

2009 Fact Book

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

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Compiled and amended annually by the budget and
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and others involved in the administration and
management of the National Cancer Program.
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Fiscal Year 2009 Annual Report

BUDGET IN REVIEW

This report provides a summary of the distribution of the Fiscal Year 2009 budget among the various National Cancer Institute (NCI) research programs and funding mechanisms, funding policies influencing grant awards, and comparisons with prior year allocations. Additional information on the NCI budget is accessible from the NCI Home Page (http://www.cancer.gov).

Summary

Funds available to the NCI in FY 2009 totaled over \$4.967 billion, reflecting an increase of 3% and \$35 million from the previous fiscal year.

Fiscal highlights from FY 2009 include:

- Of the total NCI budget, 43% of the funds were allocated for Research Project Grants.
- The total number of Research Project Grants (RPGs) funded was 5,179. (includes SBIR)
- Almost one-fourth of the RPGs awarded were new (Type 1) or competing renewal (Type 2) awards.
- 1,235 competing RPGs were funded.
- Almost one-third of the total NCI budget supported ongoing non-competing (Type 5) RPGs.
- R01 grants were funded to the 16th percentile.
- 261 grants totaling almost \$92 million were funded as Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) awards.
- Intramural Research comprised almost 16% of the total NCI budget in FY 2009.
- Cancer Prevention & Control was eliminated as budget mechanism in FY2009

<u>Distribution of the Budget by Funding Mechanism for FY 2008 and FY 2009</u>

Summary Points

- The total budget for the Research Project Grant category increased by \$44 million.
- Funds for competing grants increased by \$2.5 million.
- Funds for training and career development of current and future research scientists through Research Career Awards remained stable.
- The total budget for Cancer Centers, Specialized Centers (U54) and SPOREs increased by 18% due to the funding of two new Cancer Centers.
- Clinical Cooperative Groups and Community Clinical Oncology Program funds remained stable
 when you account for the shift from the Cancer Prevention and Control budget mechanism to
 the Clinical Cooperative Groups budget mechanism. Cancer Education funds increased by
 6%.
- During FY 2009, NIH and DHHS Assessments increased by a total of \$26 million, including an increase of \$19.4 million for General Account and the Service and Supply Fund, \$4.2 million increase for Program Evaluation, and a \$2.4 million increase for the Management Fund.

NCI Dollars by Mechanism for FY 2008 and 2009 (in thousands)

			Change '0	08-09
_	2008	2009	Am't	%
Research Project Grants:				_
Noncompeting	\$1,517,375	\$1,550,906	33,531	2.2%
Admin Supplements	19,697	33,257	13,560	68.8%
Competing	455,348	457,834	2,486	0.5%
Subtotal, RPG	1,992,420	2,041,997	49,577	2.5%
SBIR/STTR _	97,439	91,954	-5,485	-5.6%
Total, RPG	2,089,859	2,133,951	44,092	2.1%
Cancer Centers	274,470	313,713	39,243	14.3%
Specialized Cancer Centers (U54)	79,271	116,380	37,109	46.8%
SPOREs _	123,293	131,360	8,067	6.5%
Total: Centers, Spec Ctrs, & SPOREs	477,034	561,453	84,419	17.7%
Research Career Program	79,528	79,120	-408	-0.5%
Cancer Education	30,089	31,945	1,856	6.2%
Clinical Cooperative Groups	143,975	234,531	90,556	62.9%
Other Grants _	64,183	71,698	7,515	11.7%
Subtotal, Other_	317,775	417,294	99,519	31.3%
Total, Research Grants	2,884,668	3,112,698	228,030	7.9%
National Research Service Awards	69,901	70,134	233	0.3%
R&D Contracts	444,189	610,142	165,953	37.4%
Intramural Research	718,372	781,389	63,017	8.8%
Research Management & Support	230,991	384,644	153,653	66.5%
Cancer Prevention & Control	471,515	0 *	-471,515	-100.0%
Construction	0	0	0	0.0%
Buildings and Facilities	7,920	7,920	0	0.0%
Total, NCI	4,827,556 *	4,966,927 **	139,371	2.9%
AIDS research included above	[258,499]	[265,882]	7,383	2.9%

^{*}Cancer Prevention and Control Elimated as a Budget Mechanism in FY09.

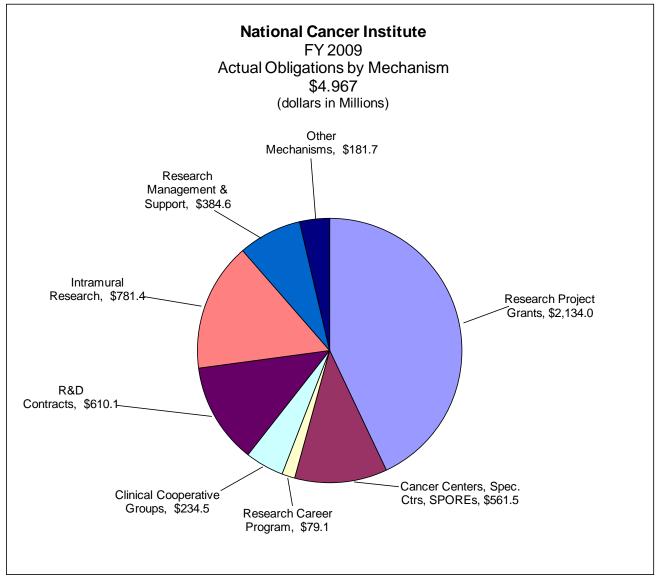
^{**}EXCLUDES projects awarded with Stamp Out Breast Cancer funds.

Percent Share of Total NCI Dollars

Summary Points

 The mechanism shares of the total budget have remained relatively stable from FY 2003 to FY 2009.

Percent Share of Total NCI Dollars							
_	2005	2006	2007	2008	2009		
Research Project Grants	45.6%	45.4%	44.1%	43.3%	43.0%		
Cancer Centers	5.3%	5.6%	5.7%	5.7%	6.3%		
Specialized Centers	1.4%	1.6%	1.6%	1.6%	2.3%		
SPOREs	2.9%	2.6%	2.6%	2.6%	2.6%		
Clinical Cooperative Groups	3.0%	3.1%	3.1%	3.0%	4.7%		
Intramural Research	14.8%	14.5%	14.7%	14.9%	15.7%		
R&D Contracts	7.3%	7.3%	8.7%	9.2%	12.3%		
Cancer Prevention & Control*	11.1%	10.7%	10.4%	9.9%	0.0%		
Other Mechanisms	8.7%	9.3%	9.2%	9.9%	3.7%		



Funding Trends

Summary Points

- The NCI budget has increased by \$172.1 million or 3.6% since FY 2005.
- Intramural Research, Cancer Centers, Specialized Centers, SPORES, Clinical Cooperative Groups, and R&D Contracts have experienced percentage increases greater than the total NCI growth since FY 2004.

Historical Funding Trends (Dollars in Millions)

	(Donais i				
	2005	2006	2007	2008	2009
Total NCI	\$4,794.8	\$4,747.2	\$4,792.6	\$4,827.6	\$4,966.9
Research Project Grants	2,188.9	2,156.9	2,111.8	2,089.9	2,134.0
Intramural Research	711.0	687.3	706.2	718.4	781.4
Cancer Centers	255.3	265.0	273.2	274.5	289.4
Specialized Centers	66.0	73.9	74.7	79.3	116.4
SPOREs	133.0	124.9	123.8	123.3	155.7
Clinical Cooperative Groups	142.8	145.9	148.2	144.0	234.5
Cancer Prevention & Control	531.6	505.6	498.4	471.5	0.0
R&D Contracts	351.1	347.8	416.9	444.2	610.1
Other Mechanisms	415.1	439.8	439.4	482.5	645.5

% Growth by Mechanism

_	2005 to 2006	2006 to 2007	2007 to 2008	2008 to 2009	2005 to 2009
Total NCI	-1.0%	1.0%	0.7%	2.9%	3.6%
Research Project Grants	-1.5%	-2.1%	-1.0%	2.1%	-2.6%
Intramural Research	-3.3%	2.7%	1.7%	8.8%	9.9%
Cancer Centers	3.8%	3.1%	0.5%	5.4%	13.4%
Specialized Centers	12.0%	1.0%	6.2%	46.8%	76.3%
SPOREs	-6.1%	-0.9%	-0.4%	26.2%	17.0%
Clinical Cooperative Groups	2.2%	1.6%	-2.8%	62.9%	64.2%
Cancer Prevention & Control	-4.9%	1.4%	-5.4%	-100.0%	-100.0%
R&D Contracts	-0.9%	19.9%	6.6%	6.6%	73.8%
Other Mechanisms	6.0%	-0.1%	9.8%	33.8%	55.5%

Research Project Grants

Summary Points

- 93% of competing dollars supported grants awarded within the established payline; 7% supported grants as an exception to the payline.
- RFA funds, which decreased from the FY 2008 dollar level, accounted for 11% of FY 2007 competing dollars.
- Research Project Grant applications submitted to NCI increased by approximately 3%.
- A total of 1,235 competing RPG's were funded.

Research Project Grants

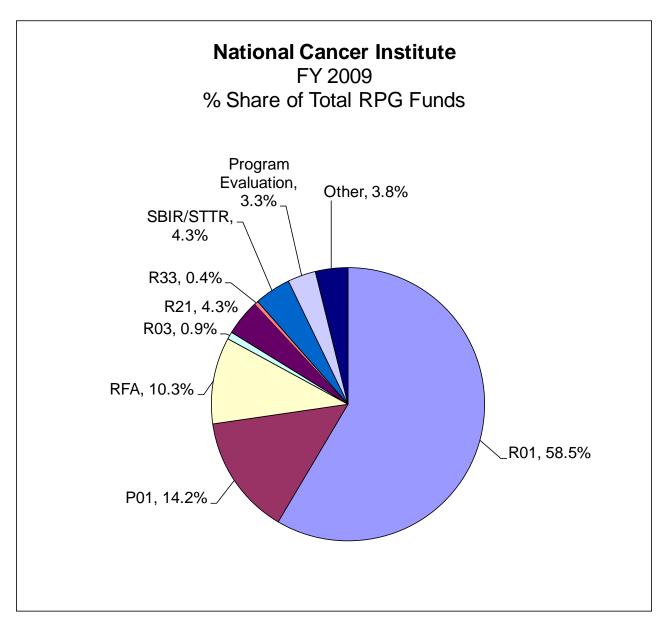
(Dollars in Thousands)

	2008*		20	009*
	No.	Amount	No.	Amount
Total funding for RPGs	5,380	\$2,089,859	5,179	\$2,063,038
SBIR/STTR	312	\$97,439	261	\$91,954
Funding for RPGs without SBIR/STTR Program	5,068	\$1,992,420	4,918	\$1,971,084
Continuation or noncompeting grants funded				
Competing grants funded	1,266	\$455,348	1,235	\$457,834
Administrative Supplements	227	\$19,697	267	\$33,257
Partial assessment for DHHS Program Evaluation		\$68,382		\$70,912
Funds set aside within competing dollars for:				
Grants within Paylines:	1036	\$376,106	1,169	\$423,668
Traditional R01	586	\$219,267	680	\$259,819
Program Projects (P01)	23	\$42,929	23	\$39,339
RFA Grants	102	\$49,591	89	\$49,001
Share of competing grant funds		10.89%		10.70%
Exception Grants	230	\$79,242	66	\$34,165
Share of competing grant funds		17.40%		7.46%
Competing Application Requests	6,199	\$2,358,113	6,419	\$2,570,862
Funding Success Rate	20.2%		19.2%	
Percentile funding for R01 grants	14th		16th	
Average Cost-Competing		\$363		\$371
Average Reduction from recommended/requested le	evels	-17%		-17%

^{*}EXCLUDES projects awarded with Stamp Out Breast Cancer funds.

Grant Funding Paylines

RPG Mechanisms:	2008	2009	
R01 Traditional Grants	14th	16th	percentile
P01 Program Projects	N/A	N/A	priority score
R03 Small Grants	210	210	priority score
R21 Exploratory Phase I	14th	16th	percentile
R33 Exploratory Phase II	155	155	priority score
R41/R42 STTR	170	180	priority score
R43/R44 SBIR	245	210	priority score



National Cancer Institute Extramural vs. Inhouse Funding

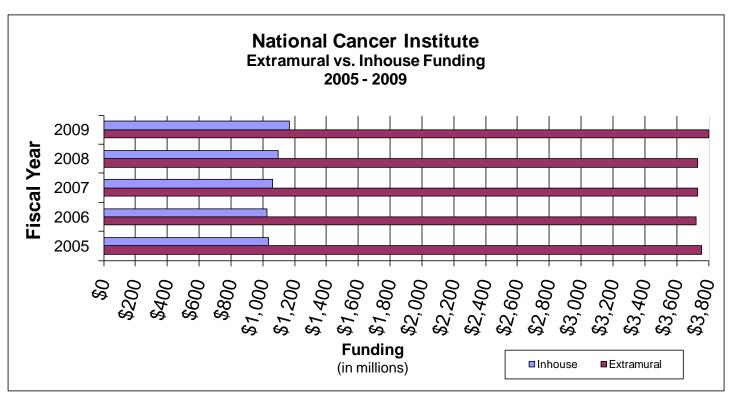
(dollars in millions)

Extramural

Mechanism	2005	2006	2007	2008	2009	05-09% chg.
Research Project Grants	\$2,188.9	\$2,156.9	\$2,111.8	\$2,089.9	\$2,134.0	-2.6%
Cancer Centers	255.3	265.0	273.2	274.5	314.2	23.1%
Specialized Centers	66.0	73.9	74.7	79.3	116.4	76.3%
SPOREs	133.0	124.9	123.8	123.3	130.9	-1.6%
Other Research Grants	309.0	327.1	322.9	317.8	417.3	35.0%
NRSA	67.3	66.6	68.2	69.9	70.1	4.2%
R&D Contracts	351.1	347.8	416.9	444.2	610.1	73.8%
Cancer Control Grants	232.0	213.5	200.1	190.4	0.0	-100.0%
Cancer Control Contracts	145.8	137.1	133.7	134.8	0.0	-100.0%
Construction	0	0	0	0	0	0.0%
Buildings & Facilities	8	7.9	7.9	7.9	7.9	100.0%
Total Extramural Funds	3,756.3	3,720.7	3,733.2	3,732.0	3,800.9	1.2%

Inhouse

Mechanism	2005	2006	2007	2008	2009	05-09% chg.
Intramural Research	\$711.0	\$687.3	\$706.2	\$718.4	\$781.4	9.9%
RMS	173.7	184.1	188.7	231.0	384.6	121.4%
Control Inhouse	154.0	155.0	164.5	146.3	0.0	-100.0%
Total Inhouse Funds	1,038.7	1,026.5	1,059.4	1,095.7	1,166.0	12.3%
Total NCI	4,795.0	4,747.2	4792.6	4,827.7	4,966.9	3.6%



Research Career Awards – "K" Program

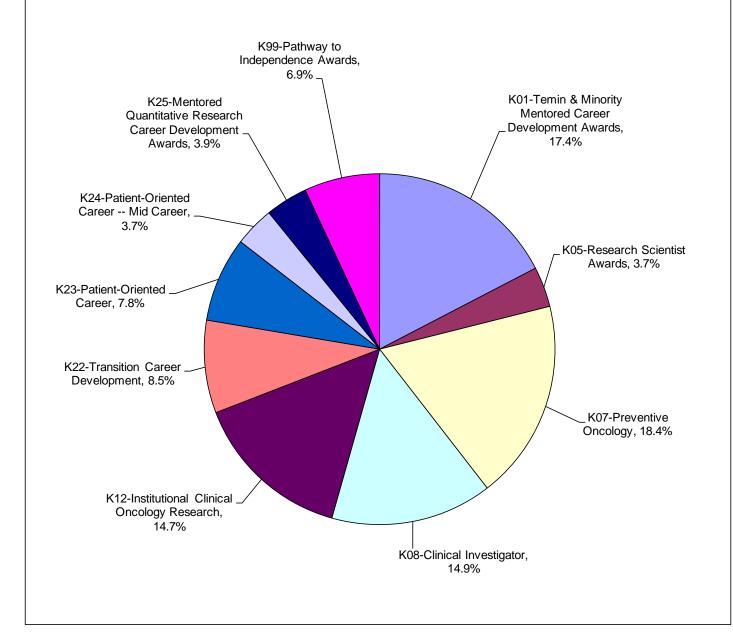
Summary Points

- The Research Career Award mechanism decreased by .51% in FY 2009.
- The number of Research Career Awards decreased by 26 between FY 2008 and FY 2009.
- NCI funded 46 awards for the new NIH Pathway to Independence program.

(Dollars in Thousands)

		2008		2009	
		No.	Amount	No.	Amount
K01	Temin Awards	54	8,103	47	7,170
K01	Minority Mentored Career Development Award	48	6,528	49	6,577
	Subtotal, K01s	102	14,631	96	13,747
K05	Research Scientist Award	20	2,813	20	2,926
K07	Preventive Oncology	104	13,775	108	14,585
K08	Clinical Investigator	95	12,715	85	11,779
K12	Institutional Clinical Oncology Research	16	9,572	17	11,643
K22	Transition Career Development	47	7,284	43	6,763
K23	Patient-Oriented Career	48	6,453	44	6,178
K24	Patient-Oriented Career Mid Career	20	3,251	18	2,916
K25	Mentored Quantitative Research Career Development Award	21	2,881	22	3,087
K30	Institutional Curriculum Awards Administered by NCRR	0	0	0	0
K99	NIH Pathway to Independence Awards	52	6,153	46	5,496
	Total Research Career Program	525	79,528	499	79,120

National Cancer Institute FY 2009 % of Total Research Award Funds



Research Dollars by Various Cancers

Summary Points

- Funding for various cancers listed below may overlap
- Funding for cancers listed below do not represent the entire NCI budget

Research Dollars by Various Cancers (Dollars in Millions)

_	2005	2006	2007	2008	2009
Total NCI	\$4,794.7	\$4,747.2	\$4,792.6	\$4,827.6	\$4,966.9
AIDS	265.9	253.7	253.7	258.5	265.9
Brain & Central Nervous System	124.9	130.3	148.2	153.7	151.5
Breast Cancer	560.1	584.7	572.4	586.8	599.4
Cervical Cancer	81.7	83.3	82.4	76.8	70.8
Clinical Trials	781.8	822.3	843.7	853.2	882.8
Colorectal Cancer	253.1	244.1	258.4	273.7	264.1
Head and Neck	89.5	71.3	66.2	76.1	76.8
Hodgkin's Disease	17.2	20.9	16.5	17.5	18.2
Leukemia	220.6	223.5	205.5	216.4	220.5
Liver Cancer	60.5	62.7	67.7	74.2	69.0
Lung Cancer	266.1	242.9	226.9	247.6	246.7
Melanoma	102.9	108.0	97.7	110.8	103.7
Multiple Myeloma	28.2	30.3	32.3	41.5	45.2
Non Hodgkin's Lymphoma	107.0	114.1	113.0	122.6	131.3
Ovarian Cancer	97.7	95.1	96.9	100.0	110.1
Pancreatic Cancer	66.7	74.2	73.3	87.3	89.6
Prostate Cancer	309.0	293.2	296.1	285.4	285.1
Stomach Cancer	11.0	11.5	12.0	12.4	15.4
Uterine Cancer	31.1	19.4	16.6	17.1	18.0

2009 and 2010 NCI American Recovery and Reinvestment Act (ARRA) Spending by Mech

(dollars in thousands)

_	2009		2010	
_	No.	Amount	Amount	
Research Project Grants:				
Noncompeting	-	-		
Admin Supplements	487	141,375		
Competing _	543	230,825		
Subtotal, RPG	1030	372,200	<u> </u>	
SBIR/STTR _	1	6,906		
Total, RPG	1031	379,106		
Cancer Centers	-	-		
Specialized Cancer Centers (U54)	21	97,083		
SPOREs _	-	-		
Total: Centers, Spec Ctrs, & SPOREs	21	97,083		
Research Career Program	-	11,360		
Cancer Education	1	1,292		
Clinical Cooperative Groups	-	19,821		
Other Grants _	1	11,201		
Subtotal, Other_	2	43,674		
Total, Research Grants	1054	519,863		
National Research Service Awards	10	1,109		
R&D Contracts	-	318,458		
Intramural Research	-	143		
Research Management & Support	-	6,023		
Total, NCI	1064	845,596	410,921	

Total ARRA Amount 1,256,517

NCI received \$1.256 billion in American Recovery and Reinvestment Act (ARRA) funds to be distributed during the two year span of FY 2009 and FY 2010. ARRA dictates that NCI fund programs that preserve and create jobs and promote economic recovery, assist those most impacted by the recession, and provide investments to increase economic efficiency by spurring technological advances in science and health. Working under these parameters, the following programs of note are receiving ARRA funds through NCI:

- Accelerating Clinical Trials of Novel Oncologic PathWays (ACTNOW) Funding 37 promising clinical trials of molecularly-targeted therapies to speed the delivery of personalized cancer treatments to patients.
- Cancer Centers Programs 62 NCI designated Cancer Centers across the country received \$63 million in ARRA funding to supplement Cancer Center Support Grants.
- Personalized Cancer Care / Drug Development Platform Enabling drug development that begins with the discovery of genetic changes and ends with targeted cancer therapies. Programs that support this vision include:
 - The Cancer Genome Atlas (TCGA) is developing a comprehensive catalog of genomic changes found in adult cancers:
 - Therapeutically Applicable Research to Generate Effective Treatments (TARGET) is mapping the genetic changes associated with childhood cancers;
 - The Cancer Human Biobank (caHUB) leads quality biospecimen collection and management
 - The NCI Community Cancer Centers Program (NCCCP) involves patients around the country who
 provide data and volunteer for clinical trials.
- Physical Sciences in Oncology Centers Exploring perspectives from the physical sciences to enhance our understanding of cancer biology.

National Cancer Institute

Director's Biography John E. Niederhuber, M.D.

John E. Niederhuber, M.D., became Director of the National Cancer Institute (NCI), one of the National Institutes of Health, in September 2006.

Throughout his distinguished career in academic medicine, Dr. Niederhuber has maintained ties to both NCI and the NIH. In addition to his work as a cancer surgeon, professor, laboratory investigator, department chair, medical school senior associate dean, associate dean for research, and university cancer center director, Dr. Niederhuber has also served as the Chair of the National Cancer Advisory Board, as an external NCI advisor and grant reviewer, and as a laboratory investigator supported by NCI and the NIH.

He joined NCI in a full-time capacity in September 2005, as Deputy Director for Translational and Clinical Sciences, and within a few weeks was asked to serve as Chief Operating Officer. He officially became NCI's Acting Director in June 2006. Since assuming the directorship of the NCI, Dr. Niederhuber has shaped the Nation's investment in cancer, to address areas that are likely to pay the largest health dividends. Together with Dr. Francis Collins, he began The Cancer Genome Atlas, an effort to comprehensively identify the genomic changes in all major cancer types and subtypes. In addition to genomic studies of cancer and work in cancer immunotherapy, programs in nanobiology, systems biology, investigations into the tumor microenvironment, cancer initiating cells, and subcellular imaging have benefited under his direction.

Dr. Niederhuber is recognized by his peers as a visionary leader in oncology. As a leader of the National Cancer Program, he daily puts into practice his expertise as both a cancer physician and a basic research scientist. His colleagues have acknowledged his leadership and accomplishments by electing him vice president and president of the Society for Surgical Oncology and president of the Association of American Cancer Institutes. He has served as a member of C-Change (a community of executives from government, business, and the non-profit community dedicated to conquering cancer) and as a member of the CEO Roundtable on Cancer. Dr. Niederhuber is a member of the Institute of Medicine of the National Academy of Sciences, recognizing his outstanding scientific accomplishments and commitment to service in health sciences.

In addition to his leadership of the NCI, Dr. Niederhuber heads his own Laboratory of Tumor and Stem Cell Biology in NCI's Center for Cancer Research and also holds a

clinical appointment to the NIH Clinical Center Medical Staff. His current research focuses on factors in the tumor microenvironment, in particular on cancer activated fibroblasts (CAFs) that lead to increased malignancy. MicroRNAs have been found to play a role in establishing the CAF phenotype. The laboratory is further investigating the origin and role of cancer stem-like cells in the initiation of malignancy. The laboratory is utilizing the NCI 60 cell line to investigate reliable cancer stem cell markers and is studying the role of tissue stem cells, thought to be precursors of cancer stem cells, in the establishment of malignancies of infectious origin. Both these avenues of study are geared towards the discovery novel targets for cancer therapy.

As a surgeon, Dr. Niederhuber's clinical focus has been on gastrointestinal cancer, hepatobiliary (liver, bile duct, and gallbladder) cancer, pancreatic cancer and breast cancer. Recognized for his pioneering work in hepatic artery infusion chemotherapy, he was the first to demonstrate the feasibility of totally implantable vascular access devices which dramatically changed the administration of systemic chemotherapy.

Prior to coming to NCI, Dr. Niederhuber was Director of the University of Wisconsin Comprehensive Cancer Center and a professor of surgery and oncology (member of the McArdle Laboratory) at the University of Wisconsin School of Medicine. Earlier in his career, he chaired the Department of Surgery at Stanford University and held professorships at the Johns Hopkins University School of Medicine and at the University of Michigan.

A native of Steubenville, Ohio, Dr. Niederhuber is a graduate of Bethany College in West Virginia (receiving an honorary doctorate in 2007) and the Ohio State University School of Medicine. He trained in surgery at the University of Michigan.

Former Directors of the National Cancer Institute

Andrew C. von Eschenbach, M.D. January 2002 – September 2005

Andrew C. von Eschenbach, M.D. became the 12th Director of the National Cancer Institute in January 2002. He is a nationally recognized urologic surgeon who formerly directed the Genitourinary Cancer Center and the Prostate Cancer Research Program at The University of Texas M.D. Anderson Cancer Center in Houston, Texas. He also served as special assistant for external affairs to M.D. Anderson's president and held the Roy M. and Phyllis Gough Huffington Clinical Research Distinguished Chair in Urologic Oncology.

Richard D. Klausner, M.D. August 1995 – September 2001 Dr. Klausner was appointed as the Director of the National Cancer Institute (NCI) on August 1, 1995. From 1984 until 1997 he was Chief of the Cell Biology and Metabolism Branch of the National Institute of Child Health & Human Development.

Samuel Broder, M.D. December 1988 – March 1995 Dr. Broder joined NCI in 1972 as a Clinical Associate in the Metabolism Branch. In 1981, he became Associate Director for NCI's Clinical Oncology Program.

Vincent T. DeVita, Jr., M.D. January 1980 – June 1980 (Acting) July 1980 – August 1988 Dr. DeVita joined NCI in 1963 as a Clinical Associate in the Laboratory of Chemical Pharmacology. He served NCI as head of the Solid Tumor Service, Chief of the Medicine Branch, Director of the Division of Cancer Treatment and Clinical Director prior to his appointment as Director of NCI.

Arthur Canfield Upton, M.D. July 1977 – December 1979

Prior to his tenure as NCI Director, Dr. Upton served as Dean of the School of Basic Health Sciences at the State University of New York at Stony Brook.

Frank Joseph Rauscher, Jr., Ph.D. May 1972 – October 1976 Dr. Rauscher served as Scientific Director for Etiology, NCI, prior to his appointment as Director of NCI in 1972.

Carl Gwin Baker, M.D. November 1969 – July 1970 (Acting) July 1970 – April 1972 During his tenure with PHS, Dr. Baker served as Scientific Director for Etiology, NCI, and as Acting Director of NCI prior to his appointment as Director in July 1970.

Kenneth Milo Endicott, M.D. July 1960 – November 1969 Dr. Endicott served as Chief of the Cancer Chemotherapy National Service Center, PHS, and as Associate Director, NIH, prior to being appointed Director of NCI in July 1960.

John Roderick Heller, M.D. May 1948 – June 1960 Dr. Heller joined PHS in 1934 and became Chief of the Venereal Disease Division prior to his appointment as Director of NCI in 1948.

Leonard Andrew Scheele, M.D.July 1947 – April 1948

Dr. Scheele served in various capacities during his tenure with PHS prior to his appointment as Assistant Chief and, subsequently, Director of NCI in July 1947.

Roscoe Roy Spencer, M.D. August 1943 – July 1947 Dr. Spencer became NCI's first Assistant Chief and, subsequently, was appointed Director of the Institute in 1943.

Carl Voegtlin, Ph.D. January 1938 – July 1943 Dr. Voegtlin served as Professor of Pharmacology and Chief of the Division of Pharmacy at the Hygienic Laboratory prior to becoming the first Director of NCI in 1938.

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 Wake Forest University School of Medicine
 Winston-Salem, NC 27157

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 Massachusetts General Hospital
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 Massachusetts General Hospital
 Boston, MA 02114

2014 Victoria L. Champion, D.N.S. Center for Research & Scholarship Indiana University School of Nursing Indianapolis, IN 46202

2012 Donald S. Coffey, Ph.D. Departments of Urology/Oncology/Pathology Pharmacology and Molecular Science Johns Hopkins University School of Medicine Baltimore, MD 21287

2010 Lloyd K. Everson, M.D. US Oncology Incorporated Houston, TX 77060

2010 Kathryn Giusti, M.B.A. Multiple Myeloma Research Foundation, Inc. Multiple Myeloma Research Consortium Norwalk, CT 06851

2014 William H. Goodwin, Jr. CCA Industries, Inc. Richmond, VA 23219

2014 Waun Ki Hong, M.D. Department of Thoracic/Head & Neck Medical Oncology The University of Texas M.D. Anderson Cancer Center Houston, TX 77030

Executive Secretary
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2012 Mr. Robert A. Ingram GlaxoSmithKline Research Triangle Park, NC 27709

2012 Judith S. Kaur, M.D.
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Commissioner Food and Drug Administration Silver Spring, MD

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Chief
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Dr. Diana Lopez

Dr. Karen Meneses

Executive Secretary: Dr. Paulette Gray

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Ad Hoc Subcommittee on Global Cancer Research

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Appointees Chair - Theodore Lawrence, M.D., Ph.D.	Expiration of Appointment 2009	Appointees	Expiration of Appointment
Wadih Arap, M.D., Ph.D.	2011	Maria Martinez, Ph.D.	2010
Martin Blaser, M.D.	2010	Susan Mayne, Ph.D.	2009
Bruce Blazar, M.D.	2012	Monica Morrow, M.D.	2010
Eugenia Calle, Ph.D.	2011	Andrew Olshan, Ph.D.	2009
William Cance, M.D.	2011	Timothy Rebbeck, Ph.D.	2009
David Carbone, M.D., Ph.D.	2010	Nancy Roach	2013
Susan Chang, M.D.	2013	Charles Sawyers, M.D.	2009
Scott Davis, Ph.D.	2010	Daniel Schaid, Ph.D.	2011
Ethan Dmitrovsky, M.D.	2013	Thomas Sellers, Ph.D.	2013
William Evans, Pharm.D.	2012	Robert Tigelaar, M.D.	2013
Jo Freudenheim, Ph.D.	2012	Paul Sondel, M.D., Ph.D.	2009
Judy Garber, M.D.	2012	Ann Thor, M.D.	2010
Barbara Gilchrest, M.D.	2009	Walter Urba, M.D., Ph.D.	2013
Richard Hoppe, M.D.	2010		
Elizabeth Jaffee, M.D.	2010	Executive Secretary - Brian Wojcik, Ph.D.	

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Chair - Frank Rauscher, Ph.D.	2010		
Cory Abate-Shen, Ph.D.	2011	A. Thomas Look, M.D.	2013
Dafna Bar-Sagi, Ph.D.	2011	Nita Maihle, Ph.D.	2012
Christine Biron, Ph.D.	2010	Lynn Matrisian, Ph.D.	2012
Selina Chen-Kiang, Ph.D.	2011	Ann Marie Pendergast, Ph.D.	2012
Nelson Fausto, M.D.	2012	James Prestegard, Ph.D.	2013
Olivera Finn, Ph.D.	2010	Leona Samson, Ph.D.	2010
Michael Gould, Ph.D.	2009	Robert Siliciano, M.D., Ph.D.	2009
James Haber, Ph.D.	2010	Paul Spearman, M.D.	2011
Thomas Hamilton, Ph.D.	2011	Joseph Testa, Ph.D.	2010
Laurence Hurley, Ph.D.	2011	Paul Ts'o, Ph.D.	2010
Chris Ireland, Ph.D.	2013	Jerry Workman, Ph.D.	2009
Marc Jenkins, Ph.D.	2013	Ming You, Ph.D.	2011
Michael Karin, Ph.D.	2010		
Laimonis Laimins, Ph.D.	2009		
Wendell Lim, Ph.D.	2011	Executive Secretary - Florence E. Fark	oer, Ph.D.

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Chair - Robert C. Young, M.D.	2009		
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Christine B. Ambrosone, Ph.D.	2012	Joshua LaBaer, M.D., Ph.D.	2014
Kirby I. Bland, M.D.	2009	Mr. Donald Listwin	2014
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Michael A. Caligiuri, M.D.	2012	Kathleen H. Mooney, Ph.D., F.A.A.N., R.N	2010
Curt I. Civin, M.D.	2012	James L. Omel, M.D.	2012
Susan J. Curry, Ph.D.	2010	Edith A. Perez, M.D.	2011
William S. Dalton, M.D., Ph.D.	2010	Richard L. Schilsky, M.D.	2011
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Robert B. Diasio, M.D.	2013	Ellen V. Sigal, Ph.D.	2009
Kathleen M. Foley, M.D.	2013	Bruce W. Stillman, Ph.D.	2012
Sanjiv S. Gambhir, M.D., Ph.D.	2012	Victor J. Strecher, Ph.D. MPH	2012
Todd R. Golub, M.D.	2011	Louise C. Strong, M.D.	2013
Joe W. Gray, Ph.D.	2013	Frank M. Torti, M.D., M.P.H.	2014
Leland H. Hartwell, Ph.D.	2009	Jean Y. Wang, Ph.D.	2011
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Leroy E. Hood, M.D., Ph.D.	2009	James K. V. Willson, M.D.	2011
Marc A. Kastner, Ph.D.	2012		

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Charles R. Drew Professor of Surgery Howard University Hospital

2041 Georgia Avenue, NW Suite 4000

Washington, DC 20060

Member 2011

(Vacant)

Margaret L. Kripke, Ph.D. 2009

Vivian L. Smith Chair and Professor Emerita

University of Texas

M.D. Anderson Cancer Center

Unit 113

1515 Holcombe Boulevard

Houston, TX 77030

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Director, Center to Reduce Cancer Health Disparities

Robert H. Wiltrout, Ph.D.

Director, Center for Cancer Research

Joy Wiszneauckas, M.B.A

Executive Secretary

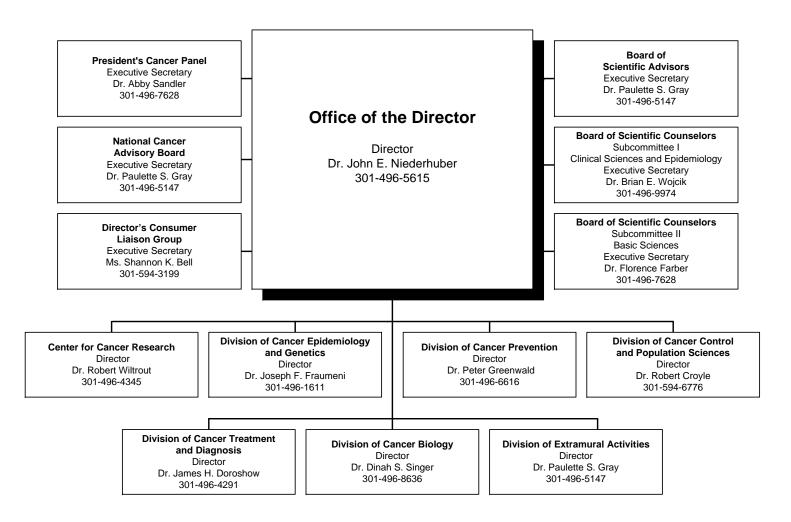
NCI Director's Consumer Liaison Group

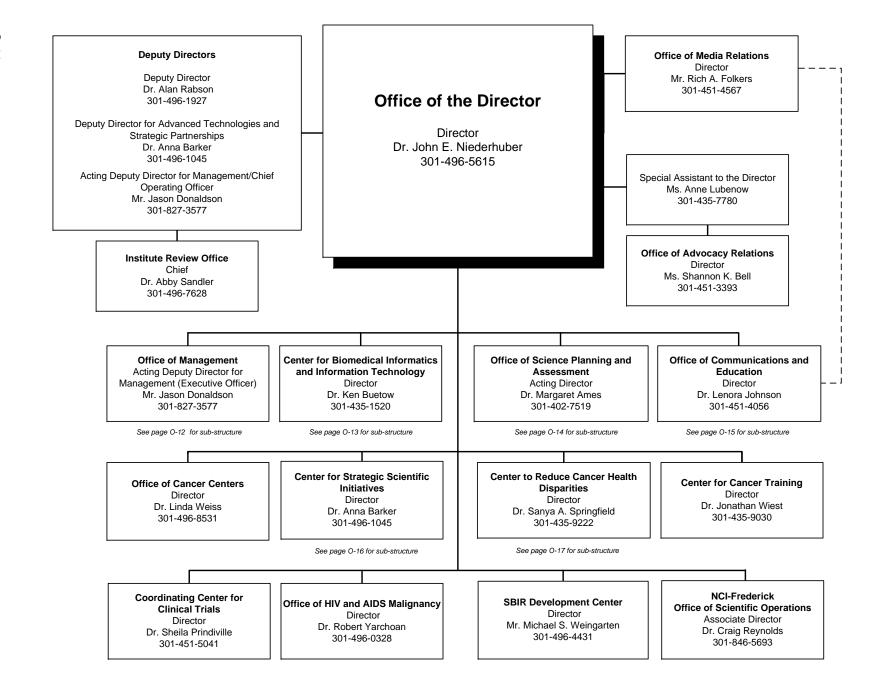
Mr. Doug Ulman, Chair Lance Armstrong Foundation	2009	Mr. Everett E. Dodson Prostate NET	2011
Dr. Beverly Laird, Vice Chair American Cancer Society Komen Breast Cancer Foundation	2009	Ms. Joyce Wilcox Graff VHL Family Alliance	2011
Mr. William Bro Kidney Cancer Association	2009	Ms. Cheryl Jernigan* Turning Point: The Center for Hope and Healing	2012
Dr. Grace L. Butler Hope Through GRACE, Inc.	2010	Mr. Alan M. Kaye National Cervical Cancer Coalition	2010
Ms. Yvette Colon American Pain Foundation	2010	Dr. Deborah Morosini* Lung Cancer Alliance	2012
Ms. Kelly L. Cotter Formerly of CureSearch National Childhood Cancer Foundation	2010	Ms. Phyllis Pettit Nassi* University of Utah	2012
Ms. Marie Dahlstrom De La Mano Frente Al Cancer: Latino Cancer Coalition	2011	Ms. Wendy Selig* American Cancer Society Cancer Action Network	2012
Ms. Gwen Darien* American Association for Cancer Research	2012	Ms. Arlene Wahwasuck Four Tribes Women's Wellness Coalition	2011
		Ms Shannon K Boll MSW	

Ms. Shannon K. Bell, MSW
Acting DCLG Executive Secretary
Director, Office of Advocacy Relations
National Cancer Institute
31 Center Drive, Room 10A30
Bethesda, MD 20892-2580

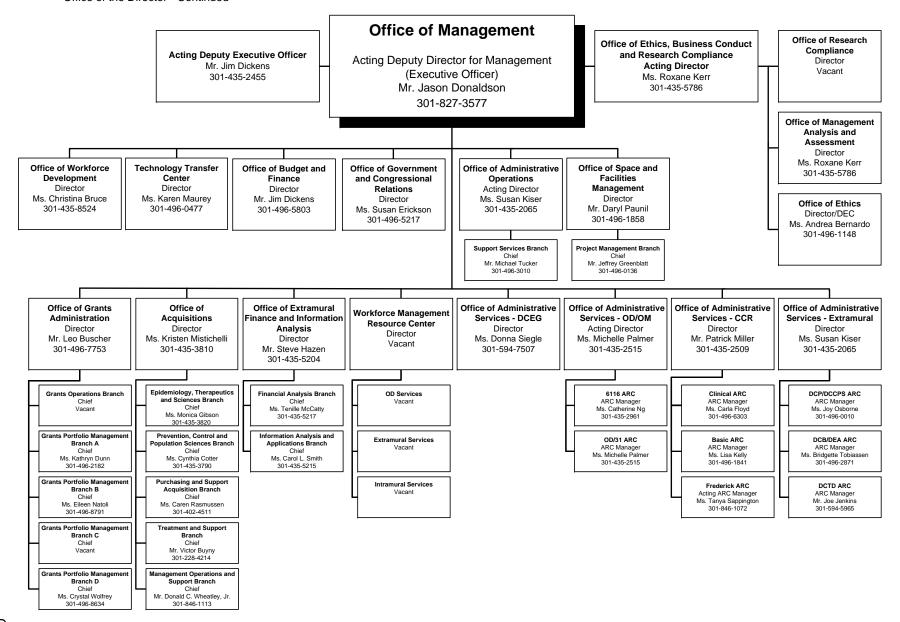
^{*}To be appointed by the NCI Director.

National Cancer Institute





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Deputy Director Dr. George Komatsoulis 301-451-2881

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Women's Health

Officer Ms. Karen Parker 301-451-9462

Program Assessment Branch Chief

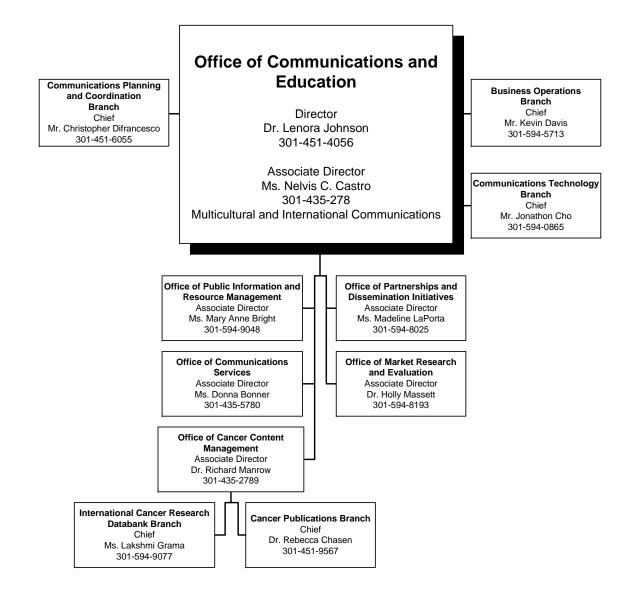
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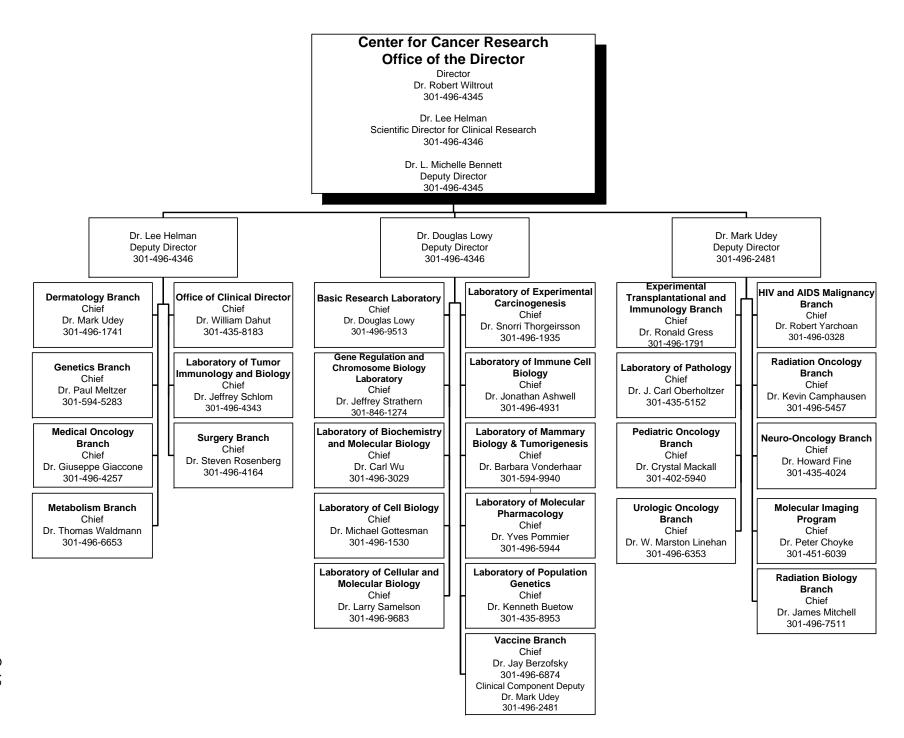
Deputy Director Dr. Deborah Duran 301-486-8589

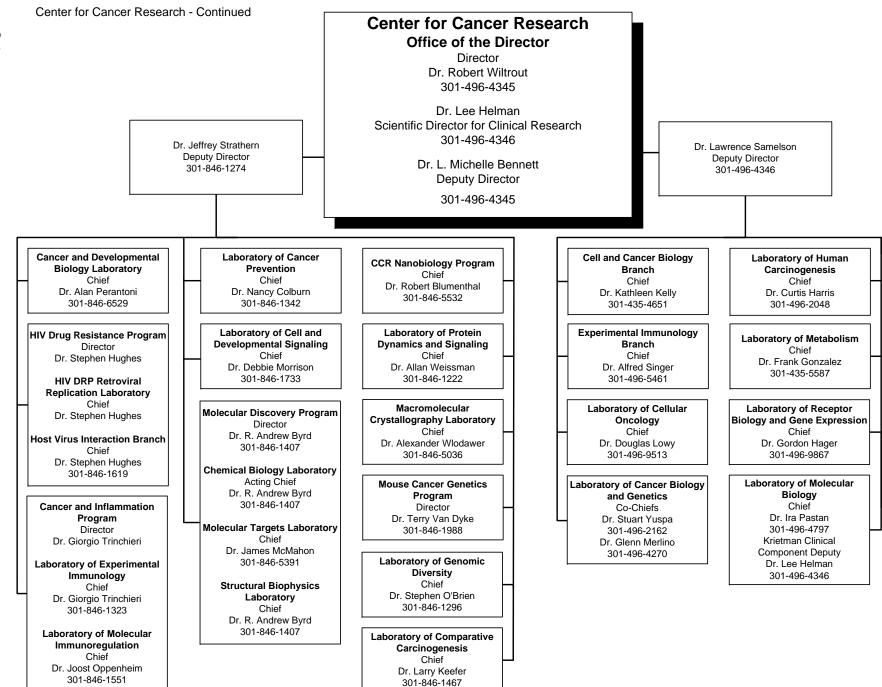
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Host Susceptibility Branch Chief

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Dr. Eric Feuer 301-496-5029

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and Informatics Branch

Acting Chief

Mr. Steven Friedman 301-435-9105

301-496-6711 Developmental **Translational Research** Therapeutics Program Program Associate Director Acting Associate Director Dr. Jerry M. Collins Dr. Toby T. Hecht 301-496-8720 301-435-9043 Deputy Associate Director Dr. James Crowell 301-435-9152 Information Technology **Screening Technologies** Branch **Branch** Chief Chief Dr. Dan Zaharevitz Dr. Robert Shoemaker 301-496-8747 301-846-7276 **Biological Testing Natural Products** Branch **Branch** Chief Chief Dr. Melinda Hollingshead Dr. David Newman 301-846-5065 301-846-5387 **Biological Resources Drug Synthesis and** Branch **Chemistry Branch** Chief Acting Chief Dr. Stephen Creekmore Dr. James Crowell 301-846-1098 301-435-9152 Toxicology and **Grants & Contracts Pharmacology Operations Branch** Branch Chief Chief Dr. Mary Wolpert-DeFilippes Dr. Myrtle Davis 301-496-8783 301-443-3404 Pharmaceutical Resources Branch Chief Dr. Rao Vishnuvaiiala 301-496-8780

Division of Cancer Treatment and Diagnosis

Office of the Director

Director Dr. James H. Doroshow

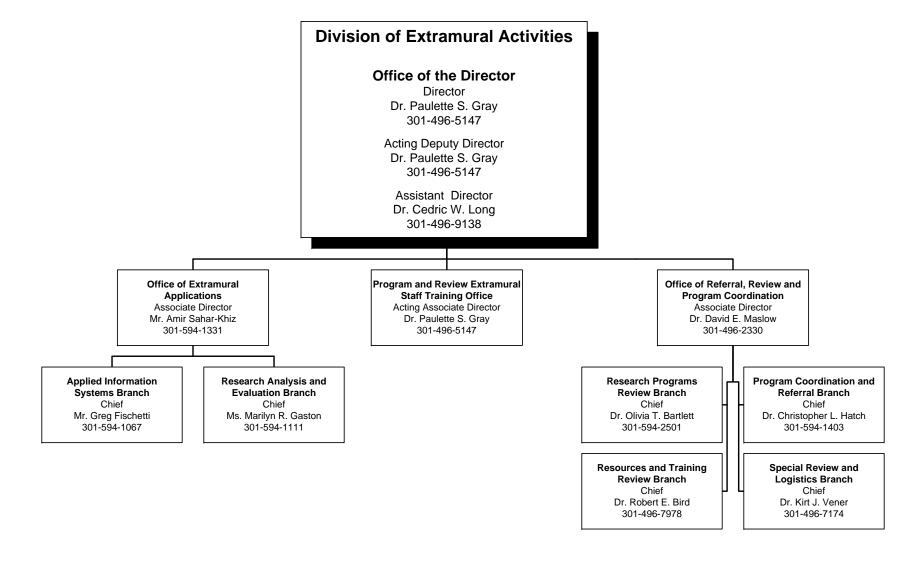
301-496-4291

Deputy Director

Dr. Joseph Tomaszewski

Cancer Diagnosis Cancer Imaging Program Program Acting Associate Director Associate Director Dr. James Doroshow Dr. James L. Tatum 301-496-4291 301-594-8966 Deputy Associate Director **Diagnostics Evaluation** Dr. Paula Jacobs **Branch** 301-435-9181 Chief Dr. John Jessup 301-496-1591 **Diagnostic Imaging** Branch **Acting Chief** Resources Development **Branch** Dr. Lalitha Shankar Chief 301-451-8491 Dr. Irina Lubensky 301-496-7147 Molecular Imaging Branch **Acting Chief** Diagnostic Biomarkers Dr. James L. Tatum and Technology Branch 301-594-8966 Chief Dr. James Jacobson 301-402-4185 Image-Guided Intervention Branch Acting Chief Dr. Keyvan Farahani 301-451-2651 Imaging Technology **Development Branch** Chief Dr. Laurence Clarke

301-435-9190



Links to Cancer Statistics

SOURCES:

2009 Report to the Nation on the Status of Cancer, 1975-2006

Annual Report to the Nation on the Status of Cancer, 1975-2006 provides information related to incidence, death rates, and trends in the United States. Contains a special feature on trends in lung cancer and related cancer control efforts. http://seer.cancer.gov/report_to_nation/

Fast Stats

Interactive tool providing tables, charts, and graphs with information related to incidence, mortality, survival and stage, prevalence, and lifetime risk (probability of developing or dying from cancer). http://seer.cancer.gov/faststats/

SEER Cancer Statistics Review, 1975-2006

Annually updated tables and graphs displaying cancer statistics by cancer site, year of diagnosis, age, race, sex, and geography, diagnosed between 1975 and 2006. Searchable cancer statistics related to incidence, mortality, survival, prevalence, and lifetime risk.

http://seer.cancer.gov/csr/1975 2006/index.html

Cancer Stat Fact Sheets

Collection of statistical summaries for a number of common cancer types, with information related to incidence, mortality, survival, stage, prevalence, and lifetime risk. http://seer.cancer.gov/statfacts/

REPORTS:

Costs of Cancer Care, 1963-2004

http://progressreport.cancer.gov/doc_detail.asp?pid=1&did=2005&chid=25&coid=226&mid=

Relationship of Cancer to the Leading Causes of Death in the United States, 1975 and 2006 http://seer.cancer.gov/csr/1975 2006/results merged/topic lead cod.pdf

Estimated New Cancer Cases and Deaths for 2009

http://seer.cancer.gov/csr/1975 2006/results single/sect 01 table.01.pdf

Person-Years of Life Lost Due to Cancer and Average Years of Life Lost Per Person Dying of Cancer, All Races, Both Sexes, 2006

http://seer.cancer.gov/csr/1975 2006/results merged/topic year lost.pdf

Incidence, Mortality, and Five-Year Relative Survival Rates by Cancer Site http://seer.cancer.gov/csr/1975 2006/results single/sect 01 table.04 2pgs.pdf

Annual Percent Change in Incidence and Mortality Rates, 1997-2006 http://seer.cancer.gov/csr/1975_2006/results_merged/topic_graph_trends.pdf

Age-Adjusted SEER Incidence Rates and Trends for the Top 15 Cancer Sitesa by Race/Ethnicity http://seer.cancer.gov/csr/1975 2006/results merged/topic inc trends.pdf

Age-Adjusted U.S. Death Rates and Trends for the Top 15 Cancer Sitesa by Race/Ethnicity http://seer.cancer.gov/csr/1975_2006/results_merged/topic_mor_trends.pdf

Prevalence of Cancer: Estimated Number of Persons Diagnosed with Cancer, 5- and 31-Year Limited Duration

http://seer.cancer.gov/csr/1975_2006/results_merged/topic_prevcounts.pdf

A. Actual Obligations Resulting From Appropriated Funds:

FY 2009 Appropriation	\$4,968,973
Supplemental Appropriations	\$0
NIH Transfer for NIH Genes and Environmental Initiative	-2,042
Lapse	-4
Actual Obligations Subtotal	4,966,927

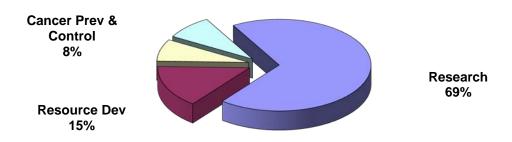
B. Reimbursable Obligations:

Reimbursements 18,739

C. Total NCI Obligations: \$4,985,666 *

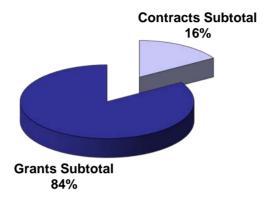
^{*}EXCLUDES projects awarded with Stamp Out Breast Cancer funds.

Prog Mgmt & Supp 8%



Budget Activity	Amount	Percent
Research:		_
Cancer Causation	\$1,086,162	21.9%
Detection and Diagnosis Research	402,602	8.1%
Treatment Research	1,152,323	23.2%
Cancer Biology	782,566	15.8%
Subtotal Research	3,423,653	68.9%
Resource Development:		
Cancer Centers Support	549,309	11.1%
Research Manpower Development	181,200	3.6%
Buildings and Facilities	7,920	0.2%
Subtotal Resource Development	738,429	14.9%
Cancer Prevention and Control	385,252	7.8%
Program Management and Support	419,593	8.4%
*Total NCI	4,966,927	100.0%

^{*}EXCLUDES projects awarded with Stamp Out Breast Cancer funds.



Mechanism	Amount	Percent
Contracts:		_
R&D Contracts	610,142	16.1%
*Cancer Control Contracts	0	0.0%
Buildings and Facilities	7,920	0.2%
Construction Contracts	0	0.0%
Subtotal Contracts	618,062	16.3%
Grants:		
Research Project Grants	2,133,951	56.1%
Cancer Centers/Specialized Centers/SPORES	561,453	14.8%
NRSA	70,134	1.9%
Other Research Grants	417,294	11.0%
*Cancer Control Grants	0	0.0%
Construction Grants	0	0.0%
Subtotal Grants	3,182,832	83.7%
Total Extramural Funds	3,800,894	100.0%
Total Intramural/RMS/Control Inhouse	1,166,033	
**Total NCI	\$4,966,927	

^{*} Cancer Control Mechanism was eliminated in FY 08.

^{**}EXCLUDES Projects awarded with Stamp Out Breast Cancer funds.

NCI Obligations by Mechanism, Fiscal Year 2009 (Dollars in Thousands)

		Number		% of Total
Research Project	Non-Competing	3,683	1,550,906	31.2%
Grants	Administrative Supplements	(263)	33,257	0.7%
	Competing	1,235	457,834	9.2%
	Subtotal, without SBIR/STTR Grants	4,918	2,041,997	41.1%
	SBIR/STTR Grants	261	91,954	1.9%
	Subtotal, Research Project Grants	5,179	2,133,951	43.0%
Centers & SPOREs	Cancer Centers Grants-P20/P30	65	285,608	5.8%
	SPOREs-P50	66	131,360	2.6%
	Other P50s/P20s	14	28,105	0.6%
	Other Specialized Centers	65	116,380	2.3%
	Subtotal, Centers	210	561,453	11.3%
Other Research	Career Program			0.0%
	Temin & Minority Mentored Awards-K01	96	13,746	0.3%
	Estab. Inv. Award-K05	20	2,926	0.1%
	Preventive Oncology-K07	108	14,585	0.3%
	Clinical Investigator-K08	85	11,779	0.2%
	Clinical Oncology-K12	17	11,643	0.2%
	Transitional Career Development-K22	43	6,763	0.1%
	Mentored Patient Oriented RCDA-K23	44	6,179	0.1%
	Mid-Career Invest. & Patient Orient. Res-K24	18	2,916	0.1%
	Mentored Quant. Res Career-K25	22	3,087	0.1%
	Inst. Curr. Award-K30	0	0	0.0%
	Pathway to Independence Awards-K99	46	5,496	0.1%
	Subtotal, Career Program	499	79,120	1.6%
	Cancer Education Program-R25	83	31,945	0.6%
	Clinical Cooperative Groups-U10	134	234,531	4.7%
	Minority Biomedical Support-S06	1	889	0.0%
	Rsch Enhance-SC1 & Pilot Research - SC2	5	1,026	0.0%
	Continuing Education	6	694	0.0%
	Resource Grants-R24/U24	51	62,837	1.3%
	Explor Coop Agreement-U56	4	3,370	0.1%
	Conference Grants-R13	80	2,882	0.1%
	Subtotal, Other Research Grants	863	417,294	8.4%
Subtotal, Research Gr	ants	6,252	3,112,698	62.7%
NRSA Fellowships	Trainees:	1,492	70,134	1.4%
R&D Contracts	R&D Contracts	394	593,477	12.0%
	SBIR Contracts	54	16,665	0.3%
	Subtotal, Contracts	448	610,142	12.3%
Intramural Research	Program		657,213	13.2%
	NIH Management Fund/SSF Assessment		124,176	2.5%
	Subtotal, Intramural Research FTEs:	1,883	781,389	15.7%
RMS	Research Mgmt and Support		351,072	7.1%
	NIH Management Fund/SSF Assessment		33,572	0.7%
	Subtotal, RMS FTEs:	1,073	384,644	7.7%
Buildings and Facilitie			7,920	0.2%
Construction			0	0.0%
*Total NCI	FTEs:	2,956	4,966,927	100.0%

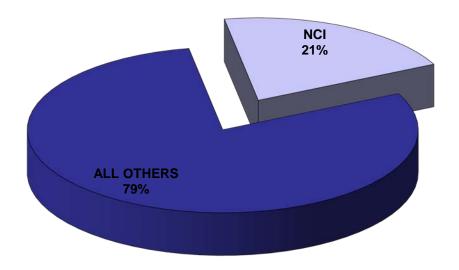
^{*}EXCLUDES projects awarded with Stamp Out Breast Cancer funds.

Division Obligations by Mechanism, Fiscal Year 2009 (Dollars in Thousands)

CCR	DCEG	DCTD	DCB	DCCPS	DCP	DEA	OD	Research Grants	Program Support
OOK	DOLO	DOID	БСБ	D001 0	DCI	DLA	OD	1,479,994	70,912
								33,257	70,312
								457,834	
								1,971,085	70,912
								91,954	70,312
								2,063,039	70,912
		1,198					284,410	2,000,000	10,512
		130,594					766		
		15,961		12,126			17		
		7,802	19,903	8,951			79,724		
		155,555	19,903	21,077			364,917		
		,	,	,			,		
							13,746		
							2,926		
							14,585		
							11,779		
							11,643		
							6,763		
							6,179		
							2,916		
							3,087		
							0		
							5,496		
							79,120		
							31,945		
		142,228			90,756		1,545		
								889	
								1,026	
								694	
								62,837	
								3,370	
								2,882	
		142,228		0	90,756		33,490	71,698	
		297,783	19,903	21,077	90,756		477,527	2,134,737	70,912
							70,134		
	25,215	134,913	500	69,576	72,139		222,313		68,821
							16,665		
		134,913	500	69,576	72,139		238,978		68,821
416,197	67,592						130,937		42,487
							0		124,176
416,197	67,592	10.000	40.045	04.000	45.000	04.005	130,937		166,663
		43,600	12,818	31,383	15,959	21,305	191,345		34,666
		10.000	40.545	04.000	48.555	04 005	10/ 2/5		33,572
		43,600	12,818	31,383	15,959	21,305	191,345		68,238
							7,920		
	92,807	476,296	33,221	122,035	178,854	21,305	1,116,841	2,134,737	374,634
416,197									

NIH Management Fund, Service & Supply Fund, and GSA Rent Fiscal Year 2009

(Dollars in Thousands)



DISTRIBUTION OF NCI PAYMENT	Amount	Share of NCI
Clinical Center	\$98,146	47.8%
Center for Scientific Review	8,702	4.2%
Center for Information Technology	4,682	2.3%
Service and Supply Fund	62,353	30.4%
Other Research Services	12,918	6.3%
Other OD	18,517	9.0%
*Total Management Fund and SSF	205,318	100.0%
Other NIH Institutes Management Fund and SSF	795,774	
Total NIH Management Fund and SSF	\$1,001,092	

^{*}Excludes GSA Rental Payments for Space which totaled \$62,156 in FY 2009

The Management Fund provides for the financing of certain common research and administrative support activities which are required in the operations of NIH:

Clinical Center: Admissions and follow-up, anesthesiology, diagnostic x-ray, nuclear medicine, clinical pathology, blood bank, rehabilitation medicine, pharmacy, medical records, nursing services, patient nutrition service, housekeeping services, laundry, and social work

Center for Scientific Review: Initial scientific review of applications, assignment of research grant applications to institutes

Center for Information Technology: Research and development program in which concepts and methods of computer science are applied to biomedical problems

GSA Rental Payments for Space: All building rental, including utilities and guard services.

Other Research Services: Procurement, safety, engineering, biomedical engineering, veterinary resources, and library

Service & Supply Fund: Mainframe computing, enterprise IT software planning and development, engineering planning and design, printing, telecommunications, procurement, shipping and receiving, motor pool, research animals, fabrication and maintenance of scientific equipment, utilities and plant maintenance, and biomedical engineering.

Special Sources of Funds

CRADAs

As a result of the Federal Technology Transfer Act of 1986 (PL 99-502), government laboratories are authorized to enter into Cooperative Research and Development Agreements (CRADAs) with private sector entities. Licensing agreements are usually incorporated into the CRADA document which addresses patent rights attributable to research supported under the CRADA.

NCI CRADA Receipts Deposited to the U.S. Treasury (Dollars in Thousands)

(Dollars III Triousarius)											
	Carryover										
	from Prior										
Fiscal Year	Year	Collections	Obligations								
1998	11,217	5,351	7,266								
1999	9,302	3,645	4,707								
2000	8,240	2,717	4,618								
2001	6,339	5,295	2,770								
2002	8,864	5,048	2,380								
2003	11,533	5,221	5,361								
2004	11,351	5,080	5,469								
2005	10,962	6,858	4,253								
2006	13,567	6,142	7,125								
2007	12,584	9,410	8,360								
2008	13,634	6,677	7,200								
2009	13,111	5,466	4,765								

Royalty Income

NCI retains a portion of the royalty income generated by the patents related to NCI-funded research. A major portion of this royalty income is used to reward employees of the laboratory, further scientific exchange, and for education and training in accordance with the terms of the Federal Technology Transfer Act (PL 99-502). Receipts are also used to support costs associated with processing and collecting royalty income and for technology transfer efforts at NCI and NIH.

NCI Royalty Income Funding History (Dollars in Thousands)

(Dollars III Thousands)												
		Inventor										
Years	Collections*	Payments	Other									
1998/1999	22,716	5,084	17,632									
1999/2000	21,160	4,695	16,465									
2000/2001	37,040	4,811	32,229									
2001/2003	27,443	6,210	21,233									
2002/2004	42,565	3,961	38,604									
2003/2005	27,271	5,262	22,009									
2004/2006	26,923	4,950	21,973									
2005/2007	34,086	5,745	28,341									
2006/2008	29,811	6,853	22,958									
2007/2009	36,344	7,210	29,134									
**2008/2010	50,269	8,192	42,077									
**2009/2011	43,134	10,223	32,911									

^{*}Does not include assessments by NIH.

Stamp Out Breast Cancer

The Stamp Out Breast Cancer Act (PL 105-41) was established in August 1997, extended in July 2000 (PL 106-253) and November 2005 (PL 109-100) and again in December 2007 (PL 110-150). This act allows postal customers to contribute funding to breast cancer research through their voluntary purchases of special rate postage stamps from the U.S. Postal Service. Of the funds collected above the postage costs and administrative costs, the Act requires the USPS to transfer 70% to NIH and 30% to the Department of Defense. As of October 2009, NCI has received \$46,496,601. NCI has used these funds for research projects directed towards breast cancer research. Thus far, four major programs have been funded -- the "Insight Awards to Stamp Out Breast Cancer," the "Breast Cancer Research Stamp Exception Program," the "Breast Cancer Premalignancy Program" and a clinical trial to determine the risk of breast cancer recurrence. In FY 2009, \$1.873 million was obligated on Breast Cancer Stamp Fund programs.

^{**2008/2010} and 2009/2011 collections and payments are estimates.

The National Cancer Institute reports how appropriated funds are spent in a number of different categories or classifications including specific cancer sites, cancer types, diseases related to cancer, as well as types of research mechanisms. The table below represents funding levels for frequently requested research areas. These research areas do not represent the entire NCI research portfolio. Funding for these areas can overlap and do not add to the total NCI budget. For example, dollars for a clinical trial on breast cancer research would be included in both the Breast Cancer and the Clinical Trials lines in the table below. Similarly, a basic cancer research project may be relevant to cervical, uterine and ovarian cancers and relevant funding would be included in the figures for all three sites.

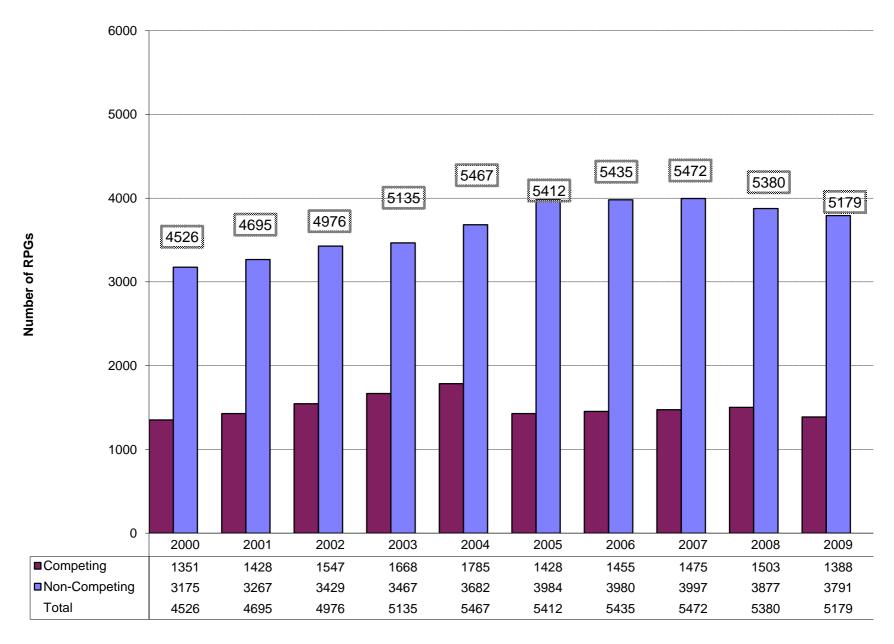
Disease Area	2005 Actual	2006 Actual	2007 Actual	2008 Actual	2009 Actual
Total NCI Budget	\$4,794.7	\$4,747.2	\$4,792.6	\$4,827.6	\$4,966.9
AIDS	265.9	253.7	253.7	258.5	265.9
Brain & CNS	124.9	130.3	148.2	153.7	151.5
Breast Cancer	560.1	584.7	572.4	572.6	599.4
Cervical Cancer	81.7	83.3	82.4	76.8	70.8
Clinical Trials	781.8	822.3	843.7	853.2	882.8
Colorectal Cancer	253.1	244.1	258.4	273.7	264.1
Head and Neck Cancers	89.5	71.3	66.2	76.1	76.8
Hodgkins Disease	17.2	20.9	16.5	17.5	18.2
Leukemia	220.6	223.5	205.5	216.4	220.5
Liver Cancer	60.5	62.7	67.7	74.2	69.0
Lung Cancer	266.1	242.9	226.9	247.6	246.7
Melanoma	102.9	108.0	97.7	110.8	103.7
Multiple Myeloma	28.2	30.3	32.3	41.5	45.2
Non Hodgkin's Lymphoma	107.0	114.1	113.0	122.6	131.3
Ovarian Cancer	97.7	95.1	96.9	100.0	110.1
Pancreatic Cancer	66.7	74.2	73.3	87.3	89.6
Prostate Cancer	309.0	293.2	296.1	285.4	285.1
Stomach Cancer	11.0	11.5	12.0	12.4	15.4
Uterine Cancer	31.1	19.4	16.6	17.1	18.0

Note: These figures were created using NCI's coding methodology. More information about this methodology, as well as project listings for these categories and others, are available online through NCI's Funded Research Portfolio website. http://fundedresearch.cancer.gov/

Research Project Grants Number of Awards

Fiscal Years 2000-2009

Includes Small Business Innovation Research and Small Business Technology Transfer Awards



^{*}EXCLUDES projects awarded with Stamp Out Breast Cancer Funds.

RPGs Requested and Awarded Fiscal Years 2000-2009

(Dollars in Thousands)

scal Year		Гуре	Requested		Award		Succes
	Competing	New	4116	\$1,253,002	957	\$251,628	
		Renewal	839	435,207	392	175,908	
2000		Supplement	11	2,379	2	231	
2000		Subtotal	4966	1,690,588	1351	427,767	27.2%
	Non-Competing	• abtotal	.000	.,000,000	3175	1,100,234	,
	Total				4526	1,528,001	
	Competing	New	4342	\$1,374,538	1050	\$290,707	
	Competing	Renewal	856	437,455	372	173,722	
2001		Supplement		11,108	6		
2001		Subtotal	29 5227	1,823,101	1428	1,214 465,643	27.3%
	Non Composing	Subtotal	3221	1,023,101			21.370
	Non-Competing				3267	1,213,098	
	Total		4500	Φ4 407 47F	4695	1,678,741	
	Competing	New	4539	\$1,407,475	1142	\$302,217	
		Renewal	861	404,789	384	186,087	
2002		Supplement	42	8,512	21	3,499	
		Subtotal	5442	1,820,776	1547	491,803	28.4%
	Non-Competing				3429	1,356,138	
	Total				4976	1,847,941	
	Competing	New	5323	\$1,675,039	1222	\$347,446	
	, ,	Renewal	955	447,122	441	194,084	
2003		Supplement	20	4,671	5	1,338	
		Subtotal	6298	2,126,832	1668	542,868	26.5%
	Non-Competing			, -,	3467	1,457,144	
	Total				5135	2,000,012	
	Competing	New	6,558	\$2,045,451	1,333	\$339,925	
	Competing	Renewal	988	518,201	445	210,790	
2004		Supplement	24	8,337	7	2,196	
2004		Subtotal	7,570	2,571,989	1,785	552,911	23.6%
	Non-Competing	Subiolai	7,370	2,371,909	3,682		23.0 /0
						1,549,727	
	Total	Name	0.057	60,000,500	5,467	2,102,638	
	Competing	New	6,357	\$2,239,503	1,086	\$309,507	
		Renewal	1,050	473,898	335	162,857	
2005		Supplement	22	6,147	7	1,185	
	l	Subtotal	7,429	2,719,548	1,428	473,549	19.2%
	Non-Competing				3,984	1,656,614	
	Total				5,412	2,130,164	
	Competing	New	6,585	\$2,215,548	1,105	\$293,912	
		Renewal	984	542,799	348	170,110	
2006		Supplement	13	4,098	2	681	
		Subtotal	7,582	2,762,445	1,455	464,703	19.2%
	Non-Competing				3,980	1,633,442	
	Total				5,435	2,098,145	
	Competing	New	6,428	\$2,116,286	1,178	\$306,431	
		Renewal	864	482,655	295	163,225	
2007		Supplement	12	3,513	2	609	
		Subtotal	7,304	2,602,454	1,475	470,265	20.2%
	Non-Competing	Oubtotal	7,004	2,002,404	3,997	1,582,828	20.270
	Total				5,472	2,053,093	
	Total				0,472	2,000,000	
	Competing	New	5,944	\$1,991,089	1,150	\$324,070	
	Company	Renewal	966	515,784	352	187,458	
2008			900	408	352 1		
2000		Supplement Subtotal				338	24 70/
	Non Commetter	Subiotal	6,911	2,507,281	1,503	511,866	21.7%
	Non-Competing				3,877	1,509,611	
	Total				5,380	2,021,477	
	10	Maria	0.407	#0.000.510	4 000	# 0000 000	
	Competing	New	6,167	\$2,069,518	1,029	\$320,980	
		Renewal	1,000	500,201	358	177,853	
2009		Supplement	5	1,141	1	67	
		Subtotal	7,172	2,570,860	1,388	498,900	19.4%
	Non-Competing				3,791	1,564,139	
	Total				5,179	2,063,039	

Includes Small Business Innovation Research and Small Business Technology Transfer Awards.

Success rate is the number of awarded grants divided by the number of awards requested.

Totals exclude Assessments for Program Evaluation and projects awarded with Stamp Out Breast Cancer Funds.

RPG Awards by Activity Codes

Fiscal Years 2000-2009

(Dollars in Thousands; Activity Code Descriptions on next page)

		R01	DP1	P01	R00	R35	R37	R29	RFA	U01	U19	R03	R21	R33	R15	R55	R56	SBIR/S TTR	TOTAL
2000	#	3,011		179		21	60	314	269	18		100	223	20		5		306	4,526
	\$	898,764		286,234		19,413	24,688	34,769	132,872	13,617		7,034	32,897	10,074	99	450		67,090	1,528,001
2001	#	3,231		178		1	61	210	260	18		122	231	49	3	3		328	4,695
2001	\$	1,008,199		301,115		2,186	26,682	23,738	150,224	14,873		9,024	42,326	23,883	358	300		75,833	1,678,741
2002	#	3,376		173			65	112	267	17		186	308	79	10	9		374	4,976
	\$	1,093,908		317,632			29,445	12,471	177,195	17,531		14,115	57,633	39,317	1,477	850		86,367	1,847,941
2003	#	3,573		178			70	14	252	27		203	360	81	21			356	5,135
2003	\$	1,207,387		336,607			35,360	1,584	173,342	31,126		15,207	67,742	37,714	3,086			90,857	2,000,012
2004	#	3,780		177			73	0	233	26		240	425	96	20			397	5,467
	\$	1,277,185		344,489			37,888	53	168,539	31,377		18,067	77,970	42,931	4,560			99,579	2,102,638
2005	#	3,848		176			74		254	30	1	223	430	88	20	2	1	265	5,412
	\$	1,312,762		338,660			40,007		171,403	34,100	1,049	16,894	76,566	36,250	4,091	200	407	97,775	2,130,164
2006	#	3,909		173			76		273	26	3	218	405	73	14		2	263	5,435
	\$	1,293,880		339,616			40,067		173,304	31,292	4,365	16,558	70,650	28,726	2,983		649	96,055	2,098,145
2007	#	3,849		172			73		285	22	3	284	437	48	19		2	278	5,472
	\$	1,266,622		326,968			38,232		177,423	24,295	4,212	21,640	78,748	16,739	4,042		495	93,677	2,053,093
2008	#	3,732	2	158	2		70		294	25	3	256	466	36	22		2	312	5,380
	\$	1,250,346	1,651	305,250	497		36,287		174,254	20,872	4,366	19,597	92,120	13,770	4,725		302	97,439	2,021,476
2009	#	3,573	3	151	29		63		326	32	2	239	447	25	27	1	0	261	5,179
	\$	1,248,939	3,313	302,270	7,186		32,640		218,798	31,320	1,584	18,401	91,537	9,094	5,823	100	79	91,954	2,063,038



 $^{{}^{\}star}\mathsf{EXCLUDES}\ \mathsf{projects}\ \mathsf{awarded}\ \mathsf{with}\ \mathsf{the}\ \mathsf{Stamp}\ \mathsf{Out}\ \mathsf{Breast}\ \mathsf{Cancer}\ \mathsf{Funds}\ \mathsf{and}\ \mathsf{Program}\ \mathsf{Evaluation}.$

Activity Code Descriptions

R01	Research Project (Traditional) - discrete, specified, circumscribed project to be performed by the named investigator(s) in an area representing his/her specified interest and competencies.
	NIH Director's Pioneer Award (NDPA) - Support for individuals who have the potential to make extraordinary
DP1	contributions to medical research. Not renewable
D01	
P01	Research Program Projects - broadly based, multidisciplinary, often long-term, research program which has a specific major objective or a basic theme. A program project is directed toward a range of problems having a central research
	focus in contrast to the usually narrower thrust of the traditional research project.
R00	Research Transition Award - To support the second phase of a Career/Research Transit award program that provides
KUU	1-3 years of independent research support (R00) contingenton securing an independent research position. Award
	recipients will be expected to contract successfully for independent R01 support from the NIH during the R00 research
	transition award period.
R35	Outstanding Investigator Grants - long-term support to an experienced investigator with an outstanding record of
	research productivity. This support is intended to encourage investigators to embark on long-term projects of unusual
	potential in a categorical program area.
R37	Methods to Extend Research in Time (MERIT) Award - long-term grant support to investigators whose research
	competence and productivity are distinctly superior and who are highly likely to continue to perform in an outstanding
	manner. Investigators may not apply for a MERIT award. Program staff and/or members of the cognizant National
	Advisory Council/Board will identify candidates for the MERIT award during the course of review of competing research
	grant applications prepared and submitted in accordance with regular PHS requirements.
R29	First Independent Research Support and Transition (FIRST) Award - sufficient initial period of research support for
	newly independent biomedical investigators to develop their research capabilities and demonstrate the merit of their
	research ideas.
RFA	Request for Applications - A formal statement inviting grant or cooperative agreement applications in a well-defined
	scientific area to accomplish specific program purposes and indicates the amount of funds set aside for the competition
	and/or the estimated number of awards to be made.
U01	Research Project Cooperative Agreement - discrete, specified, circumscribed project to be performed by the named
	investigator(s) in an area representing his/her specific interest and competencies.
U19	Research Program Cooperative Agreements - support research programs that have multiple projects directed
	towards specific major objective, basic theme, or program goal, requiring a broad-based, multidisciplinary, and often
	long-term, approach.
R03	Small Grants - research support specifically limited in time and amount for studies in categorical program areas. Small
	grants provide flexibility for initiating studies, which are generally for preliminary short-term projects and are non-
	renewable.
R21	Exploratory/Developmental Grants - Phase I development of new research activities in categorical program areas.
Daa	Support generally is restricted in level of support and in time.
R33	Exploratory/Developmental Grants - Phase II development of new research activities in categorical program areas. Support generally is restricted in level of support and in time.
R15	Academic Research Enhancement Award (AREA) - to domestic health professional schools and other institutions
11.10	offering baccalaureate or advanced degrees in health sciences, except those that have received NIH research grants
	and/or cooperative agreements. Supports feasibility studies and other small-scale research projects.
R55	Shannon Awards - limited support to scientists whose research applications fall short of the cutoff for funding yet are
	at the "margin of excellence" whereby the perceived quality of the grant is statistically indistinguishable from grants that
	are funded.
R56	High-Priority, Short-Term Project Award - provide limited, non-renewable interim support to enable an applicant to
	gather additional data for revision of a new or competing renewal application.
R41	Small Business Technology Transfer (STTR) Grants - Phase I - limited support to projects conducted jointly by a
	small business concern and a research institution in which not less than 40% of the work is performed by the small
D.40	business.
R42	Small Business Technology Transfer (STTR) Grants - Phase II - limited support to projects conducted jointly by a
	small business concern and a research institution in which not less than 40% of the work is performed by the small
D 42	business. Small Business Impossion Research (SBIR) Create Phone I projects limited in time and amount to establish the
R43	Small Business Innovation Research (SBIR) Grants - Phase I - projects limited in time and amount, to establish the technical merit and feasibility of R&D ideas which may ultimately lead to commercial products or services.
R44	Small Business Innovation Research (SBIR) Grants - Phase II - in-depth development of R&D ideas whose
1144	feasibility has been established in Phase I and which are likely to result in commercial products or services.
U43	Small Business Innovation Research (SBIR) Cooperative Agreement - Phase I - utilized when an assistance
040	relationship will exist between the institute and a recipient and in which substantial programmatic involvement is
	anticipated between the institute and the recipient during performance of the contemplated activity. Supports projects
	limited in time and amount to establish the technical merit and feasibility of R&D ideas which may ultimately lead to
	commercial products or services.
U44	Small Business Innovation Research (SBIR) Cooperative Agreement - Phase II - utilized when an assistance
U-1-	relationship will exist between the institute and a recipient and in which substantial programmatic involvement is
	anticipated between the institute and the recipient during performance of the contemplated activity. Supports in-depth
	development of R&D ideas whose feasibility has been established in Phase I and which are likely to result in commercia
	I development of R&D ideas whose leasibility has been established in Phase I and which are likely to result in commercia

Cancer Centers by State (P30 Core Grants), Fiscal Year 2009

(Dollars in Thousands)

State	Grantee Institution	Comprehensive		Amount
Alabama	University of Alabama at Birmingham	Comprehensive	1	\$6,023
Arizona	University of Arizona	Clinical	1	4,268
California	Burnham Institute for Medical Research	Basic	1	3,506
	City of Hope/Beckman Research Institute	Comprehensive	1	2,450
	Salk Institute for Biological Studies	Basic	1	3,203
	Stanford University	Clinical	1	1,738
	University of California Davis	Clinical	1	2,974
	University of California Irvine	Comprehensive	1	1,377
	University of California Los Angeles	Comprehensive	1	5,430
	University of California San Diego	Comprehensive	1	4,598
	University of California San Francisco	Comprehensive	1	7,731
	University of Southern California	Comprehensive	1	6,733
Colorado	University of Colorado Denver	Comprehensive	1	4,533
Connecticut	Yale University	Comprehensive	1	1,890
Dist of Col	Georgetown University	Comprehensive	1	3,039
Florida	H. Lee Moffitt Cancer Center & Research Institute	Comprehensive	1	3,168
Georgia	Emory University	Clinical	1	1,544
Hawaii	University of Hawaii at Manoa	Clinical	1	1,513
Illinois	Northwestern University	Comprehensive	1	5,168
	University of Chicago	Clinical	1	4,381
Indiana	Indiana Univ-Purdue Univ at Indianapolis	Clinical	1	1,352
	Purdue University West Lafayette	Basic	1	1,165
Iowa	University of Iowa	Comprehensive	1	2,293
Maine	Jackson Laboratory	Basic	1	2,354
Maryland	Johns Hopkins University	Comprehensive	1	7,835
iviai yiai ia	University of Maryland Baltimore	Clinical		1,464
Massachusetts	Dana-Farber Cancer Institute	Comprehensive	1	11,785
เพลงรสบานระแร	Massachusetts Institute of Technology	Basic		2,844
Michigan	University of Michigan at Ann Arbor	Comprehensive	1	6,056
Michigan	Wayne State University	· ·	-	2,529
Minnocato	· · · · · · · · · · · · · · · · · · ·	Comprehensive	1	
Minnesota	Mayo Clinic Rochester	Comprehensive	1	5,857
N 4! = = =!	University of Minnesota Twin Cities	Comprehensive	1	3,700
Missouri	Washington University	Comprehensive	1	4,080
Nebraska	University of Nebraska Medical Center	Clinical	1	1,760
New Hampshire	Dartmouth College	Comprehensive	1	3,378
New Jersey	Robert Wood Johnson Medical School	Comprehensive	1	3,292
New Mexico	University of New Mexico	Clinical	1	1,393
New York	Albert Einstein College of Medicine Yeshiva University	Clinical	1	4,425
	Cold Spring Harbor Laboratory	Basic	1	4,127
	Columbia University Health Sciences	Comprehensive	1	4,000
	New York University School of Medicine	Clinical	1	2,644
	Roswell Park Cancer Institute Corp	Comprehensive	1	4,286
	Sloan-Kettering Institute for Cancer Res	Comprehensive	1	14,254
North Carolina	Duke University	Comprehensive	1	6,629
	University of North Carolina Chapel hill	Comprehensive	1	6,782
	Wake Forest University Health Sciences	Comprehensive	1	1,595
Ohio	Case Western Reserve University	Comprehensive	1	4,936
	Ohio State University	Clinical	1	3,996
Oregon	Oregon Health and Science University	Clinical	1	1,215
Pennsylvania	Fox Chase Cancer Center	Comprehensive	1	8,369
,	Thomas Jefferson University	Clinical	1	3,166
	University of Pennsylvania	Clinical	1	7,327
	University of Pennsylvania at Pittsburgh	Comprehensive	1	5,022
	Wistar Institute	Basic	1	2,626
South Carolina	Medical University of South Carolina	Clinical	1	1,701
Tennessee	St. Jude Children's Research Hospital	Clinical	1	5,973
1611163366	Vanderbilt University	Comprehensive	'	5,612
Texas	Baylor College of Medicine	Clinical	1	1,878
Texas				10,076
	University of Texas M.D. Anderson Cancer Center	Comprehensive		
1.14 - 1.	University of Texas San Antonio Health Science Center	Clinical	1	1,496
Utah	University of Utah	Clinical	1	0
Virginia	University of Virginia Charlottesville	Clinical	1	2,509
	Virginia Commonwealth University	Clinical	1	1,044
Washington	Fred Hutchinson Cancer Research Center	Comprehensive	1	11,314
Wisconsin	University of Wisconsin Madison	Comprehensive	1	4,796
	Total P30s		65	270,199
	Planning Grants (P20s)			2,513
	Other P20, P30 & U41		16	12,896
	Total Cancer Centers	•	81	285,608

Specialized Programs of Research Excellence, Fiscal Year 2009

(Dollars in Thousands)

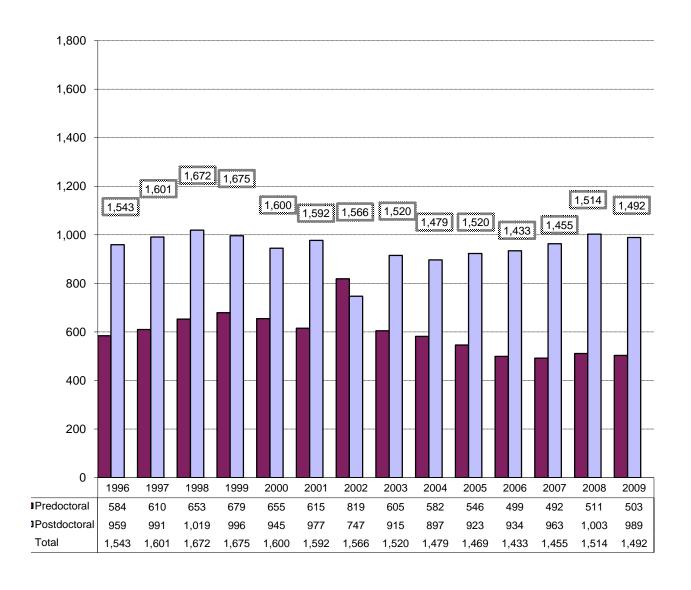
In 1992, the NCI established the Specialized Programs of Research Excellence (SPORE). This program promotes interdisciplinary research and speeds the bidirectional exchange between basic and clinical science to move basic research findings from the laboratory to applied settings involving patients and populations. The goal of the SPORE program is to bring to clinical care settings novel ideas that have the potential to reduce cancer incidence and mortality, and to improve survival, and the quality of life.

Laboratory and clinical scientists work collaboratively to plan, design and implement research programs that impact on cancer prevention, detection, diagnosis, treatment and control. To facilitate this research, each SPORE develops and maintains specialized resources that benefit all scientists working on the specific cancer site, as well as SPORE scientists. An additional SPORE element is a career development program that recruits scientists both within and outside the SPORE institution to enlarge the cadre of laboratory and clinical scientists dedicated to translational research on human cancer. SPOREs meet annually to share data, assess research progress, identify new research opportunities and establish research priorities.

Mechanism	Site	No.	Amount
P50 SPOREs	Brain	3	\$5,777
	Breast	10	22,236
	Cervical	1	2,300
	Genitourinary	2	4,533
	Gastrointestinal	5	10,304
	Head and Neck	4	7,149
	Leukemia	2	4,653
	Lung	7	16,840
	Lymphoma	6	9,396
	Myeloma	1	2,300
	Ovarian	5	10,284
	Pancreatic	2	3,367
	Prostate	9	20,979
	Skin	5	9,059
	Uterine	2	962
	Subtotal	64	130,139
P20	GI	1	500
. =0	Pancreatic	1	521
	Total P20	2	1,021
Co-funded	Head & Neck with NIDCR	0	200
00 1411404	Total Co-funded	0	200
Total		66	\$131,360

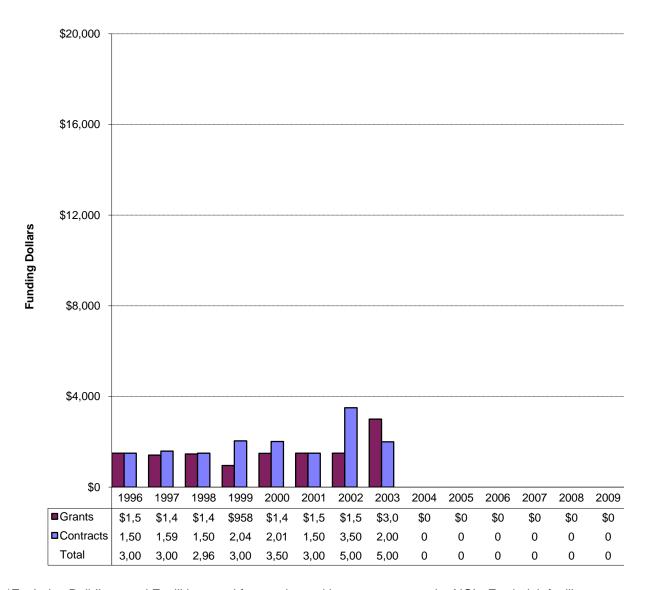
NRSA Predoctoral and Postdoctoral Trainees Fiscal Years 1996-2009

(Full Time Trainee Positions)



Construction/Renovation Funding Fiscal Years 1996 - 2009

(Dollars in Thousands)



^{*}Excludes Buildings and Facilities used for repairs and improvements at the NCI - Frederick facility totaling \$7,936 in FY 2005, \$7,920 in FY 2006, \$7,920 in FY 2007, \$7290 in FY 2008, and \$7290 in FY 2009.

Grant and Contract Awards by State Fiscal Year 2009 (Dollars in Thousands)

(Dollars III Triousarius)	(Dollars in Thousands) Grants Contracts Total NCI						
State		Amount	No	Amount		Amount	State
Alabama	63	\$31,776	7	\$8,831	70		Alabama
Alaska	1	464		. ,	1		Alaska
Arizona	75	37,749	6	3,224	81	40,972	Arizona
Arkansas	16	9,069	1	200	17		Arkansas
California	845	450,617	30	25,519	875		California
Colorado	84	30,780	4	2,526	88		Colorado
Connecticut	83	31,809	2	2,194	85		Connecticut
Delaware	4	1,788	_	_,	4		Delaware
District of Columbia	69	27,189	9	5,045	78		District of Columbia
Florida	163	59,069	3	4,617	166		Florida
Georgia	101	37,986	8	5,026	109		Georgia
Hawaii	21	14,954	3	3,679	24		Hawaii
Idaho	2	430	1	194	1		Idaho
Illinois	265	116,623	9	6,344	274	122,967	
Indiana	79	26,643	0	0,344	79		Indiana
lowa	46	16,649	3	5,181	49	21,830	
Kansas	19	7,280 15,233	2	1,021	21		Kansas
Kentucky	58		3	2,275	61		Kentucky
Louisiana	38	10,634	1	1,684	39		Louisiana
Maine	7	4,304	70	0.40.074	7	•	Maine
Maryland	257	133,089	79	349,371	336		Maryland
Massachusetts	623	341,872	12	16,101	635		Massachusetts
Michigan	187	103,741	5	9,503	192		Michigan
Minnesota	207	102,698	6	6,945	213	•	Minnesota
Mississippi	3	945	_		3		Mississippi
Missouri	118	53,083	7	4,726	125		Missouri
Montana	5	1,552			5		Montana
Nebraska	39	16,391			39		Nebraska
Nevada	8	2,527	1	750	9		Nevada
New Hampshire	55	25,434	2	374	57		New Hampshire
New Jersey	87	29,166	4	4,037	91		New Jersey
New Mexico	34	12,482	1	1,961	35		New Mexico
New York	587	281,485	9	7,597	596		New York
North Carolina	270	124,246	6	1,242	276	125,487	North Carolina
North Dakota	5	1,413			5	1,413	North Dakota
Ohio	251	102,117	9	7,395	260	109,512	Ohio
Oklahoma	17	4,409	2	2,780	19	7,189	Oklahoma
Oregon	48	15,621	0		48	15,621	Oregon
Pennsylvania	459	200,621	8	3,420	467	204,041	Pennsylvania
Rhode Island	45	16,422	0	33	45	16,454	Rhode Island
South Carolina	51	17,577			51	17,577	South Carolina
South Dakota	4	2,714			4	2,714	South Dakota
Tennessee	184	96,232	1	1,991	185		Tennessee
Texas	489	205,990	9	13,544	498	219,534	
Utah	35	11,444	2	2,237	37	13,681	
Vermont	8	1,672	_	_,	8		Vermont
Virginia	116	61,332	24	24,785	140		Virginia
Washington	219	132,507	5	6,655	224		Washington
West Virginia	14	3,217	1	726	15		West Virginia
Wisconsin	106	47,851	5	3,311	111		Wisconsin
Subtotal	6,570	3,080,895	290	547,043	6,860	3,627,938	_
American Samoa	1	362	200	0 17,040	1		American Samoa
Guam		1,173					Guam
Puerto Rico	4	2,917			4		Puerto Rico
Total	6,576		200	547,043	6,866		
ı olai	0,076	3,085,347	290	047,043	0,000	3,632,389	I Vlai

Excludes STAMP, NRSA TAP, Loan Repayment Program, Foreign Contracts and Grants, Program Evaluation, and other assessments and miscellaneous expenses.

Grant and Contract Awards by Country Fiscal Year 2009

(Dollars in Thousands)

	Grant		Contract		Contract Total NCI		
Country	No	Amount	No	Amount	No	Amount	Country
Australia	8	\$3,387			8	\$3,387	Australia
Belgium	1	809			1	809	Belgium
Brazil		27				27	Brazil
Canada	29	11,034	1	366	30	11,399	Canada
Costa Rica			1	3,702	1	3,702	Costa Rica
Eygpt	1	54			1	54	Eygpt
Finland			1	300	1	300	Finland
France	4	1,994			4	1,994	France
Germany	1	395			1	395	Germany
Iceland	1	197			1	197	Iceland
India	1	216			1	216	India
Ireland	1	201			1	201	Ireland
Israel	8	1,554			8	1,554	Israel
Mexico	0	121				121	Mexico
Netherlands	1	220			1	220	Netherlands
Singapore	1	387			1	387	Singapore
Spain	2	408			2		Spain
Sweden	2	543			2	543	Sweden
Switzerland	2	569			2	569	Switzerland
Tiawan	1	132			1	132	Tiawan
Turkey		26				26	Turkey
United Kingdom	9	2,822	1	47	10		United Kingdom
Total Foreign	73	25,097	4	4,414	77	29,511	

Total Foreign | **73** | **25,097** | **4** | **4,414** | **77** | **29,511** | Excludes STAMP, NRSA TAP, Loan Repayment Program, Program Evaluation, and other assessments and miscellaneous expenses.

Institutions Receiving More than \$15 Million in NCI Support, FY 2009 (Dollars in Thousands)

State	Institution	Grants	Contracts	Total NCI
Alabama	University of Alabama at Birmingham	\$31,346	\$6,143	\$37,489
Arizona	University of Arizona	27,444	1,782	29,225
California	Burnham Institute for Medical Research	19,129	.,. 02	19,129
Camornia	City of Hope's Beckman Research Institute	24,786		24,786
	National Childhood Cancer Foundation	48,762		48,762
	Scripps Research Institute	19,929		19,929
	Stanford University	54,906	0.400	54,906
	University of California System	220,994	3,462	224,456
	University of Southern California	44,143	4,528	48,671
Colorado	University of Colorado Health Sciences Center	28,102	2,173	30,274
Connecticut	Yale University	31,436	372	31,808
District of Columbia	Georgetown University	22,858	2,948	25,806
Florida	H. Lee Moffitt Cancer Center & Research Institute	41,574	488	42,062
Tionaa	University of Miami School of Medicine	14,680	3,708	18,388
Georgia	-	26,437	2,120	28,557
	Emory University			
Hawaii	University of Hawaii	21,123	1,503	22,625
Illinois	Northwestern University	37,941	1,705	39,646
	University of Chicago	50,757	954	51,71 <i>°</i>
	University of Illinois at Chicago	16,098	650	16,748
lowa	University of Iowa	17,810	5,181	22,992
Maryland	Gynecological Oncology Group	17,505		17,505
,	The Johns Hopkins University	99,582	3,307	102,890
	SAIC-Frederick, Inc.	00,002	223,268	223,268
		10 291	223,200	19,281
	University of Maryland Baltimore	19,281	20.504	
	Westat, Inc.	00.101	32,531	32,531
Massachusetts	Beth Israel Deaconess Medical Center	26,121		26,121
	Brigham and Women's Hospital	46,118		46,118
	Dana-Farber Cancer Institute	96,522		96,522
	Frontier Science & Tech Research Foundation	17,818		17,818
	Harvard University	39,162		39,162
	Massachusetts General Hospital	45,489	2,150	47,639
	Massachusetts Institute of Technology	29,377	_,	29,377
	University of Massachusetts Medical School Worcester	21,278	100	21,378
NA: 1 :	•		100	
Michigan	University of Michigan at Ann Arbor	88,194		88,194
	Wayne State University	20,485	5,807	26,292
Minnesota	Mayo Clinic in Rochester	67,441	4,326	71,768
	University of Minnesota	40,285	2,364	42,649
Missouri	Washington University	51,774	3,556	55,330
New Hampshire	Dartmouth College	34,640	224	34,864
New York	Cold Spring Harbor Laboratory	15,293		15,293
	Columbia University Health Sciences	33,393		33,393
	Mount Sinai School of Medicine	23,774		23,774
	New York University	17,299		17,299
	,			
	Roswell Park Cancer Institute Corporation	38,235		38,235
	Sloan-Kettering Institute for Cancer Research	92,196	3,577	95,772
	University of Rochester	18,363		18,363
	Yeshiva University	26,829		26,829
North Carolina	Duke University	56,324	245	56,569
	University of North Carolina at Chapel Hill	53,373		53,373
	Wake Forest University Health Sciences	20,579		20,579
Ohio	Case Western Reserve University	27,206		27,206
Offic	Ohio State University	53,999	2,859	56,858
Dannardrania				
Pennsylvania	Fox Chase Cancer Center	25,482	1,294	26,777
	University of Pennsylvania	66,843	500	67,343
	University of Pittsburgh	63,719	1,099	64,818
South Carolina	Medical University of South Carolina	15,577		15,577
Tennessee	St. Jude Children's Research Hospital	25,319	1,991	27,310
	Vanderbilt University	78,677	.	78,677
Texas	Baylor College of Medicine	36,660		36,660
	University of Texas, MD Anderson Cancer Center	120,851	3,723	124,574
	University of Texas, SW Medical Center at Dallas	20,496	5,725	20,496
Vinainic				
Virginia	American College of Radiology	30,603		30,603
	University of Virginia at Charlottesville	20,091		20,091
	Virginia Commonwealth University	16,474		16,474
Washington	Fred Hutchinson Cancer Research Center	98,771	5,830	104,600
			, -	
J	University of Washington	38.4h/		აი.40/
-	University of Washington	38,462 35,971	2 21/	38,462 38,285
Wisconsin	University of Washington University of Wisconsin Total	35,462 35,971 \$2,732,185	2,314 \$338,783	38,285 \$3,070,968

Includes Manpower Development Grants

Appropriations of the NCI 1938-2009

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1938-1989	\$19,908,430,220		
1990		prior to reductions in PL 101-166 (-\$6,839,000) and PL-101-239 22,829,000).	(-
1991	1,766,324,000	prior to reductions in PL 101-517 (-\$8,972,000 for salary and expense reduction; -\$42,568,000 for across-the-board reduction).	
1992	1,989,278,000	prior to reductions in PL 102-170 (-\$21,475,000 for salary and expense reduction; -\$1,262,000 for travel reduction; \$15,000,000 transferred to other institutes for cancer research).	,
1993	2,007,483,000	prior to reductions in PL 102-294 (-\$16,060,000 for .8% reduction to all line items, -\$9,933,000 for S&E reduction, -\$139,000 for consultant services reduction).	
1994	2,082,267,000	prior to reduction in PL103-211 (-\$5,885,000 administration reduction).	
1995	2,135,119,000	prior to reductions in PL 103-211 (-\$1,883,000 for Procurement reduction; -\$116,000 for SLUC reduction; -\$1,052,000 for Bonus Pay reduction). Includes \$218,199,000 of AIDS funding.	
1996		Includes \$225,790,000 of AIDS funding.	
1997		Includes \$224,983,000 of AIDS funding.	
1998		prior to reductions in PL 105-119 (-\$4,755,000 via the Secretary's 1% transfer authority). Includes \$8,699,000 transferred via the NIH Director's 1% transfer authority, \$41,000 transfer from U.S. Dept. of State in PL 105-119, and \$226,414,000 of AIDS funding.	
1999	2,927,187,000	prior to reductions in PL 106-51 (-\$1,940,000 for travel and admin. expenses). Includes -\$931,000 transferred via the Secretary 1% transferred via the NIH Director's 1% transferred uthority, and \$239,190,000 of AIDS funding.	
1990 - 1999	21,752,588,000		
2000	3,332,317,000	prior to reductions in PL 106-113 (-\$17,763,000 for across the board reduction). Includes \$245,804,000 of AIDS funding.	
2001	3,757,242,000	prior to reductions in PL 106-554(-\$2,005,000 for across-the-board reduction). Includes -\$711,000 Secretary's 1% transfer, -\$781,000 transfer for Office of Human Research Protection and -\$24,000 lapse. Includes \$255,960,000 of AIDS funding.	
2002		prior to reductions in PL 107-116(-\$4,524,000 via the Secretary's 1% transfer authority, -\$2,054,000 for the enacted rescission, -\$7,118,000 administrative reduction and -\$8,000 lapse). Includes \$254,396,000 of AIDS funding.	:
2003	4,622,394,000	prior to reductions in PL 108-7(-\$30,046,000 for the enacted rescission and -\$2,000 lapse). Includes \$263,442,000 of AIDS funding.	,
2004	4,770,519,000	prior to reductions in PL 108-199(-\$3,136,000 for Labor/HHS/ED rescission; \$28,128,000 for across the board reduction; -\$15,357,000	00
2005	4,865,525,000	NIH 1% transfer assessment and \$5,000 lanse). Includes \$266,975.00 prior to reductions in PL 108-447(\$38,914,000 .8% across the board reduction; -\$1,353,000 for Labor/HHS/ED rescission; -\$30,505,000 NIH 1% transfer assessment. and \$9,000 lanse). Includes \$265,907,000 of	1
2006	4,841,774,000	prior to reductions in PL 109-149 (-\$48,418,000 for Labor/HHS/ED rescission; -\$3,293,000 HHS transfer for CMS activities; -\$42,834,000 NIH 1% transfer for roadmap activities, and \$4,000 lapse). Includes \$253,866,000 of AIDS funding.	
2007	4,797,639,000	prior to reductions in PL 110-5 (-\$5,015,000 NIH transfer for GEI activities, and \$9,000 lapse). Includes \$253,866,000 of AIDS funding.	
2008	4,827,556,000	Includes supplemental appropriation of \$25,559,000. Includes \$258,499,000 of AIDS funding.	
2009	4,968,973,000	prior to reductions in PL 111-8 (-\$2,042,631 NIH transfer for activities, and \$4000 lapse). Includes \$265,882,000 of AIDS funding.	

1938-2009 86,635,362,220

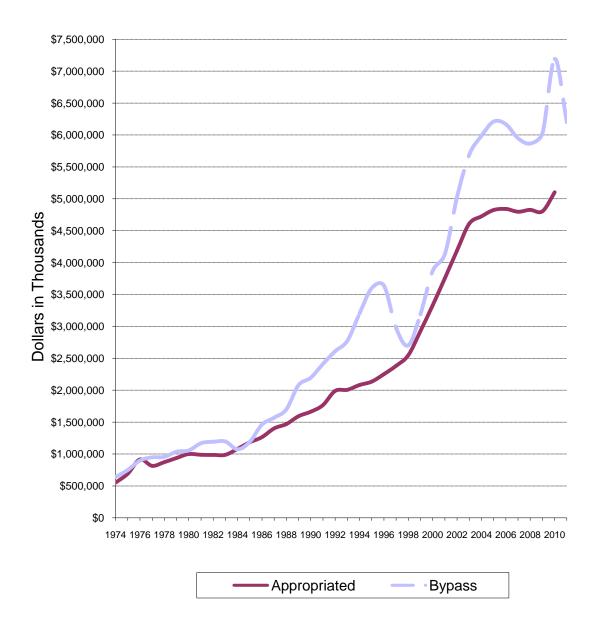
Bypass Budget Requests Fiscal Years 1974-2011

(in Whole Dollars)

Fiscal	
Year	Request
1974	640,031,000
1975	750,000,000
1976	898,500,000
1977	948,000,000
1978	955,000,000
1979	1,036,000,000
1980	1,055,000,000
1981	1,170,000,000
1982	1,192,000,000
1983	1,197,000,000
1984	1,074,000,000
1985	1,189,000,000
1986	1,460,000,000
1987	1,570,000,000
1988	1,700,000,000
1989	2,080,000,000
1990	2,195,000,000
1991	2,410,000,000
1992	2,612,000,000
1993	2,775,000,000
1994	3,200,000,000
1995	3,600,000,000
1996	3,640,000,000
1997	2,977,000,000
1998	2,702,500,000
1999	3,191,000,000
2000	3,873,000,000
2001	4,135,000,000
2002	5,030,000,000
2003	5,690,000,000
2004	5,986,000,000
2005	6,211,000,000
2006	6,170,000,000
2007	5,949,714,000
2008	5,865,788,000
2009	6,028,386,000
2010	7,193,393,000
2011	6,201,388,000
December 1971 included a pr	ovision for the Dire

The National Cancer Act in December 1971, included a provision for the Director, NCI to submit an annual budget request directly to the President, with comment only by NIH and DHHS. This Bypass Budget was first submitted for 1973.

Bypass Requests and Appropriations of the NCI Fiscal Years 1974-2010



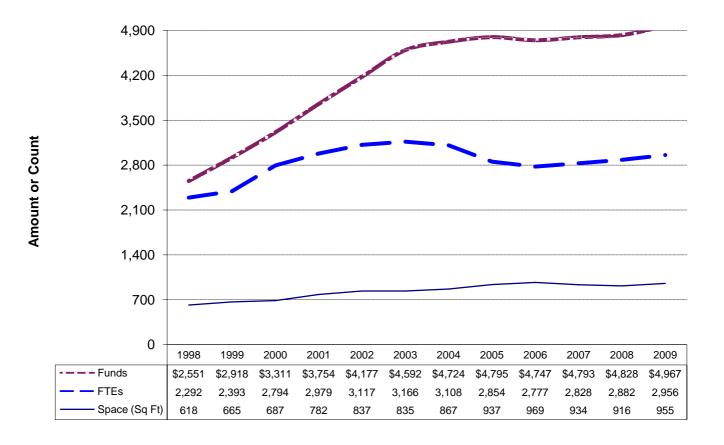
Comparison of Dollars, Positions, and Space Fiscal Years 1998-2009

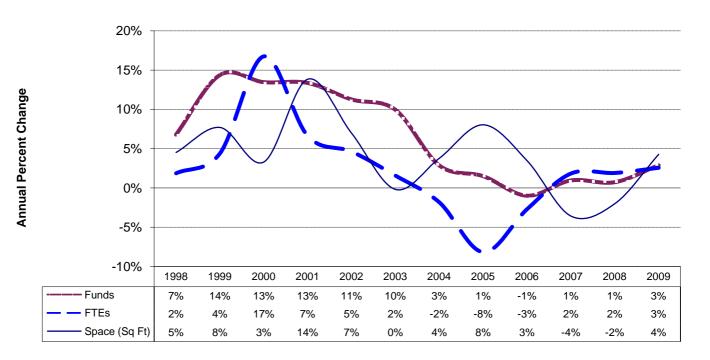
Funds are obligations against the annual appropriation in millions of dollars.

FTEs are the number of workyears for appointed employees of the NCI. A workyear equals 2,080 hours.

The increase in FTEs in FY 2000 is due to the fact that 195 contract staff were converted to NCI appointments.

Space is in thousands of square feet, excluding NCI-Frederick.





	Full Time	Other than		
Fiscal	Permanent	Full Time	Training	Total Personnel
Year	Appointment	Permanent	Fellows	Resources
1999	1,941	628	1,060	3,629
2000	2,139	831	1,202	4,172
2001	2,224	912	963	4,099
2002	2,250	979	949	4,178
2003	2,193	1,073	1,191	4,457
2004	2,083	990	1,232	4,305
2005	1,959	882	1,077	3,918
2006	2,579	289	1,113	3,981
2007	2,421	498	1,111	4,030
2008	2,075	920	1,016	4,011
2009	2,118	959	1,058	4,093

Fiscal Year	NCI	NIH	% NCI of NIH
1996	225,360	1,411,860	16%
1997	224,733	1,501,073	15%
1998	225,991	1,559,071	14%
1999	239,190	1,797,422	13%
2000	244,145	2,005,100	12%
2001	237,789	2,244,160	11%
2002	254,396	2,500,866	10%
2003	263,442	2,718,171	10%
2004	266,975	2,840,384	9%
2005	265,907	2,909,381	9%
2006	253,666	2,902,183	9%
2007	253,666	2,904,536	9%
2008	258,499	2,928,300	9%
2009	265,882	3,019,279	9%

