORY OF MOLECULAR VIROLOGY

Dr. George Khoury

LABORATORY OF **TUMOR VIRUS** BIOLOGY

Dr. Peter Howley

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Dr. Michael Sporn

LABORATORY OF COMPARATIVE CARCINOGENESIS

Dr. Jerry Rice

LABORATORY OF **EXPERIMENTAL**

CARCINOGENESIS Dr. Snorri Thorgeirsson

LABORATORY OF EXPERIMENTAL PATHOLOGY

Dr. Umberto Saffiotti

LABORATORY OF HUMAN CARCINOGENESIS

Dr. Curt Harris

LABORATORY OF **MOLECULAR CARCINOGENESIS**

Dr. Harry Gelboin

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ENVIRONMENTAL **EPIDEMIOLOGY BRANCH**

Dr. Robert Hoover

RADIATION EPIDEMIOLOGY BRANCH

Dr. John Boice

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Dr. John Cooper (acting)

Dr. Winfred Malone

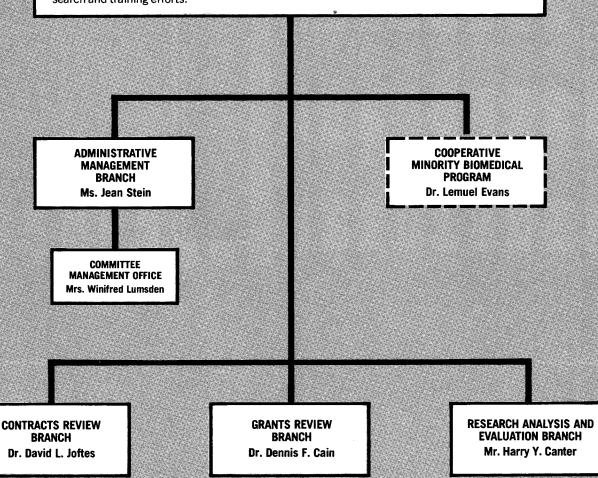
Dr. Lillian Gigliotti

(acting)

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 SÜRVIVAL RATES

By Primary Site for Patients (all races, both sexes) Diagnosed 1976-1981, National Cancer Institute SEER Program

49%
93%
86%
85%
80%
74%
73%
73%
67%
67%
, 70%
52%
50%
49%
48%
38%
23%
16%
13%
2%

NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX — 1981

ALL AGES UNDER 15		15-	15-34		35-54		55-74		75+		
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Lung 76,650	Breast 36,479	Leukemia 485	Leukemia 345	Leukemia 776	Breast 665	Lung 9,836	Breast 7,947	Lung 49,518	Breast 18,645	Lung 17,131	Colon & Rectum 13,639
Colon & Rectum 26,500	Lung 29,739	Brain & CNS .248	Brain & CNS 209	Brain & CNS 412	Leukemia 509	Colon & Rectum -2,245	Lung 4,750	Colon & Rectum 14,215	Lung 18,527	Prostate	Breast 9,219
Prostate 23,369	Colon & Rectum 28,105	Endo- crine 130	Endo- crine 95	Non- Hodgkin's Lympho- mas 352	Uterus 335	Pancreas 1,245	Colon & Rectum 2,057	Prostate 9,651	Colon & Rectum 12,253	Colon & Rectum 9,804	Lung 6,362
Pancreas 11, 189	Ovary 10,855	Non- Hodgkin's Lymphomas 98	Connective Tissue	Hodgkin's Disease 306	Brain & CNS 308	Brain & CNS 1,119	Uterus 1,821	Pancreas 6,588	Ovary 6,062	Pancreas 3,308	Pancreas 4,482
Leukemia 9,187	Uterus 10,698	Connective Tissue 55	Non- Hodgkin's Lymphomas 48	Testis 265	Hodgkin's Disease 203	Leukemia 1,039	Ovary 1,776	Stomach 4,635	Uterus 5,389	Bladder 3,245	Uterus 3,149

Source: Vital Statistics of the United States, 1981.

RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES — 1981

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS	
	ALL CAUSES	1,977,981	862.4	100.0	
1	Diseases of Heart	753,884	328.7	38.1	
2	CANCER	422,094	184.0	21.3	
3	Stroke	163,504	71.3	8.3	
4	Accidents	100,704	43.9	5.1	
5	Bronchitis, Emphysema & Asthma	58,832	25.7	3.0	
6	Pneumonia & Influenza	53,731	23.4	2.7	
7	Diabetes Mellitus	34,642	15.1	1.8	
8 9	Cirrhosis of Liver	29,308	12.8	1.5	
9	Arteriosclerosis	28,004	12.2	1.4	
10	Suicide	27,596	12.0	1.4	
11	Homicide	23,646	10.3	1.2	
12	Diseases of Infancy	21,626	9.4	1.1	
13	Nephritis & Nephrosis	17,277	7.5	0.9	
14	Congenital Abnormalities	13,527	5.9	0.7	
15	Septicemia & Pyemia	10,443	4,6	0.5	
	Other & III-defined	219,163	95.6	11.0	

Source: National Center for Health Statistics, 1981.

ESTIMATED NEW CANCER CASES AND DEATHS BY SEX FOR ALL SITES — 1984

	ESTIN	AATED NEW C	ASES	ESTIMATED DEATHS			
SITE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	
All Sites	870,000¹	429,0001	441,000¹	450,000	244,500	205,500	
Buccal Cavity & Pharynx (Oral) Lip Tongue Salivary Gland Floor of Mouth	27,500 4,900 4,900 9,800	18,700 4,200 3,200 5,800	8,800 700 1,700 4,000	9,350 175 2,050 700 525	6,400 150 1,400 450 400	2,950 25 650 250 125	
Other & Unspecified Mouth Pharynx	7,900	5,500	2,400	1,600 4,300	1,000 3,000	600 1,300	
Digestive Organs Esophagus Stomach Small Intestine Large Intestine Rectum Rectum Liver & Biliary Passages Pancreas Other & Unspecified Digestive	207,000 9,100 24,900 2,100 90,000 40,000 13,300 25,100 2,500	105,100 6,500 15,000 1,100 41,000 21,000 6,300 13,000 1,200	101,900 2,600 9,900 1,000 49,000 19,000 7,000 12,100 1,300	117,300 8,600 14,100 700 50,900 8,500 10,100 23,000 1,400	61,450 6,300 8,300 350 24,200 4,600 5,000 12,000 700	55,850 2,300 5,800 350 26,700 3,900 5,100 11,000 700	
Respiratory System Larynx Lung Other & Unspecified Respiratory	153,400 11,100 139,000 3,300	107,500 9,300 96,000 2,200	45,900 1,800 43,000 1,100	126,150 3,750 121,000 1,400	89,000 3,100 85,000 900	37,150 650 36,000 500	
Bone, Tissue and Skin Bone Connective Tissue Skin	24,500 1,900 4,900 17,700 ²	12,500 1,100 2,700 8,700 ²	12,000 800 2,200 9,000 ²	11,150 1,350 2,400 7,400 ⁴	6,400 800 1,200 4,400	4,750 550 1,200 3,000	
Breast	115,900³	9003	115,000 ³	37,600	300	37,300	
Genital Organs Cervix Uteri Corpus, Endometrium Ovary Prostate Other & Unspecified Genital, Male Other & Unspecified Genital, Female	159,300 16,000 ³ 39,000 18,300 76,000 5,600 4,400	81,600 — — 76,000 5,600	77,700 16,000 ³ 39,000 18,300 — — 4,400	48,150 6,800 2,900 11,500 25,000 950 1,000	25,950 — — — 25,000 950 —	22,200 6,800 2,900 11,500 — — 1,000	
Urinary Organs Bladder Kidney & Other Urinary	57,100 38,700 18,400	39,600 28,000 11,600	17,500 10,700 6,800	19,400 10,700 8,700	12,600 7,300 5,300	6,800 3,400 3,400	
Eye	1,900	1,000	900	400	200	200	
Brain & Central Nervous System	12,800	7,100	5,700	10,400	5,700	4,700	
Endocrine Glands Thyroid Other Endocrine	11,400 10,300 1,100	3,500 2,900 600	7,900 7,400 500	1,600 1,100 500	700 400 300	900 700 200	
Leukemia	24,400	13,200	11,200	16,700	9,300	7,400	
Other Blood & Lymph Tissues Hodgkin's Disease Multiple Myeloma Other Lymphomas	40,600 7,100 9,800 23,700	21,100 4,100 5,000 12,000	19,500 3,000 4,800 11,700	21,600 1,500 7,200 12,900	11,300 900 3,700 6,700	10,300 600 3,500 6,200	
All Other & Unspecified Sites	34,200	17,200	17,000	30,200	15,200	15,000	

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 5,500; other skin 1,900.

INCIDENCE ESTIMATES ARE BASED ON RATES FROM NGI SEER PROGRAM 1973-1979.

NCI INTRAMURAL REVIEW PROCESS

Board of		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	EREPROPRIEGE AND	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

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. – \$36,327 Physicians – \$50,822 Maximum: \$66,400	Office of Personnel Management, Contact Director or Laboratory Chief in area of in- terest or the NCI Personnel Office.
II. SPECIAL APPOINTMENT	DF EXPERTS AND CONSULTANTS		•
A. Special Appointment of Experts and Consultants (non-tenured appointment which can be	Applicants shall possess outstanding experience and ability as to justify recognition 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).	S. det.iii,	Maximum: \$66,400	
III. MEDICAL STAFF FELLOW:			
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 (lim	ited tenure) ²		
A. Visiting Fellow (maximum 3 years)	1-3 years postdoctoral experience or training.	Entrance stipend \$16,000-\$18,000	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.	\$21,066-\$39,711	Contact Director or Laboratory Chief in area of interest.
C. Visiting Scientist (duration of project)	6+ years postdoctoral experience with ap- propriate unusual experience and knowl- edge needed.	\$30,549-\$66,400	Contact Director or Laboratory Chief in area of interest.

Does not necessarily indicate that positions are currently available at the National Cancer Institute.
 Under most circumstances, the various visiting programs are limited to non-citizens.

V. STAFF FELLOWSHIPS

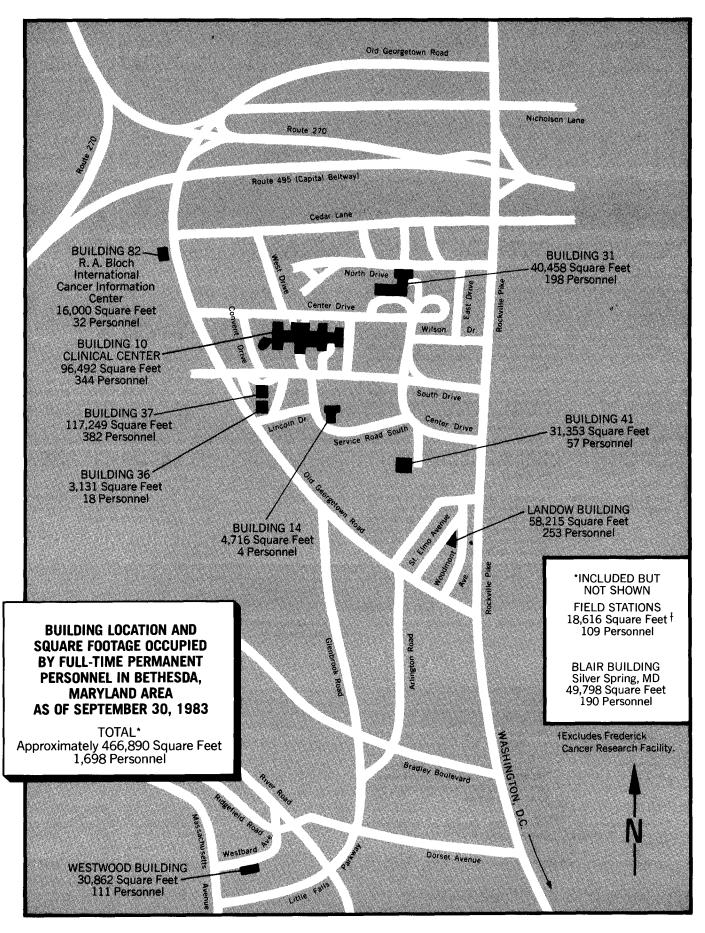
POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
A. Staff Fellowship	Physician or other doctoral degree equiva- lent awarded within last 5 years, U.S. citizen or non-citizen eligible for naturali- zation within 4 years. Maximum seven-year appointment.	Staff Fellows Physicians \$20,688-\$34,312 Other Doctorates \$17,000-\$35,639 Senior Staff Fellows Physicians \$23,439-\$46,570 Other Doctorates \$20,688-\$39,960	Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.

VI. CIVIL SERVICE SUMMER EMPLOYMENT PROGRAMS

A. 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.
B. 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, plan- ning 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 disadvan- taged 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.
E. 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

A.	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.	\$50,000 for 10 months.	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.



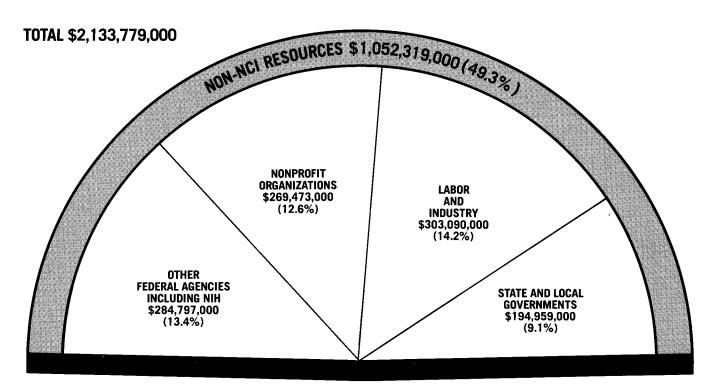
MAJOR STEPS IN THE BUDGET FORMULATION REVIEW PROCESS

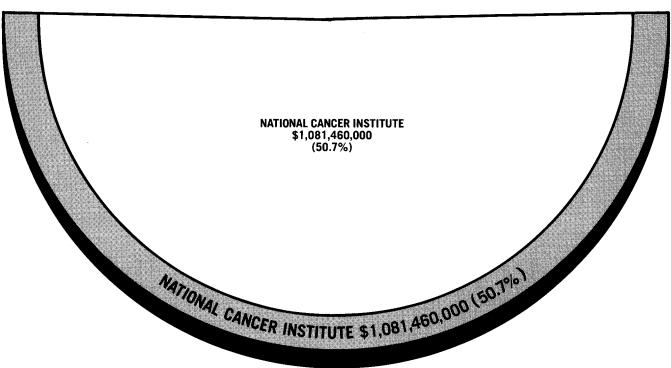
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER				
NCI STAFF 1	NCI Direct Meeting — budget po upcoming year; revie operating for curren year Submit Co Justification	establish licy for fiscal ew plans t fiscal ngressional on for	Budget for for both th submitted tration's g	e by-pass, a within the Ad uidelines onal Testimo	years in the future pass, and budget so the Adminis- least fines		Meeting—establish specific division levels for upcoming fiscal year By-Pass E Formulati Budget w Administr		Meeting—establish specific division levels for upcoming fiscal year Budget w		Meeting—establish specific division levels for upcoming By-Pass B Formulating		oudget on of thin ation	Formulatio	on of Preside	nt's Budget
NCAB ²					Review and revise Prelim- inary Budget for two fiscal years in future			Review By (OMB) Bud submitted to the Pre	get directly	Division presentations of program activities for fiscal year just completed						
BSC ³	Review op plans for of fiscal year policies fro Director's	current and om NCI				Review and on implem of specific divisional programs fiscal year	entation current		Annual Div Budget Re current an plans	views	one and the second seco					

¹ Executive Committee and key administrative staff

National Cancer Advisory Board – presidential appointees
 Board of Scientific Counselors – outside NCI peer review bodies for each of four operating divisions

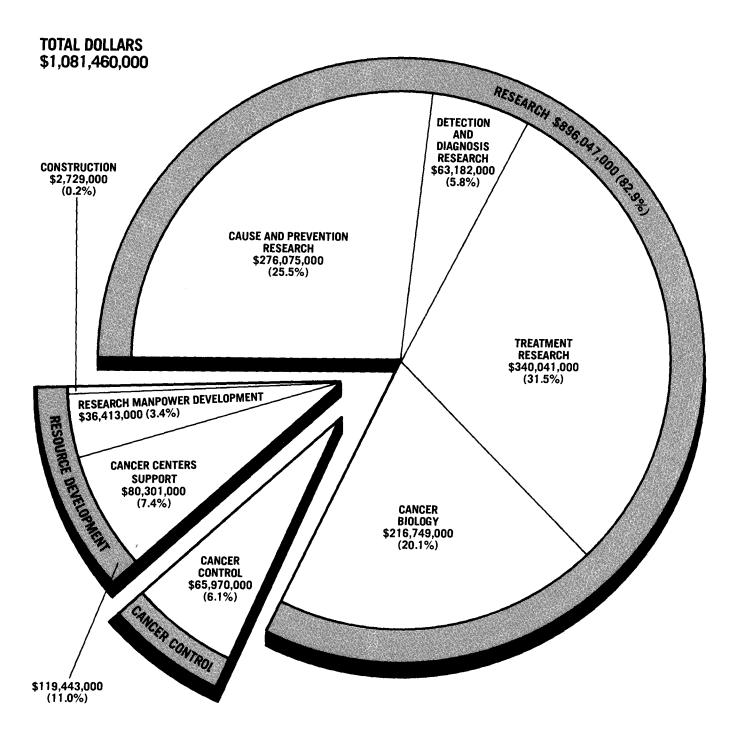
ESTIMATED TOTAL NATIONAL RESOURCES FOR CANCER RESEARCH AND CANCER CONTROL—FISCAL YEAR 1984



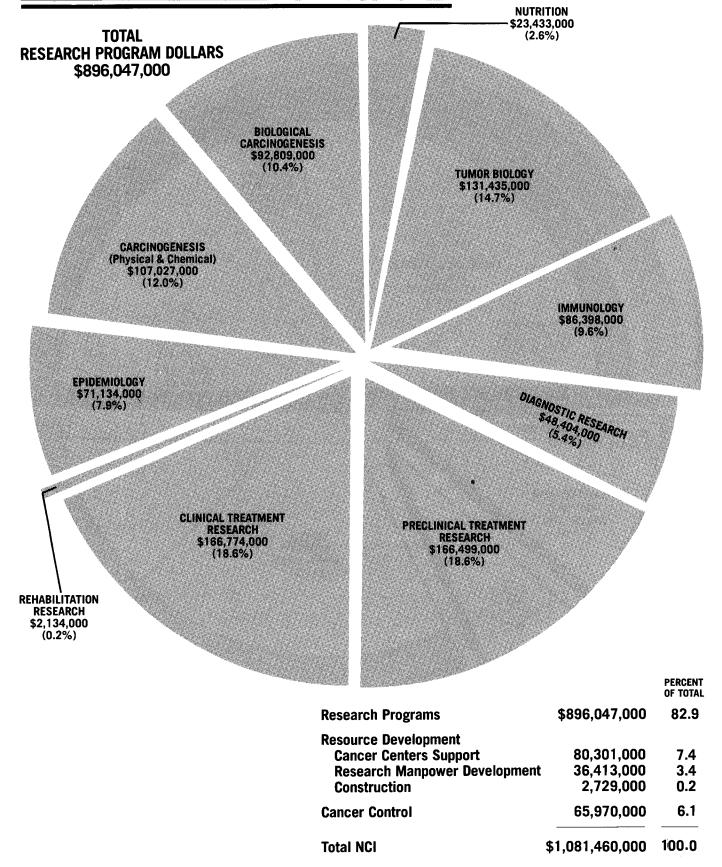


NOTE: Non-NCI resources data were provided by the Office of Program Planning and Analysis, NCI.

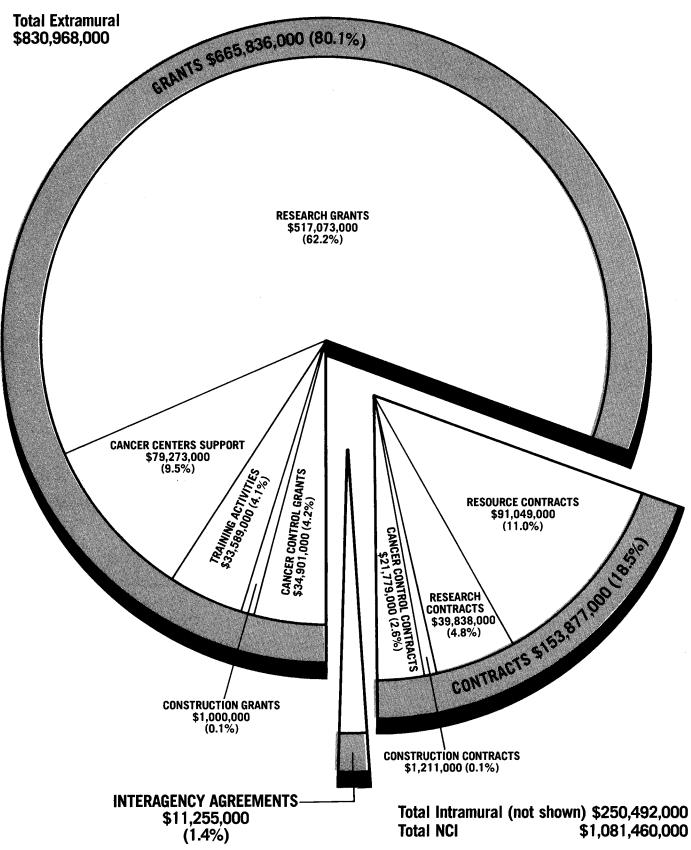
NCI PROGRAM STRUCTURE — FISCAL YEAR 1984



NCI RESEARCH PROGRAMS — FISCAL YEAR 1984



NCI EXTRAMURAL FUNDS — FISCAL YEAR 1984

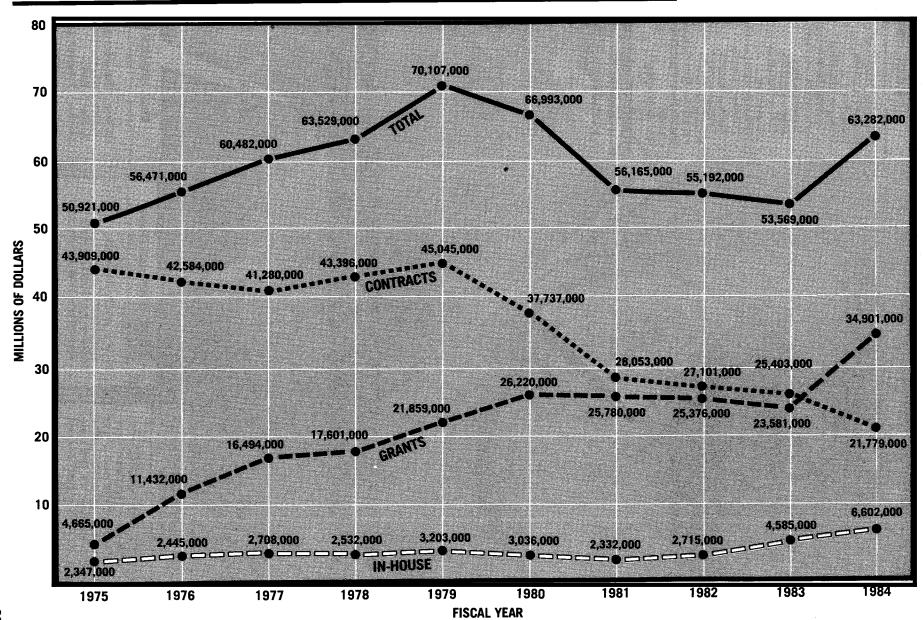


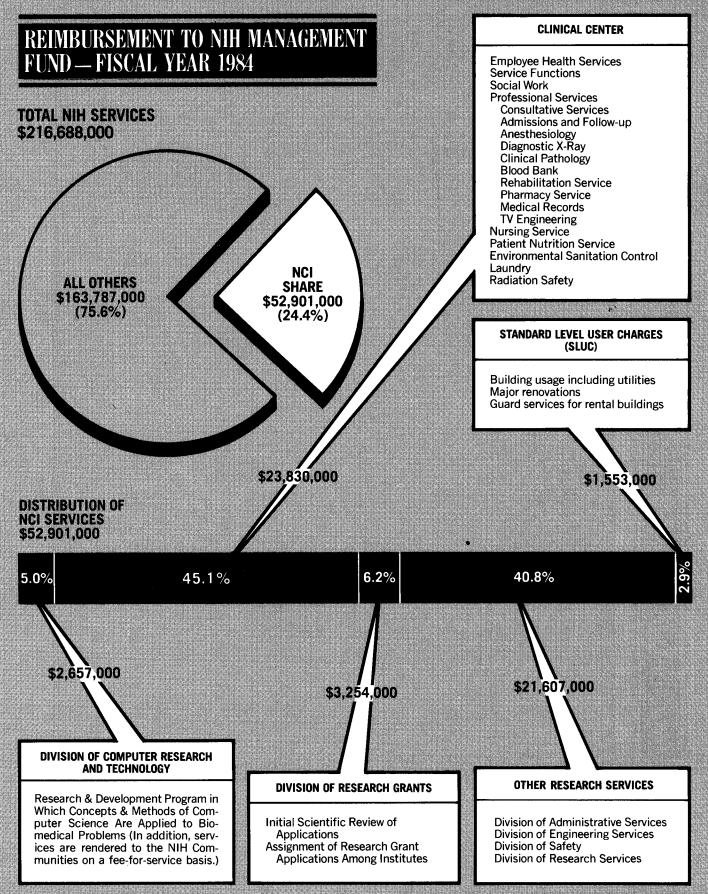
TOTAL NCI DOLLARS BY MECHANISMS—FISCAL YEAR 1984

(DOLLARS IN THOUSANDS)

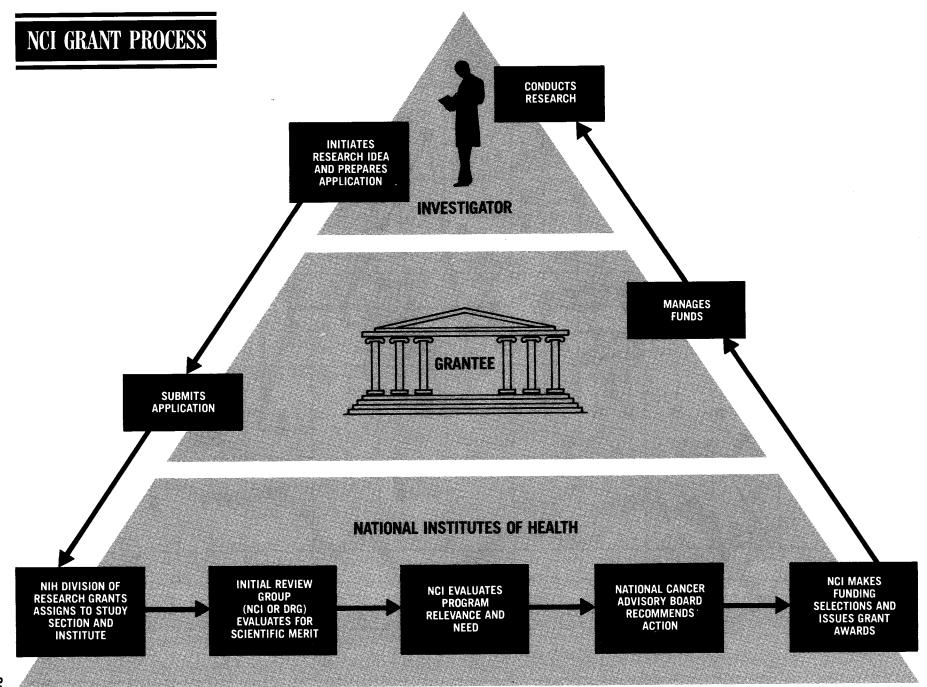
	AMOUNT	MECHANISM	PERCENT OF TOTAL	
	RESEARCH P	ROJECT GRANTS		
\$461,247	7,317	Young Investigators Cancer Research Emphasis Grants/RFA's Program Projects	28.3 0.6 1.1 11.5 0.7 0.5	42.7%
	RESEARCH C	ENTERS GRANTS		
\$79,273	62 79,211	Other Centers Center Core Grants	0.0 7.3	7.3%
	OTHER RESE	ARCH GRANTS		
\$65,570	2,500 420 5,300 4,444 47,986 1,273 3,148 499	Scientific Evaluation Conference Grants Research Career Programs Clinical Education Programs Clinical Cooperative Groups National Organ Systems Program Minority Biomedical Research Support Surgical Oncology	0.2 0.05 0.5 0.4 4.4 0.1 0.3 0.05	6.0%
	TRAINING P	ROGRAM		
\$23,845	3,160 20,685	National Research Service Awards—Individual National Research Service Awards—Institutional	0.3 1.9	2.2%
	RESEARCH A	ND RESOURCE CONTRACTS		
\$142,142	142,142	Research and Resource Contracts	13.1	13.1%
	CANCER CON	TROL		
\$63,282	63,282	Cancer Control	5.9	5.9%
	CONSTRUCT	ON		
\$2,211	2,211	Construction	0.2	0.2%
	IN-HOUSE			
\$243,890	185,767 43,835 14,288	Intramural Research Direct Operations Program Management	17.2 4.1 1.3	22.6%
	\$1,081,460	TOTAL NCI	100.0	

CANCER CONTROL OBLIGATIONS BY MECHANISM—FISCAL YEARS 1975-1984

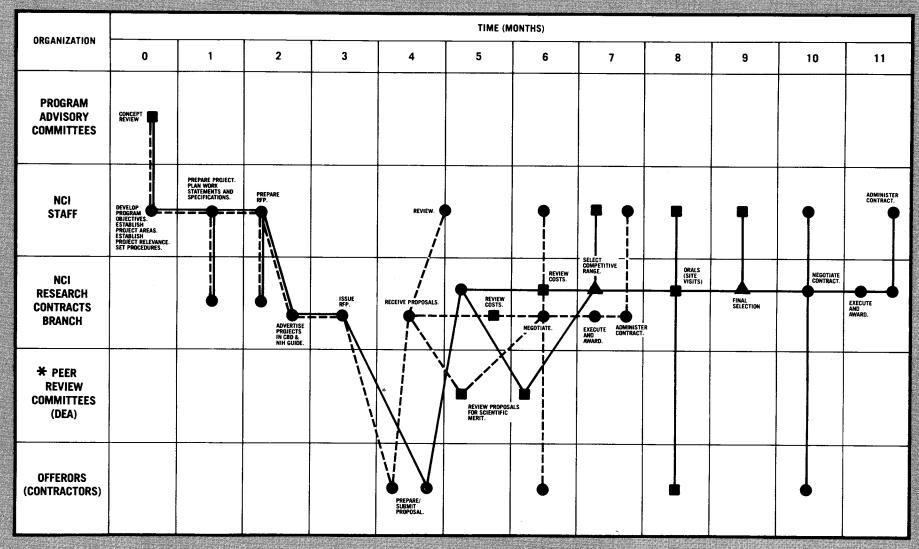




The Management Fund provides for the financing of certain common research supporting services and administrative activities which are required in the operating of NIH.



NCI CONTRACT AWARD PROCESS—UNDER CANCER ACT OF 1971



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

LEGEND:

OPERATION

REVIEW

DECISION

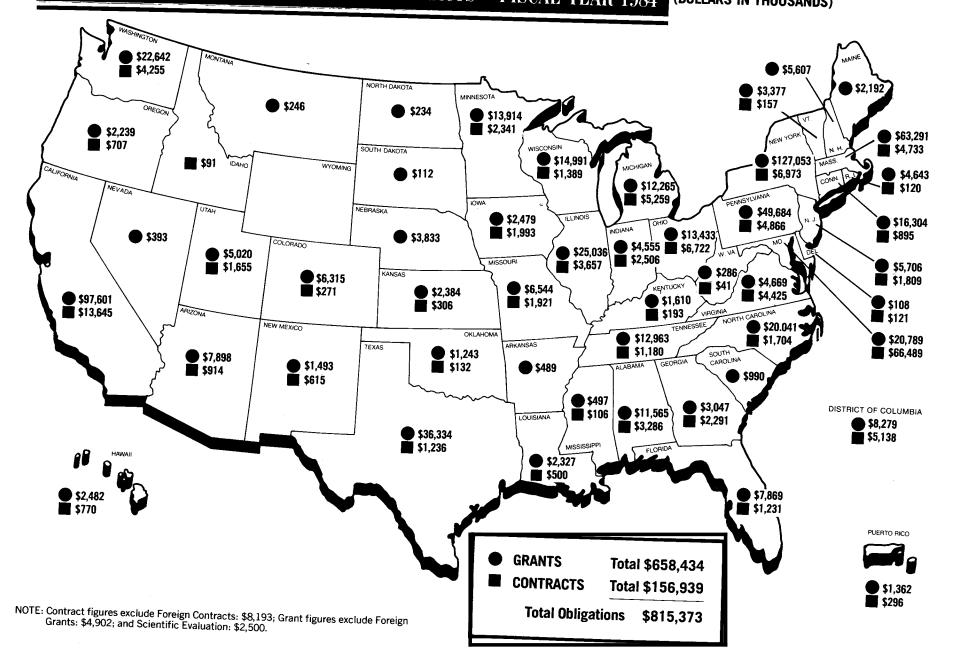
NORMAL COMPETITIVE FLOW

-- NON-COMPETITIVE CONTRACTS

AD HOC COMMITTEES MAY BE USED— INCLUDES NON-GOVERNMENT EMPLOYEES.

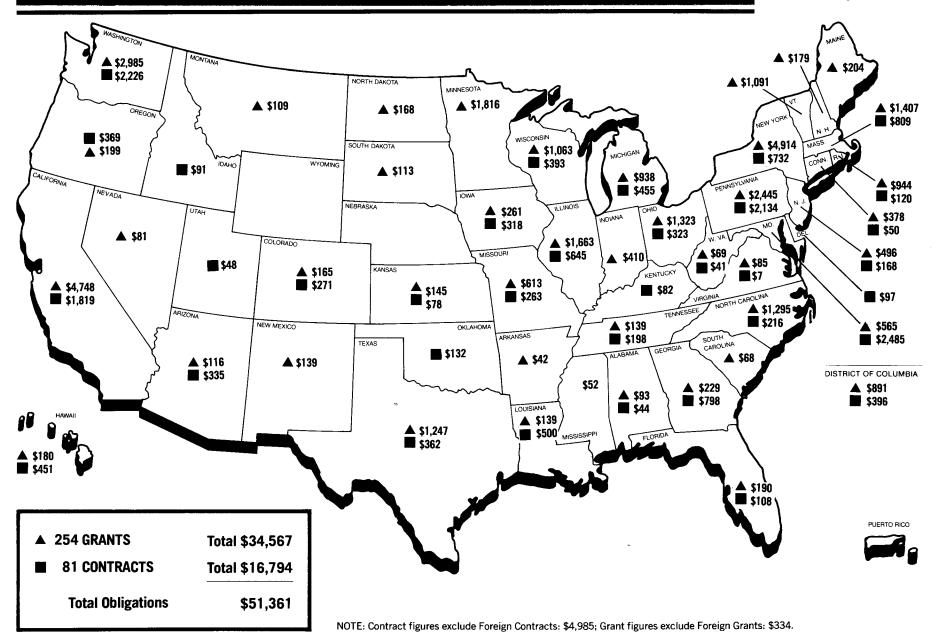
STATE DISTRIBUTION OF GRANTS AND CONTRACTS — FISCAL YEAR 1984

(DOLLARS IN THOUSANDS)

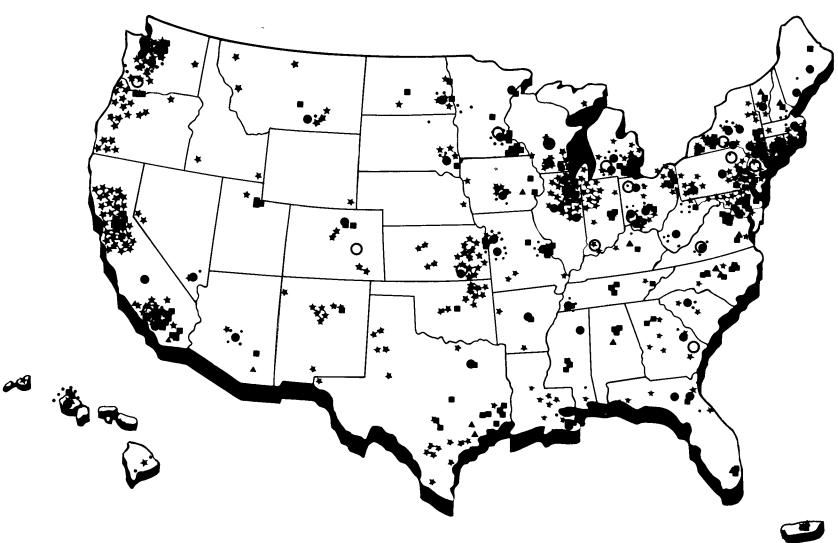


DISTRIBUTION OF CANCER CONTROL GRANTS AND CONTRACTS — FISCAL YEAR 1984

(DOLLARS IN THOUSANDS)



NATIONAL CANCER NETWORK



- CCOPs and Hospital Components
 Clinical and Comprehensive Cancer Centers
 Cooperative Group Members
 Cooperative Group Cancer Control Outreach Program
 Community Hospital Oncology Program

INSTITUTIONS RECEIVING MORE THAN \$2,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1984

(DOLLARS IN THOUSANDS)

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	STATE
University of Alabama System Southern Research Institute University of Arizona	7,295	252	0	7,547	ALABAMA
	3,446	2,768	0	6,214	ALABAMA
	6,672	914	200	7,786	ARIZONA
University of California Stanford University University of Southern California	44,690	2,810	0	47,500	CALIFORNIA
	12,841	149	0	12,990	CALIFORNIA
	11,529	606	0	12,135	CALIFORNIA
Scripps Clinic and Research Foundation Northern California Cancer Program, Inc. Salk Institute for Biological Studies	5,303	659	0	5,962	CALIFORNIA
	2,573	3,088	0	5,661	CALIFORNIA
	4,888	0	0	4,888	CALIFORNIA
La Jolla Cancer Research Foundation SRI International University of Colorado System	3,336	0	300	3,636	CALIFORNIA
	1,693	1,711	0	3,404	CALIFORNIA
	3,181	0	0	3,181	COLORADO
Yale University	14,402	285	0	14,687	CONNECTICUT
	2,147	250	0	2,397	DIST OF COL
	3,438	0	0	3,438	FLORIDA
Florida Agricultural and Mechanical University Emory University University of Hawaii System	3,288 1,969 1,877	70 1,415 545	0 0	3,358 3,384 2,422	PLORIDA GEORGIA HAWAII
University of Chicago University of Illinois Northwestern University	9,410	104	0	9,514	ILLINOIS
	3,711	249	0	3,960	ILLINOIS
	3,433	118	0	3,551	ILLINOIS
U.S. Department of Energy — Argonne IIT Research Institute American College of Radiology	0	2,714	0	2,714	ILLINOIS
	171	2,339	0	2,510	ILLINOIS
	2,214	0	0	2,214	ILLINOIS
Illinois Cancer Council	1,553	483	0	2,036	ILLINOIS
	2,623	0	0	2,623	INDIANA
	2,373	1,775	0	4,148	IOWA
University of Kansas Col Hlth Sci & Hosp	1,788	306	• 0	2,094	KANSAS
	0	21,598	0	21,598	MARYLAND
	16,854	275	0	17,129	MARYLAND
Litton Bionetics	0	11,657	0	11,657	MARYLAND
	0	6,720	0	6,720	MARYLAND
	129	4,727	0	4,856	MARYLAND
Information Management Services University of Maryland System U.S. Alcohol, Drug Abuse & Mtl Hlth Adm	0	4,668	0	4,668	MARYLAND
	1,406	802	0	2,208	MARYLAND
	220	1,882	0	2,102	MARYLAND
Capital Systems Group	0	2,011	0	2,011	MARYLAND
	16,884	0	0	16,884	MASSACHUSETTS
	12,657	526	0	13,183	MASSACHUSETTS
Massachusetts Institute of Technology Massachusetts General Hospital Tufts University	8,537	151	0	8,688	MASSACHUSETTS
	5,591	158	0	5,749	MASSACHUSETTS
	3,115	0	0	3,115	MASSACHUSETTS
Boston University Mason Research Institute University of Michigan	3,091	0	0	3,091	MASSACHUSETTS
	0	2,083	0	2,083	MASSACHUSETTS
	5,846	658	0	6,504	MICHIGAN
Michigan Cancer Foundation	1,877	1,839	0	3,716	MICHIGAN
	1,751	342	0	2,093	MICHIGAN
	7,393	1,155	0	8,548	MINNESOTA
Mayo Foundation	6,197	1,186	0	7,383	MINNESOTA
	3,479	0	0	3,479	MISSOURI
	3,708	0	0	3,708	NEBRASKA
Dartmouth College University of Med & Dent — Rutgers Med Sch Memorial Hospital for CA/Allied Diseases	5,343	0	0	5,343	NEW HAMPSHIRE
	2,408	136	0	2,544	NEW JERSEY
	29,863	377	0	30,240	NEW YORK

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	STATE
New York State Department of Health Columbia University New York University	15,961	420	0	16,381	NEW YORK
	11,350	0	0	11,350	NEW YORK
	9,878	0	0	9,878	NEW YORK
Yeshiva University University of Rochester American Health Foundation	9,084	452	0	9,536	NEW YORK
	8,906	0	500	9,406	NEW YORK
	7,030	385	0	7,415	NEW YORK
College at Old Westbury	6,305	213	0	6,518	NEW YORK
	5,082	0	0	5,082	NEW YORK
	4,588	0	0	4,588	NEW YORK
Cornell University	3,372	420	0	3,792	NEW YORK
	10,511	366	0	10,877	NORTH CAROLINA
	6,555	0	0	6,555	NORTH CAROLINA
Wake Forest University Ohio State University Battelle Memorial Institute	2,579	0	0	2,579	NORTH CAROLINA
	4,785	385	0	5,170	OHIO
	461	3,161	0	3,622	OHIO
Case Western Reserve University Institute for Cancer Research University of Pennsylvania	3,436	0	0	3,436	OHIO
	8,973	0	0	8,973	PENNSYLVANIA
	8,382	173	0	8,555	PENNSYLVANIA
Wistar Institute of Anatomy and Biology University of Pittsburgh Pennsylvania State Univ Hershey Med Ctr	8,277	0	0	8,277	PENNSYLVANIA
	5,080	786	0	5,866	PENNSYLVANIA
	4,778	0	0	4,778	PENNSYLVANIA
Fox Chase Cancer Center Temple University Hahnemann University	1,802	1,406	0	3,208	PENNSYLVANIA
	3,146	0	0	3,146	PENNSYLVANIA
	2,702	0	0	2,702	PENNSYLVANIA
Children's Hospital of Philadelphia St. Jude Children's Research Hospital Vanderbilt University	2,214	0	0	2,214	PENNSYLVANIA
	6,596	0	0	6,596	TENNESSEE
	2,790	198	0	2,988	TENNESSEE
University of Tennessee System University of Texas System Baylor College of Medicine	2,203	0	0	2,203	TENNESSEE
	26,348	639	0	26,987	TEXAS
	5,766	10	0	5,776	TEXAS
University of Utah University of Vermont & St Agric College Fred Hutchinson Cancer Research Center	4,706	1,655	0	6,361	UTAH
	3,326	157	0	3,483	VERMONT
	13,895	3,125	0	17,020	WASHINGTON
University of Washington	5,268	979	0	6,247	WASHINGTON
	13,941	682	0	14,623	WISCONSIN

TOTAL\$	538,269	\$102,173	\$1,000	\$641,442	
PERCENT OF TOTAL AWARDED ABOVE	83.9	15.9	0.2	100.0	
TOTAL NCI FISCAL YEAR 1984 OBLIGATIONS \$:	1,081,460				
PERCENT OF NCI TOTAL OBLIGATIONS	49.8	9.4	0.1	59.3	

DISTRIBUTION OF NCI CONTRACTS — FISCAL YEAR 1984

		PROGRAM DISTRIBUTION		
PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
4.3	23	Division of Cancer Biology and Diagnosis	\$4,894	3.0
44.3	238	Division of Cancer Treatment	52,718	32.2
30.7	165	Division of Cancer Etiology	36,598	22.3
	106	Division of Cancer Prevention and Control	36,666	22.4
19.8	5	Office of the Director	33,045	20.1
	537	TOTALS	\$163,921	

		INSTITUTIONAL DISTRIBUTION		
PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
34.3	184	Profit-Making	\$77,846	47.5
	139	Academic	25,672	
25.9	135	Non-Profit	36,444	15.7
25.2	48	Federal Government	13,700	22.2
8.9	12	State and Local Government	2,066	8.3
3.5	19	Foreign	8,193	5.0
	537	TOTALS	\$163,921	

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

DISTRIBUTION OF THE GRANT DOLLAR—FISCAL YEAR 1984

(DOLLARS IN THOUSANDS)



UNDER 1¢ PER DOLLAR

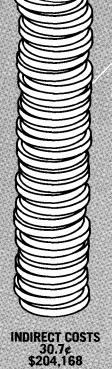


CONSULTANT COSTS 0.3¢ \$2,039



0.6¢ \$3,747

CONSTRUCTION 0.2¢ \$1,000 ALTERATIONS AND RENOVATIONS 0.1¢ \$447









\$19,640



CONTRACTUAL OR THIRD PARTY COSTS 3.3¢ \$22,232



EQUIPMENT 1.7¢ \$11,547



TRAVEL 1.3¢ \$8,770

PERSONNEL

44.7¢ \$297,750

FOREIGN RESEARCH GRANTS AND CONTRACTS - FISCAL YEAR 1984

	NUMBER	GRANT	NUMBER	CONTRACT	TOTAL	
TO DESIGN OF THE MENT OF THE M	OF GRANTS	DOLLARS AWARDED	OF CONTRACTS	DOLLARS AWARDED	TOTAL DOLLARS AWARDED	PERCENT OF TOTAL AMOUNT AWARDED
Australia	3	\$ 171,802	Annie manie de la companie de la com	\$. —	171,802	1.3
Belgium	1	231,708	1	199,286	430,994	3.3
Canada	24	1,889,368	4	358,896	2,248,264	17.4
China, Peoples Republic		AND THE REAL PROPERTY OF THE P	2	758,088	758,088	5.9
Denmark	1	133,009		Account to the second to the s	133,009	1.0
Finland	2	100,501	1	4,884,738	4,985,239	38.5
France	3	474,725	1	19,360	494,085	3.8
Germany	1	89,725		The state of the s	89,725	0.7
Ghana		ELITOROMONIATION MINISTER PROPERTY AND ACCOUNTS OF THE PROPERTY OF THE PROPERT	1	20,000	20,000	0.2
Israel	5	368,780	1	137,510	506,290	3.9
Italy	2	306,000	1	136,089	442,089	3.4
Jamaica		Monocostillionomini in jeli je	1	298,854	298,854	2.3
Japan		**************************************	2	278,500	278,500	2.2
Sweden	6	483,691	_	<u>—</u>	483,691	3.7
Switzerland	2	96,333	1	25,000	121,333	0.9
Tanzania	**************************************	00%-7042111111111111111111111111111111111111	1	87,149	87,149	0.7
United Kingdom	5	413,383	2	989,736	1,403,119	10.8
TOTAL	55	\$4,759,025	19	\$8,193,206	\$12,952,231	100.0

 $^{{}^{1}\}text{Excludes grants for resource manpower development: } France-\$789; Israel-\$18,468; Sweden-\$3,695.$

APPROPRIATIONS OF THE NCI 1938-1985

1938 THROUGH 1966 \$1,331,538,220

1967	175,656,000 -	
1968	183,356,000	16.20%
1969	185,149,500	\$2,296,568,783
1970		
1971	. 230,383,000 -	•

1972\$ 378,794,000 1973 1974 551,191,500 1975 691,666,000 ¹ 1976 761,727,000 152,901,000² "TQ" 1977 815,000,000 83.80% 1978 872,388,000³ \$11,882,002,500 1979 937,129,000 1980 1,000,000,000 989,355,000⁵ 1981 1982 986,617,000⁶ 1983 987,642,000⁷ 1984 1,081,581,000⁸ 1985 1,183,806,000

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

*Includes \$3,201,000 for training funds provided by Continuing Resolution.

³ Included \$20,129,000 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.

⁷ Appropriated under Continuing Resolution and Supplemental Appro-

priation Bill.

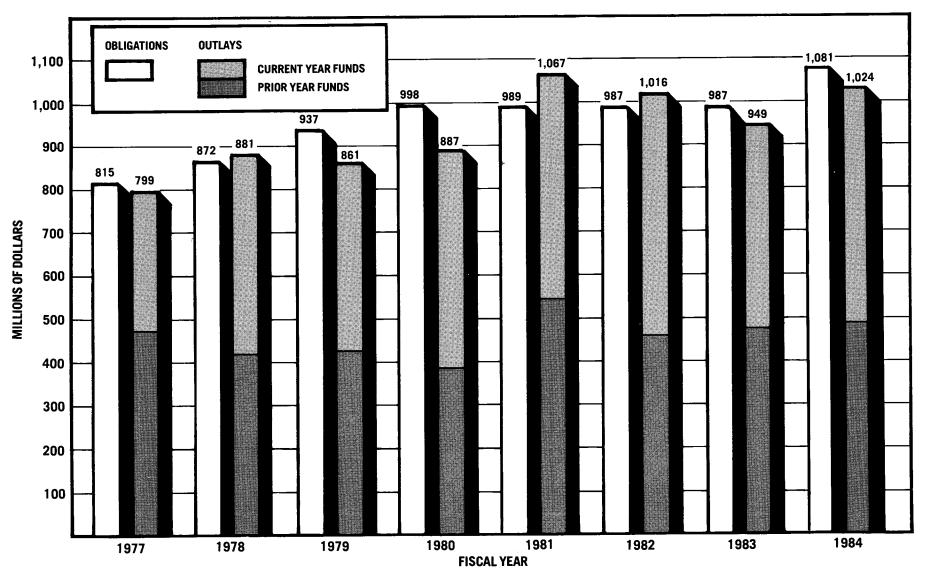
*Includes \$23,861,000 for training funds provided by a Continuing Resolution and \$4,278,000 in a Supplemental Appropriation Bill.

COMPARISON OF DOLLARS, POSITIONS AND SPACE

		DOLLARS				POSITIONS				SPACE			
		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	·	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		
	1976	760,751	226.7	8.8	1955	37.1	5.7		387,324	20.6	1.3		
YEAR	1977	814,957	250.0	7.1	1986	39.3	1.6		428,285	33.3	10.6		
FISCAL YEAR	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		
	1984	1,081,460	364.4	9.6	1698	19.1	—1.9		466,890	45.3	— 3.6		

^{*}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.

				DECOMMENDED. I AWARDED			1 His 181
TYPE AWARD		QUESTED	RECOMMENDED		.	/ARDED	PERCENT FUNDED 2
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	TONDED -
Competing							
New	1,979	\$202,206	1,436	\$108,264	565	\$ 50,351	39.3
Renewal	613 42	121,689 4,313	556 27	78,166 1,501	314 21	56,651 1,033	56.5 77.8
Subtotal	2,634	\$328,208	2,019	\$187,931	900	\$108,035	44.6
Noncompeting					1,493	177,097	44.0
Total					2,393	\$285,132	-
Competing							
New	1,913	\$219,207	1,403 550	\$117,167	461	\$ 45,303 45,903	32.9 53.3
Board Supplement	593 43	115,053 2,619	38	73,680 1,492	293 29	45,802 1,261	76.3
Subtotal Noncompeting	2,549	\$336,879	1,991	\$192,339	783 1,762	\$ 92,366 228,959	39.3
Total					2,545	\$321,325	•
					,		·
Competing	2017	#277 14E	1 504	#1EC 704	402	¢ 52.004	20.2
New Renewal	2,017 687	\$277,145 131,355	1,594 653	\$156,704 91,034	483 311	\$ 53,004 48,122	30.3 47.6
Board Supplement	61	3,776	47	1,738	32	940	68.1
Subtotal Noncompeting	2,765	\$412,276	2,294	\$249,476	826 1,802	\$102,066 253,389	36.0
Total					2,628	\$355,455	-
Commodine 3							
Competing ³ New	2,187	\$308,153	1,784	\$189,245	434	\$ 47,224	24.3
Renewal	730	174,573	706	117,099	323-	50,186	45.7
Board Supplement	28 2,945	2,266	24	1,289	4	86	16.7
Subtotal		# 4 O 4 O O O	0.514	#207 C22	761	A 07.406	20.2
Noncompeting	•	\$484,992	2,514	\$307,633	761 1,797	\$ 97,496 260.853	30.3
, 5					761 1,797 2,558	\$ 97,496 260,853 \$358,349	30.3
Total					1,797	260,853	30.3
Total					1,797 2,558	260,853 \$358,349	
Total					1,797	260,853	28.7 46.9
Total	2,229	\$323,572 160,881 2,492	1,844	\$215,945	1,797 2,558 529	260,853 \$358,349 \$55,316	28.7
Renewal	2,229 783 23 3,035	\$323,572 160,881 2,492 \$486,945	1,844 763 15 2,622	\$215,945 113,664 727 \$330,336	1,797 2,558 529 358	\$55,316 \$56,698	28.7 46.9
Competing ³ New Renewal Board Supplement Subtotal Noncompeting	2,229 783 23 3,035	\$323,572 160,881 2,492 \$486,945	1,844 763 15 2,622	\$215,945 113,664 727 \$330,336	1,797 2,558 529 358 3 890	\$55,316 56,698 110 \$112,124	28.7 46.9 20.0
Competing 3 New Renewal Board Supplement Subtotal Noncompeting Total	2,229 783 23 3,035	\$323,572 160,881 2,492 \$486,945	1,844 763 15 2,622	\$215,945 113,664 727 \$330,336	1,797 2,558 529 358 3 890 1,923	\$55,316 56,698 110 \$112,124 294,019	28.7 46.9 20.0
Total Competing 3 New Renewal Board Supplement Subtotal Noncompeting Total Competing New	2,229 783 23 3,035	\$323,572 160,881 2,492 \$486,945	1,844 763 15 2,622	\$215,945 113,664 727 \$330,336 \$207,996	1,797 2,558 529 358 3 890 1,923 2,813	\$55,316 \$68,376	28.7 46.9 20.0 33.9
Competing 3 New	2,229 783 23 3,035 2,113 774	\$323,572 160,881 2,492 \$486,945 \$310,433 179,764	1,844 763 15 2,622 1,773 745	\$215,945 113,664 727 \$330,336 \$207,996 135,253	1,797 2,558 529 358 3 890 1,923 2,813	\$55,316 \$6,698 110 \$112,124 294,019 \$406,143	28.7 46.9 20.0 33.9
Total Competing 3 New Renewal Board Supplement Subtotal Noncompeting Total Competing New	2,229 783 23 3,035 2,113 774 13	\$323,572 160,881 2,492 \$486,945 \$310,433 179,764 1,766	1,844 763 15 2,622 1,773 745 11	\$215,945 113,664 727 \$330,336 \$207,996 135,253 788	1,797 2,558 529 358 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 31.5 55.8
Competing 3 New Renewal Board Supplement Subtotal Noncompeting Total Competing New Renewal Board Supplement	2,229 783 23 3,035 2,113 774 13 2,900	\$323,572 160,881 2,492 \$486,945 \$310,433 179,764 1,766 \$491,963	1,844 763 15 2,622 1,773 745 11 2,529	\$215,945 113,664 727 \$330,336 \$207,996 135,253 788 \$344,037	1,797 2,558 529 358 3 890 1,923 2,813 558 416 3	\$55,316 56,698 110 \$112,124 294,019 \$406,143 \$68,376 90,140 105	28.7 46.9 20.0 33.9 31.5 55.8 22.3

^{*}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.

THE COMPREHENSIVE MINORITY BIOMEDICAL PROGRAM (CMBP)

- 1. Promotes broadened participation by minorities in cancer-related research training.
- 2. Contributes to the support of NCI and clinical cooperative research groups to better enable NCI's research to reach and support minority populations that are particularly susceptible to cancer.
- **3.** Provides additional funds to NCI-supported investigators who wish to engage minority investigators in their research.

National Cancer Institute Minority Biomedical Support

(Dollars in Thousands)

FY 1983	FY 1984
Actual	Actual
\$2,087	\$3,148

