

*National
Cancer
Institute*

NATIONAL CANCER PROGRAM



1978 NCI FACT BOOK

NATIONAL CANCER PROGRAM

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

Revised December 1978

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.

National Cancer Institute **1978 FACT BOOK**

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

NIH Publication No. 79-512

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DIRECTORY OF PERSONNEL**NATIONAL CANCER INSTITUTE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014****NIH Operator
496-4000
Area Code 301****DIRECT-IN
DIALING**

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DEPUTY DIRECTOR	BUILDING 31	
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Dr. William W. Payne	427	FTS-8-935-7305
ADMINISTRATIVE OFFICER	BUILDING	
Mr. Richard Carter	427	FTS-8-935-2021

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Dr. Diane J. Fink.....	732A	427-7997
ADMINISTRATIVE OFFICER	BLAIR BUILDING	
Mr. Hugh E. Mahanes	730.....	427-7965

LEGISLATIVE HIGHLIGHTS

March 7, 1928—Senator M. M. Neely introduced S. 3554, “To authorize the National Academy of Sciences to investigate the means and methods for affording Federal aid in discovering a cure for cancer and for other purposes.”

April 12, 1937—Congressman Warren G. Magnuson of Washington introduced H.R. 6100, an identical bill to S. 2067.

July 8, 1937—A joint hearing of the Senate and House committees was conducted before a Subcommittee on Cancer Research, and a revised bill was written.

July 23, 1937—The National Cancer Institute Act was passed by Congress.

August 5, 1937—The National Cancer Institute Act, Public Law 244, 75th Congress, was signed by President Franklin D. Roosevelt, “To provide for, foster, and aid in coordinating research relating to cancer; to establish the National Cancer Institute; and for other purposes.” An appropriation of \$700,000 for each fiscal year was authorized.

July 1, 1944—The Public Health Service Act, Public Law 410, 78th Congress provided that “The National Cancer Institute shall be a division in the National Institutes of Health.” The act also revised and consolidated many revisions into a single law. The limit of \$700,000 annual appropriation was removed.

December 4, 1970—Senator Ralph Yarborough, Texas, introduced S. 4564, “A bill which would establish a National Cancer Authority for the purpose of devising and implementing a national program for the conquest of the world’s most dreaded disease—cancer.”

January 22, 1971—In his State of the Union Message, President Nixon announced that he would ask for the appropriation of an additional \$100 million to launch an intensive effort to control cancer, and that he would ask later for whatever additional funds could be effectively used.

March through November 1971—Hearings on proposed legislation relating to cancer research expansion were held by both House and Senate subcommittees.

October 18, 1971—The President announced that the Army’s Biological Defense Research Center at Fort Detrick, Maryland would be converted

into a leading center for cancer research as part of the major campaign to conquer cancer.

December 7, 1971—After three conference sessions that began on November 30, the Senate-House Conference Committee agreed on S. 1828.

December 9, 1971—The House passed the bill by voice vote.

December 10, 1971—The Senate passed the bill 85-0 and sent it to the President for signature.

December 23, 1971—The President signed P. L. 92-218, The National Cancer Act of 1971, providing increased authorities and responsibilities for the NCI Director; initiating a National Cancer Program; establishing a three-member President’s Cancer Panel and a 23-member National Cancer Advisory Board; establishing cancer control programs as necessary for cooperation with State and other health agencies, and providing for the collection, analysis, and dissemination of all data useful in the diagnosis, prevention, and treatment of cancer, including the establishment of an international cancer research data bank.

January-February 1974—Hearings were held on the proposed legislation to improve on the National Cancer Plan and to authorize appropriations for the next three years.

July 23, 1974—The National Cancer Act Amendments of 1974, P.L. 93-352, was signed. The Amendments: encourage the NCP to explore the role of nutrition in the treatment, rehabilitation, and causation of cancer; authorize the Director to include personnel needs in the budget estimate to OMB; remove the limit on the number of comprehensive cancer centers; increase the number of consultant/expert appointments to 100; and direct the NCI to provide and contract for a program to disseminate and interpret information respecting the cause, prevention, diagnosis and treatment of cancer.

August 1, 1977—The Biomedical Research Extension Act of 1977, P.L. 95-83, increased the number of expert/consultant appointments from 100 to 151.

November 9, 1978—The Biomedical Research and Training Amendments of 1978, P.L. 95-622, was signed into law. The amendments redefined

the National Cancer Program to highlight prevention activities; expanded the membership of the National Cancer Advisory Board to 29 members, identifying a minimum of 5 to be knowledgeable in environmental and occupational carcinogenesis and 2 to be physicians

primarily involved in treating cancer patients; added basic research to the cancer centers authority; authorized travel and moving expenses to and from duty station for expert/consultants; and emphasized education and information in all aspects of the National Cancer Program.

HISTORICAL EVENTS

August 5, 1937—President Franklin D. Roosevelt signed the National Cancer Act.

November 9, 1937—The National Advisory Cancer Council held its first meeting.

January 13, 1938—Dr. Carl Voegtlin was appointed the first Director of the Institute.

October 31, 1940—President Franklin D. Roosevelt dedicated Building 6.

July 1, 1947—NCI reorganized to provide for expanded program; intramural cancer research, cancer research grants, and cancer control activities.

July 2, 1953—NCI inaugurated a full-scale clinical research program in the new Clinical Center.

April 1955—The Cancer Chemotherapy National Service Center was established in the Institute to coordinate the first national, voluntary, cooperative cancer chemotherapy program.

January 11, 1966—NCI reorganized to coordinate related activities. The areas of three Scientific Directors were established: Etiology; Chemotherapy; and a group of discipline-oriented laboratories and branches referred to as General Laboratories and Clinics.

February 13, 1967—A Cancer Research Center was established in Baltimore USPHS Hospital to conduct an integrated program of laboratory and clinical research on the therapy and management of cancer patients.

April 27, 1970—At the request of Senator Ralph W. Yarborough, Chairman of the Committee on Labor and Public Welfare, the Senate approved the establishment of the National Panel of Consultants on the Conquest of Cancer.

October 18, 1971—President Nixon converted the Army's former biological warfare facilities at Fort Detrick, Md., to research on the causes, treatment and prevention of cancer.

December 23, 1971—President Nixon signed P.L. 92-218, The National Cancer Act of 1971.

June 22, 1972—The Institute awarded a contract for the operation and maintenance of the Frederick Cancer Research Center at Fort Detrick, Maryland. This constituted the largest

research contract ever awarded by a research component of the National Institutes of Health.

June 30, 1972—A team of five U. S. cancer scientists met with Russian scientists in Moscow to exchange information on cancer drugs. Dr. C. Gordon Zubrod, Scientific Director for Chemotherapy, NCI, on behalf of the United States, signed a U.S.-U.S.S.R. agreement on the exchange of drugs, visiting scientists, and information.

July 27, 1972—A Bureau-level organization was established for the National Cancer Institute, giving the Institute and its components organizational status commensurate with the responsibilities bestowed on it by The National Cancer Act of 1971. Under the reorganization, the Institute was composed of the Office of the Director and four Divisions: the Division of Cancer Biology and Diagnosis; Division of Cancer Cause and Prevention; Division of Cancer Treatment; and Division of Cancer Grants.

September 10, 1974—NCI established the Division of Cancer Control and Rehabilitation, which will plan, direct and coordinate an integrated program of activities regarding the widespread application of available and new methods for reducing the incidence, morbidity and mortality from cancer.

July 1975—The Division of Cancer Treatment was expanded to include the NCI Surgery and Radiation Oncology Branches and the extramural program of Cancer Cooperative Clinical Trials. The reorganization strengthened the Division's capabilities for conducting a national program of research on cancer treatment by combined modalities.

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.

**DIRECTOR
NATIONAL CANCER PROGRAM
NATIONAL CANCER INSTITUTE**

July 29, 1977 TO PRESENT

Arthur Canfield Upton, M.D.

Dr. Arthur C. Upton was born in Ann Arbor, Michigan, February 27, 1923. He received his B.A. (1944) and M.D. (1946) degrees from the University of Michigan. After his residency in pathology from 1948 to 1950, he became an instructor in pathology at the University of Michigan until 1951. In 1951, Dr. Upton accepted a position as pathologist in the Biology Division of the Oak Ridge National Laboratory, where he was appointed chief of the Pathology-Physiology Section in 1954 and remained in that position until 1969. From 1969 to 1970 he was chairman of the Department of Pathology, State

University of New York at Stony Brook. In 1970, he accepted the position of dean of the School of Basic Health Sciences at that institution, a position he held until 1975. Additionally, during the period 1969 through 1977 until his appointment as director of the National Cancer Program, he was attending pathologist, Medical Department, Brookhaven National Laboratory, and professor of pathology, State University of New York at Stony Brook. Dr. Upton maintains membership in many national scientific societies and was president of the American Association for Cancer Research (1963-1964), the Radiation Research Society (1965-1966), and the American Society for Experimental Pathology (1967-1968).

PRESIDENT'S CANCER PANEL

	EXPIRATION OF APPOINTMENT
Mr. Benno C. Schmidt J. H. Whitney & Co. New York City, N.Y.	1978
Dr. Paul A. Marks Columbia University New York City, New York	1979
Dr. Elizabeth C. Miller McArdle Laboratory for Cancer Research Madison, Wisconsin	1980

NATIONAL CANCER INSTITUTE EXECUTIVE COMMITTEE

Dr. Guy R. Newell, *Chairman*
Deputy Director

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

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

Dr. Vincent T. DeVita, Jr.
Director, Division of Cancer Treatment
Clinical Director

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

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

Dr. Robert W. Miller
Acting Associate Director for International Affairs

Dr. John B. Moloney
Acting Assistant Director, NCI

Dr. Bayard H. Morrison III
Assistant Director, NCI

Dr. Gregory T. O'Connor
Director, Division of Cancer Cause and Prevention

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

Dr. Marvin A. Schneiderman
Director for Science Policy

Dr. William D. Terry
Director for Cancer Centers, Acting

Dr. Richard A. Tjalma
Assistant Director, NCI

Mr. J. Paul Van Nevel
Director for Cancer Communications

Dr. Arthur C. Upton, *Ex Officio*
Director, National Cancer Program, National Cancer Institute

NATIONAL CANCER ADVISORY BOARD

APPOINTEES	EXPIRATION OF APPOINTMENT
Dr. Jonathan E. Rhoads, Chairman University of Pennsylvania Philadelphia, Pennsylvania	1978
Dr. Bruce N. Ames University of California Berkeley, California	1982
Dr. Harold Amos Harvard Medical School Boston, Massachusetts	1982
Dr. William O. Baker Bell Telephone Laboratories, Inc. Murray Hill, New Jersey	1980
Dr. G. Denman Hammond University of Southern California Los Angeles, California	1980
Mrs. Albert D. Lasker Albert and Mary Lasker Foundation New York, New York	1980
Mrs. Vincent Lombardi Manalapan, Florida	1982
Dr. Joseph H. Ogura Washington University St. Louis, Missouri	1980
Dr. Henry C. Pitot University of Wisconsin Madison, Wisconsin	1982
Dr. William E. Powers Wayne State University Detroit, Michigan	1980
Mr. Laurance S. Rockefeller Memorial Sloan-Kettering Cancer Center New York, New York	1978
Mr. Morris M. Schrier MCA, Inc. New York, New York	1978
Dr. Frederick Seitz Rockefeller University New York, New York	1982
Dr. William W. Shingleton Duke University Medical Center Durham, North Carolina	1980
Dr. Philippe Shubik Eppley Institute for Research in Cancer Omaha, Nebraska	1982
Dr. Gerald N. Wogan Massachusetts Institute of Technology Cambridge, Massachusetts	1978

EX OFFICIO MEMBERS

Dr. Robert N. Smith
Department of Defense
Washington, D. C.

Dr. Frank Press
Director
Office of Science and Technology Policy
The White House
Washington, D. C.

Dr. James C. Crutcher
Veterans Administration
Washington, D. C.

Dr. Anthony Robbins
Director
National Institute for Occupational
Safety and Health
Rockville, Maryland

Dr. David P. Rall
Director
National Institute for Environmental
Health Sciences
Bethesda, Maryland

Dr. Donald Kennedy
Food and Drug Administration
Rockville, Maryland

Mr. Douglas Costle
Environmental Protection Agency
Washington, D. C.

Ms. Susan B. King
Consumer Product Safety Commission
Washington, D. C.

The Honorable Ray Marshall
Secretary of Labor
Washington, D. C.

Honorable Joseph A. Califano, Jr.
Secretary of Health, Education and Welfare
Washington, D. C.

Dr. Donald S. Fredrickson
Director, National Institutes of Health, PHS
Bethesda, Maryland

ALTERNATES

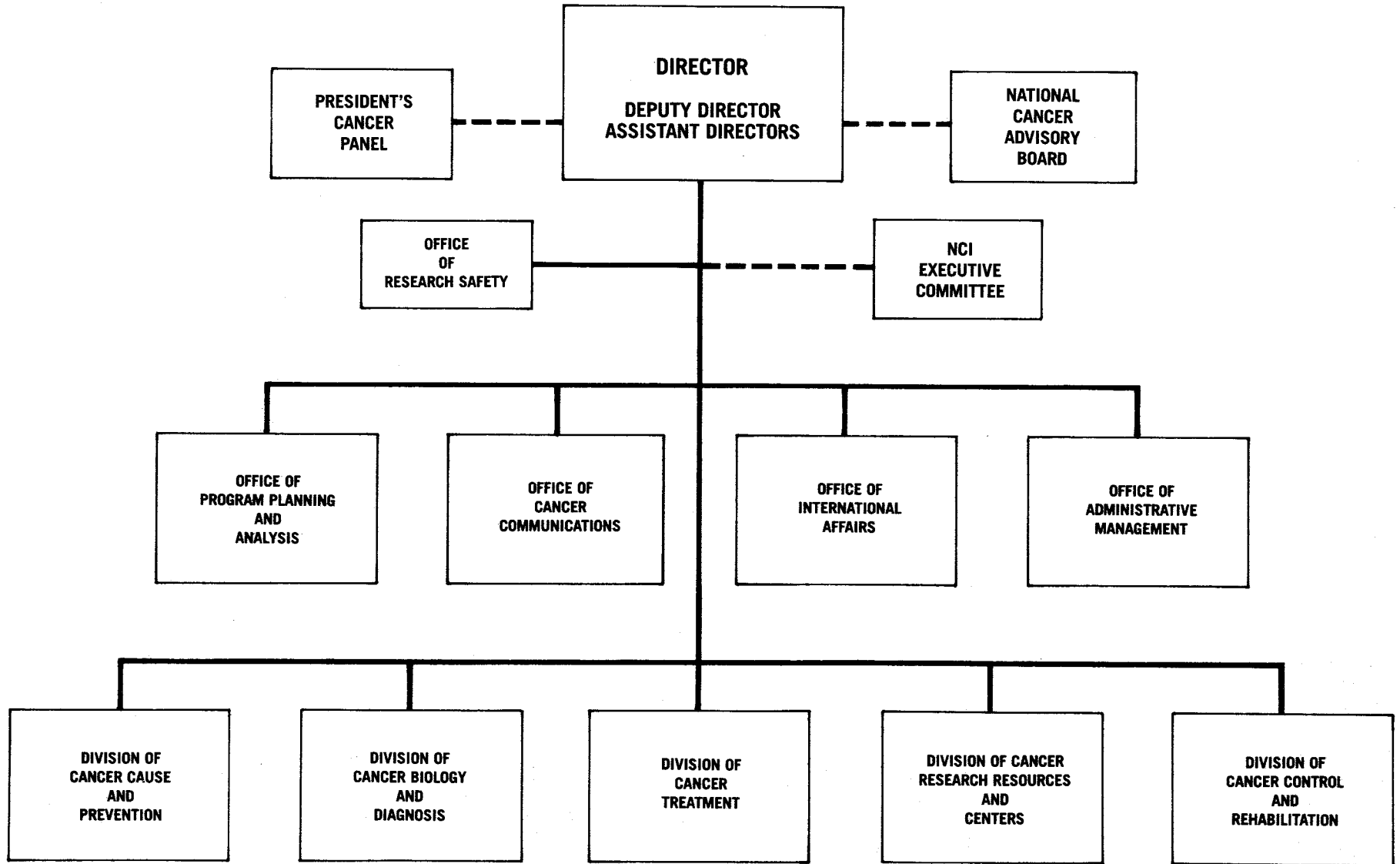
Dr. F. Kash Mostofi
Chairman, Armed Forces Institute of Pathology
Washington, D. C.

Dr. Gilbert S. Omenn
Washington, D. C.

EXECUTIVE SECRETARY

Dr. Thomas J. King
Director, Division of Cancer Research Resources
and Centers
National Cancer Institute, NIH
Bethesda, Maryland

NATIONAL CANCER INSTITUTE



OFFICE OF THE DIRECTOR
 Dr. Arthur C. Upton, Director
 Dr. Guy R. Newell, Deputy Director
 Assistant Directors: Dr. Bayard H. Morrison III and Dr. Richard A. Tjalma
 Acting Assistant Director: Dr. John B. Moloney
 Acting Associate Director: Dr. William D. Terry

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

OFFICE OF RESEARCH SAFETY
 Dr. William E. Barkley

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

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

OFFICE OF CANCER COMMUNICATIONS
 Mr. Paul Van Nevel

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

OFFICE OF INTERNATIONAL AFFAIRS
 Dr. Robert W. Miller (acting)

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

OFFICE OF ADMINISTRATIVE MANAGEMENT
 Mr. Calvin B. Baldwin, Jr.
 Executive Officer
 Mr. Robert M. Namovicz
 Deputy Executive Officer

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

PROGRAM ANALYSIS AND FORMULATION BRANCH
 Mr. Louis M. Carrese (acting)

SYSTEMS PLANNING BRANCH
 Mr. Louis M. Carrese (acting)

INFORMATION RESOURCES BRANCH
 Mr. Paul Van Nevel (acting)

REPORTS AND INQUIRIES BRANCH
 Mr. William S. Gray

INFORMATION PROJECTS BRANCH
 Ms. Elaine Bratic (acting)

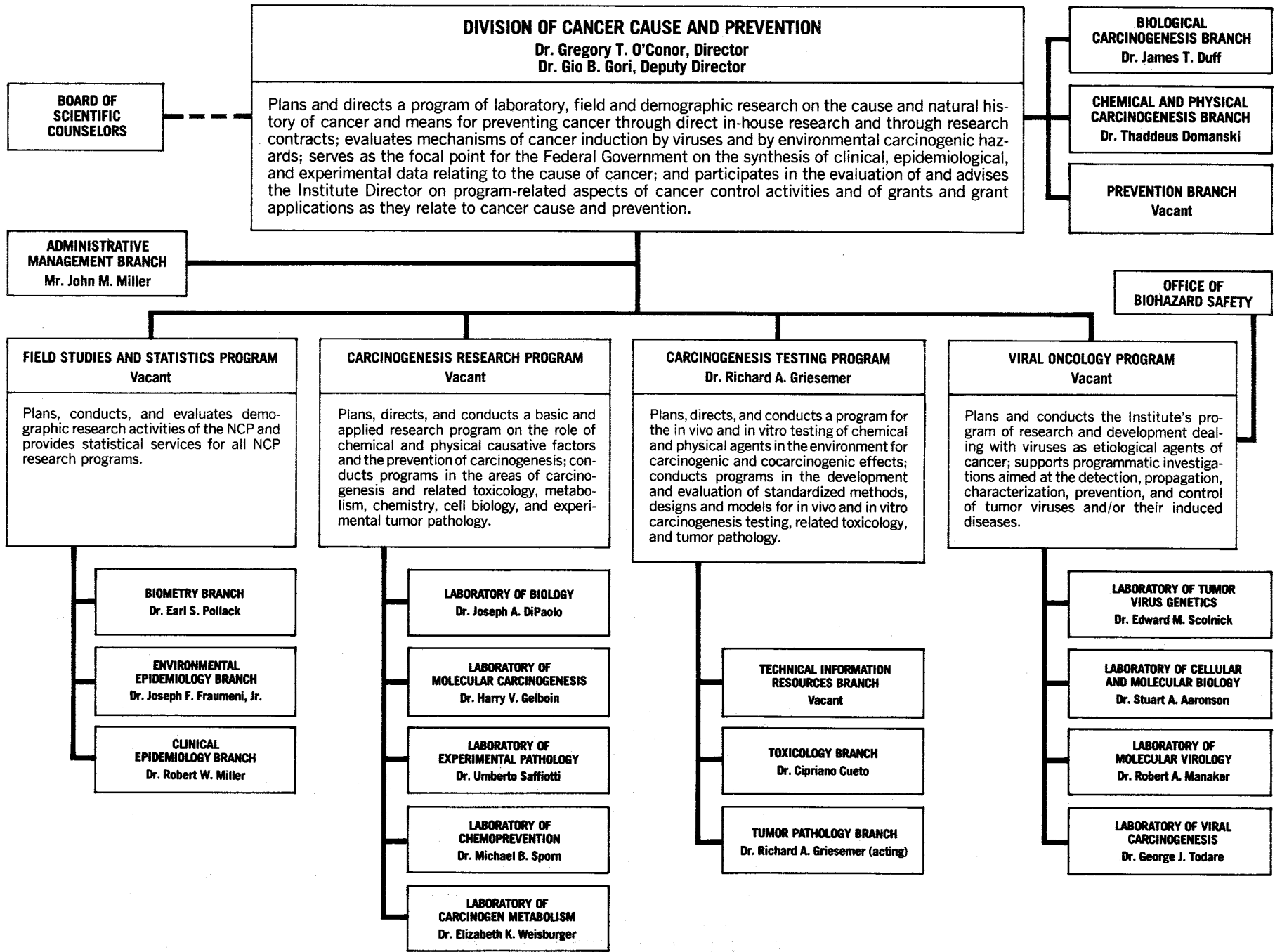
ADMINISTRATIVE SERVICES BRANCH
 Mr. Thomas L. Kearns

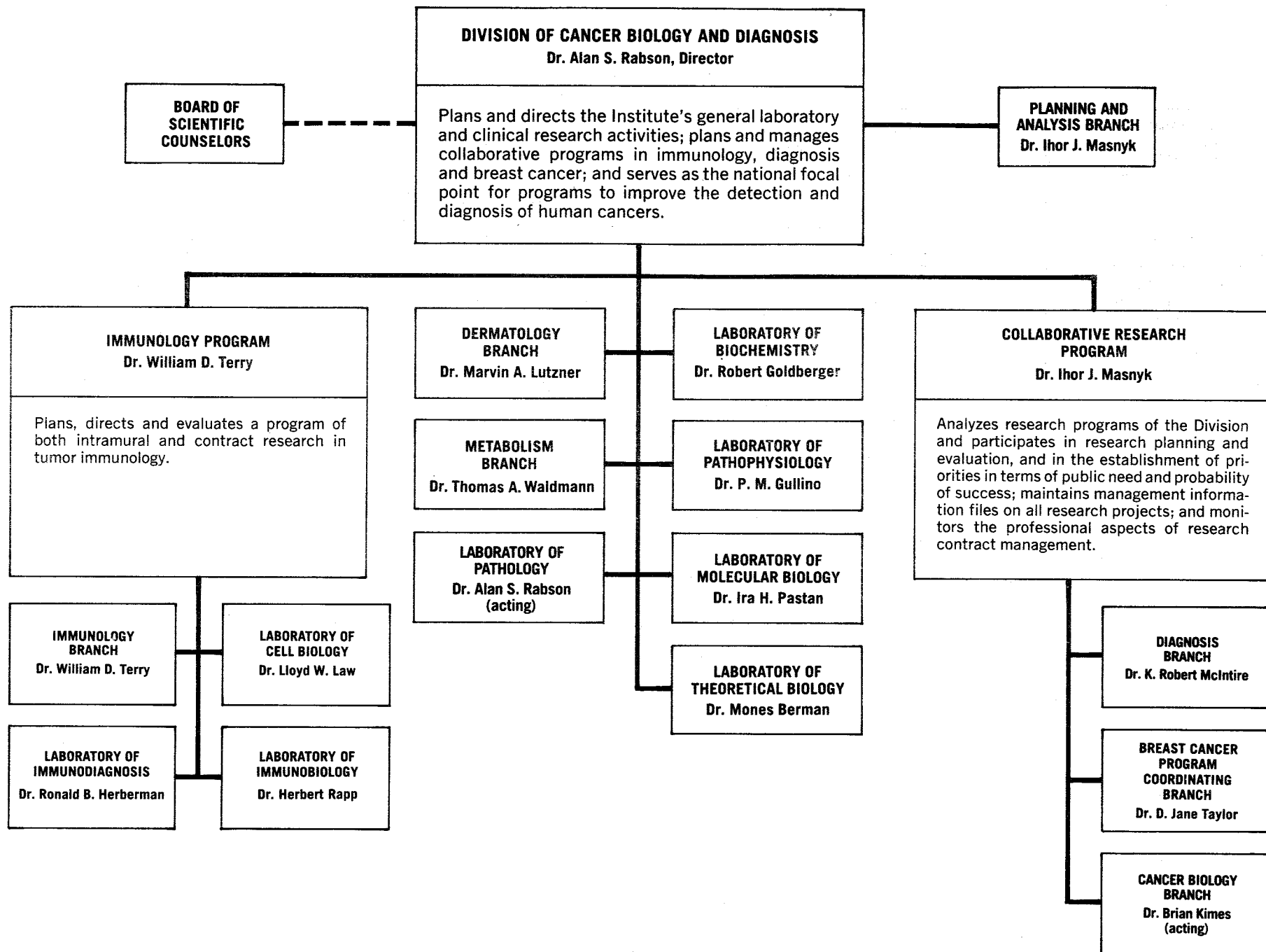
FINANCIAL MANAGEMENT BRANCH
 Mr. Earle L. Browning

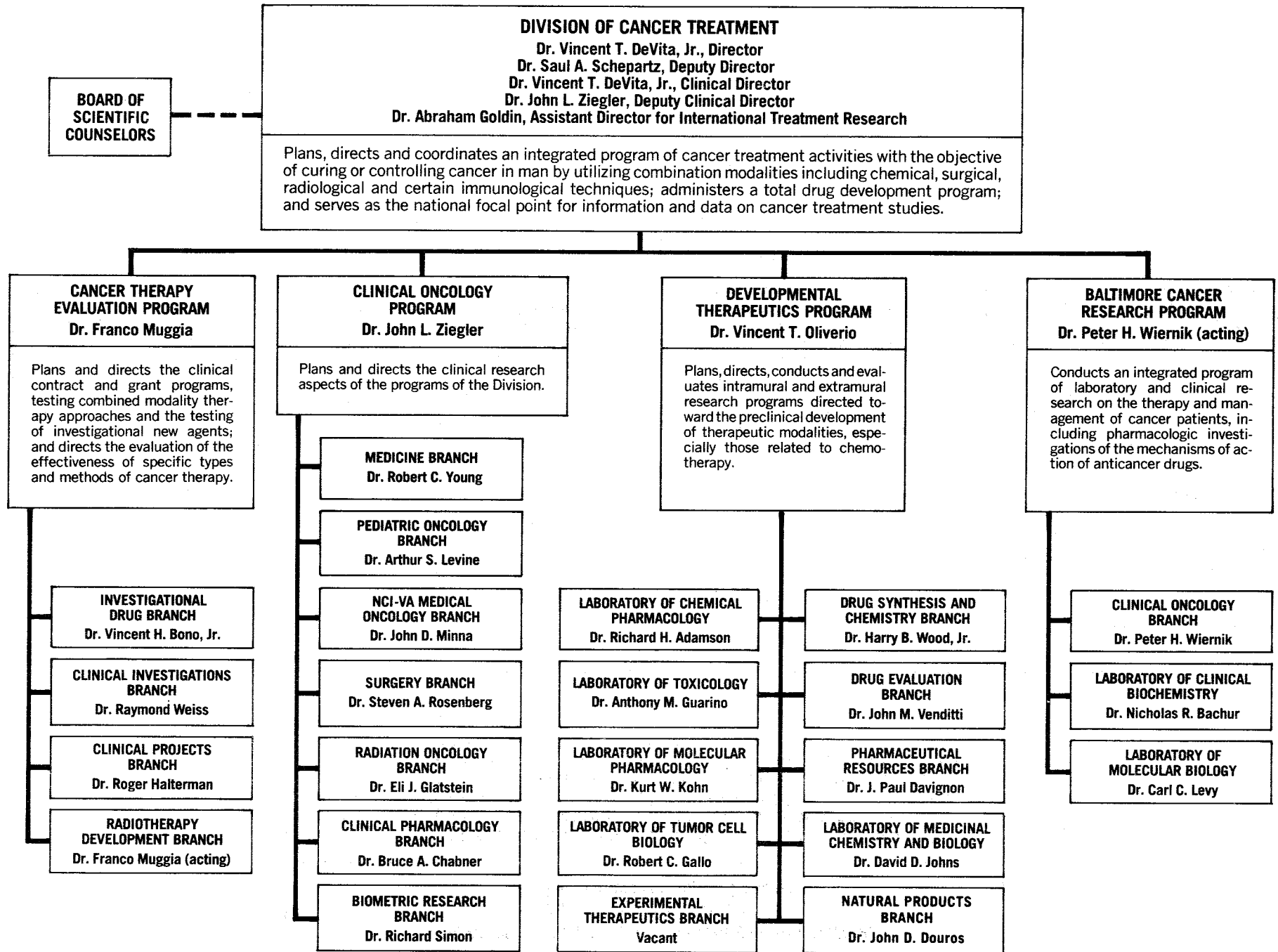
PERSONNEL MANAGEMENT BRANCH
 Mrs. Elizabeth Stroud

RESEARCH CONTRACTS BRANCH
 Mr. James E. Graalman

MANAGEMENT POLICY BRANCH
 Mr. Paul H. Schaffer (acting)



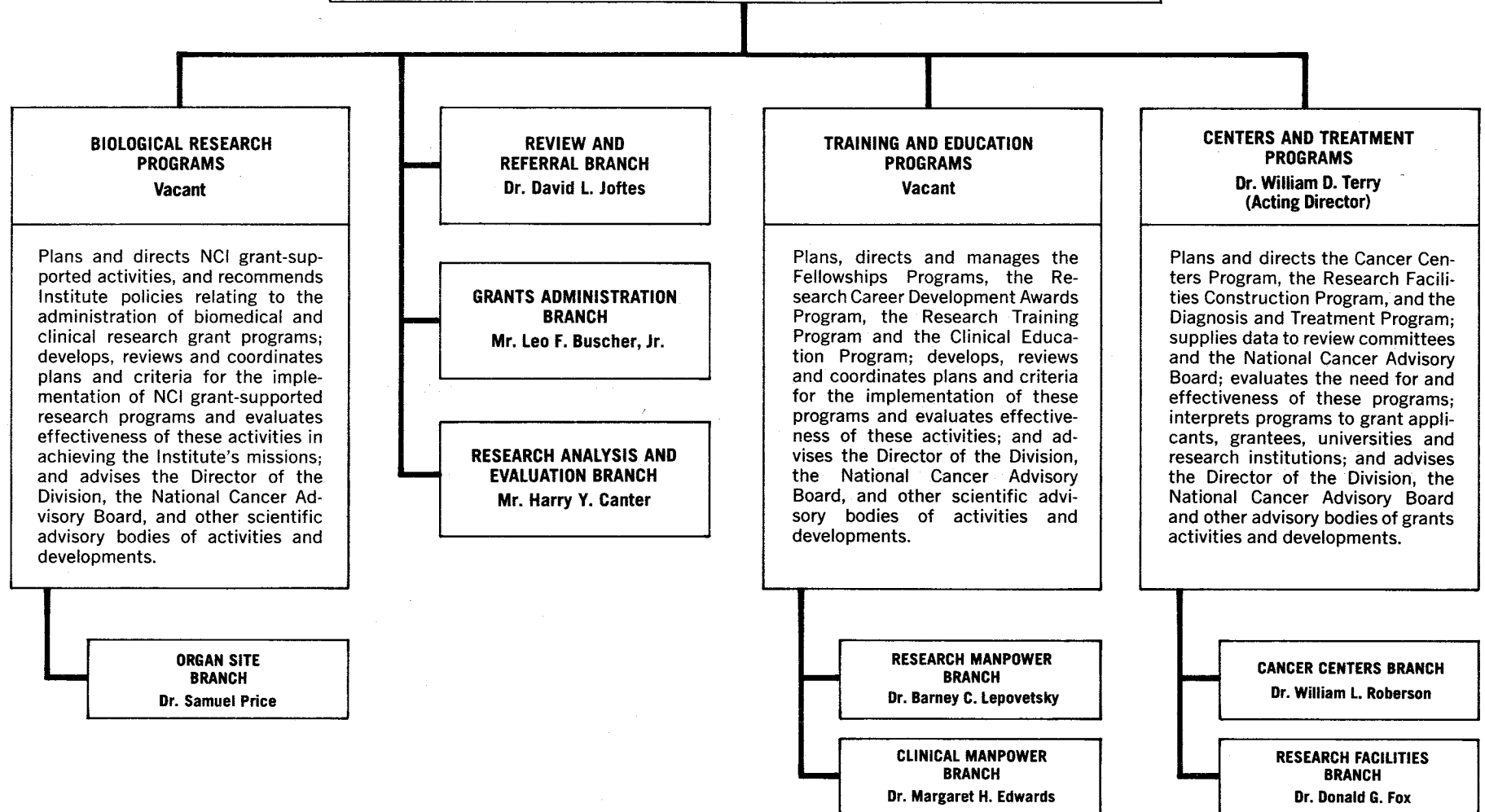


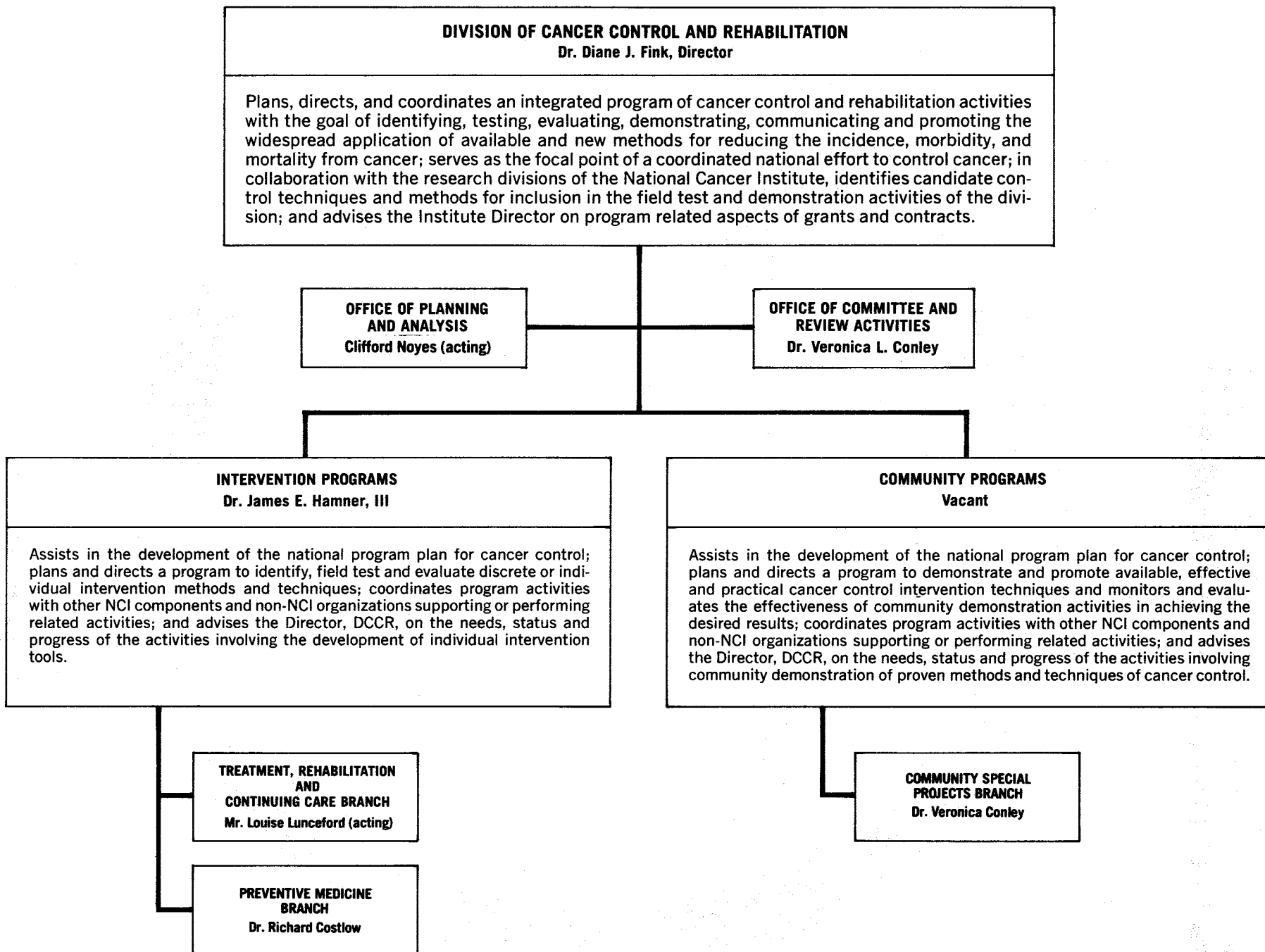


DIVISION OF CANCER RESEARCH RESOURCES AND CENTERS

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

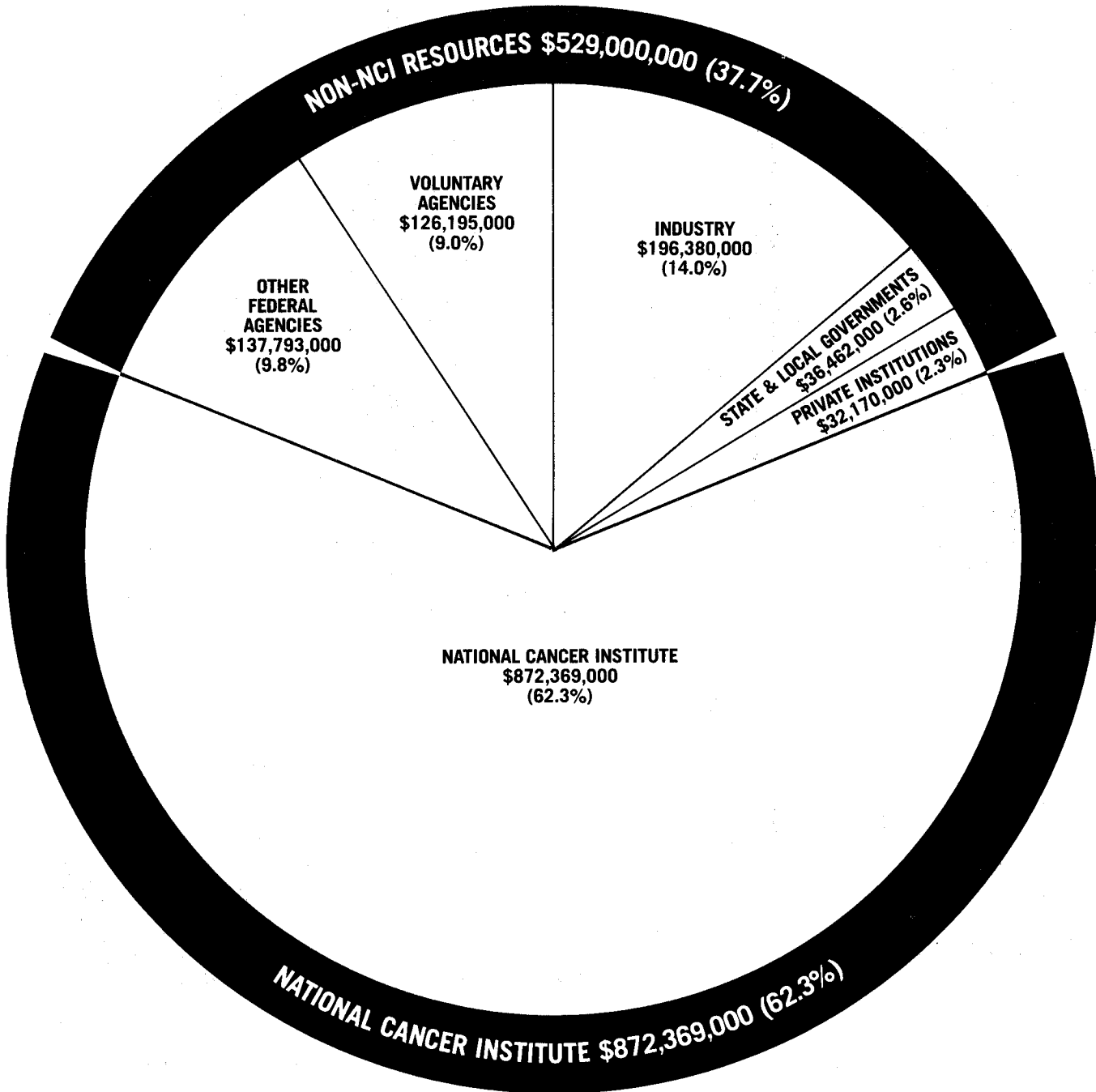
Plans and directs the Institute's grant-supported activities; recommends Institute policies relating to the administration of grant programs; develops, reviews and coordinates plans and criteria for the implementation of NCI grants and evaluates effectiveness of grant-supported activities in achieving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





**TOTAL NATIONAL RESOURCES FOR CANCER RESEARCH
AND CANCER CONTROL—FISCAL YEAR 1978**

TOTAL: \$1,401,369,000



NCI portion represents actual 1978 obligations. Non-NCI portions were provided by a study sponsored by the Office of Program Planning and Analysis, NCI.

NATIONAL CANCER PROGRAM STRATEGY

The essential and continuing goal of the National Cancer Institute (NCI) is the same today as it was when the Institute was created by an Act of Congress 40 years ago: To develop the means for reducing the incidence, morbidity, and mortality of cancer. The NCI continues to be the lead federal agency in cancer, responsible and accountable for the investment of progress toward that goal. However, the National Cancer Act of 1971 (amended in 1974 and 1978) brought about some changes which have had significant impact on cancer research. The most obvious impact has been that the level of support for cancer research and control activities with public funds has increased four-fold since 1971. But the mandate from Congress to intensify and expand the cancer effort has had other implications beyond the increase of resources for the National Cancer Program.

The 1978 amendment to the 1971 Cancer Act redefined the National Cancer Program (NCP) and stated that "The National Cancer Program shall consist of (1) an expanded, intensified, and coordinated cancer research program encompassing the research programs conducted and supported by the Institute and the related research programs of the other research institutes and including an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposure to carcinogens, and (2) the other programs and activities of the Institute." Thus, the Act not only provided the public with both a symbolic and operational entity with which to identify at the national level, but also brought about a greater spirit and degree of awareness, cooperation, and coordination among federal programs.

The National Cancer Program has three major program components:

- Research
- Control
- Support.

The first two components encompass the scientific and technical activities, while the support component includes those activities needed to carry out the research and control efforts effectively (e.g., construction and manpower development activities).

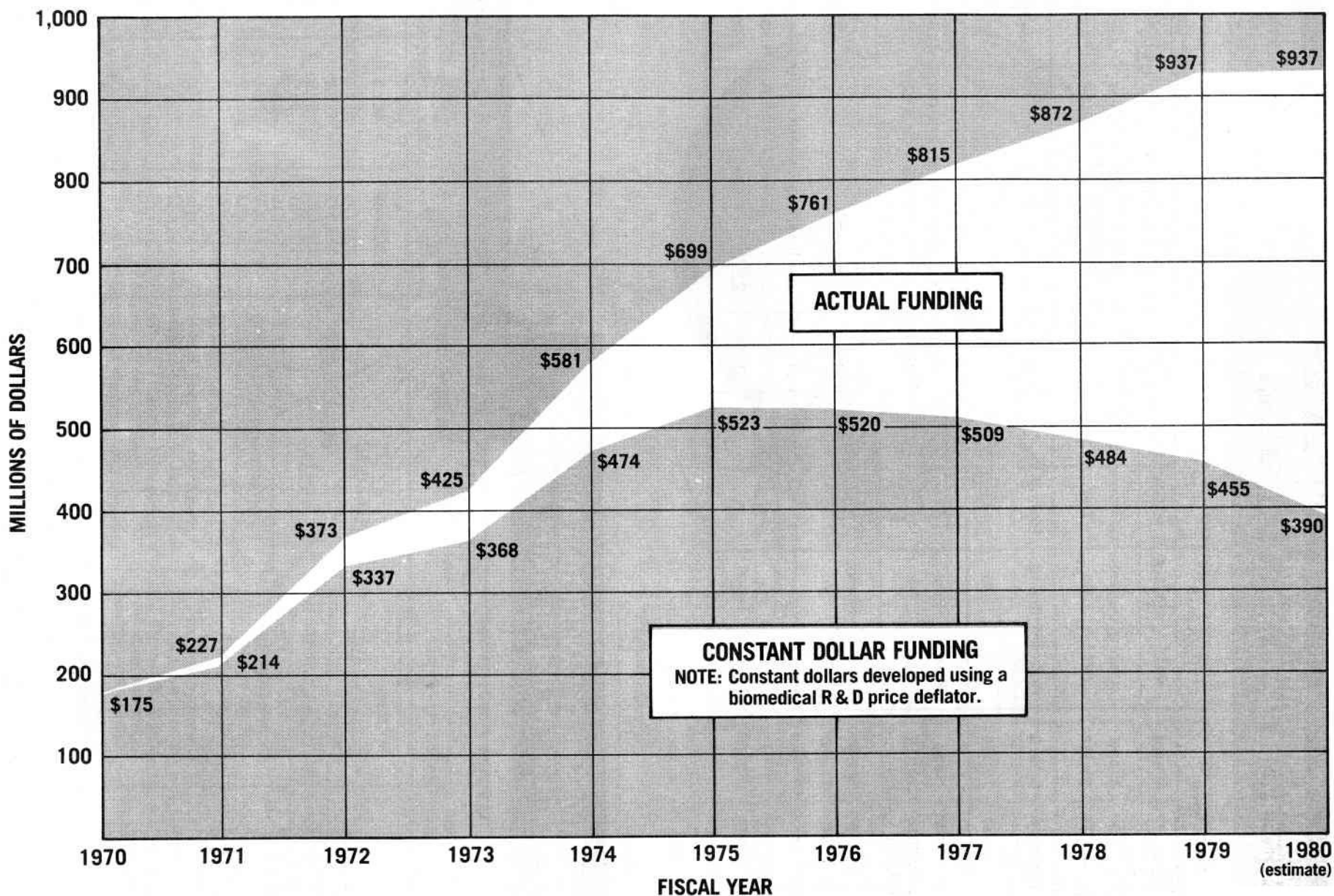
The addition of cancer control responsibilities to NCI's research responsibilities and through the specific emphasis placed on the expansion of comprehensive cancer centers as focal points for research, teaching, and demonstration, served to further emphasize the axiom that the ultimate purpose of disease research is to produce results that can be translated into improved methods for the prevention and treatment of disease in people, and that the National Cancer Program would invest significant effort and resources in this area.

One important characteristic of the NCP since its inception has been the extensive and continuous participation of the biomedical community in the major planning efforts of the NCI. Beginning with the development of the first edition of the National Cancer Program Plan in 1972, periodic planning sessions have been held for the purpose of revising and updating the major recommendations for research and control activities.

The general character of the Program has become increasingly the product of a more extensive and frequent interaction among Congress, the public, the biomedical community, and federal agencies. In particular, the consistent and active roles of the President's Cancer Panel and the National Cancer Advisory Board have established a model for effective and productive relationships between national advisory committees and the federal agency.

NATIONAL CANCER INSTITUTE ACTUAL vs. CONSTANT DOLLAR FUNDING

(MILLIONS OF DOLLARS)



NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX — 1976

TOTAL		UNDER 15		15-34		35-54		55-74		75+	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Lung 65,733	Breast 33,118	Leukemia 671	Leukemia 466	Leukemia 738	Breast 535	Lung 10,080	Breast 8,269	Lung 42,453	Breast 16,636	Lung 13,200	Colon & Rectum 11,670
Colon & Rectum 24,364	Colon & Rectum 26,334	Brain & CNS 418	Brain & CNS 335	Brain & CNS 439	Leukemia 545	Colon & Rectum 2,445	Lung 4,276	Colon & Rectum 13,098	Colon & Rectum 12,250	Prostate 11,374	Breast 7,678
Prostate 20,014	Lung 20,379	Bone 74	Bone 49	Testis 412	Brain & CNS 365	Pancreas 1,326	Colon & Rectum 2,414	Prostate 8,640	Lung 12,025	Colon & Rectum 8,821	Lung 4,078
Pancreas 7,558	Uterus 11,286	Kidney 45	Kidney 50	Hodgkin's Disease 346	Uterus 322	Brain & CNS 1,273	Uterus 2,302	Pancreas 6,232	Ovary 5,950	Stomach 3,151	Pancreas 3,521
Stomach 7,780	Ovary 8,228	Connective Tissue 39	Connective Tissue 34	Melanoma of Skin 265	Hodgkin's Disease 216	Leukemia 1,059	Ovary 2,278	Stomach 4,629	Uterus 5,591	Bladder 3,055	Uterus 3,071

SOURCE: Vital Statistics of the United States, 1976.

RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES — 1976

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
	All Causes	1,909,440	889.5	100.0
1	Diseases of Heart	723,729	337.1	37.9
2	Cancer	377,312	175.8	19.8
3	Stroke	188,623	87.9	9.9
4	Accidents	100,761	46.9	5.3
5	Influenza and Pneumonia	61,666	28.7	3.2
6	Diabetes Mellitus	34,508	16.1	1.8
7	Cirrhosis of Liver	31,453	14.7	1.6
8	Arteriosclerosis	29,366	13.7	1.5
9	Suicide	26,832	12.5	1.4
10	Diseases of Infancy	24,809	11.6	1.3
11	Homicide	19,554	9.1	1.0
12	Emphysema	17,796	8.3	0.9
13	Congenital Anomalies	13,002	6.1	0.7
14	Nephritis and Nephrosis	8,541	4.0	0.4
15	Ulcers	6,401	3.0	0.3
	Other and Ill-Defined	246,087	114.7	12.9

SOURCE: Vital Statistics of the United States, 1976.

ESTIMATED CANCER DEATHS AND NEW CASES BY SEX AND SITE—1979¹

SITE	ESTIMATED DEATHS			ESTIMATED NEW CASES		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
All Sites	395,000	214,500	180,500	765,000 ¹	377,000 ¹	388,000 ¹
Buccal Cavity & Pharynx (Oral)	8,650	6,050	2,600	24,400	17,700	6,700
Lip	175	150	25	4,400	4,000	400
Tongue	2,000	1,400	600	4,800	3,200	1,600
Salivary Gland	650	400	250			
Floor of Mouth	525	400	125	8,400	5,400	3,000
Other & Unspecified Mouth	1,400	900	500			
Pharynx	3,900	2,800	1,100	6,800	5,100	1,700
Digestive Organs	105,150	55,200	49,950	182,900	94,100	88,800
Esophagus	7,500	5,500	2,000	8,400	6,000	2,400
Stomach	14,100	8,400	5,700	23,000	14,000	9,000
Small Intestine	700	350	350	2,200	1,200	1,000
Large Intestine } (Colon- Rectum } Rectum)	42,800	19,900	22,900	77,000	35,000	42,000
Liver & Biliary Passages	9,200	4,400	4,800	35,000	19,000	16,000
Pancreas	20,200	10,900	9,300	11,600	5,600	6,000
Other & Unspecified Digestive	1,550	750	800	23,000	12,000	11,000
Other & Unspecified Digestive	1,550	750	800	2,700	1,300	1,400
Respiratory System	102,400	76,100	26,300	125,300	92,700	32,600
Larynx	3,500	2,900	600	10,400	8,800	1,600
Lung	97,500	72,300	25,200	112,000	82,000	30,000
Other & Unspecified Respiratory	1,400	900	500	2,900	1,900	1,000
Bone, Tissue and Skin	9,250	5,200	4,050	20,000	10,200	9,800
Bone	1,750	1,000	750	1,900	1,100	800
Connective Tissue	1,600	800	800	4,500	2,500	2,000
Skin	5,900 ⁴	3,400	2,500	13,600 ²	6,600 ²	7,000 ²
Breast	34,500	300	34,200	106,900	900	106,000
Genital Organs	44,800	22,000	22,800	143,500	69,000	74,500
Cervix, Invasive } Uterus	7,400	—	7,400	16,000 ³	—	16,000 ³
Corpus, Endometrium }	3,300	—	3,300	37,000	—	37,000
Ovary	11,100	—	11,100	17,000	—	17,000
Prostate	21,000	21,000	—	64,000	64,000	—
Other & Unspecified Genital, Male	1,000	1,000	—	5,000	5,000	—
Other & Unspecified Genital, Female	1,000	—	1,000	4,500	—	4,500
Urinary Organs	17,500	11,500	6,000	51,200	36,000	15,200
Bladder	10,000	6,900	3,100	35,000	26,000	9,000
Kidney & Other Urinary	7,500	4,600	2,900	16,200	10,000	6,200
Eye	400	200	200	1,800	900	900
Brain & Central Nervous System	9,500	5,200	4,300	11,600	6,400	5,200
Endocrine Glands	1,450	550	900	9,900	3,000	6,900
Thyroid	1,000	300	700	9,000	2,500	6,500
Other Endocrine	450	250	200	900	500	400
Leukemia	15,400	8,700	6,700	21,500	12,000	9,500
Lymphomas including Multiple Myeloma	20,300	10,600	9,700	38,500	20,400	18,100
Lymphosarcoma & Reticulosarcoma	5,200	2,700	2,500	15,000	7,800	7,200
Hodgkin's Disease	1,900	1,100	800	6,900	4,000	2,900
Multiple Myeloma	6,100	3,100	3,000	8,800	4,500	4,300
Other Lymphomas	7,100	3,700	3,400	7,800	4,100	3,700
All Other & Unspecified Sites	25,700	12,900	12,800	27,500	13,700	13,800

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

¹ Carcinoma-in-situ of the uterine cervix (over 45,000 new cases) and non-melanoma skin cancers (300,000 new cases) not included in totals. ² Melanoma only. ³ Invasive cancer only. ⁴ Melanoma 4,300, other skin, 1,600.

Incidence estimates are based on rates from NCI SEER Program, 1973-1976.

RESEARCH POSITIONS AT THE NATIONAL CANCER INSTITUTE¹

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

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
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I. CIVIL SERVICE

A. Civil Service (tenured)	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs.	Minimum starting: Ph.D.—\$27,453 Physicians—\$35,688 Maximum: \$47,500	Civil Service Commission, Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
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II. SPECIAL APPOINTMENT OF EXPERTS AND CONSULTANTS

A. Special Appointment of Experts and Consultants (non-tenured appointment which can be extended up to 4 years.)	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. Maximum: \$47,500	Recommendation by Division Directors. Final approval rests with the Director, NCI.
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III. USPHS COMMISSIONED CORPS

Associate Training including CORD residency deferment program (limited tenure, maximum 3 years) ²			
A. Clinical Associate	Graduates of Medical Schools including Internship.	Pay and allowances of Senior Assistant Surgeon or Surgeon of PHS Commissioned Corps.	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20014.
B. Research Associate	Graduates of Medical Schools including Internship.	Pay and allowances of Senior Assistant Surgeon or Surgeon of PHS Commissioned Corps.	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20014.
C. Staff Associate	Graduates of medical and technical schools, or other doctoral qualifications.	Pay and allowances of Senior Assistant Surgeon of PHS Commissioned Corps.	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20014.
D. Senior COSTEP Program (Medical)	Senior Medical Students.	Pay and allowances of Junior Asst. Health Service Officer plus payment of tuition, fees and other necessary expenses. Candidates incur 2 year active duty obligation with PHS Commissioned Corps.	Apply to: Commissioned Personnel Operations Division, Parklawn Building, Room 4-35, 5600 Fishers Lane, Rockville, Maryland 20852.

IV. VISITING PROGRAM (limited tenure)³

A. Visiting Fellow (maximum 3 years)	1-3 years postdoctoral experience or training.	Entrance stipend \$13,000-\$14,200 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.	\$15,920-\$30,017	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.	\$23,087-208(g)	Contact Director or Laboratory Chief in area of interest.

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 five-year appointment.	Staff Fellows Physicians \$19,740-\$27,609 Other Doctorates \$15,120-\$26,937 Senior Staff Fellows Physicians \$22,365-\$37,518 Other Doctorates \$19,740-\$30,198	Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.

VI. CIVIL SERVICE SUMMER EMPLOYMENT PROGRAMS

A. Summer Employment Examination 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.	Must pass the Civil Service Summer Employment Examination. Apply to NIH between March 15 and April 16.
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 April 16. No written test is required.
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 16.
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.
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 Civil Service Commission by high school principals or counselors.
G. Federal Summer Intern Program	Undergraduate student who has completed 2 or more years and is in the upper 1/3 of class or graduate student in upper 1/2 of class.	GS-4 through GS-11	Students should contact college placement office during month of February. NIH requests nominations from colleges that have expressed an interest in the program to the Civil Service Commission.

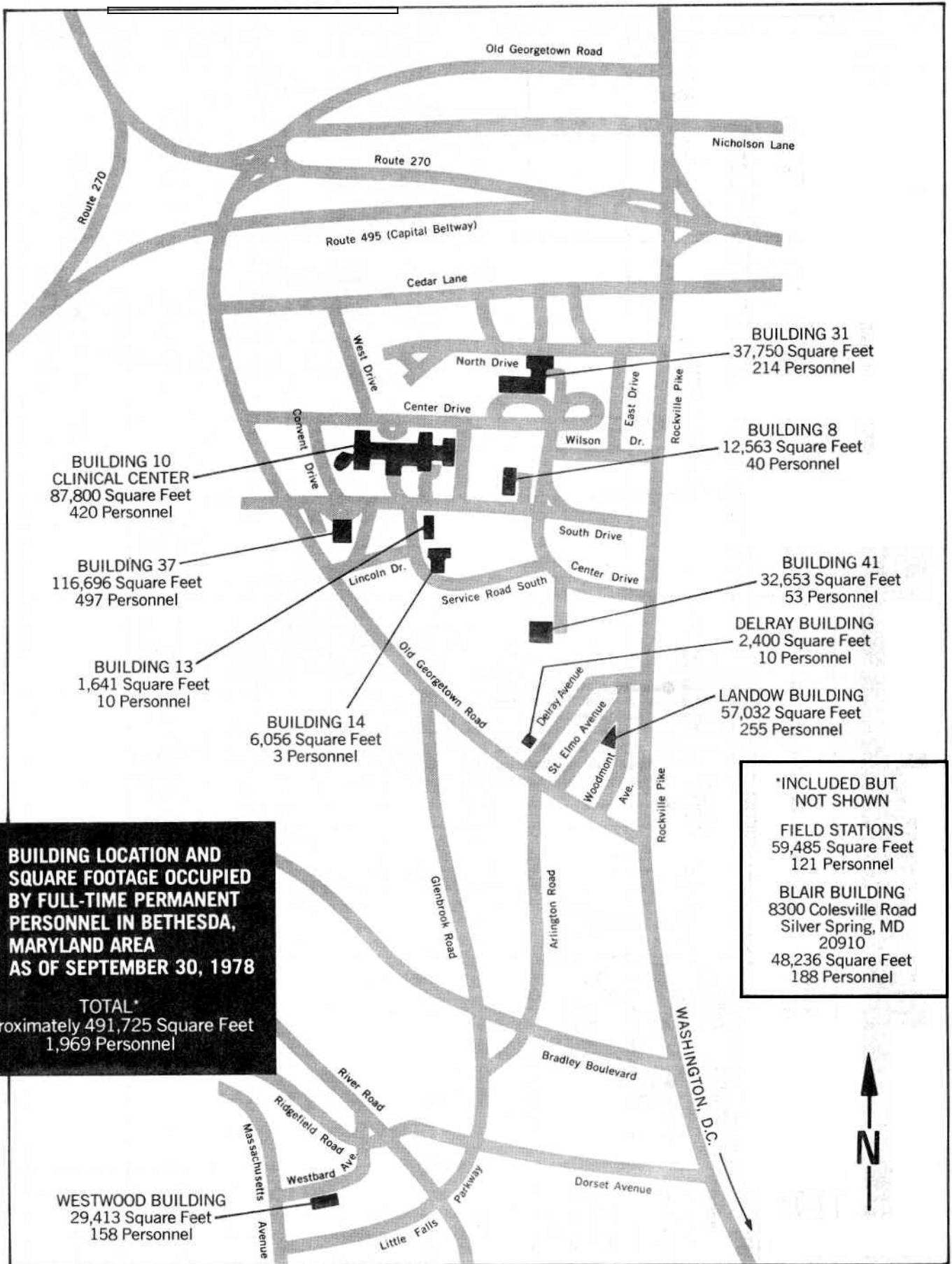
VII. SPECIAL PROGRAMS

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 American, 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, Junior Asst. Grade.	Apply to PHS Commissioned Corps, COSTEP SECTION, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.
C. Fogarty International Scholars	International reputation, productivity, demonstrated ability in biomedical field.	\$40,000 per annum	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.

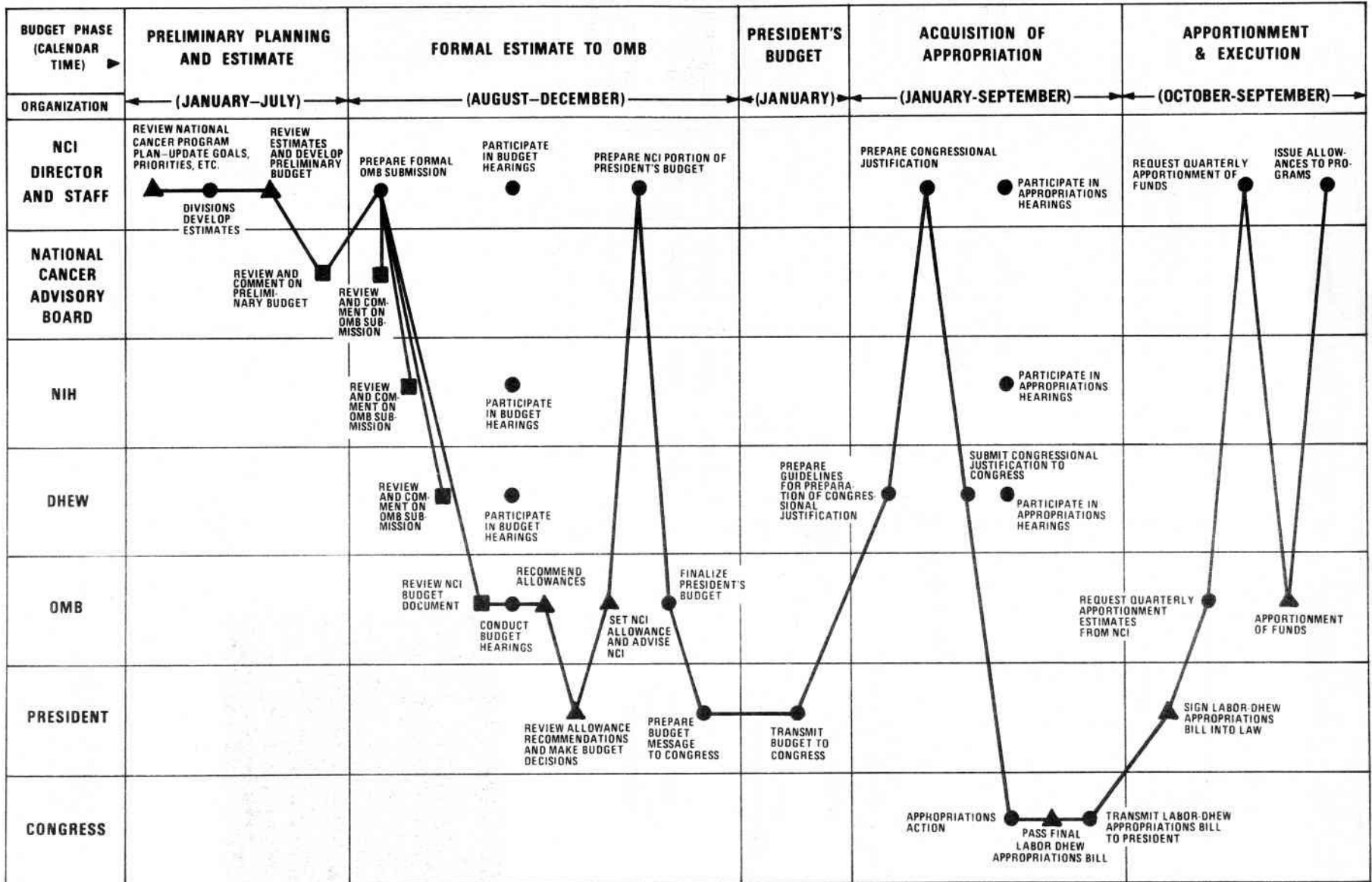
¹ Does not necessarily indicate that positions are currently available at the National Cancer Institute.

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

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



NCI BUDGET ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971



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

LEGEND: ● OPERATION ■ REVIEW ▲ DECISION

NATIONAL CANCER INSTITUTE BUDGET HISTORY BY MECHANISMS

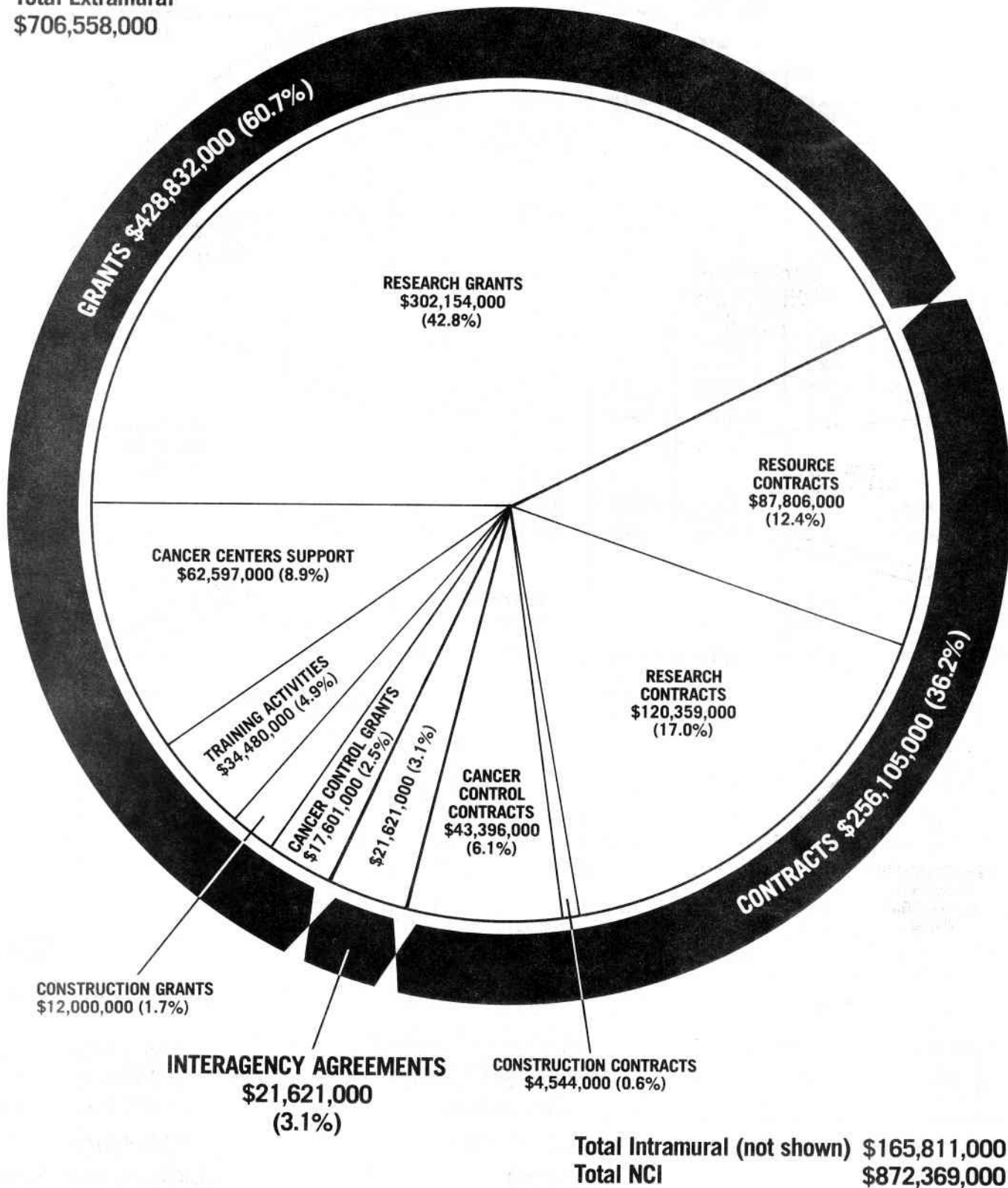
(DOLLARS IN THOUSANDS)

	1970 ACTUAL		1971 ACTUAL		1972 ACTUAL		1973 ACT
	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS
Group I—Investigator Initiated							
Regular Research Grants	\$ 39,576	29.1	\$ 44,133	24.2	\$ 59,207	18.9	\$ 73,412
Clinical Cooperative Groups	6,112	4.5	7,013	3.9	10,102	3.2	12,791
Program Projects	21,021	15.4	30,205	16.6	38,415	12.2	52,008
Radiation Development Program	—	—	—	—	—	—	—
Clinical Education Program	—	—	—	—	—	—	—
Research Career Program	1,919	1.4	2,012	1.1	2,026	.7	1,818
Fellowships and Training	12,465	9.1	12,560	6.9	18,395	5.9	13,888
Task Forces	—	—	—	—	638	.2	3,950
Cancer Centers—Core Support	4,554	3.4	6,174	3.4	10,090	3.2	13,002
Subtotal	85,647	62.9	102,097	56.1	138,873	44.3	170,869
Group II—Co-Initiated							
Cancer Res. Emphasis Grants (CREG)	—	—	—	—	—	—	—
Research Contracts	15,740	11.6	27,547	15.1	46,802	14.9	61,187
Subtotal	15,740	11.6	27,547	15.1	46,802	14.9	61,187
Group III—NCI/NCP Initiated							
Resource Contracts	29,237	21.5	44,945	24.7	63,194	20.2	64,838
Interagency Agreements	4,727	3.4	5,704	3.1	12,053	3.8	10,136
Subtotal	33,964	24.9	50,649	27.8	75,247	24.0	74,974
Group IV—Other Resources							
Planning Grants	769	.6	1,889	1.0	1,698	.5	2,500
CCPDS	—	—	—	—	—	—	—
Construction Grants	—	—	—	—	47,004	15.0	34,737
Construction Contracts	—	—	—	—	3,999	1.3	4,067
Subtotal	769	.6	1,889	1.0	52,701	16.8	41,304
Total	136,120	100.0	182,182	100.0	313,623	100.0	348,334
Percent of Total NCI Budget		77.8		80.3		84.2	
In-House Research	18,625	10.7	20,594	9.1	25,696	6.9	33,032
Management & Support (NIH Management Fund)	20,178 (9,455)	11.5 (5.4)	24,176 (10,917)	10.6 (4.8)	33,246 (12,910)	8.9 (3.5)	39,072 (15,194)
Cancer Control (Grants & Contracts)	—	—	—	—	—	—	4,969
Subtotal	38,803	22.2	44,770	19.7	58,942	15.8	77,073
Total NCI	\$174,923	100.0	\$226,952	100.0	\$372,565	100.0	\$425,407

TOTAL	1974 ACTUAL		1975 ACTUAL		1976 ACTUAL		1977 ACTUAL		1978 ACTUAL	
	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
21.1	\$ 99,415	21.5	\$112,258	20.9	\$129,021	22.4	\$139,156	22.8	\$158,186	24.5
3.7	16,196	3.5	19,213	3.6	23,263	4.0	27,121	4.4	29,774	4.6
14.9	71,997	15.6	83,468	15.5	77,805	13.5	81,211	13.3	85,373	13.2
-	-	-	4,005	.7	3,836	.7	3,245	.5	3,215	.5
-	-	-	5,033	.9	7,698	1.3	8,996	1.5	9,952	1.5
.5	1,673	.4	2,806	.5	3,243	.6	3,507	.6	4,399	.7
4.0	23,562	5.1	23,104	4.3	18,160	3.1	19,791	3.3	20,129	3.1
1.1	10,007	2.2	11,167	2.1	14,090	2.5	14,711	2.4	16,194	2.5
3.7	17,575	3.8	30,096	5.6	47,803	8.3	55,132	9.1	60,348	9.4
49.0	240,425	52.1	291,150	54.1	324,919	56.4	352,870	57.9	387,570	60.0
-	-	-	-	-	2,577	.5	7,266	1.2	9,412	1.5
17.6	94,964	20.5	105,076	19.5	111,524	19.3	110,740	18.2	120,359	18.6
17.6	94,964	20.5	105,076	19.5	114,101	19.8	118,006	19.4	129,771	20.1
18.6	72,365	15.7	82,916	15.4	96,509	16.7	94,229	15.5	87,806	13.6
2.9	13,031	2.8	11,593	2.2	13,262	2.3	19,414	3.2	21,621	3.4
21.5	85,396	18.5	94,509	17.6	109,771	19.0	113,643	18.7	109,427	17.0
.7	2,880	.6	2,568	.4	2,803	.5	1,199	.2	632	.1
-	-	-	-	-	-	-	1,434	.2	1,617	.2
10.0	31,692	6.9	30,000	5.6	20,000	3.5	16,000	2.6	12,000	1.9
1.2	6,398	1.4	14,976	2.8	4,721	.8	5,992	1.0	4,544	.7
11.9	40,970	8.9	47,544	8.8	27,524	4.8	24,625	4.0	18,793	2.9
100.0	461,755	100.0	538,279	100.0	576,315	100.0	609,144	100.0	645,561	100.0
81.9		79.5		77.0		75.7		74.8		74.0
7.8	40,364	6.9	50,532	7.2	61,243	8.0	67,855	8.3	79,217	9.1
9.2	46,169	7.9	61,935	8.9	69,876	9.2	80,184	9.8	86,594	9.9
(3.6)	(16,754)	(2.9)	(20,248)	(2.9)	(23,037)	(3.0)	(26,817)	(3.3)	(30,150)	(3.5)
1.1	32,826	5.7	48,574	6.9	54,016	7.1	57,774	7.1	60,997	7.0
18.1	119,359	20.5	161,041	23.0	185,135	24.3	205,813	25.2	226,808	26.0
100.0	\$581,114	100.0	\$699,320	100.0	\$761,450	100.0	\$814,957	100.0	\$872,369	100.0

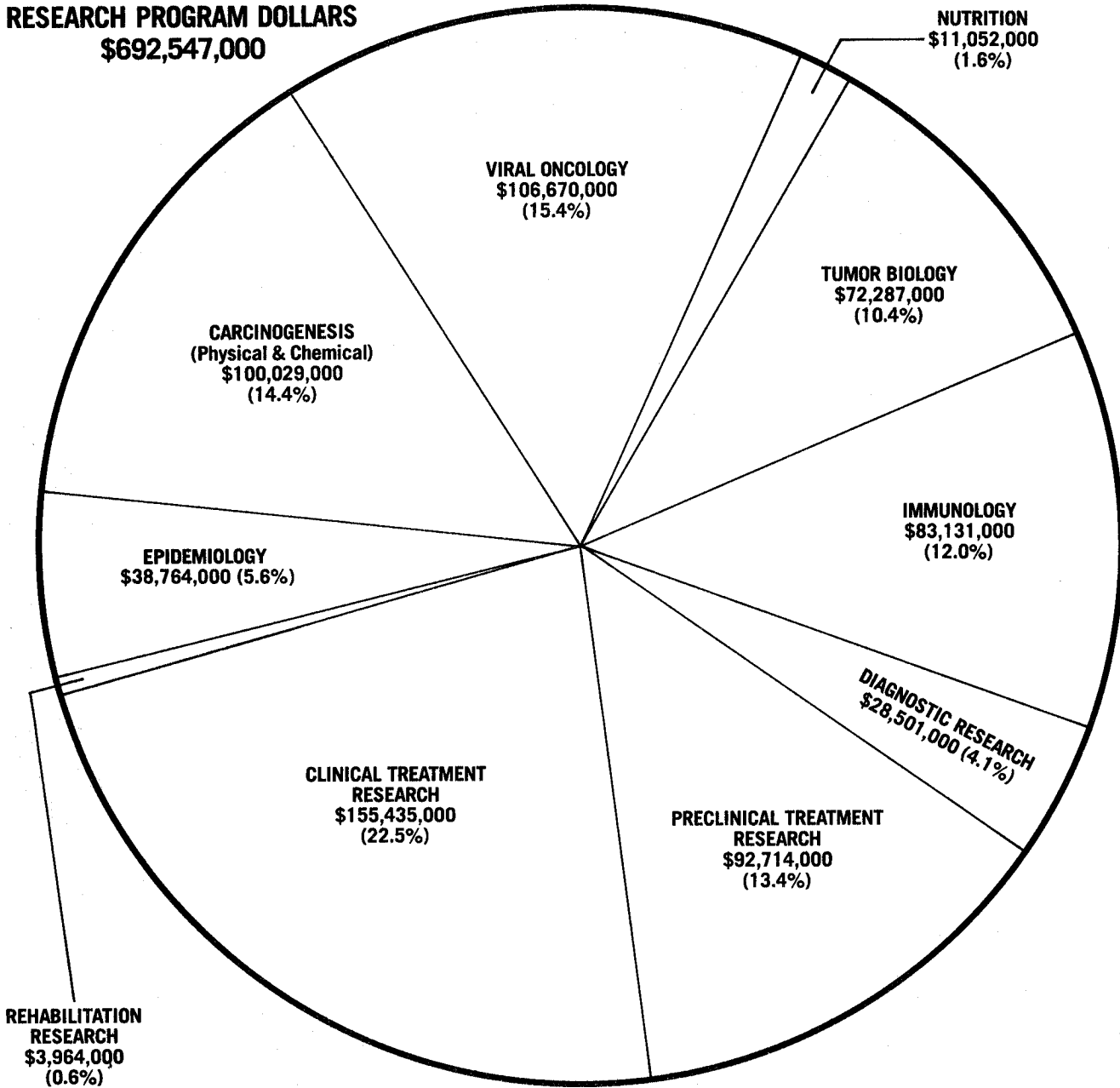
NCI EXTRAMURAL FUNDS—FISCAL YEAR 1978

Total Extramural
\$706,558,000



NCI RESEARCH PROGRAMS — FISCAL YEAR 1978

**TOTAL
RESEARCH PROGRAM DOLLARS
\$692,547,000**



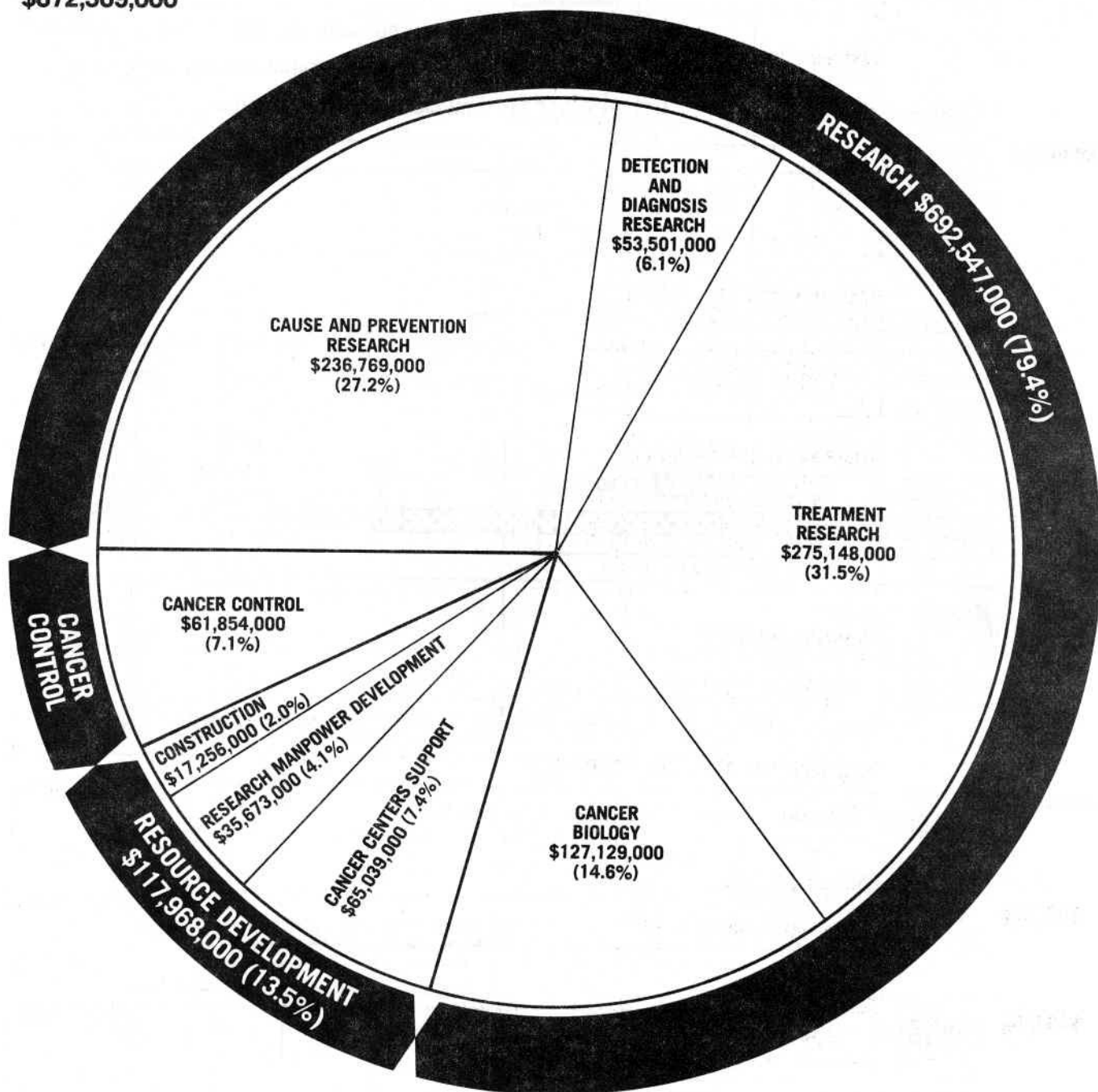
Research Programs	Dollars	PERCENT OF TOTAL
Research Programs	\$692,547,000	79.4
Resource Development:		
Cancer Centers Support	65,039,000	7.4
Research Manpower Development	35,673,000	4.1
Construction	17,256,000	2.0
Cancer Control	61,854,000	7.1
Total NCI	\$872,369,000	100.0

TOTAL NCI DOLLARS BY MECHANISMS — FISCAL YEAR 1978
(THOUSANDS OF DOLLARS)

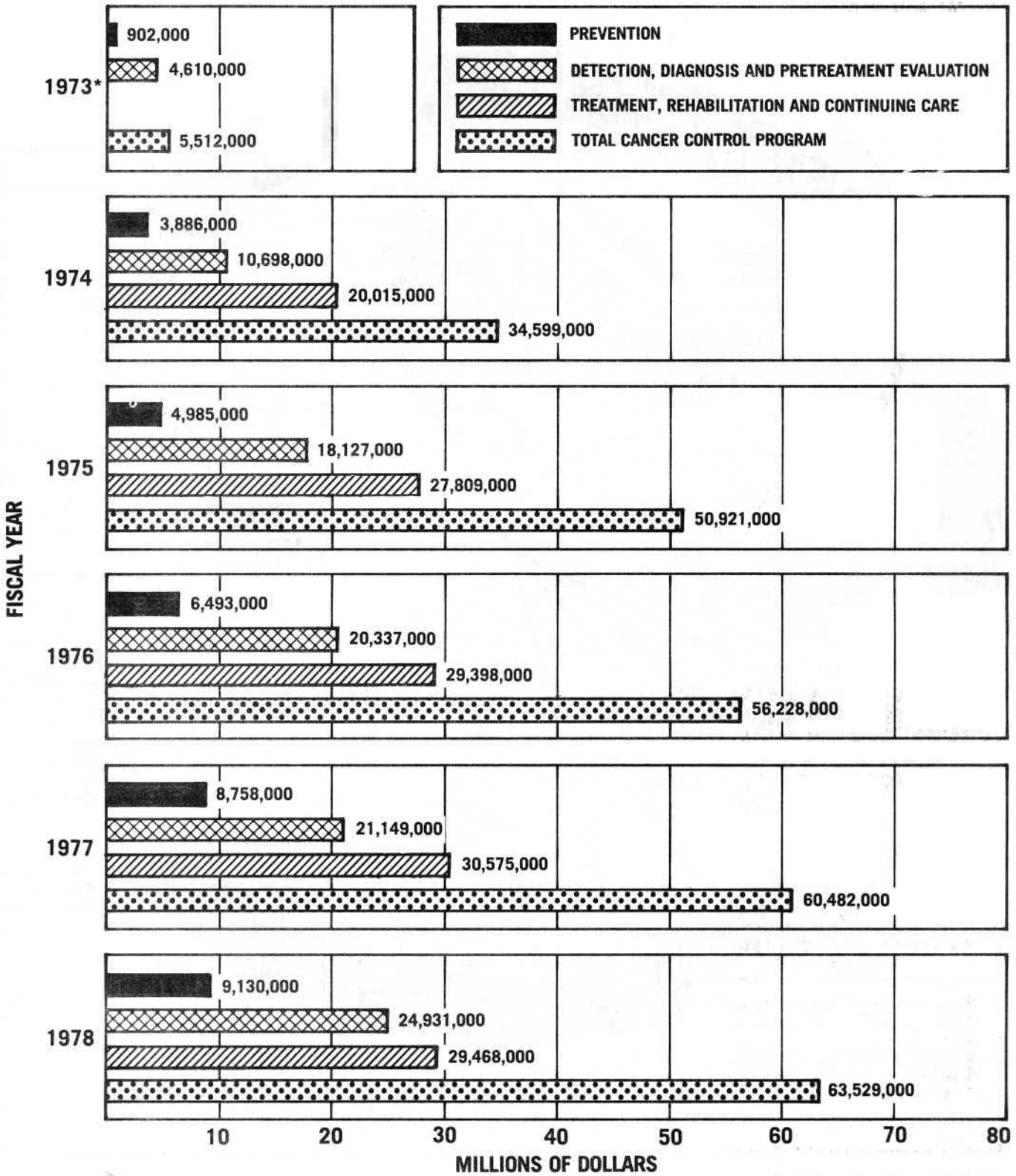
	AMOUNT	MECHANISM	PERCENT OF TOTAL	
	RESEARCH PROJECTS GRANTS			
\$299,929	\$154,489	Research Project Grants	17.7	34.4%
	1,472	Young Investigators	0.2	
	3,215	Radiation Development	0.4	
	9,412	Cancer Research Emphasis Grants	1.1	
	85,373	Program Projects	9.8	
	29,774	Cooperative Clinical Research	3.4	
	16,194	National Organ Site Program	1.8	
	RESEARCH CENTERS GRANTS			
\$62,597	632	Exploratory Grants	0.1	7.2%
	60,348	Center Core Grants	6.9	
	1,617	Centralized Cancer Patient Data System	0.2	
	OTHER RESEARCH GRANTS			
\$16,576	1,564	Scientific Evaluation	0.2	1.9%
	661	Conference Grants	0.1	
	4,399	Research Career Programs	0.5	
	9,952	Clinical Education Program	1.1	
	TRAINING PROGRAM			
\$20,129	4,417	National Research Service Awards—Individual	0.5	2.3%
	15,712	National Research Service Awards—Institutional	1.8	
	RESEARCH AND RESOURCE CONTRACTS			
\$229,786	229,786	Research and Resource Contracts	26.3	26.3%
	CANCER CONTROL			
\$63,529	63,529	Cancer Control	7.3	7.3%
	CONSTRUCTION			
\$16,544	16,544	Construction	1.9	1.9%
	IN-HOUSE			
\$163,279	93,476	Intramural Research	10.7	18.7%
	59,997	Direct Operations	6.9	
	9,806	Program Management	1.1	
	\$872,369	TOTAL NCI	100.0	

NCI PROGRAM STRUCTURE—FISCAL YEAR 1978

TOTAL DOLLARS
\$872,369,000



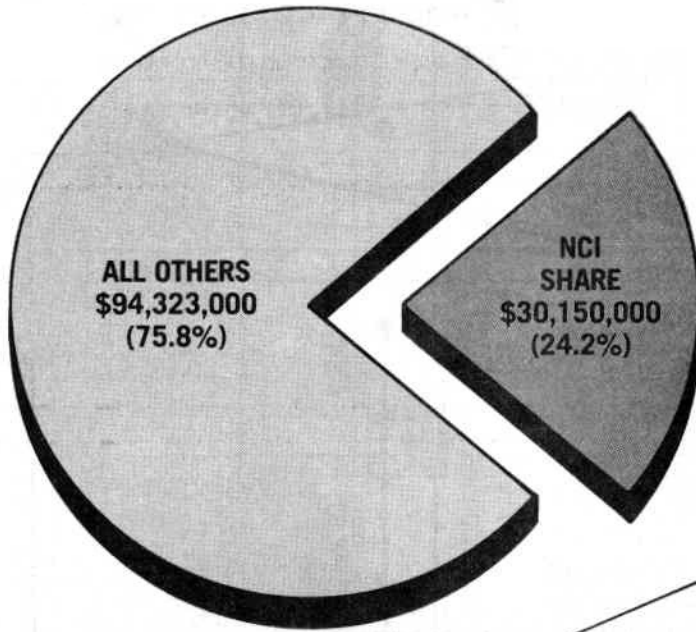
CANCER CONTROL PROGRAM OBLIGATIONS — FISCAL YEARS 1973-1978



*No Treatment, Rehabilitation and Continuing Care in FY 1973.

REIMBURSEMENT TO NIH MANAGEMENT FUND FISCAL YEAR 1978

**TOTAL NIH SERVICES
\$124,473,000**



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

\$12,840,000



**DISTRIBUTION OF NCI SERVICES
\$30,150,000**

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

\$1,670,000

\$1,932,000

\$1,930,000

\$11,778,000

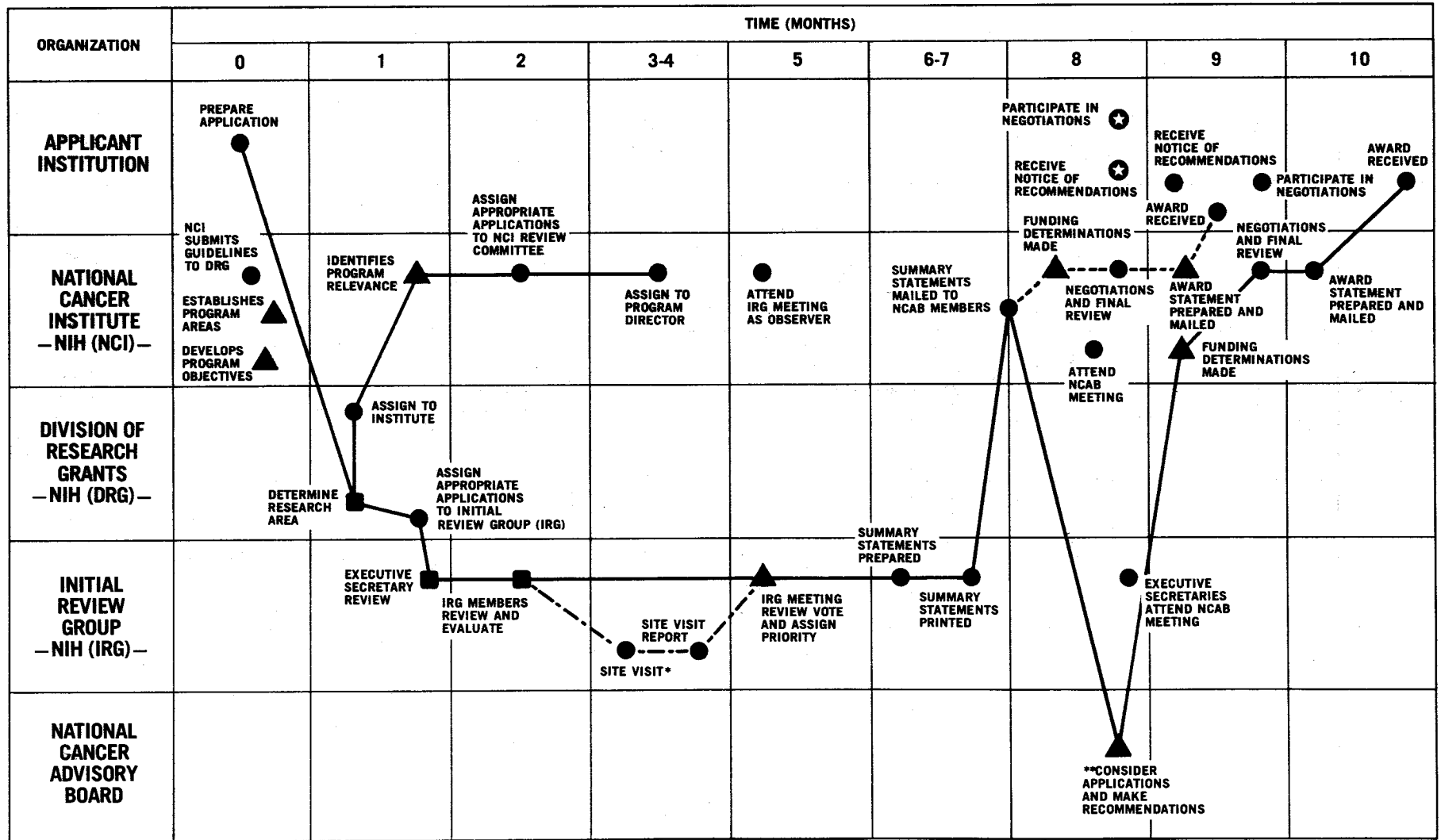
DIVISION OF COMPUTER RESEARCH & TECHNOLOGY
Research & Development Program in Which Concepts & Methods of Computer Science Are Applied to Biomedical Problems (Services Are Rendered to the NIH Communities on a Fee-For-Service Basis).

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

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

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

NCI GRANTS ADMINISTRATION PROCESS – UNDER CANCER ACT OF 1971



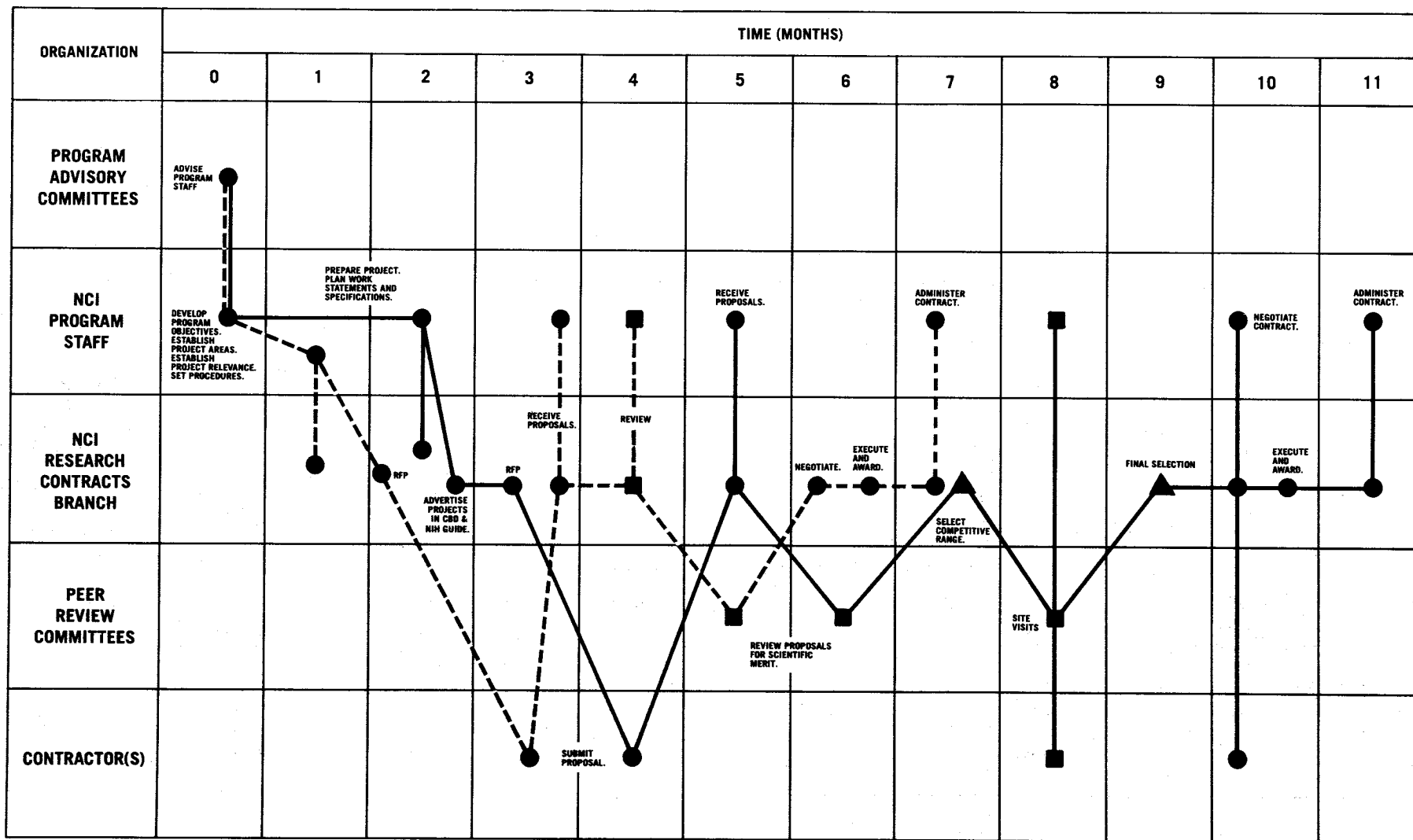
LEGEND:

- OPERATIONS
- REVIEW
- ▲ DECISION

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

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

NCI CONTRACTS ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971

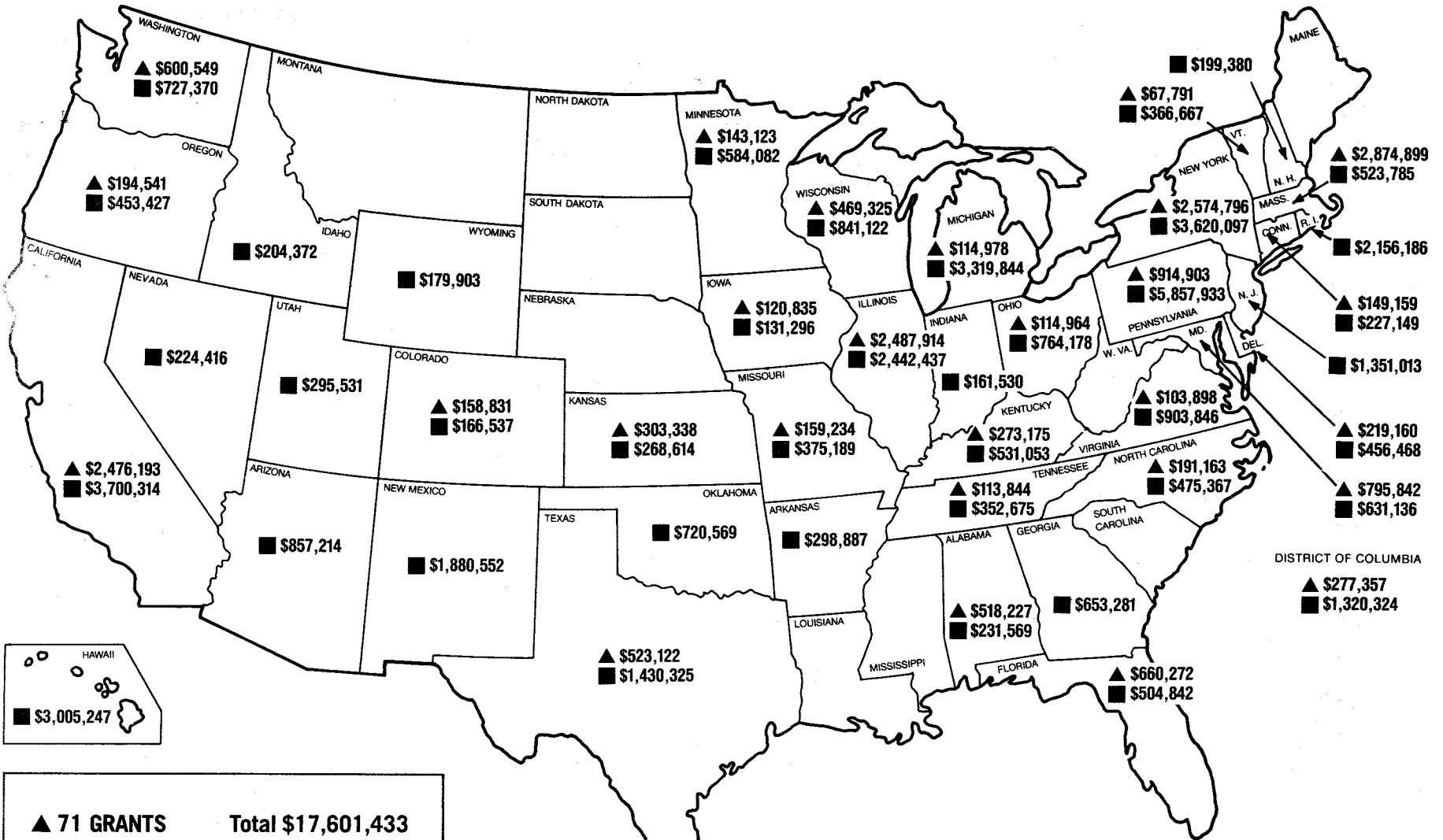


NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS.

LEGEND:

- OPERATION
- REVIEW
- ▲ DECISION
- NORMAL FLOW
- - - NON-COMPETITIVE CONTRACTS
- * AD HOC COMMITTEES MAY BE USED — INCLUDES OUTSIDE SCIENTISTS.

DISTRIBUTION OF CANCER CONTROL GRANTS AND CONTRACTS — FISCAL YEAR 1978



▲ 71 GRANTS Total \$17,601,433
 ■ 168 CONTRACTS Total 43,395,727
Total Obligations \$60,997,160

INSTITUTIONS RECEIVING MORE THAN \$1,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1978

(DOLLARS IN THOUSANDS)

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Alabama, University of	\$ 5,768	\$ 449	\$2,244	\$ 8,461	Alabama
Albany Medical College of Union University	721	593	—	1,314	New York
Albert Einstein College of Medicine	6,544	386	105	7,035	New York
Allegheny General Hospital	1,089	463	—	1,552	Pennsylvania
American College of Radiology	2,368	1,232	—	3,600	Illinois
American Health Foundation	2,872	798	—	3,670	New York
Arizona, University of	3,424	344	—	3,768	Arizona
Army Management Engineering Training Agency	19	3,023	—	3,042	Illinois
ARS/Sprague-Dawley	—	1,877	—	1,877	Wisconsin
Arthur D. Little, Inc.	—	3,512	—	3,512	Massachusetts
Assoc. Veterinary Med. Data Prog. Participants, Inc.	1,628	1,602	—	3,230	Illinois
Battelle Memorial Institute	—	4,229	—	4,229	Ohio
Baylor College of Medicine	3,532	861	—	4,393	Texas
Ben Venue Laboratories, Inc.	—	1,150	—	1,150	Ohio
Boston University Medical Center	1,313	105	—	1,418	Massachusetts
Bowman Gray School of Medicine	1,345	42	—	1,387	North Carolina
Brandeis University	988	164	—	1,152	Massachusetts
California State Department of Health	123	1,593	—	1,716	California
California, University of	25,062	4,323	593	29,978	California
Cancer Research Center	1,116	419	—	1,535	Missouri
Case Western Reserve University	1,558	366	—	1,924	Ohio
CDP Associates	—	1,078	—	1,078	Maryland
Charles River Breeding Labs	—	2,362	—	2,362	Massachusetts
Chicago, University of	6,234	1,210	—	7,444	Illinois
Children's Hospital of Philadelphia	1,473	331	—	1,804	Pennsylvania
City of Hope National Medical Center	1,109	—	—	1,109	California
Cold Spring Harbor Labs	2,749	25	—	2,774	New York
College of Medicine & Dentistry of New Jersey	772	300	—	1,072	New Jersey
Colorado State University	1,162	—	—	1,162	Colorado
Colorado, University of, Medical Center	2,350	396	—	2,746	Colorado
Columbis University	5,828	1,573	—	7,401	New York
Community Cancer Control (L.A.)	—	1,976	—	1,976	California
Connecticut, University of	1,382	178	—	1,560	Connecticut
Cornell University	2,670	347	427	3,444	New York
Dartmouth College	1,465	610	—	2,075	New Hampshire
Duke University	5,810	2,087	—	7,897	North Carolina
Electro-Nucleonics Laboratories, Inc.	—	1,209	—	1,209	Maryland
Emory University	1,542	1,804	—	3,346	Georgia
Energy, Department of	—	5,914	—	5,914	Dist. of Col.
Enviro Control, Inc.	—	5,803	—	5,803	Maryland
Fox Chase Cancer Center	1,088	—	—	1,088	Pennsylvania
Franklin Institute Research Labs	—	1,212	—	1,212	Pennsylvania
Fred Hutchinson Cancer Research Center	7,280	1,970	1,329	10,579	Washington
Frontier Science & Technology Res. Foundation, Inc.	—	1,098	—	1,098	New York
George Washington University	1,468	124	—	1,592	Dist. of Col.
Georgetown University	1,443	824	948	3,215	Dist. of Col.
Georgia, University of	983	212	—	1,195	Georgia
Hahnemann Medical College and Hospital	1,561	489	—	2,050	Pennsylvania
Harlan Industries	—	1,633	—	1,633	Indiana
Harvard University	7,379	679	1,907	9,965	Massachusetts
Hawaii, University of	1,120	3,183	—	4,303	Hawaii
Hazleton Laboratories, Inc.	—	2,116	—	2,116	Virginia
Health Research, Inc.	10,395	1,839	—	12,234	New York
Howard University	1,581	275	—	1,856	Dist. of Col.
IIT Research Institute	45	2,412	—	2,457	Illinois
Illinois Cancer Council	628	848	—	1,476	Illinois
Indiana University Foundation	1,343	113	—	1,456	Indiana
Institute for Cancer Research	5,803	675	—	6,478	Pennsylvania
International Agency for Research on Cancer	—	1,199	—	1,199	France
Iowa, University of	2,049	1,682	—	3,731	Iowa
Jackson Laboratory	961	568	—	1,529	Maine
Johns Hopkins University	9,466	2,602	—	12,068	Maryland
JRB Associates	—	1,535	—	1,535	Virginia
Kaiser Foundation Research Institute	173	1,000	—	1,173	California
Kansas, University of, Medical Center	2,358	695	—	3,053	Kansas
Kentucky, University of	1,295	633	—	1,928	Kentucky
Life Sciences, Inc.	96	1,725	—	1,821	Florida
Litton Bionetics, Inc.	—	34,635	2,802	37,437	Maryland
Maryland, University of	875	4,504	558	5,937	Maryland
Mason Research Institute	—	2,817	—	2,817	Massachusetts
Massachusetts General Hospital	4,494	547	—	5,041	Massachusetts
Massachusetts Institute of Technology	4,613	723	—	5,336	Massachusetts
Mayo Foundation	2,101	3,511	—	5,612	Minnesota
Medical College of Virginia	1,847	562	—	2,409	Virginia

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Medical College of Wisconsin	\$ 856	\$ 395	\$ -	\$ 1,251	Wisconsin
Meloy Laboratories, Inc.	-	3,665	-	3,665	Virginia
Memorial Hospital for Cancer & Allied Diseases	4,890	2,513	-	7,403	New York
Miami, University of	3,503	1,024	-	4,527	Florida
Michigan Cancer Foundation	1,570	4,279	350	6,199	Michigan
Michigan State University	1,225	84	-	1,309	Michigan
Michigan, University of	1,428	534	-	1,962	Michigan
Microbiological Associates	-	4,689	-	4,689	Maryland
Midwest Research Institute	148	1,323	-	1,471	Missouri
Minnesota, University of	4,593	1,740	-	6,333	Minnesota
Monsanto Research Corporation	-	1,132	-	1,132	Ohio
Mount Sinai School of Medicine	5,135	1,177	-	6,312	New York
National Institutes of Health, Bethesda	-	-	1,955*	1,955	Maryland
National Naval Medical Center	-	1,219	-	1,219	Maryland
Nebraska, University of	681	3,696	-	4,377	Nebraska
New Mexico, University of	4,496	2,648	-	7,144	New Mexico
New York Medical College	890	293	-	1,183	New York
New York University Medical Center	5,885	1,271	-	7,156	New York
North Carolina, University of	2,427	430	-	2,857	North Carolina
Northern California Cancer Program	2,223	502	-	2,725	California
Northwestern University	1,945	257	1,175	3,377	Illinois
Ohio State University Research Foundation	3,415	819	-	4,234	Ohio
Oklahoma, University of, Health Science Center	735	417	-	1,152	Oklahoma
Oregon State University	1,434	88	-	1,522	Oregon
Parke, Davis and Company	-	1,107	-	1,107	Michigan
Pennsylvania State University	2,131	1,568	-	3,699	Pennsylvania
Pennsylvania, University of	5,157	898	-	6,055	Pennsylvania
Pfizer, Inc.	-	2,467	-	2,467	New Jersey
Pittsburgh, University of	2,002	2,138	-	4,140	Pennsylvania
Purdue University	1,127	126	-	1,253	Indiana
Research Foundation of State University of New York	3,083	885	-	3,968	New York
Rhode Island Department of Health	-	1,925	-	1,925	Rhode Island
Rochester, University of	4,893	527	291	5,711	New York
Rockefeller University	3,162	5	-	3,167	Netherlands
Roger Williams General Hospital	1,116	-	-	1,116	Rhode Island
Rush Presbyterian-St. Luke's Medical Center	1,020	712	-	1,732	Illinois
Saint Jude Children's Research Hospital	3,704	109	-	3,813	Tennessee
St. Louis University School of Medicine	997	648	-	1,645	Missouri
Salk Institute for Biological Studies	3,263	227	-	3,490	California
Scripps Clinic and Research Foundation	1,945	1,058	-	3,003	California
Sidney Farber Cancer Institute	11,005	1,201	-	12,206	Massachusetts
Sloan-Kettering Institute for Cancer Research	18,386	2,132	-	20,518	New York
Social Security Administration	19	8,536	-	8,555	Maryland
South Florida, University of	1,099	163	-	1,262	Florida
Southern California, University of	6,897	2,184	-	9,081	California
Southern Research Institute	1,012	4,421	-	5,433	Alabama
Stanford Research Institute	732	3,218	-	3,950	California
Stanford University	7,137	1,334	-	8,471	California
Starks Associates, Inc.	-	1,114	-	1,114	New York
Temple University	3,560	271	-	3,831	Pennsylvania
Tennessee, University of	1,727	347	-	2,074	Tennessee
Texas, University of, M.D. Anderson Hospital	20,033	5,569	735	26,337	Texas
Thomas Jefferson University	3,012	851	-	3,863	Pennsylvania
Tracor Jitco, Inc.	-	4,731	-	4,731	Maryland
Tufts University	1,940	290	-	2,230	Massachusetts
Tufts-New England Medical Center	1,083	-	-	1,083	Massachusetts
U. S. Environmental Protection Agency	-	2,050	-	2,050	Dist. of Col.
University City Science Center	-	2,782	-	2,782	Pennsylvania
University Hospital	1,143	57	-	1,200	Massachusetts
Utah, University of	3,016	1,059	-	4,075	Utah
Value Engineering Company	-	1,022	-	1,022	Virginia
Vanderbilt University Medical Center	1,206	887	-	2,093	Tennessee
Vermont, University of, College of Medicine	1,691	398	-	2,089	Vermont
Veterans Administration	-	2,401	-	2,401	Dist. of Col.
Veterans Administration Hospital	524	1,981	-	2,505	New Jersey
Washington University	4,126	190	-	4,316	Missouri
Washington, University of	1,802	378	-	2,180	Washington
Wayne State University	1,394	352	-	1,746	Michigan
Weizmann Institute of Science	221	1,242	-	1,463	Israel
Westat, Inc.	-	1,353	-	1,353	Maryland
Wisconsin, University of	12,612	955	1,125	14,692	Wisconsin
Wistar Institute	5,372	139	-	5,511	Pennsylvania
Worcester Foundation for Experimental Biology, Inc.	1,457	185	-	1,642	Massachusetts
Yale University School of Medicine	9,836	1,441	-	11,277	Connecticut

TOTALS	\$369,582	\$237,203	\$16,544	\$623,329
PERCENT OF TOTAL AWARDED ABOVE	59.3	38.1	2.6	100
TOTAL NCI FISCAL YEAR 1978 OBLIGATIONS	\$872,380			
PERCENT OF NCI TOTAL OBLIGATIONS	42.4	27.2	1.9	71.5

*CONSTRUCTION - \$4,544,000 for NIH facilities

NOTE: The NCI funds approximately 600 institutions; therefore, the above listing represents about 23 percent of the institutions annually funded by NCI.

DISTRIBUTION OF NCI CONTRACTS — FISCAL YEAR 1978

PROGRAM DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
25.5	292	Division of Cancer Biology and Diagnosis	\$ 39,265	14.4
22.8	262	Division of Cancer Treatment	68,729	25.2
37.6	431	Division of Cancer Cause and Prevention	117,726	43.1
12.9	148	Division of Cancer Control and Rehabilitation	43,396	15.8
1.2	14	Office of the Director	4,066	1.5
	1,147	Totals	\$273,182	

Includes Interagency Agreements.

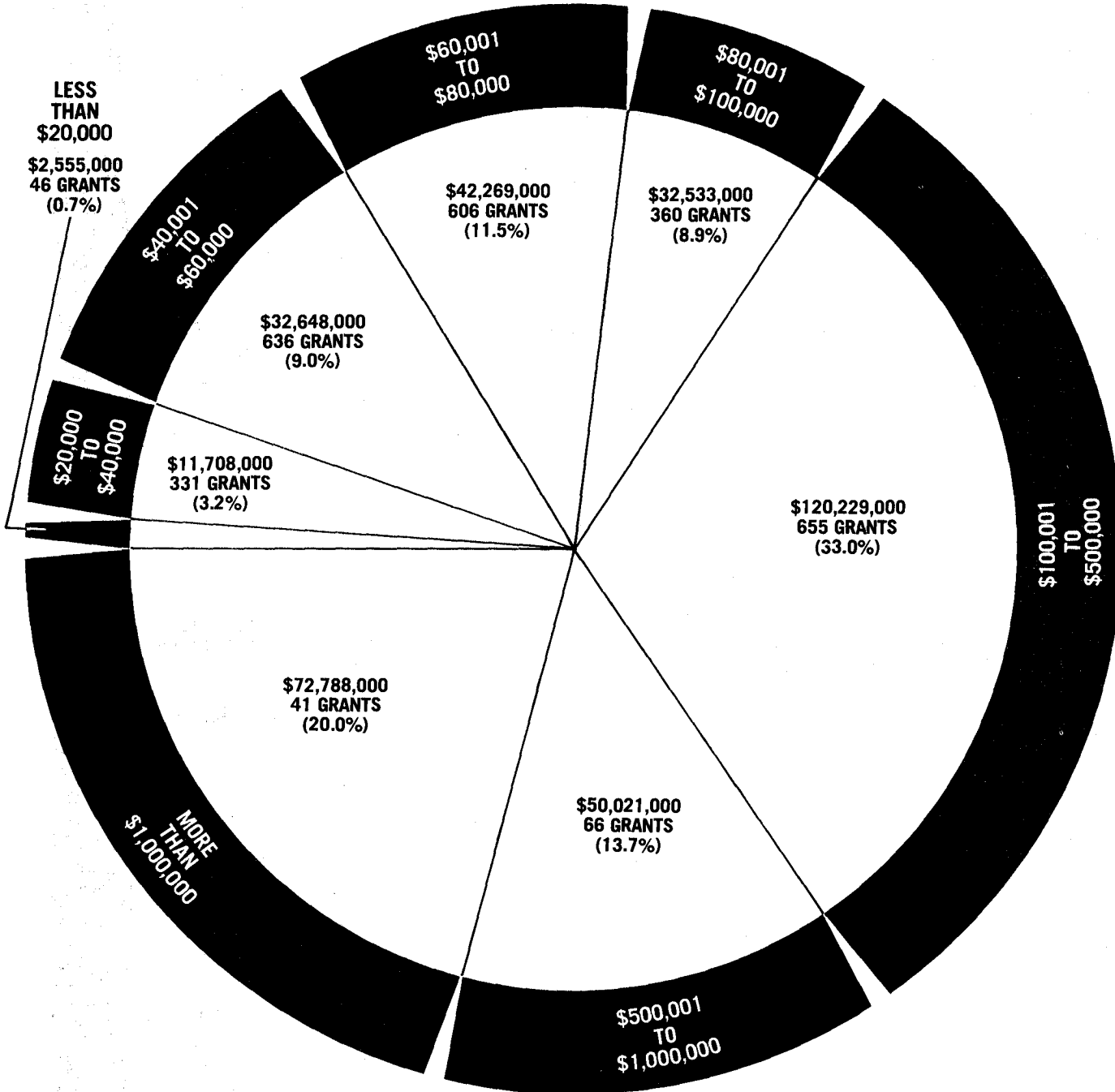
INSTITUTIONAL DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
16.5	189	Profit-Making	\$ 94,247	34.5
39.8	456	Academic	75,672	27.7
25.9	297	Non-Profit	61,466	22.5
5.3	61	Federal Government	22,674	8.3
4.6	53	State and Local Government	10,654	3.9
7.9	91	Foreign	8,469	3.1
	1,147	Totals	\$273,182	

NOTE: Does not include contracts that are not in direct support of research or control, such as the International Cancer Research Data Bank, Cancer Communications, and Program Planning. Construction contracts are also excluded.

DISTRIBUTION OF NCI RESEARCH GRANTS BY VALUE OF GRANT AWARD — FISCAL YEAR 1978

TOTAL GRANT DOLLARS
\$364,751,000
2,741 GRANTS

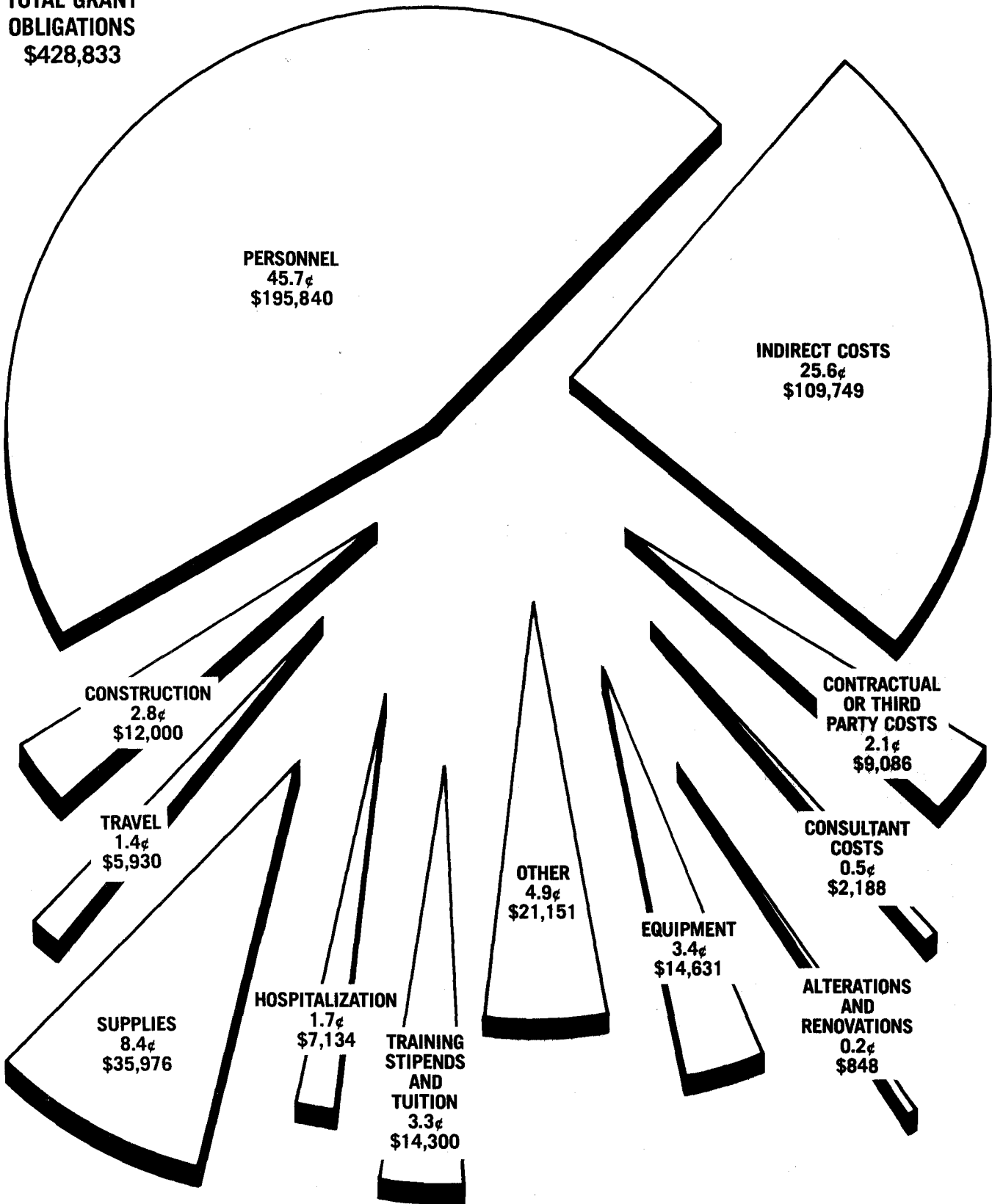


Excludes Training and Fellowship Awards, Cancer Control Grants, Clinical Education, and Career Awards. Includes Clinical Trials and CREG Awards.

o DISTRIBUTION OF THE GRANT DOLLAR—FISCAL YEAR 1978

(DOLLARS IN THOUSANDS)

TOTAL GRANT OBLIGATIONS
\$428,833



FOREIGN RESEARCH GRANTS AND CONTRACTS — FISCAL YEAR 1978

	NUMBER OF GRANTS	GRANT DOLLARS AWARDED	NUMBER OF CONTRACTS	CONTRACT DOLLARS AWARDED	TOTAL DOLLARS AWARDED	PERCENT OF TOTAL AMOUNT AWARDED
Australia	4	\$ 167,250	4	\$ 238,681	\$ 405,931	3.9
Austria.....	—	—	2	116,600	116,600	1.1
Belgium.....	1	298,286	2	260,760	559,046	5.3
Canada	12	521,395	8	900,465	1,421,860	13.5
Colombia.....	—	—	1	103,514	103,514	1.0
Denmark.....	1	39,400	—	—	39,400	0.4
England.....	5	185,948	11	879,534	1,065,482	10.1
Finland	—	—	4	159,350	159,350	1.5
France.....	1	50,000	5	956,583	1,006,583	9.6
Germany	1	41,411	2	176,649	218,060	2.1
Israel	7	349,093	17	1,854,582	2,203,675	20.9
Italy	—	—	8	902,181	902,181	8.6
Japan.....	1	45,204	7	474,501	519,705	4.9
Korea, Republic of..	1	11,005	—	—	11,005	0.1
Netherlands.....	—	—	6	432,296	432,296	4.1
Norway	—	—	1	7,800	7,800	0.1
Scotland	—	—	2	226,726	226,726	2.2
South Africa.....	1	53,190	—	—	53,190	0.5
Sweden	2	230,358	7	720,980	951,338	9.0
Switzerland	1	99,162	—	—	99,162	0.9
Uganda	—	—	1	25,000	25,000	0.2
TOTAL.....	38	\$2,091,702	88	\$8,436,202	\$10,527,904	100.0

APPROPRIATIONS OF THE NCI 1938-1979

1938.....	\$ 400,000	}	
1939.....	400,000		
1940 THROUGH 1946 \$3,879,570		}	0.26% \$21,000,470
1947.....	1,820,900		
1948.....	14,500,000	}	3.48% \$276,315,750
1949.....	22,000,000		
1950 THROUGH 1956 \$149,481,750		}	17.53% \$1,393,234,000
1957.....	48,432,000		
1958.....	56,402,000	}	7.62% \$606,018,563
1959.....	75,268,000		
1960 THROUGH 1966 \$958,954,000		}	71.11% \$5,653,001,500
1967.....	175,656,000		
1968.....	183,356,000	}	
1969.....	185,149,500		
1970.....	190,486,063	}	
1971.....	230,383,000		
1972.....	\$378,794,000	}	
1973.....	492,205,000		
1974.....	551,191,500	}	
1975.....	691,666,000		
1976.....	761,727,000 ¹	}	
"TQ"	152,901,000 ²		
1977.....	815,000,000	}	
1978.....	872,388,000		
1979.....	937,129,000 ³	}	
TOTAL (1938 through 1979).....			

NOTEWORTHY DATES FOR NCI APPROPRIATIONS

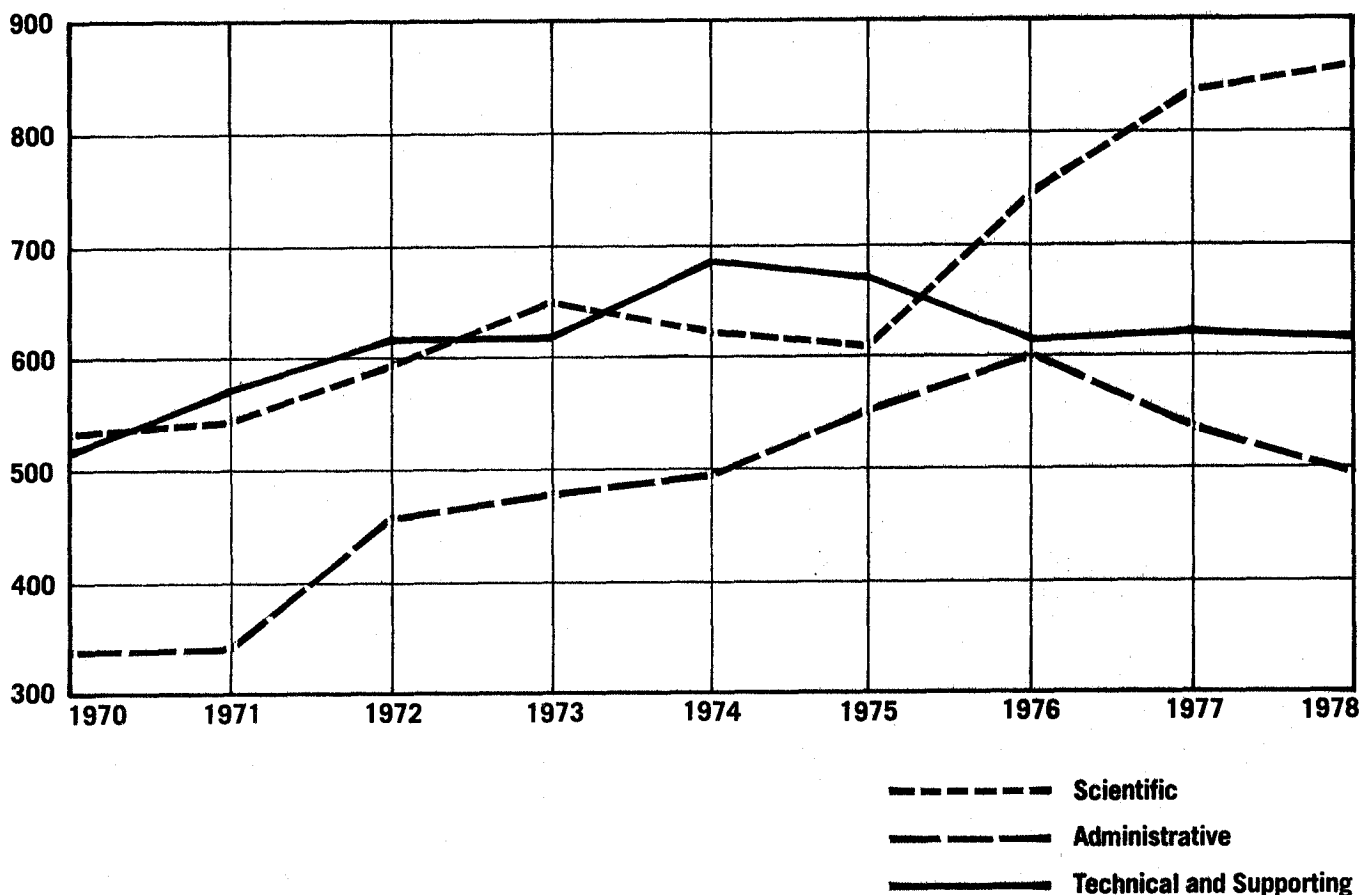
Exceeded \$1,000,000 in 1947. Exceeded \$50,000,000 in 1958. Exceeded \$100,000,000 in 1961.
Exceeded \$500,000,000 in 1974. Cumulative appropriations exceeded \$7,000,000,000 in 1978.

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.

¹ Includes \$18,163,000 for training funds provided by Continuing Resolution. ² Includes \$3,201,000 for training funds provided by Continuing Resolution. ³ Includes \$20,129,000 for training funds provided by Continuing Resolution.

DISTRIBUTION OF PERSONNEL BY FUNCTION

Percent of Actual Employment									
	FISCAL YEAR								
	1970	1971	1972	1973	1974	1975	1976	1977	1978
Scientific	38.3%	37.5%	36.2%	37.3%	34.4%	32.7%	37.9%	41.7%	43.8%
Administrative	24.0%	23.9%	27.3%	27.6%	27.0%	30.0%	30.7%	27.2%	25.3%
Technical and Supporting	37.7%	38.6%	36.5%	35.1%	38.6%	37.3%	31.4%	31.1%	30.9%
Total Actual Employment	1355	1426	1665	1736	1805	1849	1955	1986	1969

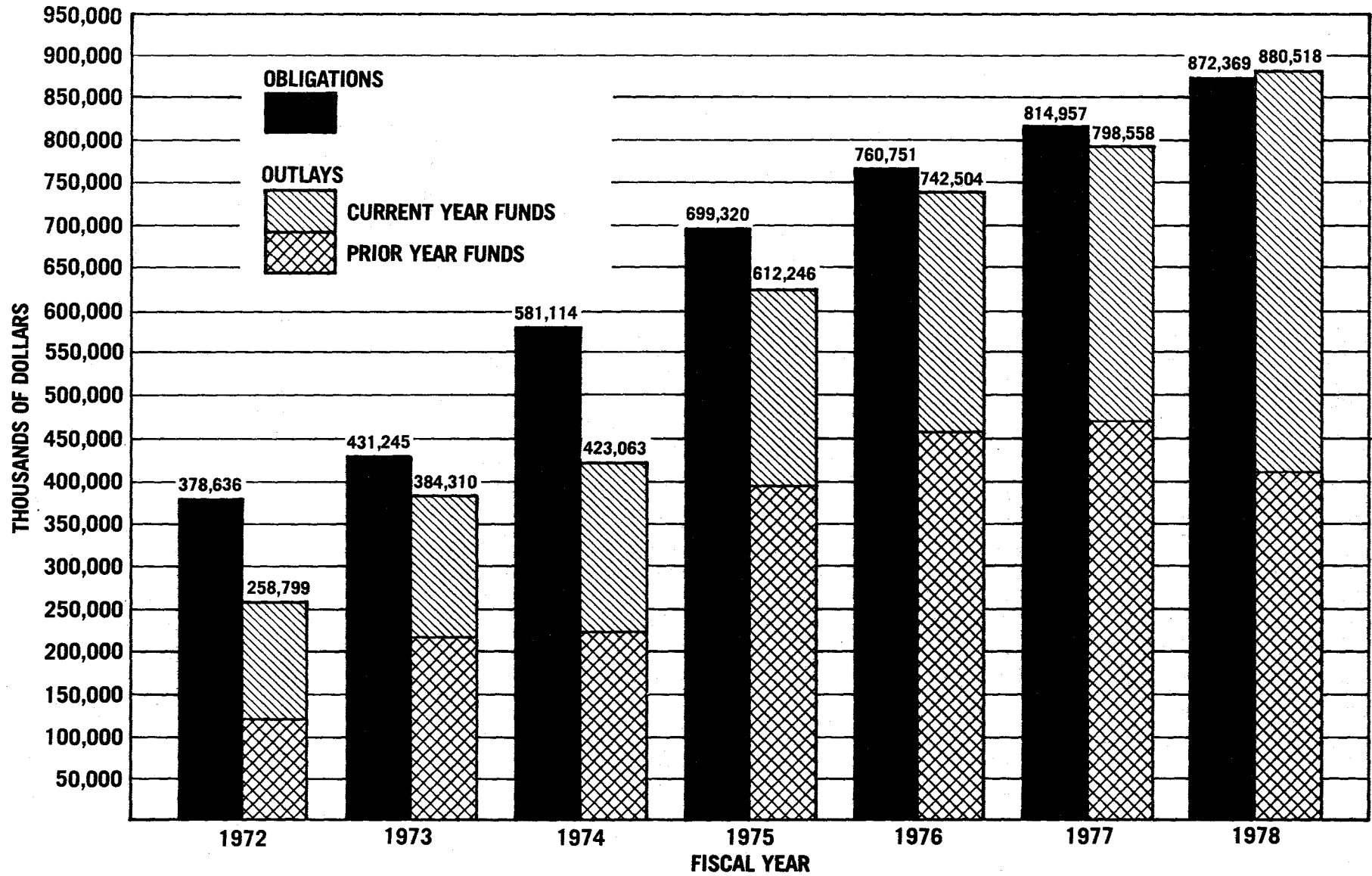


COMPARISON OF DOLLARS, POSITIONS AND SPACE

FISCAL YEAR	DOLLARS			POSITIONS			SPACE		
	OBLIGATIONS (\$000's)	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	FULL-TIME PERMANENT EMPLOYEES	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ALLOCATED SPACE (SQUARE FEET)*	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR
1971	232,855	Base Year	—	1426	Base Year	—	321,230	Base Year	—
1972	378,636	62.6	62.6	1665	16.8	16.8	329,587	2.6	2.6
1973	431,245	85.2	13.9	1736	21.7	4.3	357,972	11.4	8.6
1974	581,149	149.6	34.8	1805	26.6	4.0	381,436	18.7	6.6
1975	699,320	200.3	20.3	1849	29.7	2.4	382,485	19.1	0.2
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	34.7	14.8

*Does not include field station-assigned space.

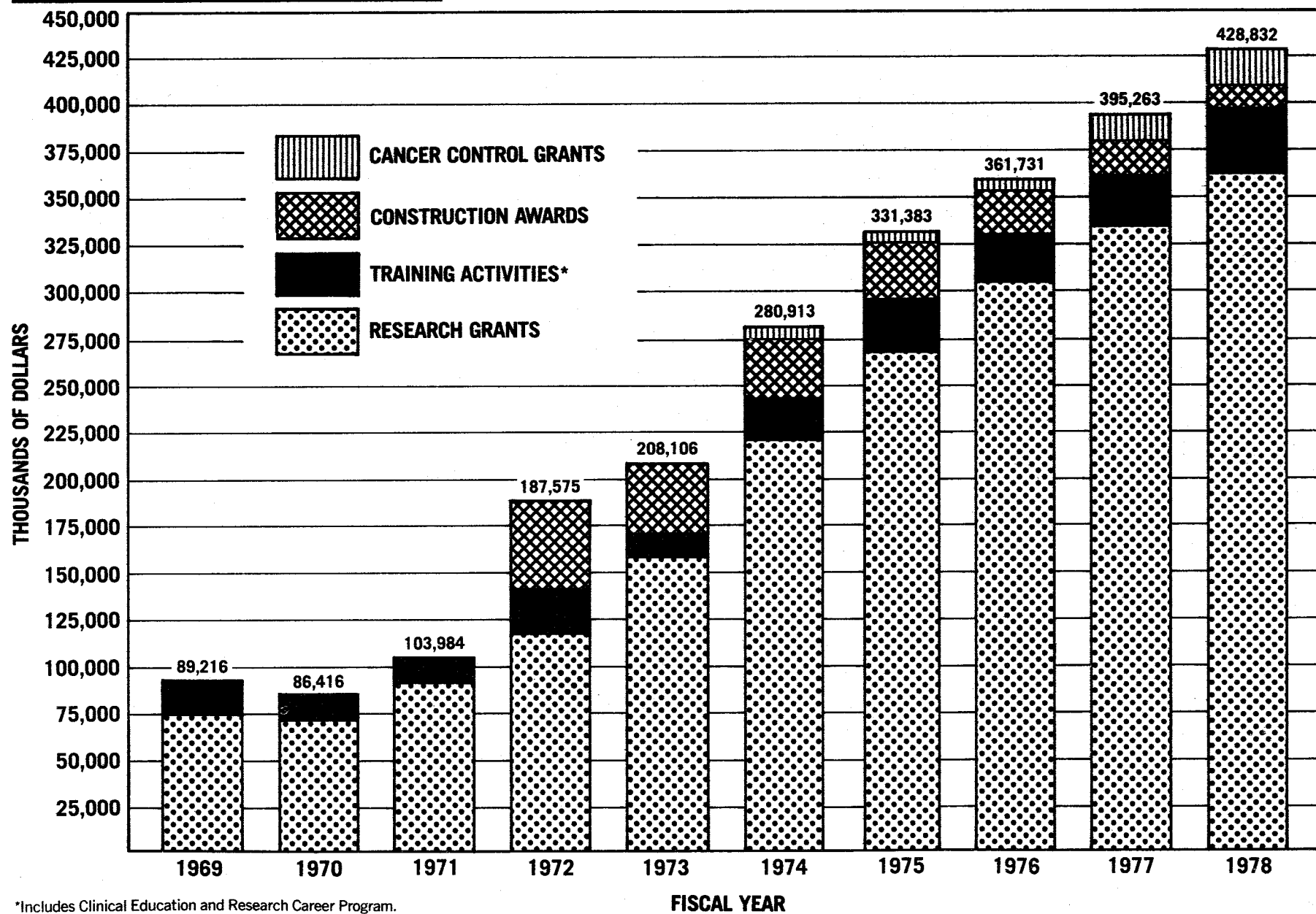
NATIONAL CANCER INSTITUTE OBLIGATIONS AND OUTLAYS



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.

NCI GRANT AWARDS — 1969-1978



*Includes Clinical Education and Research Career Program.

NCI REGULAR GRANT AWARDS — 1972-1978 (Including Clinical Cooperative Groups)

(DOLLARS IN THOUSANDS)

FISCAL YEAR	TYPE AWARD	REQUESTED		APPROVED		AWARDED		PERCENT FUNDED
		NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	
1972	Competing							
	New.....	1,013	\$ 57,836	612	\$ 26,093	384	\$ 17,122	62.7
	Renewals.....	343	25,171	284	16,833	204	13,346	71.8
	Total	1,356	83,007	896	42,926	588	30,468	65.6
	Non-Competing	—	—	—	—	694	36,417	—
1973	Competing							
	New.....	1,258	\$ 84,946	715	\$ 33,794	372	\$ 18,085	52.0
	Renewals.....	217	21,906	189	13,363	129	10,365	68.3
	Total	1,475	106,852	904	47,157	501	28,450	55.4
	Non-Competing	—	—	—	—	1,013	54,687	—
1974	Competing							
	New.....	1,382	\$100,717	909	\$ 45,713	500	\$ 27,824	55.0
	Renewals.....	379	33,651	336	22,815	285	20,413	84.8
	Total	1,761	134,368	1,245	68,528	785	48,237	63.1
	Non-Competing	—	—	—	—	1,049	62,803	—
1975	Competing							
	New.....	1,509	\$108,621	979	\$ 48,023	581	\$ 30,605	59.3
	Renewals.....	555	55,314	429	31,876	349	27,949	81.4
	Total	2,064	163,935	1,408	79,899	930	58,554	66.1
	Non-Competing	—	—	—	—	1,112	72,917	—
1976	Competing							
	New.....	1,499	\$113,135	910	\$ 47,342	388	\$ 22,230	42.6
	Renewals.....	517	53,992	376	28,070	257	21,236	68.4
	Total	2,016	167,127	1,286	75,412	645	43,466	50.2
	Non-Competing	—	—	—	—	1,486	108,818	—
1977	Competing							
	New.....	1,756	\$147,591	1,071	\$ 60,155	398	\$ 23,781	37.2
	Renewals.....	728	87,162	578	50,221	303	32,436	52.4
	Total	2,484	234,753	1,649	110,376	701	56,217	42.5
	Non-Competing	—	—	—	—	1,412	104,431	—
1978	Competing							
	New.....	1,854	\$153,528	1,264	\$ 75,014	513	\$ 32,591	40.6
	Renewals.....	752	97,937	617	57,131	381	38,905	61.8
	Total	2,606	251,465	1,881	132,145	894	71,496	47.5
	Non-Competing	—	—	—	—	1,341	111,916	—

