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National Cancer Institute

1980 NCI FACT BOOK

U. S. DEPARTMENT OF
HEALTH AND HUMAN
SERVICES

Public Health Service

National Institutes
of Health

NATIONAL CANCER PROGRAM

National Cancer Institute

1980 NCI FACT BOOK



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

PREFACE

The information set forth in this publication is compiled and amended annually by the Financial Management Staff of the National Cancer Institute and is intended primarily for use by members of the Institute staff, the principal advisory groups to the Institute and others involved in the administration and management of the National Cancer Program. Questions regarding any of the information contained herein may be directed to the Financial Manager, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland 20205.

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

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 Mr. Nicholas Olimpio..... 4A-46..... 496-9606

NATIONAL CANCER INSTITUTE HISTORICAL DATA

LEGISLATIVE HIGHLIGHTS

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

July 23, 1937—The National Cancer Institute Act, introduced by Congressman Warren G. Magnuson, was passed by Congress. An appropriation of \$700,000 for each fiscal year was authorized.

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

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.

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 an expanded cancer program.

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 expert appointments to 100; and direct the NCI to provide and contract for a program to disseminate and interpret information respecting the cause, prevention, diagnosis and treatment of cancer.

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

November 9, 1978—The Biomedical Research and Training Amendments of 1978, P.L. 95-622, was signed into law. 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 experts; 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. *was signed*
- July 27, 1972**—A Bureau-level organization was established for the National Cancer Institute, giving the Institute and its components organizational status commensurate with the responsibilities bestowed on it by The National Cancer Act of 1971. Under the reorganization, the Institute was composed of the Office of the Director and four Divisions: ~~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.
- July 18, 1979**—NCI and the National Naval Medical Center entered into an agreement to cooperate in a research program in cancer treatment at the Naval Medical facility.
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**DIRECTOR
NATIONAL CANCER PROGRAM
NATIONAL CANCER INSTITUTE**

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

January 1, 1980 TO PRESENT

Dr. Vincent T. DeVita, Jr., received his B.S. degree in 1957 from the College of William and Mary and in 1961 received his M.D. degree with distinction from the George Washington School of Medicine. He interned at the University of Michigan Medical Center and then completed a year of residency with the George Washington University medical service. Dr. DeVita joined NCI in 1963 as a clinical associate, and after completing a senior residency at the Yale-New Haven Medical Center in 1965-66, returned to NCI as a senior investigator in the Solid Tumor Service and, in 1971, became Chief of the Medicine Branch. He was

named Director of the Division of Cancer Treatment in 1974 and, in 1975, Clinical Director of the Institute. In January 1980 he was appointed Acting Director, National Cancer Institute, and in July 1980, Director. Dr. DeVita serves on the editorial boards of numerous medical journals, maintains memberships in many scientific societies, and was President of the American Society of Clinical Oncology (1977-78). For his outstanding research and medical leadership, he has received a number of honors and awards, including the 1972 Albert and Mary Lasker Medical Research Award.

PRESIDENT'S CANCER PANEL

	EXPIRATION OF APPOINTMENT
Dr. Joshua Lederberg, <i>Chairman</i> Rockefeller University New York, New York	1981
Dr. Harold Amos Harvard Medical School Boston, Massachusetts	1983
Dr. Bernard Fisher University of Pittsburgh Pittsburgh, Pennsylvania	1982

NATIONAL CANCER ADVISORY BOARD

APPOINTEES

	EXPIRATION OF APPOINTMENT
Dr. Henry C. Pitot, <i>Chairman</i> University of Wisconsin Madison, Wisconsin	1982
Dr. Bruce N. Ames University of California Berkeley, California	1982
Dr. Maureen M. Henderson University of Washington Seattle, Washington	1984
Dr. Robert C. Hickey M.D. Anderson Hospital and Tumor Institute Houston, Texas	1986
Dr. Joseph Gale Katterhagen Tacoma General Hospital Tacoma, Washington	1986
Mrs. Rose Kushner Writer/Consumer Interest Kensington, Maryland	1986
Ann Landers Field Newspaper Syndicate Chicago, Illinois	1986
Dr. LaSalle D. Leffall Howard University Washington, D. C.	1986

EX OFFICIO MEMBERS

Dr. John H. Moxley, III Assistant Secretary of Defense (Health Affairs) Washington, D. C.
Dr. Frank Press Office of Science and Technology Policy Washington, D. C.
Mr. Douglas Costle Environmental Protection Agency Washington, D. C.
Ms. Susan B. King Consumer Product Safety Commission Washington, D. C.
Mr. Raymond J. Donovan Secretary of Labor Washington, D. C.
Dr. Donald L. Custis Veterans Administration Washington, D. C.

ALTERNATES TO EX OFFICIO MEMBERS

Dr. F. Kash Mostofi Armed Forces Institute of Pathology Washington, D. C.
Dr. Denis J. Prager Office of Science and Technology Policy Washington, D. C.
Dr. Richard E. Marland Environmental Protection Agency Washington, D. C.
Dr. Peter W. Preuss Consumer Product Safety Commission Washington, D. C.
Dr. Victor Alexander Department of Labor Washington, D. C.

EXPIRATION OF APPOINTMENT

Mrs. Vincent Lombardi Manalapan, Florida	1982
Dr. William E. Powers Harper Grace Hospital Detroit, Michigan	1986
Dr. Janet D. Rowley University of Chicago Chicago, Illinois	1984
Mr. Sheldon W. Samuels AFL-CIO Washington, D. C.	1984
Mr. Morris M. Schrier MCA, Inc. New York, New York	1984
Dr. Frederick Seitz The Rockefeller University New York, New York	1982
Dr. Irving J. Selikoff Mount Sinai School of Medicine New York, New York	1984
Dr. Philippe Shubik German Cancer Center Federal Republic of Germany	1982
Dr. Gerald N. Wogan Massachusetts Institute of Technology Cambridge, Massachusetts	1984

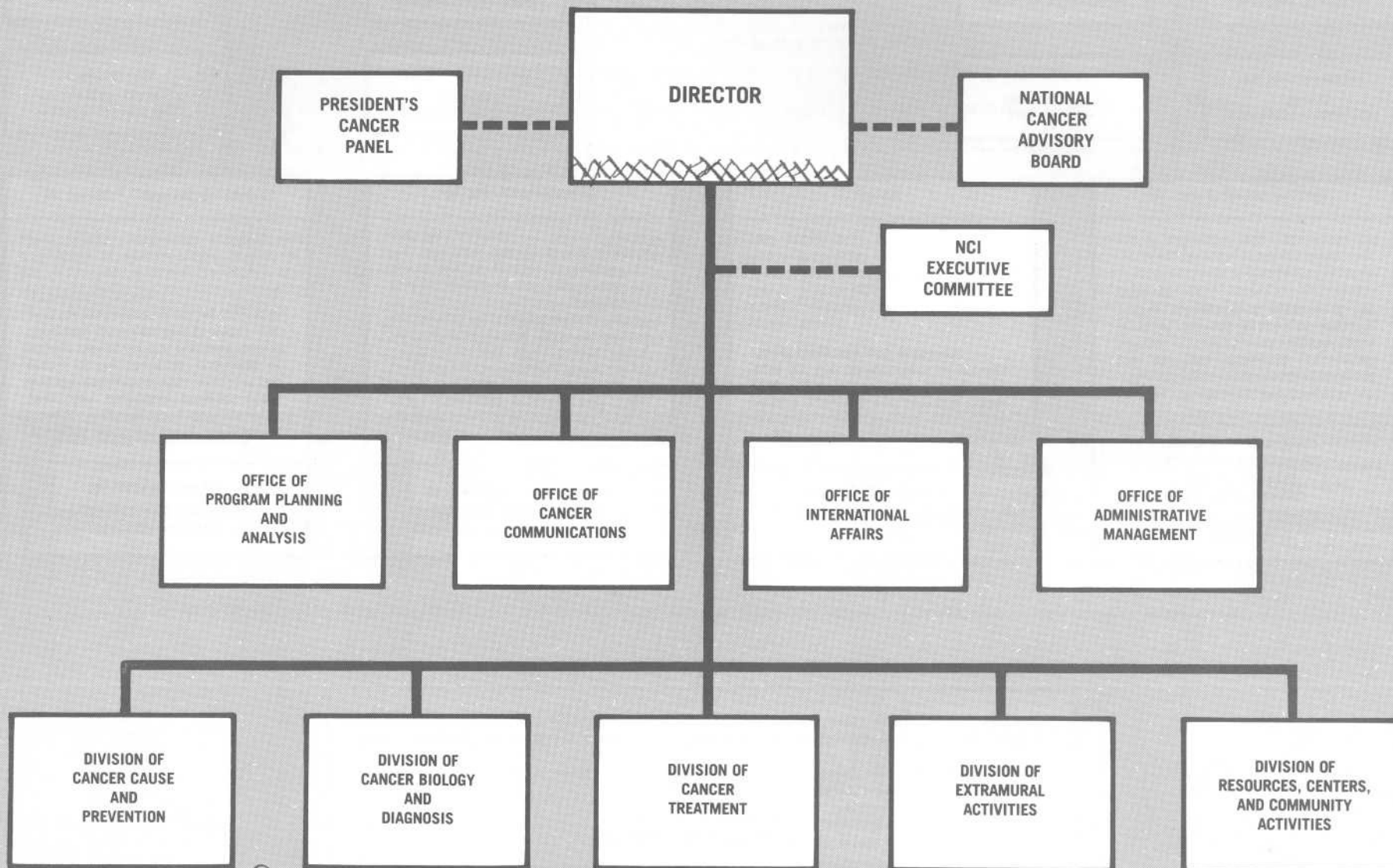
Dr. Jere Edwin Goyan Food and Drug Administration Rockville, Maryland
Dr. Anthony Robbins National Institute for Occupational Safety and Health Rockville, Maryland
Dr. David P. Rall National Institute of Environmental Health Sciences Research Triangle Park, North Carolina
Mr. Richard Schweiker Secretary for Health and Human Services Washington, D. C.
Dr. Donald S. Fredrickson Director, National Institutes of Health Bethesda, Maryland

Dr. Marguerite T. Hays Veterans Administration Washington, D. C.
Dr. Gary Flamm Food and Drug Administration Rockville, Maryland

EXECUTIVE SECRETARY

Dr. William A. Walter Acting Director, Division of Extramural Activities National Cancer Institute, NIH Bethesda, Maryland

NATIONAL CANCER INSTITUTE



OFFICE OF THE DIRECTOR
Dr. Vincent T. DeVita, Jr.
 Director

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 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.

**PROGRAM ANALYSIS AND
 FORMULATION BRANCH**
Dr. Michael Klein

**SYSTEMS PLANNING
 BRANCH**
Ms. Barbara Murray (acting)

**OFFICE OF
 CANCER COMMUNICATIONS**
Mr. J. 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.

**INFORMATION RESOURCES
 BRANCH**
Mr. E. Joseph Bangiolo

**REPORTS AND INQUIRIES
 BRANCH**
Dr. Robert M. Hadsell

**INFORMATION PROJECTS
 BRANCH**
Mr. Robert Denniston

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

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

**ADMINISTRATIVE
 SERVICES BRANCH**
Mr. Harley Husted (acting)

**FINANCIAL MANAGEMENT
 BRANCH**
Mr. John P. Hartinger

**OFFICE OF
 ADMINISTRATIVE MANAGEMENT**
Mr. Philip Amoruso
 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.

**PERSONNEL MANAGEMENT
 BRANCH**
Ms. Marianne Wagner

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

**MANAGEMENT POLICY
 BRANCH**
Mr. Thomas L. Kearns

DIVISION OF CANCER CAUSE AND PREVENTION
Dr. Richard Adamson, Acting Director

**ADMINISTRATIVE
 MANAGEMENT BRANCH**
 Mr. Stephen Ficca

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

**BOARD OF
 SCIENTIFIC COUNSELORS**
 Dr. Peter N. Magee, Chairman

FIELD STUDIES AND STATISTICS PROGRAM
 Dr. Joseph F. Fraumeni, Jr. (acting)

Plans, directs, coordinates, and evaluates a program of epidemiologic, statistical, and mathematical research activities and statistical and automatic data-processing services for all NCI research programs.

BIOMETRY BRANCH
 Dr. Earl S. Pollack

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

**ENVIRONMENTAL
 EPIDEMIOLOGY BRANCH**
 Dr. Joseph F. Fraumeni, Jr.

BIOASSAY PROGRAM
 Dr. John Moore (acting)

Plans, directs, and conducts a collaborative program for the in vivo and in vitro testing of chemical and physical agents in the environment for carcinogenic and co-carcinogenic effects; administers research in the development and evaluation of standardized methods, designs, and models for in vivo and in vitro carcinogenesis testing, related toxicology, and tumor pathology.

**TECHNICAL INFORMATION
 RESOURCES BRANCH**
 Mr. Dalton C. Tidwell (acting)

TUMOR PATHOLOGY BRANCH
 Vacant

TOXICOLOGY BRANCH
 Vacant

CARCINOGENESIS INTRAMURAL PROGRAM
 Vacant

Plans, implements, and administers the Institute's program of general laboratory research on cancer causation by chemical, physical, and biological (viral) factors, and on the pathogenesis and prevention of various cancers.

**LABORATORY OF TUMOR
 VIRUS GENETICS**
 Dr. Edward Scolnik

**LABORATORY OF CELLULAR
 AND MOLECULAR BIOLOGY**
 Dr. Stuart Aaronson

LABORATORY OF BIOLOGY
 Dr. Joseph DiPaolo

**LABORATORY OF
 MOLECULAR CARCINOGENESIS**
 Dr. Harry V. Gelboin

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

**LABORATORY OF
 CARCINOGEN METABOLISM**
 Dr. Elizabeth Weisburger

**LABORATORY OF
 EXPERIMENTAL PATHOLOGY**
 Dr. Umberto Saffiotti

**LABORATORY OF
 MOLECULAR VIROLOGY**
 Dr. George Khoury (acting)

**LABORATORY OF
 CHEMOPREVENTION**
 Dr. Michael B. Sporn

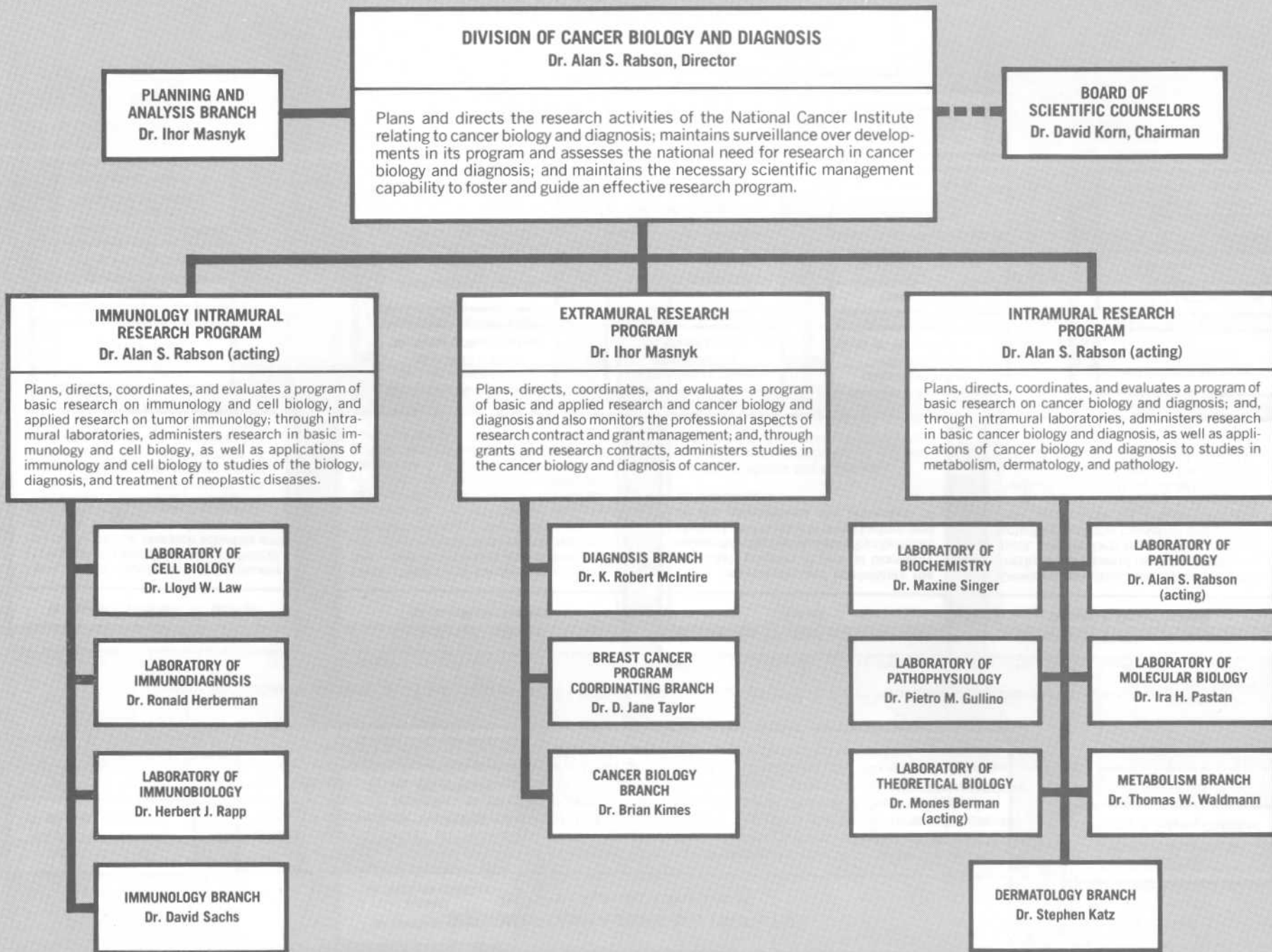
CARCINOGENESIS EXTRAMURAL PROGRAM
 Dr. John A. Cooper (acting)

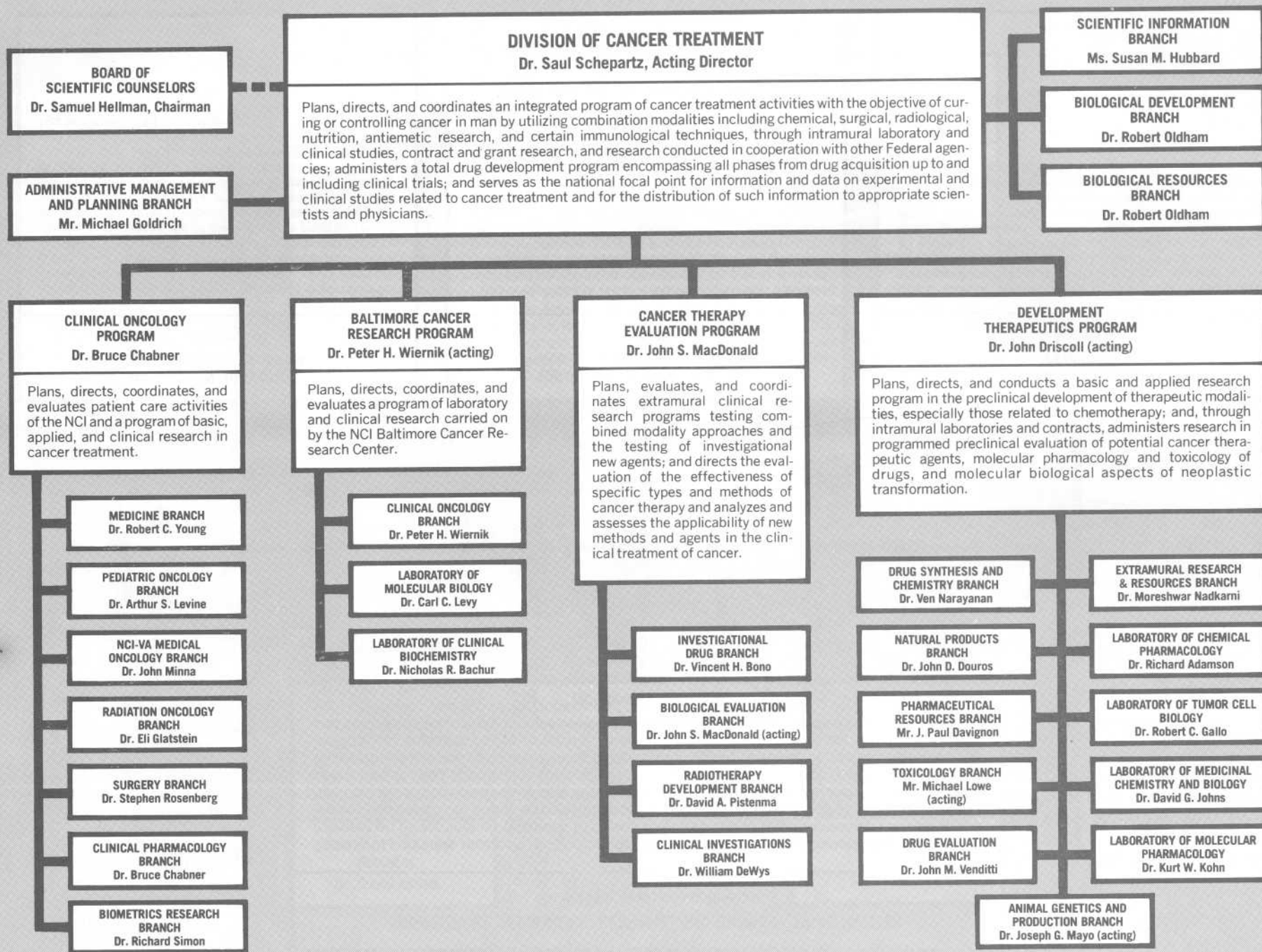
Develops, evaluates, and administers the Institute's program of research grant, contract, and similarly supported extramural activities in cancer causation and prevention; responsible for program management, including improved management methods and practices, as well as maintaining liaison for extramural activities with various organizations and scientists.

SPECIAL PROGRAMS BRANCH
 Dr. Donald Luecke

**BIOLOGICAL CARCINOGENESIS
 BRANCH**
 Dr. James T. Duff

**CHEMICAL AND PHYSICAL
 CARCINOGENESIS BRANCH**
 Dr. Thaddeus Domanski





DIVISION OF RESOURCES, CENTERS, AND COMMUNITY ACTIVITIES

Dr. William Terry, Acting Director

Plans and conducts research, evaluation, demonstration, technology transfer, education, and information dissemination programs to expedite optimal use of new information relevant to the prevention, detection, and diagnosis of cancer, and the pretreatment evaluation, treatment, rehabilitation, and the continuing care of cancer patients in the community and in cancer centers; plans, directs, and coordinates the support of cancer research at cancer centers and through organ site programs; plans and conducts basic and applied research programs in pain and rehabilitation; supports professional and paraprofessional clinical education, research training, and continuing education; and administers project grant programs for the construction, alteration, renovation, and equipping of basic and clinical research facilities.

**BOARD OF
SCIENTIFIC COUNSELORS**
(Chairmanship Vacant)

**PREVENTION, DETECTION,
AND DIAGNOSIS PROGRAM**

Vacant

Identifies new research findings that are of importance for prevention, early detection, or diagnosis; plans and conducts research necessary to further develop and ensure validity of measures for the prevention, early detection, or diagnosis of cancer and to evaluate such programs when applied to the general population; plans and conducts research to analyze, evaluate, and refine cancer prevention, detection, and diagnosis strategies to assure maximum benefits to the largest possible population with the least risk and cost; and demonstrates prevention, detection, and diagnosis activities in cancer centers and communities and in selected populations.

**TREATMENT, CONTINUING CARE,
AND REHABILITATION PROGRAM**

Vacant

Plans and conducts basic research programs in pain and rehabilitation; identifies new research findings that are of importance for treatment, continuing care, or rehabilitation of cancer patients; plans and conducts research to determine best methods for limiting morbidity and mortality of cancer through participation of community physicians, community hospitals, and other community agencies in the treatment of cancer; plans and conducts research necessary to further develop and ensure validity of measures for the continuing care or rehabilitation of cancer patients; plans and conducts research to determine best methods for implementing new research findings of importance for cancer treatment, continuing care, and rehabilitation to assure maximum benefits to the largest possible population with the least risk and cost; and demonstrates treatment, continuing care, and rehabilitation activities in cancer centers and communities.

**RESEARCH RESOURCES
PROGRAM**

Vacant

Plans, directs, and evaluates a program of exploratory grants and care support grants for cancer research centers; plans and conducts coordinated research programs on cancers of high incidence, e.g., urinary bladder, large bowel, pancreas, and prostate through the Organ Site Programs; plans and conducts research resource activities including construction, professional and paraprofessional clinical education, research training, and continuing education; and develops additional research resources as needed.

DIVISION OF EXTRAMURAL ACTIVITIES

Dr. William A. Walter, Acting Director

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

**GRANTS ADMINISTRATION
BRANCH**

Mr. Leo F. Buscher, Jr.

**GRANTS FINANCIAL AND
DATA ANALYSIS BRANCH**

Mr. Robert E. Spallone

**RESEARCH ANALYSIS AND
EVALUATION BRANCH**

Mr. Harry Y. Canter

**CONTRACTS REVIEW
BRANCH**

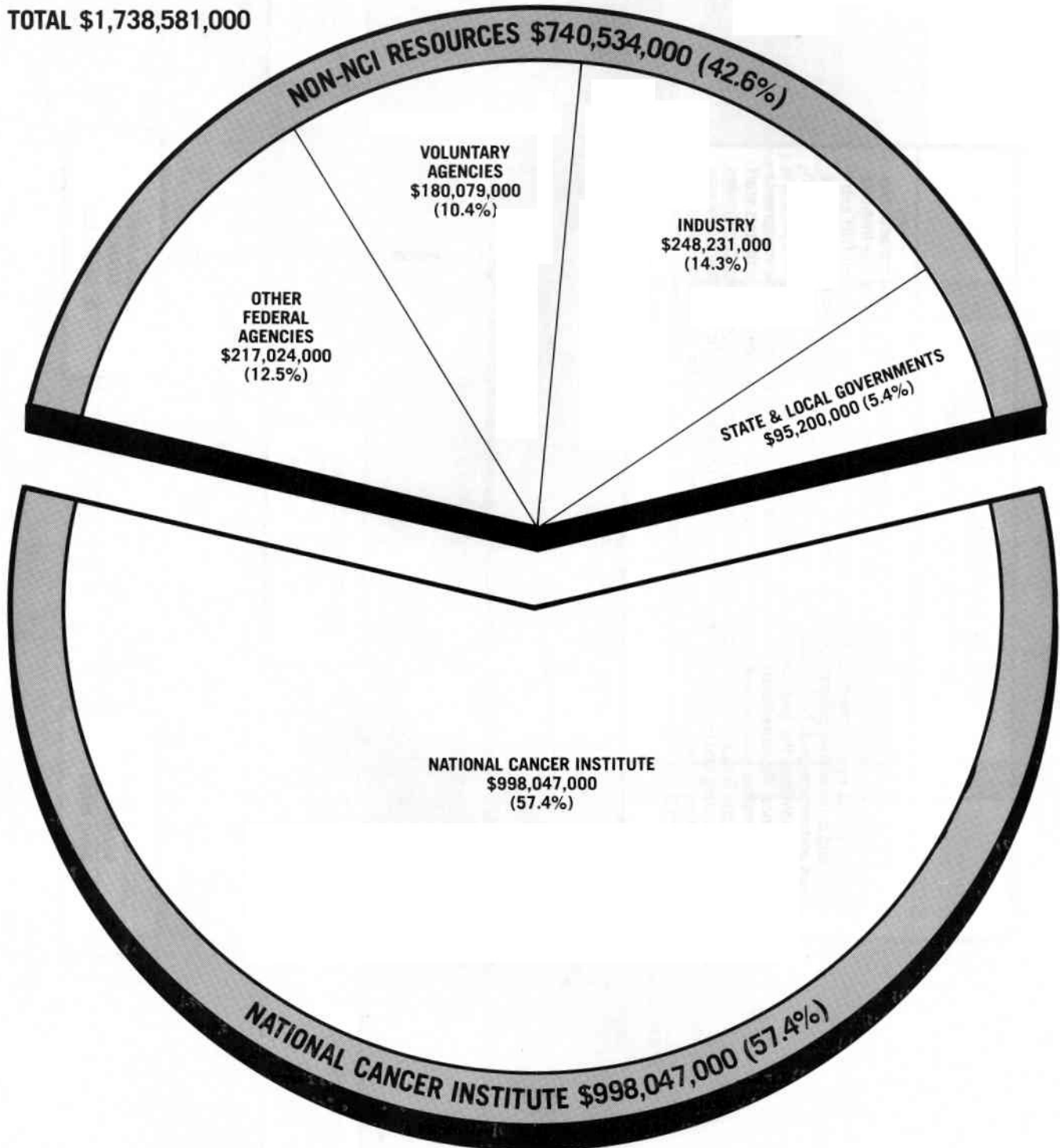
Dr. David Jofte

**GRANTS REVIEW
BRANCH**

Dr. Dennis Cain

**TOTAL NATIONAL RESOURCES FOR CANCER RESEARCH
AND CANCER CONTROL—FISCAL YEAR 1980**

TOTAL \$1,738,581,000



NOTE: 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).

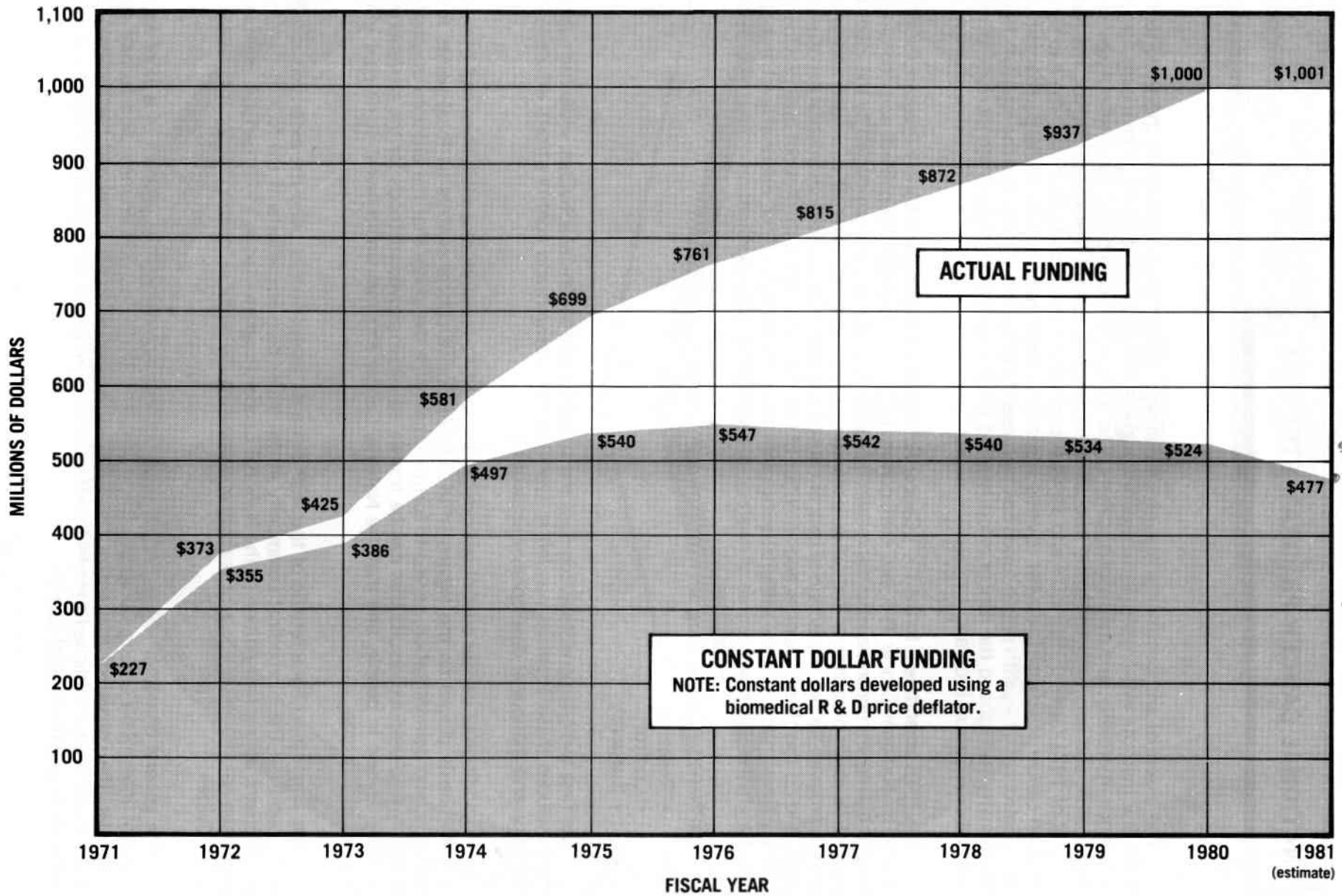
The addition of cancer control responsibilities to NCI's research responsibilities and through the specific emphasis placed on the expansion of comprehensive cancer centers as focal points for research, teaching, and demonstration, served to further emphasize the axiom that the ultimate purpose of disease 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)



0

521
53.

82

83

NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX—1978

TOTAL		UNDER 15		15-34		35-54		55-74		75+	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Lung 71,006	Breast 34,329	Leukemia 550	Leukemia 411	Leukemia 827	Breast 585	Lung 10,124	Breast 8,205	Lung 46,049	Breast 17,403	Lung 14,646	Colon & Rectum 12,626
Colon & Rectum 25,696	Colon & Rectum 27,573	Brain & CNS 344	Brain & CNS 275	Brain & CNS 467	Leukemia 493	Colon & Rectum 2,462	Lung 4,679	Colon & Rectum 13,717	Lung 14,463	Prostate 12,298	Breast 8,129
Prostate 21,674	Lung 24,080	Bone 47	Bone 45	Hodgkin's Disease 335	Brain & CNS 347	Pancreas 1,262	Colon & Rectum 2,210	Prostate 9,047	Colon & Rectum 12,551	Colon & Rectum 9,325	Lung 4,819
Pancreas 11,010	Uterus 10,842	Connective Tissue 43	Kidney 44	Testis 329	Uterus 295	Brain & CNS 1,282	Uterus 2,111	Pancreas 6,490	Ovary 5,992	Pancreas 3,208	Pancreas 3,939
Stomach 8,529	Ovary 10,651	Kidney 39	Connective Tissue 43	Melanoma of the skin 261	Hodgkin's Disease 223	Leukemia 1,065	Ovary 2,029	Stomach 4,558	Uterus 5,480	Bladder 3,172	Uterus 2,954

SOURCE: Vital Statistics of the United States, 1978.

RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES—1978

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
	All Causes	1,927,788	883.4	100.0
1	Diseases of Heart	729,510	334.3	37.8
2	Cancer	396,992	181.9	20.6
3	Stroke	175,629	80.5	9.1
4	Accidents	105,561	48.4	5.5
5	Influenza and Pneumonia	58,319	26.7	3.0
6	Diabetes Mellitus	33,841	15.5	1.8
7	Cirrhosis of Liver	30,066	13.8	1.6
8	Arteriosclerosis	28,940	13.3	1.5
9	Suicide	27,294	12.5	1.4
10	Diseases of Infancy	22,033	10.1	1.1
11	Bronchitis, Emphysema, and Asthma	21,875	10.0	1.1
12	Homicide	20,432	9.4	1.1
13	Congenital Anomalies	12,968	5.9	0.7
14	Nephritis and Nephrosis	8,868	4.1	0.5
15	Septicemia and Pyemia	7,800	3.6	0.4
	Other and Ill-Defined	24,766	113.5	12.8

SOURCE: National Center for Health Statistics, 1978.

ESTIMATED CANCER DEATHS AND NEW CASES BY SEX AND SITE—1981¹

SITE	ESTIMATED DEATHS			ESTIMATED NEW CASES		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
All Sites	420,000	227,500	192,500	815,000 ¹	403,000 ¹	412,000 ¹
Buccal Cavity & Pharynx (Oral)	9,150	6,300	2,850	26,600	18,400	8,200
Lip	175	150	25	4,600	4,100	500
Tongue	2,000	1,400	600	4,800	3,200	1,600
Salivary Gland	700	450	250	9,600	5,700	3,900
Floor of Mouth	525	400	125			
Other & Unspecified Mouth	1,550	1,000	550			
Pharynx	4,200	2,900	1,300	7,600	5,400	2,200
Digestive Organs	110,500	57,600	52,900	194,500	99,700	94,800
Esophagus	8,100	5,800	2,300	8,800	6,200	2,600
Stomach	13,900	8,400	5,500	23,900	14,500	9,400
Small Intestine	700	350	350	2,100	1,100	1,000
Large Intestine } (Colon- Rectum } Rectum)	46,200	21,500	24,700	83,000	38,000	45,000
Rectum	8,700	4,700	4,000	37,000	20,000	17,000
Liver & Biliary Passages	9,400	4,600	4,800	13,000	6,000	7,000
Pancreas	22,000	11,500	10,500	24,200	12,700	11,500
Other & Unspecified Digestive	1,500	750	750	2,500	1,200	1,300
Respiratory System	110,100	81,000	29,100	135,800	99,000	36,800
Larynx	3,700	3,100	600	10,700	9,000	1,700
Lung	105,000	77,000	28,000	122,000	88,000	34,000
Other & Unspecified Respiratory	1,400	900	500	3,100	2,000	1,100
Bone, Tissue & Skin	10,050	5,800	4,250	20,900	10,700	10,200
Bone	1,750	1,000	750	1,900	1,100	800
Connective Tissue	1,600	800	800	4,700	2,600	2,100
Skin	6,700 ⁴	4,000	2,700	14,300 ²	7,000 ²	7,300 ²
Breast	37,100	300	36,800	110,900	900	110,000
Genital Organs	46,400	23,700	22,700	151,600	75,200	76,400
Cervix, Invasive } Uterus	7,200	—	7,200	16,000 ³	—	16,000 ³
Corpus, Endometrium }	3,100	—	3,100	38,000	—	38,000
Ovary	11,400	—	11,400	18,000	—	18,000
Prostate	22,700	22,700	—	70,000	70,000	—
Other & Unspecified Genital, Male	1,000	1,000	—	5,200	5,200	—
Other & Unspecified Genital, Female	1,000	—	1,000	4,400	—	4,400
Urinary Organs	18,700	12,200	6,500	54,600	38,000	16,600
Bladder	10,600	7,300	3,300	37,000	27,000	10,000
Kidney & Other Urinary	8,100	4,900	3,200	17,600	11,000	6,600
Eye	400	200	200	1,800	900	900
Brain & Central Nervous System	10,200	5,600	4,600	12,100	6,700	5,400
Endocrine Glands	1,500	600	900	10,800	3,300	7,500
Thyroid	1,050	350	700	9,900	2,800	7,100
Other Endocrine	450	250	200	900	500	400
Leukemia	15,900	8,900	7,000	23,400	13,000	10,400
Other Blood & Lymph Tissues	21,600	11,200	10,400	39,500	20,900	18,600
Hodgkin's Disease	1,700	1,000	700	7,100	4,100	3,000
Multiple Myeloma	6,700	3,400	3,300	9,400	4,800	4,600
Other Lymphomas	13,200	6,800	6,400	23,000	12,000	11,000
All Other & Unspecified Sites	28,400	14,100	14,300	32,500	16,300	16,200

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 only represent improvements in the basic data.

¹ Carcinoma in situ and non-melanoma skin cancers not included in totals. Carcinoma in situ of the uterine cervix accounts for over 45,000 new cases annually. Non-melanoma skin cancer accounts for about 400,000 new cases annually. ² Melanoma only ³ Invasive cancer only. ⁴ Melanoma 5,000; other skin 1,700.

Incidence estimates are based on rates from NCI SEER Program, 1973-1977.

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
I. CIVIL SERVICE			
A. Civil Service (tenured)	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs.	Minimum starting: Ph.D.—\$29,375 Physicians—\$35,688 Maximum: \$50,113	Office of Personnel Management, Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
II. SPECIAL APPOINTMENT OF EXPERTS AND CONSULTANTS			
A. Special Appointment of Experts and Consultants (non-tenured appointment which can be 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: \$50,113	Recommendation by Division Directors. Final approval rests with the Director, NCI.
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 20205.
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 20205.
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 20205.
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.	\$17,035-\$32,110	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.	\$24,703-\$50,113	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-\$32,236 Other Doctorates \$15,120-\$31,441 Senior Staff Fellows Physicians \$22,365-\$43,796 Other Doctorates \$19,740-\$35,252	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.	Apply to NIH on or before March 15.
B. Summer Undergraduate Program	Students majoring in biological and/or physical sciences or related field, or applicants with appropriate experience.	GS-1 through GS-4 Grade is based on education and/or experience.	Apply to NIH by March 15. 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 15.
D. Summer Employment for Needy Youth	Educationally and economically disadvantaged youths in their formative years (must have reached 16th birthday).	Federal minimum wage.	Register with the local office of the State Employment service and apply to NIH.
E. Stay-in-School Program	Substantially full-time or full-time student at least 16 years of age who needs earnings from employment to continue in school.	Salary is commensurate with duties assigned and student's education and/or experience.	Apply to NIH. No deadline required for applying. However, no new appointments are made between May 1 to August 30.
F. The Federal Junior Fellowship Program	Graduating high school senior in a public or private school in the Metro. Wash., D. C. area. Must be in upper 10% of graduating class, have applied for admission to an accredited college or university and need financial assistance to attend school.	GS-1 through GS-4	Nominations are submitted directly to the Office of Personnel Management by high school principals or counselors.
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 Office of Personnel Management.

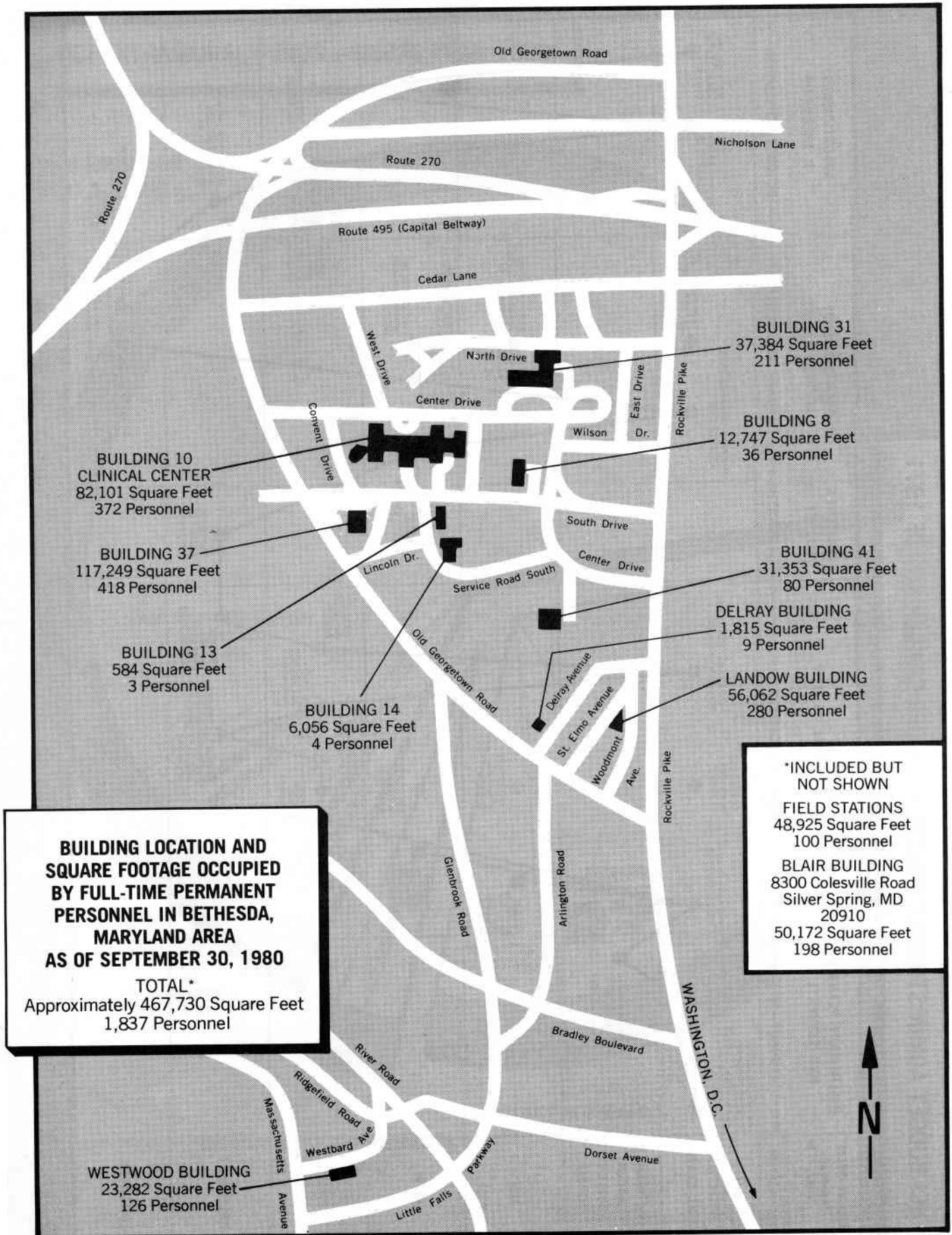
VII. SPECIAL PROGRAMS

A. Research Fellow sponsored by organization other than NIH, PHS.	Determined by sponsoring organization.	Established by sponsoring organization.	Contact Director or Laboratory Chief in area of interest; also apply to sponsoring agency, e.g., American Cancer Society, Eleanor Roosevelt Cancer Foundation, Leukemia Society of America, Inc., etc.
B. COSTEP Program (operates year-round) Maximum 120 days per 12-month period.	U.S. Citizen. Must have completed one year of study in a medical, dental or veterinary school; or a minimum of two years of baccalaureate program in a health-related field such as engineering, nursing, pharmacy, etc. May be enrolled in a master's or doctoral program in a health-related field (designated by the Assistant Secretary for Health). Physical requirements of PHS Commissioned Corps. Plans to return to college.	Pay and allowance of a Commissioned Officer, 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.

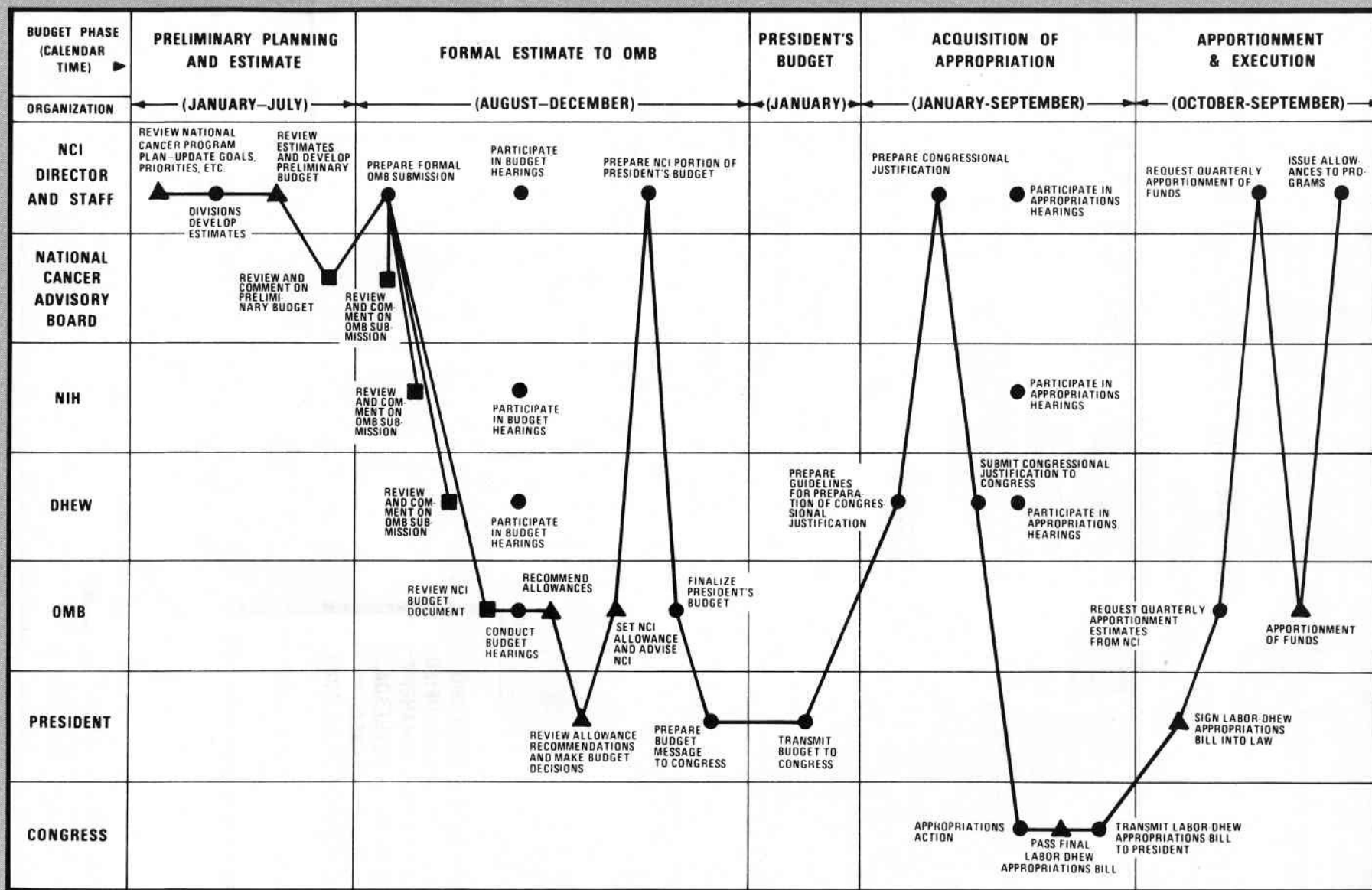
¹ Does not necessarily indicate that positions are currently available at the National Cancer Institute.

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

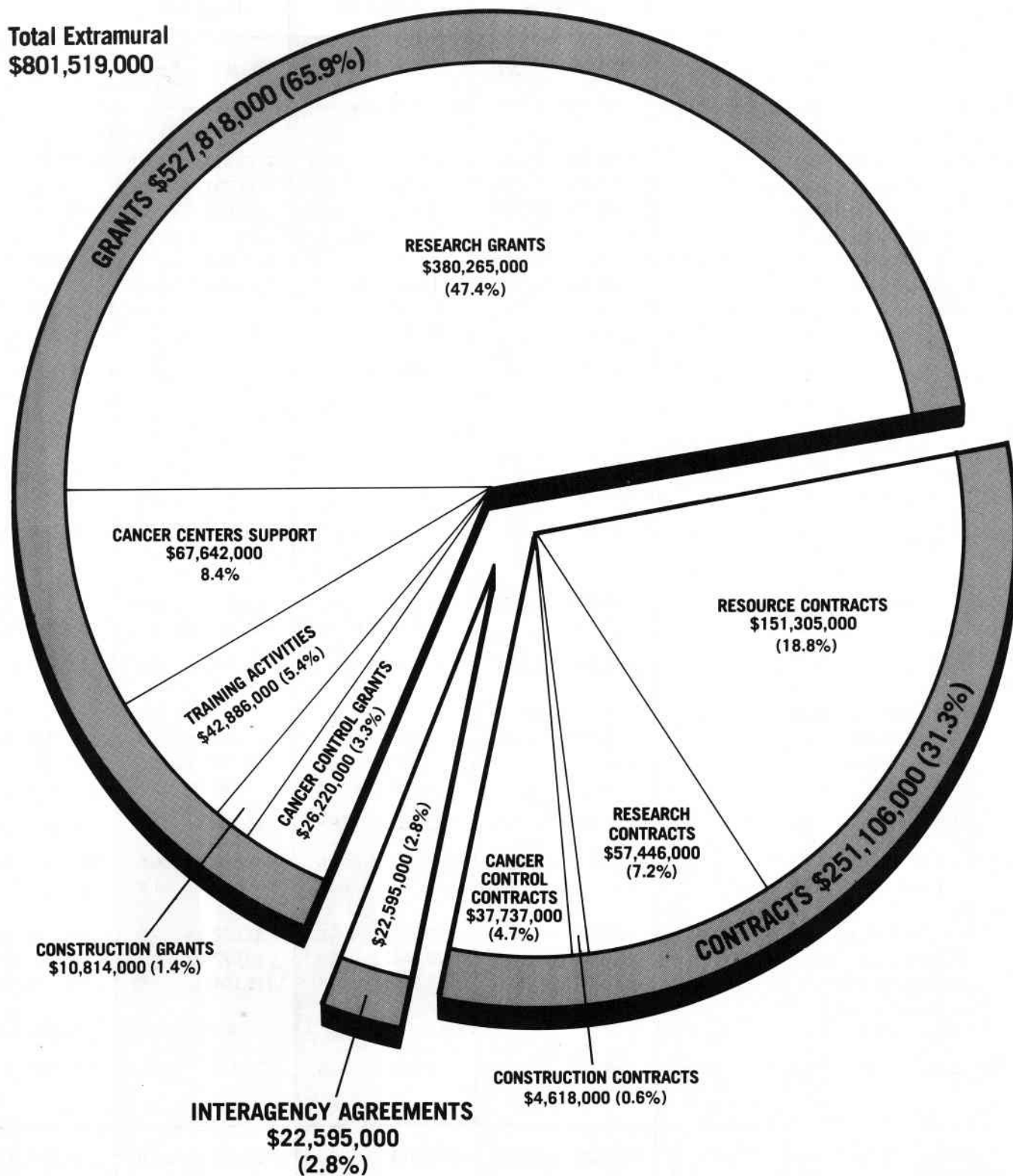


NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS

LEGEND: ● OPERATION ■ REVIEW ▲ DECISION

NCI EXTRAMURAL FUNDS — FISCAL YEAR 1980

Total Extramural
\$801,519,000



Total Intramural (not shown) \$196,528,000
Total NCI \$998,047,000

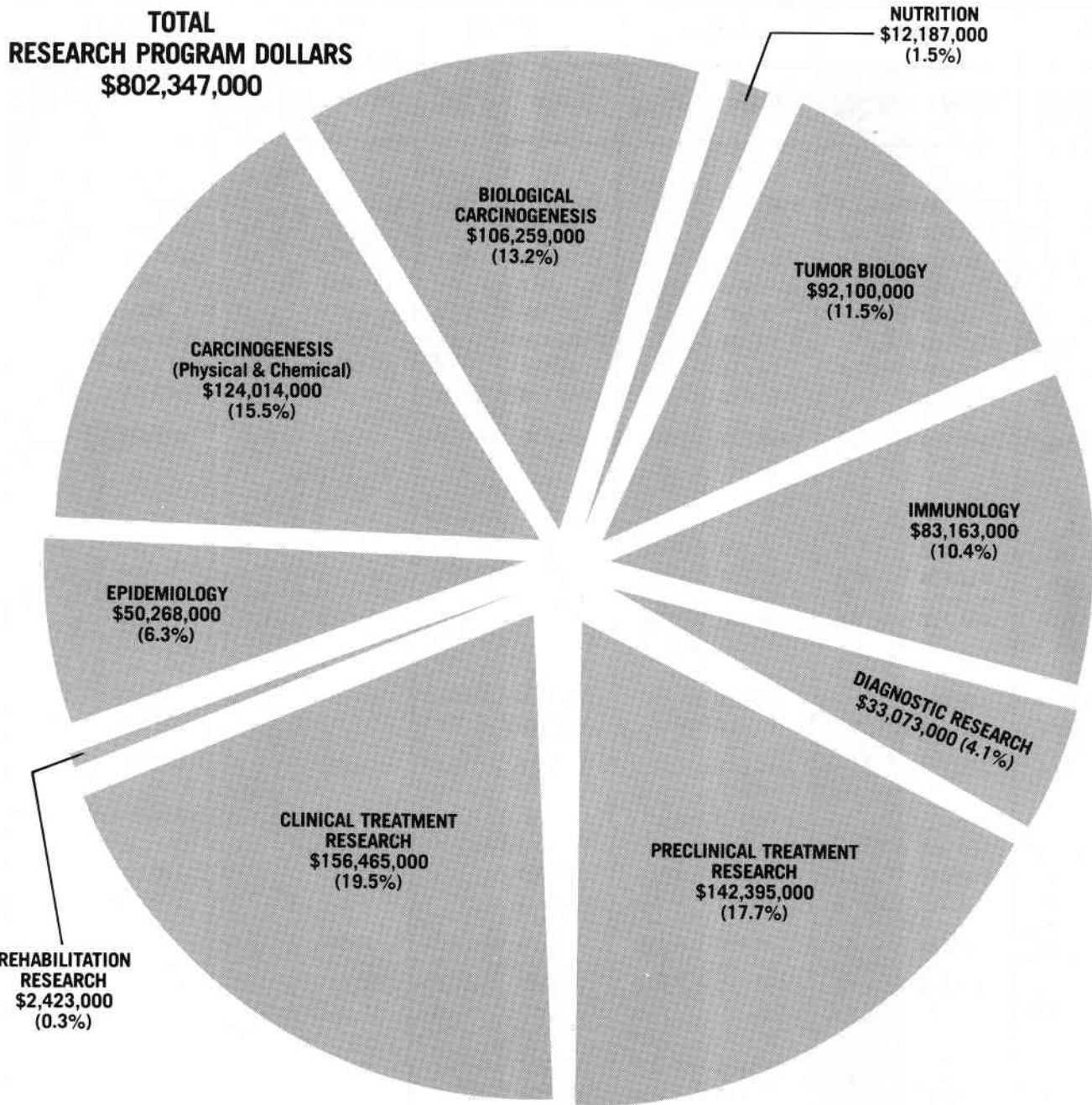
NATIONAL CANCER INSTITUTE BUDGET HISTORY BY MECHANISMS

(DOLLARS IN THOUSANDS)

	1971 ACTUAL		1972 ACTUAL		1973 ACTUAL		1974 ACTUAL	
	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
Group I – Investigator Initiated								
Regular Research Grants	\$ 44,133	24.2	\$ 59,207	18.9	\$ 73,412	21.1	\$ 99,415	21.5
Clinical Cooperative Groups	7,013	3.9	10,102	3.2	12,791	3.7	16,196	3.5
Program Projects – PO1's	30,205	16.6	38,415	12.2	52,008	14.9	71,997	15.6
Clinical Education Program	–	–	–	–	–	–	–	–
Research Career Program	2,012	1.1	2,026	.7	1,818	.5	1,673	.4
Fellowships and Training	12,560	6.9	18,395	5.9	13,888	4.0	23,562	5.1
Organ Site	–	–	638	.2	3,950	1.1	10,007	2.2
Cancer Centers – Core Support	6,174	3.4	10,090	3.2	13,002	3.7	17,575	3.8
Subtotal	102,097	56.1	138,873	44.3	170,869	49.0	240,525	52.1
Group II – Co-Initiated								
Cancer Res. Emphasis Grants (CREG)	–	–	–	–	–	–	–	–
Research Grants	27,547	15.1	46,802	14.9	61,187	17.6	94,964	20.5
Subtotal	27,547	15.1	46,802	14.9	61,187	17.6	94,964	20.5
Group III – NCI/NCP Initiated								
Research Support Contracts	44,945	24.7	63,194	20.2	64,838	18.6	72,365	15.7
Interagency Agreements	5,704	3.1	12,053	3.8	10,136	2.9	13,031	2.8
Subtotal	50,649	27.8	75,247	24.0	74,974	21.5	85,396	18.5
Group IV – Other Resources								
Planning Grants	1,889	1.0	1,698	.5	2,500	.7	2,880	.6
Construction Grants	–	–	47,004	15.0	34,737	10.0	31,692	6.9
Construction Contracts	–	–	3,999	1.3	4,067	1.2	6,398	1.4
Subtotal	1,889	1.0	52,701	16.8	41,304	11.9	40,970	8.9
Total	182,182	100.0	313,623	100.0	348,334	100.0	461,755	100.0
Percent of Total NCI Budget		80.3		84.2		81.9		79.5
In-House Research	20,594	9.1	25,696	6.9	33,032	7.8	40,364	6.9
Management & Support (NIH Management Fund)	24,176	10.6	33,246	8.9	39,072	9.2	46,169	7.9
	(10,917)	(4.8)	(12,910)	(3.5)	(15,194)	(3.6)	(16,754)	(2.9)
Cancer Control (Grants & Contracts)	–	–	–	–	4,969	1.1	32,826	5.7
Subtotal	44,770	19.7	58,942	15.8	77,073	18.1	119,359	20.5
Total NCI	\$226,952	100.0	\$372,565	100.0	\$425,407	100.0	\$581,114	100.0

1975 ACTUAL		1976 ACTUAL		1977 ACTUAL		1978 ACTUAL		1979 ACTUAL		1980 ACTUAL	
DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
\$115,195	21.4	\$130,633	22.7	\$140,159	23.0	\$158,716	24.7	\$188,488	27.3	\$213,610	29.0
19,213	3.6	23,263	4.0	27,121	4.5	29,774	4.6	32,021	4.6	36,884	5.0
84,536	15.7	80,029	13.9	83,453	13.7	88,058	13.7	93,953	13.6	104,094	14.1
5,033	.9	7,698	1.3	8,996	1.5	9,952	1.5	11,404	1.7	10,906	1.5
2,806	.5	3,243	.6	3,507	.6	4,399	.7	4,771	0.7	5,357	0.7
23,104	4.3	18,160	3.1	19,791	3.3	20,129	3.1	20,139	2.9	27,260	3.7
11,167	2.1	14,090	2.5	14,711	2.4	16,194	2.5	17,032	2.5	17,554	2.4
30,096	5.6	47,803	8.3	55,132	9.1	60,348	9.4	64,364	9.3	67,421	9.1
291,150	54.1	324,919	56.4	352,870	58.1	387,570	60.2	432,172	62.6	483,086	65.5
—	—	2,577	.5	7,266	1.2	9,412	1.5	7,894	1.1	7,771	1.1
105,076	19.5	111,524	19.3	110,740	18.6	120,359	18.6	81,119	11.8	57,446	7.8
105,076	19.5	114,101	19.8	118,006	19.4	129,771	20.1	89,013	12.9	65,217	8.8
82,916	15.4	96,509	16.7	94,229	15.5	87,806	13.6	130,161	18.9	151,305	20.5
11,593	2.2	13,262	2.3	19,414	3.2	21,621	3.4	20,734	3.0	22,595	3.1
94,509	17.6	109,771	19.0	113,643	18.7	109,427	17.0	150,895	21.9	173,900	23.6
2,568	.4	2,803	.5	1,199	.2	632	.1	271	0.1	221	
30,000	5.6	20,000	3.5	16,000	2.6	12,000	1.9	12,452	1.8	10,814	1.5
14,976	2.8	4,721	.8	5,992	1.0	4,544	.7	4,878	0.7	4,618	0.6
47,544	8.8	27,524	4.8	39,191	3.8	17,176	2.7	17,601	2.6	15,653	2.1
538,279	100.0	576,315	100.0	607,710	100.0	643,944	100.0	689,681	100.0	737,856	100.0
	77.0		75.7		74.6		73.8		73.6		73.9
50,532	7.2	61,243	8.0	67,855	8.3	79,217	9.1	88,944	9.5	98,665	9.9
61,935	8.9	69,876	9.2	80,184	9.8	86,594	9.9	91,167	9.7	97,863	9.8
(20,248)	(2.9)	(23,037)	(3.0)	(26,817)	(3.3)	(30,150)	(3.5)	(35,622)	(3.8)	(39,549)	(4.0)
48,574	6.9	54,016	7.1	59,208	7.3	62,614	7.2	66,904	7.2	63,663	6.4
161,041	23.0	185,135	24.3	207,247	25.4	228,425	26.2	247,015	26.4	260,191	26.1
\$699,320	100.0	\$761,450	100.0	\$814,957	100.0	\$872,369	100.0	\$936,696	100.0	\$998,047	100.0

NCI RESEARCH PROGRAMS — FISCAL YEAR 1980



Research Programs	Dollars	PERCENT OF TOTAL
Research Programs	\$802,347,000	80.4
Resource Development		
Cancer Centers Support	68,804,000	6.9
Research Manpower Development	44,621,000	4.5
Construction	16,251,000	1.6
Cancer Control	66,024,000	6.6
Total NCI	\$998,047,000	100.0

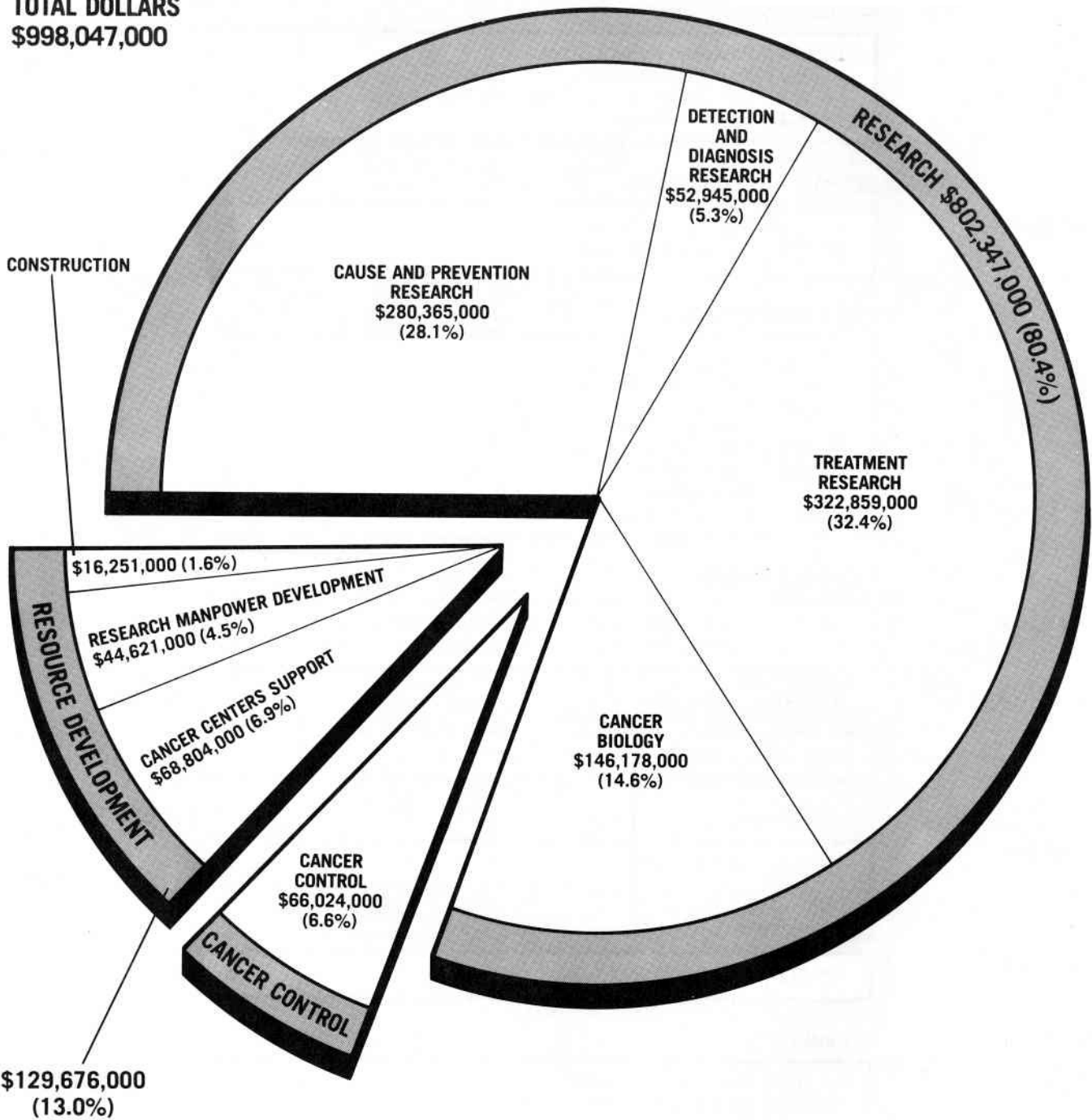
TOTAL NCI DOLLARS BY MECHANISMS — FISCAL YEAR 1980

(DOLLARS IN THOUSANDS)

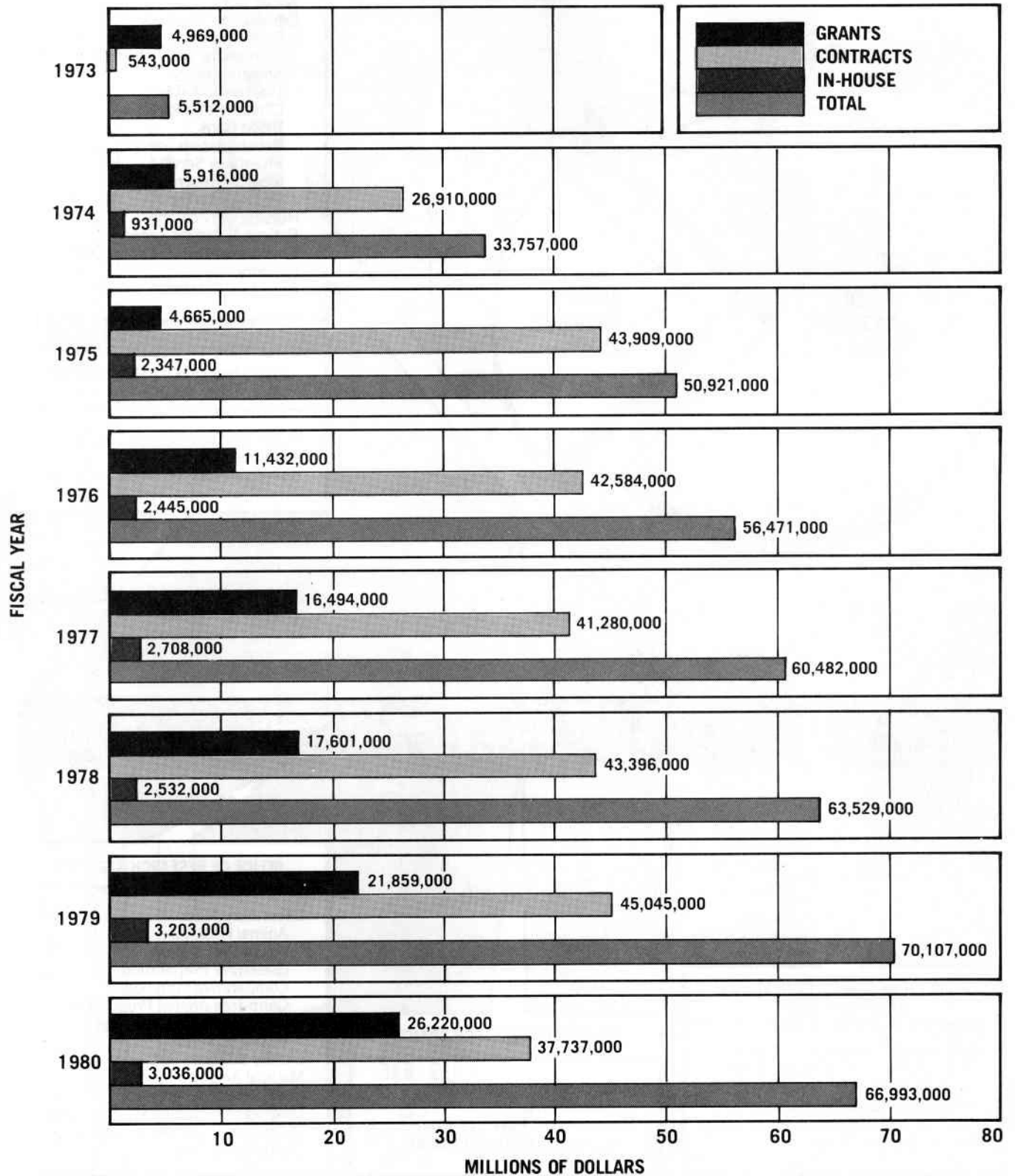
	AMOUNT	MECHANISM	PERCENT OF TOTAL	
	RESEARCH PROJECT GRANTS			
\$321,326	\$206,874	Research Project Grants	20.7	32.2%
	3,387	Young Investigators	0.4	
	6,971	Cancer Research Emphasis Grants	0.7	
	104,094	Program Projects	10.4	
	RESEARCH CENTERS GRANTS			
\$67,642	221	Exploratory Grants	0.01	6.8%
	67,421	Center Core Grants	6.8	
	OTHER RESEARCH GRANTS			
\$74,556	2,410	Scientific Evaluation	0.2	7.5%
	939	Conference Grants	0.09	
	4,720	Research Career Programs	0.5	
	10,906	Clinical Education Programs	1.1	
	36,884	Cooperative Clinical Research	3.7	
	17,554	National Organ Site Program	1.8	
	343	Veterinary Pathology Awards	.03	
	800	Cooperative Agreements	.08	
	TRAINING PROGRAM			
\$27,260	4,087	National Research Service Awards—Individual	0.4	2.7%
	23,173	National Research Service Awards—Institutional	2.3	
	RESEARCH AND RESOURCE CONTRACTS			
\$231,346	231,346	Research and Resource Contracts	23.2	23.2%
	CANCER CONTROL			
\$66,993	66,993	Cancer Control	6.7	6.7%
	CONSTRUCTION			
\$15,432	15,432	Construction	1.5	1.5%
	IN-HOUSE			
\$193,492	144,009	Intramural Research	14.4	19.4%
	38,868	Direct Operations	3.9	
	10,615	Program Management	1.1	
	\$998,047	TOTAL NCI	100.0	

NCI PROGRAM STRUCTURE—FISCAL YEAR 1980

TOTAL DOLLARS
\$998,047,000

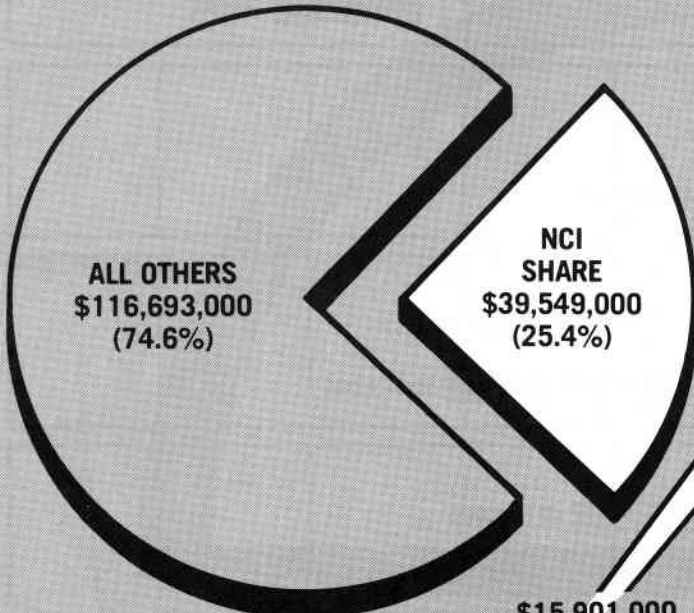


CANCER CONTROL OBLIGATIONS BY MECHANISM—FISCAL YEARS 1973-1980



**REIMBURSEMENT TO NIH MANAGEMENT FUND
FISCAL YEAR 1980**

**TOTAL NIH SERVICES
\$156,242,000**



- 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

- STANDARD LEVEL USER CHARGES (SLUC)**
- Building usage including utilities
 - Major renovations
 - Guard services for rental buildings

**DISTRIBUTION OF
NCI SERVICES
\$39,549,000**



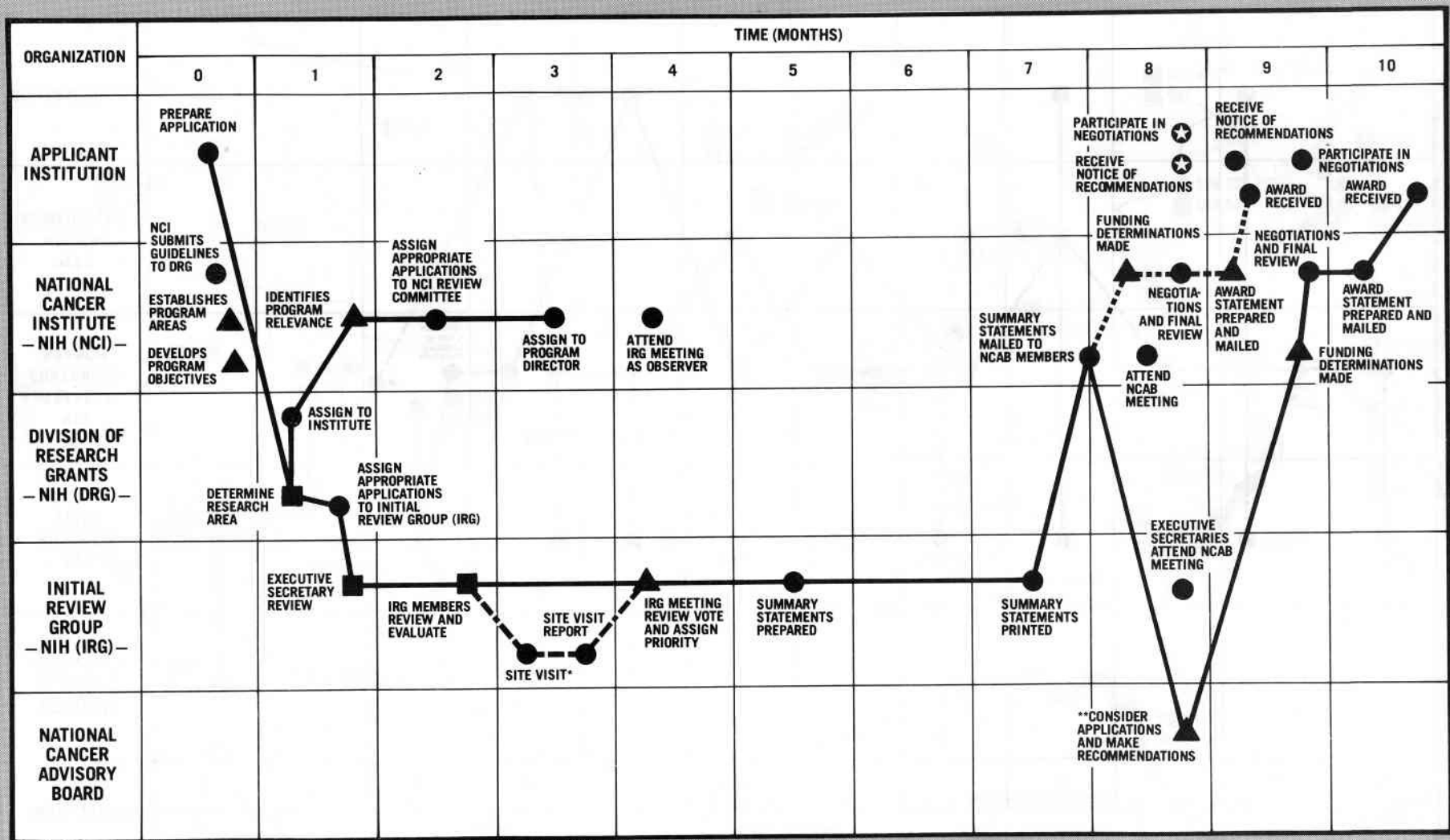
- DIVISION OF COMPUTER RESEARCH AND TECHNOLOGY**
- \$2,077,000
- Research & Development Program in Which Concepts & Methods of Computer Science Are Applied to Biomedical Problems (Services Are Rendered to the NIH Communities on a Fee-For-Service Basis).

- DIVISION OF RESEARCH GRANTS**
- \$2,230,000
- Initial Scientific Review of Applications
Assignment of Research Grant Applications Among Institutes

- OFFICE OF RESEARCH SERVICES**
- \$17,629,000
- Laboratory Aids
 - Animal Hospital
 - Media Preparation
 - Glassware Preparation
 - Comparative Pathology
 - Germ-free Animal Production
 - Biomedical Engineering and Instrumentation
 - Library Services
 - Medical Arts
 - Environmental Services
 - Division of Administrative Services
 - Division of Engineering Services
 - Division of Safety

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

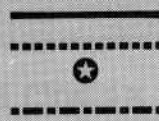
NCI GRANTS ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971



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

LEGEND:

- OPERATIONS
- REVIEW
- ▲ DECISION



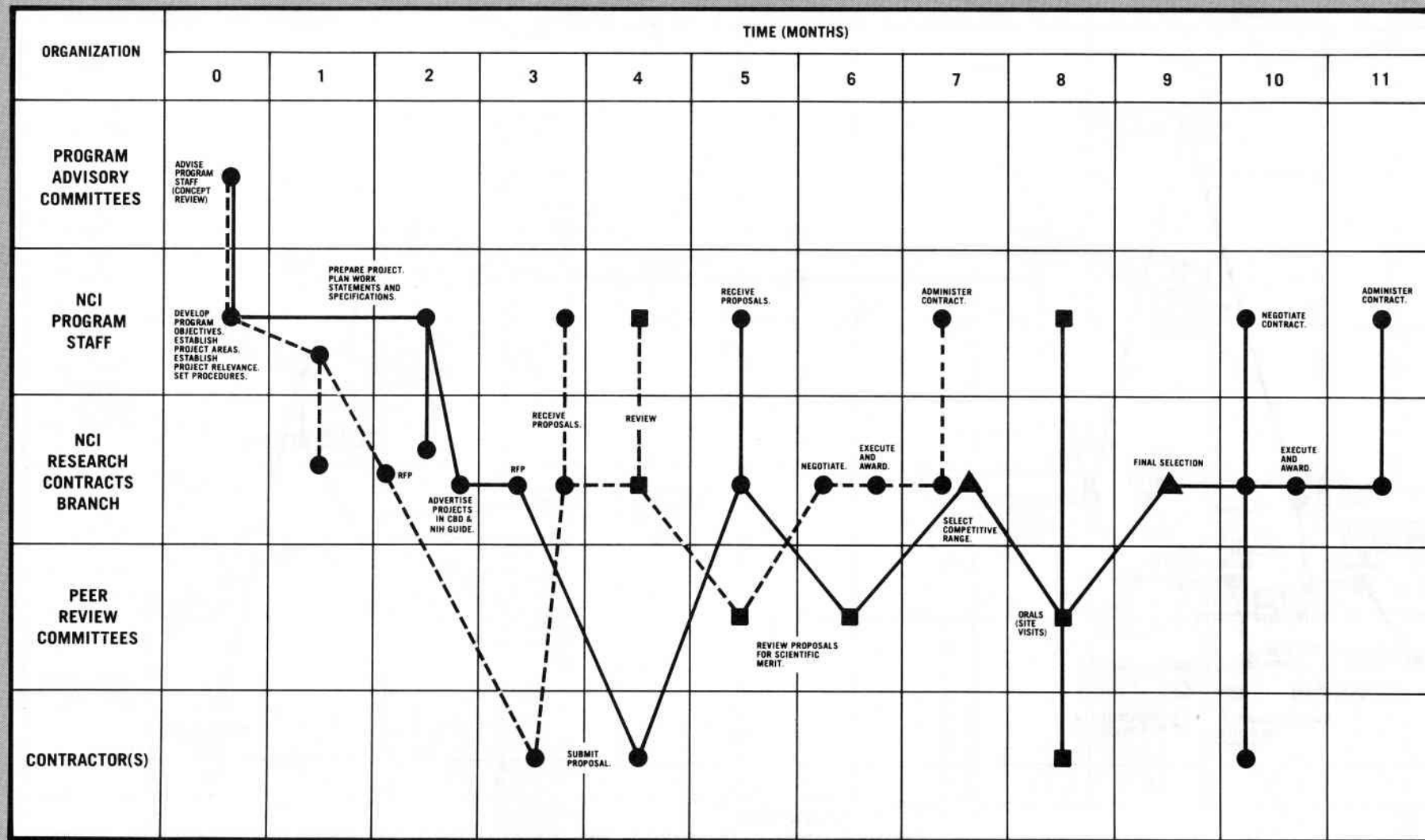
NORMAL ADMINISTRATIVE FLOW

APPLICATIONS LESS THAN \$35,000 TOTAL COSTS (TIME SAVING 3 TO 4 WEEKS)

*SITE VISITS REQUIRED FOR ONLY ABOUT 10% OF APPLICATIONS

**NCAB MEETS NOT LESS THAN FOUR TIMES PER YEAR

NCI CONTRACTS ADMINISTRATION PROCESS—UNDER CANCER ACT OF 1971



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

LEGEND:

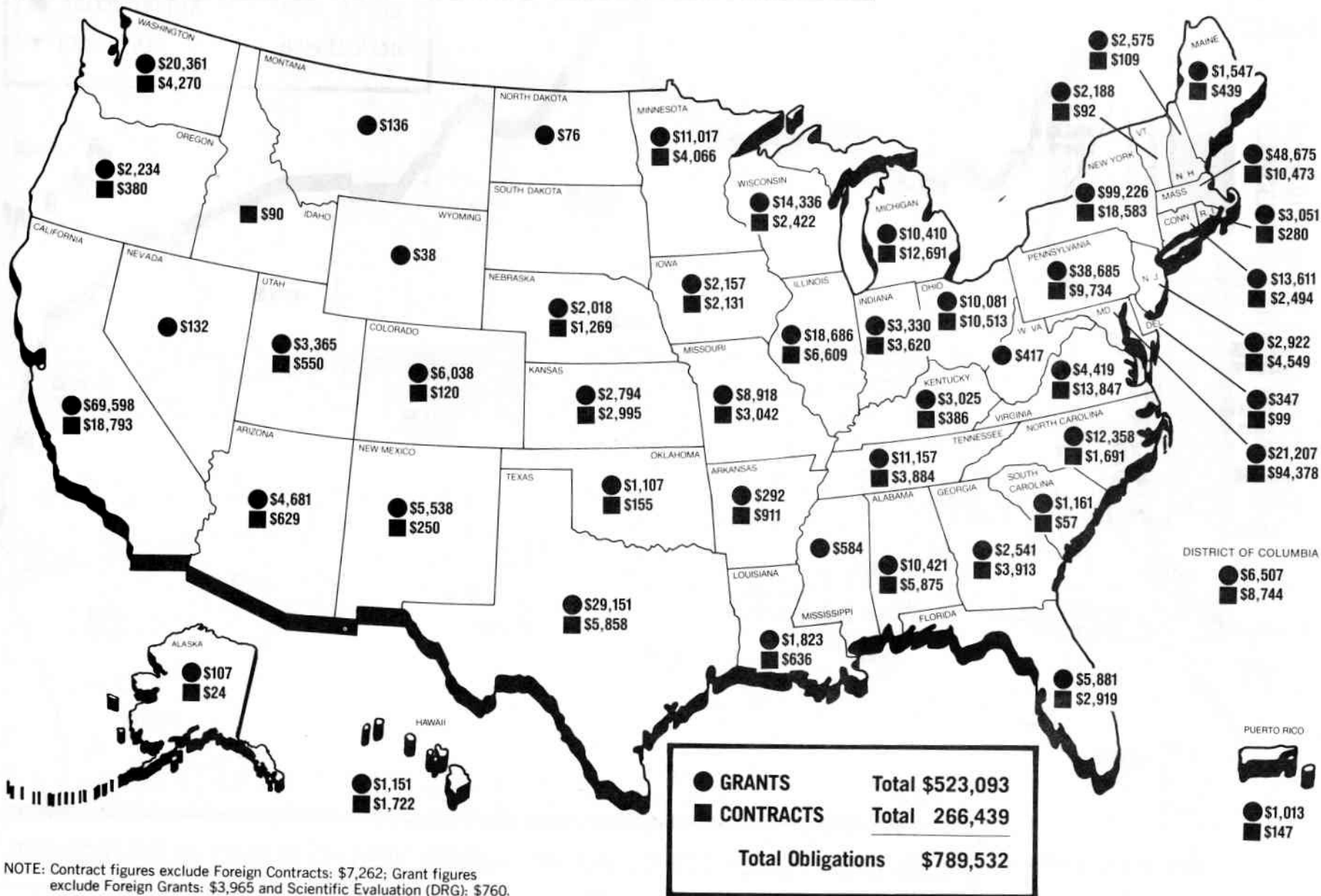
- OPERATION
- REVIEW
- ▲ DECISION

- NORMAL FLOW
- - - NON-COMPETITIVE CONTRACTS

* AD HOC COMMITTEES MAY BE USED— INCLUDES OUTSIDE SCIENTISTS.

STATE DISTRIBUTION OF GRANTS AND CONTRACTS—FISCAL YEAR 1980

(DOLLARS IN THOUSANDS)



NOTE: Contract figures exclude Foreign Contracts: \$7,262; Grant figures exclude Foreign Grants: \$3,965 and Scientific Evaluation (DRG): \$760.

INSTITUTIONS RECEIVING MORE THAN \$1,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1980

(DOLLARS IN THOUSANDS)

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Alabama, University of	\$ 7,581	\$ 224	\$ -	\$ 7,805	Alabama
Albert Einstein College of Medicine	7,457	74	-	7,531	New York
Allegheny Health, Education and Research Corporation	969	949	-	1,918	Pennsylvania
American College of Obstetrics and Gynecology	1,148	-	-	1,148	Illinois
American College of Radiology	2,031	1,171	-	3,202	Illinois
American Health Foundation	3,050	891	-	3,941	New York
Arizona, University of	4,348	140	-	4,488	Arizona
Arthur D. Little, Inc.	-	3,153	-	3,153	Massachusetts
Battelle Memorial Institute	1,400	6,148	-	7,548	Ohio
Baylor College of Medicine	5,010	382	-	5,392	Texas
Ben Venue Laboratories, Inc.	-	1,428	-	1,428	Ohio
Boston University Medical Center	1,968	41	-	2,009	Massachusetts
Bowman Gray School of Medicine of Wake Forest University	1,591	36	-	1,627	North Carolina
California State Department of Health	-	2,059	-	2,059	California
California, University of	33,098	3,961	965	38,024	California
Case Western Reserve University	2,368	199	-	2,567	Ohio
Charles River Breeding Labs	-	2,330	-	2,330	Massachusetts
Chicago, University of	7,960	829	-	8,789	Illinois
Children's Hospital Medical Center	1,009	-	-	1,009	Massachusetts
Children's Hospital of Philadelphia	1,552	435	-	1,987	Pennsylvania
City of Hope National Medical Center	1,393	-	-	1,393	California
Cold Spring Harbor Labs	3,915	2	-	3,917	New York
College of Medicine and Dentistry of New Jersey	1,433	238	-	1,671	New Jersey
Colorado State University	1,700	-	-	1,700	Colorado
Colorado, University of, Medical Center	2,934	-	-	2,934	Colorado
Columbia University	8,658	1,005	-	9,663	New York
Community Blood and Plasma Service	-	1,190	-	1,190	Alabama
Connecticut, University of, Health Center	1,658	-	-	1,658	Connecticut
Cornell University Medical Center	3,541	-	170	3,711	New York
Dartmouth College	2,448	112	-	2,560	New Hampshire
Duke University	7,032	995	-	8,027	North Carolina
Electro-Nucleonics Laboratories, Inc.	-	1,320	-	1,320	Maryland
Emory University	1,449	889	-	2,338	Georgia
Energy, Department of	1,251	4,829	-	6,080	New York
Enviro Control, Inc.	-	2,421	-	2,421	Maryland
Environmental Protection Agency	-	2,081	-	2,081	Dist. of Col.
Florida, University of	2,252	195	-	2,447	Florida
Flow Laboratories, Inc.	-	2,748	-	2,748	Maryland
Fox Chase Cancer Center	1,603	750	-	2,353	Pennsylvania
Franklin Institute Research Labs	-	2,085	-	2,085	Pennsylvania
Fred Hutchinson Cancer Research Center	10,456	1,701	4,604	16,761	Washington
Frontier Science and Technology Research Foundation, Inc.	-	3,296	-	3,296	New York
George Washington University	1,284	277	-	1,561	Dist. of Col.
Georgetown University	2,010	1,349	-	3,359	Dist. of Col.
Georgia, University of	1,091	115	-	1,206	Georgia
Hahnemann Medical College and Hospital	1,305	-	-	1,305	Pennsylvania
Harlan Industries, Inc.	-	1,985	-	1,985	Indiana
Harvard University	9,207	588	111	9,906	Massachusetts
Hawaii, University of	1,151	968	-	2,119	Hawaii
Hazleton Laboratories, Inc.	-	2,364	-	2,364	Virginia
Howard University	1,489	1	-	1,490	Dist. of Col.
IIT Research Institute	67	1,959	-	2,026	Illinois
Illinois Cancer Council	1,685	209	-	1,894	Illinois
Illinois, University of	2,077	663	-	2,740	Illinois
Indiana University Foundation	1,731	543	-	2,274	Indiana
Institute for Cancer Research	7,267	-	-	7,267	Pennsylvania
International Agency for Research on Cancer	-	1,110	-	1,110	France
Iowa, University of	2,108	2,064	-	4,172	Iowa
IRDC	-	2,961	-	2,961	Michigan
Jackson Laboratory	1,498	401	-	1,899	Maine
Jefferson Medical College	1,967	-	-	1,967	Pennsylvania
Johns Hopkins University	13,509	1,772	2,895	18,176	Maryland
Kaiser Foundation Hospitals	192	999	-	1,191	California
Kansas, University of	-	2,995	-	2,995	Kansas
Kansas, University of, College of Health Sciences & Hosp.	2,336	-	-	2,336	Kansas
Kentucky, University of	1,714	298	-	2,012	Kentucky
La Jolla Cancer Research Foundation	1,118	-	-	1,118	California
Life Sciences, Inc.	193	1,244	-	1,437	Florida
Litton Bionetics, Inc.	-	32,251	-	32,251	Maryland
Louisiana State University Medical Center	1,018	571	-	1,589	Louisiana
Maryland, University of	1,092	4,609	-	5,701	Maryland
Mason Research Institute/EG&G	-	3,826	-	3,826	Massachusetts

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Massachusetts General Hospital	\$ 4,592	\$ 517	\$ --	\$ 5,109	Massachusetts
Massachusetts Institute of Technology	6,609	--	--	6,609	Massachusetts
Mayo Foundation	4,628	2,414	--	7,042	Minnesota
Medical College of Virginia	2,617	1	--	2,618	Virginia
Medical College of Wisconsin	1,022	95	--	1,117	Wisconsin
Meloy Laboratories, Inc.	--	5,156	--	5,156	Virginia
Memorial Hospital for Cancer and Allied Diseases	4,496	2,540	--	7,036	New York
Miami, University of	3,020	481	--	3,501	Florida
Michigan Cancer Foundation	3,349	5,879	300	9,528	Michigan
Michigan State University	1,492	75	--	1,567	Michigan
Michigan, University of, Ann Arbor	3,101	--	--	3,101	Michigan
Microbiological Associates	--	3,240	--	3,240	Maryland
Midwest Research Institute	110	2,417	--	2,527	Missouri
Minnesota, University of	6,167	1,652	222	8,041	Minnesota
Mount Sinai School of Medicine	5,717	813	--	6,530	New York
National Naval Medical Center	--	1,201	--	1,201	Maryland
Nebraska, University of	1,661	1,143	--	2,804	Nebraska
New Mexico, University of	3,910	209	--	4,119	New Mexico
New York Department of Health	11,668	944	645	13,257	New York
New York Medical College	1,400	186	--	1,586	New York
New York University Medical Center	6,470	223	--	6,693	New York
North Carolina, University of	3,736	259	--	3,995	North Carolina
Northern California Cancer Program	2,268	364	--	2,632	California
Northwestern University	2,093	19	--	2,112	Illinois
Ohio State University Research Foundation	4,542	843	--	5,385	Ohio
Oregon State University	1,816	47	--	1,863	Oregon
Pennsylvania State University Hershey Medical Center	2,989	--	--	2,989	Pennsylvania
Pennsylvania, University of	6,180	325	--	6,505	Pennsylvania
Pittsburgh, University of	2,259	2,274	--	4,533	Pennsylvania
Porter, Novelli and Associates	--	1,020	--	1,020	Dist. of Col.
Purdue University, West Lafayette	1,268	--	--	1,268	Indiana
Research Foundation of the State University of New York	5,262	81	--	5,343	New York
Rochester, University of	6,664	432	--	7,096	New York
Rockefeller University	3,947	10	--	3,957	New York
Roger Williams General Hospital	1,346	--	--	1,346	Rhode Island
Rush Presbyterian-St. Luke's Medical Center	1,862	709	--	2,571	Illinois
Saint Louis University School of Medicine	1,443	282	--	1,725	Missouri
Salk Institute for Biological Studies	3,667	121	--	3,788	California
Scripps Clinic and Research Foundation	4,671	257	--	4,928	California
Sidney Farber Cancer Institute	13,562	632	--	14,194	Massachusetts
Simonsen Laboratories	--	1,678	--	1,678	California
Sloan-Kettering Institute for Cancer Research	20,803	1,905	--	22,708	New York
Southern California, University of	9,293	2,101	--	11,394	California
Southern Research Institute	2,144	3,972	--	6,116	Alabama
SRI International	1,128	3,330	--	4,458	California
St. Jude Children's Research Hospital	5,264	--	902	6,166	Tennessee
Stanford University	8,321	562	--	8,883	California
Temple University	4,075	312	--	4,387	Pennsylvania
Tennessee, University of	2,609	113	--	2,722	Tennessee
Texas, University of, Health Science Center	23,130	4,548	--	27,678	Texas
Tracor Jitco, Inc.	--	21,777	--	21,777	Maryland
Tufts University School of Medicine	2,291	11	--	2,302	Massachusetts
Tufts-New England Medical Center	1,172	--	--	1,172	Massachusetts
University City Science Center	--	1,187	--	1,187	Pennsylvania
Utah, University of	3,046	550	--	3,596	Utah
Vanderbilt University Medical Center	1,793	273	--	2,066	Tennessee
Vermont, University of, College of Medicine	1,871	92	--	1,963	Vermont
Veterans Administration	--	2,686	--	2,686	Dist. of Col.
Virginia, University of, Charlottesville	1,082	--	--	1,082	Virginia
VSE Corporation	--	1,087	--	1,087	Virginia
Warner Lampert	--	1,965	--	1,965	Michigan
Washington University	5,365	123	--	5,488	Missouri
Washington, University of	3,430	2,211	--	5,641	Washington
Wayne State University	1,425	268	--	1,693	Michigan
Westat, Inc.	--	2,760	--	2,760	Maryland
Wisconsin, University of	12,973	1,270	--	14,243	Wisconsin
Wistar Institute of Anatomy and Biology	5,873	--	--	5,873	Pennsylvania
Worcester Foundation for Experimental Biology	1,686	--	--	1,686	Massachusetts
Yale University School of Medicine	11,877	1,614	--	13,491	Connecticut

TOTALS	\$463,627	\$209,685	\$10,814	\$684,126	
PERCENT OF TOTAL AWARDED ABOVE	67.8	30.6	1.6	100.0	
TOTAL NCI FISCAL YEAR 1980 OBLIGATIONS	\$998,047				
PERCENT OF NCI TOTAL OBLIGATIONS	46.4	21.0	1.1	68.5	

DISTRIBUTION OF NCI CONTRACTS — FISCAL YEAR 1980

PROGRAM DISTRIBUTION				
PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
13.6	117	Division of Cancer Biology and Diagnosis	\$ 20,968	7.8
32.2	277	Division of Cancer Treatment	79,005	29.4
42.7	368	Division of Cancer Cause and Prevention	128,775	47.8
10.3	89	Division of Resources, Centers, and Community Activities	37,737	14.0
1.2	10	Office of the Director	2,598	1.0
861		TOTALS	\$269,083	

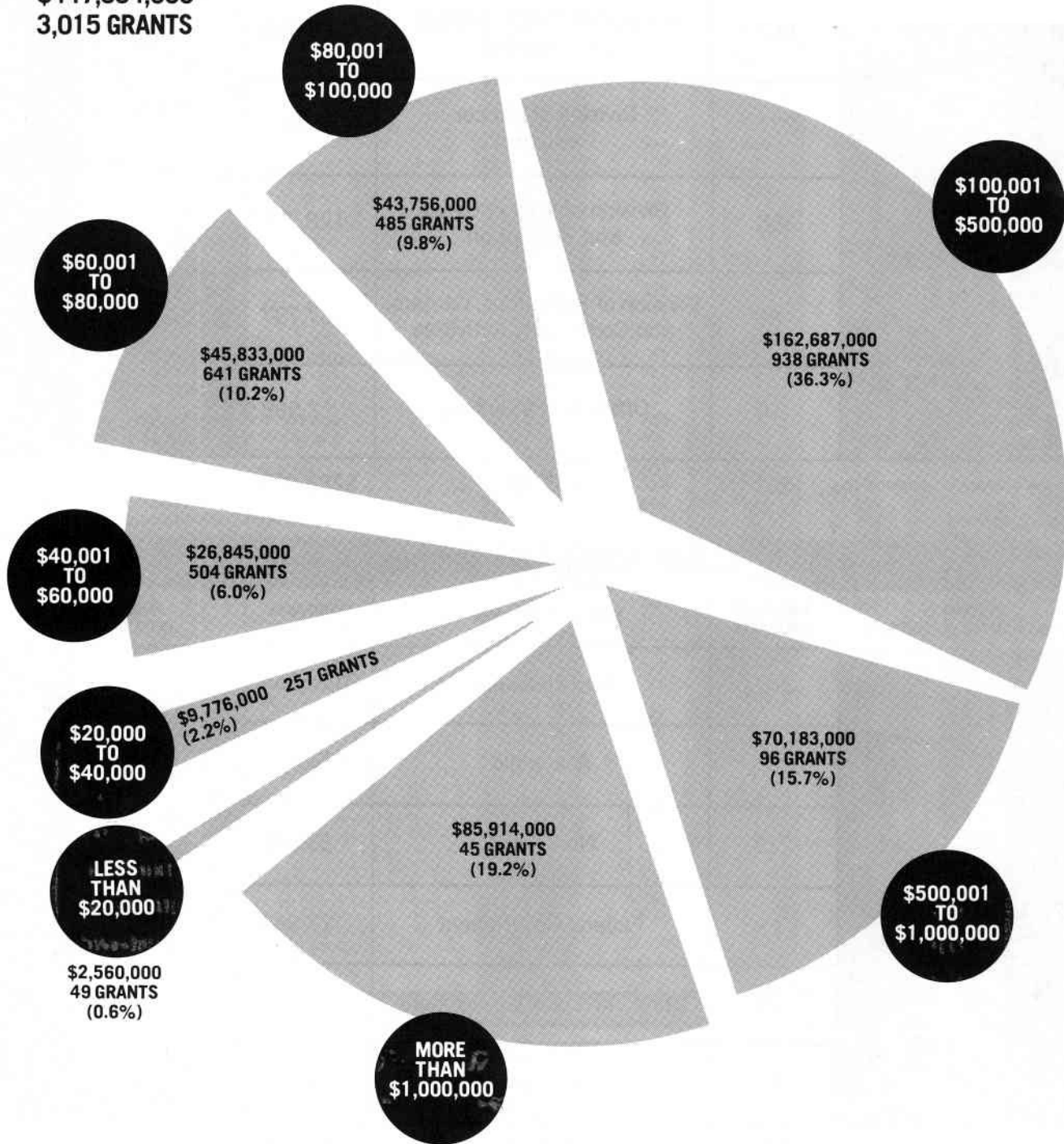
Includes Interagency Agreements.

INSTITUTIONAL DISTRIBUTION				
PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
23.5	202	Profit-Making	\$114,858	42.7
34.0	293	Academic	53,631	19.9
24.6	212	Non-Profit	59,345	22.1
8.0	69	Federal Government	27,944	10.4
2.9	25	State and Local Government	6,043	2.2
7.0	60	Foreign	7,262	2.7
861		TOTALS	\$269,083	

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

DISTRIBUTION OF NCI RESEARCH GRANTS BY VALUE OF GRANT AWARD—FISCAL YEAR 1980

TOTAL GRANT DOLLARS
\$447,554,000
3,015 GRANTS



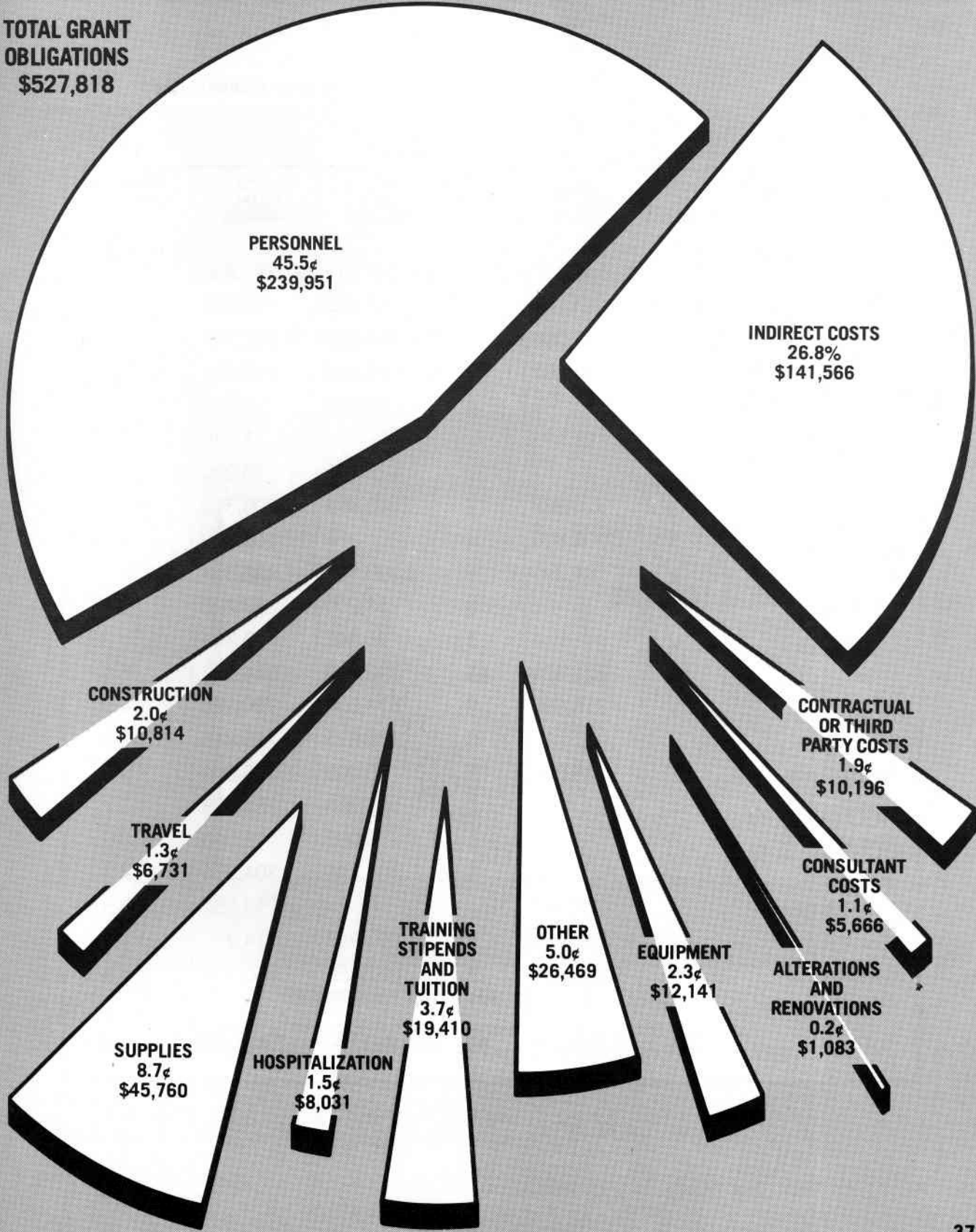
Excludes Training and Fellowship Awards, Cancer Control Grants, Construction Grants, Clinical Education, and Career Awards. Includes Clinical Trials and CREG Awards.

DISTRIBUTION OF THE GRANT DOLLAR—FISCAL YEAR 1980

(DOLLARS IN THOUSANDS)



TOTAL GRANT OBLIGATIONS
\$527,818



**FOREIGN RESEARCH GRANTS AND
CONTRACTS — FISCAL YEAR 1980**

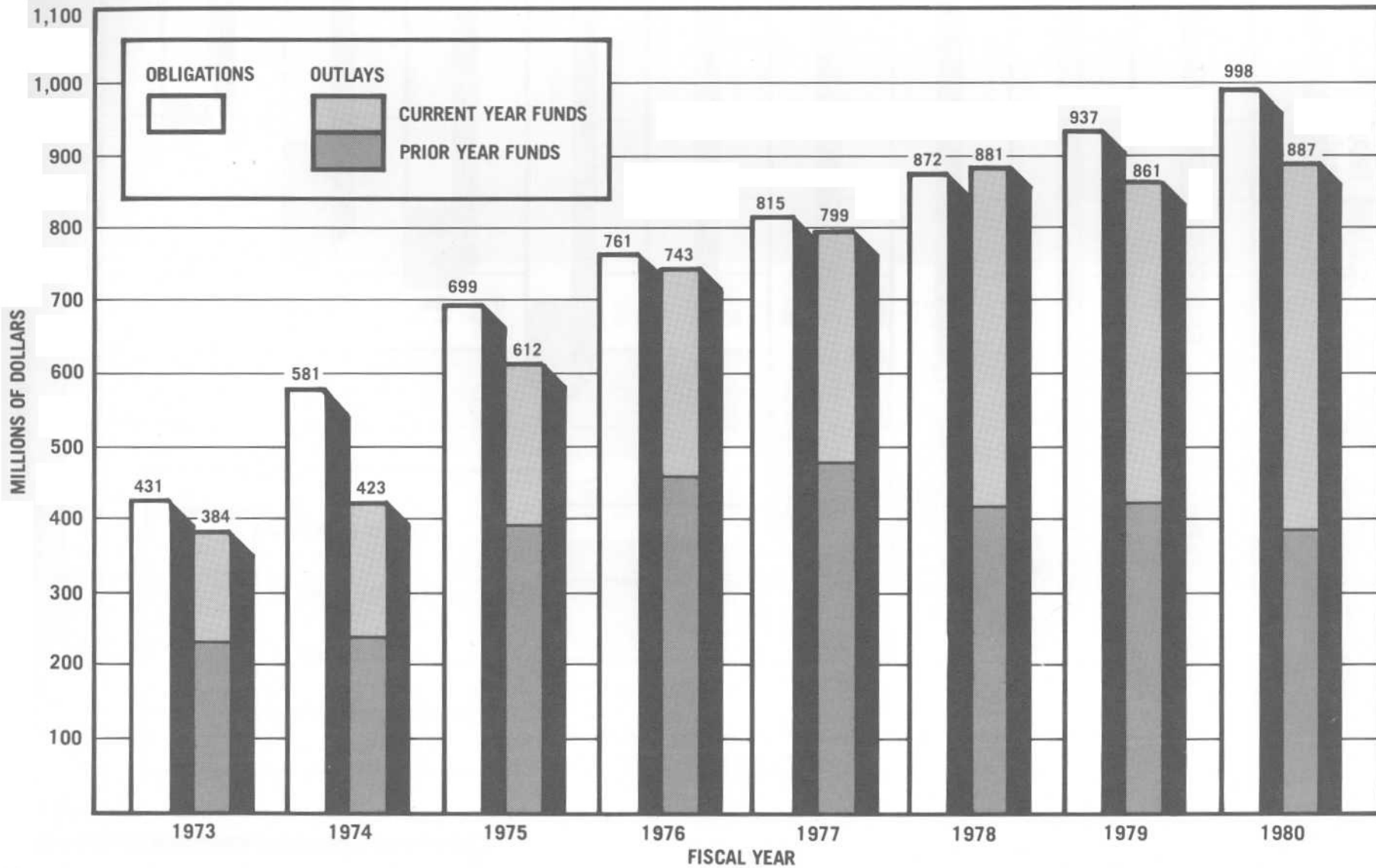
	NUMBER OF GRANTS	GRANT DOLLARS AWARDED	NUMBER OF CONTRACTS	CONTRACT DOLLARS AWARDED	TOTAL DOLLARS AWARDED	PERCENT OF TOTAL AMOUNT AWARDED
Australia	4	\$ 181,733	2	\$ 114,817	\$ 296,550	2.6
Austria	—	—	3	57,983	57,983	0.5
Belgium	1	237,090	3	421,265	658,355	5.8
Canada	14	584,037	9	911,445	1,495,482	13.1
Colombia	—	—	1	50,692	50,692	0.4
Denmark	1	39,135	—	—	39,135	0.3
East Africa	—	—	1	125,000	125,000	1.1
England	3	320,828	11	885,491	1,206,319	10.6
Finland	3	106,800	—	—	106,800	0.9
France	1	34,395	9	1,393,998	1,428,393	12.5
Germany	—	—	2	33,200	33,200	0.3
Ghana	—	—	1	75,343	75,343	0.7
Israel	9	621,429	15	392,693	1,014,122	8.9
Italy	3	116,690	8	673,604	790,294	6.9
Japan	—	—	6	715,835	715,835	6.3
Netherlands	1	15,000	3	90,000	105,000	0.9
Norway	—	—	1	81,963	81,963	0.7
Portugal	—	—	1	5,000	5,000	0.0
Scotland	—	—	5	304,386	304,386	2.7
South Africa	1	59,254	—	—	59,254	0.5
Sweden	7	523,086	6	391,880	914,966	8.0
Switzerland	3	1,008,728	2	857,456	1,866,184	16.3
TOTAL	51	\$3,848,205	89	\$7,582,051	\$11,430,256	100.0

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	ACTUAL FULL-TIME PERMANENT EMPLOYEES	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ALLOCATED SPACE (SQUARE FEET)*	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR
1971	232,855	Base Year	—	1426	Base Year	—	321,230	Base Year	—
1972	378,636	62.6	62.6	1665	16.8	16.8	329,587	2.6	2.6
1973	431,245	85.2	13.9	1736	21.7	4.3	357,972	11.4	8.6
1974	581,149	149.6	34.8	1805	26.6	4.0	381,436	18.7	6.6
1975	699,320	200.3	20.3	1849	29.7	2.4	382,485	19.1	0.2
1976	760,751	226.7	8.8	1955	37.1	5.7	387,324	20.6	1.3
1977	814,957	250.0	7.1	1986	39.3	1.6	428,285	33.3	10.6
1978	872,369	275.0	7.2	1969	38.1	-0.9	491,725	53.1	14.8
1979	936,696	302.3	7.4	1973	38.4	0.2	493,156	53.5	0.3
1980	998,047	328.6	6.5	1837	28.8	-6.7	467,730	45.6	-5.2

*Does not include field station-assigned space.

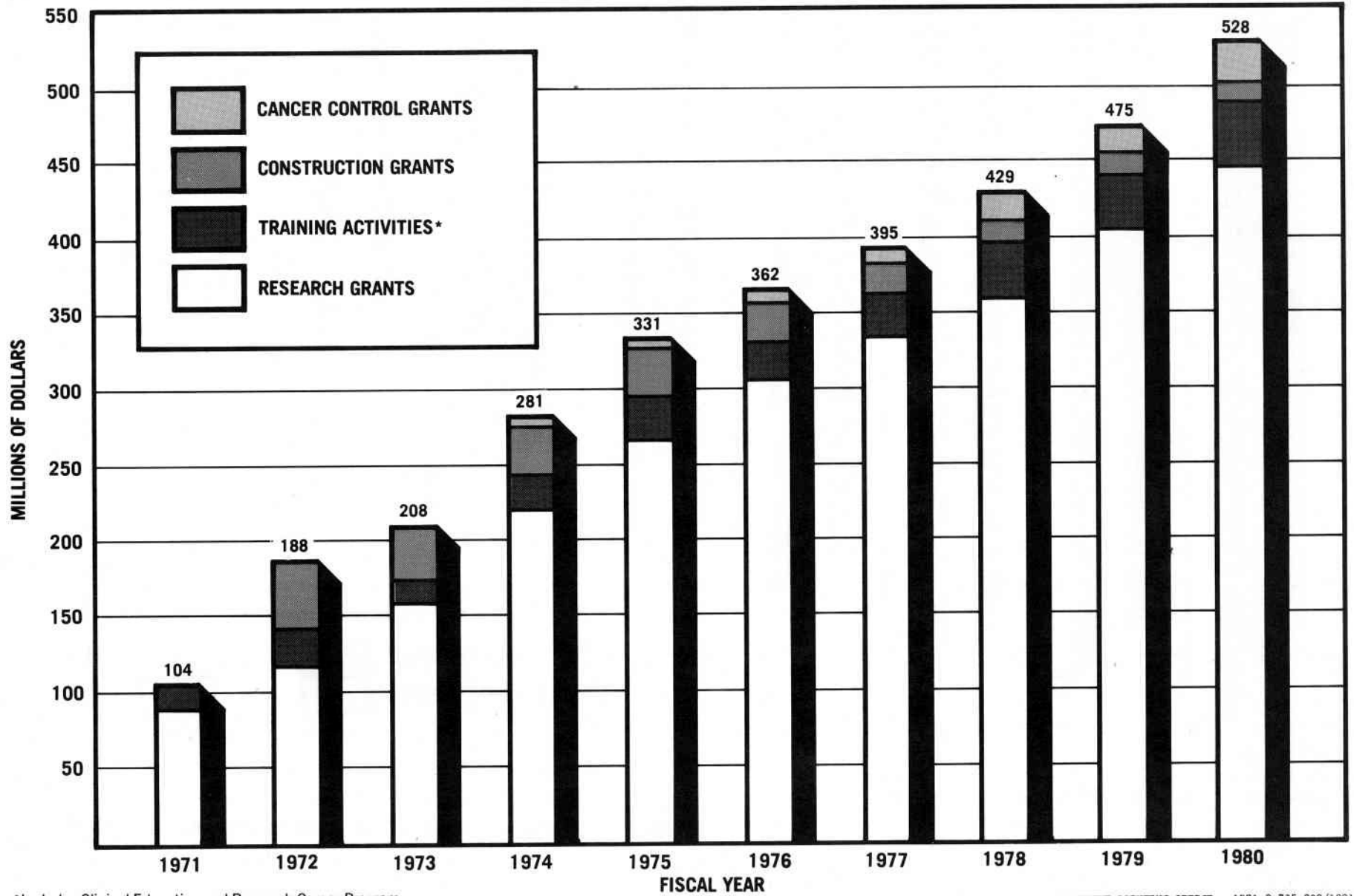
NATIONAL CANCER INSTITUTE OBLIGATIONS AND OUTLAYS



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 — 1971-1980



*Includes Clinical Education and Research Career Program

*U.S. GOVERNMENT PRINTING OFFICE: 1981-0-735-029/1081

NCI REGULAR GRANT AWARDS — 1974-1980 (Including Clinical Cooperative Groups)

(DOLLARS IN THOUSANDS)

FISCAL YEAR	TYPE AWARD	REQUESTED		APPROVED		AWARDED		PERCENT FUNDED
		NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	
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	—
1979	Competing							
	New	1,950	\$177,989	1,414	\$ 97,596	576	\$ 45,287	40.7
	Renewals	653	80,521	570	52,012	334	35,025	58.6
	Total	2,603	258,510	1,984	149,608	910	80,312	45.9
	Non-Competing	—	—	—	—	1,485	141,198	—
1980	Competing							
	New	1,891	\$188,988	1,401	\$103,389	470	\$ 37,605	33.5
	Renewals	632	89,866	610	62,289	346	39,167	56.7
	Total	2,523	278,854	2,011	165,678	816	76,772	40.6
	Non-Competing	—	—	—	—	1,739	171,312	—



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