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# NCTEACT BOOK

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1984

National  
Cancer  
Program

U.S. DEPARTMENT  
OF HEALTH AND  
HUMAN SERVICES

Public Health  
Service

National  
Institutes of  
Health

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# NCI FACT BOOK

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National Cancer Program  
1984

**FOR ADMINISTRATIVE USE**

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

## **PREFACE**

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

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# DIRECTORY OF PERSONNEL

NATIONAL CANCER INSTITUTE  
NATIONAL INSTITUTES OF HEALTH  
BETHESDA, MARYLAND 20205

NIH Operator  
496-4000  
Area Code 301

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<b>ASSOCIATE DIRECTOR FOR INTERNATIONAL AFFAIRS</b>	<b>BUILDING 31</b>	
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<b>DIRECTOR, INTERNATIONAL CANCER INFORMATION CENTER</b>	<b>BUILDING 82</b>	
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\*NCI Executive Committee Members

**DIRECT-IN  
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<b>DEPUTY GENERAL MANAGER</b>	<b>BUILDING</b>	
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Mr. Mark Kochevar .....	11-A-11 .....	496-6556

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<b>ADMINISTRATIVE OFFICER</b>	<b>BUILDING 31</b>	
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<b>ADMINISTRATIVE OFFICER</b>	<b>BUILDING 31</b>	
Mr. Donald Christoferson .....	3-A-50 .....	496-2775

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<b>ADMINISTRATIVE OFFICER</b>	<b>BUILDING 31</b>	
Mr. Nicholas Olimpio .....	4-A-46 .....	496-9606

\*NCI Executive Committee Members

# NATIONAL CANCER INSTITUTE HISTORICAL DATA

## LEGISLATIVE HIGHLIGHTS

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

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

**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.

**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.

**July 23, 1974**—The National Cancer Act Amendments of 1974, P.L. 93-352, was signed. The Amendments: encourage the NCP to explore

the role of nutrition in the treatment, rehabilitation, and causation of cancer; authorize the Director to include personnel needs in the budget estimate to OMB; remove the limit on the number of comprehensive cancer centers; increase the number of expert appointments to 100; and direct the NCI to provide and contract for a program to disseminate and interpret information respecting the cause, prevention, diagnosis and treatment of cancer.

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

**November 9, 1978**—The Biomedical Research and Training Amendments of 1978, P.L. 95-622, was signed into law, authorizing appropriations for fiscal years 1979 and 1980. The amendments redefined the National Cancer Program to highlight prevention activities; expanded the membership of the National Cancer Advisory Board to 29 members; added basic research to the cancer centers authority; authorized travel and moving expenses to and from duty station for experts; and emphasized education and information in all aspects of the National Cancer Program.

**December 17, 1980**—The Health Programs Extension Act of 1980, P.L. 96-538, was signed into law, authorizing expenditure of funds for fiscal years 1981 and 1982.

**July 22, 1982**—The Small Business Innovation Development Act of 1982, P.L. 97-219, was signed. This law requires the NIH to set aside a certain amount of its extramural R&D budget each year to fund R&D agreements with small businesses.

- 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.
- April 27, 1970**—At the request of Senator Ralph W. Yarborough, Chairman of the Committee on Labor and Public Welfare, the Senate approved the establishment of the National Panel of Consultants on the Conquest of Cancer.
- October 18, 1971**—President Nixon converted the Army's former biological warfare facilities at Fort Detrick, Md., to research on the causes, treatment and prevention of cancer.
- December 23, 1971**—President Nixon signed P.L. 92-218, The National Cancer Act of 1971.
- June 22, 1972**—The Institute awarded a contract for the operation and maintenance of the Frederick Cancer Research Center at Fort Detrick, Maryland. This constituted the largest research contract ever awarded by a research component of the National Institutes of Health.
- June 30, 1972**—A U. S.-U.S.S.R. agreement on the exchange of drugs, visiting scientists, and information was signed.
- July 27, 1972**—A Bureau-level organization was established for the National Cancer Institute, giving the Institute and its components organizational status commensurate with the responsibilities bestowed on it by The National Cancer Act of 1971. Under the reorganization, the Institute was composed of the Office of the Director and four Divisions.
- September 10, 1974**—NCI established the Division of Cancer Control and Rehabilitation.
- 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.
- May 15, 1978**—The first phase of an extensive NCI reorganization was announced. Day-by-day administrative and funding responsibility for extramural research programs was consolidated in each of the four research divisions. Responsibility for grant and contract review committees and for other committee management activities was transferred to the Division of Cancer Research Resources and Centers.
- July 14, 1980**—The Division of Extramural Affairs replaced the Division of Cancer Research Resources and Centers. Also, the new Division of Resources, Centers and Community Activities replaced the Division of Cancer Control and Rehabilitation.
- July 14, 1981**—The NCI component of the National Toxicology Program was officially transferred to the National Institute of Environmental Health Sciences.
- September 26, 1982**—The single large contract for the operation of the Frederick Cancer Research Facility was recompeted as five separate contracts in FY 1982. A reorganization was implemented that centralized the management of Frederick under an Associate Director. The NCI Frederick Cancer Research Facility Advisory Committee was established to provide external peer review of the quality of the contractor-initiated research.
- October 2, 1983**—Official dedication of the R. A. Bloch International Cancer Information Center. This marked the integration of all components of NCI's information system, including the Institute's two journals, the International Cancer Research Data Bank, the Scientific Information Branch of the Division of Cancer Treatment, and the newly implemented PDQ system which provides the link to tie national clinical resources together and offers all cancer patients an equal opportunity for cure.
- November 30, 1983**—NCI retitled two Divisions to reflect more accurately their areas of emphasis following NCI reorganization. Division of Cancer Cause and Prevention became Division of Cancer Etiology; Division of Resources, Centers and Community Activities became Division of Cancer Prevention and Control.

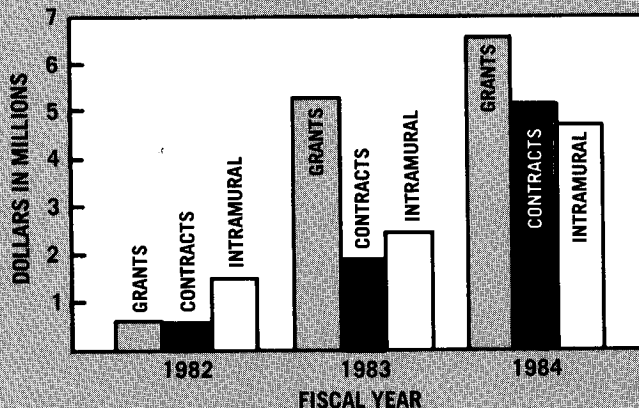


## SIGNIFICANT INITIATIVES IN 1984

### Acquired Immune Deficiency Syndrome— HTLV-III Discovery

NCI scientists have strong evidence that variations of a human cancer virus are the primary cause of Acquired Immune Deficiency Syndrome (AIDS). An NCI scientist, Dr. Robert Gallo, Jr., reported the isolation of a new group of viruses which are variants of human T-cell leukemia/lymphoma virus (HTLV). The new viruses, named HTLV-III, were isolated from the helper T-cells of more than 50 patients with AIDS or pre-AIDS symptoms, as well as from healthy individuals at high-risk for developing AIDS. About 90 percent of AIDS patients tested so far have high levels of antibody to the virus. Similar results have been found in patients exhibiting pre-AIDS symptoms, such as the lymphadenopathy syndrome. Individuals who are not at high-risk for developing AIDS have very low or negative antibody levels. This discovery may make the control of AIDS feasible by enabling the development of a simple test for the detection of AIDS-infected blood by blood banks and diagnostic laboratories as well as the development of an AIDS vaccine. The NCI has contracted with five outside laboratories to develop testing procedures that can be used to screen large numbers of blood donors for antibodies to the virus. A vaccine against HTLV-III infection for people at high-risk for developing AIDS is also undergoing development.

### NATIONAL CANCER INSTITUTE ACQUIRED IMMUNE DEFICIENCY SYNDROME OBLIGATIONS



### Small Business Innovation Research Program

P.L. 97-219, the Small Business Innovation Development Act passed in July 1982, requires the NCI to reserve a specified amount of its extramural research and development (R&D) budget for the Small Business Innovation Research program

### National Cancer Institute SMALL BUSINESS INNOVATION RESEARCH Program Set-Aside

(Dollars in Millions)

	Percent of R&D	NIH	NCI
FY 1983 Actual	0.2%	\$ 6.55	\$1.49
FY 1984 Actual	0.6	20.95	4.96
FY 1985 Estimate	1.0	39.93	9.11

(SBIR). The legislation is intended to stimulate technological innovation by small businesses to meet Federal research and development needs, to increase private sector commercialization of innovations derived from Federal research and development, and to foster and encourage participation by minority and disadvantaged persons in technological innovation. In FY 1984 the NCI SBIR program awarded 61 grants for a total of \$4.96 million.

### SMALL BUSINESS INNOVATION RESEARCH PROGRAM

#### Phase I (R43 grant)

To establish technical merit and feasibility of proposed R & D effort  
Not to exceed \$50,000 and 6 months

#### Phase II (R44 grant)

Continuation of R & D effort from Phase I  
Only Phase I awardees are eligible to apply  
Not to exceed \$500,000 and 2 years

#### Phase III

Small business competes for non-federal support

### International Cancer Information Center

The Office of International Affairs (OIA), NCI coordinates the planning, management, and evaluation of the international research, control and information activities of the National Cancer Program as well as maintaining liaison with Federal and other international agencies involved in the National Cancer Program. In 1984, the OIA underwent a reorganization with the establishment of the International Cancer Information Center (ICIC). The ICIC coordinates and oversees the activities of the Computer Communications Branch, the Publications Branch, and the International Cancer Research Data Bank Branch, including the development and enhancement of online databases of the Physician Data Query system (PDQ).

**DIRECTOR  
NATIONAL CANCER PROGRAM  
NATIONAL CANCER INSTITUTE**

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

January 1, 1980 TO PRESENT

Dr. Vincent T. DeVita, Jr. received his B.S. degree from the College of William and Mary in 1957 and, in 1961, was awarded his M.D. degree with distinction from the George Washington University School of Medicine. He interned at the University of Michigan Medical Center and then completed a year of residency with the George Washington University medical service.

Dr. DeVita joined NCI in 1963 as a clinical associate and, after completing a senior residency at the Yale-New Haven Medical Center in 1966, returned to NCI as a senior investigator in the Solid Tumor Service. In 1971 he was appointed Chief of the Medicine Branch. In 1974 he was named Director of the Division of Cancer Treatment and, in 1975, Clinical Director of the Cancer Institute. In January 1980 he was named Director of the National Cancer Institute.

Dr. DeVita is a diplomate in the specialty of Internal Medicine and the subspecialties of Hematology and Medical Oncology. He serves on the editorial boards of many medical journals and maintains membership in many scientific and professional societies. He was President of the American Society of Clinical Oncology from 1977 to 1978. He has received many honors and awards for outstanding research and medical leadership: the 1972 Albert and Mary Lasker Medical Research Award, the Karnofsky Prize in 1979, the 1980 Griffuel Prize, the James Ewing Award in 1982. In addition he has received Honorary Doctor of Science degrees from the College of William and Mary in May 1982 and from Ohio State University in 1983, and Alumni Achievement Awards from the College of William and Mary in 1976 and the George Washington University in 1983.

**PRESIDENT'S CANCER PANEL**

	EXPIRATION OF APPOINTMENT
Armand Hammer, M.D., <i>Chairman 1983</i> Occidental International Corporation Washington, D. C.	1987
William P. Longmire, Jr., M.D. Center for Health Sciences University of California Los Angeles, California	1985
John A. Montgomery, Ph.D. Southern Research Institute Birmingham, Alabama	1986

**EXECUTIVE SECRETARY**

Elliott H. Stonehill, Ph.D.  
National Cancer Institute  
Bethesda, Maryland

# NATIONAL CANCER ADVISORY BOARD

## APPOINTEES

	EXPIRATION OF APPOINTMENT		EXPIRATION OF APPOINTMENT
Dr. David Korn, <i>Chairman</i> Stanford University Stanford, California	1990	Dr. Geza J. Jako Institute for Research in Laser Surgery Melrose, Massachusetts	1988
Mr. Richard A. Bloch Kansas City, Missouri	1988	Dr. Joseph G. Katterhagen Tacoma General Hospital Tacoma, Washington	1986
Dr. Roswell K. Boutwell University of Wisconsin Madison, Wisconsin	1990	Ms. Rose Kushner Breast Cancer Advisory Center Kensington, Maryland	1986
Mrs. Angel Bradley North Miami, Florida	1988	Ann Landers Field Newspaper Syndicate Chicago, Illinois	1986
Dr. Victor Braren Vanderbilt University School of Medicine Nashville, Tennessee	1988	Dr. LaSalle D. Leffall, Jr. Howard University Hospital Washington, DC	1986
Mrs. Helene G. Brown Jonsson Comprehensive Cancer Center Los Angeles, California	1990	Dr. Enrico Mihich Roswell Park Memorial Hospital Buffalo, New York	1990
Dr. Ed L. Calhoon Beaver, Oklahoma	1988	Dr. William E. Powers Harper Grace Hospital Detroit, Michigan	1986
Dr. Tim Lee Carter Carter Clinic Tompkinsville, Kentucky	1988	Dr. Louise C. Strong M.D. Anderson Hospital and Tumor Institute Houston, Texas	1990
Dr. Gertrude B. Elion Burroughs Wellcome Company Research Triangle Park, North Carolina	1990		
Dr. Robert C. Hickey M.D. Anderson Hospital and Tumor Institute Houston, Texas	1986		

## EX OFFICIO MEMBERS

The Honorable Raymond J. Donovan Secretary of Labor Washington, DC	Dr. David P. Rall National Institute of Environmental Health Sciences Research Triangle Park, North Carolina
Dr. John Gronvall Veterans Administration Washington, DC	Mr. Lee Thomas Environmental Protection Agency Washington, DC
The Honorable Margaret M. Heckler Secretary for Health and Human Services Washington, DC	Ms. Nancy Harvey Steorts Consumer Product Safety Commission Washington, DC
Dr. George A. Keyworth Office of Science and Technology Policy Washington, DC	Dr. James B. Wyngaarden National Institutes of Health Bethesda, Maryland
The Honorable William E. Mayer Department of Defense Washington, DC	Dr. Frank E. Young Food and Drug Administration Rockville, Maryland
Dr. J. Donald Millar National Institute for Occupational Safety and Health Atlanta, Georgia	

## ALTERNATES TO EX OFFICIO MEMBERS

Dr. Ralph E. Yodaiken Department of Labor Washington, DC	Dr. Elizabeth L. Anderson Environmental Protection Agency Washington, DC
Dr. Hollis Boren Veterans Administration Washington, DC	Dr. Allen Heim Food and Drug Administration Rockville, Maryland
Dr. Bernadine Healy Bulkley Office of Science and Technology Policy Washington, DC	
Vice Admiral Lewis H. Seaton Office of Chief of Naval Operations Washington, DC	
Dr. Elliott S. Harris National Institute for Occupational Safety and Health Atlanta, Georgia	

## EXECUTIVE SECRETARY

Mrs. Barbara S. Bynum  
National Cancer Institute, NIH  
Bethesda, Maryland

# DIVISION BOARDS OF SCIENTIFIC COUNSELORS

## DIVISION OF CANCER BIOLOGY AND DIAGNOSIS

Matthew D. Scharff, M.D., Chairperson	1986		
D. Bernard Amos, M.D.	1986	Kenneth Olden, Ph.D.	1985
Nelson Fausto, M.D.	1985	Robert L. Perlman, M.D., Ph.D.	1987
Barbara A. Hamkalo, Ph.D.	1987	Sondra Schlesinger, Ph.D.	1986
Nancy E. Klecker, Ph.D.	1987	Stewart Sell, M.D.	1985
Peter C. Nowell, M.D.	1986	John D. Stobo, M.D.	1986
		Harold E. Varmus, M.D.	1986
		Ray J. Wu, Ph.D.	1987
		Susan Zolla-Pazner, Ph.D.	1986

## DIVISION OF CANCER TREATMENT

Samuel A. Wells, Jr., M.D., Chairperson	1986		
Dani P. Bolognesi, M.D.	1986	James Goldie, M.D.	1985
David G. Bragg, M.D.	1985	Israel David Goldman, M.D.	1986
Paul Calabresi, M.D.	1986	Leon Goodman, Ph.D.	1986
Mortimer M. Elkind, Ph.D.	1986	Robert L. Goodman, M.D.	1987
Karen K. Fu, M.D.	1985	Susan B. Horwitz, Ph.D.	1986
		John H. Kersey, M.D.	1985
		Rodrigue Mortel, M.D.	1985
		Carol S. Portlock, M.D.	1985
		Efraim Racker, M.D.	1986
		Alan S. Rosenthal, M.D.	1986

## DIVISION OF CANCER ETIOLOGY

G. Barry Pierce, M.D., Chairperson	1987		
Marcel A. Baluda, Ph.D.	1985	Renato Dulbecco, M.D.	1986
Edward Bresnick, Ph.D.	1986	Myron Essex, D.V.M., Ph.D.	1986
C. C. Cheng, Ph.D.	1986	Charlotte Friend, Ph.D.	1985
Allan H. Conney, Ph.D.	1985	William M. Haenszel, M.A.	1986
Pelayo Correa, M.D.	1985	Hilary Koprowski, M.D.	1985
Donald S. Davies, Ph.D.	1986	Gilbert S. Omenn, M.D., Ph.D.	1985
		Nicholas L. Petrakis, M.D.	1985
		Roy Shore, Ph.D.	1988
		Carl M. Shy, M.D.	1985
		Lee W. Wattenberg, M.D.	1987

## DIVISION OF CANCER PREVENTION AND CONTROL

Barbara S. Hulka, M.D., Chairperson	1985		
Philip G. Archer, Sc.D.	1986	David Mark Hegsted, Ph.D.	1986
Erwin P. Bettinghaus, Ph.D.	1987	Loretta M. Itri, M.D.	1985
Robert A. Cooper, Jr., M.D.	1987	Mary Jane Jesse, M.D.	1987
Robert W. Day, M.D.	1986	Kaye H. Kilburn, M.D.	1985
Jerome J. DeCosse, M.D.	1986	Laurence N. Kolonel, M.D.	1986
Saxon Graham, Ph.D.	1986	Lewis Henry Kuller, M.D., M.P.H.	1987
		William C. Levin, M.D.	1988
		Virgil Loeb, Jr., M.D.	1985
		David J. Sencer, M.D.	1988
		Charles R. Smart, M.D.	1987
		Louis W. Sullivan, M.D.	1988
		John E. Ultmann, M.D.	1988

NOTE: In all cases the year shown represents expiration of appointment.

## NATIONAL CANCER INSTITUTE EXECUTIVE COMMITTEE MEMBERS

Dr. Vincent T. DeVita, Jr.  
Director

Dr. Jane Henney  
Deputy Director

Dr. Peter Fischinger  
Associate Director

Mr. Philip Amoruso  
Associate Director for Administrative Management

Dr. Richard Adamson  
Director, Division of Cancer Etiology

Mrs. Barbara Bynum  
Director, Division of Extramural Activities

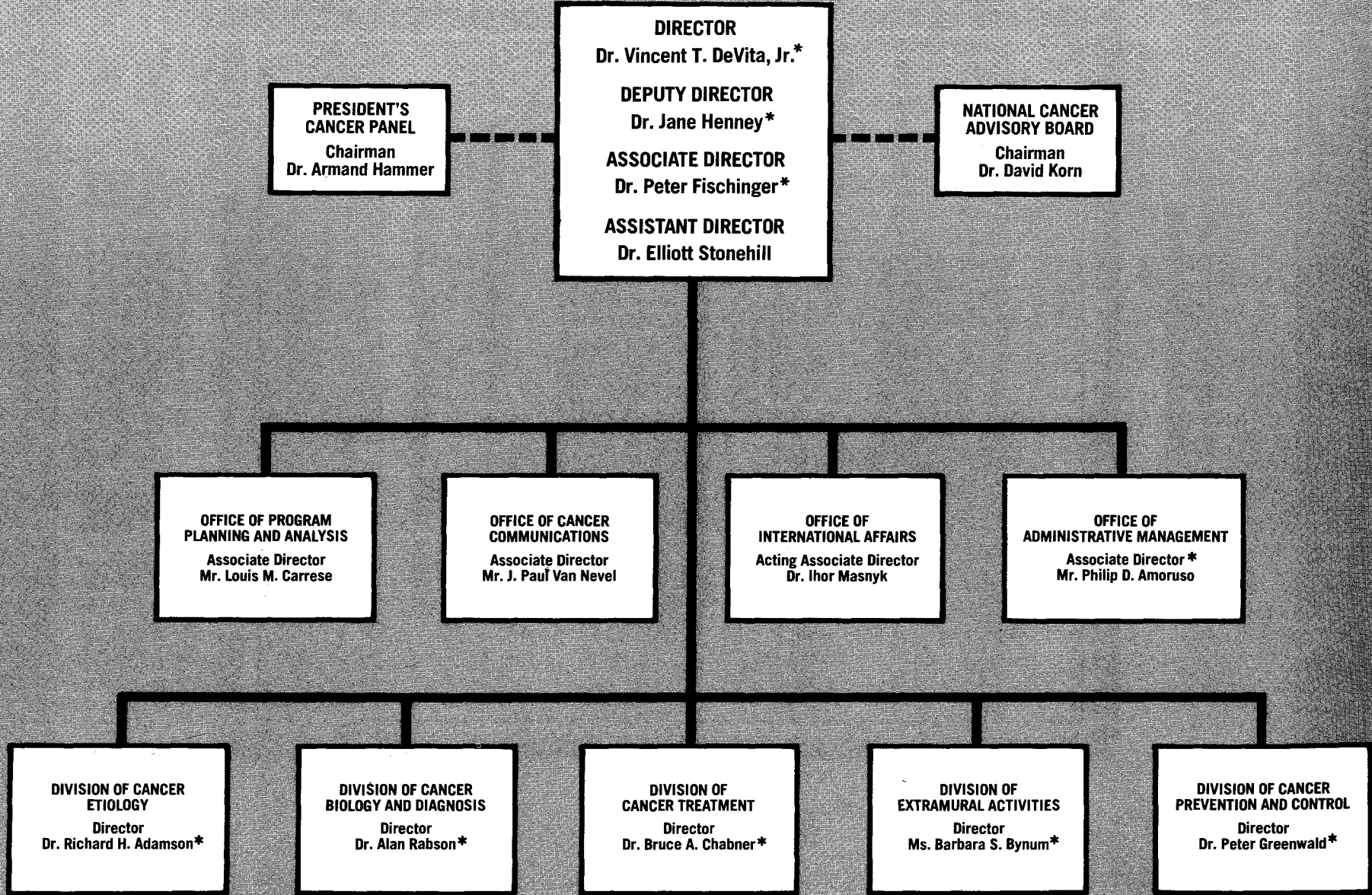
Dr. Bruce Chabner  
Director, Division of Cancer Treatment

Dr. Peter Greenwald  
Director, Division of Cancer Prevention and Control

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

Ms. Iris Schneider  
Executive Secretary

# NATIONAL CANCER INSTITUTE

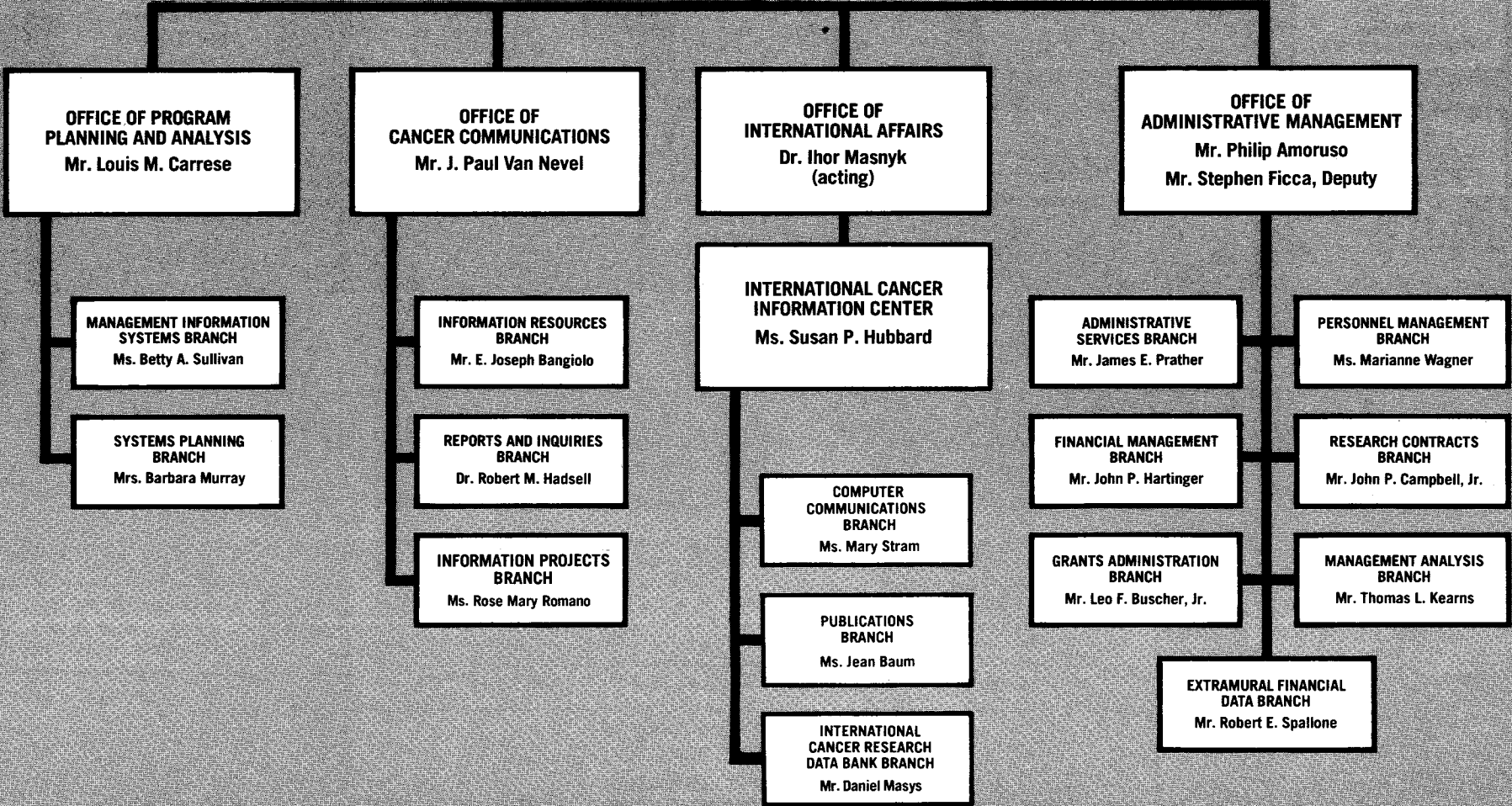


\*NCI Executive Committee Members

**OFFICE OF THE DIRECTOR**  
**Dr. Vincent T. DeVita, Jr., Director**  
**Dr. Jane Henney, Deputy Director**

(1) Serves as the focal point for the National Cancer Program; (2) Develops a National Cancer plan and monitors implementation of the plan; (3) Directs and coordinates the Institute's programs and activities; and (4) Develops and provides policy guidance and staff direction to the Institute's programs in areas such as program coordination, program planning, clinical care and administrative management.

**EEO MANAGER**  
**Ms. Maxine I. Richardson**



**DIVISION OF CANCER TREATMENT**  
**Dr. Bruce Chabner, Director**  
**Dr. Gregory Curt, Deputy Director**

(1) Plans, directs and coordinates an integrated program of intramural and extramural preclinical and clinical cancer treatment research as well as research conducted in cooperation with other federal agencies with the objective of curing or controlling cancer in man by utilizing treatment modalities singly or in combination; (2) Administers targeted research and development programs in areas of drug development, biological response modifiers and radiotherapy development; and (3) Serves as the national focal point for information and data on experimental and clinical studies related to cancer treatment and for the distribution of such information to appropriate scientists and physicians.

**ADMINISTRATIVE MANAGEMENT AND PLANNING BRANCH**  
 Mr. Donald Christoferson

**BOARD OF SCIENTIFIC COUNSELORS**  
 Dr. Samuel Hellman, Chairman

**CLINICAL ONCOLOGY PROGRAM**  
 Dr. Samuel Broder

**RADIATION RESEARCH PROGRAM**  
 Dr. Francis F. Ruzicka, Jr. (acting)

**BIOLOGICAL RESPONSE MODIFIERS PROGRAM**  
 Dr. Ronald B. Herberman (acting)

**CANCER THERAPY EVALUATION PROGRAM**  
 Dr. Robert E. Wittes

**DEVELOPMENTAL THERAPEUTICS PROGRAM**  
 Dr. Michael R. Boyd

**MEDICINE BRANCH**  
 Dr. Robert C. Young

**PEDIATRIC BRANCH**  
 Dr. Philip A. Pizzo

**NCI-NAVY MEDICAL ONCOLOGY BRANCH**  
 Dr. John D. Minna

**RADIATION ONCOLOGY BRANCH**  
 Dr. Eli J. Glatstein

**SURGERY BRANCH**  
 Dr. Steven A. Rosenberg

**RADIOTHERAPY DEVELOPMENT BRANCH**  
 Dr. Alfred R. Smith (acting)

**DIAGNOSTIC IMAGING RESEARCH BRANCH**  
 Dr. Francis F. Ruzicka, Jr.

**BIOLOGICAL THERAPEUTICS BRANCH**  
 Dr. Ronald B. Herberman

**LABORATORY OF MOLECULAR IMMUNOREGULATION**  
 Dr. Joost J. Oppenheim

**BIOLOGICAL RESOURCES BRANCH**  
 Dr. Cedric W. Long (acting)

**INVESTIGATIONAL DRUG BRANCH**  
 Dr. Daniel F. Hoth

**CLINICAL INVESTIGATIONS BRANCH**  
 Dr. Michael A. Friedman

**BIOMETRICS RESEARCH BRANCH**  
 Dr. Richard M. Simon

**LABORATORY OF MEDICINAL CHEMISTRY AND BIOLOGY**  
 Dr. David G. Johns

**LABORATORY OF MOLECULAR PHARMACOLOGY**  
 Dr. Kurt W. Kohn

**LABORATORY OF CHEMICAL PHARMACOLOGY**  
 Dr. David G. Johns (acting)

**LABORATORY OF TUMOR CELL BIOLOGY**  
 Dr. Robert C. Gallo

**LABORATORY OF EXPERIMENTAL THERAPEUTICS AND METABOLISM**  
 Dr. Michael R. Boyd



**CLINICAL PHARMACOLOGY  
BRANCH**  
Dr. Charles E. Myers

**ANIMAL GENETICS AND  
PRODUCTION BRANCH**  
Dr. Joseph G. Mayo

**DRUG SYNTHESIS AND  
CHEMISTRY BRANCH**  
Dr. Ven Narayanan

**NATURAL PRODUCTS  
BRANCH**  
Dr. Matthew Suffness

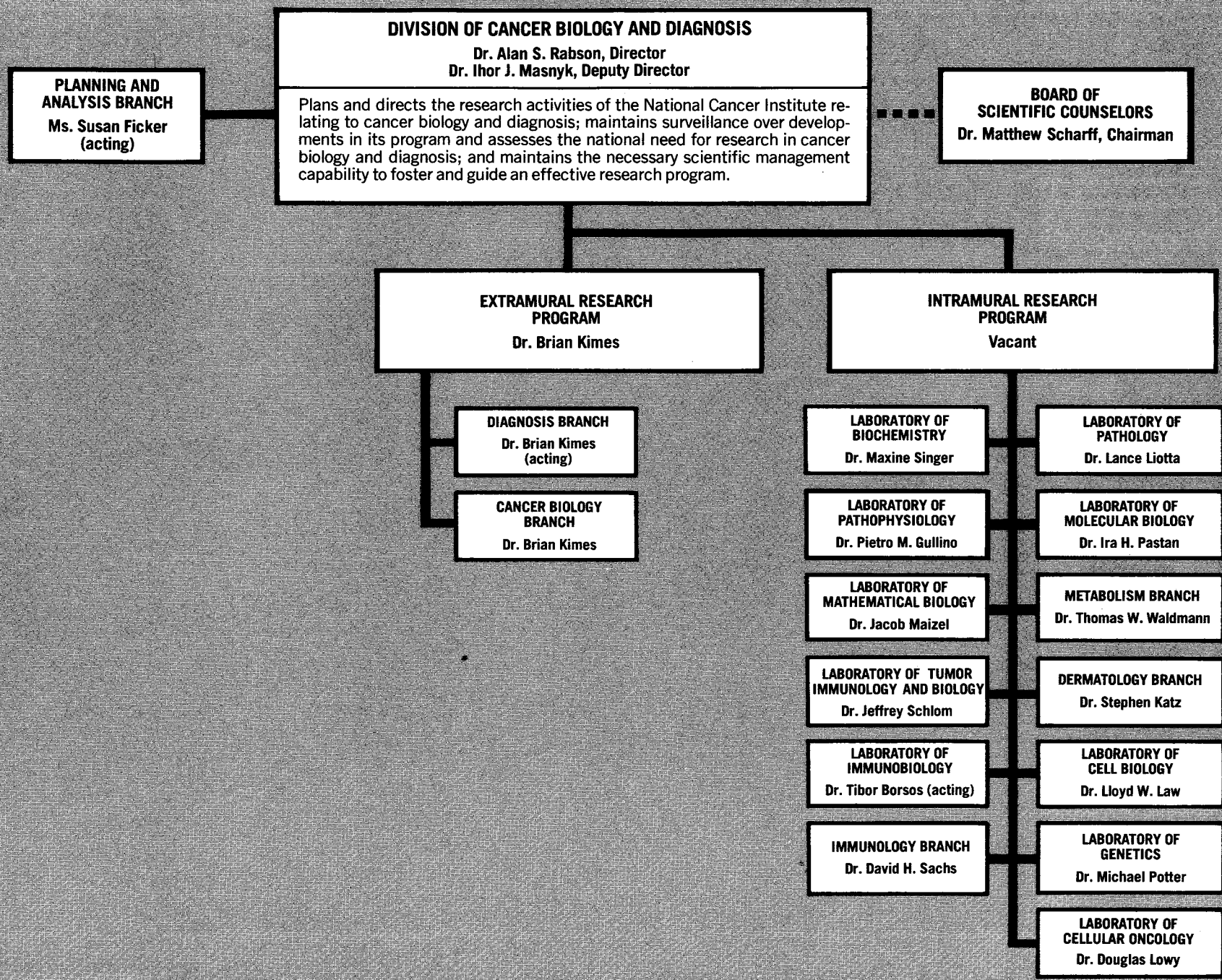
**DRUG EVALUATION  
BRANCH**  
Dr. John M. Venditti

**PHARMACEUTICAL  
RESOURCES BRANCH**  
Mr. J. Paul Davignon

**TOXICOLOGY BRANCH**  
Dr. Charles K. Grieshaber

**INFORMATION TECHNOLOGY  
BRANCH**  
Dr. G.W.A. Milne

**EXTRAMURAL RESEARCH  
& RESOURCES BRANCH**  
Dr. Moreswar Nadkarni



**DIVISION OF CANCER BIOLOGY AND DIAGNOSIS**  
 Dr. Alan S. Rabson, Director  
 Dr. Ihor J. Masnyk, Deputy Director  
 Plans and directs the research activities of the National Cancer Institute relating to cancer biology and diagnosis; maintains surveillance over developments in its program and assesses the national need for research in cancer biology and diagnosis; and maintains the necessary scientific management capability to foster and guide an effective research program.

**PLANNING AND ANALYSIS BRANCH**  
 Ms. Susan Ficker (acting)

**BOARD OF SCIENTIFIC COUNSELORS**  
 Dr. Matthew Scharff, Chairman

**EXTRAMURAL RESEARCH PROGRAM**  
 Dr. Brian Kimes

**INTRAMURAL RESEARCH PROGRAM**  
 Vacant

**DIAGNOSIS BRANCH**  
 Dr. Brian Kimes (acting)

**CANCER BIOLOGY BRANCH**  
 Dr. Brian Kimes

**LABORATORY OF BIOCHEMISTRY**  
 Dr. Maxine Singer

**LABORATORY OF PATHOPHYSIOLOGY**  
 Dr. Pietro M. Gullino

**LABORATORY OF MATHEMATICAL BIOLOGY**  
 Dr. Jacob Maizel

**LABORATORY OF TUMOR IMMUNOLOGY AND BIOLOGY**  
 Dr. Jeffrey Schlom

**LABORATORY OF IMMUNOBIOLOGY**  
 Dr. Tibor Borsos (acting)

**IMMUNOLOGY BRANCH**  
 Dr. David H. Sachs

**LABORATORY OF PATHOLOGY**  
 Dr. Lance Liotta

**LABORATORY OF MOLECULAR BIOLOGY**  
 Dr. Ira H. Pastan

**METABOLISM BRANCH**  
 Dr. Thomas W. Waldmann

**DERMATOLOGY BRANCH**  
 Dr. Stephen Katz

**LABORATORY OF CELL BIOLOGY**  
 Dr. Lloyd W. Law

**LABORATORY OF GENETICS**  
 Dr. Michael Potter

**LABORATORY OF CELLULAR ONCOLOGY**  
 Dr. Douglas Lowy

## DIVISION OF CANCER ETIOLOGY

Dr. Richard H. Adamson, Director  
Dr. Susan M. Sieber, Deputy Director

**ADMINISTRATIVE  
MANAGEMENT BRANCH**  
Mr. Mark Kochevar

Plans and directs a national program of basic research including laboratory, field and epidemiologic and biometric research on the cause and natural history of cancer and means for preventing cancer. This program is implemented by intramural research, research grants, cooperative agreements, and contracts; evaluates mechanisms of cancer induction and promotion by chemicals, viruses and environmental agents; serves as the focal point for the Federal government on the synthesis of clinical, epidemiological, and experimental data relating to cancer causation; and participates in the evaluation of and advises the Institute Director on program related aspects of other basic research activities as they relate to cancer cause and prevention.

**BOARD OF  
SCIENTIFIC COUNSELORS**  
Dr. G. Barry Pierce, Chairman

### BIOLOGICAL CARCINOGENESIS PROGRAM Vacant

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

**LABORATORY OF  
MOLECULAR ONCOLOGY**  
Dr. Takis Papas  
(acting)

**LABORATORY OF  
MOLECULAR VIROLOGY**  
Dr. George Khoury

**LABORATORY OF  
TUMOR VIRUS  
BIOLOGY**  
Dr. Peter Howley

**LABORATORY OF VIRAL  
CARCINOGENESIS**  
Dr. Stephen O'Brien  
(acting)

**BIOLOGICAL CARCINOGENESIS  
BRANCH**  
Dr. Jack Gruber

### CHEMICAL AND PHYSICAL CARCINOGENESIS PROGRAM Vacant

**LABORATORY OF BIOLOGY**  
Dr. Joseph DiPaolo

**LABORATORY OF CELLULAR  
CARCINOGENESIS AND  
TUMOR PROMOTION**  
Dr. Stuart Yuspa

**LABORATORY OF  
CHEMOPREVENTION**  
Dr. Michael Sporn

**LABORATORY OF  
COMPARATIVE  
CARCINOGENESIS**  
Dr. Jerry Rice

**LABORATORY OF  
EXPERIMENTAL  
CARCINOGENESIS**  
Dr. Snorri Thorgeirsson

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

**LABORATORY OF HUMAN  
CARCINOGENESIS**  
Dr. Curt Harris

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

**CHEMICAL AND PHYSICAL  
CARCINOGENESIS BRANCH**  
Dr. David Longfellow

**LOW LEVEL  
RADIATION  
EFFECTS BRANCH**  
Dr. Bruce Wachholz

### EPIDEMIOLOGY AND BIOSTATISTICS PROGRAM Dr. Joseph Fraumeni, Jr.

**BIOSTATISTICS BRANCH**  
Dr. William Blot

**CLINICAL  
EPIDEMIOLOGY BRANCH**  
Dr. Robert Miller

**ENVIRONMENTAL  
EPIDEMIOLOGY BRANCH**  
Dr. Robert Hoover

**RADIATION  
EPIDEMIOLOGY  
BRANCH**  
Dr. John Boice

**EXTRAMURAL PROGRAMS  
BRANCH**  
Dr. John Cooper (acting)

**DIVISION OF CANCER PREVENTION AND CONTROL**  
 Dr. Peter Greenwald, Director  
 Dr. Joseph Cullen, Deputy Director

(1) Plans and conducts basic and applied research and development, technology transfer, demonstration, education and information dissemination programs to expedite the use of new information relevant to the prevention, detection, and diagnosis of cancer and the pretreatment evaluation, treatment, rehabilitation, and the continuing care of cancer patients throughout the country; (2) Plans, directs, and coordinates the support of research on cancer prevention and control at cancer centers, community hospitals, and through organ systems programs; (3) Coordinates a number of geographically based cancer reporting systems and applies statistical, analytic, and quantitative methods to monitor progress toward cancer control in the United States; (4) Supports cancer research training, clinical education, continuing education and career development in cancer prevention and control; (5) Administers programs for the support of construction, alteration, renovation, and equipping of extramural research facilities; and (6) Coordinates program activities with other divisions, institutes, or federal and state agencies and establishes liaison with professional and voluntary health agencies, cancer centers, labor organizations, cancer organizations and trade associations.

**ADMINISTRATIVE  
MANAGEMENT AND  
PLANNING  
BRANCH**  
Mr. Nicholas Olimpio

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Dr. Lester Breslow,  
Chairman

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BRANCH**  
Dr. Edward Sondik

**BIOMETRY BRANCH**  
Dr. David Byar

**PREVENTION PROGRAM**  
Dr. William DeWys (acting)

**CENTERS AND COMMUNITY  
ONCOLOGY PROGRAM**  
Dr. Jerome Yates

**CANCER CONTROL  
SCIENCE PROGRAM**  
Dr. Donald Iverson (acting)

**CANCER PREVENTION  
STUDIES BRANCH**  
Dr. William DeWys  
(acting)

**DIET AND CANCER  
BRANCH**  
Dr. Ritva Butrum  
(acting)

**COMMUNITY ONCOLOGY  
AND REHABILITATION  
BRANCH**  
Dr. Jerome Yates (acting)

**CANCER CENTERS  
BRANCH**  
Dr. Lucius Sinks

**CANCER TRAINING  
BRANCH**  
Dr. Barney C. Lepovetsky

**OCCUPATIONAL CANCER  
BRANCH**  
Dr. Veronica Conley  
(acting)

**CANCER DETECTION  
BRANCH**  
Dr. Richard Costlow

**RESEARCH FACILITIES  
BRANCH**  
Dr. Donald Fox

**CANCER CONTROL  
APPLICATIONS BRANCH**  
Mr. Thomas Kean  
(acting)

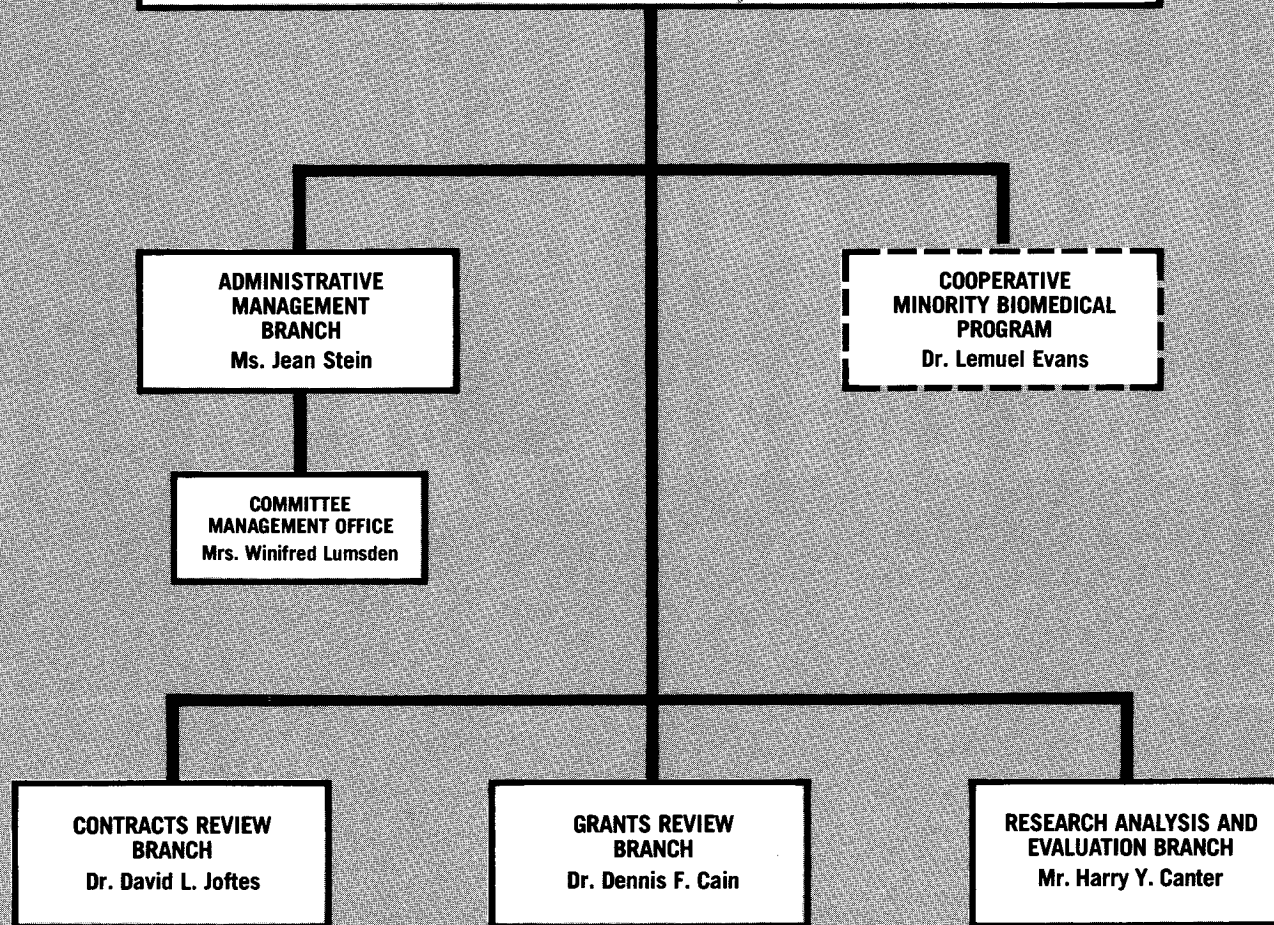
**CHEMOPREVENTION  
BRANCH**  
Dr. Winfred Malone

**HEALTH PROMOTION  
SCIENCES BRANCH**  
Dr. Lillian Gigliotti  
(acting)

**DIVISION OF EXTRAMURAL ACTIVITIES**

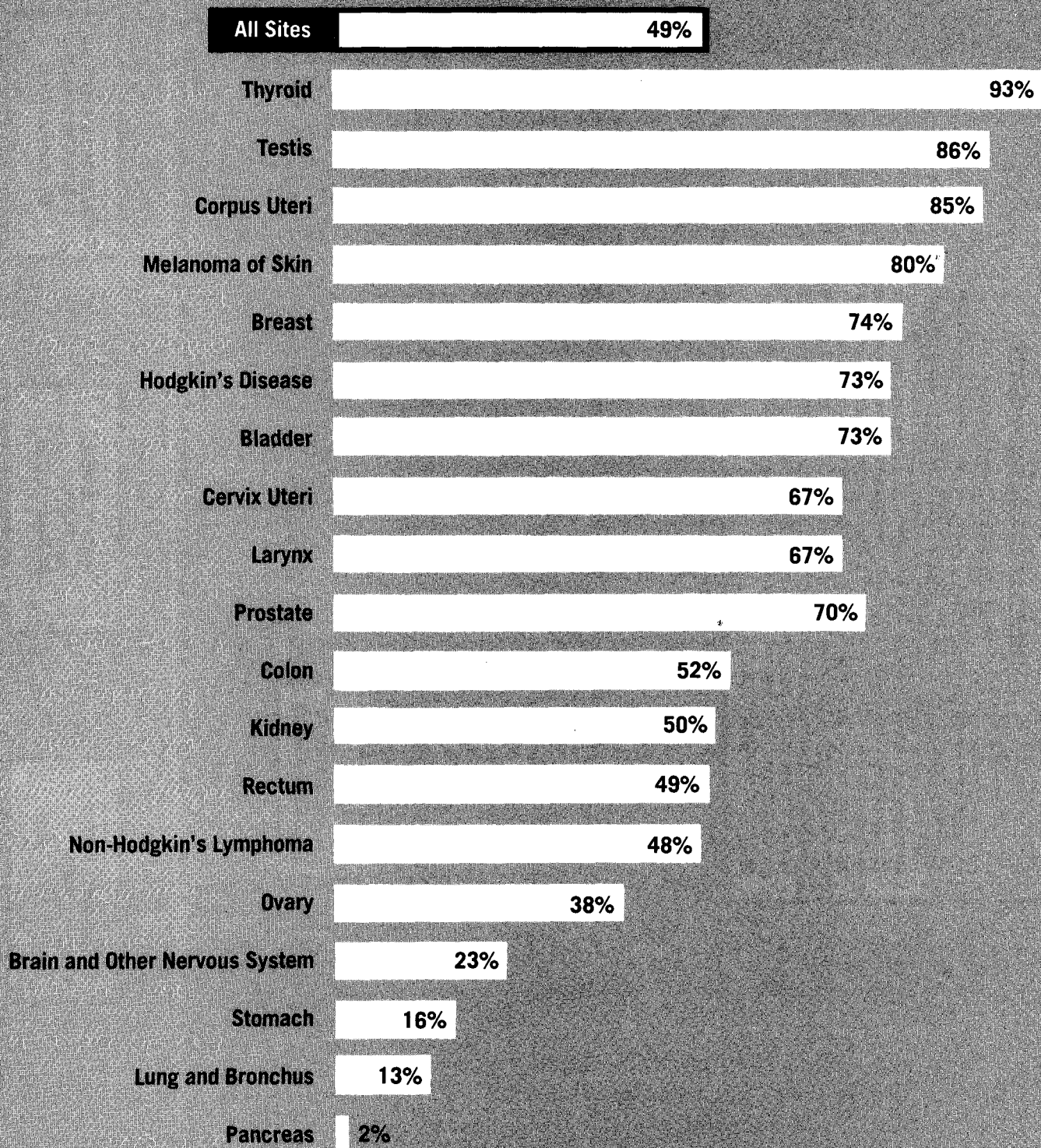
**Mrs. Barbara S. Bynum, Director**

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



# 5-YEAR RELATIVE SURVIVAL RATES

By Primary Site for Patients (all races, both sexes) Diagnosed 1976-1981,  
National Cancer Institute SEER Program



Source: SEER Program, Biometry Branch, NCI

## NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX — 1981

ALL AGES		UNDER 15		15-34		35-54		55-74		75+	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<b>Lung</b> 76,650	<b>Breast</b> 36,479	Leukemia 485	Leukemia 345	Leukemia 776	Breast 665	Lung 9,836	Breast 7,947	Lung 49,518	Breast 18,645	Lung 17,131	Colon & Rectum 13,639
<b>Colon &amp; Rectum</b> 26,500	<b>Lung</b> 29,739	Brain & CNS 248	Brain & CNS 209	Brain & CNS 412	Leukemia 509	Colon & Rectum 2,245	Lung 4,750	Colon & Rectum 14,215	Lung 18,527	Prostate 13,373	Breast 9,219
<b>Prostate</b> 23,369	<b>Colon &amp; Rectum</b> 28,105	Endocrine 130	Endocrine 95	Non-Hodgkin's Lymphomas 352	Uterus 335	Pancreas 1,245	Colon & Rectum 2,057	Prostate 9,651	Colon & Rectum 12,253	Colon & Rectum 9,804	Lung 6,362
<b>Pancreas</b> 11,189	<b>Ovary</b> 10,855	Non-Hodgkin's Lymphomas 98	Connective Tissue 53	Hodgkin's Disease 306	Brain & CNS 308	Brain & CNS 1,119	Uterus 1,821	Pancreas 6,588	Ovary 6,062	Pancreas 3,308	Pancreas 4,482
<b>Leukemia</b> 9,187	<b>Uterus</b> 10,698	Connective Tissue 55	Non-Hodgkin's Lymphomas 48	Testis 265	Hodgkin's Disease 203	Leukemia 1,039	Ovary 1,776	Stomach 4,635	Uterus 5,389	Bladder 3,245	Uterus 3,149

Source: Vital Statistics of the United States, 1981.

## RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES — 1981

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
	<b>ALL CAUSES</b>	<b>1,977,981</b>	<b>862.4</b>	<b>100.0</b>
1	Diseases of Heart	753,884	328.7	38.1
2	<b>CANCER</b>	<b>422,094</b>	<b>184.0</b>	<b>21.3</b>
3	Stroke	163,504	71.3	8.3
4	Accidents	100,704	43.9	5.1
5	Bronchitis, Emphysema & Asthma	58,832	25.7	3.0
6	Pneumonia & Influenza	53,731	23.4	2.7
7	Diabetes Mellitus	34,642	15.1	1.8
8	Cirrhosis of Liver	29,308	12.8	1.5
9	Arteriosclerosis	28,004	12.2	1.4
10	Suicide	27,596	12.0	1.4
11	Homicide	23,646	10.3	1.2
12	Diseases of Infancy	21,626	9.4	1.1
13	Nephritis & Nephrosis	17,277	7.5	0.9
14	Congenital Abnormalities	13,527	5.9	0.7
15	Septicemia & Pyemia	10,443	4.6	0.5
	Other & Ill-defined	219,163	95.6	11.0

Source: National Center for Health Statistics, 1981.

# ESTIMATED NEW CANCER CASES AND DEATHS BY SEX FOR ALL SITES — 1984

SITE	ESTIMATED NEW CASES			ESTIMATED DEATHS		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
All Sites	870,000 <sup>1</sup>	429,000 <sup>1</sup>	441,000 <sup>1</sup>	450,000	244,500	205,500
Buccal Cavity & Pharynx (Oral)	27,500	18,700	8,800	9,350	6,400	2,950
Lip	4,900	4,200	700	175	150	25
Tongue	4,900	3,200	1,700	2,050	1,400	650
Salivary Gland				700	450	250
Floor of Mouth	9,800	5,800	4,000	525	400	125
Other & Unspecified Mouth				1,600	1,000	600
Pharynx	7,900	5,500	2,400	4,300	3,000	1,300
Digestive Organs	207,000	105,100	101,900	117,300	61,450	55,850
Esophagus	9,100	6,500	2,600	8,600	6,300	2,300
Stomach	24,900	15,000	9,900	14,100	8,300	5,800
Small Intestine	2,100	1,100	1,000	700	350	350
Large Intestine	90,000	41,000	49,000	50,900	24,200	26,700
Rectum	40,000	21,000	19,000	8,500	4,600	3,900
Liver & Biliary Passages	13,300	6,300	7,000	10,100	5,000	5,100
Pancreas	25,100	13,000	12,100	23,000	12,000	11,000
Other & Unspecified Digestive	2,500	1,200	1,300	1,400	700	700
Respiratory System	153,400	107,500	45,900	126,150	89,000	37,150
Larynx	11,100	9,300	1,800	3,750	3,100	650
Lung	139,000	96,000	43,000	121,000	85,000	36,000
Other & Unspecified Respiratory	3,300	2,200	1,100	1,400	900	500
Bone, Tissue and Skin	24,500	12,500	12,000	11,150	6,400	4,750
Bone	1,900	1,100	800	1,350	800	550
Connective Tissue	4,900	2,700	2,200	2,400	1,200	1,200
Skin	17,700 <sup>2</sup>	8,700 <sup>2</sup>	9,000 <sup>2</sup>	7,400 <sup>4</sup>	4,400	3,000
Breast	115,900 <sup>3</sup>	900 <sup>3</sup>	115,000 <sup>3</sup>	37,600	300	37,300
Genital Organs	159,300	81,600	77,700	48,150	25,950	22,200
Cervix Uteri	16,000 <sup>3</sup>	—	16,000 <sup>3</sup>	6,800	—	6,800
Corpus, Endometrium	39,000	—	39,000	2,900	—	2,900
Ovary	18,300	—	18,300	11,500	—	11,500
Prostate	76,000	76,000	—	25,000	25,000	—
Other & Unspecified Genital, Male	5,600	5,600	—	950	950	—
Other & Unspecified Genital, Female	4,400	—	4,400	1,000	—	1,000
Urinary Organs	57,100	39,600	17,500	19,400	12,600	6,800
Bladder	38,700	28,000	10,700	10,700	7,300	3,400
Kidney & Other Urinary	18,400	11,600	6,800	8,700	5,300	3,400
Eye	1,900	1,000	900	400	200	200
Brain & Central Nervous System	12,800	7,100	5,700	10,400	5,700	4,700
Endocrine Glands	11,400	3,500	7,900	1,600	700	900
Thyroid	10,300	2,900	7,400	1,100	400	700
Other Endocrine	1,100	600	500	500	300	200
Leukemia	24,400	13,200	11,200	16,700	9,300	7,400
Other Blood & Lymph Tissues	40,600	21,100	19,500	21,600	11,300	10,300
Hodgkin's Disease	7,100	4,100	3,000	1,500	900	600
Multiple Myeloma	9,800	5,000	4,800	7,200	3,700	3,500
Other Lymphomas	23,700	12,000	11,700	12,900	6,700	6,200
All Other & Unspecified Sites	34,200	17,200	17,000	30,200	15,200	15,000

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>1</sup>Carcinoma in situ and non-melanoma skin cancers not included in totals. Carcinoma in situ of the uterine cervix accounts for over 45,000 new cases annually and carcinoma in situ of the female breast accounts for over 5,000 new cases annually. Non-melanoma skin cancer accounts for about 400,000 new cases annually.

<sup>2</sup>Melanoma only.

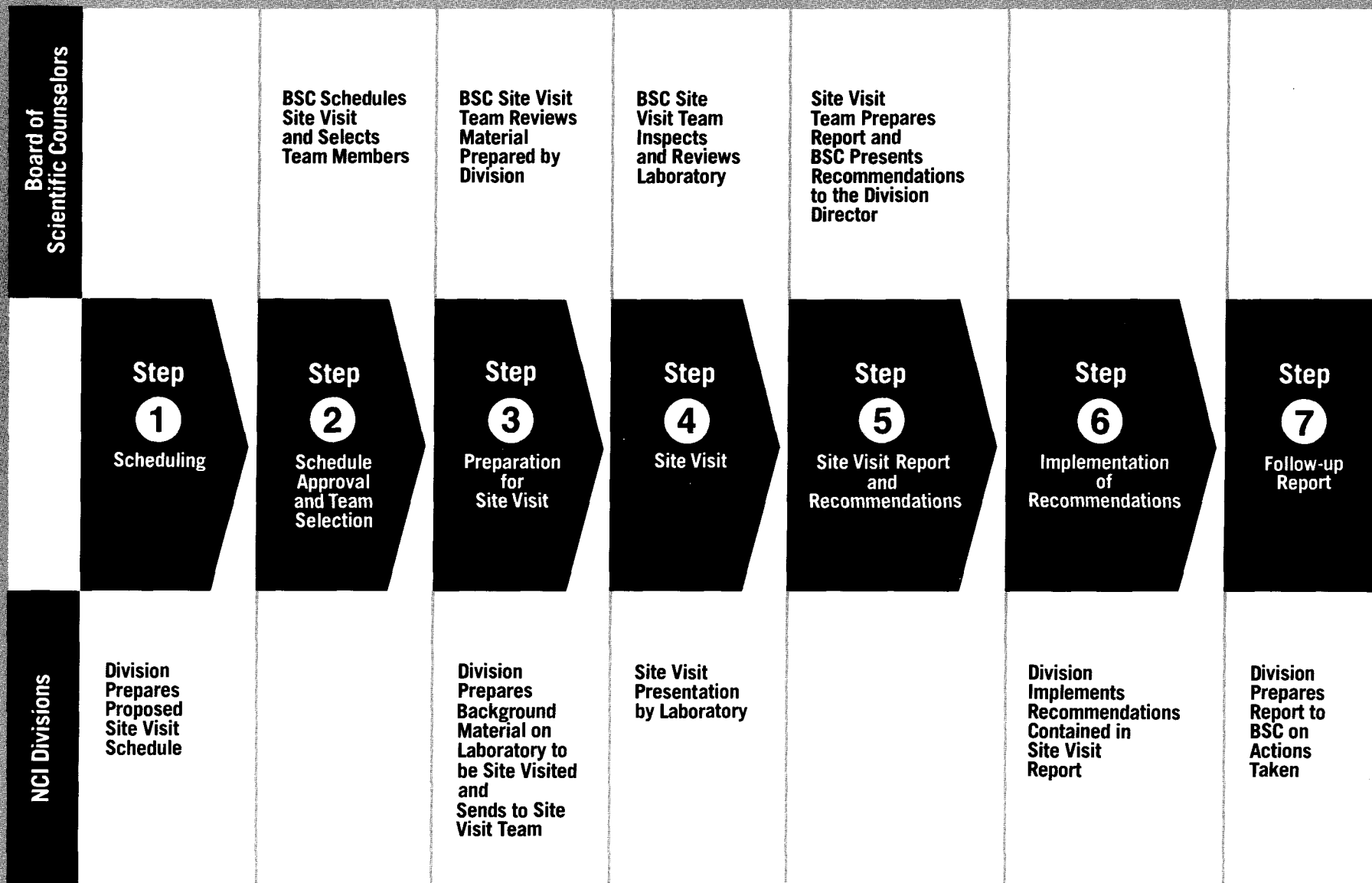
<sup>3</sup>Invasive cancer only.

<sup>4</sup>Melanoma 5,500; other skin 1,900.

INCIDENCE ESTIMATES ARE BASED ON RATES FROM NCI SEER PROGRAM 1973-1979.



# NCI INTRAMURAL REVIEW PROCESS



# 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
<b>I. CIVIL SERVICE</b>			
<b>A. Civil Service (tenured)</b>	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs.	Minimum starting: Ph.D. – \$36,327 Physicians – \$50,822 Maximum: \$66,400	Office of Personnel Management, Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
<b>II. SPECIAL APPOINTMENT OF EXPERTS AND CONSULTANTS</b>			
<b>A. Special Appointment of Experts and Consultants (non-tenured appointment which can be extended up to 4 years).</b>	Applicants shall possess outstanding experience and ability as to justify recognition as authorities in their particular fields of activity.	Equivalent to the salary range of GS-13 through GS-18.  Maximum: \$66,400	Recommendation by Division Directors. Final approval rests with the Director, NCI.
<b>III. MEDICAL STAFF FELLOWS</b>			
<b>A. Medical Staff Fellows</b>	Appointment for 2 or 3 years with an additional 1-year extension for an initial 2-year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research.	\$30,000-\$34,000	Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20205.
<b>B. Medical Staff Fellows in Pharmacology (PRAT Fellows). For physicians committed to research careers in pharmacological sciences, or clinical pharmacology.</b>	Appointment for 2 or 3 years with an additional 1-year extension for an initial 2-year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research.	\$30,000-\$34,000	Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20205.
<b>IV. VISITING PROGRAM (limited tenure)<sup>2</sup></b>			
<b>A. Visiting Fellow (maximum 3 years)</b>	1-3 years postdoctoral experience or training.	Entrance stipend \$16,000-\$18,000	Contact Director or Laboratory Chief in area of interest.
<b>B. Visiting Associates (1 year with renewals to end of project)</b>	3+ years postdoctoral experience or training with appropriate knowledge needed by NCI.	\$21,066-\$39,711	Contact Director or Laboratory Chief in area of interest.
<b>C. Visiting Scientist (duration of project)</b>	6+ years postdoctoral experience with appropriate unusual experience and knowledge needed.	\$30,549-\$66,400	Contact Director or Laboratory Chief in area of interest.

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

<sup>2</sup> Under most circumstances, the various visiting programs are limited to non-citizens.

## V. STAFF FELLOWSHIPS

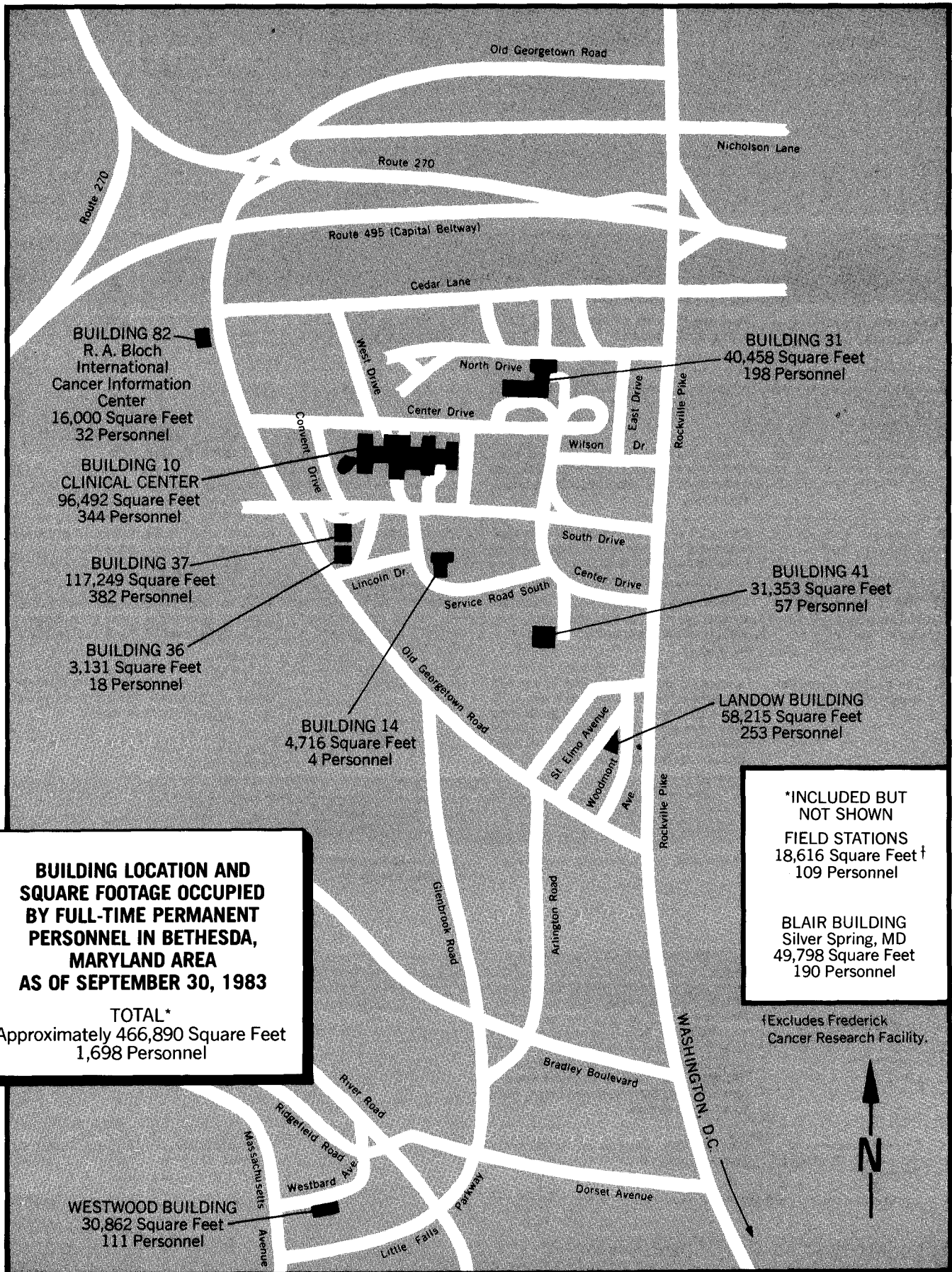
POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
A. Staff Fellowship	Physician or other doctoral degree equivalent awarded within last 5 years, U.S. citizen or non-citizen eligible for naturalization within 4 years.  Maximum seven-year appointment.	Staff Fellows Physicians \$20,688-\$34,312 Other Doctorates \$17,000-\$35,639 Senior Staff Fellows Physicians \$23,439-\$46,570 Other Doctorates \$20,688-\$39,960	Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.

## VI. CIVIL SERVICE SUMMER EMPLOYMENT PROGRAMS

A. Summer Clerical Program	Must be 18 years of age or older (16 if high school graduate).	GS-1 through GS-4 Grade is based on education and/or experience.	Apply to NIH on or before March 15.
B. Summer Undergraduate Program	Students majoring in biological and/or physical sciences or related field, or applicants with appropriate experience.	GS-1 through GS-4 Grade is based on education and/or experience.	Apply to NIH by March 15.
C. Summer Graduate Program	College graduate, graduate student, planning to attend graduate school, faculty member, or equivalent experience and/or education.	GS-5 through GS-12 For some occupations superior scholastic work may qualify for a higher grade level.	Apply to NIH by March 15.
D. Summer Employment for Needy Youth	Educationally and economically disadvantaged youths in their formative years (must have reached 16th birthday).	Federal minimum wage.	Register with the local office of the State Employment service and apply to NIH.
E. Stay-in-School Program	Substantially full-time or full-time student at least 16 years of age who needs earnings from employment to continue in school.	Salary is commensurate with duties assigned and student's education and/or experience.	Apply to NIH. No deadline required for applying. However, no new appointments are made between May 1 to August 30.
F. The Federal Junior Fellowship Program	Graduating high school senior in a public or private school in the Metro. Wash., D. C. area. Must be in upper 10% of graduating class, have applied for admission to an accredited college or university and need financial assistance to attend school.	GS-1 through GS-4	Nominations are submitted directly to the Office of Personnel Management by high school principals or counselors.

## VII. SPECIAL PROGRAMS

A. Research Fellow sponsored by organization other than NIH, PHS.	Determined by sponsoring organization.	Established by sponsoring organization.	Contact Director or Laboratory Chief in area of interest; also apply to sponsoring agency, e.g., American Cancer Society, Eleanor Roosevelt Cancer Foundation, Leukemia Society of America, Inc., etc.
B. COSTEP Program (operates year-round) Maximum 120 days per 12-month period.	U.S. Citizen. Must have completed one year of study in a medical, dental or veterinary school; or a minimum of two years of baccalaureate program in a health-related field such as engineering, nursing, pharmacy, etc. May be enrolled in a master's or doctoral program in a health-related field (designated by the Assistant Secretary for Health). Physical requirements of PHS Commissioned Corps. Plans to return to college.	Pay and allowance of a Commissioned Officer, Junior Asst. Grade.	Apply to PHS Commissioned Corps, COSTEP SECTION, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.
C. Fogarty International Scholars In Residence Program.	International reputation, productivity, demonstrated ability in biomedical field.	\$50,000 for 10 months.	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.



## MAJOR STEPS IN THE BUDGET FORMULATION REVIEW PROCESS

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
<b>NCI STAFF</b> <sup>1</sup>	<p>NCI Director's Meeting – establish budget policy for upcoming fiscal year; review operating plans for current fiscal year</p> <p>Submit Congressional Justification for next fiscal year</p>		<p>Formulation of Preliminary Budget for two years in the future for both the by-pass, and budget submitted within the Administration's guidelines</p> <p>Congressional Testimony by Director, NCI</p>			<p>NCI Director's Meeting – establish specific division levels for upcoming fiscal year</p>		<p>Formulation of By-Pass Budget</p> <p>Formulation of Budget within Administration guidelines</p>		<p>Formulation of President's Budget</p>		
<b>NCAB</b> <sup>2</sup>						<p>Review and revise Preliminary Budget for two fiscal years in future</p>		<p>Review By-Pass (OMB) Budget submitted directly to the President</p>		<p>Division presentations of program activities for fiscal year just completed</p>		
<b>BSC</b> <sup>3</sup>	<p>Review operating plans for current fiscal year and policies from NCI Director's Meeting</p>					<p>Review and advise on implementation of specific divisional programs current fiscal year</p>				<p>Annual Division Budget Reviews current and future plans</p>		

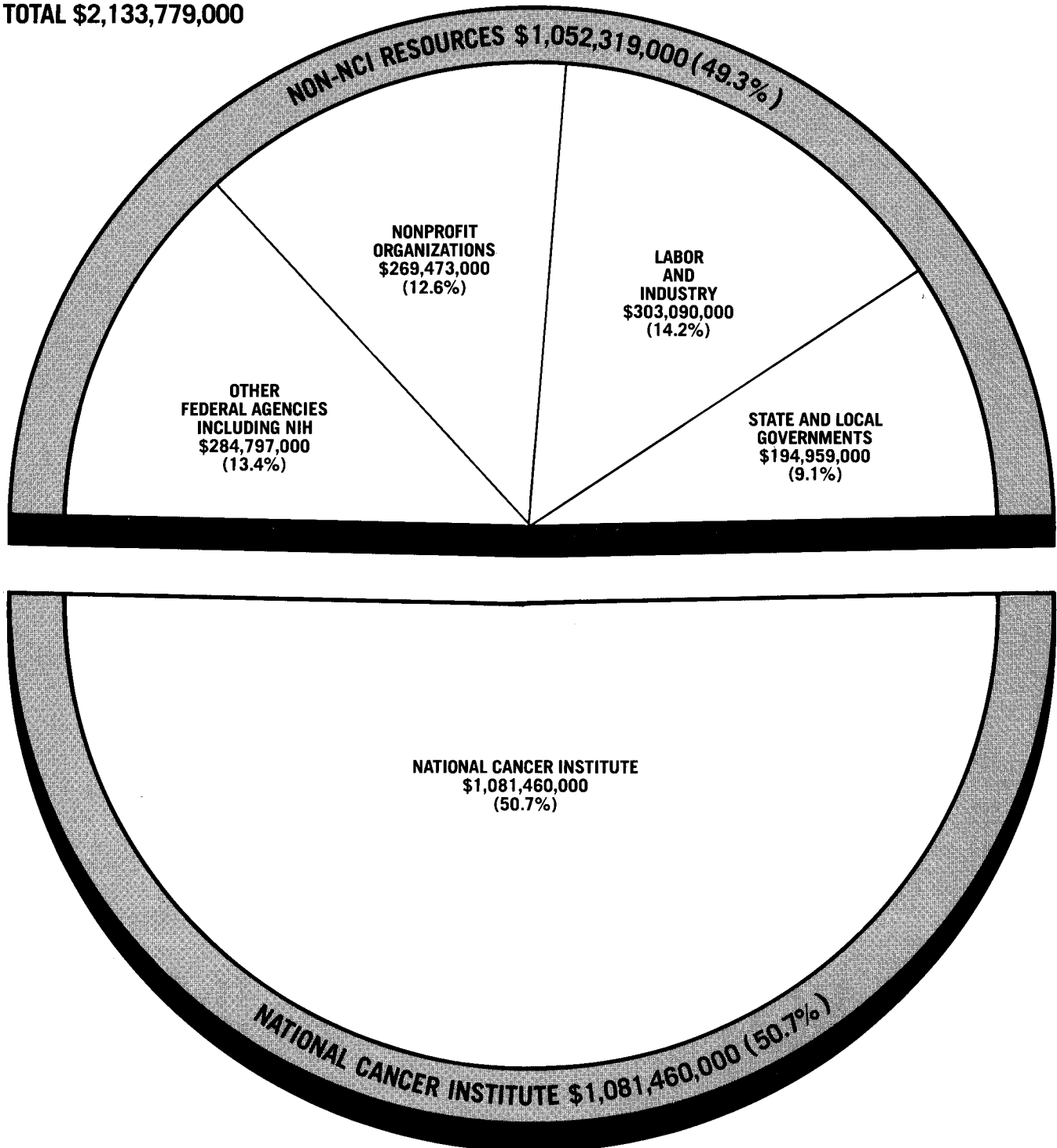
<sup>1</sup> Executive Committee and key administrative staff

<sup>2</sup> National Cancer Advisory Board – presidential appointees

<sup>3</sup> Board of Scientific Counselors – outside NCI peer review bodies for each of four operating divisions

# ESTIMATED TOTAL NATIONAL RESOURCES FOR CANCER RESEARCH AND CANCER CONTROL — FISCAL YEAR 1984

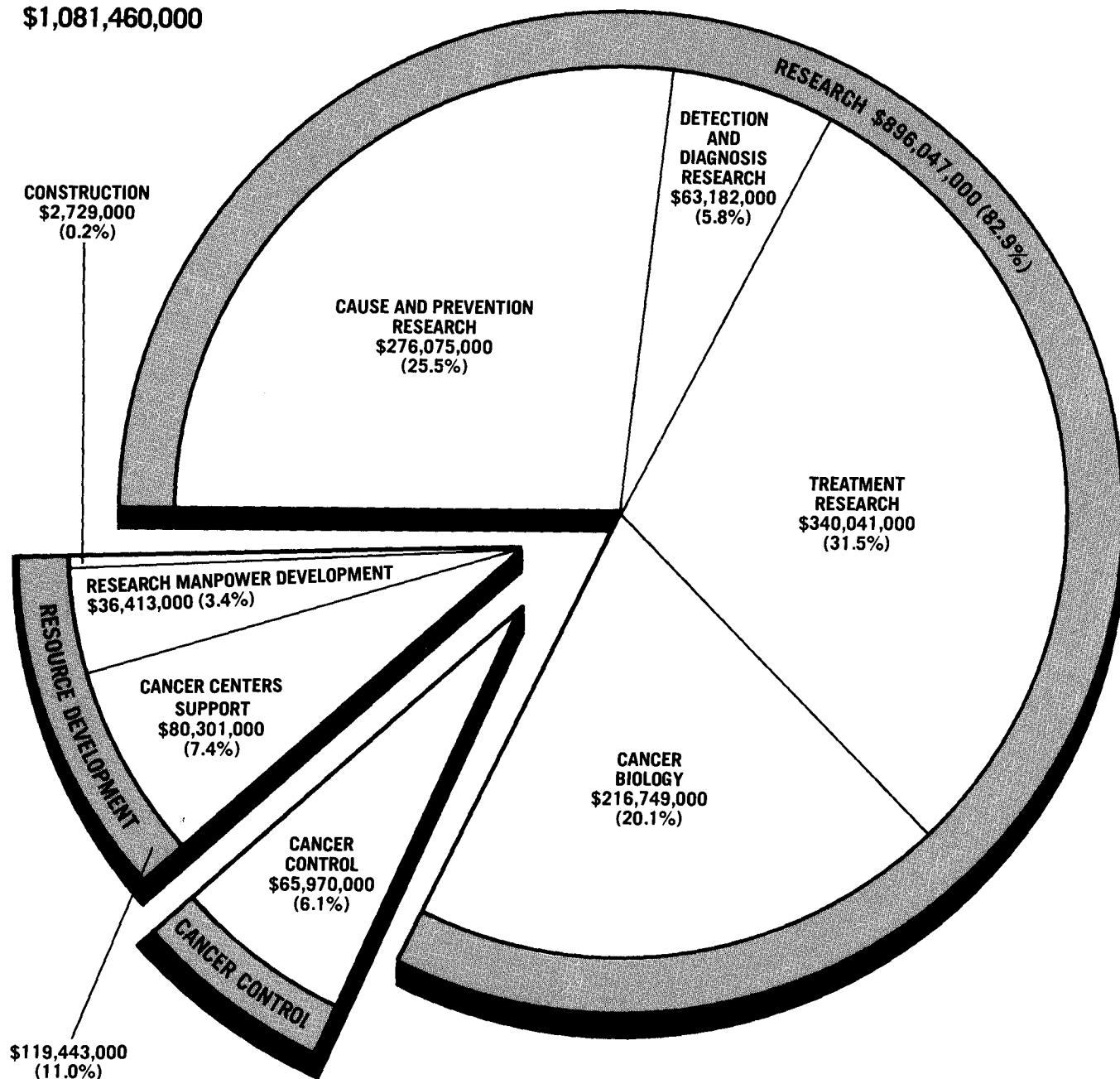
TOTAL \$2,133,779,000



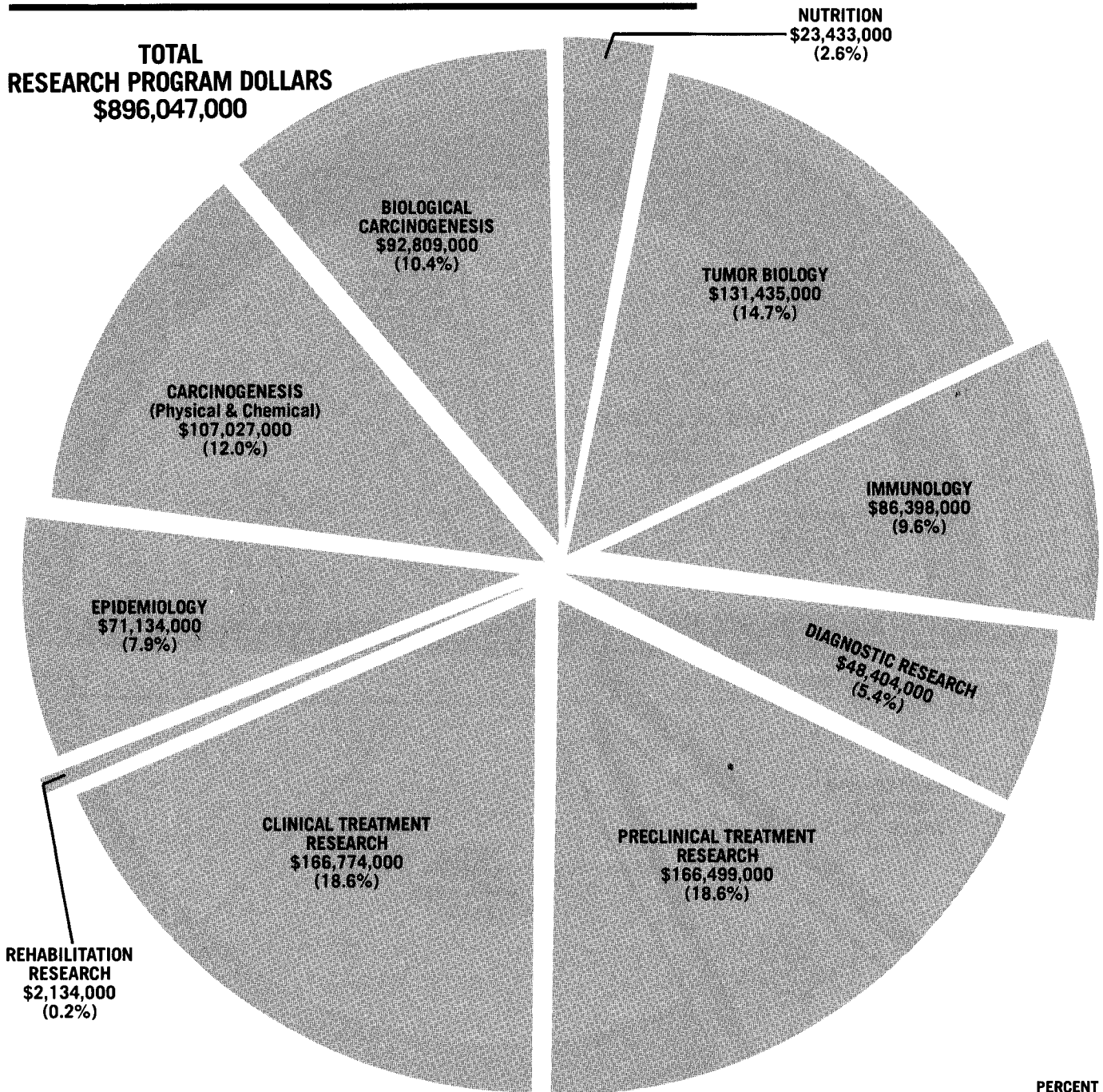
NOTE: Non-NCI resources data were provided by the Office of Program Planning and Analysis, NCI.

# NCI PROGRAM STRUCTURE — FISCAL YEAR 1984

TOTAL DOLLARS  
\$1,081,460,000



# NCI RESEARCH PROGRAMS — FISCAL YEAR 1984

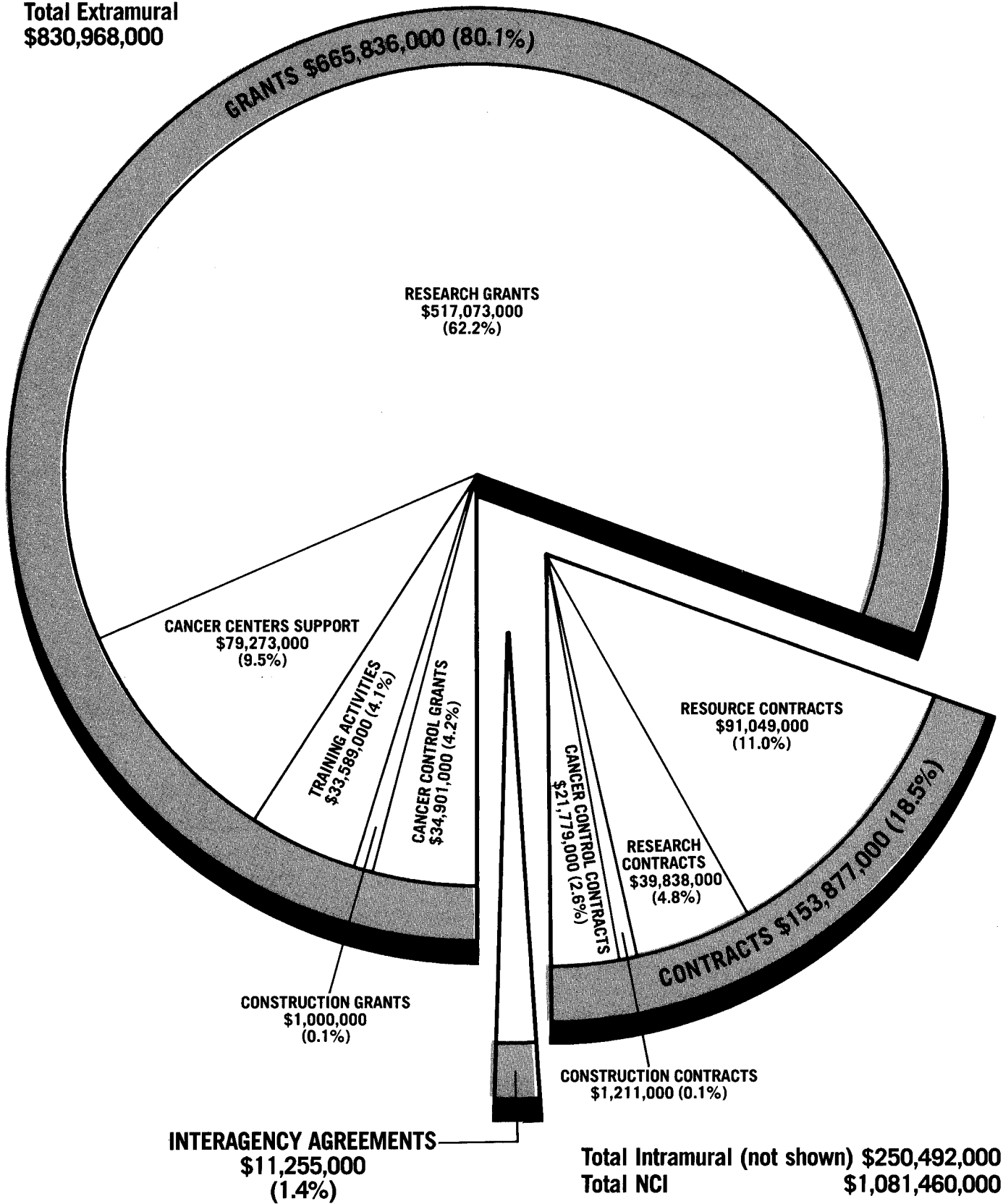


Research Programs	Amount	PERCENT OF TOTAL
Research Programs	\$896,047,000	82.9
Resource Development		
Cancer Centers Support	80,301,000	7.4
Research Manpower Development	36,413,000	3.4
Construction	2,729,000	0.2
Cancer Control	65,970,000	6.1
<b>Total NCI</b>	<b>\$1,081,460,000</b>	<b>100.0</b>



# NCI EXTRAMURAL FUNDS — FISCAL YEAR 1984

Total Extramural  
\$830,968,000

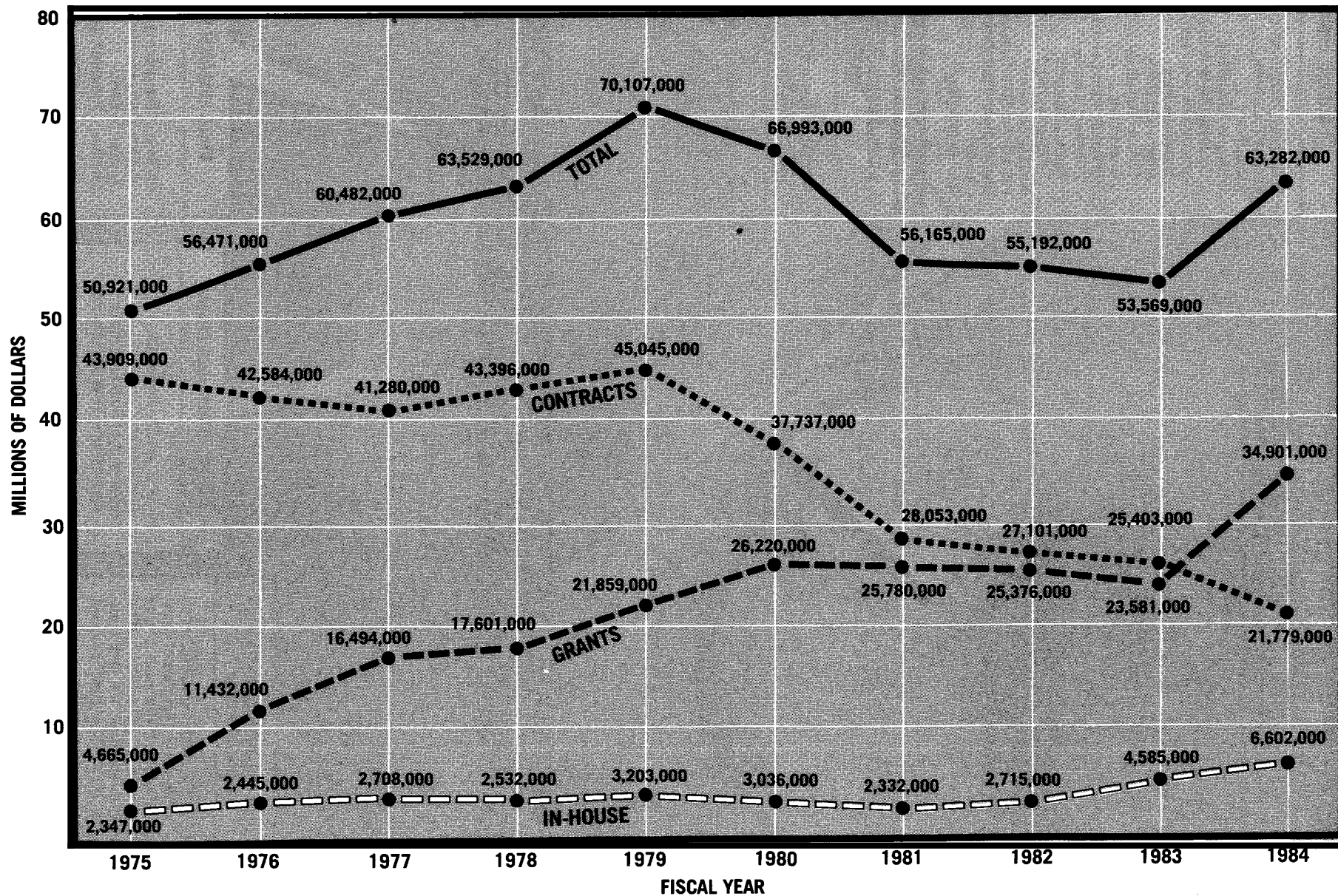


# TOTAL NCI DOLLARS BY MECHANISMS — FISCAL YEAR 1984

(DOLLARS IN THOUSANDS)

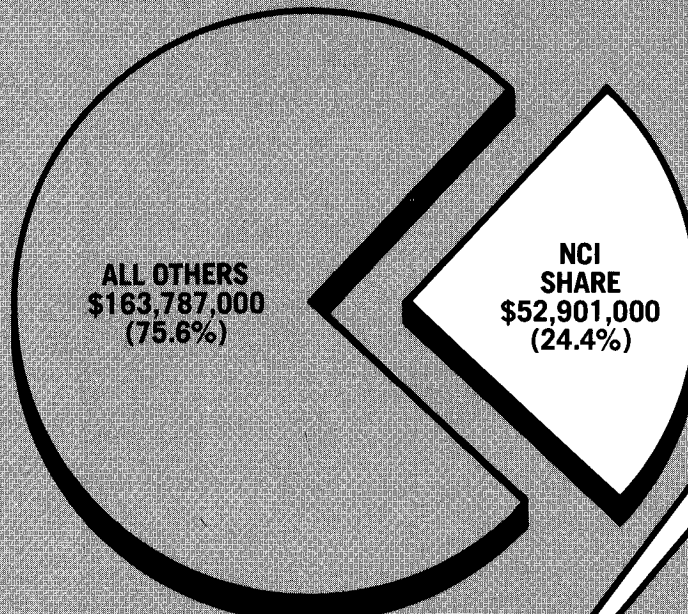
	AMOUNT	MECHANISM	PERCENT OF TOTAL	
	<b>RESEARCH PROJECT GRANTS</b>			
\$461,247	\$306,526	Traditional (RO1)	28.3	42.7%
	5,888	Young Investigators	0.6	
	11,858	Cancer Research Emphasis Grants/RFA's	1.1	
	124,695	Program Projects	11.5	
	7,317	Cooperative Agreements	0.7	
	4,963	Small Business Innovative Research	0.5	
	<b>RESEARCH CENTERS GRANTS</b>			
\$79,273	62	Other Centers	0.0	7.3%
	79,211	Center Core Grants	7.3	
	<b>OTHER RESEARCH GRANTS</b>			
\$65,570	2,500	Scientific Evaluation	0.2	6.0%
	420	Conference Grants	0.05	
	5,300	Research Career Programs	0.5	
	4,444	Clinical Education Programs	0.4	
	47,986	Clinical Cooperative Groups	4.4	
	1,273	National Organ Systems Program	0.1	
	3,148	Minority Biomedical Research Support	0.3	
	499	Surgical Oncology	0.05	
	<b>TRAINING PROGRAM</b>			
\$23,845	3,160	National Research Service Awards— Individual	0.3	2.2%
	20,685	National Research Service Awards— Institutional	1.9	
	<b>RESEARCH AND RESOURCE CONTRACTS</b>			
\$142,142	142,142	Research and Resource Contracts	13.1	13.1%
	<b>CANCER CONTROL</b>			
\$63,282	63,282	Cancer Control	5.9	5.9%
	<b>CONSTRUCTION</b>			
\$2,211	2,211	Construction	0.2	0.2%
	<b>IN-HOUSE</b>			
\$243,890	185,767	Intramural Research	17.2	22.6%
	43,835	Direct Operations	4.1	
	14,288	Program Management	1.3	
	<b>\$1,081,460</b>	<b>TOTAL NCI</b>	<b>100.0</b>	

# CANCER CONTROL OBLIGATIONS BY MECHANISM — FISCAL YEARS 1975-1984



# REIMBURSEMENT TO NIH MANAGEMENT FUND — FISCAL YEAR 1984

**TOTAL NIH SERVICES**  
\$216,688,000



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

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

**DISTRIBUTION OF NCI SERVICES**  
\$52,901,000



**DIVISION OF COMPUTER RESEARCH AND TECHNOLOGY**

Research & Development Program in Which Concepts & Methods of Computer Science Are Applied to Bio-medical Problems (In addition, services are rendered to the NIH Communities on a fee-for-service basis.)

**DIVISION OF RESEARCH GRANTS**

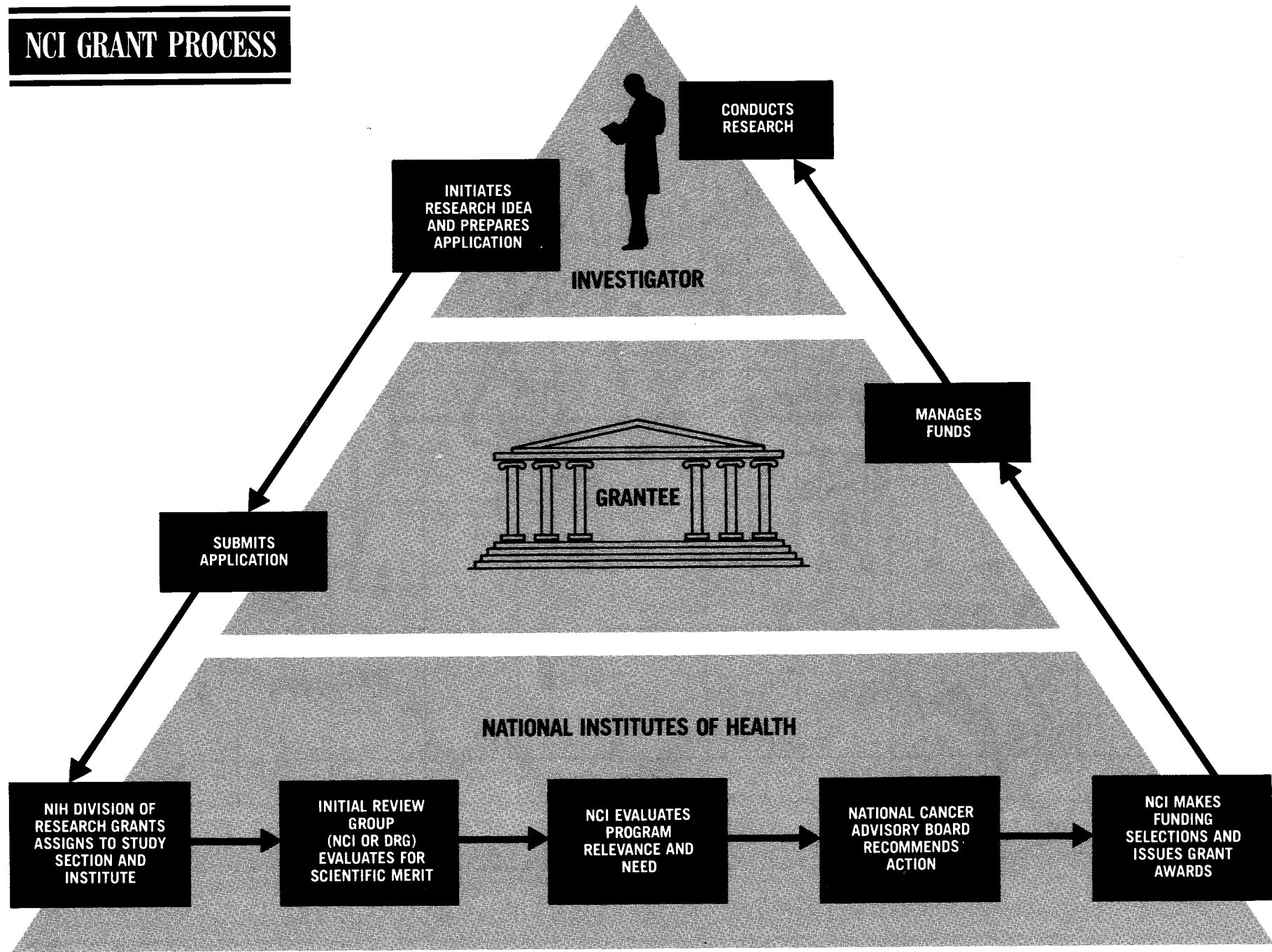
Initial Scientific Review of Applications  
Assignment of Research Grant Applications Among Institutes

**OTHER RESEARCH SERVICES**

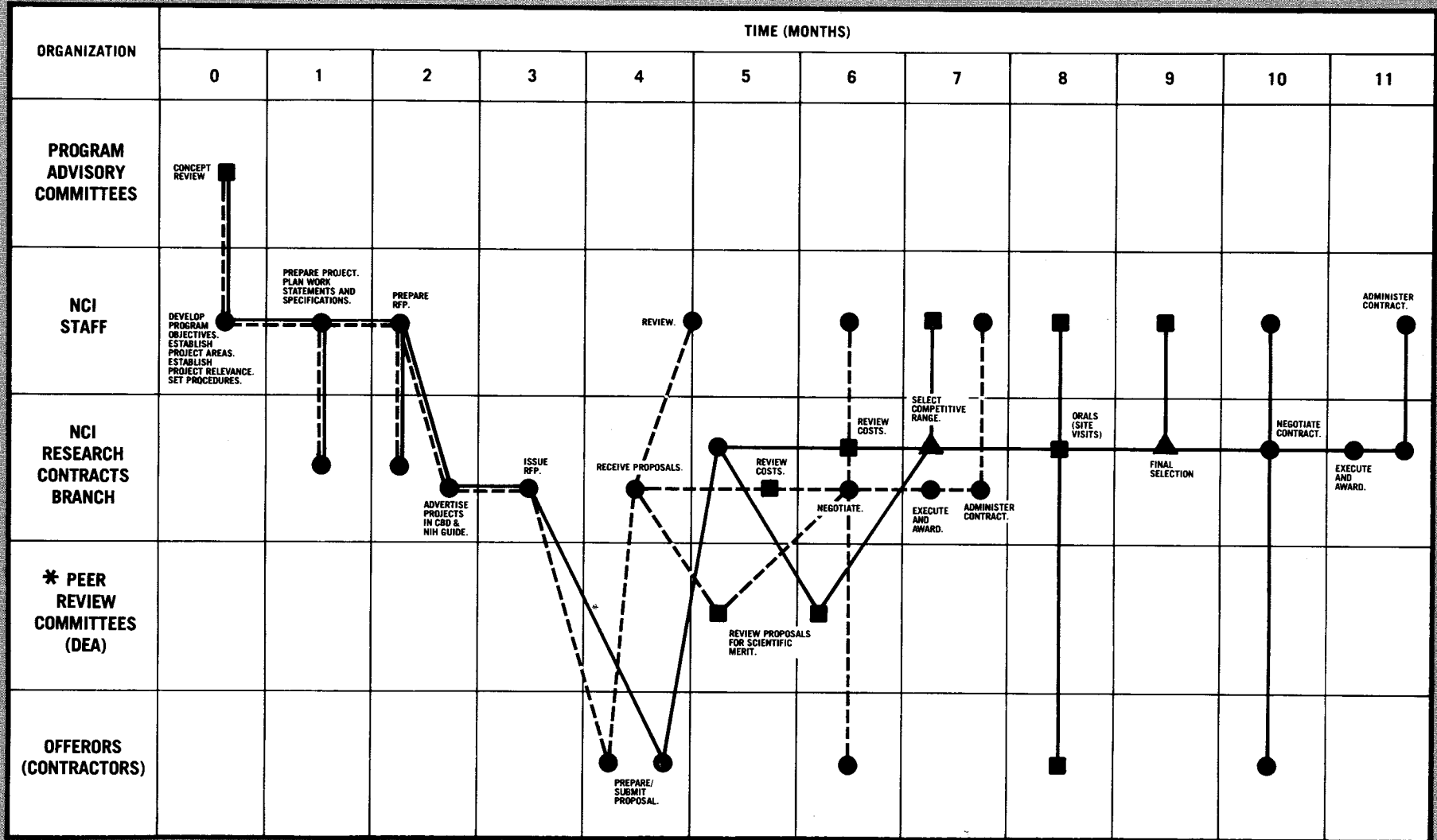
Division of Administrative Services  
Division of Engineering Services  
Division of Safety  
Division of Research Services

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

# NCI GRANT PROCESS



# NCI CONTRACT AWARD PROCESS — UNDER CANCER ACT OF 1971



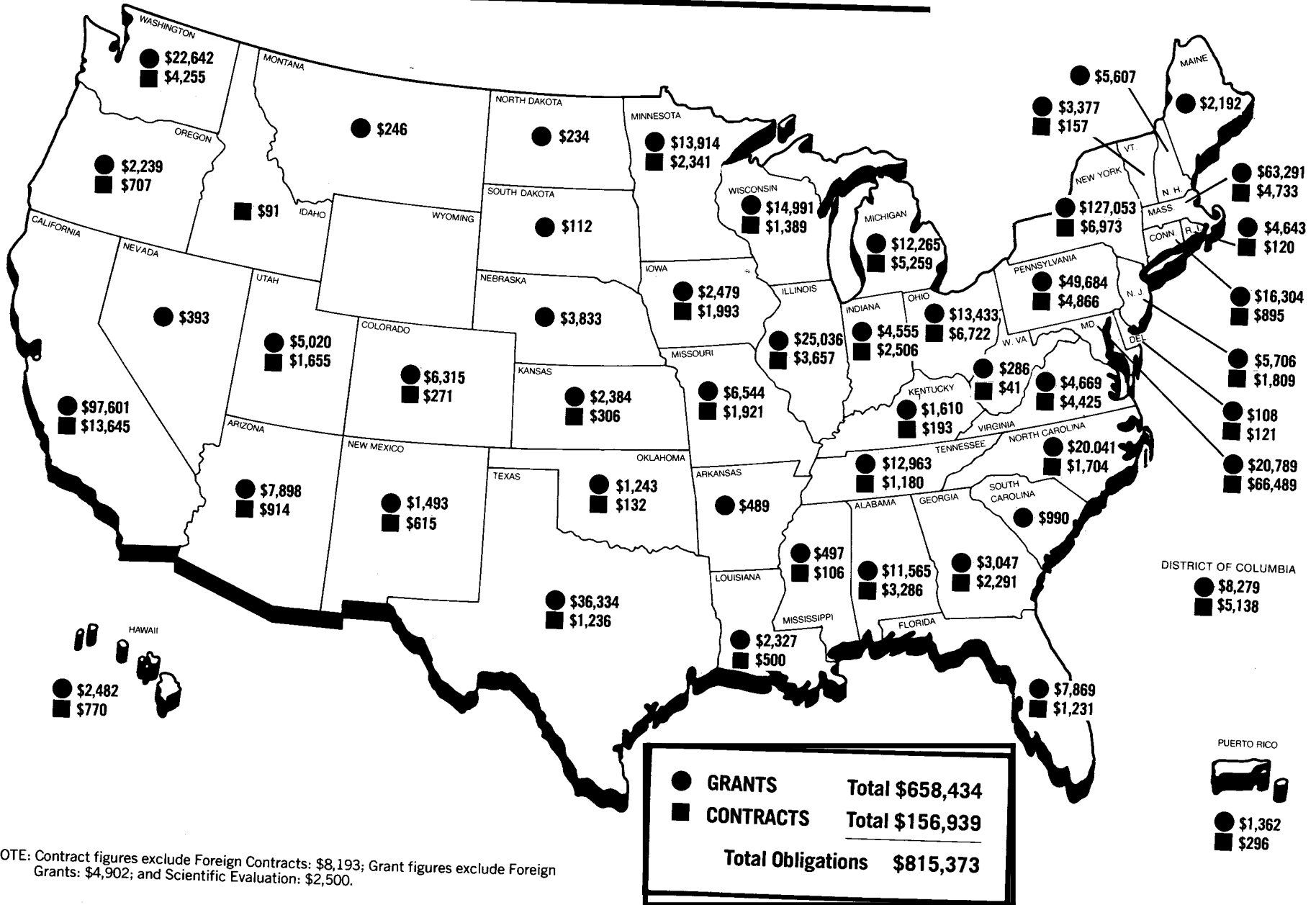
NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS.

**LEGEND:**

- OPERATION
- REVIEW
- ▲ DECISION

- NORMAL COMPETITIVE FLOW
- - - NON-COMPETITIVE CONTRACTS
- \* AD HOC COMMITTEES MAY BE USED — INCLUDES NON-GOVERNMENT EMPLOYEES.

# STATE DISTRIBUTION OF GRANTS AND CONTRACTS — FISCAL YEAR 1984 (DOLLARS IN THOUSANDS)

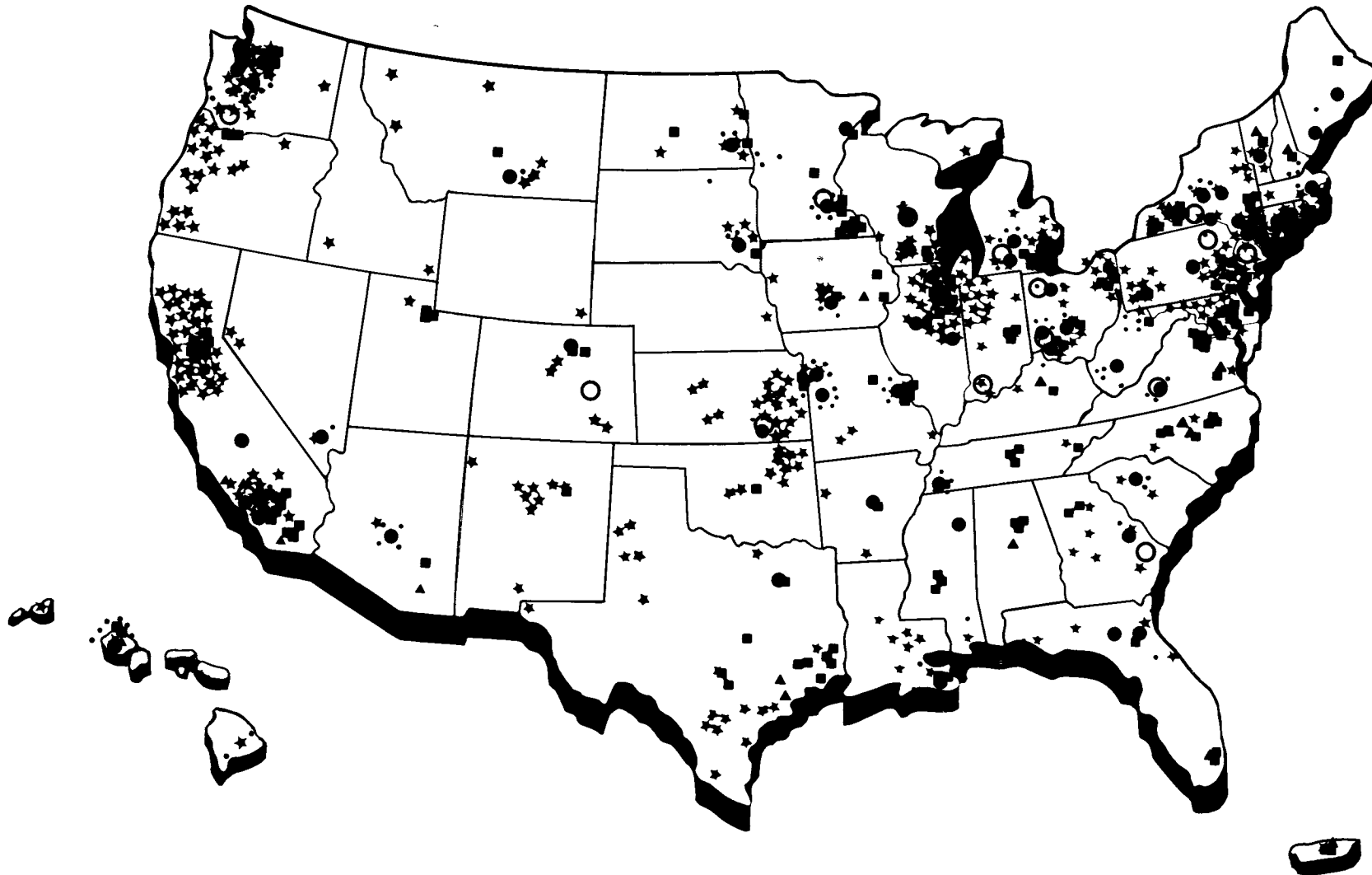


NOTE: Contract figures exclude Foreign Contracts: \$8,193; Grant figures exclude Foreign Grants: \$4,902; and Scientific Evaluation: \$2,500.





# NATIONAL CANCER NETWORK



- CCOPs and Hospital Components
- ▲ Clinical and Comprehensive Cancer Centers
- Cooperative Group Members
- ★ Cooperative Group Cancer Control Outreach Program
- Community Hospital Oncology Program

# INSTITUTIONS RECEIVING MORE THAN \$2,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1984

(DOLLARS IN THOUSANDS)

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	STATE
University of Alabama System	7,295	252	0	7,547	ALABAMA
Southern Research Institute	3,446	2,768	0	6,214	ALABAMA
University of Arizona	6,672	914	200	7,786	ARIZONA
University of California	44,690	2,810	0	47,500	CALIFORNIA
Stanford University	12,841	149	0	12,990	CALIFORNIA
University of Southern California	11,529	606	0	12,135	CALIFORNIA
Scripps Clinic and Research Foundation	5,303	659	0	5,962	CALIFORNIA
Northern California Cancer Program, Inc.	2,573	3,088	0	5,661	CALIFORNIA
Salk Institute for Biological Studies	4,888	0	0	4,888	CALIFORNIA
La Jolla Cancer Research Foundation	3,336	0	300	3,636	CALIFORNIA
SRI International	1,693	1,711	0	3,404	CALIFORNIA
University of Colorado System	3,181	0	0	3,181	COLORADO
Yale University	14,402	285	0	14,687	CONNECTICUT
Georgetown University	2,147	250	0	2,397	DIST OF COL
University of Miami	3,438	0	0	3,438	FLORIDA
Florida Agricultural and Mechanical University	3,288	70	0	3,358	FLORIDA
Emory University	1,969	1,415	0	3,384	GEORGIA
University of Hawaii System	1,877	545	0	2,422	HAWAII
University of Chicago	9,410	104	0	9,514	ILLINOIS
University of Illinois	3,711	249	0	3,960	ILLINOIS
Northwestern University	3,433	118	0	3,551	ILLINOIS
U.S. Department of Energy — Argonne	0	2,714	0	2,714	ILLINOIS
IIT Research Institute	171	2,339	0	2,510	ILLINOIS
American College of Radiology	2,214	0	0	2,214	ILLINOIS
Illinois Cancer Council	1,553	483	0	2,036	ILLINOIS
Indiana Univ-Purdue Univ at Indianapolis	2,623	0	0	2,623	INDIANA
University of Iowa	2,373	1,775	0	4,148	IOWA
University of Kansas Col Hlth Sci & Hosp	1,788	306	0	2,094	KANSAS
Program Resources, Inc.	0	21,598	0	21,598	MARYLAND
Johns Hopkins University	16,854	275	0	17,129	MARYLAND
Litton Bionetics	0	11,657	0	11,657	MARYLAND
Westat, Inc.	0	6,720	0	6,720	MARYLAND
U.S. Army Fort Detrick	129	4,727	0	4,856	MARYLAND
Information Management Services	0	4,668	0	4,668	MARYLAND
University of Maryland System	1,406	802	0	2,208	MARYLAND
U.S. Alcohol, Drug Abuse & Mtl Hlth Adm	220	1,882	0	2,102	MARYLAND
Capital Systems Group	0	2,011	0	2,011	MARYLAND
Dana-Farber Cancer Institute	16,884	0	0	16,884	MASSACHUSETTS
Harvard University	12,657	526	0	13,183	MASSACHUSETTS
Massachusetts Institute of Technology	8,537	151	0	8,688	MASSACHUSETTS
Massachusetts General Hospital	5,591	158	0	5,749	MASSACHUSETTS
Tufts University	3,115	0	0	3,115	MASSACHUSETTS
Boston University	3,091	0	0	3,091	MASSACHUSETTS
Mason Research Institute	0	2,083	0	2,083	MASSACHUSETTS
University of Michigan	5,846	658	0	6,504	MICHIGAN
Michigan Cancer Foundation	1,877	1,839	0	3,716	MICHIGAN
Wayne State University	1,751	342	0	2,093	MICHIGAN
University of Minnesota	7,393	1,155	0	8,548	MINNESOTA
Mayo Foundation	6,197	1,186	0	7,383	MINNESOTA
Washington University	3,479	0	0	3,479	MISSOURI
University of Nebraska	3,708	0	0	3,708	NEBRASKA
Dartmouth College	5,343	0	0	5,343	NEW HAMPSHIRE
University of Med & Dent — Rutgers Med Sch	2,408	136	0	2,544	NEW JERSEY
Memorial Hospital for CA/Allied Diseases	29,863	377	0	30,240	NEW YORK

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	STATE
New York State Department of Health	15,961	420	0	16,381	NEW YORK
Columbia University	11,350	0	0	11,350	NEW YORK
New York University	9,878	0	0	9,878	NEW YORK
Yeshiva University	9,084	452	0	9,536	NEW YORK
University of Rochester	8,906	0	500	9,406	NEW YORK
American Health Foundation	7,030	385	0	7,415	NEW YORK
College at Old Westbury	6,305	213	0	6,518	NEW YORK
Cold Spring Harbor Laboratory	5,082	0	0	5,082	NEW YORK
Rockefeller University	4,588	0	0	4,588	NEW YORK
Cornell University	3,372	420	0	3,792	NEW YORK
Duke University	10,511	366	0	10,877	NORTH CAROLINA
North Carolina Central University	6,555	0	0	6,555	NORTH CAROLINA
Wake Forest University	2,579	0	0	2,579	NORTH CAROLINA
Ohio State University	4,785	385	0	5,170	OHIO
Battelle Memorial Institute	461	3,161	0	3,622	OHIO
Case Western Reserve University	3,436	0	0	3,436	OHIO
Institute for Cancer Research	8,973	0	0	8,973	PENNSYLVANIA
University of Pennsylvania	8,382	173	0	8,555	PENNSYLVANIA
Wistar Institute of Anatomy and Biology	8,277	0	0	8,277	PENNSYLVANIA
University of Pittsburgh	5,080	786	0	5,866	PENNSYLVANIA
Pennsylvania State Univ Hershey Med Ctr	4,778	0	0	4,778	PENNSYLVANIA
Fox Chase Cancer Center	1,802	1,406	0	3,208	PENNSYLVANIA
Temple University	3,146	0	0	3,146	PENNSYLVANIA
Hahnemann University	2,702	0	0	2,702	PENNSYLVANIA
Children's Hospital of Philadelphia	2,214	0	0	2,214	PENNSYLVANIA
St. Jude Children's Research Hospital	6,596	0	0	6,596	TENNESSEE
Vanderbilt University	2,790	198	0	2,988	TENNESSEE
University of Tennessee System	2,203	0	0	2,203	TENNESSEE
University of Texas System	26,348	639	0	26,987	TEXAS
Baylor College of Medicine	5,766	10	0	5,776	TEXAS
University of Utah	4,706	1,655	0	6,361	UTAH
University of Vermont & St Agric College	3,326	157	0	3,483	VERMONT
Fred Hutchinson Cancer Research Center	13,895	3,125	0	17,020	WASHINGTON
University of Washington	5,268	979	0	6,247	WASHINGTON
University of Wisconsin System	13,941	682	0	14,623	WISCONSIN

<b>TOTAL</b>	<b>\$ 538,269</b>	<b>\$102,173</b>	<b>\$1,000</b>	<b>\$641,442</b>	
<b>PERCENT OF TOTAL AWARDED ABOVE</b>	<b>83.9</b>	<b>15.9</b>	<b>0.2</b>	<b>100.0</b>	
<b>TOTAL NCI FISCAL YEAR 1984 OBLIGATIONS</b>	<b>\$1,081,460</b>				
<b>PERCENT OF NCI TOTAL OBLIGATIONS</b>	<b>49.8</b>	<b>9.4</b>	<b>0.1</b>	<b>59.3</b>	

# DISTRIBUTION OF NCI CONTRACTS — FISCAL YEAR 1984

PROGRAM DISTRIBUTION				
PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
4.3	23	Division of Cancer Biology and Diagnosis	\$4,894	3.0
44.3	238	Division of Cancer Treatment	52,718	32.2
30.7	165	Division of Cancer Etiology	36,598	22.3
19.8	106	Division of Cancer Prevention and Control	36,666	22.4
0.9	5	Office of the Director	33,045	20.1
<b>537</b>		<b>TOTALS</b>	<b>\$163,921</b>	

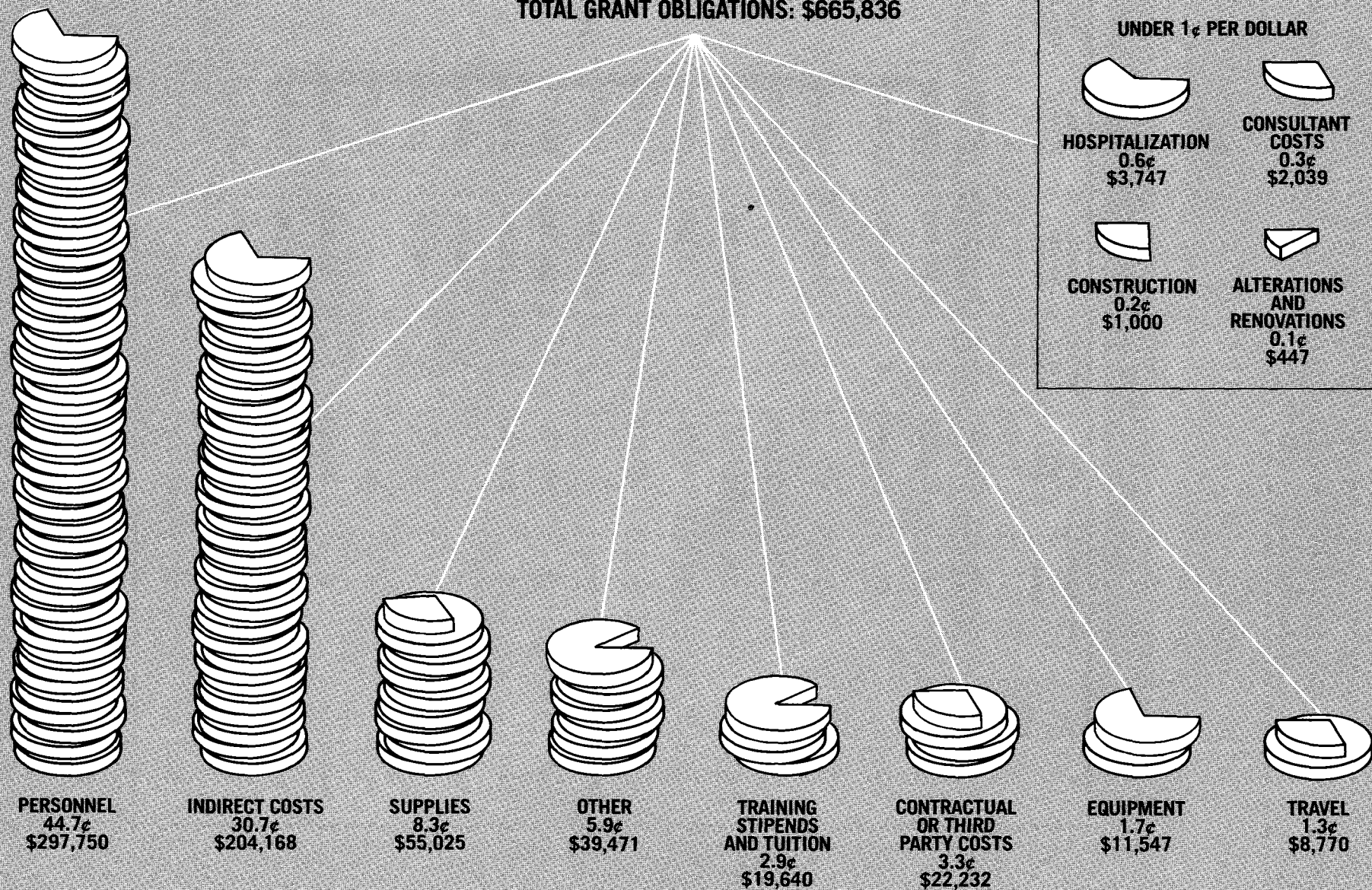
INSTITUTIONAL DISTRIBUTION				
PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
34.3	184	Profit-Making	\$77,846	47.5
25.9	139	Academic	25,672	15.7
25.2	48	Federal Government	13,700	22.2
8.9	12	State and Local Government	2,066	8.3
2.2	19	Foreign	8,193	1.3
3.5				5.0
<b>537</b>		<b>TOTALS</b>	<b>\$163,921</b>	

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

# DISTRIBUTION OF THE GRANT DOLLAR — FISCAL YEAR 1984

(DOLLARS IN THOUSANDS)

TOTAL GRANT OBLIGATIONS: \$665,836



# FOREIGN RESEARCH GRANTS AND CONTRACTS — FISCAL YEAR 1984

	NUMBER OF GRANTS	GRANT DOLLARS AWARDED	NUMBER OF CONTRACTS	CONTRACT DOLLARS AWARDED	TOTAL DOLLARS AWARDED	PERCENT OF TOTAL AMOUNT AWARDED
Australia	3	\$ 171,802	—	\$ —	171,802	1.3
Belgium	1	231,708	1	199,286	430,994	3.3
Canada	24	1,889,368	4	358,896	2,248,264	17.4
China, Peoples Republic	—	—	2	758,088	758,088	5.9
Denmark	1	133,009	—	—	133,009	1.0
Finland	2	100,501	1	4,884,738	4,985,239	38.5
France	3	474,725	1	19,360	494,085	3.8
Germany	1	89,725	—	—	89,725	0.7
Ghana	—	—	1	20,000	20,000	0.2
Israel	5	368,780	1	137,510	506,290	3.9
Italy	2	306,000	1	136,089	442,089	3.4
Jamaica	—	—	1	298,854	298,854	2.3
Japan	—	—	2	278,500	278,500	2.2
Sweden	6	483,691	—	—	483,691	3.7
Switzerland	2	96,333	1	25,000	121,333	0.9
Tanzania	—	—	1	87,149	87,149	0.7
United Kingdom	5	413,383	2	989,736	1,403,119	10.8
<b>TOTAL</b>	<b>55</b>	<b>\$4,759,025</b>	<b>19</b>	<b>\$8,193,206</b>	<b>\$12,952,231</b>	<b>100.0</b>

<sup>1</sup>Excludes grants for resource manpower development: France — \$789; Israel — \$18,468; Sweden — \$3,695.

# APPROPRIATIONS OF THE NCI 1938-1985

1938 THROUGH 1966 \$1,331,538,220

1967 .....	175,656,000	} <b>16.20%</b> <b>\$2,296,568,783</b>
1968 .....	183,356,000	
1969 .....	185,149,500	
1970 .....	190,486,063	
1971 .....	230,383,000	

} <b>83.80%</b> <b>\$11,882,002,500</b>	1972 .....	\$ 378,794,000
	1973 .....	492,205,000
	1974 .....	551,191,500
	1975 .....	691,666,000 <sup>1</sup>
	1976 .....	761,727,000
	"TQ" .....	152,901,000 <sup>2</sup>
	1977 .....	815,000,000
	1978 .....	872,388,000 <sup>3</sup>
	1979 .....	937,129,000
	1980 .....	1,000,000,000 <sup>4</sup>
	1981 .....	989,355,000 <sup>5</sup>
	1982 .....	986,617,000 <sup>6</sup>
	1983 .....	987,642,000 <sup>7</sup>
	1984 .....	1,081,581,000 <sup>8</sup>
1985 .....	1,183,806,000	

TOTAL (1938-1985) ..... \$14,178,571,283

**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.

<sup>1</sup> Includes \$18,163,000 for training funds provided by Continuing Resolution.

<sup>2</sup> Includes \$3,201,000 for training funds provided by Continuing Resolution.

<sup>3</sup> Includes \$20,129,000 for training funds provided by Continuing Resolution.

<sup>4</sup> 1980 appropriation authorized under a Continuing Resolution.

<sup>5</sup> Reflects 1981 rescission of \$11,975,000.

<sup>6</sup> Amount included in Continuing Resolution. Includes \$47,988,000 transferred to the National Institute of Environmental Health Sciences for the National Toxicology Program.

<sup>7</sup> Appropriated under Continuing Resolution and Supplemental Appropriation Bill.

<sup>8</sup> Includes \$23,861,000 for training funds provided by a Continuing Resolution and \$4,278,000 in a Supplemental Appropriation Bill.

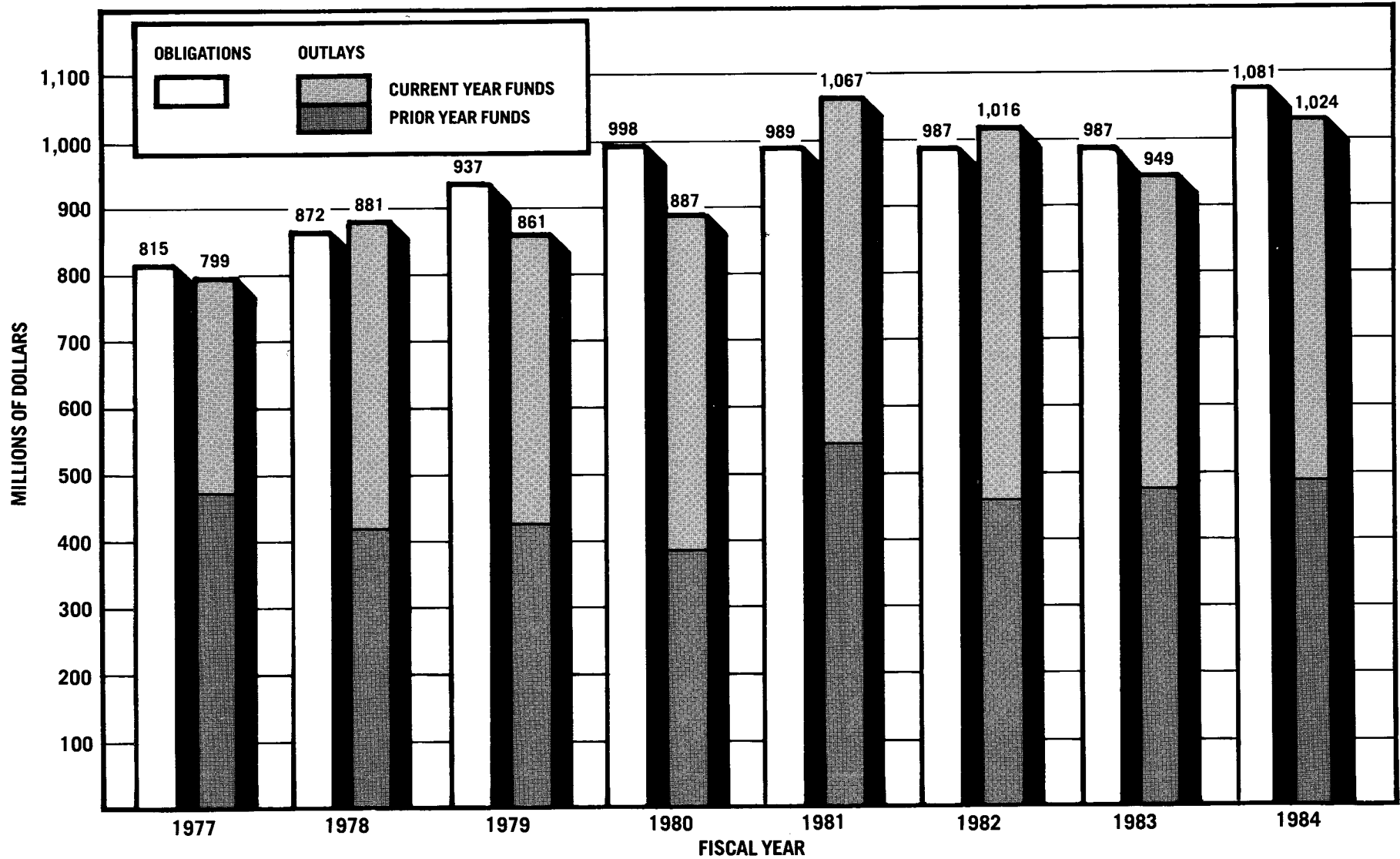
# COMPARISON OF DOLLARS, POSITIONS AND SPACE

FISCAL YEAR	DOLLARS			POSITIONS			SPACE		
	OBLIGATIONS (\$000's)	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ACTUAL FULL-TIME PERMANENT EMPLOYEES	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR	ALLOCATED SPACE (SQUARE FEET)*	PERCENT OF INCREASE OVER BASE YEAR	PERCENT OF INCREASE OVER PRIOR YEAR
1971	232,855	Base Year	—	1426	Base Year	—	321,230	Base Year	—
1972	378,636	62.6	62.6	1665	16.8	16.8	329,587	2.6	2.6
1973	431,245	85.2	13.9	1736	21.7	4.3	357,972	11.4	8.6
1974	581,149	149.6	34.8	1805	26.6	4.0	381,436	18.7	6.6
1975	699,320	200.3	20.3	1849	29.7	2.4	382,485	19.1	0.2
1976	760,751	226.7	8.8	1955	37.1	5.7	387,324	20.6	1.3
1977	814,957	250.0	7.1	1986	39.3	1.6	428,285	33.3	10.6
1978	872,369	275.0	7.2	1969	38.1	-0.9	491,725	53.1	14.8
1979	936,696	302.3	7.4	1973	38.4	0.2	493,156	53.5	0.3
1980	998,047	328.6	6.5	1837	28.8	-6.7	467,730	45.6	-5.2
1981	989,338	324.9	-0.9	1815	27.3	-1.2	472,633	47.1	1.0
1982	986,564	323.7	-0.3	1703	19.4	-6.2	477,782	48.7	1.1
1983	986,811	323.8	0.02	1731	21.9	1.6	484,093	50.7	1.3
1984	1,081,460	364.4	9.6	1698	19.1	-1.9	466,890	45.3	-3.6

\*Does not include the Frederick Cancer Research Facility.



# NATIONAL CANCER INSTITUTE OBLIGATIONS AND OUTLAYS



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

# NCI TOTAL RESEARCH PROJECTS — 1979-1984<sup>1</sup>

(DOLLARS IN THOUSANDS)

FISCAL YEAR

TYPE AWARD	REQUESTED		RECOMMENDED		AWARDED		PERCENT FUNDED <sup>2</sup>
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	
<b>1979</b>							
Competing							
New .....	1,979	\$202,206	1,436	\$108,264	565	\$ 50,351	39.3
Renewal .....	613	121,689	556	78,166	314	56,651	56.5
Board Supplement .....	42	4,313	27	1,501	21	1,033	77.8
Subtotal .....	2,634	\$328,208	2,019	\$187,931	900	\$108,035	44.6
Noncompeting .....					1,493	177,097	
<b>Total</b> .....					<b>2,393</b>	<b>\$285,132</b>	
<b>1980</b>							
Competing							
New .....	1,913	\$219,207	1,403	\$117,167	461	\$ 45,303	32.9
Renewal .....	593	115,053	550	73,680	293	45,802	53.3
Board Supplement .....	43	2,619	38	1,492	29	1,261	76.3
Subtotal .....	2,549	\$336,879	1,991	\$192,339	783	\$ 92,366	39.3
Noncompeting .....					1,762	228,959	
<b>Total</b> .....					<b>2,545</b>	<b>\$321,325</b>	
<b>1981</b>							
Competing							
New .....	2,017	\$277,145	1,594	\$156,704	483	\$ 53,004	30.3
Renewal .....	687	131,355	653	91,034	311	48,122	47.6
Board Supplement .....	61	3,776	47	1,738	32	940	68.1
Subtotal .....	2,765	\$412,276	2,294	\$249,476	826	\$102,066	36.0
Noncompeting .....					1,802	253,389	
<b>Total</b> .....					<b>2,628</b>	<b>\$355,455</b>	
<b>1982</b>							
Competing <sup>3</sup>							
New .....	2,187	\$308,153	1,784	\$189,245	434	\$ 47,224	24.3
Renewal .....	730	174,573	706	117,099	323	50,186	45.7
Board Supplement .....	28	2,266	24	1,289	4	86	16.7
Subtotal .....	2,945	\$484,992	2,514	\$307,633	761	\$ 97,496	30.3
Noncompeting .....					1,797	260,853	
<b>Total</b> .....					<b>2,558</b>	<b>\$358,349</b>	
<b>1983</b>							
Competing <sup>3</sup>							
New .....	2,229	\$323,572	1,844	\$215,945	529	\$55,316	28.7
Renewal .....	783	160,881	763	113,664	358	56,698	46.9
Board Supplement .....	23	2,492	15	727	3	110	20.0
Subtotal .....	3,035	\$486,945	2,622	\$330,336	890	\$112,124	33.9
Noncompeting .....					1,923	294,019	
<b>Total</b> .....					<b>2,813</b>	<b>\$406,143</b>	
<b>1984</b>							
Competing							
New .....	2,113	\$310,433	1,773	\$207,996	558	\$68,376	31.5
Renewal .....	774	179,764	745	135,253	416	90,140	55.8
Board Supplement .....	13	1,766	11	788	3	105	22.3
Subtotal .....	2,900	\$491,963	2,529	\$344,037	977	158,621	38.6
Noncompeting .....					1,869	302,626	
<b>Total</b> .....					<b>2,846</b>	<b>\$461,247</b>	

<sup>1</sup>Includes R01 traditional grants, P01 program projects, R23 new investigator research awards, R01 and U01 awards of RFA's, and R43/R44 Small Business Innovative Research awards.

<sup>2</sup>Percent Funded: Number Awarded ÷ Number Recommended.

<sup>3</sup>Because of fiscal restraints, grants were awarded below recommended levels.

# THE COMPREHENSIVE MINORITY BIOMEDICAL PROGRAM (CMBP)

1. Promotes broadened participation by minorities in cancer-related research training.
2. Contributes to the support of NCI and clinical cooperative research groups to better enable NCI's research to reach and support minority populations that are particularly susceptible to cancer.
3. Provides additional funds to NCI-supported investigators who wish to engage minority investigators in their research.

## National Cancer Institute Minority Biomedical Support (Dollars in Thousands)

FY 1983 Actual	FY 1984 Actual
\$2,087	\$3,148



National Cancer Institute