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*National
Cancer
Institute*



1975 FACT BOOK

NATIONAL CANCER PROGRAM

PREFACE

The information set forth in this publication is compiled and amended annually by 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.

National Cancer Institute **FACT BOOK** **1975**

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NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014****Area Code 301
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ADMINISTRATIVE OFFICER Mr. James R. Gregg	BLAIR BUILDING 730A	427-7965

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** — President Nixon 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 27, 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.

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.

BIOGRAPHICAL SKETCHES OF THE NCI EXECUTIVE COMMITTEE

ASSOCIATE DIRECTOR FOR ADMINISTRATION

Calvin Benham Baldwin, Jr.

Mr. Calvin B. Baldwin, Jr. was born in Radford, Virginia, December 22, 1925. He received his A.B. degree from the University of North Carolina in 1949 and his M.P.A. degree from Harvard University in 1961.

Mr. Baldwin entered the Public Health Service in 1951 as a Methods Examiner in the Federal Security Agency. He has served in a number of other assignments including: Budget Examiner, NIH from 1955 to 1957; Administrative Officer, Division of Research Services 1957-1958; Administrative Officer 1958-1961 and then Executive Officer 1961-1962 in the Division of General Medical Sciences; Assistant Chief, Grants Management Branch, Division of Research Grants 1962-1963; Executive Officer, National Institute of Child Health and Human Development 1963 until he was appointed Executive Officer of the National Cancer Institute, November 1, 1970.

CLINICAL DIRECTOR

George Peter Canellos, M.D.

Dr. George P. Canellos was born in Boston, Massachusetts, November 1, 1934. He received his A.B. Cum Laude (1956) degree from Harvard College and his M.D. (1960) degree from Columbia University College of Physicians and Surgeons. He served as Clinical and Research Fellow 1961 to 1962 and became Assistant Resident in Medicine, Massachusetts General Hospital in 1962.

Dr. Canellos came to the NCI in 1963 as a Clinical Associate in the Medicine Branch. After his departure in 1965 he completed his training in medicine and hematology at the Massachusetts General Hospital and the Hammersmith Hospital in England before returning to the NCI as Senior Investigator, Medicine Branch in 1967. In 1968, Dr. Canellos served as Instructor in Medicine at the Georgetown University Medical School. He became Head of the Hematology Investigation Section and

Assistant Chief of the Medicine Branch in 1973. On November 11, 1974, he was appointed Acting Clinical Director of the National Cancer Institute.

ASSOCIATE DIRECTOR FOR PROGRAM PLANNING AND ANALYSIS

Louis Mario Carrese

Mr. Louis M. Carrese was born in Italy, April 13, 1926. He received his B.A. (1951) and M.A. (1953) Degrees from the University of Rochester and completed the Ph.D. program in 1956, lacking dissertation.

Mr. Carrese obtained a position with the Frederick Research Corporation in 1953 and became Vice President for Management in 1958. From 1961 to 1962 he was Vice President for Plans and Operations of White Electromagnetics, Inc. He joined the NCI in 1962 as a Program Planning Officer. In 1968, he was appointed Associate Director for Program until 1969 when he became Associate Director for Program Planning and Analysis.

DIRECTOR DIVISION OF CANCER TREATMENT

Vincent Theodore DeVita, Jr., M.D.

Dr. Vincent T. DeVita was born in Bronx, New York, March 7, 1935. He received his B.S. Degree from the College of William and Mary in 1957 and his M.D. degree, with distinction, from George Washington University School of Medicine in 1961.

Dr. DeVita first joined the National Cancer Institute as a Clinical Associate from 1963 to 1965 and after serving a one-year residency in medicine at the Yale-New Haven Medical Center returned to the Medicine Branch as a Senior Investigator. He was selected to be Head of the Solid Tumor Service in 1968 and in 1972 was appointed Chief, Medicine Branch, Division of Cancer Treatment. Dr. DeVita has held an appointment as Associate Professor of Medicine at George Washington University School of Medicine since 1971. On September 23, 1974 he

was appointed Director, Division of Cancer Treatment.

DIRECTOR DIVISION OF CANCER CONTROL AND REHABILITATION

Diane Joanne Fink, M.D.

Dr. Diane J. Fink was born in Chicago, Illinois, July 27, 1936. She received her B.S. (1957) and M.D. (1960) degrees from Stanford University. She trained in internal medicine from 1960 to 1966 at the Kaiser Foundation Hospital and the Veterans Administration Hospital in San Francisco. She held the positions of Staff Physician, Cancer Chemotherapy Section (1966-1969) and Chief, Oncology Section (1969-1971) at the V.A. Hospital. Also during this period she was an Assistant Clinical Professor of Medicine, University of California, and Executive Secretary and Principal Investigator, Pacific Veterans Administration Cancer Chemotherapy Group.

Dr. Fink came to the National Cancer Institute in 1971 as Program Director for Chemotherapy Clinical Investigations Branch. In July 1973 she joined the Cancer Control Program as Acting Chief, Treatment Branch and later was made Chief of the Branch. In April 1974 she was appointed Associate Director for Cancer Control and with the establishment of the Division of Cancer Control and Rehabilitation in 1974, became the Division's first Director.

DIRECTOR DIVISION OF CANCER RESEARCH RESOURCES AND CENTERS

Thomas Joseph King, Ph.D.

Dr. Thomas J. King was born in New York City June 4, 1921. He received his B.S. degree from Fordham University in 1943 and his Ph.D. from New York University in 1953.

Dr. King worked for 10 years as Chairman of the Department of Embryology, Institute for Cancer Research. He has served as Visiting Professor, Department of Zoology, University of Minnesota; Instructor in the Embryology Training Program at the Marine Biological Laboratory, Woods Hole, Mass.; and as a Visiting Professor at Marquette University. In 1965, Dr. King was a Distinguished Lecturer at Yale University, and in 1966 was the Damon Runyon Lecturer at New York University. Before coming to the National Cancer Institute, in 1972, Dr. King was a Professor in the Department of Biology at Georgetown University. He joined NCI as Program Director

for the National Bladder and National Prostatic Cancer Projects. In 1973, he became Acting Associate Director for Research Programs, and in 1974 was named Acting Director, Division of Cancer Research Resources and Centers, NCI.

ASSISTANT DIRECTOR

Bayard Hunter Morrison III, M.D.

Dr. Bayard H. Morrison III was born in Philadelphia, Pennsylvania, February 8, 1931. He received his B.S. from Rollins College in 1953 and his M.D. from Emory University School of Medicine in 1957.

Dr. Morrison joined the National Cancer Institute in 1958 and served in the Cancer Chemotherapy National Service Center and Clinical Branch, Collaborative Research, until he became the Assistant Director, NCI in 1965. He has served as Staff Assistant, President's Commission on Heart Disease, Cancer and Stroke, 1964; Member, American Cancer Society Committee on Unproved Methods of Cancer Treatment, 1965 to present; and Program Planning Committee, Sixth National Cancer Conference, 1966 to 1968.

ASSOCIATE DIRECTOR FOR INTERNATIONAL AFFAIRS

Gregory Thomas O'Connor, M.D.

Dr. Gregory T. O'Connor was born in Cincinnati, Ohio, June 23, 1924, and received his M.D. degree from Cornell University Medical College in 1948. Following internship at New York Hospital he began his formal training in Pathology at Cincinnati General Hospital.

He entered the PHS in 1950 and served as Pathologist in the Division of Occupational Health until 1952 when he left the PHS to complete residency training in Pathology at St. Francis Hospital, Hartford, Connecticut. He was Assistant Pathologist at St. Francis Hospital 1952 to 1958. From 1958 to 1960 he was Senior Lecturer in Pathology at Makerere Medical College, Kampala, Uganda. From 1960 to 1973 he served as Supervisory Pathologist and Head, Surgical Pathology Section, Laboratory of Pathology, NCI. In 1966 to 1968 he was Chief of Pathobiology Unit, International Agency for Research on Cancer, Lyon, France, on assignment from NCI. In January 1973, he was assigned the responsibility to plan and establish a new Office of International Affairs in the Office of the Director, NCI. In November 1973, he was recalled to active duty in the PHS Commissioned Corps and appointed Associate Director for International Affairs.

**DIRECTOR
DIVISION OF CANCER CAUSE
AND PREVENTION**

James Alexander Peters, D.V.M.

Dr. James A. Peters was born in Pensacola, Florida, October 7, 1928. He received his D.V.M. degree from Auburn University, Auburn, Alabama in 1954. Dr. Peters joined the National Cancer Institute in 1964 when he was commissioned in the Public Health Service and reported for duty with the Epidemiology Branch in East Lansing, Michigan.

Since joining the NCI, Dr. Peters has held a variety of positions in the Carcinogenesis and Field Studies and Statistics program areas. Prior to his appointment as Division Director in June, 1973, he held the following positions within the Office of the Division Director: Assistant to the Director, Deputy Director and Acting Director. He has also served as a consultant to many national and international organizations.

**DIRECTOR
DIVISION OF CANCER BIOLOGY
AND DIAGNOSIS**

Alan Saul Rabson, M.D.

Dr. Alan S. Rabson was born in Brooklyn, New York, July 1, 1926. He received his M.D. degree from the Long Island College of Medicine in 1950.

He entered the Public Health Service in 1954 as a resident in pathology at the U.S. P.H.S. Hospital in New Orleans. Dr. Rabson came to the National Institutes of Health Clinical Center a year later as a resident in pathologic anatomy. From 1956 to 1970, Dr. Rabson served as a senior investigator in the National Cancer Institute's Laboratory of Pathology.

He became Deputy Chief of this Laboratory in 1970, a post which he held for five years.

Dr. Rabson was appointed Director of the Division of Cancer Biology and Diagnosis on April 1, 1975.

ASSISTANT DIRECTOR

Richard Arlen Tjalma, D.V.M.

Dr. Richard A. Tjalma was born in Holland, Michigan, September 2, 1929, and received his D.V.M. degree from Michigan State University in 1954.

He entered the Public Health Service in 1954, and served in the Epizootiology Research Section, NCI, from 1961 to June 1968. In July, 1969, he was appointed Assistant to the Director, National Institute of Environmental Health Sciences.

On August 1, 1973, he returned to the National Cancer Institute as Assistant Director.

**ASSOCIATE DIRECTOR
FOR CANCER COMMUNICATIONS**

J. Paul Van Nevel

Mr. J. Paul Van Nevel was born in New Richmond, Wisconsin, April 26, 1938. He received his B.S. in Journalism from the University of Wisconsin, Madison.

Prior to joining the National Cancer Institute, Mr. Van Nevel served as the Director for Public Relations for the Johns Hopkins Medical Institution, Baltimore, Maryland, and earlier as the Director of Public Information at the University of Wisconsin Medical Center, Madison.

Mr. Van Nevel served as the Deputy Associate Director for Cancer Communications from February 1973, until he became the Acting Associate Director for Cancer Communications on September 30, 1974.

**DIRECTOR
NATIONAL CANCER PROGRAM
NATIONAL CANCER INSTITUTE**

MAY 5, 1972 TO PRESENT

Frank Joseph Rauscher, Jr., Ph.D.

Dr. Frank J. Rauscher, Jr. was born in Hellertown, Pennsylvania, on May 24, 1931. He received his B.S. degree from Moravian College in 1953 and his Ph.D. degree from Rutgers in 1957.

Dr. Rauscher came to the National Cancer Institute in 1959 and served as a microbiologist in the Laboratory of Viral Oncology until 1964, when he was appointed Head, Viral Oncology Section. He served in this position until 1965, when he was

made Acting Chief, Viral Leukemia and Lymphoma Branch. During this period, he also served as Chairman, Special Virus Cancer Program. In 1966, he became Chief of the Viral Leukemia and Lymphoma Branch until 1967 when he was appointed Associate Scientific Director for Viral Oncology. Dr. Rauscher became Acting Scientific Director for Etiology in 1969, and was subsequently named Scientific Director in 1970.

On May 5, 1972, President Nixon named him Director of the National Cancer Institute and of the National Cancer Program.

**DEPUTY DIRECTOR
NATIONAL CANCER INSTITUTE**

AUGUST 1, 1973 TO PRESENT

Guy Rene Newell, M.D.

Dr. Guy R. Newell, was born in Bogalusa, Louisiana, September 21, 1937. Dr. Newell received both his B.S. (1959) and M.D. (1962) degrees from Tulane University and his M.S. in Hygiene from the Harvard School of Public Health in 1968. From July 1963 to June 1965, he served as a Research Planning Associate in the Office of the Director, NCI. Between July

1965 and June 1968, he received training in internal medicine and oncology at the Johns Hopkins Hospital and the Peter Bent Brigham Hospital. He returned to the NCI in July 1968, where he was an Assistant for Program, Viral Oncology and served as Executive Secretary, Biometry & Epidemiology Contract Review Committee until June 1970. From July 1970 until his appointment as Deputy Director, NCI in August 1973, Dr. Newell held positions of Assistant and then Associate Professor of Epidemiology at Tulane University.

PRESIDENT'S CANCER PANEL

	EXPIRATION OF APPOINTMENT
Mr. Benno C. Schmidt, Chairman J. H. Whitney & Co. New York City, New York	2-16-78
Dr. R. Lee Clark University of Texas M.D. Anderson Tumor Clinic Houston, Texas	2-20-77
Dr. Ray D. Owen California Technological Institute Pasadena, California	2-20-76

NATIONAL CANCER INSTITUTE EXECUTIVE COMMITTEE

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

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

Dr. George P. Canellos
Clinical Director, NCI (acting)

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

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

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

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

Dr. Bayard H. Morrison III,
Assistant Director, NCI

Dr. Gregory T. O'Connor
Associate Director for International Affairs

Dr. James A. Peters
Director, Division of Cancer Cause and Prevention

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

Dr. Richard A. Tjalma
Assistant Director, NCI

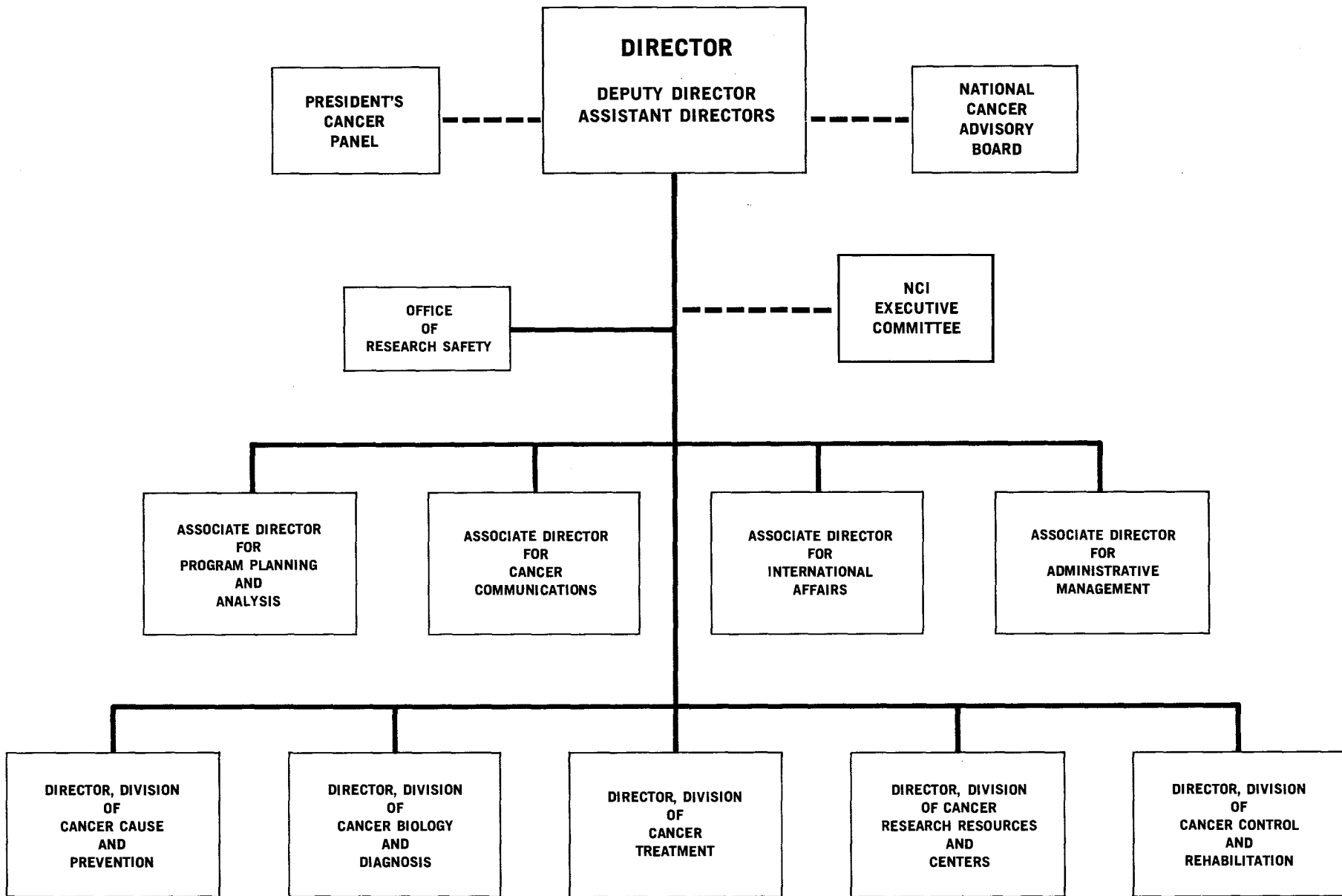
Mr. J. Paul Van Nevel
Associate Director for Cancer Communications

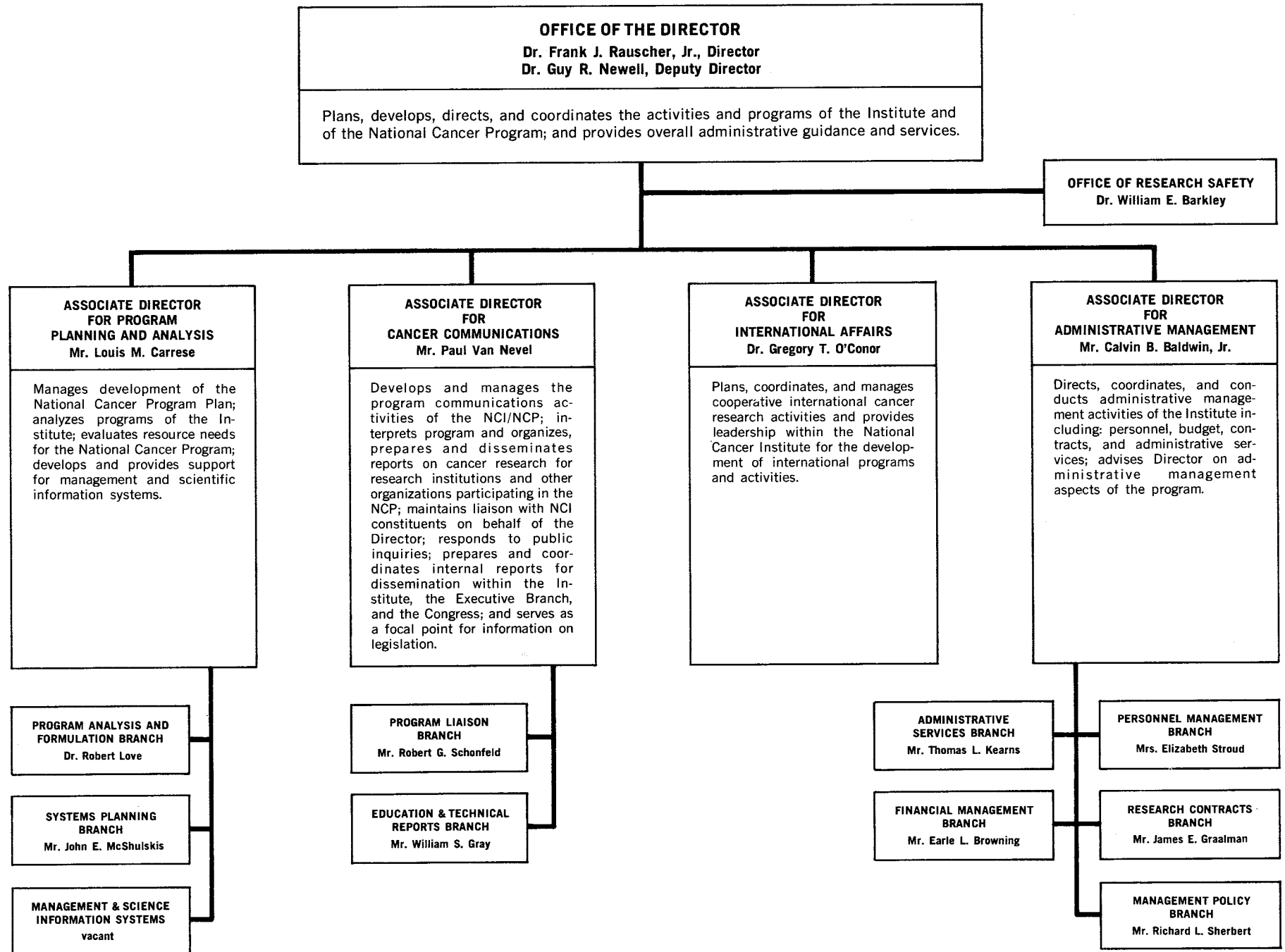
Dr. Frank J. Rauscher, Jr., *Ex Officio*
Director, National Cancer Program, National Cancer Institute

NATIONAL CANCER ADVISORY BOARD

APPOINTEES	EXPIRATION OF APPOINTMENT		EXPIRATION OF APPOINTMENT
Dr. Jonathan E. Rhoads, <i>Chairman</i> University of Pennsylvania Philadelphia, Pennsylvania	3-31-78	Mr. Laurance S. Rockefeller Memorial Sloan-Kettering Cancer Center New York, New York	3-31-78
Dr. Harold Amos Harvard Medical School Boston, Massachusetts	3-31-76	Dr. Phillippe Shubik University of Nebraska Omaha, Nebraska	3-9-76
Dr. William O. Baker Bell Telephone Laboratories, Inc. Murray Hill, New Jersey	3-31-80	Dr. Howard E. Skipper Southern Research Institute Birmingham, Alabama	3-31-78
Mr. Elmer H. Bobst Warner-Lambert Company New York, New York	3-31-76		
The Honorable Norris Cotton Lebanon, New Hampshire	3-9-78		
Dr. Frank J. Dixon Scripps Clinic and Research Foundation La Jolla, California	3-31-78	HONORABLE CASPAR W. WEINBERGER Secretary, Department of Health, Education, and Welfare Washington, D.C.	
Dr. G. Denman Hammond University of Southern California Los Angeles, California	3-31-80	Dr. John D. Chase Veterans Administration Washington, D.C.	
Dr. Werner Henle The Children's Hospital of Philadelphia Philadelphia, Pennsylvania	3-31-80	Dr. H. Guyford Stever Director, National Science Foundation Washington, D.C.	
Dr. John R. Hogness University of Washington Seattle, Washington	3-31-78	Dr. R. W. Lamont-Havers Acting Director, National Institutes of Health Bethesda, Maryland	
Mr. Donald E. Johnson, Jr. Advertisers Press, Inc. Flint, Michigan	3-31-76	Dr. James R. Cowen Department of Defense Washington, D.C.	
Mrs. Mary Lasker Albert and Mary Lasker Foundation New York, New York	3-31-80		
Dr. Irving M. London Harvard-MIT Program in Health Sciences and Technology Cambridge, Massachusetts	3-31-76	ALTERNATES Dr. Lyndon E. Lee, Jr. Veterans Administration Washington, D.C.	
Dr. Gerald P. Murphy Roswell Park Memorial Institute Buffalo, New York	3-31-76	Colonel James L. Hansen, MC, USA Director, Armed Forces Institute of Pathology Washington, D.C.	
Dr. Gerald H. Ogura Washington University St. Louis, Missouri	3-31-80	Dr. Edward J. Burger, Jr. National Science Foundation Washington, D.C.	
Dr. William E. Powers Washington University School of Medicine St. Louis, Missouri	3-31-80	EXECUTIVE SECRETARY Dr. Richard A. Tjalma National Cancer Institute Bethesda, Maryland	

NATIONAL CANCER INSTITUTE





OFFICE OF THE DIRECTOR
 Dr. Frank J. Rauscher, Jr., Director
 Dr. Guy R. Newell, Deputy 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 RESEARCH SAFETY
 Dr. William E. Barkley

ASSOCIATE DIRECTOR FOR PROGRAM PLANNING AND ANALYSIS
 Mr. Louis M. Carrese

Manages development of the National Cancer Program Plan; analyzes programs of the Institute; evaluates resource needs for the National Cancer Program; develops and provides support for management and scientific information systems.

ASSOCIATE DIRECTOR FOR CANCER COMMUNICATIONS
 Mr. Paul Van Nevel

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

ASSOCIATE DIRECTOR FOR 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.

ASSOCIATE DIRECTOR FOR ADMINISTRATIVE MANAGEMENT
 Mr. Calvin B. Baldwin, Jr.

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

PROGRAM ANALYSIS AND FORMULATION BRANCH
 Dr. Robert Love

SYSTEMS PLANNING BRANCH
 Mr. John E. McShulskis

MANAGEMENT & SCIENCE INFORMATION SYSTEMS
 vacant

PROGRAM LIAISON BRANCH
 Mr. Robert G. Schonfeld

EDUCATION & TECHNICAL REPORTS BRANCH
 Mr. William S. Gray

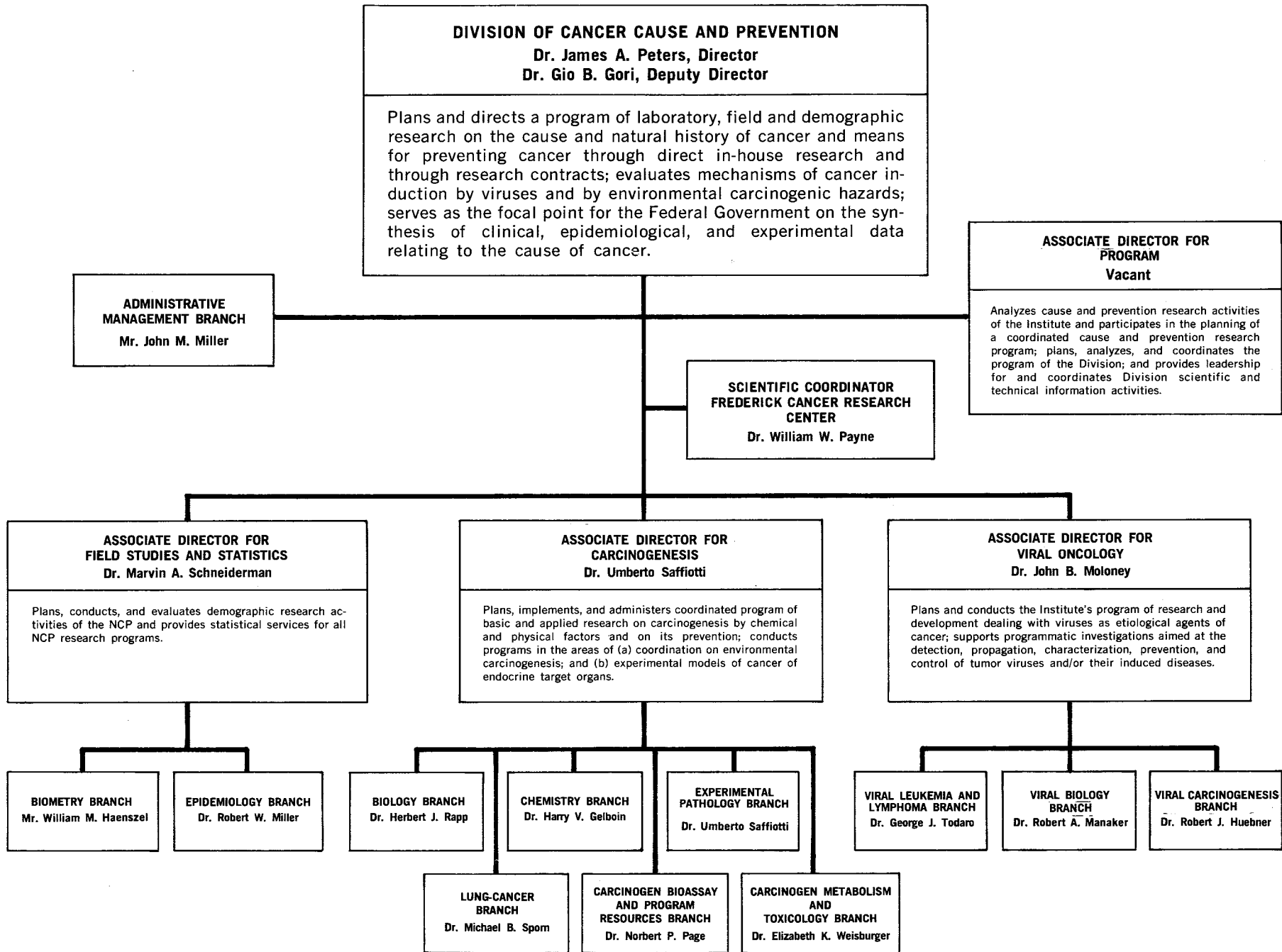
ADMINISTRATIVE SERVICES BRANCH
 Mr. Thomas L. Kearns

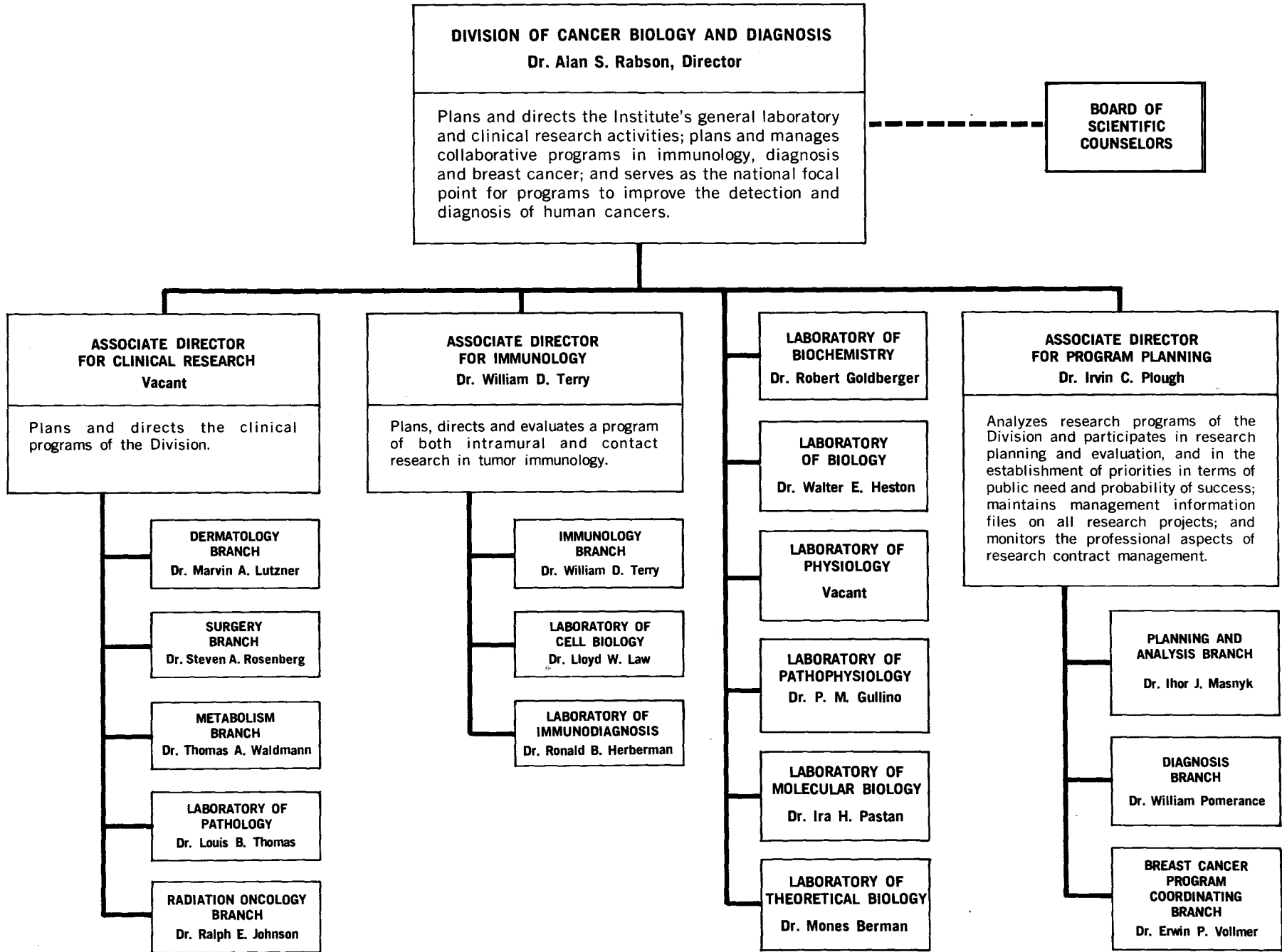
FINANCIAL MANAGEMENT BRANCH
 Mr. Earle L. Browning

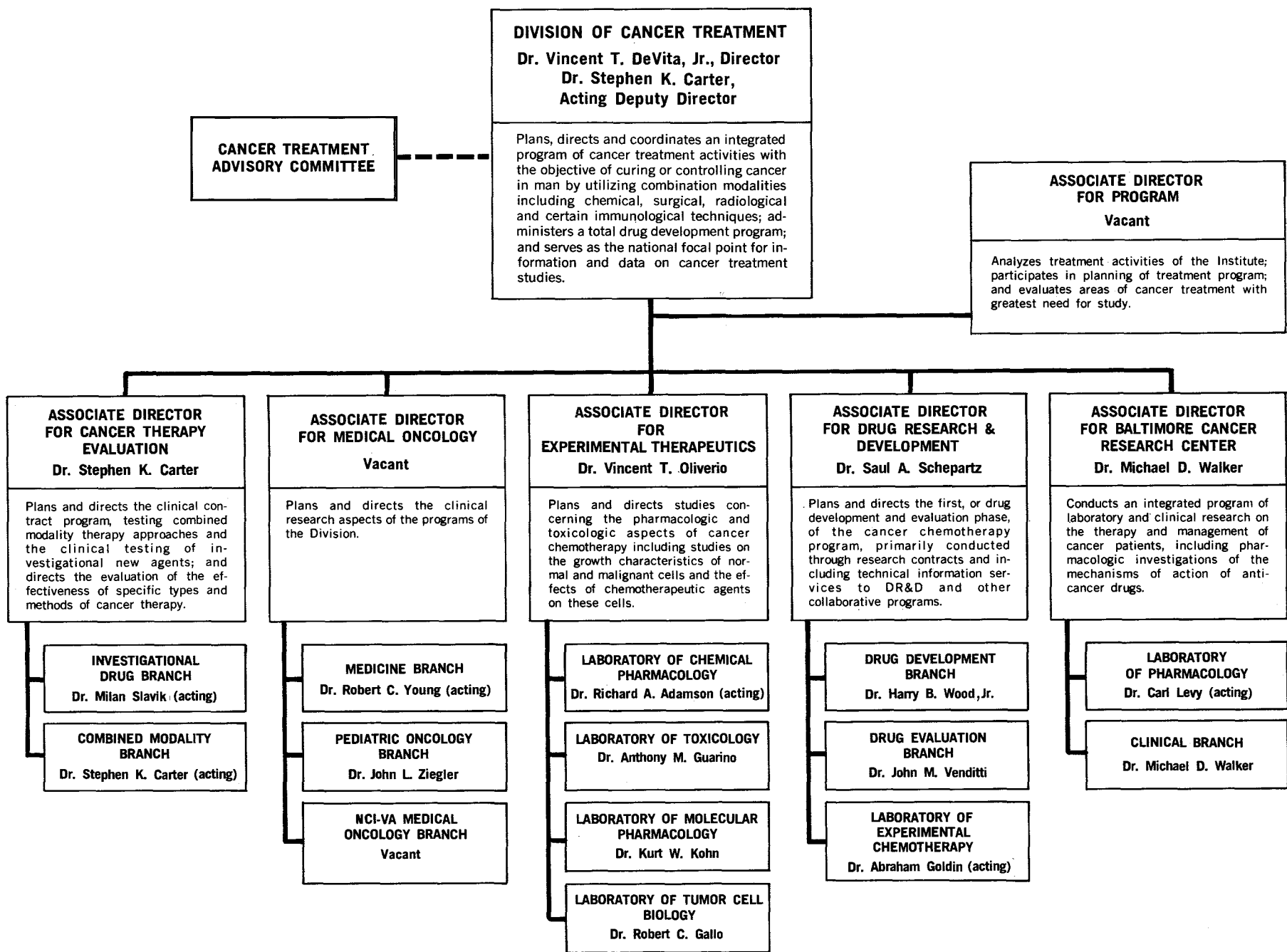
PERSONNEL MANAGEMENT BRANCH
 Mrs. Elizabeth Stroud

RESEARCH CONTRACTS BRANCH
 Mr. James E. Graalman

MANAGEMENT POLICY BRANCH
 Mr. Richard L. Sherbert







DIVISION OF CANCER RESEARCH RESOURCES AND CENTERS
Dr. Thomas J. King, Acting 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.

REVIEW AND REFERRAL BRANCH
Dr. Mordecai H. Gordon

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

ASSOCIATE DIRECTOR FOR 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 advisory bodies of grant activities and developments.

BIOMEDICAL RESEARCH PROGRAMS BRANCH
Dr. Thaddeus J. Domanski

CLINICAL INVESTIGATIONS BRANCH
Dr. Mary A. Fink (acting)

NATIONAL ORGAN SITE PROGRAMS BRANCH
Dr. David L. Joffes (acting)

ASSOCIATE DIRECTOR FOR CANCER CENTERS
Dr. John W. Yarbro (acting)

Plans and directs the Cancer Centers Program, the Research Facilities Construction Program, and the Cancer Clinical Education 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.

CANCER CENTERS BRANCH
Dr. John W. Yarbro (acting)

RESEARCH FACILITIES CONSTRUCTION BRANCH
Dr. Donald G. Fox

ASSOCIATE DIRECTOR FOR PROGRAM PLANNING
Vacant

Serves as the Division focus for program planning and evaluation activities including development of program objectives, alternatives, and policy positions; stimulates and guides divisional planning activities, addresses program accomplishments, and oversees analytical and reporting functions; applies management science techniques including systems analysis and design, operations research, and other analytical approaches to Division programs; and maintains liaison with the Office of Program Planning, Office of the Director, NCI.

PROGRAM ANALYSIS AND EVALUATION BRANCH
Mr. Harry Y. Canter

PROGRAM DEVELOPMENT AND OPERATIONS BRANCH
Vacant

ASSOCIATE DIRECTOR FOR MANPOWER DEVELOPMENT
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.

TRAINING BRANCH
Vacant

EDUCATION BRANCH
Dr. Margaret H. Edwards

**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 COMMITTEE AND
REVIEW ACTIVITIES**
Dr. Veronica Conley (acting)

PREVENTION BRANCH
Dr. Robert L. Woolridge

**DETECTION, DIAGNOSIS
AND PRETREATMENT
EVALUATION BRANCH**
Dr. James E. Hamner

**TREATMENT, REHABILITATION
AND
CONTINUING CARE BRANCH**
Dr. Raul Mercado

COMMUNICATIONS BRANCH
Mr. Alan P. Rhone

LIAISON BRANCH
Dr. Margaret H. Sloan

PLANNING BRANCH
Vacant

EVALUATION BRANCH
Dr. John Cutler

RESOURCES BRANCH
Dr. J. Daniel Recer

**COMMUNITY RESOURCES
DEVELOPMENT BRANCH**
Vacant

**COMMUNITY SPECIAL
PROJECTS BRANCH**
Vacant

NATIONAL CANCER PROGRAM STRATEGY

The National Cancer Program came into being as a result of the National Cancer Act of 1971 to conduct a nationally coordinated effort to achieve the conquest of cancer. The goal of the National Cancer Program (NCP) is to develop the means to significantly reduce the incidence of cancer in man and morbidity and mortality due to cancer, and ultimately to develop the means for eliminating all human cancers. Since achievement of this goal is a long term effort, the strategy of the program is to provide for a balanced program covering the entire spectrum of research, from basic through applied and developmental, by the implementation of laboratory, field, and clinical programs that are judged most likely to produce the information and needed technology that can be transferred to medical practice in preventing and treating cancer.

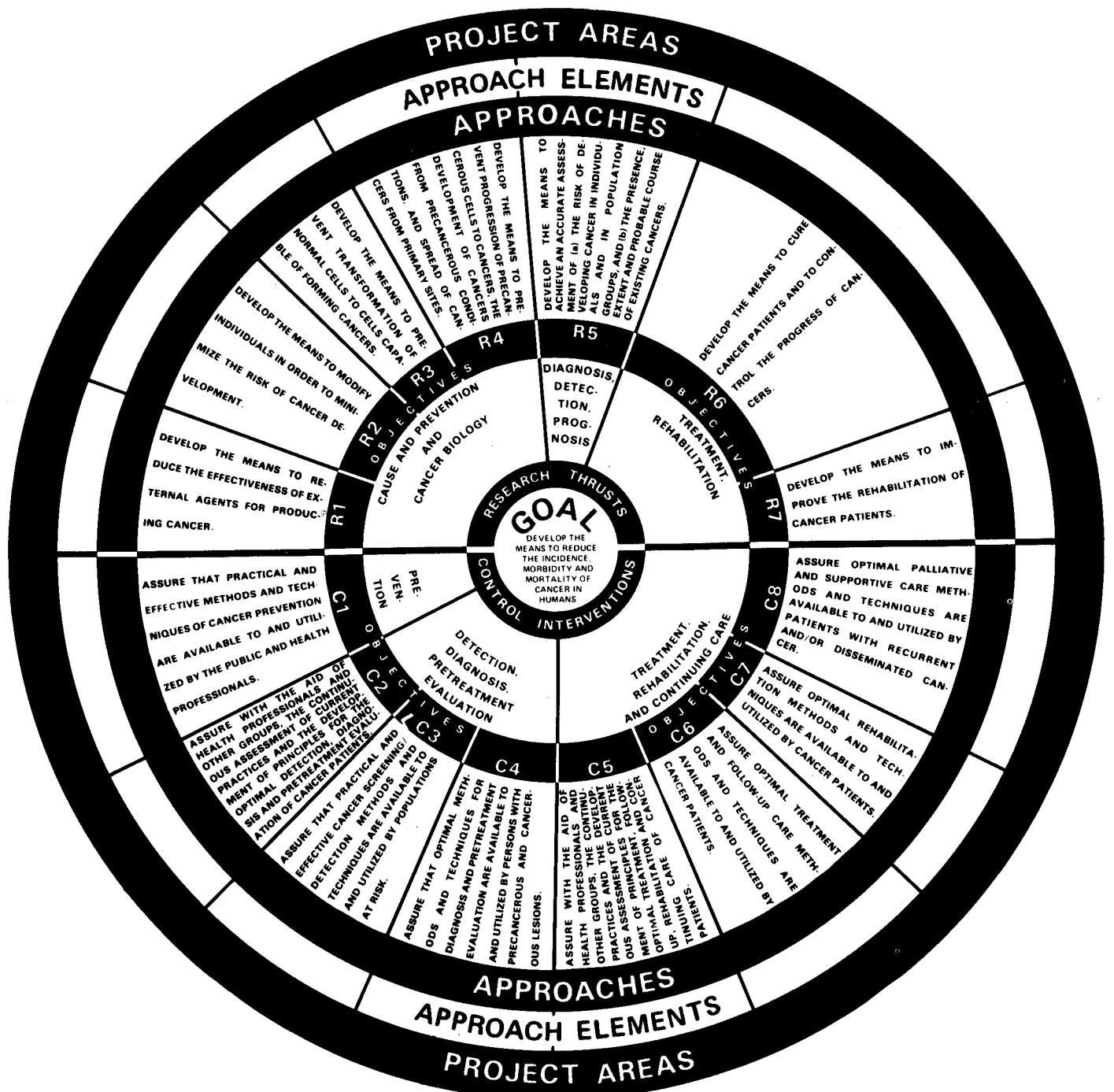
The NCP Strategic Plan which was released in 1973, was the first major output of the continuous planning process being carried out within the NCP. Research together with Cancer Control are the major scientific components of the program strategy. The associated scientific activities deemed necessary to achieve the research and cancer control objectives cover the full range of activities from determining the cause of cancer to rehabilitation and continuing care of patients.

To facilitate program planning and implementation, these activities have been organized in a hierarchical format:

- National Cancer Program Goal
- Research Thrusts and Control interventions
- Research and Control objectives
- Research and Control approaches
- Research and Control approach elements
- Research and Control project areas

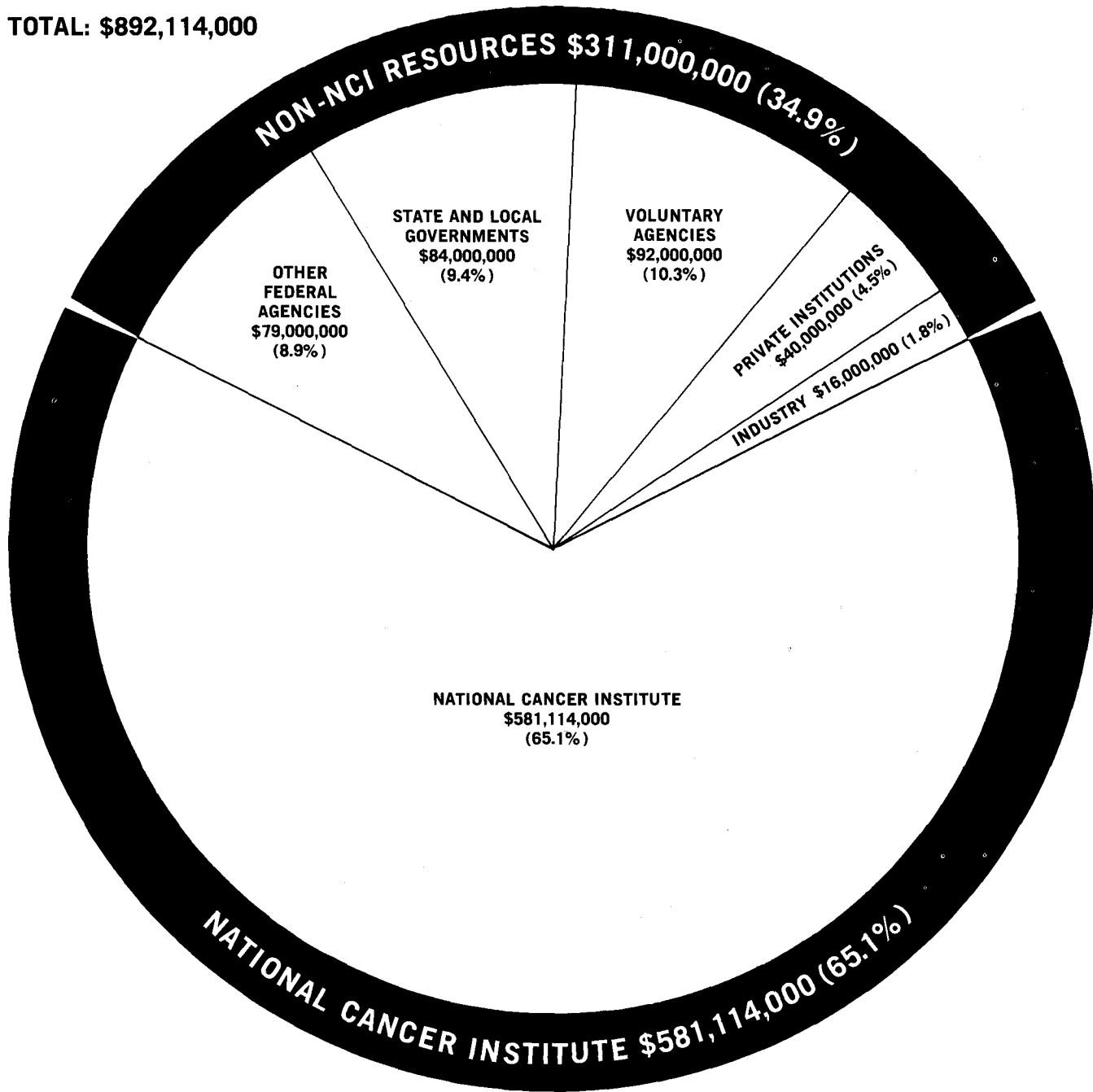
The first three levels are displayed on the facing figure.

The next three levels provide increasingly more detailed definition of the scientific content and activities encompassed within the program strategy.



**TOTAL RESOURCES FOR THE NATIONAL
CANCER PROGRAM — FISCAL YEAR 1974**

TOTAL: \$892,114,000



Information derived from estimates provided in the DHEW/NIH/NCI publication entitled "The National Cancer Program Operational Plan, FY 1976-1980," August 1974

MORTALITY FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX — 1971

TOTAL		UNDER 15		15-34		35-54		55-74		75+	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Lung 54,931	Breast 29,969	Leukemia 923	Leukemia 707	Leukemia 722	Breast 495	Lung 9,364	Breast 8,509	Lung 35,258	Breast 14,487	Lung 10,098	Colon & Rectum 9,880
Colon & Rectum 22,410	Colon & Rectum 23,924	Brain, etc. 489	Brain, etc. 364	Hodgkin's Disease 484	Leukemia 475	Colon & Rectum 2,403	Lung 3,503	Colon & Rectum 12,049	Colon & Rectum 11,251	Prostate 9,807	Breast 6,473
Prostate 17,772	Lung 13,686	Lympho-sarcoma, etc. 113	Bone 74	Testis, etc. 435	Uterus 344	Pancreas 1,417	Uterus 3,104	Prostate 7,625	Lung 7,388	Colon & Rectum 7,737	Pancreas 2,940
Pancreas 9,967	Uterus 12,216	Bone 81	Kidney 67	Brain, etc. 429	Brain, etc. 321	Brain, etc. 1,242	Colon & Rectum 2,628	Pancreas 5,773	Uterus 5,999	Stomach 3,295	Uterus 2,766
Stomach 9,421	Ovary 9,978	Soft Tissue 62	Lympho-sarcoma, etc. 51	Lympho-sarcoma, etc. 254	Hodgkin's Disease 296	Stomach 1,147	Ovary 2,477	Stomach 4,918	Ovary 5,333	Pancreas 2,714	Stomach 2,730

Source: National Center for Health Statistics, 1971

RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES — 1971

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
	All Causes	1,927,542	932.2	100.0
1	Diseases of Heart	743,138	359.5	38.6
2	Cancer	337,398	163.2	17.5
3	Stroke	209,092	101.1	10.8
4	Accidents	113,439	54.9	5.9
5	Influenza & Pneumonia	57,194	27.7	3.0
6	Certain Diseases of Infancy	38,494	18.6	2.0
7	Diabetes Mellitus	38,256	18.5	2.0
8	Cirrhosis of Liver	31,808	15.4	1.7
9	Arteriosclerosis	31,521	15.2	1.6
10	Suicide	24,092	11.7	1.2
11	Emphysema	22,539	10.9	1.2
12	Homicide	18,787	9.1	1.0
13	Congenital Anomalies	15,957	7.7	0.8
14	Nephritis and Nephrosis	8,443	4.1	0.4
15	Hypertension	7,837	3.8	0.4
	Other & Ill-Defined	229,547	110.8	11.9

Source: National Center for Health Statistics, 1971
Prepared by: Research Department, American Cancer Society, July 1974

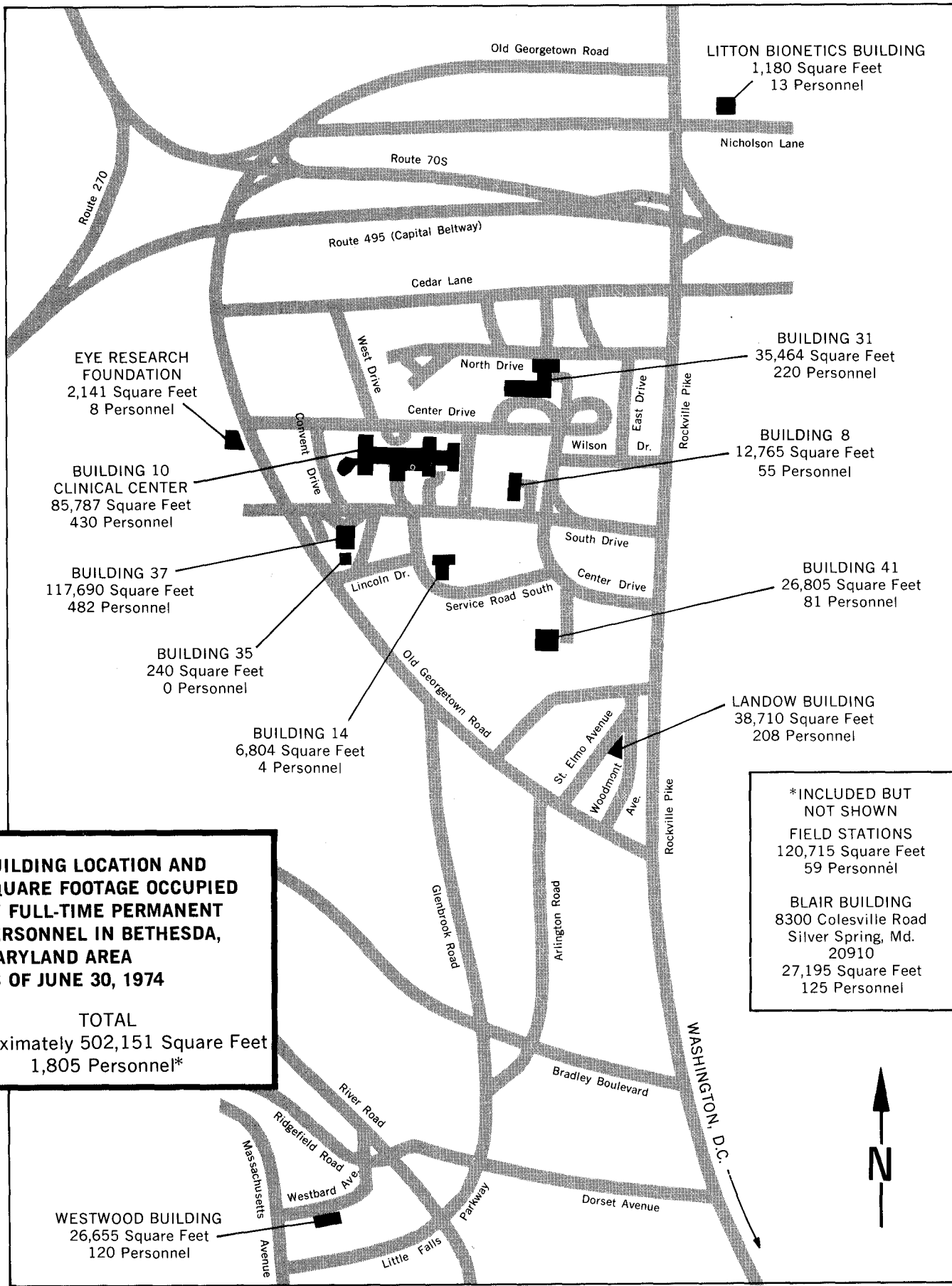
ESTIMATED CANCER DEATHS AND NEW CASES BY SEX AND SITE — 1975

SITE	ESTIMATED DEATHS			ESTIMATED NEW CASES		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
All Sites*	365,000	199,000	166,000	665,000*	334,000*	331,000*
Buccal Cavity & Pharynx (Oral)	8,200	5,900	2,300	23,300	16,600	6,700
Lip	225	200	25	4,000	3,700	300
Tongue	1,950	1,400	550	4,500	3,100	1,400
Salivary Gland	650	400	250	8,400	5,000	3,400
Floor of Mouth	525	400	125			
Other & Unspecified Mouth	1,250	800	450			
Pharynx	3,600	2,700	900	6,400	4,800	1,600
Digestive Organs	101,700	53,800	47,900	167,800	87,800	80,000
Esophagus	6,500	4,700	1,800	7,400	5,500	1,900
Stomach	14,400	8,500	5,900	22,900	14,000	8,900
Small Intestine	700	350	350	2,200	1,200	1,000
Large Intestine (Colon-Rectum)	38,600	17,900	20,700	69,000	31,000	38,000
Liver	10,600	5,900	4,700	30,000	17,000	13,000
Pancreas	9,800	4,800	5,000	11,500	5,700	5,800
Other & Unspecified Digestive	19,500	10,900	8,600	21,500	12,000	9,500
Other & Unspecified Digestive	1,600	750	850	3,300	1,400	1,900
Respiratory System	85,700	67,150	18,550	102,600	81,600	21,000
Larynx	3,250	2,800	450	9,100	8,000	1,100
Lung	81,100	63,500	17,600	91,000	72,000	19,000
Other & Unspecified Respiratory	1,350	850	500	2,500	1,600	900
Bone, Tissue and Skin	8,600	4,900	3,700	15,300	7,800	7,500
Bone	1,900	1,100	800	1,900	1,100	800
Connective Tissue	1,700	900	800	4,400	2,400	2,000
Skin (Melanoma)*	5,000	2,900	2,100	9,000*	4,300*	4,700*
Breast	32,900	300	32,600	88,700	700	88,000
Genital Organs	42,700	19,800	22,900	127,900	60,300	67,600
Cervix, Invasive* } Uterus	7,800	—	7,800	19,000*	—	19,000*
Corpus Uteri	3,300	—	3,300	27,000	—	27,000
Ovary	10,800	—	10,800	17,000	—	17,000
Other Female Genital	1,000	—	1,000	4,600	—	4,600
Prostate	18,700	18,700	—	56,000	56,000	—
Other Male Genital	1,100	1,100	—	4,300	4,300	—
Urinary Organs	16,500	11,000	5,500	43,200	30,000	13,200
Bladder	9,400	6,500	2,900	28,700	21,000	7,700
Kidney & Other Urinary	7,100	4,500	2,600	14,500	9,000	5,500
Eye	400	200	200	1,700	800	900
Brain & Central Nervous System	8,500	4,800	3,700	10,700	5,900	4,800
Endocrine Glands	1,650	650	1,000	9,000	2,600	6,400
Thyroid	1,150	350	800	7,900	2,100	5,800
Other Endocrine	500	300	200	1,100	500	600
Leukemia	15,200	8,500	6,700	21,200	12,000	9,200
Lymphomas	18,600	10,000	8,600	28,800	15,700	13,100
Lymphosarcoma & Reticulosarcoma	7,800	4,200	3,600	10,200	5,500	4,700
Hodgkin's Disease	3,500	2,100	1,400	7,100	4,200	2,900
Multiple Myeloma	5,100	2,700	2,400	7,800	4,000	3,800
Other Lymphomas	2,200	1,000	1,200	3,700	2,000	1,700
All Other & Unspecified Sites	24,350	12,000	12,350	24,800	12,200	12,600

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.

*Carcinoma-in-situ of the uterine cervix and superficial skin cancers not included in totals.

Incidence estimates are based on rates from NCI Third National Cancer Survey.



LITTON BIONETICS BUILDING
1,180 Square Feet
13 Personnel

EYE RESEARCH FOUNDATION
2,141 Square Feet
8 Personnel

BUILDING 31
35,464 Square Feet
220 Personnel

BUILDING 10
CLINICAL CENTER
85,787 Square Feet
430 Personnel

BUILDING 8
12,765 Square Feet
55 Personnel

BUILDING 37
117,690 Square Feet
482 Personnel

BUILDING 41
26,805 Square Feet
81 Personnel

BUILDING 35
240 Square Feet
0 Personnel

BUILDING 14
6,804 Square Feet
4 Personnel

LANDOW BUILDING
38,710 Square Feet
208 Personnel

*INCLUDED BUT NOT SHOWN
FIELD STATIONS
120,715 Square Feet
59 Personnel

BLAIR BUILDING
8300 Colesville Road
Silver Spring, Md.
20910
27,195 Square Feet
125 Personnel

BUILDING LOCATION AND SQUARE FOOTAGE OCCUPIED BY FULL-TIME PERMANENT PERSONNEL IN BETHESDA, MARYLAND AREA AS OF JUNE 30, 1974

TOTAL
Approximately 502,151 Square Feet
1,805 Personnel*

WESTWOOD BUILDING
26,655 Square Feet
120 Personnel

RESEARCH POSITIONS AT THE NATIONAL CANCER INSTITUTE¹

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

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
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I. CIVIL SERVICE

A. Civil Service (tenured)	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs	Minimum starting: Ph.D. — \$21,816 Physicians — \$27,632 Maximum: \$36,000	Civil Service Commission. Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
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II. SPECIAL APPOINTMENT OF EXPERTS AND CONSULTANTS

A. Special Appointment of Experts and Consultants (non-tenured appointment which can be extended up to 4 years)	Applicants shall possess outstanding experience and ability such as to justify recognition as authorities in their particular fields of activity.	Equivalent to the salary range of GS-16 through GS-18 Maximum: \$36,000	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) 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
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
C. Staff Associate	Graduates of medical and dental 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
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 Clinical and Professional Education Section, Clinical Center, National Institutes of Health

IV. VISITING PROGRAM (limited tenure)³

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
A. Visiting Fellow (maximum 3 years)	1-3 years postdoctoral education	Entrance stipend \$10,000-10,800 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 postgraduate education with appropriate knowledge needed by NCI	\$12,841-20,125	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	\$18,463-36,000	Contact Director or Laboratory Chief in area of interest.

V. STAFF FELLOWSHIPS

A. Staff Fellowships (maximum 6 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 \$18,800-22,700 Other Doctorates \$14,400-21,200 Senior Staff Fellows Physicians \$21,300-29,800 Other Doctorates \$18,800-24,100	Contact Director or Laboratory Chief in area of interest or the NCI Person- nel Office.
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VI. SPECIAL PROGRAMS

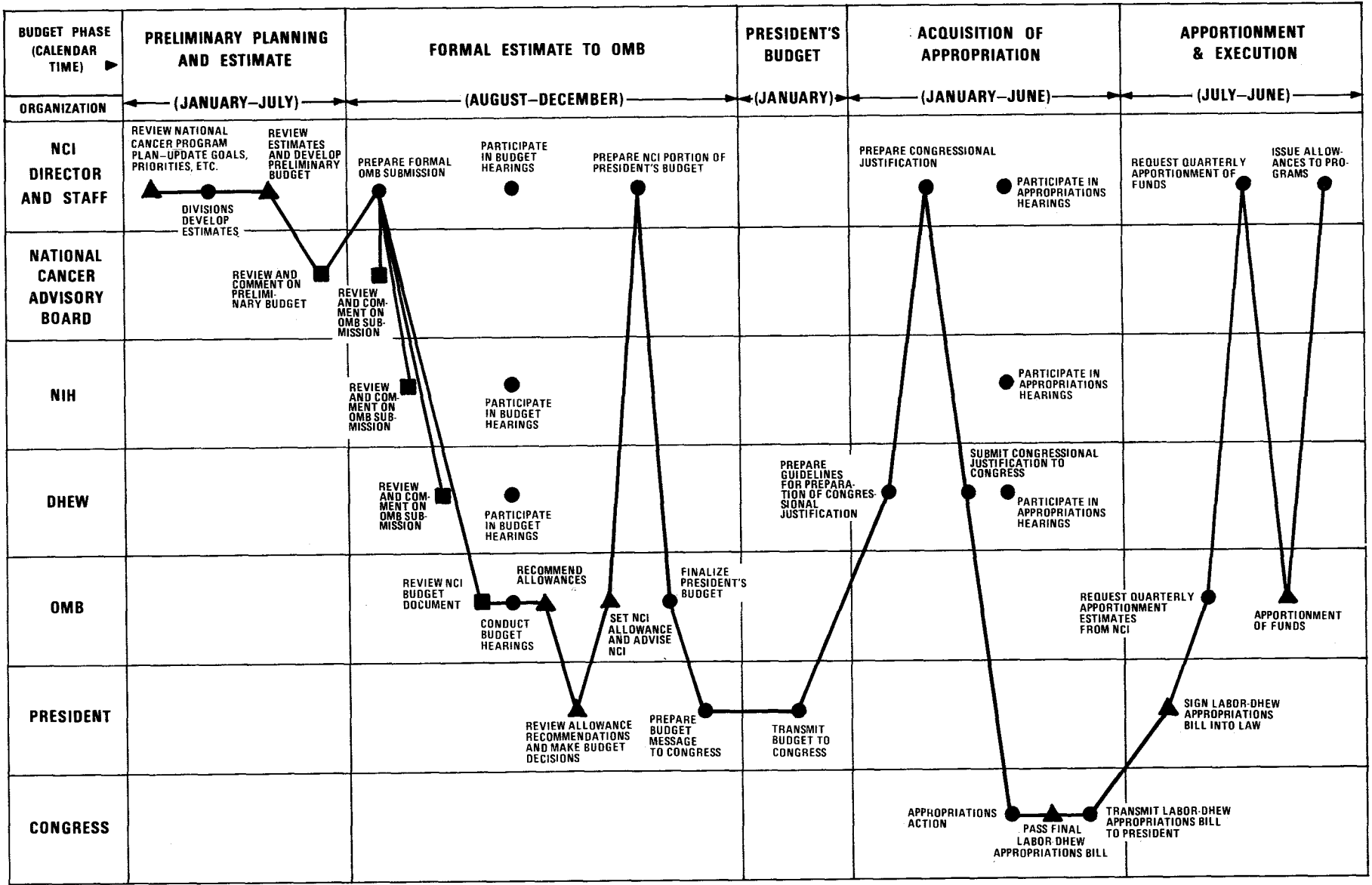
A. Research Fellow sponsored by organization other than NIH, PHS	Determined by sponsoring organization.	Established by spon- soring organization	Contact Director or Laboratory Chief in area of interest; also apply to sponsoring agency, e.g. American Cancer Society, Eleanor Roosevelt Cancer Foundation, Leukemia Society of America, Inc., etc.
B. COSTEP Program (operates year-round) Maximum 120 days per 12 month period	U.S. citizen with 2 years of baccalaureate program or more in health-related field. May be enrolled in doctoral program or professional school. 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, Rock- ville, Maryland 20852.
C. Civil Service Summer Employment Program	U.S. citizen, 18 years of age or older (16 if high school graduate)	Pay equivalent to GS-1 through GS-4 depending on education and ex- perience	Civil Service Summer Employment Examination (waived for outstanding 3rd year college engineering or physical science students)
	College graduates, graduate students, faculty members, equivalent experience.	Pay equivalent to GS-5 through GS-12	Apply to NIH Personnel Staffing Branch.
D. Fogarty International Scholars	International reputation, produc- tivity, demonstrated ability in biomedical field	\$30,000 per annum	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.

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

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

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

NCI BUDGET ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971

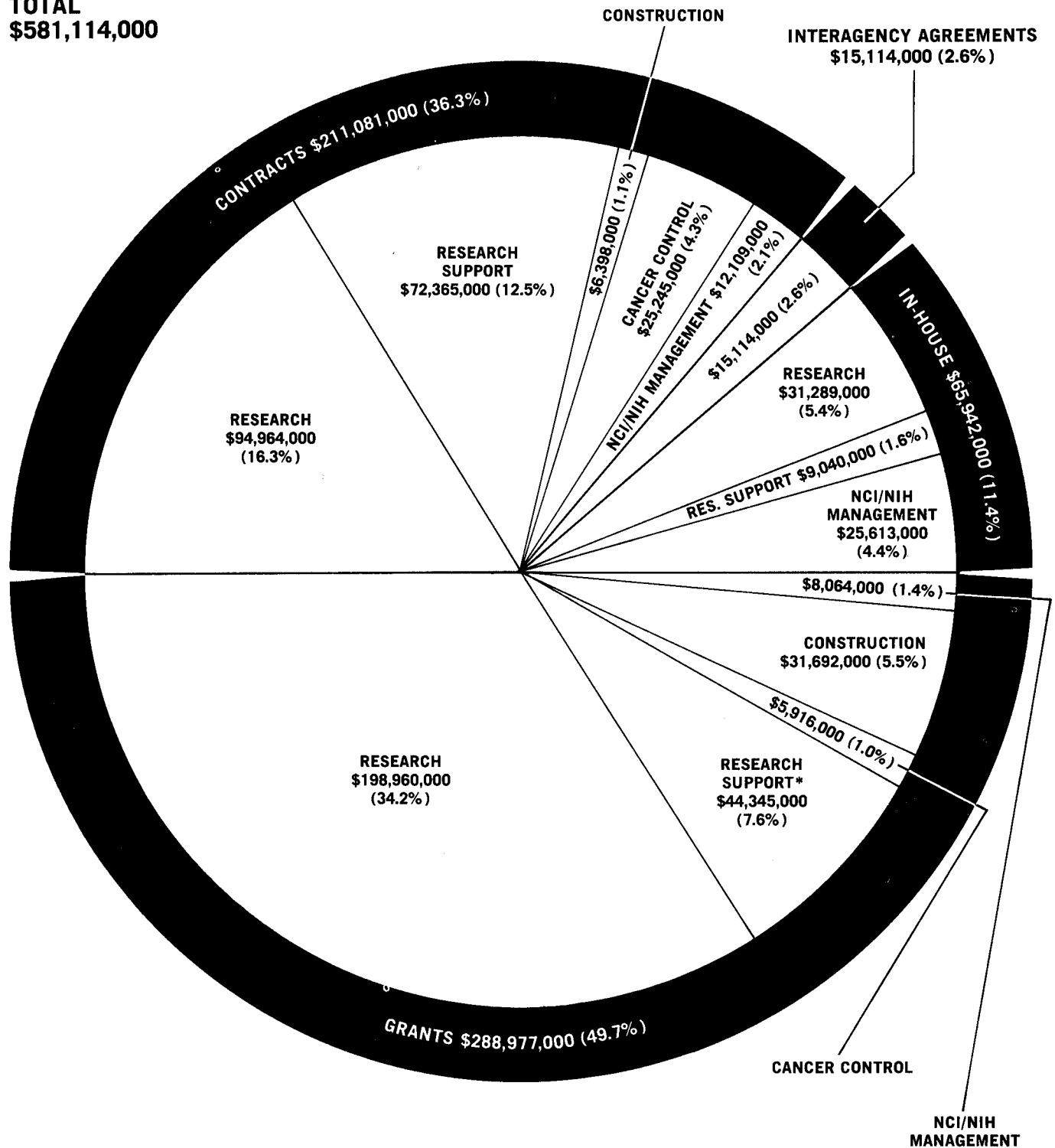


NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS

LEGEND: ● OPERATION ■ REVIEW ▲ DECISION

TOTAL NCI DOLLARS BY MECHANISMS — FISCAL YEAR 1974

**TOTAL
\$581,114,000**

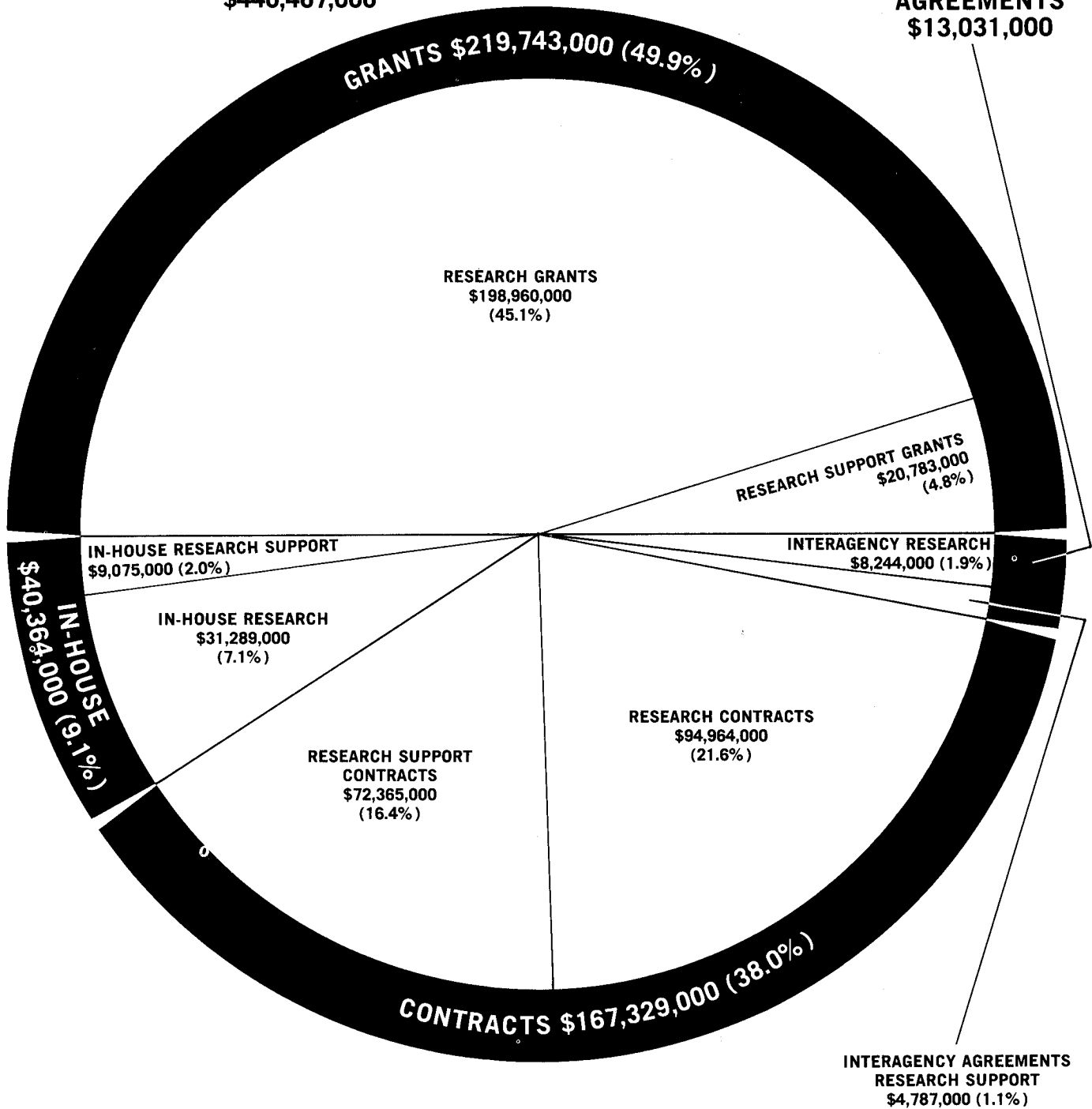


*Includes Scientific Evaluation Grants.

NOTE: Management includes NCI Management as well as NIH Management Fund.

COMPARISON OF RESEARCH/RESEARCH SUPPORT — FISCAL YEAR 1974

TOTALS:
 Research \$333,457,000
 Research Support 107,010,000
 \$440,467,000



NATIONAL CANCER INSTITUTE 1975 BUDGET BY ORGANIZATION

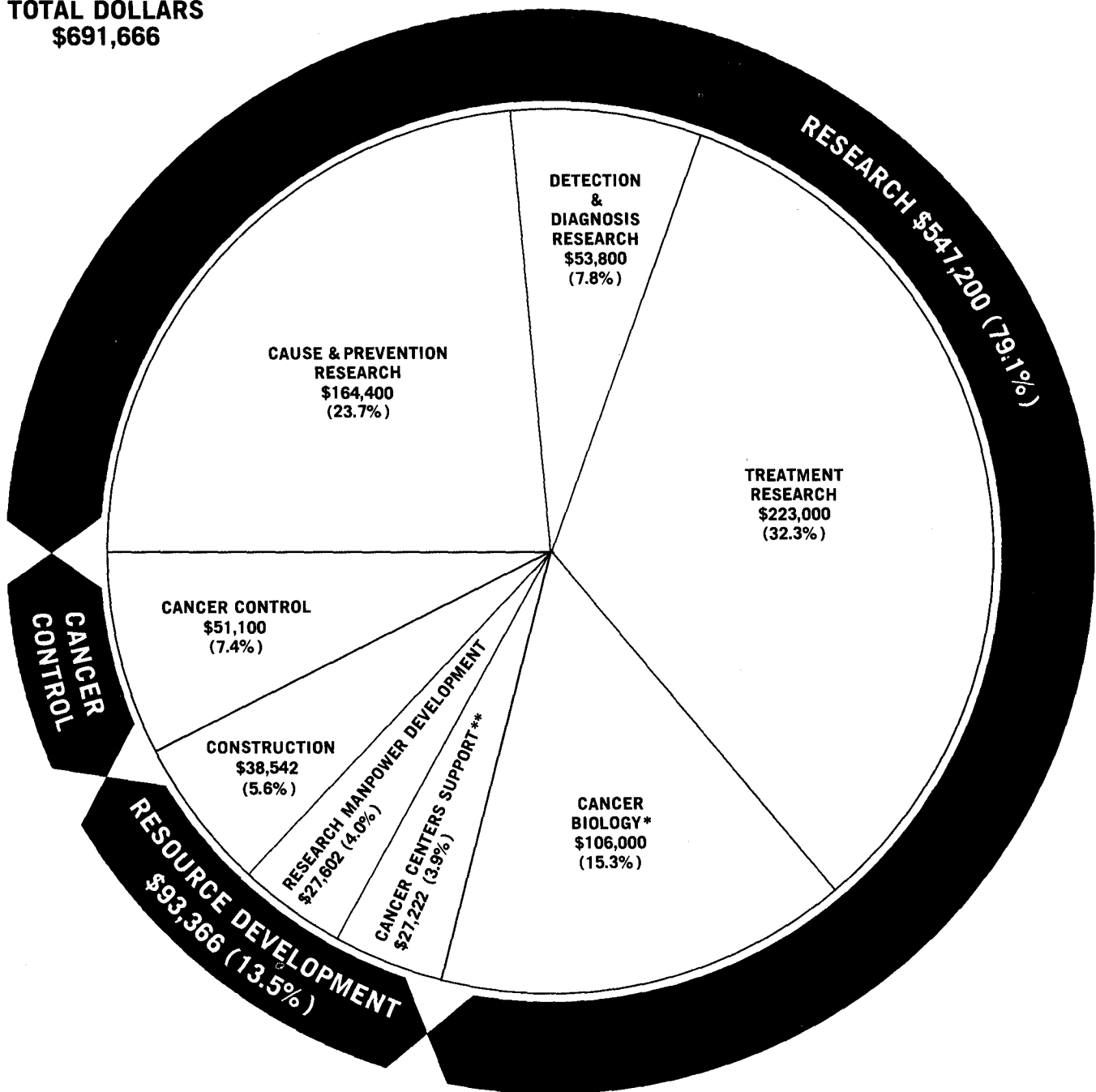
(THOUSANDS OF DOLLARS)

	AMOUNT	ACTIVITY	PERCENT OF TOTAL	
DIVISION OF CANCER RESEARCH RESOURCES AND CENTERS				
\$332,984	\$135,515	Regular Program	19.6	48.1%
	115,834	Cancer Research Centers	16.7	
	12,000	Task Forces (Organ Sites)	1.8	
	2,000	Research Career Program	.3	
	4,250	Radiation Development	.6	
	5,000	Clinical Education Program	.7	
	12,066	Fellowships	1.7	
	10,097	Training Grants	1.5	
	30,000	Construction	4.3	
	6,222	Review and Approval	.9	
DIVISION OF CANCER BIOLOGY AND DIAGNOSIS				
\$50,796	41,711	Laboratory and Clinical Research	6.0	7.3%
	9,085	Task Forces	1.3	
DIVISION OF CANCER TREATMENT				
\$82,875	82,125	Cancer Therapy	11.9	12.0%
	750	Task Forces	.1	
DIVISION OF CANCER CAUSE AND PREVENTION				
\$122,353	11,171	Office of Division Director	1.6	17.7%
	57,884	Virus Cancer Program	8.4	
	35,794	Carcinogenesis	5.2	
	11,924	Field Studies and Statistics	1.7	
	5,580	Task Forces	.8	
DIVISION OF CANCER CONTROL AND REHABILITATION				
\$50,098	50,098	Cancer Control	7.3	7.3%
OFFICE OF THE DIRECTOR				
\$52,560	25,412	Program Direction and Supporting Services	3.7	7.6%
	19,148	Management Fund	2.7	
	8,000	Construction Contracts	1.2	
	\$691,666	TOTAL	100.0	

NCI PROGRAM STRUCTURE — FISCAL YEAR 1975

(THOUSANDS OF DOLLARS)

TOTAL DOLLARS
\$691,666



*Includes research that cannot reasonably be classified in any one of the other research thrusts, but where output has potential application to all thrusts.
**Planning and core support of centers.

OBLIGATIONS BY BUDGET ACTIVITY

(THOUSANDS OF DOLLARS)

BUDGET ACTIVITIES	1974 ACTUAL	1975 ESTIMATE
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RESEARCH

Cause and Prevention	\$139,315	\$164,400
Detection and Diagnosis.....	44,040	53,800
Treatment.....	183,515	223,000
Cancer Biology*	96,342	106,000
Total Research	463,212	547,200

RESOURCE DEVELOPMENT

Cancer Centers Support	21,017	27,222
Research Manpower Development.....	23,923	27,602
Construction.....	38,609	38,542
Total Resource Development	83,549	93,366

CANCER CONTROL

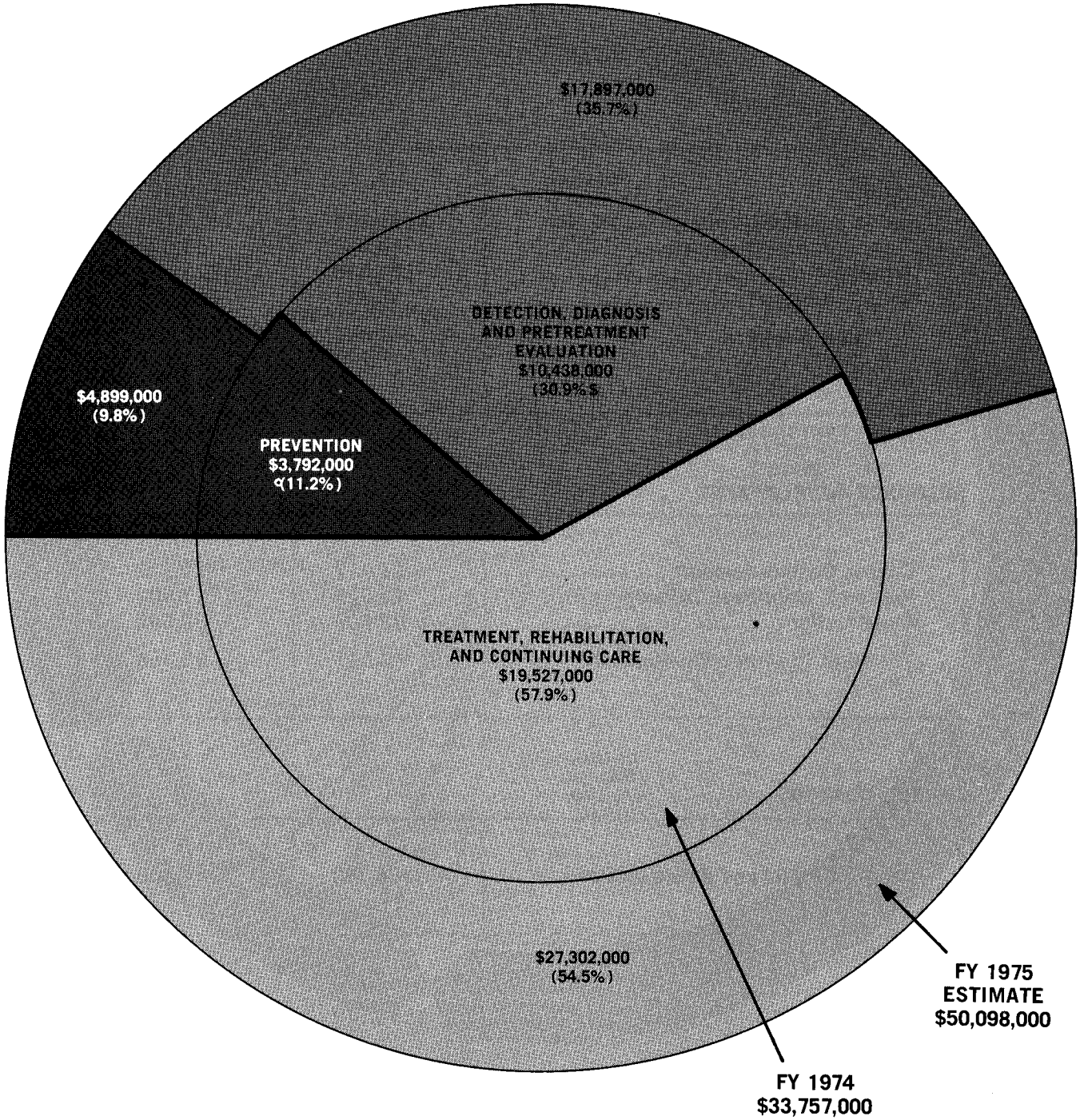
Cancer Control and Rehabilitation.....	34,388	51,100
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Total NCI	\$581,149	\$691,666
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*Includes research that cannot reasonably be classified in any one of the other research thrusts, but where output has potential application to all thrusts.

NOTE: These distributions include a proportionate share of NCI Management and NIH Management Fund.

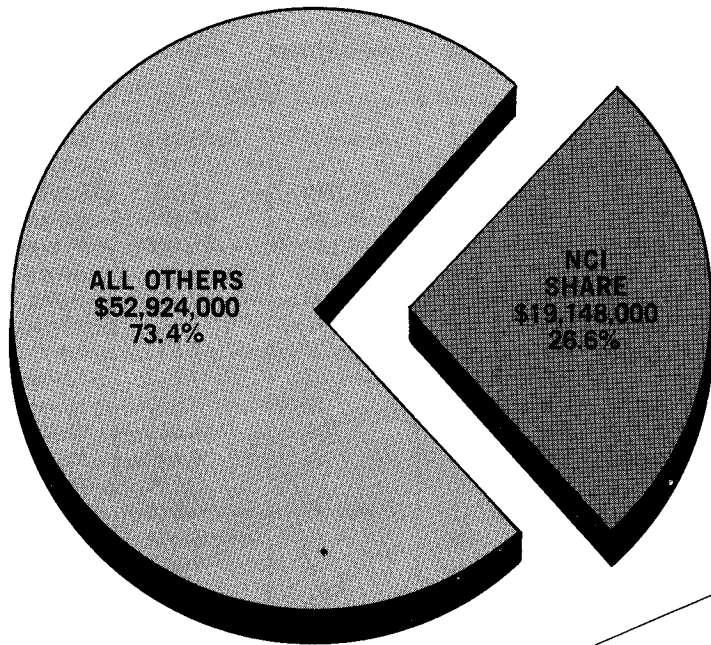
CANCER CONTROL OBLIGATIONS



Includes Cancer Control Grants (1974 — \$5,916,000; 1975 — \$4,400,000).

REIMBURSEMENT TO NIH MANAGEMENT FUND FISCAL YEAR 1975

**TOTAL NIH SERVICES
\$72,072,000**



CLINICAL CENTER
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



**DISTRIBUTION OF NCI SERVICES
\$19,148,000**

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

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

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

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

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

INSTITUTIONS RECEIVING MORE THAN \$1,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1974

(DOLLARS IN THOUSANDS)

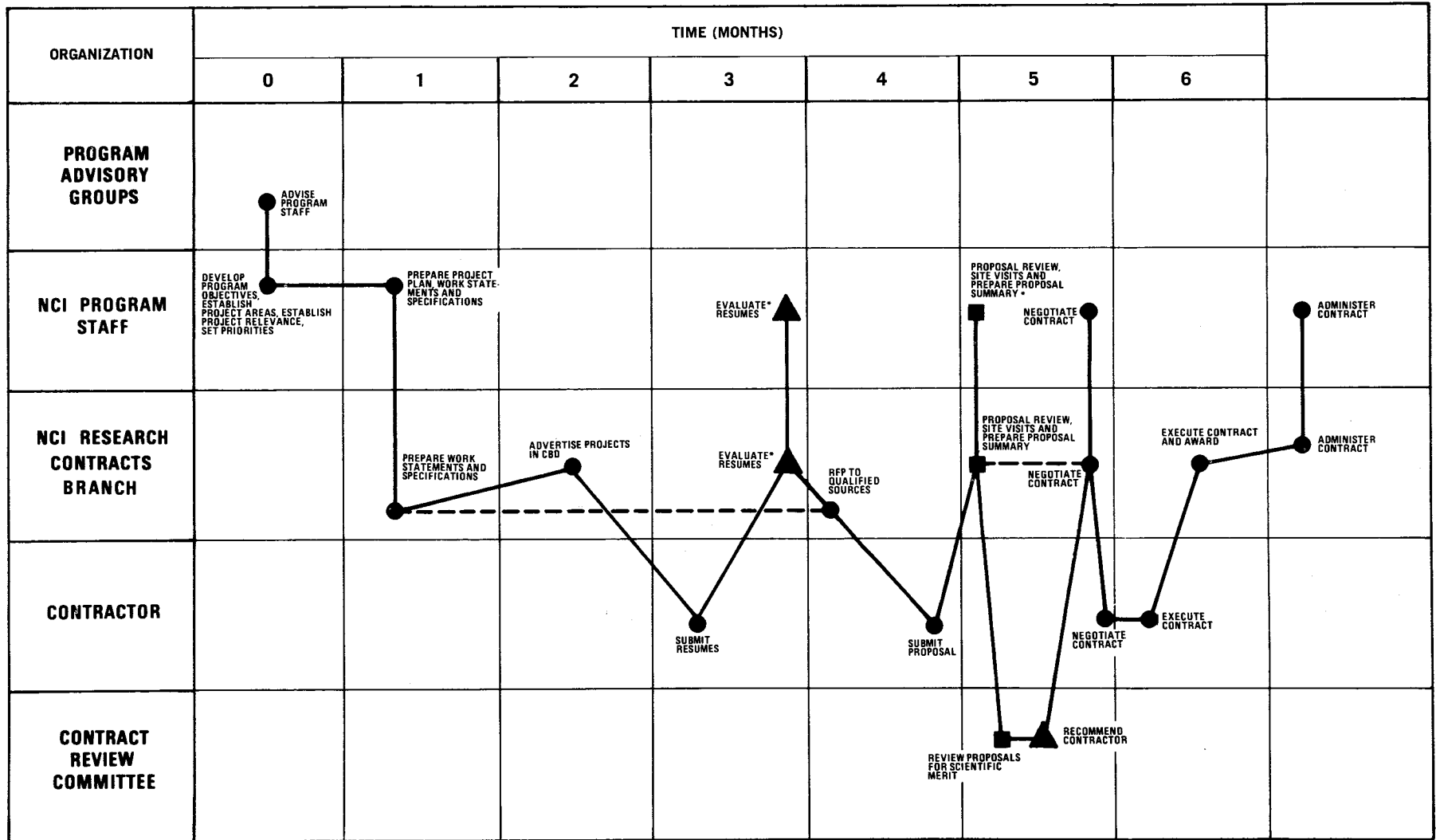
NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Litton Bionetics	\$ —	\$ 21,311	\$ 4,900	\$ 26,211	Maryland
University of California Systems	13,445	4,980	—	18,425	California
University of Southern California	2,483	3,327	11,880	17,690	California
Sloan-Kettering Institute for Cancer Research	11,562	67	5,176	16,805	New York
University of Wisconsin	8,252	760	6,134	15,146	Wisconsin
Yale University	7,500	918	3,648	12,066	Connecticut
M.D. Anderson Hospital and Tumor Institute	7,528	3,421	—	10,949	Texas
University of Chicago	4,619	1,054	4,291	9,964	Illinois
Roswell Park Memorial Institute	7,899	938	—	8,837	New York
Southern Research Institute	—	7,212	—	7,212	Alabama
Johns Hopkins University	4,928	2,181	—	7,109	Maryland
Stanford University	5,072	1,090	700	6,862	California
Children's Hospital Medical Center	6,064	576	—	6,640	Massachusetts
Microbiological Associates	—	6,630	—	6,630	Maryland
Tracor Jitco, Inc.	—	6,615	—	6,615	Virginia
Columbia University	4,282	1,402	—	5,684	New York
Institute for Cancer Research	5,253	—	—	5,253	Pennsylvania
University of Washington	3,641	629	451	4,721	Washington
Meloy Laboratories	—	4,667	—	4,667	Virginia
Baylor College of Medicine	3,446	1,201	—	4,647	Texas
New York University	3,418	1,174	—	4,592	New York
Mount Sinai School of Medicine	3,154	1,387	—	4,541	New York
Harvard University	3,831	690	—	4,521	Massachusetts
University of Minnesota	3,647	853	—	4,500	Minnesota
Atomic Energy Commission	—	4,435	—	4,435	Tennessee
University of Alabama	3,040	1,251	—	4,291	Alabama
Mayo Foundation	1,899	2,333	—	4,232	Minnesota
Stanford Research Institute	284	3,771	—	4,055	California
Memorial Hospital for Cancer-Allied Diseases	3,710	205	—	3,915	New York
Massachusetts Institute of Technology	2,518	1,305	—	3,823	Massachusetts
Duke University	2,886	935	—	3,821	North Carolina
University of Pennsylvania	3,238	560	—	3,798	Pennsylvania
Flow Labs, Inc.	—	3,487	—	3,487	Maryland
Washington University	3,379	102	—	3,481	Missouri
Hazleton Laboratories	—	3,408	—	3,408	Virginia
Massachusetts General Hospital	2,625	709	—	3,334	Massachusetts
University of New Mexico	2,891	437	—	3,328	New Mexico
University of Maryland	543	2,774	—	3,317	Maryland
Veterans Administration Hospital	591	2,684	—	3,275	Maryland
State University of New York — Stony Brook	3,241	—	—	3,241	New York
Yeshiva University	3,058	83	—	3,141	New York
University of Rochester	2,657	476	—	3,133	New York
University of Texas	2,225	829	—	3,054	Texas
Ohio State University	2,383	653	—	3,036	Ohio
University of Miami	2,278	567	—	2,845	Florida
Public Health Service	—	2,500	—	2,500	Maryland
Scripps Clinic and Research Foundation	1,010	1,448	—	2,458	California
Arthur D. Little, Inc.	—	2,406	—	2,406	Massachusetts
Charles Pfizer & Co.	—	2,332	—	2,332	New Jersey
Department of the Army — Fort Detrick	—	2,254	—	2,254	Maryland
St. Jude Children's Research Hospital	2,250	—	—	2,250	Tennessee
Tufts University	2,125	98	—	2,223	Massachusetts

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
University of Colorado Medical Center	1,831	378	—	2,209	Colorado
University of Pittsburgh	1,489	681	—	2,170	Pennsylvania
American Health Foundation	697	1,424	—	2,121	New York
Wistar Institute of Anatomy and Biology	1,930	186	—	2,116	Pennsylvania
Pennsylvania State University	1,052	1,046	—	2,098	Pennsylvania
Michigan Cancer Foundation	828	1,264	—	2,092	Michigan
University of Utah	1,159	932	—	2,091	Utah
Salk Institute of Biological Studies	1,766	309	—	2,075	California
Mason Research Institute	—	1,930	—	1,930	Massachusetts
Illinois Institute of Technology	71	1,859	—	1,930	Illinois
Emory University	1,084	820	—	1,904	Georgia
University of Iowa	1,124	650	—	1,774	Iowa
Thomas Jefferson University	1,651	57	—	1,708	Pennsylvania
Cornell University Medical College	1,204	498	—	1,702	New York
Cold Spring Harbor Laboratories	1,685	—	—	1,685	New York
National Clearinghouse for Smoking and Health	—	1,665	—	1,665	Maryland
St. Louis University	409	1,200	—	1,609	Missouri
Rush Presbyterian-St. Luke's Medical Center	635	954	—	1,589	Illinois
Tulane University	1,348	226	—	1,574	Louisiana
University of Kansas	1,047	522	—	1,569	Kansas
University of Michigan	1,162	401	—	1,563	Michigan
University of Tennessee	1,338	220	—	1,558	Tennessee
University of Hawaii	1,291	267	—	1,558	Hawaii
Worcester Foundation for Experimental Biology	977	563	—	1,540	Massachusetts
Electro-Nucleonics Laboratories	—	1,537	—	1,537	Maryland
Northwestern University	1,341	188	—	1,529	Illinois
University of Illinois	761	667	—	1,428	Illinois
Charles River Breeding Laboratories	—	1,424	—	1,424	Massachusetts
Montefiore Hospital and Medical Center	1,060	361	—	1,421	New York
Battelle Memorial Institute	—	1,404	—	1,404	Ohio
National Academy of Sciences	—	1,389	—	1,389	Dist. of Col.
Jackson Laboratory	726	661	—	1,387	Maine
Case Western Reserve University	886	495	—	1,381	Ohio
Georgetown University	687	686	—	1,373	Dist. of Col.
Fred Hutchinson Cancer Research Center	1,350	—	—	1,350	Washington
Boston University	1,113	228	—	1,341	Massachusetts
New England Medical Center Hospital	1,144	194	—	1,338	Massachusetts
Midwest Research Institute	—	1,326	—	1,326	Missouri
Merck & Co., Inc.	—	1,311	—	1,311	New Jersey
Life Sciences, Inc.	—	1,299	—	1,299	Florida
University of North Carolina	1,106	182	—	1,288	North Carolina
New York State Department of Health	—	1,260	—	1,260	New York
University of Oklahoma	506	692	—	1,198	Oklahoma
Albert Einstein Medical Center	—	1,146	—	1,146	New York
Howard University	971	159	—	1,130	Dist. of Col.
Upjohn Company	—	1,128	—	1,128	Michigan
Weizmann Institute of Science	164	955	—	1,119	Israel
University of Florida	1,004	110	—	1,114	Florida
Rockefeller University	992	121	—	1,113	New York
University of Oregon	1,055	—	—	1,055	Oregon
George Washington University	653	395	—	1,048	Dist. of Col.
Wake Forest University	1,014	—	—	1,014	North Carolina
JRB Associates, Inc.	—	1,003	—	1,003	Virginia
Indiana University	892	109	—	1,001	Indiana

TOTALS	\$202,058	\$153,607	\$37,180	\$392,845
PERCENT OF TOTAL AWARDED ABOVE	51.4	39.1	9.5	100.0
TOTAL NCI FISCAL YEAR 1974 OBLIGATIONS:	\$581,114,000			
PERCENT OF NCI TOTAL OBLIGATIONS	34.8	26.4	6.4	67.6

NCI funds approximately 500 institutions; therefore the above listing represents about 20 percent of the institutions annually funded by NCI.

NCI CONTRACTS ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971

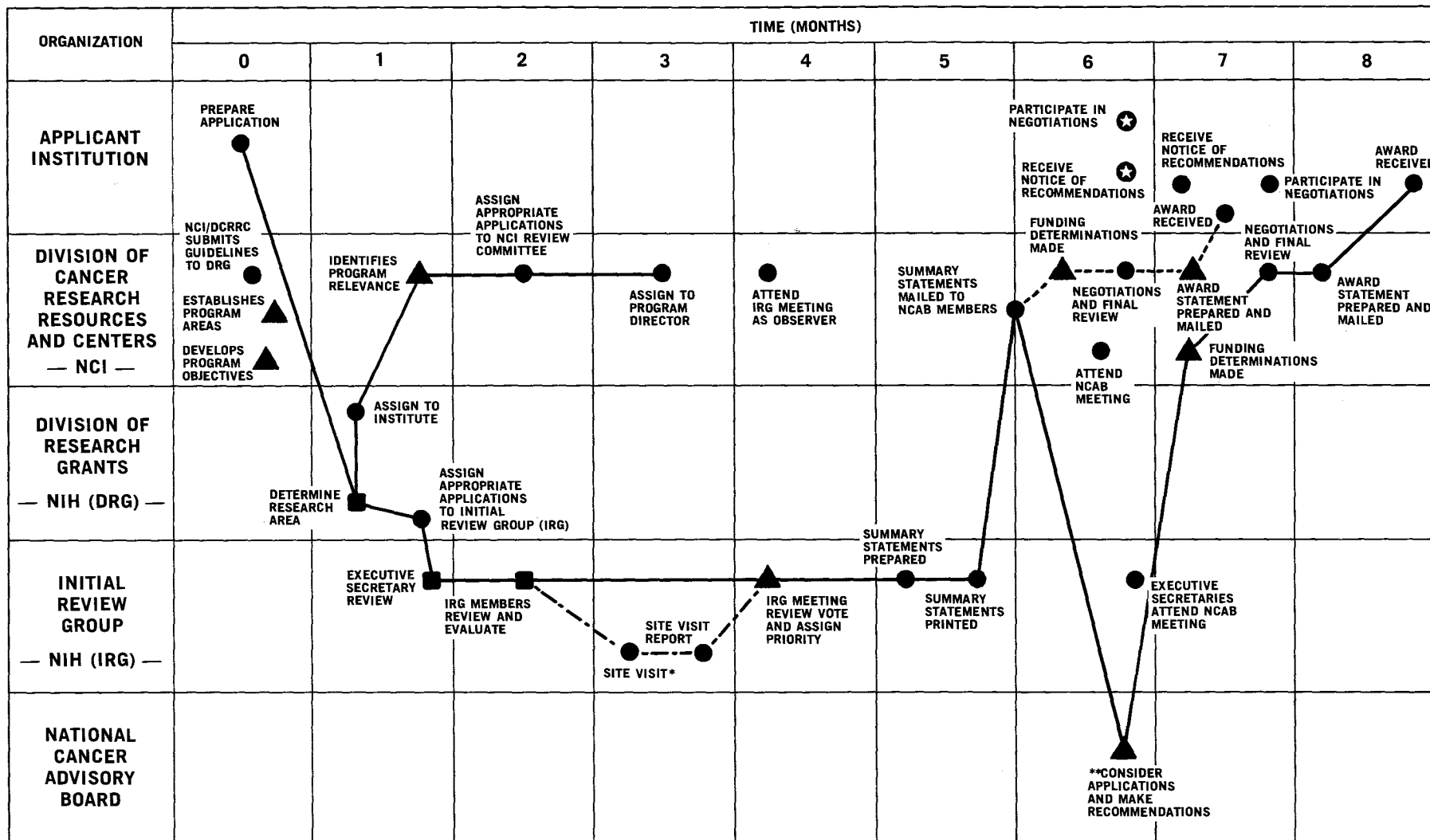


NOTE:
SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS

LEGEND

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

NCI GRANTS ADMINISTRATION — UNDER CANCER ACT OF 1971



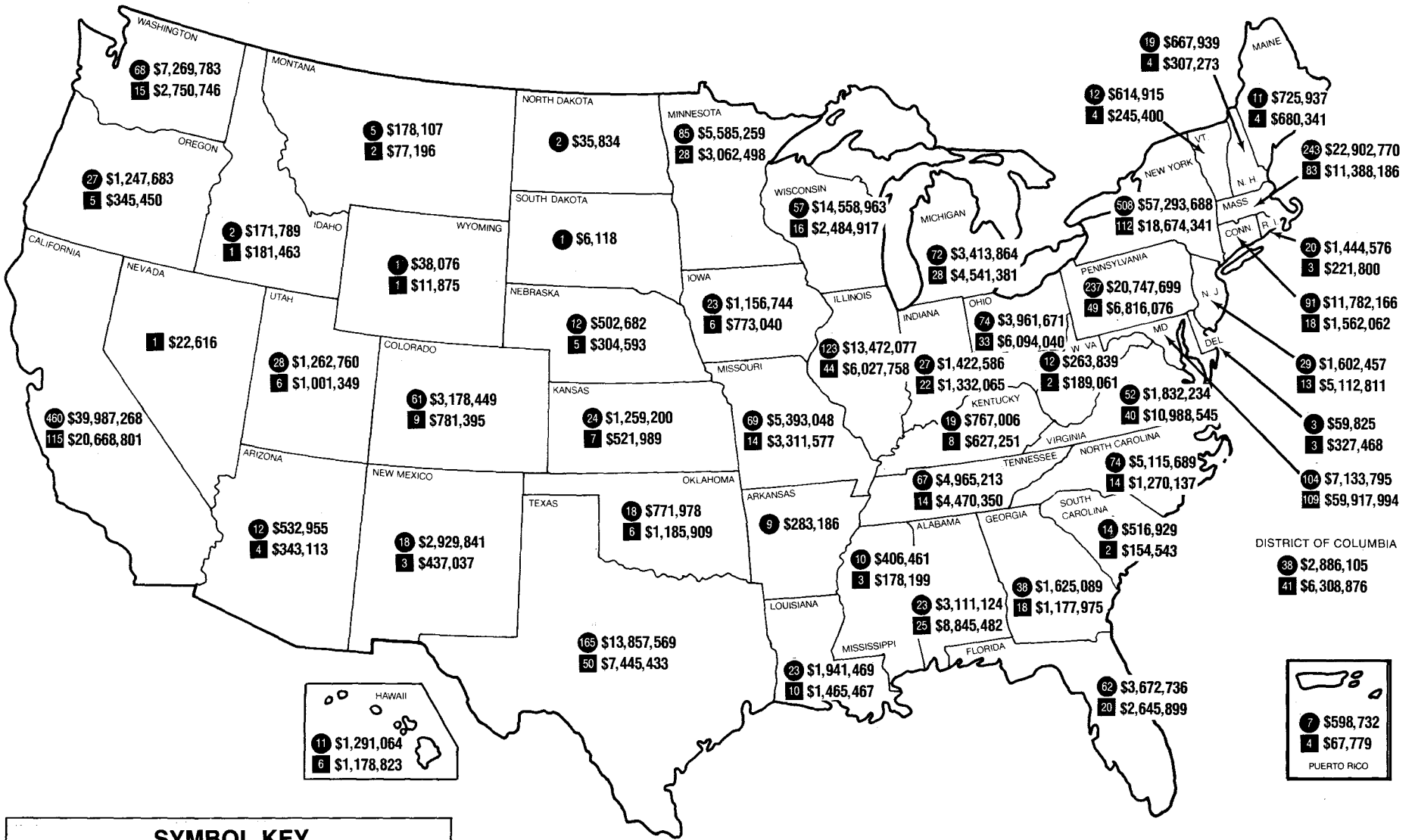
LEGEND:

- OPERATIONS
- REVIEW
- ▲ DECISION

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

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

STATE DISTRIBUTION OF NCI GRANT AND CONTRACT DOLLARS — FISCAL YEAR 1974

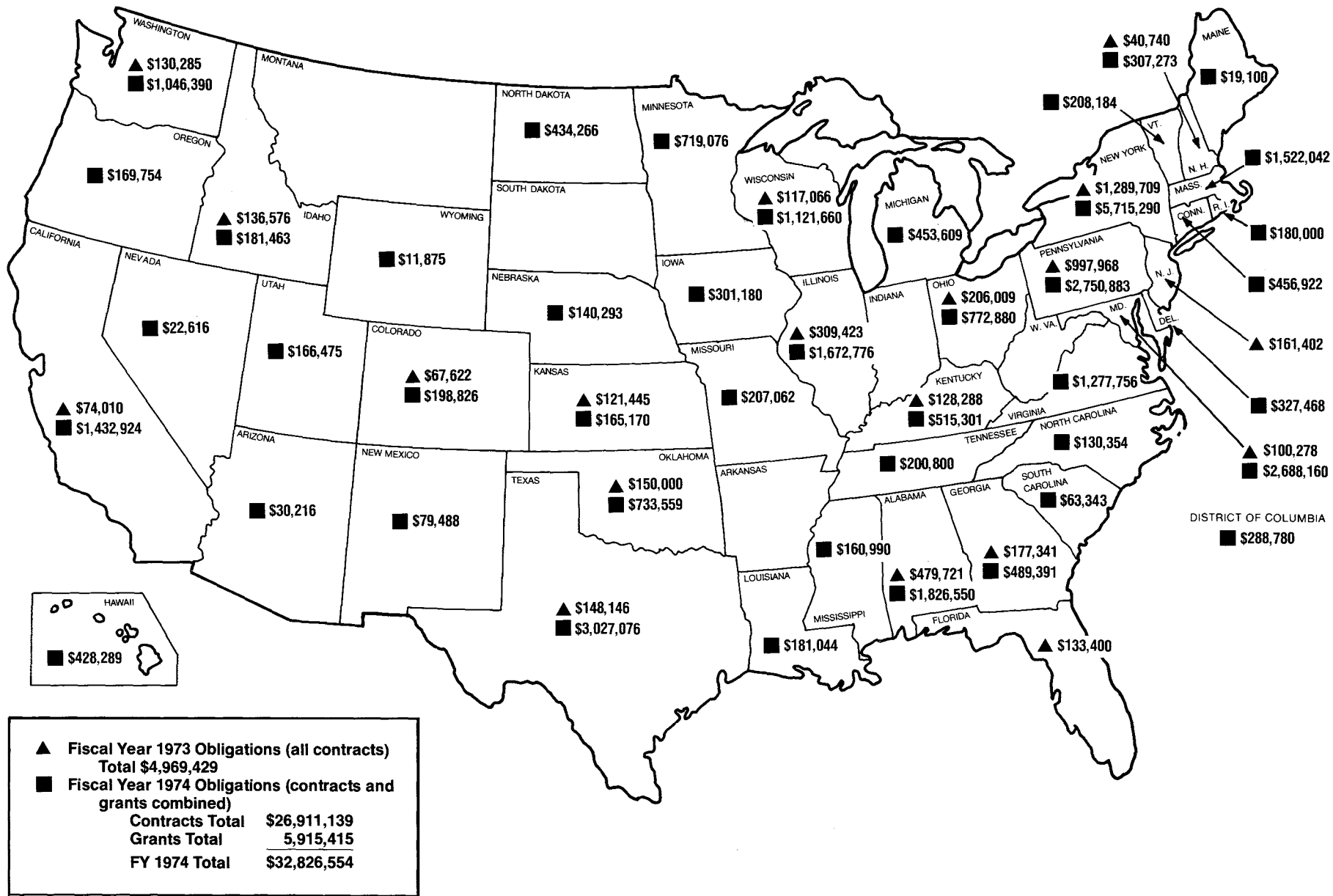


SYMBOL KEY

00 TOTAL NO. OF GRANTS & DOLLARS PER STATE
0 TOTAL NO. OF CONTRACTS & DOLLARS PER STATE

NOTE: Contract figures exclude Foreign Contracts (\$5,140,000). Grant figures exclude Foreign Grants (\$844,764), General Research Support Grants (\$776,000), Purchases of Drugs (\$1,349,217) and Scientific Evaluation Grants (\$328,000), but include 386 Supplemental Awards.

STATE DISTRIBUTION OF CANCER CONTROL GRANTS AND CONTRACTS



NCI SUPPORTED COMPREHENSIVE CANCER CENTERS — FISCAL YEAR 1974

(DOLLARS IN THOUSANDS)

CENTER	LOCATION	RESEARCH GRANTS	TRAINING GRANTS	CANCER CONTROL GRANTS	CONTRACTS	CONSTRUCTION	TOTAL
Memorial Sloan-Kettering Cancer Center	New York City	\$14,459	\$ 513	\$ 300	\$ 2,555	\$ 5,176	\$ 23,003
University of Southern California (with Los Angeles County Dept. of Hospitals)	Los Angeles	1,500	657	326	3,327	11,880	17,690
University of Wisconsin Medical Center	Madison	6,674	921	675	760	6,134	15,146
Illinois Cancer Council Comprehensive Cancer Program	Chicago	4,693	632	392	2,195	4,291	12,203
Yale University Medical School	New Haven	6,935	565	—	918	3,648	12,066
Fox Chase Cancer Center (affiliated with the University of Pennsylvania)	Philadelphia	7,987	504	—	1,225	—	9,716
Roswell Park Memorial Institute	Buffalo	7,344	555	—	2,206	—	10,105
M.D. Anderson Hospital and Tumor Institute	Houston	6,246	839	443	3,421	—	10,949
Johns Hopkins Medical Institutions	Baltimore	4,437	491	—	2,181	—	7,109
Children's Cancer Research Foundation	Boston	4,943	—	1,121	576	—	6,640
Fred Hutchinson Cancer Research Center (affiliated with the Univ. of Washington)	Seattle	3,961	506	524	989	451	6,431
University of Alabama School of Medicine	Birmingham	1,968	34	1,038	1,251	—	4,291
Mayo Foundation	Rochester	1,886	13	—	2,333	—	4,232
Duke University Medical Center	Durham	2,117	335	434	935	—	3,821
Colorado Regional Cancer Center	Denver	2,472	169	—	629	—	3,270
University of Miami School of Medicine	Miami, Fla.	2,117	161	—	567	—	2,845
Georgetown University-Howard University	Washington, D.C.	1,413	245	—	845	—	2,503
TOTAL NCI SUPPORT		\$81,152	\$7,140	\$5,235	\$26,913	\$31,580	\$152,020

DISTRIBUTION OF NCI CONTRACTS — FISCAL YEAR 1974

PROGRAM DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
23.5	257	Division of Cancer Biology and Diagnosis	\$ 25,224	12.2
24.8	271	Division of Cancer Treatment	58,585	28.3
37.8	413	Division of Cancer Cause and Prevention	96,551	46.5
13.9	152	Division of Cancer Control and Rehabilitation	26,910	13.0
	1,093	Totals	\$207,270	

Excludes 19 construction contracts totalling \$6,398,000.
Includes Interagency Agreements.

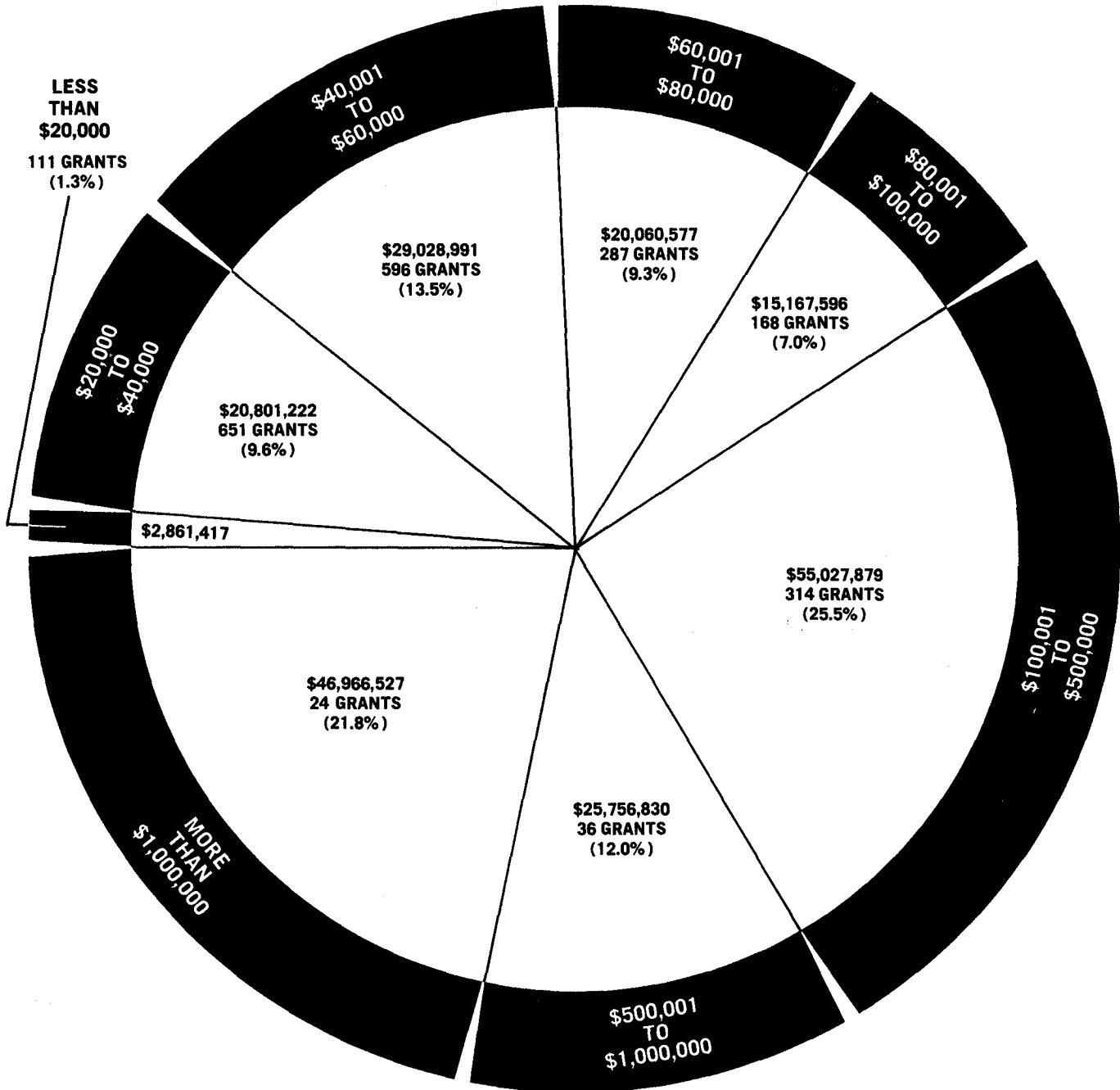
INSTITUTIONAL DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
22.5	246	Profit-Making	\$ 66,510	32.1
41.0	448	Academic	46,173	22.3
25.3	277	Non-Profit	78,378	37.8
3.0	26	State and Local Government	2,305	4.2
2.4	63	Foreign	5,140	1.1
5.8	1,093	Totals	\$207,270	2.5

Excludes 19 construction contracts totalling \$6,398,000.

DISTRIBUTION OF NCI RESEARCH GRANTS BY VALUE OF GRANT AWARD — FISCAL YEAR 1974

TOTAL GRANT DOLLARS
\$215,671,039
2187 GRANTS

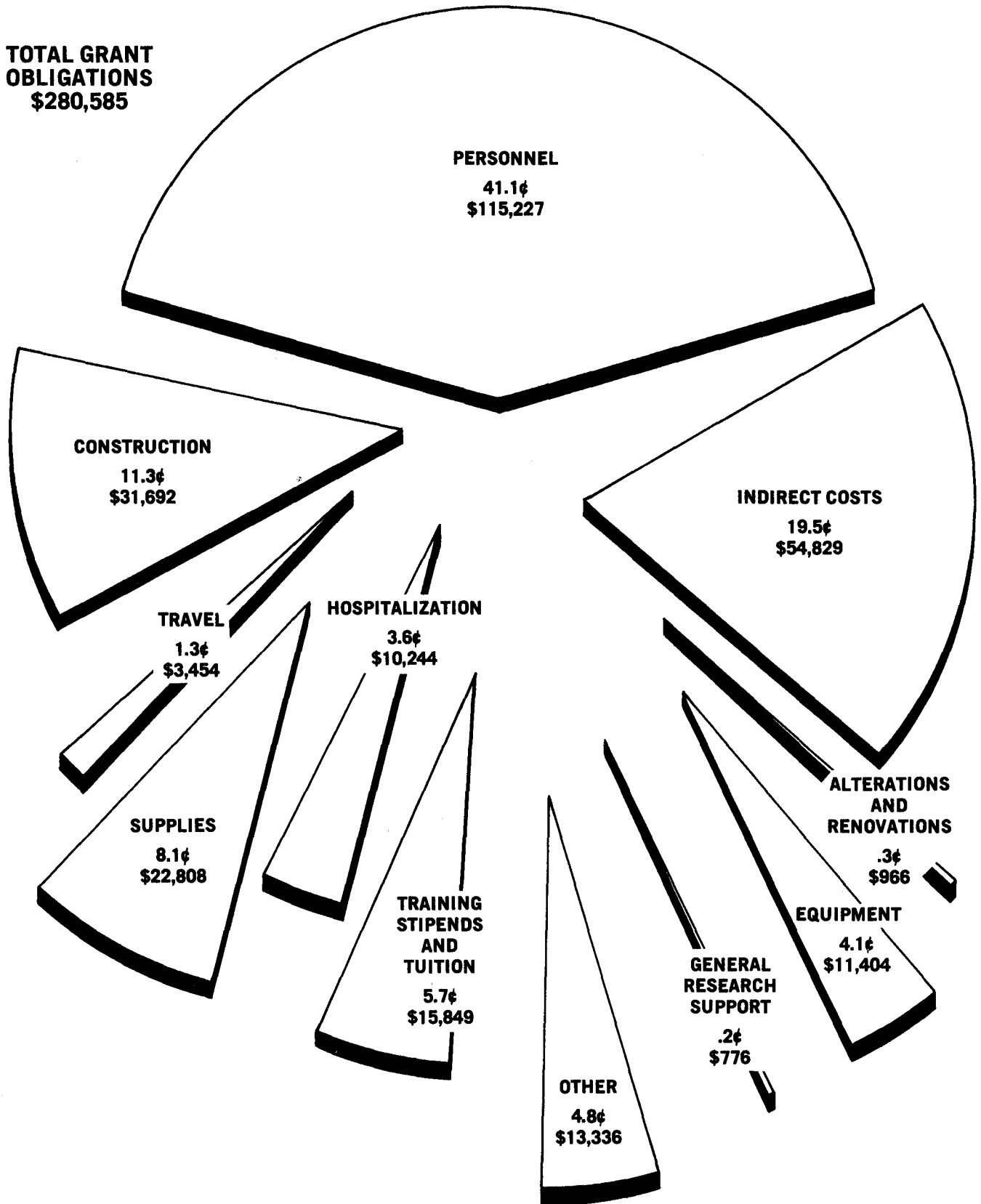


Excludes General Research Support Grants, Scientific Evaluation Grants, purchase of drugs, Training and Fellowship Awards and Construction and Cancer Control Grants.

DISTRIBUTION OF THE "GRANT DOLLAR" — FISCAL YEAR 1974

(DOLLARS IN THOUSANDS)

**TOTAL GRANT OBLIGATIONS
\$280,585**



**FOREIGN RESEARCH GRANTS AND
CONTRACTS — FISCAL YEAR 1974**

(THOUSANDS OF DOLLARS)

COUNTRY	NUMBER OF GRANTS	NUMBER OF CONTRACTS	TOTAL AMOUNT	PERCENT OF TOTAL AMOUNT AWARDED
Australia	2	1	\$ 100	1.7
Austria	—	1	32	.5
Belgium	2	1	171	2.9
Canada	4	6	356	5.9
Columbia	—	2	183	3.1
England	4	5	184	3.1
Finland	—	2	71	1.2
France	1	6	1,063	17.8
Germany	—	1	81	1.4
Israel	2	13	1,754	29.3
Italy	1	6	446	7.5
Japan	—	4	303	5.0
Netherlands	—	4	266	4.4
Norway	—	1	65	1.1
Portugal	2	—	54	.8
South Africa	—	1	4	.0
Sweden	2	7	578	9.7
Switzerland	2	1	96	1.6
Uganda	—	1	178	3.0
TOTALS	22	63	\$5,985	100.0

APPROPRIATIONS OF THE NCI 1938-1975

1938	\$ 400,000		.01%
1939	400,000		
1940 THROUGH 1946 \$3,879,570			.47%
			\$20,600,470
1947	1,820,900		
1948	14,500,000		
1949	22,000,000		
1950 THROUGH 1956 \$149,481,750			6.26%
			\$276,315,750
1957	48,432,000		
1958	56,402,000		
1959	75,268,000		
1960 THROUGH 1966 \$958,954,000			31.59%
			\$1,393,234,000
1967	175,656,000		
1968	183,356,000		
1969	185,149,500		
1970	190,486,063		
1971	230,383,000		
1972		378,794,000	
1973		492,205,000	
1974		551,191,500	
1975		691,666,000	
47.93%			
\$2,113,856,500			

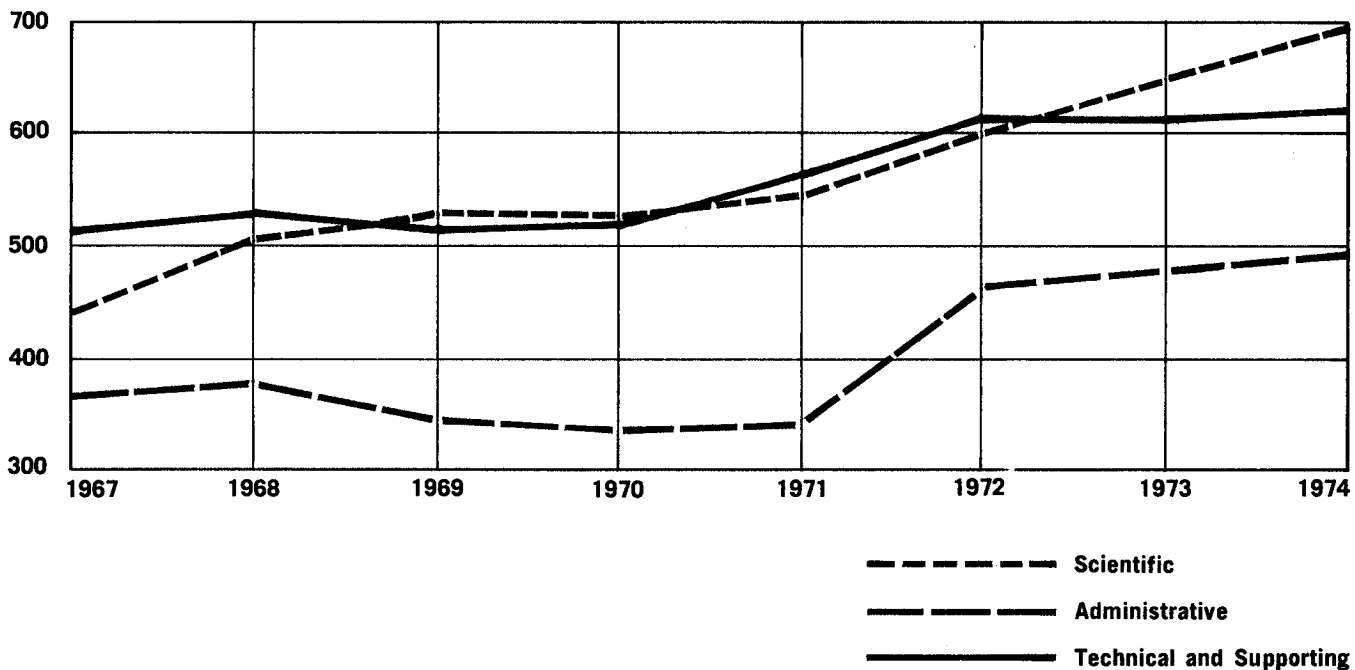
TOTAL (1938 through 1975) \$4,410,425,283

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 \$1,000,000,000 in 1965.

DISTRIBUTION OF PERSONNEL BY FUNCTION

Percent of Actual Employment								
	Fiscal Year							
	1967	1968	1969	1970	1971	1972	1973	1974
Scientific	33.9%	37.5%	37.8%	38.3%	37.5%	36.2%	37.3%	34.4%
Administrative	27.5%	25.5%	24.4%	24.0%	23.9%	27.3%	27.6%	27.0%
Technical and Supporting	38.6%	37.0%	37.8%	37.7%	38.6%	36.5%	35.1%	38.6%
Total Actual Employment	1329	1453	1411	1355	1426	1665	1736	1805

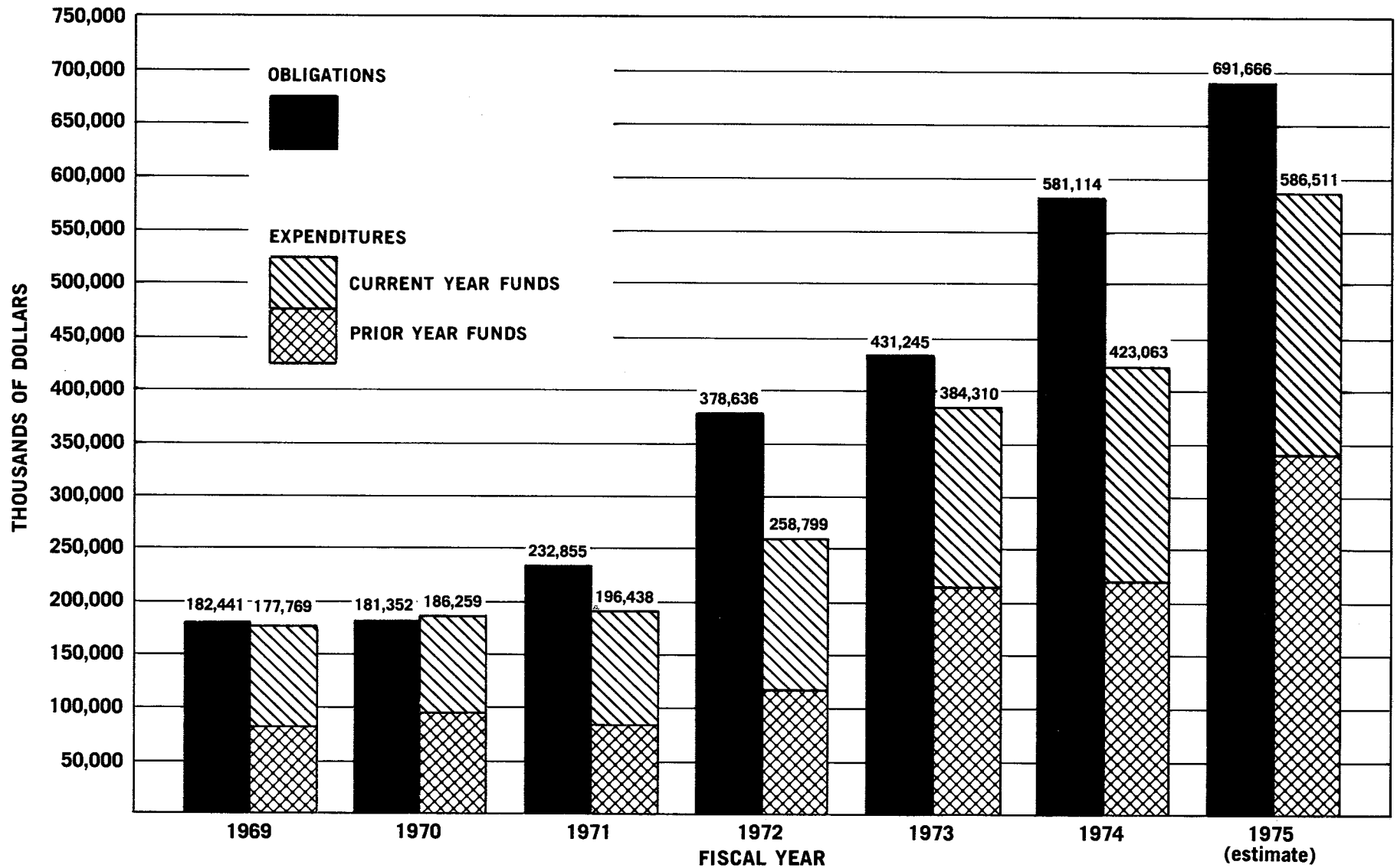


COMPARISON OF DOLLARS, POSITIONS AND SPACE

	DOLLARS			POSITIONS			SPACE		
	OBLIGATIONS (\$000's)	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	FULL-TIME PERMANENT EMPLOYEES	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ALLOCATED SPACE (SQUARE FEET)*	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR
1971	232,855	Base Year		1426	Base Year		321,230	Base Year	
1972	378,636	62.6	62.6	1665	16.8	16.8	329,587	2.6	2.6
1973	431,245	85.2	13.9	1736	21.7	4.3	357,972	11.4	8.6
1974	581,149	149.6	34.8	1805	26.6	4.0	381,436	18.7	6.6
1975 (estimate)	691,666	197.0	19.0	1906	33.7	5.6	406,412	26.5	6.5
1976 (estimate)	605,000	159.8	-12.5	1836	28.7	-3.7	411,412	28.1	1.2

*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.

NCI OBLIGATIONS — 1970 - 1975

(DOLLARS IN THOUSANDS)

	1970		1971		1972		1973		1974		1975 ESTIMATE	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
GRANTS												
Research	1,142	\$ 80,381	1,175	\$ 97,327	1,472	\$125,202	1,770	\$165,684	2,195	\$219,743	2,522	\$274,599
Fellowships	175	1,691	191	1,786	197	3,948	91	988	405	6,004	831	12,066
Training	185	10,774	171	10,774	201	16,474	193	12,900	173	17,558	109	10,197
Construction	—	—	—	—	17	47,004	17	34,737	8	31,692	12	30,000
Cancer Control	—	—	—	—	—	—	—	—	11	5,916	40	4,400
TOTAL GRANTS	1,502	92,846	1,537	109,887	1,887	192,628	2,071	214,309	2,792	280,913	3,514	331,162
DIRECT OPERATIONS												
Research and Research Support												
Contracts	333	50,833	445	78,196	582	122,857	677	135,908	950	180,360	—	198,308
Construction Contracts	—	—	—	—	—	3,999	—	4,067	19	6,398	—	8,000
In-House	<u>1,355</u>	28,219	<u>1,426</u>	33,853	<u>1,665</u>	46,235	<u>1,736</u>	56,362	<u>1,805</u>	68,848	<u>1,906</u>	89,350
Management Fund	—	9,455	—	10,917	—	12,910	—	15,194	—	16,754	—	19,148
TOTAL DIRECT OPERATIONS	—	88,507	—	122,966	—	186,001	—	211,531	—	272,360	—	314,806
CANCER CONTROL												
In-House	—	—	—	—	—	—	[8]	182	[26]	931	[42]	1,700
Contracts	—	—	—	—	—	—	19	5,222	154	26,910	—	43,998
TOTAL CANCER CONTROL	—	—	—	—	—	—	—	5,404	—	27,841	—	45,698
TOTAL NCI OBLIGATIONS	—	\$181,353	—	\$232,853	—	\$378,629	—	\$431,244	—	\$581,114	—	\$691,666

NOTES: Career programs 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.

NCI REGULAR GRANT AWARDS — 1970-1975

(Including Clinical Cooperative Groups)

(DOLLARS IN THOUSANDS)

FISCAL YEAR	TYPE AWARD	REQUESTED		APPROVED		AWARDED		PERCENT FUNDED
		NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	
1970	Competing							
	New	499	\$ 24,392	335	\$12,105	91	\$ 3,846	27.2
	Renewals.....	296	16,956	249	11,624	136	5,982	54.6
	Total	795	41,348	584	23,729	227	9,828	38.9
	Non-Competing	—	—	—	—	770	34,666	—
1971	Competing							
	New	570	\$ 26,854	388	\$13,648	215	\$ 7,346	55.4
	Renewals.....	328	20,711	273	13,572	177	9,455	64.8
	Total	898	47,565	661	27,220	392	16,801	59.3
	Non-Competing	—	—	—	—	618	33,009	—
1972	Competing							
	New	1,013	\$ 57,836	612	\$26,093	384	\$17,122	62.7
	Renewals.....	343	25,171	284	16,833	204	13,346	71.8
	Total	1,356	83,007	896	42,926	588	30,468	65.6
	Non-Competing	—	—	—	—	694	36,417	—
1973	Competing							
	New	1,258	\$ 84,946	715	\$33,794	372	\$18,085	52.0
	Renewals.....	217	21,906	189	13,363	129	10,365	68.3
	Total	1,475	106,852	904	47,157	501	28,450	55.4
	Non-Competing	—	—	—	—	1,013	54,687	—
1974	Competing							
	New	1,382	\$100,717	909	\$45,713	500	\$27,824	55.0
	Renewals.....	379	33,651	336	22,815	285	20,413	84.8
	Total	1,761	134,368	1,245	68,528	785	48,237	63.1
	Non-Competing	—	—	—	—	1,049	62,803	—
1975*	Competing							
	New	1,407	\$108,070	938	\$49,668	542	\$29,956	57.8
	Renewals.....	570	56,090	486	33,124	345	25,274	71.0
	Total	1,977	164,169	1,424	82,792	887	55,230	62.3
	Non-Competing	—	—	—	—	1,121	75,555	—

*Based on appropriation level of \$691,666,000.

U. S. Department of Health, Education, and Welfare
Public Health Service National Institutes of Health

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