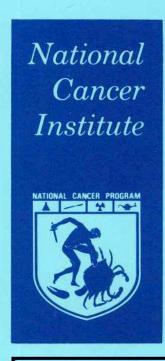
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# NCI FACT BOOK

## **NATIONAL CANCER PROGRAM**

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

Revised January 1978

### PREFACE

The information set forth in this publication is compiled and amended annually by the Financial Management Staff of the National Cancer Institute and is intended primarily for use by members of the Institute staff, the principal advisory groups to the Institute and others involved in the administration and management of the National Cancer Program. Questions regarding any of the information contained herein may be directed to the Financial Manager, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland 20014.

FACT BOOK COORDINATOR
Frank B. Showers

# National Cancer Institute FACT BOOK

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

DHEW Publication No. (NIH) 78-512

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CHIEF, SYSTEMS PLANNING BRANCH Vacant	BUILDING 31
ASSOCIATE DIRECTOR FOR CANCER COMMUNICATIONS  Mr. J. Paul Van Nevel	<b>BUILDING 31</b> 10-A-29 496-6631
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Dr. William W. Payne	BUILDING
Mr. Richard Carter	860 FTS-8-935-2021

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DIRECTOR, DIVISION OF CANCER CAUSE AND PREVENTION	BUILDING 31
Dr. Gregory T. O'Conor	
ADMINISTRATIVE OFFICER	BUILDING 31
Mr. John M. Miller	
DIRECTOR, DIVISION OF CANCER BIOLOGY AND DIAGNOSIS	BUILDING 31
Dr. Alan S. Rabson	3-A-03 496-4346
ADMINISTRATIVE OFFICER	BUILDING 31
Mr. Larry D. Willhite, Acting	
DIRECTOR, DIVISION OF CANCER TREATMENT	BUILDING 31
Dr. Vincent T. DeVita, Jr	3-A-52 496-4291
ADMINISTRATIVE OFFICER	BUILDING 31
Mr. Philip D. Amoruso	3-A-50 496-5964
DIRECTOR, DIVISION OF CANCER RESEARCH RESOURCES AND CENTERS	BUILDING 31
Dr. Thomas J. King	10-A-03 496-5147
ADMINISTRATIVE OFFICER	BUILDING 31
Mrs. Edith F. Phillips	10-A-10 496-5915
CHIEF, GRANTS ADMINISTRATION BRANCH	WESTWOOD BUILDING
Mr. Leo F. Buscher, Jr.	8-A-18 496-7753
DIDECTOR DIVISION OF CANOED CONTROL AND DELIABILITATION	
DIRECTOR, DIVISION OF CANCER CONTROL AND REHABILITATION  Dr. Diane J. Fink	BLAIR BUILDING 732Δ 427-7997
ADMINISTRATION OFFICER	BLAIR BUILDING
Mr. Hugh E. Mahanes	
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### 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."
- **April 12, 1937**—Congressman Warren G. Magnuson of Washington introduced H.R. 6100, an identical bill to S. 2067.
- July 8, 1937—A joint hearing of the Senate and House committees was conducted before a Subcommittee on Cancer Research, and a revised bill was written.
- July 23, 1937—The National Cancer Institute Act was passed by Congress.
- August 5, 1937 The National Cancer Institute Act, Public Law 244, 75th Congress, was signed by President Franklin D. Roosevelt, "To provide for, foster, and aid in coordinating research relating to cancer; to establish the National Cancer Institute; and for other purposes." An appropriation of \$700,000 for each fiscal year was authorized.
- July 1, 1944—The Public Health Service Act, Public Law 410, 78th Congress provided that "The National Cancer Institute shall be a division in the National Institutes of Health." The act also revised and consolidated many revisions into a single law. The limit of \$700,000 annual appropriation was removed.
- December 4, 1970—Senator Ralph Yarborough, Texas, introduced S. 4564, "A bill which would establish a National Cancer Authority for the purpose of devising and implementing a national program for the conquest of the world's most dreaded disease—cancer."
- January 22, 1971 In his State of the Union Message, President Nixon announced that he would ask for the appropriation of an additional \$100 million to launch an intensive effort to control cancer, and that he would ask later for whatever additional funds could be effectively used.
- March through November 1971 Hearings on proposed legislation relating to cancer research expansion were held by both House and Senate subcommittees.
- October 18, 1971 The President announced that the Army's Biological Defense Research Center

- at Fort Detrick, Maryland would be converted into a leading center for cancer research as part of the major campaign to conquer cancer.
- December 7, 1971 After three conference sessions that began on November 30, the Senate-House Conference Committee agreed on S. 1828.
- **December 9, 1971**—The House passed the bill by voice vote.
- **December 10, 1971**—The Senate passed the bill 85-0 and sent it to the President for signature.
- December 23, 1971 The President signed P. L. 92-218, The National Cancer Act of 1971, providing increased authorities and responsibilities for the NCI Director; initiating a National Cancer Program; establishing a three-member President's Cancer Panel and a 23-member National Cancer Advisory Board; establishing cancer control programs as necessary for cooperation with State and other health agencies, and providing for the collection, analysis, and dissemination of all data useful in the diagnosis, prevention, and treatment of cancer, including the establishment of an international cancer research data bank.
- January-February 1974—Hearings were held on the proposed legislation to improve on the National Cancer Plan and to authorize appropriations for the next three years.
- July 23, 1974—The National Cancer Act Amendments of 1974, P.L. 93-352, was signed. The Amendments: encourage the NCP to explore the role of nutrition in the treatment, rehabilitation, and causation of cancer; authorize the Director to include personnel needs in the budget estimate to OMB; remove the limit on the number of comprehensive cancer centers; increase the number of consultant/expert appointments to 100; and direct the NCI to provide and contract for a program to disseminate and interpret information respecting the cause, prevention, diagnosis and treatment of cancer.
- **August 1, 1977**—The Biomedical Research Extension Act of 1977, P.L. 95-83, Title II, increased the number of consultant/expert appointments from 100 to 151.

### 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.
- November 25, 1970 The National Panel of Consultants submitted to the Senate Committee a report entitled "National Program for 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 for continued cooperation on the exchange of drugs, visiting scientists, and information.
- July 27, 1972 A Bureau-level organization was established for the National Cancer Institute, giving the Institute and its components organizational status commensurate with the responsibilities bestowed on it by The National Cancer Act of 1971. Under the reorganization, the Institute was composed of the Office of the Director and four Divisions: the Division of Cancer Biology and Diagnosis; Division of Cancer Cause and Prevention; Division of Cancer Treatment; and Division of Cancer Grants.
- February 27, 1974 The Division of Cancer Treatment completed negotiations with the University of Maryland to relocate the Baltimore Cancer Research Center within the University of Maryland Hospital Complex in Baltimore.
- 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.

## DIRECTOR NATIONAL CANCER PROGRAM NATIONAL CANCER INSTITUTE

### **July 29, 1977 TO PRESENT**

### Arthur Canfield Upton, M.D.

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

sity of New York at Stony Brook. In 1970, he accepted the position as Dean, School of Basic Health Sciences at that institution, a position he held until 1975. Additionally, during the period 1969 through 1977 until his appointment as Director of the National Cancer Program, he was Attending Pathologist, Medical Department, Brookhaven National Laboratory and Professor of Pathology, State University of New York at Stony Brook. Dr. Upton maintains membership in many National Scientific Societies and was President of the American Association for Cancer Research (1963-1964), the Radiation Research Society (1965-1966), and the American Society for Experimental Pathology (1967-1968).

### PRESIDENT'S CANCER PANEL

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

### NATIONAL CANCER INSTITUTE EXECUTIVE COMMITTEE

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

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

Mr. Louis M. Carresse
Associate Director for Program Planning and Analysis

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

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

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

Dr. John B. Moloney
Acting Assistant Director, NCI

Dr. Bayard H. Morrison III Assistant Director, NCI

Dr. Gregory T. O'Conor Associate Director for International Affairs Acting Director, Division of Cancer Cause and Prevention

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

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

Dr. Richard A. Tjalma Assistant Director, NCI

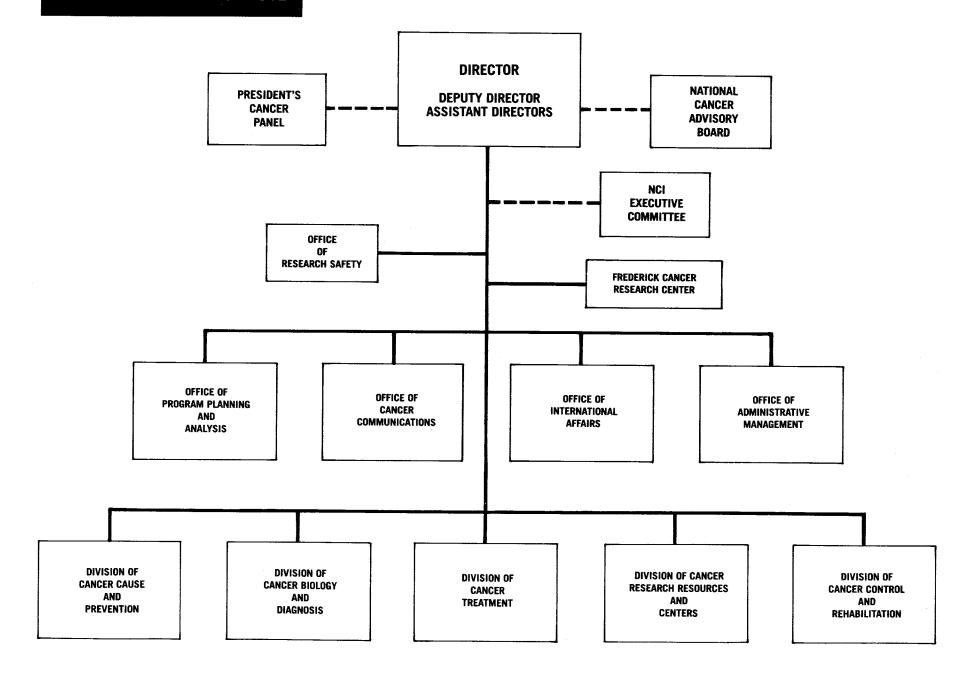
Mr. J. Paul Van Nevel
Associate Director for Cancer Communications

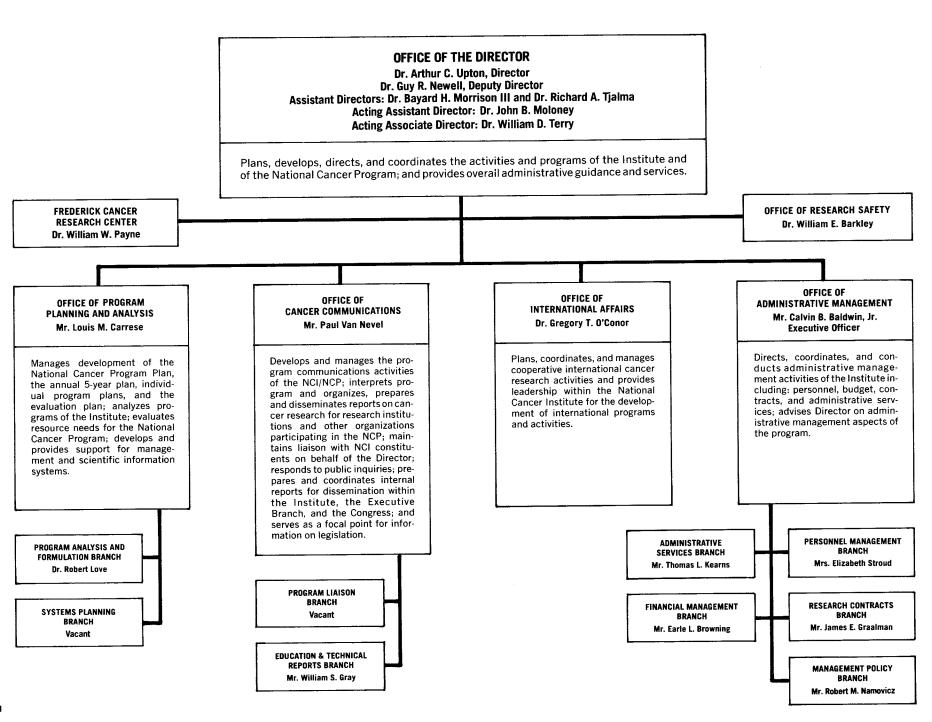
Dr. Arthur C. Upton, *Ex Officio*Director, National Cancer Program, National Cancer Institute

## NATIONAL CANCER ADVISORY BOARD

ADDOINTEES	EXPIRATION Of		EXPIRATION OF
APPOINTEES	APPOINTMENT		APPOINTMENT
Dr. Jonathan E. Rhoads, <i>Chairman</i> University of Pennsylvania Philadephia, Pennsylvania	1978	Dr. Philippe Shubik The Eppley Institute for Research in Cancer Omaha, Nebraska	1982
Dr. Bruce N. Ames University of California Berkeley, California	1982	Dr. Gerald N. Wogan  Massachusetts Institute of Technology Cambridge, Massachusetts	1978
Dr. Harold Amos Harvard Medical School Boston, Massachusetts	1982	EX OFFICIO MEMBERS	
Dr. William O. Baker Bell Telephone Laboratories, Inc. Murray Hill, New Jersey	1980	Dr. Frank Press	
Dr. Frank J. Dixon Scripps Clinic and Research Foundation La Jolla. California	1978	Office of Science and Technology Policy The White House Washington, D. C.	
Dr. G. Denman Hammond University of Southern California	1980	Honorable Joseph A. Califano, Jr. Secretary of Health, Education, and Welfare Washington, D. C.	
Los Angeles, California  Dr. David S. Hogness Stanford University	1978	Dr. Donald S. Fredrickson Director, National Institutes of Health Bethesda, Maryland	
Stanford, California  Mrs. Mary Lasker Albert and Mary Lasker Foundation New York, New York	Dr. John D. Chase  1980  Veterans Administration Washington, D. C.		
Mrs. Vincent Lombardi Manalapan, Florida	1982	Dr. Robert N. Smith  Department of Defense  Washington, D. C.	
Dr. Joseph H. Ogura Washington University St. Louis, Missouri	1980	ALTERNATES	
Dr. Henry C. Pitot University of Wisconsin Madison, Wisconsin	1982	ALTERNATES  Dr. Gilbert S. Omenn Assistant Director for Human Resources	
Dr. William E. Powers Cancer Research Center Columbia, Missouri	1980	Office of Science and Technology Policy Executive Office of The President Washington, D. C.	
Mr. Laurance Rockefeller  Memorial Sloan-Kettering Cancer Center New York, New York	1978	Dr. F. Kash Mostofi Armed Forces Institute of Pathology Washington, D. C.	
Mr. Morris M. Schrier MCA, Inc. New York, New York	1978	Dr. Thomas F. Newcomb  Veterans Administration Central Office Washington, D. C.	
Dr. Frederick Seitz The Rockefeller University New York, New York	1982	EXECUTIVE SECRETARY	
Dr. William Shingleton  Duke University Medical Center  Durham, North Carolina	1980	Dr. Richard A. Tjalma National Cancer Institute Bethesda, Maryland	

### NATIONAL CANCER INSTITUTE





#### DIVISION OF CANCER CAUSE AND PREVENTION

Dr. Gregory T. O'Conor, Director Dr. Gio B. Gori, Deputy Director

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

ADMINISTRATIVE MANAGEMENT BRANCH Mr. John M. Miller

## FIELD STUDIES AND STATISTICS PROGRAM Dr. Marvin A. Schneiderman

Plans, conducts, and evaluates demographic research activities of the NCP and provides statistical services for all NCP research programs.

## CARCINOGENESIS RESEARCH PROGRAM Vacant

Plans, directs, and conducts a basic and applied research program on the role of chemical and physical causative factors and the prevention of carcinogenesis; conducts programs in the areas of carcinogenesis and related toxicology, metabolism, chemistry, cell biology, and experimental tumor pathology.

## CARCINOGENESIS TESTING PROGRAM Dr. Richard A. Griesemer

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

#### VIRAL ONCOLOGY PROGRAM Vacant

Plans and conducts the Institute's program of research and development dealing with viruses as etiological agents of cancer; supports programmatic investigations aimed at the detection, propagation, characterization, prevention, and control of tumor viruses and/or their induced diseases.

BIOMETRY BRANCH Dr. Earl S. Pollack

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

CLINICAL EPIDEMIOLOGY BRANCH Dr. Robert W. Miller BIOLOGY BRANCH Dr. Joseph A. DiPaolo

CHEMISTRY BRANCH Dr. Harry V. Gelboin

EXPERIMENTAL PATHOLOGY BRANCH Dr. Umberto Saffiotti

BRANCH Dr. Michael B. Sporn

LUNG-CANCER

CARCINOGEN METABOLISM AND TOXICOLOGY BRANCH Dr. Elizabeth K. Weisburger TECHNICAL INFORMATION RESOURCES BRANCH Dr. Sidney Siegel (acting)

TOXICOLOGY BRANCH
Dr. Cipriano Cueto (acting)

TUMOR PATHOLOGY BRANCH Dr. Richard A. Griesemer (acting)

LABORATORY OF TUMOR VIRUS GENETICS

Dr. Edward M. Scolnick

LABORATORY OF RNA TUMOR VIRUSES

Dr. Stuart A. Aaronson

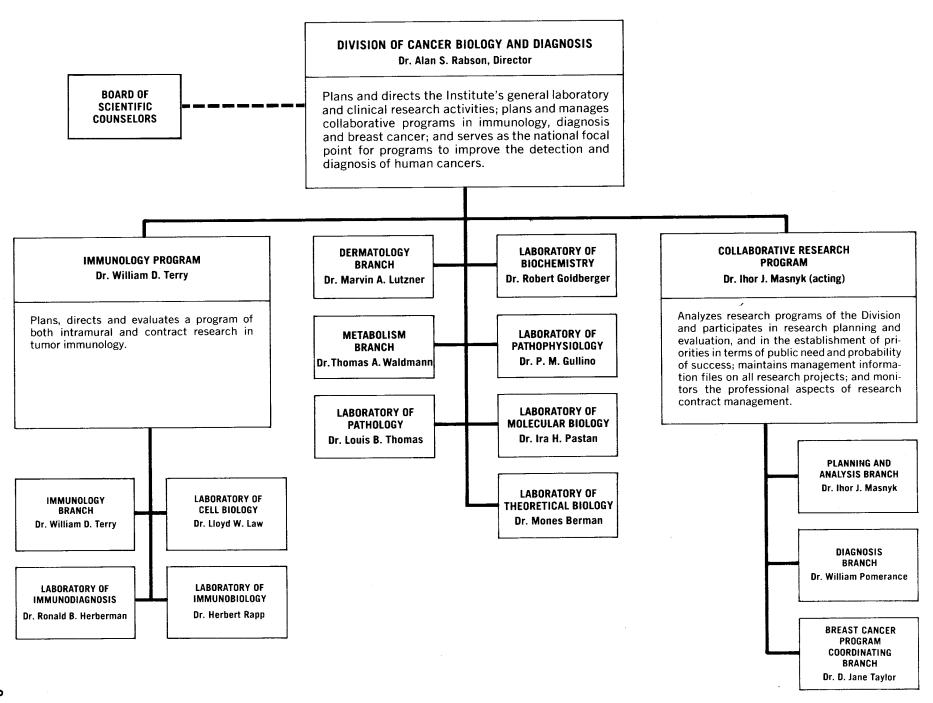
COLLABORATIVE RESEARCH BRANCH

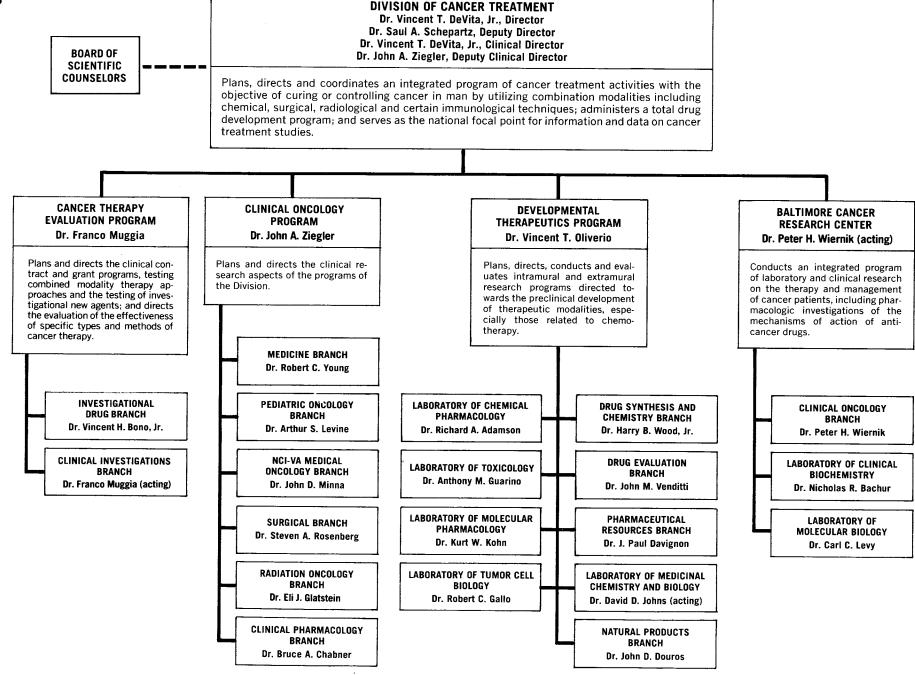
Dr. James T. Duff (acting)

LABORATORY OF DNA TUMOR VIRUSES

Dr. Robert A. Manaker

LABORATORY OF VIRAL CARCINOGENESIS Dr. George J. Todaro





#### **DIVISION OF CANCER RESEARCH RESOURCES AND CENTERS**

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

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

### BIOLOGICAL RESEARCH PROGRAMS Vacant

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

REVIEW AND REFERRAL BRANCH Dr. David L. Joftes

GRANTS ADMINISTRATION BRANCH Mr. Leo F. Buscher, Jr.

RESEARCH ANALYSIS AND EVALUATION BRANCH Mr. Harry Y. Canter

## TRAINING AND EDUCATION PROGRAMS

Vacant

Plans, directs and manages the Fellowships Programs, the Research Career Development Awards Program, the Research Training Program and the Clinical Education Program; develops, reviews and coordinates plans and criteria for the implementation of these programs and evaluates effectiveness of these activities; and advises the Director of the Division, the National Cancer Advisory Board, and other scientific advisory bodies of activities and developments.

## CENTERS AND TREATMENT PROGRAMS

Dr. William A. Walter

Plans and directs the Cancer Centers Program, the Research Facilities Construction Program, and the Diagnosis and Treatment Program; supplies data to review committees and the National Cancer Advisory Board; evaluates the need for and effectiveness of these programs; interprets programs to grant applicants, grantees, universities and research institutions; and advises the Director of the Division, the National Cancer Advisory Board and other advisory bodies of grants activities and developments.

## CAUSE AND PREVENTION BRANCH

Dr. Thaddeus J. Domanski

CANCER BIOLOGY BRANCH

Dr. Barbara Sanford

ORGAN SITE BRANCH

Dr. Samuel Price

## RESEARCH MANPOWER BRANCH

Dr. Barney C. Lepovetsky

CLINICAL MANPOWER BRANCH

Dr. Margaret H. Edwards

CANCER CENTERS BRANCH
Dr. William L. Roberson

RESEARCH FACILITIES BRANCH

Dr. Donald G. Fox

DIAGNOSIS AND TREATMENT BRANCH Dr. Roger H. Halterman

### DIVISION OF CANCER CONTROL AND REHABILITATION

Dr. Diane J. Fink, Director

Plans, directs, and coordinates an integrated program of cancer control and rehabilitation activities with the goal of identifying, testing, evaluating, demonstrating, communicating and promoting the widespread application of available and new methods for reducing the incidence, morbidity, and mortality from cancer; serves as the focal point of a coordinated national effort to control cancer; in collaboration with the research divisions of the National Cancer Institute, identifies candidate control techniques and methods for inclusion in the field test and demonstration activities of the division; and advises the Institute Director on program related aspects of grants and contracts.

OFFICE OF PLANNING AND ANALYSIS Clifford Noyes (acting) OFFICE OF COMMITTEE AND REVIEW ACTIVITIES
Dr. Veronica L. Conley

## INTERVENTION PROGRAMS Dr. James E. Hamner, III

Assists in the development of the national program plan for cancer control; plans and directs a program to identify, field test and evaluate discrete or individual intervention methods and techniques; coordinates program activities with other NCI components and non-NCI organizations supporting or performing related activities; and advises the Director, DCCR, on the needs, status and progress of the activities involving the development of individual intervention tools.

## COMMUNITY PROGRAMS Vacant

Assists in the development of the national program plan for cancer control; plans and directs a program to demonstrate and promote available, effective and practical cancer control intervention techniques and monitors and evaluates the effectiveness of community demonstration activities in achieving the desired results; coordinates program activities with other NCI components and non-NCI organizations supporting or performing related activities; and advises the Director, DCCR, on the needs, status and progress of the activities involving community demonstration of proven methods and techniques of cancer control.

PREVENTION BRANCH Dr. Winfred F. Malone

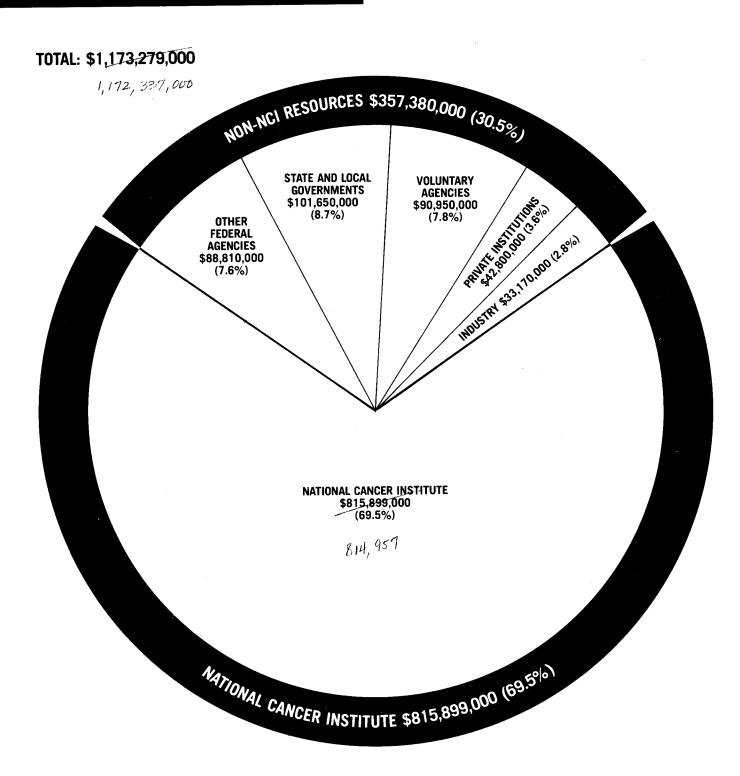
TREATMENT, REHABILITATION
AND
CONTINUING CARE BRANCH
Dr. Louise Lunceford (acting)

DETECTION, DIAGNOSIS AND PRETREATMENT EVALUATION BRANCH Dr. Richard D. Costlow COMMUNITY RESOURCES DEVELOPMENT BRANCH

Dr. Edward Bird (acting)

SPECIAL PROJECTS BRANCH Dr. Edward Bird

## TOTAL RESOURCES FOR THE NATIONAL CANCER PROGRAM — FISCAL YEAR 1977



### 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) 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 1971 Act created the National Cancer Program (NCP) and stated that, in carrying out the NCP, the Director of the National Cancer Institute shall, with the advice of the National Cancer Advisory Board, "... plan and develop an expanded, intensified, and coordinated cancer research program encompassing the programs of the National Cancer Institute, related programs of the other research institutes, and other federal and nonfederal programs." 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 and between federal and nonfederal programs than had existed before the creation of the National Cancer Program.

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, manpower development, and information 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.

## NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX — 1975

то	TAL	UND	R 15	15-	34	35-54		55-74		35-54 55-74		75+	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE		
Lung 63,413	Breast 32,158	Leukemia 648	Leukemia 505	Leukemia 746	Breast 540	Lung 10,070	Breast 8,344	Lung 40,924	Breast 15,867	Lung 12,226	Colon & Rectum 11,174		
Colon & Rectum 23,846	Colon & Rectum 25,589	Brain & CNS 420	Brain & CNS 333	Brain & CNS 426	Leukemia 522	Colon & Rectum 2,496	Lung 4,102	Colon & Rectum 12,700	Colon & Rectum 11,830	Prostate 10,835	Breast 7,404		
Prostate 19,427	Lung 18,627	Lympho & Reticulo Sarcoma 64	Bone 73	Testis 402	Brain & CNS 324	Pancreas 1,326	Colon & Rectum 2,430	Prostate 8,299	Lung 10,851	Colon & Rectum 8,426	Lung 3,582		
Pancreas 10,606	Uterus 11,153	Bone 54	Kidney 48	Hodgkin's Disease 391	Uterus 303	Brain & CNS 1,254	Uterus 2,397	Pancreas 6,216	Ovary 5,690	Stomach 3,037	Pancreas 3,367		
Stomach 8,955	0vary 10,465	Kidney 44	Connective Tissue 35	Melanoma of skin 241	Hodgkin's Disease 230	Stomach 1,057	Ovary 2,371	Stomach 4,799	Uterus 5,515	Pancreas 3,031	Uterus 2,935		

SOURCE: National Center for Health Statistics, 1975.

## RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES — 1975

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
	All Causes	1,892,879	888.9	100.0
1	Diseases of Heart	716,215	336.2	37.8
2	Cancer	365,693	171.7	19.3
3	Stroke	194,038	91.1	10.3
4	Accidents	103,030	48.4	5.4
1 <b>2</b> 3 4 5 6 7	Influenza and Pneumonia	55,664	26.1	2.9
6	Diabetes Mellitus	35,230	16.5	1.9
7	Cirrhosis of Liver	31,623	14.8	1.7
8	Arteriosclerosis	28,887	13.6	1.5
9	Suicide	27,063	12.7	1.4
10	Certain Diseases of Infancy	26,616	12.5	1.4
11	Homicide	21,310	10.0	1.1
12	Emphysema	18,795	8.8	1.0
13	Congenital Anomalies	13,245	6.2	0.7
14	Nephritis and Nephrosis	8,072	3.8	0.4
15	Ulcers	6,743	3.2	0.4
	Other and III-Defined	240,655	113.3	12.8

SOURCE: National Center for Health Statistics, 1975.

## ESTIMATED CANCER DEATHS AND NEW CASES BY SEX AND SITE—19781

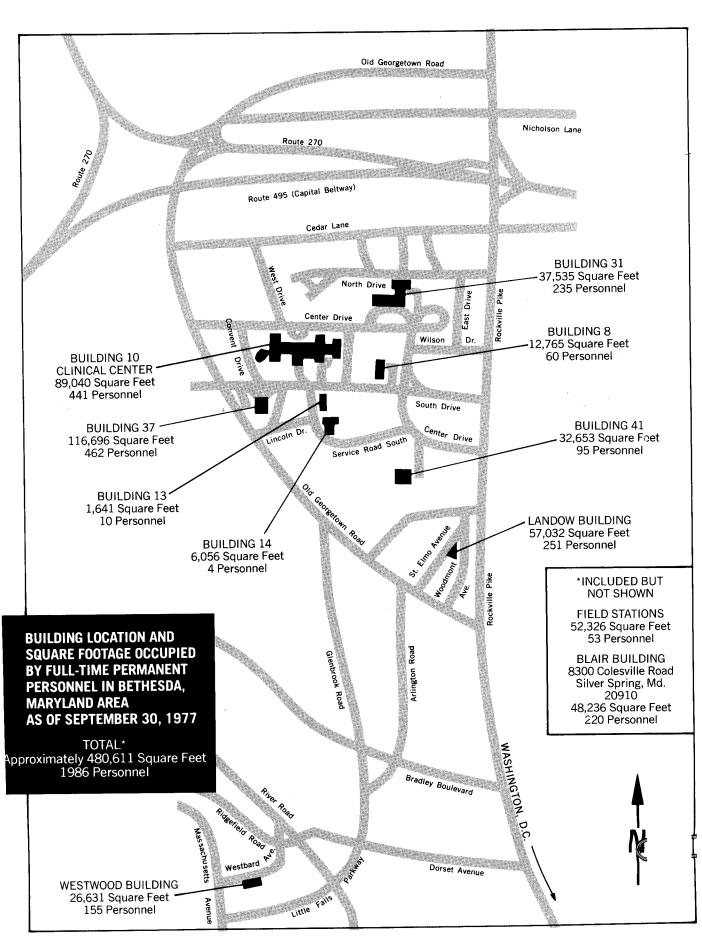
	ESTIMATED DEATHS			ESTIM	ATED NEW	CASES
SITE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
All Sites	390,000	213,500	176,500	700,000¹	352,0001	348,0001
Buccal Cavity & Pharynx (Oral) Lip Tongue Salivary Gland Floor of Mouth Other & Unspecified Mouth Pharynx	8,400 175 2,000 650 525 1,250 3,800	5,950 150 1,400 400 400 800 2,800	2,450 25 600 250 125 450 1,000	24,400 4,300 4,600 8,800 6,700	17,400 3,900 3,200 5,300 5,000	7,000 400 1,400 3,500 1,700
Digestive Organs Esophagus Stomach Small Intestine Large Intestine) (Colon- Rectum Rectum) Liver & Biliary Passages Pancreas Other & Unspecified Digestive	105,500 7,100 14,600 700 42,000 9,900 9,600 20,000 1,600	55,500 5,200 8,600 350 19,700 5,400 4,600 10,900 750	50,000 1,900 6,000 350 22,300 4,500 5,000 9,100 850	172,600 7,700 23,000 2,200 71,000 31,000 11,800 21,900 4,000	89,400 5,700 14,000 1,200 32,000 17,000 5,800 12,000 1,700	83,200 2,000 9,000 1,000 39,000 14,000 6,000 9,900 2,300
Respiratory System Larynx Lung Other & Unspecified Respiratory	97,150 3,350 92,400 1,400	74,300 2,900 70,500 900	22,850 450 21,900 500	113,900 9,300 102,000 2,600	88,900 8,200 79,000 1,700	25,000 1,100 23,000 900
Bone, Tissue and Skin Bone Connective Tissue Skin	9,000 1,800 1,600 5,6004	5,100 1,000 800 3,300	3,900 800 800 2,300	16,100 1,900 4,600 9,600 <sup>2</sup>	8,100 1,100 2,400 4,600 <sup>2</sup>	8,000 800 2,200 5,000 <sup>2</sup>
Breast	34,100	300	33,800	90,700	700	90,000
Genital Organs Cervix, Invasive Corpus, Endometrium Ovary Prostate Other & Unspecified Genital, Male Other & Unspecified Genital, Female	44,100 7,400 3,300 10,800 20,600 1,000 1,000	21,600 - - 20,600 1,000	22,500 7,400, 3,300 10,800 — — 1,000	131,000 20,000° 28,000 17,000 57,000 4,800 4,200	61,800 - - 57,000 4,800 -	69,200 20,000³ 28,000 17,000 — — 4,200
Urinary Organs Bladder Kidney & Other Urinary	17,300 9,900 7,400	11,500 6,900 4,600	5,800 3,000 2,800	45,100 30,000 15,100	31,400 22,000 9,400	13,700 8,000 5,700
Eye	400	200	200	1,700	800	900
Brain & Central Nervous System	8,900	4,900	4,000	11,000	6,000	5,000
Endocrine Glands Thyroid Other Endocrine	1,550 1,100 450	550 300 250	1,000 800 200	9,300 8,300 1,000	2,700 2,200 500	6,600 6,100 500
Leukemia	15,100	8,500	6,600	21,500	12,000	9,500
Lymphomas including Multiple Myeloma Lymphosarcoma & Reticulosarcoma Hodgkin's Disease Multiple Myeloma Other Lymphomas	21,400 6,800 2,600 5,800 6,200	11,500 3,600 1,500 2,900 3,500	9,900 3,200 1,100 2,900 2,700	33,400 10,800 7,400 8,300 6,900	18,200 5,800 4,300 4,200 3,900	15,200 5,000 3,100 4,100 3,000
All other & Unspecified Sites	27,100	13,600	13,500	29,300	14,600	14,700

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

<sup>&</sup>lt;sup>1</sup> Carcinoma-in-situ of the uterine cervix (over 40,000 new cases) and non-melanoma skin cancers (300,000 new cases) not included in totals.

<sup>&</sup>lt;sup>2</sup> Melanoma only. <sup>3</sup> Invasive cancer only. <sup>4</sup> Melanoma 4,000, other skin, 1,600.

Incidence estimates are based on rates from NCI Third National Cancer Survey, 1969-71.



### RESEARCH POSITIONS AT THE NATIONAL CANCER INSTITUTE<sup>1</sup>

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. – \$26,022 Physicians – \$33,825 Maximum: \$47,500	Civil Service Commission. 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.	range of GS-13 through GS-	Recommendation by Division Directors. Final approval rests with the Director, NCI.
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### III. USPHS COMMISSIONED CORPS

Associate Training Program including CORD residency deferment program (limited tenure, maximum 3 years) <sup>2</sup>							
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 Educa- tion Section, Clinical Center, National In- stitutes of Health				
<b>B.</b> Research Associate	Graduates of Medical Schools including Internship	Pay and allowances of Sen- ior Assistant Surgeon or Surgeon of PHS Commis- sioned Corps	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health				
C. Staff Associate	Graduates of medical and dental schools, or other doctoral qualifications	Pay and allowances of Sen- ior Assistant Surgeon of PHS Commissioned Corps	Apply to Clinical and Professional Educa- tion Section, Clinical Center, National In- stitutes of Health				
<b>D.</b> 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 Opera- tions Division, Parklawn Building, Room 4-35, 5600 Fishers Lane, Rockwille, Mary- land 20857				

### IV. STAFF FELLOWSHIPS

<b>A.</b> Staff Fellowships (maximum 5 years)	Physician or other doctoral degree equivalent awarded within last 5 years, U. S. citizen or non-citizen eligible for naturalization within 4 years.	Staff Fellows Physicians \$19,740-26,175 Other Doctorates \$15,120-25,528 Senior Staff Fellows Physicians \$22,365-35,559 Other Doctorates \$19,740-28,623	Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
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### V. VISITING PROGRAM (limited tenure) 3

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY  Contact Director or Laboratory Chief in area of interest.		
<b>A.</b> Visiting Fellow (maximum 3 years)	1-3 years postdoctoral education	Entrance stipend \$10,000-10,800 No dependency allowance provided			
<b>B.</b> Visiting Associates (1 year with renewals to end of project)	3+ years postdoctoral education with ap- propriate knowledge needed by NCI	\$15,090-23,734	Contact Director or Laboratory Chief in area of interest.		
C. Visiting Scientist (duration of project)	6+ years postdoctoral education with appropriate unusual experience and knowledge needed.	\$21,883-208(g)	Contact Director or Laboratory Chief in area of interest.		

### VI. CIVIL SERVICE SUMMER EMPLOYMENT PROGRAMS

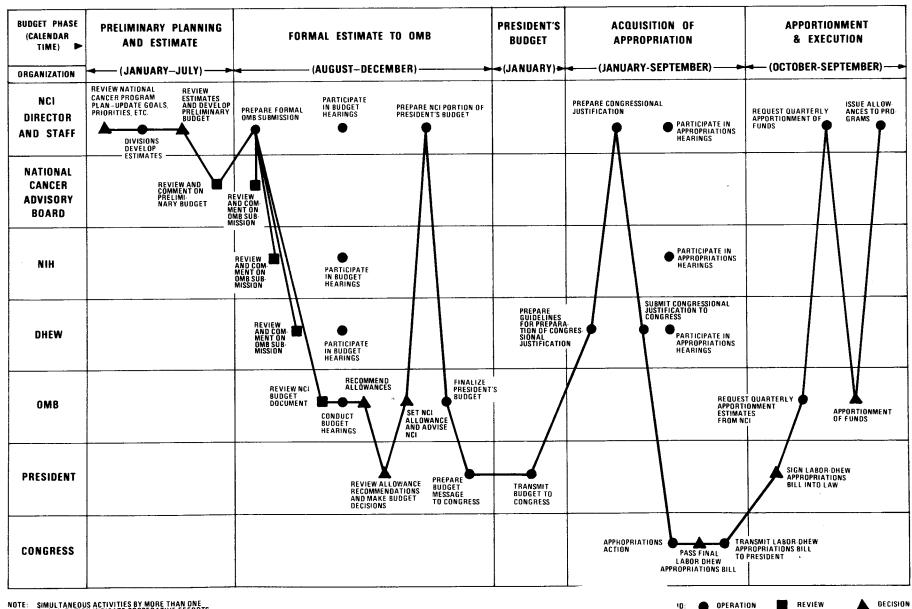
<b>A.</b> Summer Employment Examination Program	U.S. citizen, 18 years of age or older (16 if high school graduate).	GS-1-GS-4 Grade is based on educ. and/or exper.	For clerical positions, must take the Civil Service Summer Employment Exam. Apply to NCI prior to May 1. No exam is required for non-clerical pos. Applicants must apply to NCI by April 15.		
<b>B.</b> Summer Graduate Program	College graduate, graduate student, fac- ulty member, equivalent experience	GS-5-GS-12 Grade is based on educ. and/or exper.	Apply to NCI personnel office by April 15. No exam. required.		
C. Stay-In-School Program	U. S. citizen, high school or college student, 16-21 yrs. of age who need earnings from employment to continue in school.	Salary is commensurate with duties assigned and qualifications.	Apply to NCI personnel Office. No dead- line required for applying; however, no new appointments are made between May 1 and Aug. 30.		
<b>D.</b> Summer Aid Program	U. S. citizen, 16-21 yrs. of age, economically disadvantaged.	Federal minimum wage.	If live in Md., apply to the Md. State Employment Service and if live in D. C., apply to the D. C. Manpower Administration.		
E. The Federal Junior Fel- lowship Program	U. S. citizen and graduating high school senior in a public or private school in the Metro. Wash., D. C. area. Must be in upper 10% of grad. class, have applied for admission to an accredited college or univ. and need financial assistance to attend school.	GS-1-GS-4	Nominations are submitted directly to the C. S. Commission by high school principals or counselors.		
F. Federal Summer Intern Program	College student who has completed 2 or more years and stands in upper ½ of class or grad. student who is in upper ½ of class	GS-4-GS-11	NIH requests nominations from colleges that have expressed an interest in this Program to the C.S.C.		

### VII. SPECIAL PROGRAMS

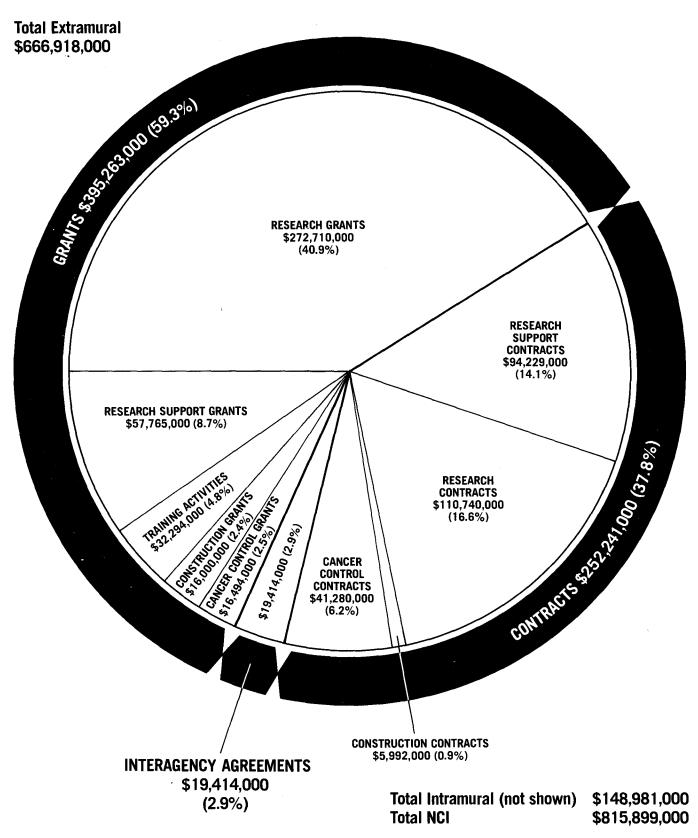
A. Research Fellow sored by organ other than NIH, F	ization	Determined by sponsoring organization.	Established by sponsoring organization	Contact Director or Laboratory Chief in area of interest; also apply to sponsoring agency, e.g., American Cancer Society, Eleanor Roosevelt Cancer Foundation, Leukemia Society of America, Inc., etc.
<b>B.</b> COSTEP Program erates year-round imum 120 days month period	d) Max-	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 masters or doctoral program in a health-related field (designated by the Assistant Secretary for Health). Physical requirements of PHS Commissioned Corps. Plans to return to college.	Pay and allowance of a Commissioned Officer, Jun- ior Asst. Grade	Apply to PHS Commissioned Corps, CO- STEP SECTION, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.
C. Fogarty Internati Scholars	ional	International reputation, productivity, demonstrated ability in biomedical field	\$30,000 per annum	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.

<sup>&</sup>lt;sup>1</sup> Does not necessarily indicate that positions are currently available at the National Cancer Institute.
<sup>2</sup> Appointments are made upon intellectual attainment and demonstrated research interest and ability matched to NCI's needs.
<sup>3</sup> Under most circumstances, the various visiting programs are limited to non-citizens.

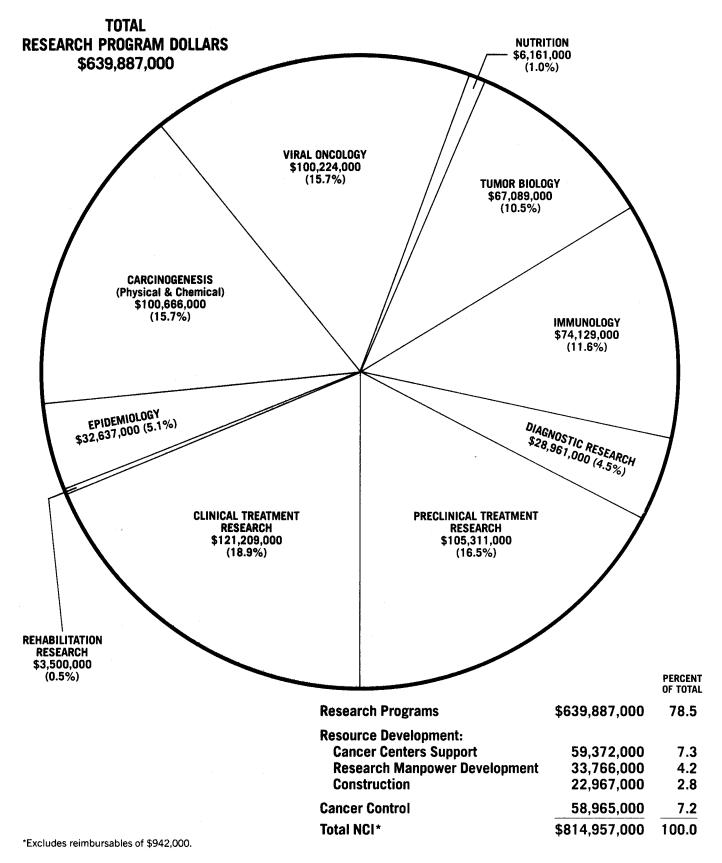
### NCI BUDGET ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971



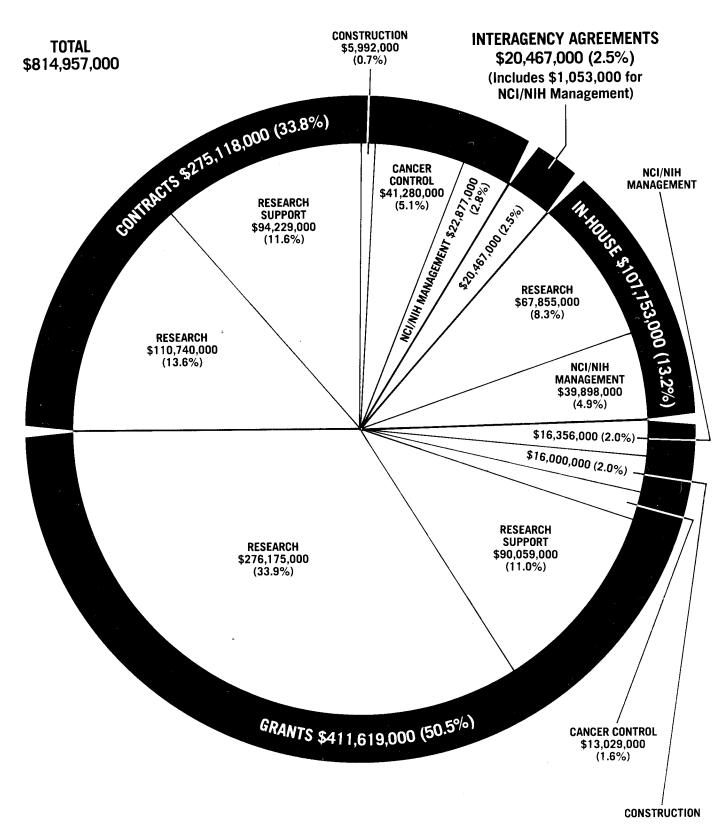
### NCI EXTRAMURAL FUNDS — FISCAL YEAR 1977



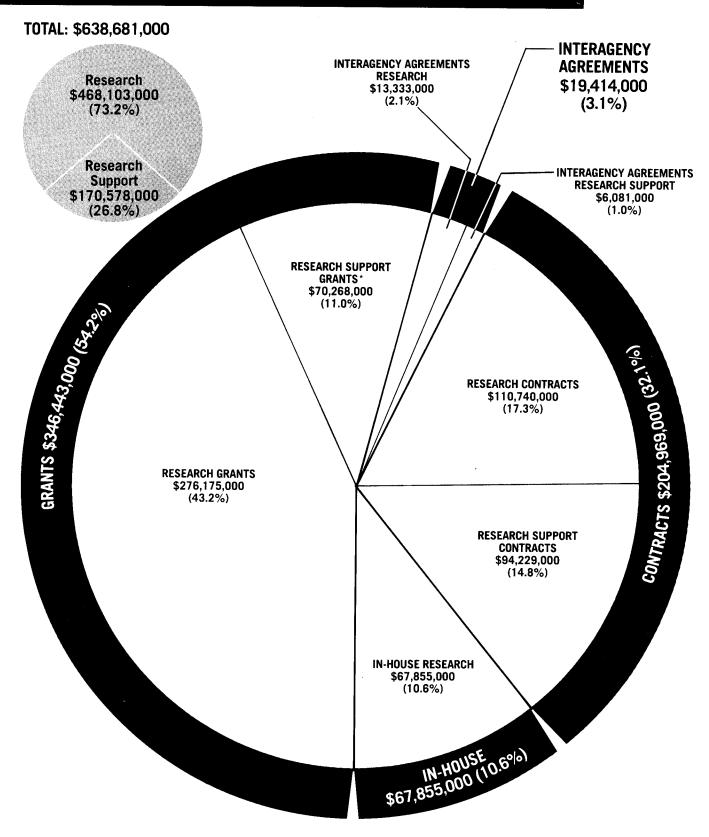
### NCI RESEARCH PROGRAMS — FISCAL YEAR 1977



## TOTAL NCI DOLLARS BY MECHANISMS — FISCAL YEAR 1977



## COMPARISON OF RESEARCH/RESEARCH SUPPORT — FISCAL YEAR 1977

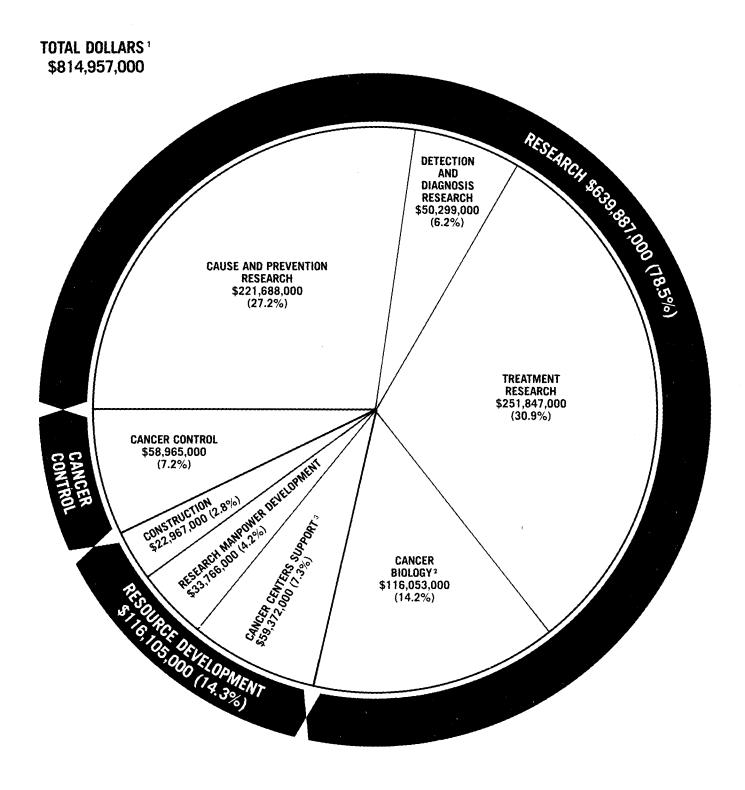


NOTE: Excludes Fellowships and Training Grants, Construction, Cancer Control and NCI/NIH Management Fund. \*Research Support Grants include the Clinical Education Program and the Research Career Program.

## NCI 1977 BUDGET BY ORGANIZATION

### (THOUSANDS OF DOLLARS)

\$139,156 Regular Program 17.1 81,211 Program Projects 10.0 55,132 Core Support 6.8 1,199 Planning Grants 1,434 Clinical Center Patient Data System 0.2	43.4%
81,211	43.4%
\$353,698  3,245 14,711 Task Forces (Organ Sites) 8,996 Clinical Education Program 3,507 Career Program 18,236 Fellowships 1,555 Training Grants 1,6,000 9,316 Review and Approval  3,245 Radiation Development 1,8 1,8 1,8 1,8 1,8 1,8 1,9 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1,1	
\$62,290 DIVISION OF CANCER BIOLOGY AND DIAGNOSIS  49,699 Laboratory and Clinical Research 7 Task Forces 1.5	7.6%
\$128,302 DIVISION OF CANCER TREATMENT  127,219	15.7%
DIVISION OF CANCER CAUSE AND PREVENTION	
\$144,919  \$144,919    13,113	17.8%
DIVISION OF CANCER CONTROL AND REHABILITATION	
\$60,482   Cancer Control   7.4	7.4%
OFFICE OF THE DIRECTOR	
\$66,208  29,759 Program Direction and Supporting Services 3.7 3,640 Basic Science Program—FCRC 0.4 5,992 Construction Contracts 0.7 26,817 Management Fund 3.3	8.1%
\$815,899 TOTAL 100.0	



<sup>&</sup>lt;sup>1</sup> Excludes reimbursables of \$942,000.

<sup>&</sup>lt;sup>2</sup> Includes research which has application to all research thrusts, i.e., cause and prevention research, detection and diagnosis research, and treatment research.

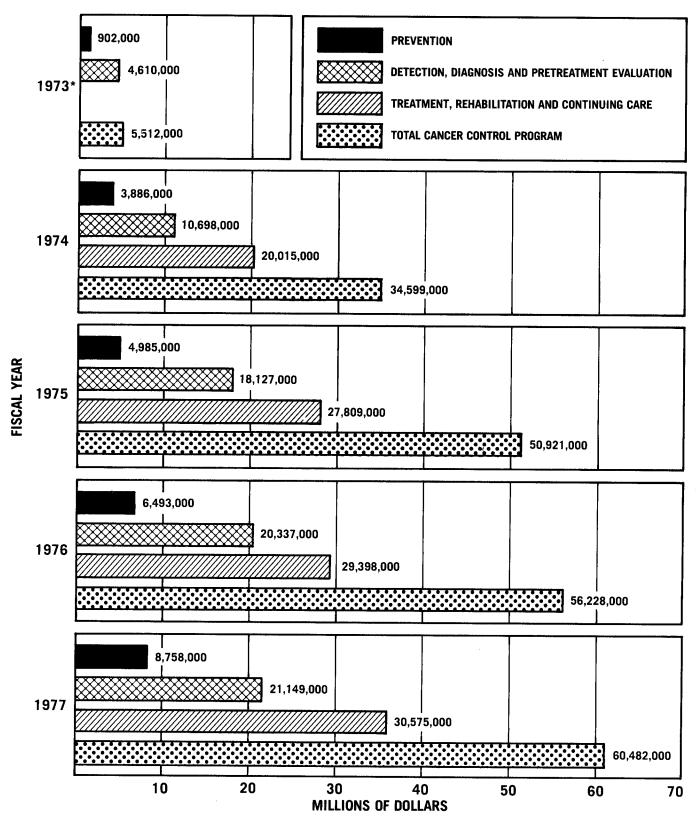
<sup>&</sup>lt;sup>3</sup> Planning and core support of centers.

## (THOUSANDS OF DOLLARS)

## NATIONAL CANCER INSTITUTE 1979 CONGRESSIONAL JUSTIFICATION

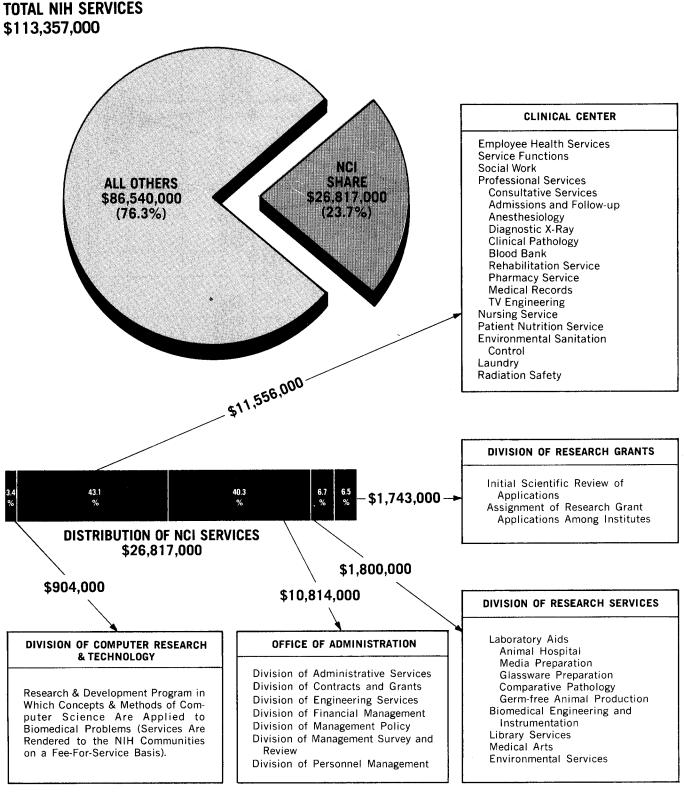
	1977 ACTUAL	PERCENT OF TOTAL	1978 ESTIMATE	PERCENT OF TOTAL	1979 ESTIMATE	PERCENT OF TOTAL
GROUP I - INVESTIGATOR INITIATED						
Regular Research Grants Clinical Cooperative Groups Program Projects Radiation Development Program Clinical Education Program Research Career Program Fellowships. Training Grants Task Forces Cancer Centers—Core Support	\$139,156 27,121 81,211 3,245 8,996 3,507 18,236 1,555 14,711 55,132 <b>352,870</b>	22.8 4.4 13.3 0.5 1.5 0.6 3.0 0.3 2.4 9.1 <b>57.9</b>	\$152,316 28,181 86,423 4,150 9,450 4,017 19,886 277 15,138 59,900 <b>379,738</b>	23.9 4.4 13.6 0.7 1.5 0.7 3.1 — 2.4 9.4 <b>59.7</b>	\$159,342 28,181 88,040 4,075 9,525 3,327 20,410  15,675 60,351 <b>388,926</b>	25.1 4.4 13.9 0.7 1.5 0.5 3.2 - 2.5 9.5
GROUP II - CO-INITIATED						
Cancer Research Emphasis Grants (CREG) Research Contracts	7,266 110,740	1.2 18.2	10,164 115,271	1.6 18.1	9,496 111,003	1.5 17.5
SUBTOTAL	118,006	19.4	125,435	19.7	120,499	19.0
GROUP III – NCI/NCP INITIATED						
Research Support Contracts Interagency Agreements	94,229 19,414	15.5 3.2	89,997 22,757	14.1 3.6	88,876 21,912	14.0 3.5
SUBTOTAL	113,643	18.7	112,754	17.7	110,788	17.5
GROUP IV – OTHER RESOURCES					:	
Planning Grants  Centralized Cancer Patient Data System  Construction Grants  Construction Contracts	1,199 1,434 16,000 5,992 <b>24,625</b>	0.2 0.2 2.6 1.0	550 1,450 12,000 4,500 <b>18,500</b>	0.1 0.2 1.9 0.7 <b>2.9</b>	280 1,720 9,000 3,000	0.3 1.4 0.5
TOTAL – GROUPS I THROUGH IV PERCENT OF TOTAL NCI BUDGET	609,144	100.0 74.8	636,427	100.0 73.0	634,213	100.0 72.2
In-House Research  Management and Support  (NIH Management Fund)  Cancer Control – Grants and Contracts  SUBTOTAL	67,855 80,184 (26,817) 57,774 <b>205,813</b>	8.3 9.8 (3.3) 7.1 <b>25.2</b>	78,932 95,601 (31,963) 61,310 <b>235,843</b>	9.0 11.0 (3.7) 7.0 <b>27.0</b>	80,067 103,389 (34,558) 61,133 <b>244,589</b>	9.1 11.7 (3.9) 7.0 <b>27.8</b>
TOTAL – NATIONAL CANCER INSTITUTE	\$814,957	100.0	\$872,270	100.0	\$878,802	100.0

## CANCER CONTROL PROGRAM OBLIGATIONS - FISCAL YEARS 1973-1977



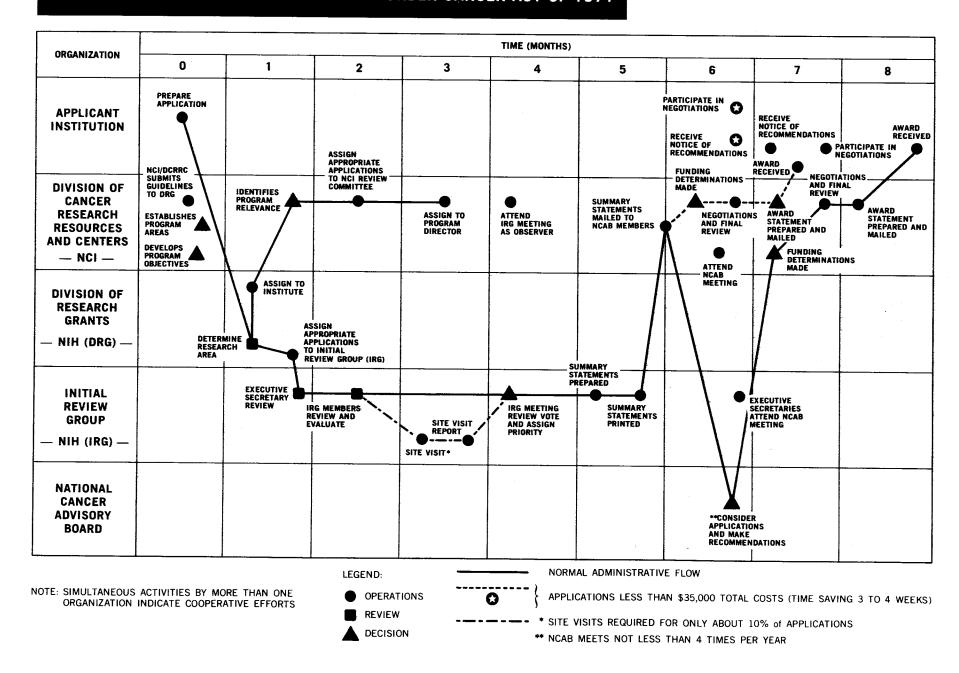
<sup>\*</sup>No Treatment, Rehabilitation and Continuing Care in FY 1973.

## REIMBURSEMENT TO NIH MANAGEMENT FUND FISCAL YEAR 1977

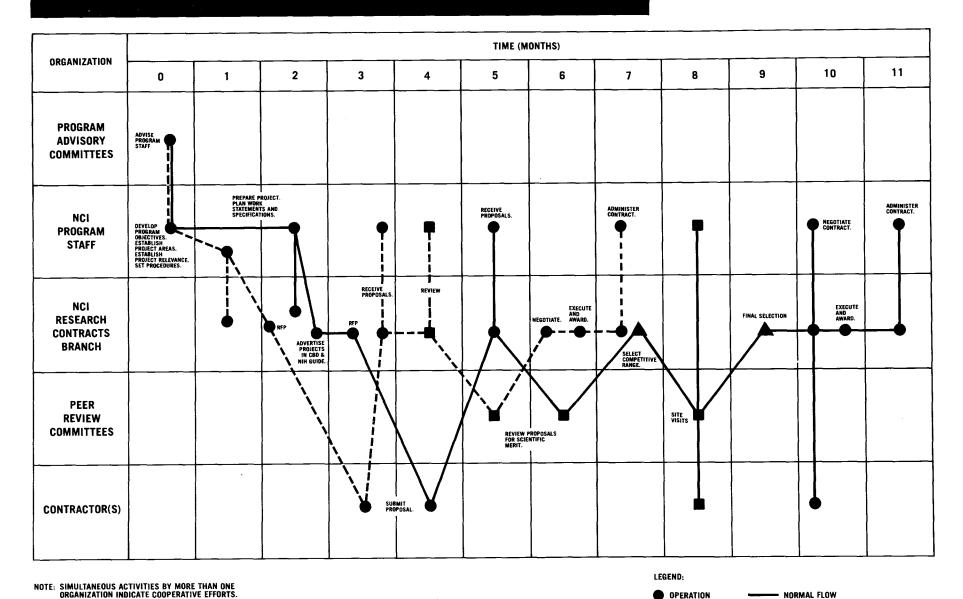


The Management Fund provides for the financing of certain common research supporting services and administrative activities which are required in the operating of NIH.

## NCI GRANTS ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971



## NCI CONTRACTS ADMINISTRATION PROCESS—UNDER CANCER ACT OF 1971



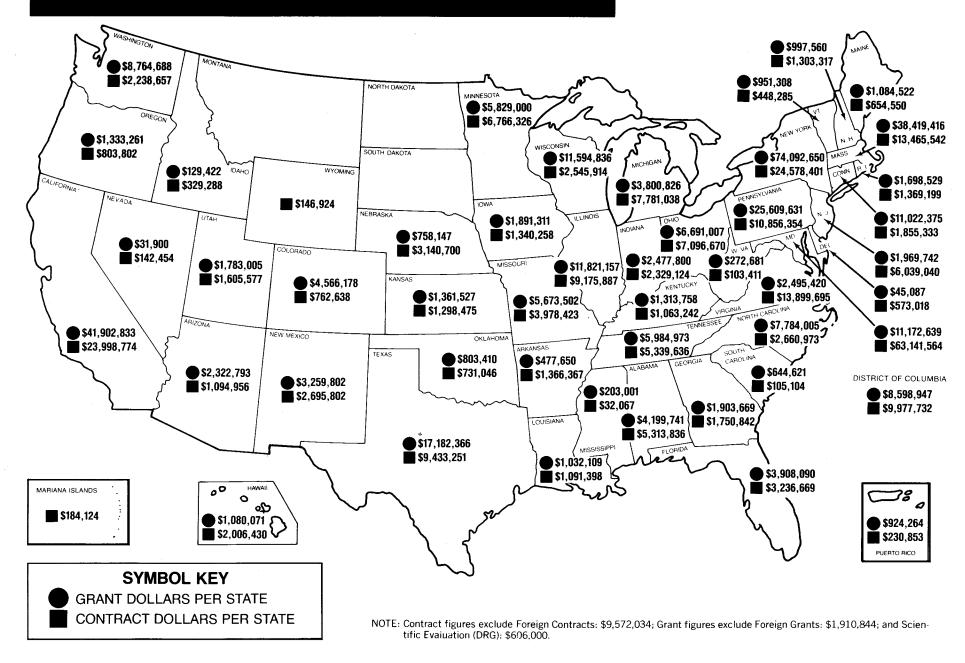
**REVIEW** 

▲ DECISION

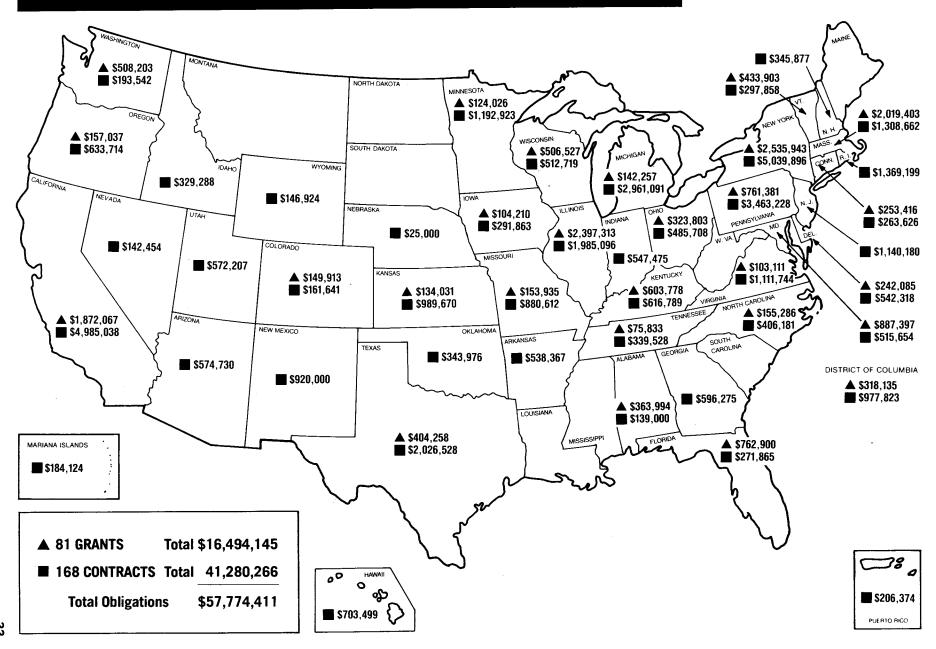
--- NON-COMPETITIVE CONTRACTS

AD HOC COMMITTEES MAY BE USED—
INCLUDES OUTSIDE SCIENTISTS.

#### STATE DISTRIBUTION OF GRANTS AND CONTRACTS — FISCAL YEAR 1977



### DISTRIBUTION OF CANCER CONTROL GRANTS AND CONTRACTS — FISCAL YEAR 1977



## INSTITUTIONS RECEIVING MORE THAN \$1,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1977

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Litton Bionetics, Inc.	\$ -	\$ 27,825	\$ 2,815*	\$ 30,640	Maryland
Sloan-Kettering Institute for Cancer Research	19,402	2,552		21,954	New York
University of Texas System Cancer Center	11,736	4,829	- i	16,565	Texas
University of Wisconsin Clinical Cancer Center	12,150	611	_	12,761	Wisconsin
Tracor Jitco, Inc.		12,412	-	12,412	Virginia
Johns Hopkins University Comprehensive Cancer Center	9,407	2,763	1 064	12,170	Maryland
Yale University Comprehensive Cancer Center	9,206 9,000	1,373 1,295	1,064 2,867	11,643 13,162	Connecticut Massachusetts
Sidney Farber Cancer Center	5,993	3,782	2,007	9,775	California
Roswell Park Memorial Institute	8,095	1.674		9,769	New York
University of California, L.A., Comp. Cancer Center	6,950	2,671		9,621	California
Stanford University	7,252	1,523	-	8,775	California
Memorial Hospital for Cancer and Allied Disease	5,133	3,155	-	8,288	New York
Fred Hutchinson Cancer Research Center	6,892	997	-	7,889	Washington
Columbia University	5,553	1,852	_	7,405 7,307	New York Pennsylvania
Fox Chase Institute for Cancer Research	6,693 6,580	614 488		7,307 7.068	Massachusetts
Harvard University	5,321	1,692	_	7,013	North Carolina
University of Chicago	5,959	847		6,806	Illinois
University of Minnesota	4,856	1,756	_	6,612	Minnesota
Mayo Foundation Cancer Center	1,809	4,678	_	6,487	Minnesota
Massachusetts General Hospital	5,551	801		6,352	Massachusetts
Yeshiva University	5,450	757		6,207	New York
University of Rochester	5,397	660	2,109	8,166	New York
New York University	4,719	1,322		6,041	New York
University of California, Berkeley	5,651 4,199	207	_	5,858 5,754	California New York
Mount Sinai School of Medicine	4,199 4,892	1,555 777	1.499	7,168	Massachusetts
Massachusetts Institute of Technology	4,901	714	1,433	5,615	California
University of Alabama Comprehensive Cancer Center	4,848	576	_	5,424	Alabama
Microbiological Associates	-	5.184	_	5,184	Maryland
University of Maryland, Baltimore	465	4,632	_	5,097	Maryland
University of Pennsylvania	4,677	293	_	4,970	Pennsylvania
University of New Mexico	3,395	1,378	~~	4,773	New Mexico
Southern Research Institute	368	4,393	_	4,761	Alabama
Wistar Institute	4,522	193	_	4,715 4,604	Pennsylvania California
Stanford Research Institute	644 3,506	3,960 1,095	, -	4,601	New York
State University of New York	4,434	1,093	_	4,591	Missouri
University of Miami	3,768	776		4,544	Florida
Baylor College of Medicine	3,158	1,154	!	4,312	Texas
Michigan Cancer Foundation	658	3,361	_	4,019	Michigan
Meloy Laboratories, Inc.	_	3,926	_	3,926	Virginia
Energy Research and Development Administration	2.420	3,876	<b>–</b> .	3,876	Tennessee
Temple University	3,439 754	388 3,029		3,827 3,783	Pennsylvania Nebraska
University of Nebraska Medical CenterAmerican Health Foundation	2,516	1,123		3,763	New York
University of Kansas.	2,311	1,298	_	3,609	Kansas
Emory University	2,241	1,349	_	3,590	Georgia
Veterans Hospital		3,562	_	3,562	Dist. of Col.
Ohio State University Cancer Research Center	2,655	895	1,682	5,232	Ohio
University of Utah	2,339	1,174	,	3,513	Utah
St. Jude Children's Research Hospital	3,344	148	_	3,492 3.491	Tennessee Marvland
Enviro Controls, Inc.	1,541	3,491 1,833	_	3,491	Pennsylvania
University of Pittsburgh. University of Arizona	2,431	1,633 887	_	3,318	Arizona
Pennsylvania State University	1,708	1.569	_	3,277	Pennsylvania
Arthur D. Little, Inc.	-	3,250		3,250	Massachusetts
ITT Research Institute	90	3,097		3,187	Illinois
University of California, San Diego	2,852	243	_	3,095	California
Scripps Clinic and Research Foundation	1,640	1,436	- 1	3,076	California
Occupational Safety and Health	1.054	3,058	_	3,058	Maryland
University of lowa	1,954	1,070	_	3,024 2,976	lowa Colorado
University of Colorado	2,395 1,930	581 977		2,907	Illinois
University of Illinois	2,401	489	_	2,890	Pennsylvania
Cornell University	2,478	356	i	2,834	New York
Salk Institute	2,590	228	_	2,818	California
JRB Associates		2,780		2,780	Virginia
University of North Carolina	2,304	412	,	2,716	North Carolina
Cold Spring Harbor Laboratories	2,595		1,411	4,006	New York
Franklin Institute	1 054	2,480	_	2,480	Pennsylvania
University of Hawaii, Manoa	1,254	1,179	_	2,433	Hawaii
Pfizer, Inc.		2,418		2,418	New Jersey

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Consistment of Army Fort Detrick	\$ -	\$ 2,284	\$ -	\$ 2,284	Maryland
Department of Army, Fort Detrick	1.096	1,180	3,124	5.400	Dist. of Col.
lew York State Department of Health	1,690	584	1 7,600	2,874	New York
Rockefeller University	2,263	304	1 000	2,263	New York
Iniversity of Tennessee, Knoxville	1.845	411		2,256	Tennessee
	1,704	539		2,243	Illinois
American College of Radiation	1,704	2,095		2,236	Missouri
Hazelton Laboratories, Inc.	141	2,093		2,120	Virginia
	1.674	421	-	2,120	Virginia
(irginia Commonwealth University		845		2,093	California
University of California, Davis	1,232 1,987	79		2,077	Massachusett
fufts University	137	1.918	3,177*	5,232	Maryland
National Institutes of Health, Bethesda	1.471	583	749	2,803	Dist. of Col.
California State Health and Welfare	526	1.513	'**3	2,003	California
	1,583	397	895	2,875	Illinois
Northwestern University	1,792	137	055	1,929	Washington
University of Washington	1,792	329	1 - I	1,929	Pennsylvania
Children's Hospital of Philadelphia	1,501	414	-	1,915	Texas
University of Texas, Galveston		833	! _ !	1,915	New Hampshi
Partmouth College	1,058		1 1		
Case Western Reserve University	1,458	362	-	1,820	Ohio
George Washington University	1,579	223	] - ]	1,802	Dist. of Col.
Boston University	1,634	164	_	1,798	Massachusett
Charles River Breeding Laboratories	-	1,776	1	1,776	Massachusett
anderbilt University	810	960	-	1,770	Tennessee
t. Louis University	751	984	-	1,735	Missouri
Vayne State University	1,271	430	- 1	1,701	Michigan
ndiana University	1,189	492	_	1,681	Indiana
Iniversity of Vermont	1,208	408	-	1,616	Vermont
University of Michigan	1,207	399	-	1,606	Michigan
Rush-Presbyterian-St. Luke's Medical Center	563	1,042	-	1,605	Illinois
Jniversity of Connecticut	1,389	203	[	1,592	Connecticut
Battelle Memorial Institute	_	1,565	-	1,565	Ohio
Ilinois Cancer Council	752	811	_	1,563	Illinois
ife Sciences, Inc	88	1,472	_	1,560	Florida
New York University Medical Center	1,073	470		1,543	New York
exas Health Science Center, University of Dallas	1,062	465	- !	1,527	Texas
Montefiore Hospital & Medical Center	1.363	160	_	1,523	New York
ackson Laboratory	1.024	460	_	1,484	Maine
Norcester Foundation	1,257	195	_	1,452	Massachusett
University of Kentucky	1.074	365	_	1,439	Kentucky
University of Puerto Rico	1,220	209	_	1,429	Puerto Rico
Vorld Health Organization	_	1,411	-	1.411	New York
University of Oregon	1,308	93	_	1,401	Oregon
Ben Venue Laboratories	, <u> </u>	1,378	- 1	1,378	Ohio
Veizmann Institute of Science	198	1,179	_	1,377	Israel
lorthern California Cancer Program, Inc.	1,018	350	_	1,368	California
Mason Research Center	-,	1,327	_	1,327	Massachusett
Hahnemann Medical College & Hospital	1,260	65	_	1,325	Pennsylvania
Iniversity of Louisville	607	697		1.304	Kentucky
Iniversity of California, Irvine	1,078	219	_	1,297	California
Southwest Foundation for Research	211	1,079	_	1,290	Texas
Medical College of Wisconsin	917	366		1.283	Wisconsin
University of Virginia	1.146	123		1,269	Virginia
	1,140	85		1,255	Michigan
Michigan State University	1,239	500		1,239	Rhode Island
Roger Williams General Hospital	1,239	1 227	1		
Jpjohn Company	200	1,227	_	1,227	Michigan
Allegheny General Hospital	800	423	- 1	1,223	Pennsylvania
Electro-Nucleonics Laboratories	_	1,210	_	1,210	Maryland
Merck & Company	1 105	1,200	_	1,200	New Jersey
Colorado State University	1,185	11	-	1,196	Colorado
MC Cancer Research Center & Hospital	1,183	1	_	1,183	New York
Aason Research Institute		1,181	- 1	1,181	Maryland
New England Medical Center Hospitals	576	567	-	1,143	Massachusett
Rhode Island State Department of Health	_	1,127	-	1,127	Rhode Island
ong Island Cancer Council	_	1,083	- 1	1,083	New York
Parke, Davis & Company	_	1,077	- ;	1,077	Michigan
Vake Forest University	1,036	40	_	1,076	North Carolina
RW Systems Group	· -	1,067	-	1,067	Virginia
Jniversity City Science Center	_	1,066	_	1,066	Pennsylvania
Children's Hospital Medical Center	992	62	_	1,054	Massachusett
Monsanto Research Corporation	-	1.046	_	1,046	Ohio
/alue Engineering Company	_	1,036	_	1,036	Virginia
			1		
		1.030		1.030	California
Jointer Ligiting Control.  Jointersity of Oklahoma	620	1,030 402	_	1,030 1,022	Oklahoma

PERCENT OF NCI TOTAL OBLIGATIONS......

\*CONSTRUCTION – \$5,992 for NIH facilities

PERCENT OF TOTAL AWARDED ABOVE .....

TOTAL NCI FISCAL YEAR 1977 OBLIGATIONS.....

\$814,957

58.1

41.1

38.1

26.9

3.8

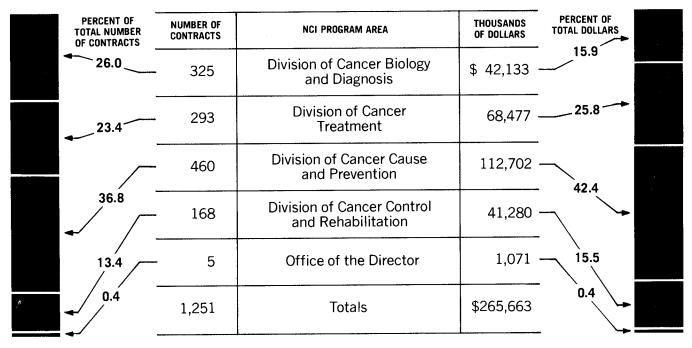
2.7

100

70.7

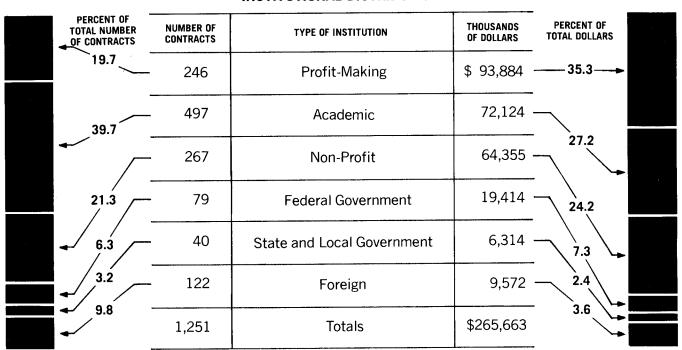
#### DISTRIBUTION OF NCI CONTRACTS—FISCAL YEAR 1977

#### PROGRAM DISTRIBUTION



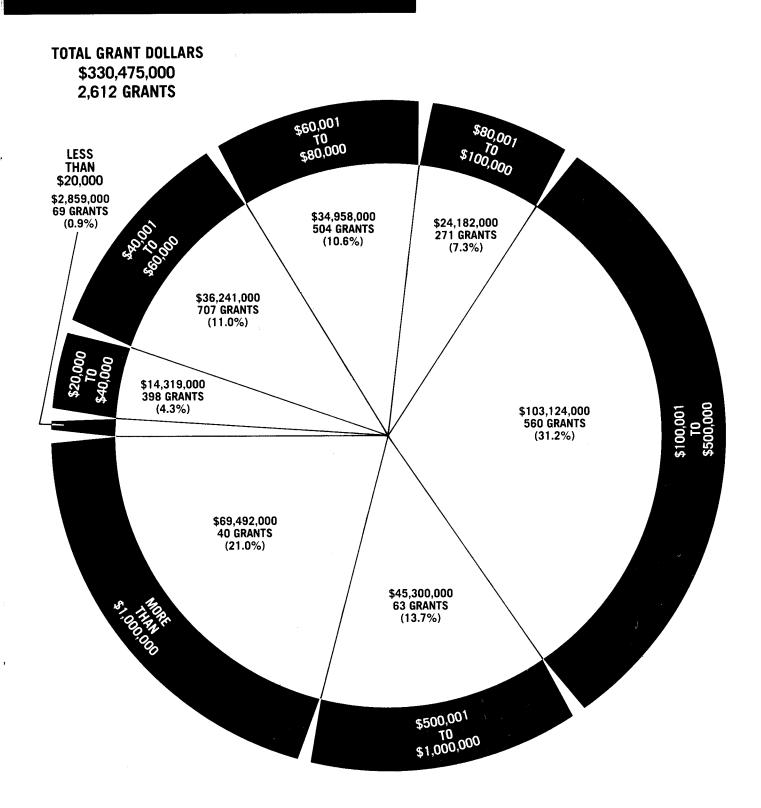
Excludes construction contracts totalling \$5,992,000. Includes Interagency Agreements.

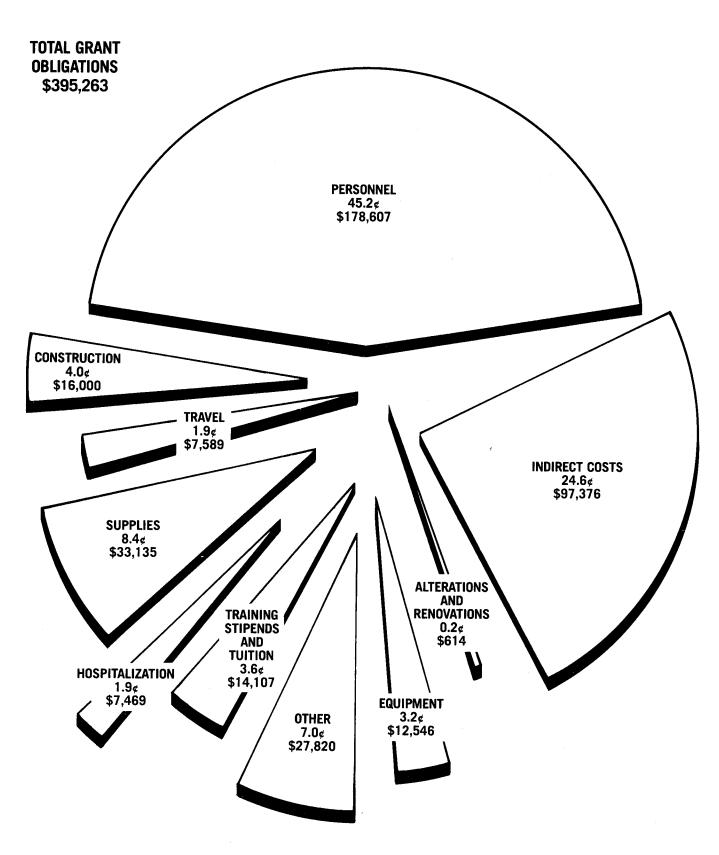
#### INSTITUTIONAL DISTRIBUTION



Excludes construction contracts totalling \$5,992,000.

## DISTRIBUTION OF NCI RESEARCH GRANTS BY VALUE OF GRANT AWARD—FISCAL YEAR 1977

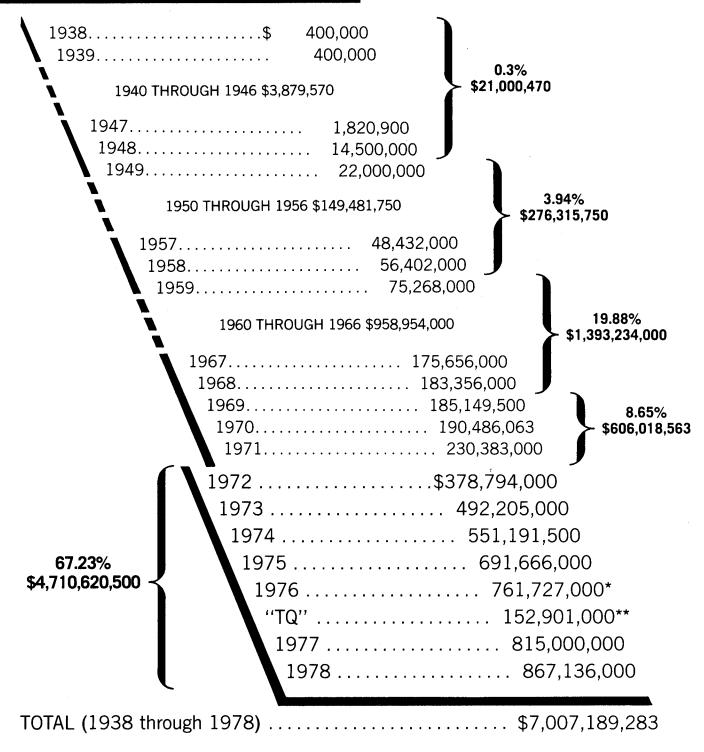




## FOREIGN RESEARCH GRANTS AND CONTRACTS — FISCAL YEAR 1977

	NUMBER OF GRANTS	GRANT DOLLARS AWARDED	NUMBER OF Contracts	CONTRACT DOLLARS AWARDED	TOTAL DOLLARS AWARDED	PERCENT OF TOTAL AMOUNT AWARDED
Australia	3	\$ 117,867	7	\$ 522,402	\$ 640,269	5.4
Austria	_	_	2	101,600	101,600	0.9
Belgium	1	264,014	2	382,024	646,038	5.4
British Columbia	1	45,629	_	-	45,629	0.4
Canada	10	401,732	7	614,293	1,016,025	8.5
Colombia	-	-	2	98,066	98,066	0.8
Denmark	1	21,783		_	21,783	0.2
England	7	275,190	16	646,472	921,662	7.7
Finland	1	57,394	7	156,304	213,698	1.8
France	3	107,283	8	1,411,581	1,518,864	12.8
Germany	1	39,280	4	183,732	223,012	1.9
Israel	5	241,578	25	1,957,012	2,198,590	18.5
Italy	1	63,250	11	1,109,677	1,172,927	9.9
Japan	1	42,740	6	496,452	539,192	4.5
Korea, Republic of	1	10,590	_	_	10,590	0.1
Netherlands	_	_ :	7	434,151	434,151	3.6
Norway	_	-	1	33,604	33,604	0.3
Portugal	1	36,200	_	_	36,200	0.3
Scotland	_	_	1	147,787	147,787	1.2
South Africa	1	43,813	_	_	43,813	0.4
Spain	1	22,000	1	18,528	40,528	0.3
Sweden	2	189,858	10	746,300	936,158	7.9
Switzerland	2	343,320	4	444,797	788,117	6.6
Uganda	_	_	1	67,252	67,252	0.6
TOTAL	43	\$2,323,521	122	\$9,572,034	\$11,895,555	100.0

#### **APPROPRIATIONS OF THE NCI 1938-1978**



#### NOTEWORTHY DATES FOR NCI APPROPRIATIONS

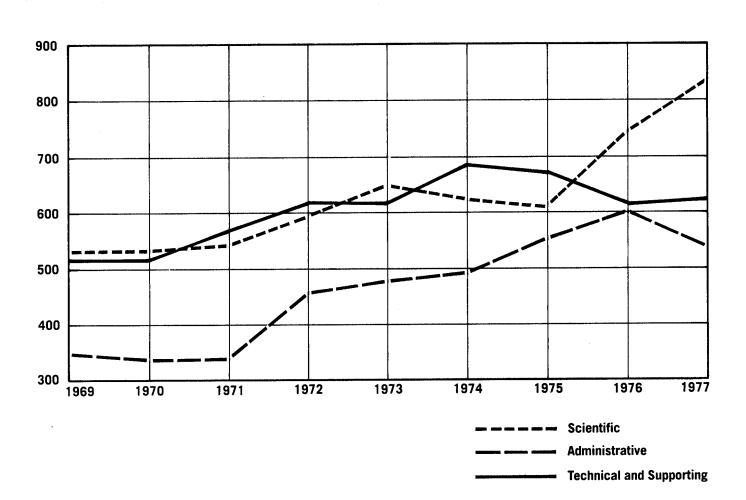
Exceeded \$1,000,000 in 1947. Exceeded \$50,000,000 in 1958. Exceeded \$100,000,000 in 1961. Exceeded \$500,000,000 in 1974. Cumulative appropriations exceeded \$7,000,000,000 in 1978.

**TRANSITION QUARTER ("TQ")**—July 1, 1976 through September 30, 1976—The Interim Period in the changing of the Federal Fiscal Year from July 1 through June 30, to October 1 through September 30.
\*Includes \$18,163,000 for training funds provided by Continuing Resolution.

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

## DISTRIBUTION OF PERSONNEL BY FUNCTION

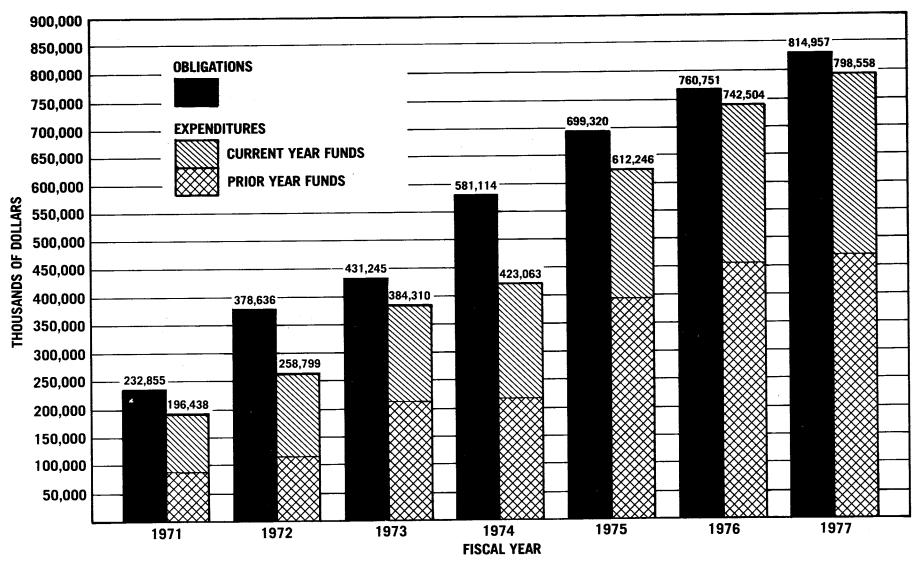
Percent of Actual Employment												
The state of the s					FISCAL YEAR							
•	1969	1970	1971	1972	1973	1974	1975	1976	1977			
Scientific	37.8%	38.3%	37.5%	36.2%	37.3%	34.4%	32.7%	37.9%	41.7%			
Administrative	24.4%	24.0%	23.9%	27.3%	27.6%	27.0%	30.0%	30.7%	27.2%			
Technical and Supporting	37.8%	37.7%	38.6%	36.5%	35.1%	38.6%	37.3%	31.4%	31.1%			
Total Actual Employment	1411	1355	1426	1665	1736	1805	1849	1955	1993			



		1	DOLLARS			POSITIONS		SPACE				
		OBLIGATIONS (\$000's)	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	FULL-TIME PERMANENT EMPLOYEES	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ALLOCATED SPACE (SQUARE FEET)*	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR		
	1971	232,855	Base Year	_	1426	Base Year		321,230	Base Year			
	1972	378,636	62.6	62.6	1665	16.8	16.8	329,587	2.6	2.6		
	1973	431,245	85.2	13.9	1736	21.7	4.3	357,972	11.4	8.6		
FISCAL YEAR	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		

 $<sup>\</sup>ensuremath{^{\star}}\xspace$  Does not include field station-assigned space.

### NATIONAL CANCER INSTITUTE OBLIGATIONS AND EXPENDITURES



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

#### (DOLLARS IN THOUSANDS)

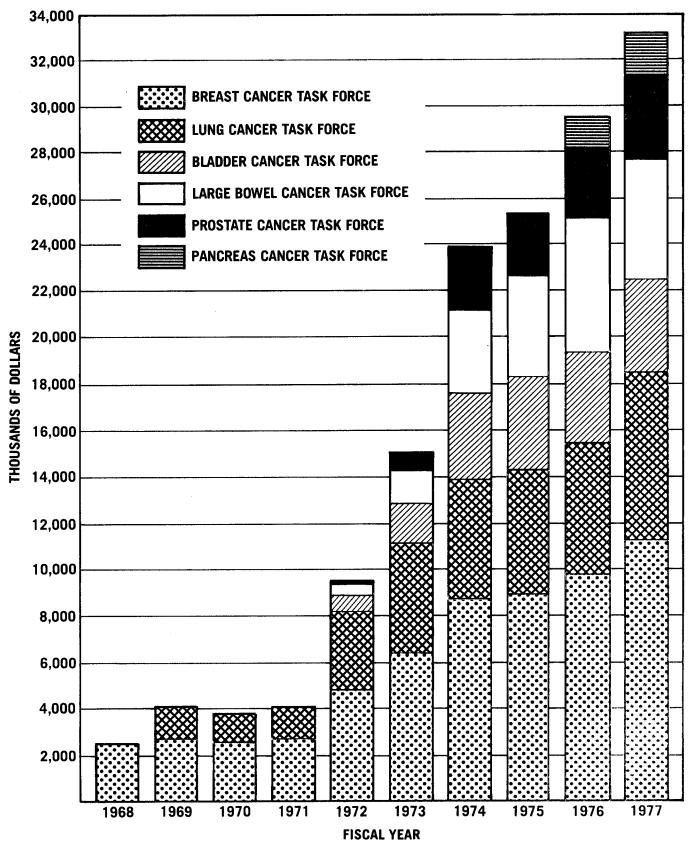
	19	972	19	73	19	74	19	75	1976		1977	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
GRANTS		·			:							
Research	1,472	\$125,202	1,770	\$165,684	2,195	\$219,743	2,567	\$270,614	2,635	\$312,139	2,811	\$342,97
Fellowships	197	3,948	91	988	405	6,004	452	13,368	281	13,401	438	18,2
Training	201	16,474	193	12,900	173	17,558	103	9,736	45	4,759	14	1,5
Construction	17	47,004	17	34,737	8	31,692	10	30,000	9	20,000	6	16,0
TOTAL GRANTS	1,887	192,628	2,071	214,309	2,781	274,997	3,132	323,718	2,970	350,299	3,269	378,7
DIRECT OPERATIONS												
Research and Research Support												
Contracts	582	122,857	677	135,908	950	180,360	1,016	199,585	1,015	221,508	1,080	224,3
Construction Contracts	-	3,999	_	4,067	19	6,398	14	14,976	7	4,721	5	5,9
In-House	1,665	46,235	1,736	56,362	1,805	68,848	1,849	90,442	1,955	105,658	<u>2,031</u>	118.5
Management Fund	_	12,910	-	15,194	_	16,754	-	20,326	-	22,094		26,8
TOTAL DIRECT OPERATIONS	<u>-</u>	186,001	_	211,531	-	272,360	_	325,329	-	353,981	-	375,7
CANCER CONTROL				1								
In-House	_	_	[8]	182	[26]	931	[53]	1,699	[58]	2,455	[81]	2,
Contracts	f –	_	19	5,222	154	26,910	199	43,909	183	42,584	168	41,2
Grants	_	_	_	_	11	5,916	26	4,665	60	11,432	81	16,4
TOTAL CANCER CONTROL	_	_	_	5,404	_	33,757	-	50,273	_	56,471	-	60,
TOTAL NCI OBLIGATIONS		\$378,629	_	\$431,244	_	<b>\$581,114</b>	_	\$699,320	_	\$760,751	_	\$814,

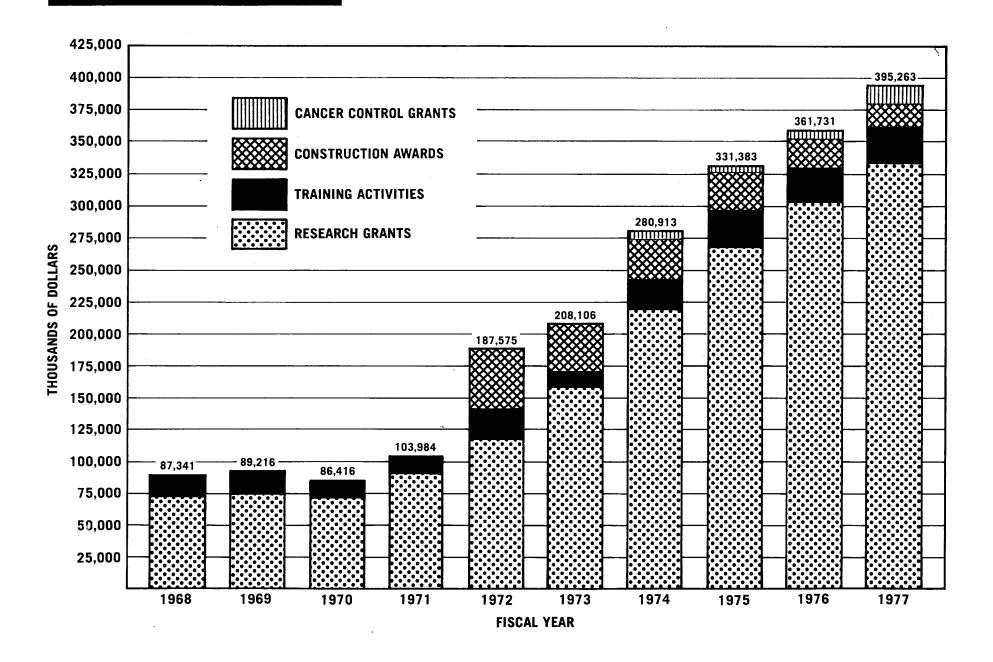
NOTES: Career programs and Clinical Education Program are included in Research Grant figures.

Underscored figures represent full-time permanent employees on rolls as of June 30 of the year indicated.

Figures in brackets are full-time permanent employees and are included in total figures underscored above.

### TASK FORCE OBLIGATIONS — 1968-1977





# NCI REGULAR GRANT AWARDS — 1972-1977 (Including Clinical Cooperative Groups)

#### (DOLLARS IN THOUSANDS)

FISCAL		REQUESTED		АР	PROVED	Α\	PERCENT	
YEAR	TYPE AWARD	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	FUNDED
1972	Competing							
13/2	New	1,013	\$ 57,836	612	\$ 26,093	384	\$ 17,122	62.7
	Renewals	343	25,171	284	16,833	204	13,346	71.8
	Total	1,356	83,007	896	42,926	588	30,468	65.6
	Non-Competing	_		_	_	694	36,417	_
1973	Competing							
	New	1,258	\$ 84,946	715	\$ 33,794	372	\$ 18,085	52.0
	Renewals	217	21,906	189	13,363	129	10,365	68.3
	Total	1,475	106,852	904	47,157	501	28,450	55.4
	Non-Competing	_	_	_	_	1,013	54,687	_
1974	Competing							
	New	1,382	\$100,717	909	\$ 45,713	500	\$ 27,824	55.5
	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	59.5
	Renewals	555	55,314	429	31,876	349	27,949	81.0
	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	_