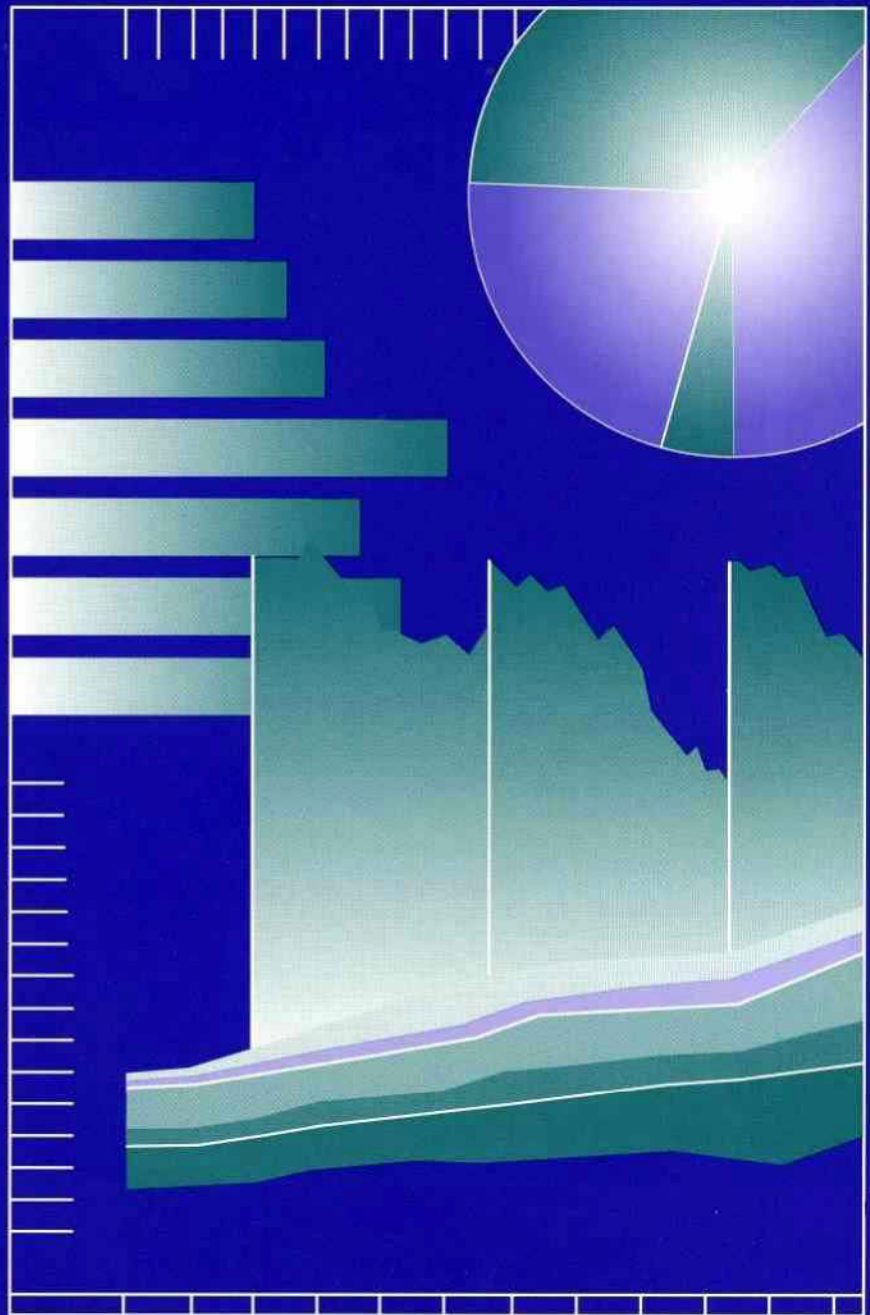


NCI

FACT BOOK

National
Cancer
Institute

1997



NATIONAL INSTITUTES
OF HEALTH

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U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

Public Health
Service

National
Institutes of
Health

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, 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 Management Branch, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland, 20892.

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This publication may be viewed on the World Wide Web by pointing a browser to the Financial Management Branch homepage on the National Cancer Institute's website: www.nci.nih.gov

National Cancer Institute

Director's Biography

Richard D. Klausner, M.D.

Dr. Klausner was appointed as the Director of the National Cancer Institute (NCI) on August 1, 1995. Since 1984, he has been Chief of the Cell Biology and Metabolism Branch of the National Institute of Child Health & Human Development. Dr. Klausner received his undergraduate degree from Yale University and his medical degree from Duke University. After post-graduate medical training at Harvard, he began his research career at the National Institutes of Health in 1979.

Dr. Klausner is well known for his contributions to multiple aspects of cell and molecular biology. Over the past six years, he has been recognized as one of the 20 most highly cited scientists in the world in this burgeoning area of biology and biomedical research. Dr. Klausner's research has illuminated the genetics and biochemistry of metals as essential but toxic nutrients for virtually all forms of life, has illuminated the pathways by which molecules traffic and speak to each other within the cell, and has described novel mechanisms by which genes are regulated.

His work has been recognized with numerous honors and awards including the Outstanding Investigator Award from the American Federation of Clinical Research and the William Damashek Prize for Major Discoveries in Hematology. In 1993, Dr. Klausner was elected to the National Academy of Sciences and chaired their project, charged with writing standards for science education for the United States from kindergarten through 12th grade. This project represents the first comprehensive attempt to describe a vision of scientific literacy for all students and to provide the criteria for the educational system required to achieve the fulfillment of that vision.

Dr. Klausner is the past President of the American Society for Clinical Investigation. In October 1996 he was elected to the Institute of Medicine. He is the author of over 250 scientific articles and several books.

Former Directors of the National Cancer Institute

Dr. Samuel Broder

December 1988-March 1995

Dr. Broder joined NCI in 1972 as a Clinical Associate in the Metabolism Branch. In 1981, he became Associate Director for NCI's Clinical Oncology Program. In 1985 he led the laboratory team that discovered the therapeutic effects of AZT and other drugs now approved for the treatment of AIDS including, ddi and ddc.

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

January 1980 - June 1980 (Acting)
July 1980 - August 1988

Dr. DeVita joined NCI in 1963 as a Clinical Associate in the Laboratory of Chemical Pharmacology. He served NCI as head of the Solid Tumor Service, Chief of the Medicine Branch, Director of the Division of Cancer Treatment and Clinical Director prior to his appointment as Director of NCI.

Dr. Arthur Canfield Upton, M.D.

July 1977 - December 1979

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

Dr. Frank Joseph Rauscher, Jr., Ph.D.

May 1972 - October 1976

Dr. Rauscher served as Scientific Director for Etiology, NCI, prior to his appointment as Director of NCI in 1972.

Dr. Carl Gwin Baker, M.D.

November 1969 - July 1970 (Acting)
July 1970 - April 1972

During his tenure with PHS, Dr. Baker served as Scientific Director for Etiology, NCI, and as Acting Director of NCI prior to his appointment as Director in July 1970.

Dr. Kenneth Milo Endicott, M.D.

July 1960 - November 1969

Dr. Endicott served as Chief of the Cancer Chemotherapy National Service Center, PHS, and as Associate Director, NIH, prior to being appointed Director, NCI in July 1960.

Dr. John Roderick Heller, M.D.

May 1948 - June 1960

Dr. Heller joined PHS in 1934 and became Chief of the Venereal Disease Division prior to his appointment as Director of NCI in 1948.

Dr. Leonard Andrew Scheele, M.D.

July 1947 - April 1948

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

Dr. Roscoe Roy Spencer, M.D.

August 1943 - July 1947

Dr. Spencer became NCI's first Assistant Chief and, subsequently, was appointed Director of the Institute in 1943.

Dr. Carl Voegtlin, Ph.D.

January 1938 - July 1943

Dr. Voegtlin served as Professor of Pharmacology and Chief of the Division of Pharmacy at the Hygienic Laboratory prior to becoming the first Director of NCI in 1938

National Cancer Advisory Board

Appointees	Expiration of Appointment	Appointees	Expiration of Appointment
J. Michael Bishop, M.D. <i>The George Williams Hooper Research Foundation San Francisco, California</i>	2000	Sandra Millon-Underwood, Ph.D., R.N. <i>University of Wisconsin-Milwaukee School of Nursing Milwaukee, Wisconsin</i>	2002
Richard J. Boxer, M.D. <i>Urology Specialists, S.C. Medical College of Wisconsin Milwaukee, Wisconsin</i>	2002	Ivor Royston, M.D. <i>Sidney Kimmel Cancer Center San Diego, California</i>	2002
Mrs. Zora K. Brown <i>Cancer Awareness Program Washington, D.C.</i>	1998	Philip S. Schein, M.D. <i>U.S. Bioscience, Inc. West Conshocken, Pennsylvania</i>	2000
Pelayo Correa, M.D. <i>Louisiana State University Medical Center New Orleans, Louisiana</i>	1998	Phillip A. Sharp, Ph. D. <i>Massachusetts Institute of Technology Cambridge, Massachusetts</i>	2002
Robert W. Day, M.D., M.P.H., Ph.D <i>Fred Hutchinson Cancer Research Center Seattle, Washington</i>	1998	Ellen V. Sigal, Ph.D <i>SIGAL Environmental Inc. Washington, D.C.</i>	1998
Kay Dickersin, Ph.D. <i>University of Maryland School of Medicine Baltimore, Maryland</i>	2000	Ms. Ellen L. Stovall <i>National Coalition for Cancer Survivorship Silver Spring, Maryland</i>	2002
Mrs. Barbara P. Gimbel <i>The Society of Memorial Sloan- Kettering Cancer Center New York, New York</i>	1998	Vainutis K. Vaitkevicius, M.D. <i>Barbara Ann Karmanos Cancer Institute Detroit, Michigan</i>	2000
Alfred L. Goldson, M.D., F.A.C.R. <i>Howard University Hospital Washington, D.C.</i>	2000	Charles B. Wilson, M.D. <i>Brain Tumor Research Center U.C.S.F. San Francisco, California</i>	1998
Frederick P. Li, M.D. <i>Dana-Farber Cancer Institute Boston, Massachusetts</i>	2002	Executive Secretary Marvin R. Kalt, Ph. D. <i>National Cancer Institute Bethesda, Maryland</i>	

National Cancer Advisory Board (continued)

EX OFFICIO MEMBERS

The Honorable Donna E. Shalala, Ph.D.
Secretary for Health and Human Services
Washington, D.C.

Linda Rosenstock, M.D., M.P.H.
National Institute for Occupational Safety and Health
Washington, D.C.

Harold Varmus, M.D.
Director, National Institutes of Health
Bethesda, MD

Ari Patrinos, Ph.D.
Department of Energy
Washington, D.C.

The Honorable Alexis M. Herman
Secretary of Labor
Washington, DC

Ms. Ann Brown
Consumer Product Safety Commission
Bethesda, MD

The Honorable Edward Martin, M.D.
Assistant Secretary of Defense Health Affairs
Washington, D.C.

Kenneth Olden, M.D.
National Institute of Environmental Health Sciences
Research Triangle Park, NC

Kenneth W. Kizer, M.D., M.P.H.
Department of Veterans' Affairs
Washington, D.C.

Rachel Levinson, Ph.D.
Office of Science and Technology Policy
Washington, D.C.

Michael Friedman, M.D.
Food and Drug Administration
Rockville, MD

Ms. Carole M. Browner
Environmental Protection Agency
Washington, D.C.

Alternates to Ex Officio Members

Marilyn A. Fingerhut, Ph.D.
National Institute for Occupational Safety and Health
Washington, D.C.

Lakshmi C. Mishra, Ph.D.
Consumer Product Safety Commission
Bethesda, MD

Alison Martin, M.D.
Food and Drug Administration
Rockville, MD

Ralph E. Yodaiken, M.D.
Department of Labor
Washington, D.C.

John C. Wooley, Ph.D.
Department of Energy
Washington, D.C.

Joseph A. Fontana, M.D., Ph. D.
Baltimore VA Hospital
Baltimore, MD

Hugh W. McKinnon, M.D.
Environmental Protection Agency
Washington, D.C.

Christine Sofge, Ph. D.
National Institute for Occupational Safety and Health
Washington, DC

Col. Louis F. Diehl, M.D.
Walter Reed Army Medical Center
Washington, D.C.

Committee Management Officer
Ms. Linda Quick-Cameron
National Cancer Institute
Bethesda, MD

Board of Scientific Counselors Intramural Programs

Subcommittee A: Clinical Sciences

Martin D. Abeloff, M.D., Chairperson	2000		
Clara D. Bloomfield, M.D.	1998	Arthur W. Nienhius, M.D.	1999
Fernando Cabanillas, M.D.	1999	Abraham M. Nomura, M.D.	1999
C. Norman Coleman, M.D.	2000	John D. Potter, M.D., Ph.D.	2001
Theodore Colton, Sc.D.	2001	Robert L. Reddick, M.D.	1998
Judah Folkman, M.D.	1999	Jonathan M. Samet, M.D.	1999
Harold Harvey, M.D.	1999	Jouni Uitto, M.D., Ph.D.	2000
Mark A. Israel, M.D.	2001	Samuel A. Wells, Jr., M.D.	1998
Timothy J. Kinsella, M.D.	2001	James K.V. Willson, M.D.	1999
Joanne Kurtzberg, M.D.	2000	Mimi C. Yu, Ph.D.	1999
Alexandra M. Levine, M.D.	1998		
Albert F. Lobuglio, M.D.	1998		
John Mendelsohn, M.D.	2001	Executive Secretary - Judy Mietz, Ph.D.	

Subcommittee B: Basic Sciences

Matthew D. Scharff, M.D., Chairperson	2000		
James P. Allison, Ph.D.	2000	Luis Parada, Ph.D.	2000
Alan Bernstein, Ph.D.	1998	Carol L. Prives, Ph.D.	2000
Noel Bouck, Ph.D.	1998	Naomi Rosenberg, Ph.D.	2001
Edward Bresnick, Ph.D.	1999	Anna Marie Skalka, Ph.D.	2001
Allen Conney, Ph.D.	1998	Bruce Stillman, Ph.D.	1999
Max A. Cooper, M.D.	2001	Susan S. Taylor, Ph.D.	2000
Robert N. Eisenman, Ph.D.	1998	Craig B. Thompson, M.D.	2001
Brenda L. Gallie, M.D.	1999	Robert Tjian, Ph.D.	2001
Ira Herskowitz, Ph.D.	1999	Jean Y.J. Wang, Ph.D.	1999
Tony Hunter, Ph.D.	1999		
Stanley J. Korsmeyer, M.D.	2000	Executive Secretary - Florence Farber, Ph.D.	

Board of Scientific Advisors Extramural Programs

David M. Livingston, M.D., Chairperson	1999		
Frederick R. Applebaum, M.D.	2001	John Minna, M.D.	2001
Joan Brugge, Ph.D.	1999	Nancy E. Mueller, M.D.	2001
Mary Beryl Daly, M.D., Ph.D.	1998	Sharon B. Murphy, M.D.	1999
Virginia L. Ernster	2001	Allen I. Oliff, M.D.	1998
Eric R. Fearon, M.D.	1999	F.G. Prendergrast, M.D., Ph.D.	1999
Suzanne W. Fletcher, M.D.	1999	Stuart L. Schreiber, Ph.D.	1999
Robert E. Greenberg, M.D.	1999	Joseph V. Simone, M.D.	1999
David D. Ho, M.D.	1998	Louise C. Strong, M.D.	1999
Waun Ki Hong, M.D.	1999	Peter K. Vogt, Ph.D.	2001
Tyler Jacks, Ph.D.	1998	Daniel D. VonHoff, M.D.	1998
Amy S. Langer, M.B.A.	1998	Barbara L. Weber, M.D.	1999
Caryn E. Lerman, Ph.D.	2001	Alice S. Whittemore, Ph.D.	1998
Joan Massague, Ph.D.	2000	William C. Wood, M.D.	1998
Deborah K. Mayer, MSN, OCN, FAAN	2000	Robert C. Young, M.D.	2001
Gillies W. McKenss, M.D., Ph.D.	1998		
Enrico Mihich, M.D.	2001	Executive Secretary - Paulette Gray, Ph.D.	

President's Cancer Panel

Harold Freeman, M.D. 2000
Chairman
Director of Surgery
Harlem Hospital Center
New York, NY

Paul Calabresi, M.D. 1998
Professor and Chairman, Emeritus
Department of Medicine
Brown University
Rhode Island Hospital
Providence, RI

Frances M. Visco, Esq. 1997
President
National Breast Cancer Coalition
Philadelphia, PA

Executive Secretary
Maureen O. Wilson, Ph.D.
Assistant Director & Deputy Ethics Counselor
National Cancer Institute
31 Center Drive, Room 4A48-2473
Bethesda, MD 20892

Executive Committee Members

Dr. Richard Klausner
Director

Dr. Marvin A. Kalt
Director, Division of Extramural Activities

Dr. Alan Rabson
Deputy Director

Dr. Alfred Knudson
Special Advisor, Division of Cancer Epidemiology and
Genetics

Dr. Martin Abeloff
Co-Chair, Board of Scientific Counselors

Dr. Edison Liu
Director, Division of Clinical Sciences

Mr. Philip D. Amoruso
Associate Director for Extramural Management

Dr. David Livingston
Chair, Extramural Board of Scientific Advisors

Dr. Faye Austin
Director, Division of Cancer Biology

Dr. Sherry Mills
Chair, NCI Extramural Advisory Board

Mr. Donald Christoferson
Executive Secretary

Ms. Cherie Nichols
Chief, Evaluation, and Analysis Branch

Ms. MaryAnn Guerra
Associate Director for Intramural Management

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Co-Chair, Board of Scientific Counselors

Dr. Joseph Fraumeni
Director, Division of Cancer Epidemiology and
Genetics

Dr. Donald Summers
Associate Director, NCI Frederick Cancer Research
and Development Center

Dr. Peter Greenwald
Director, Division of Cancer Prevention

Dr. Margaret Tucker
Chair, Intramural Advisory Council

Dr. Joe Harford
Associate Director for Special Projects

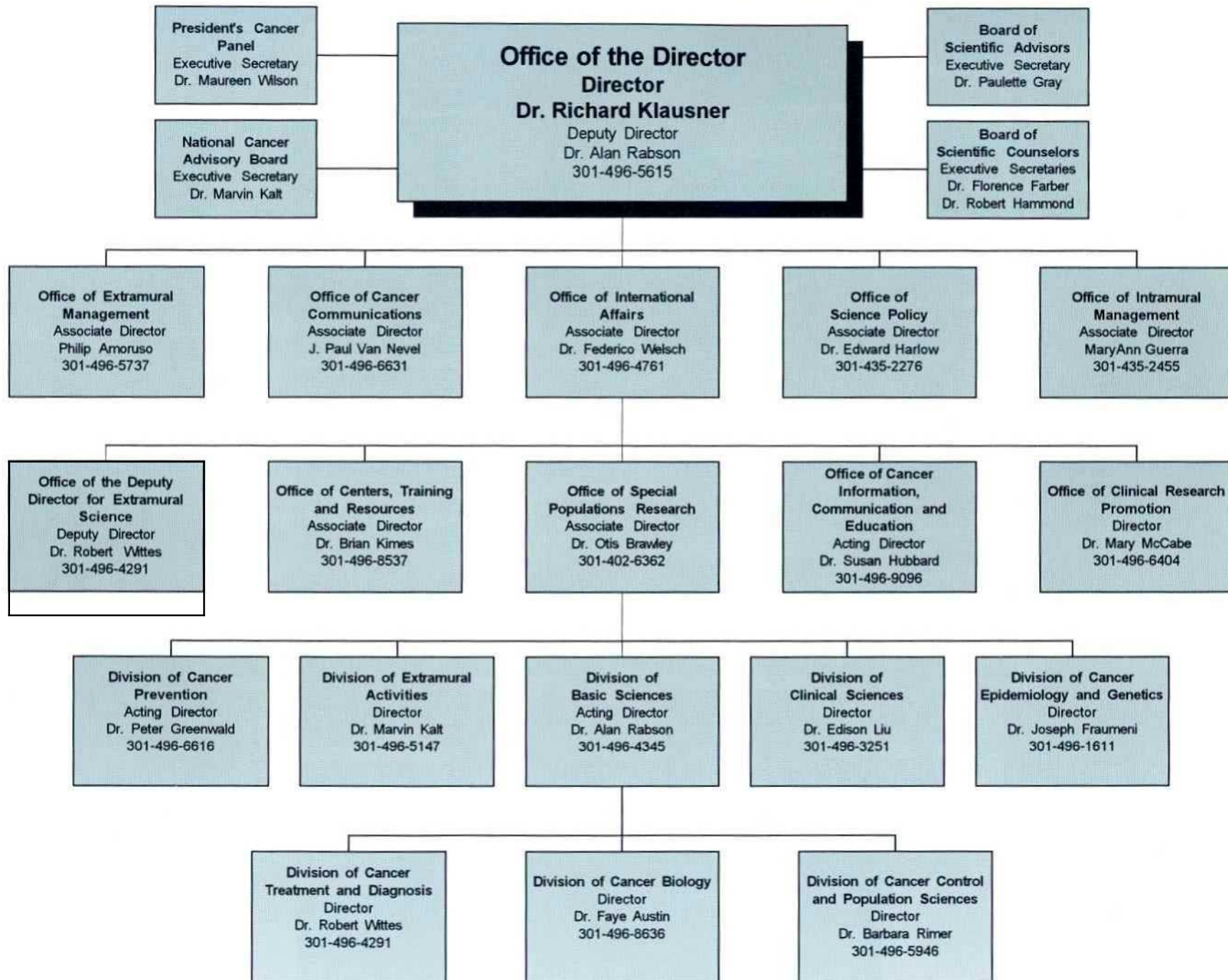
Dr. George Vande Woude
Special Advisor to the Director, Division of Basic
Sciences

Dr. Edward Harlow
Special Advisor, Office of Science Policy

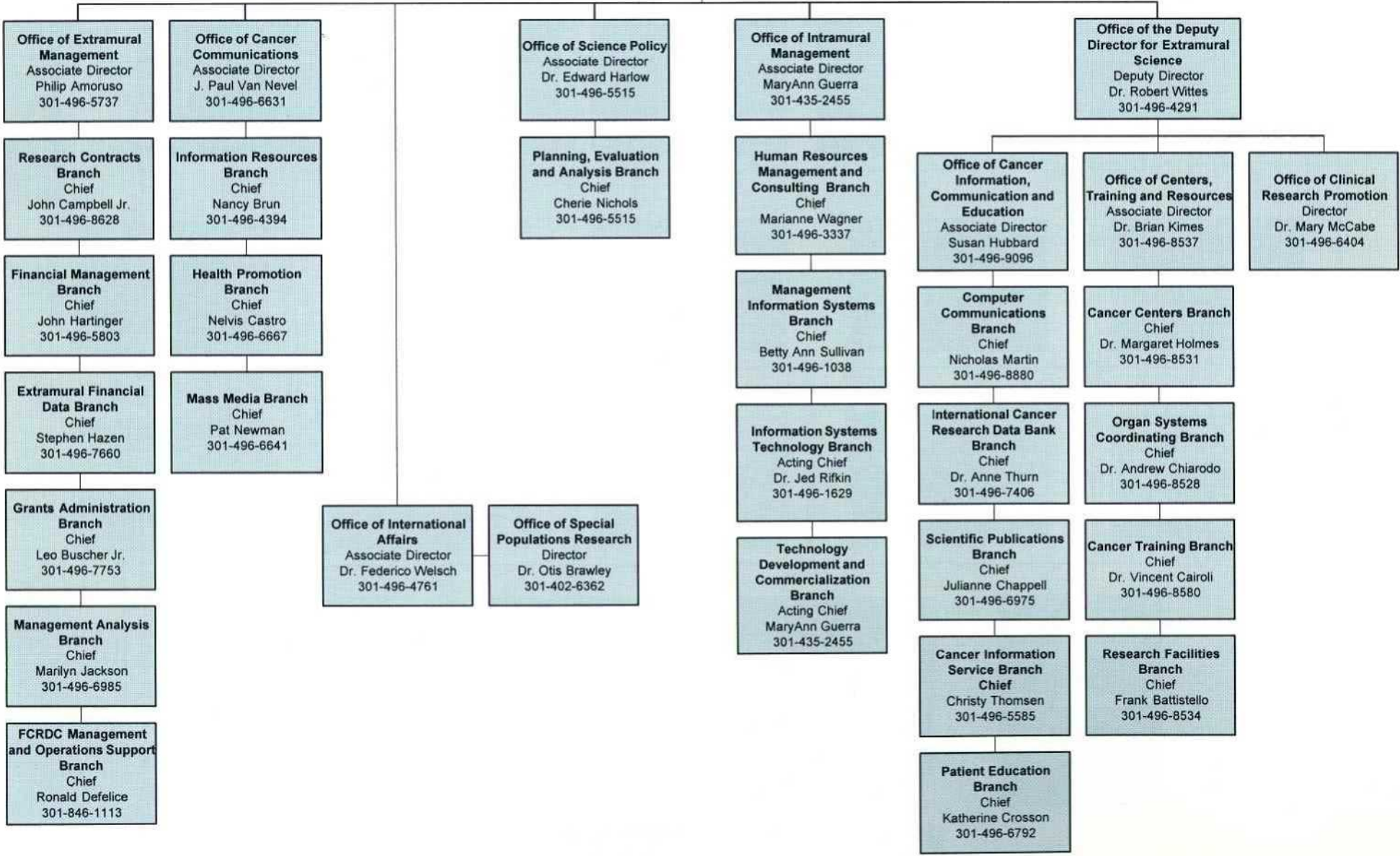
Dr. Robert Wittes
Director, Division of Cancer Treatment and Diagnosis
Deputy Director for Extramural Science

Dr. Barbara Rimer
Director, Division of Cancer Control and Population
Sciences

National Cancer Institute



Office of the Director
 Director
 Dr. Richard Klausner
 Deputy Director
 Dr. Alan Rabson
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Division of Basic Sciences
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 301-496-4345

Office of Laboratory
 Animal Resources
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Varmus Lab
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Laboratory of
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 Dr. Joost Oppenheim
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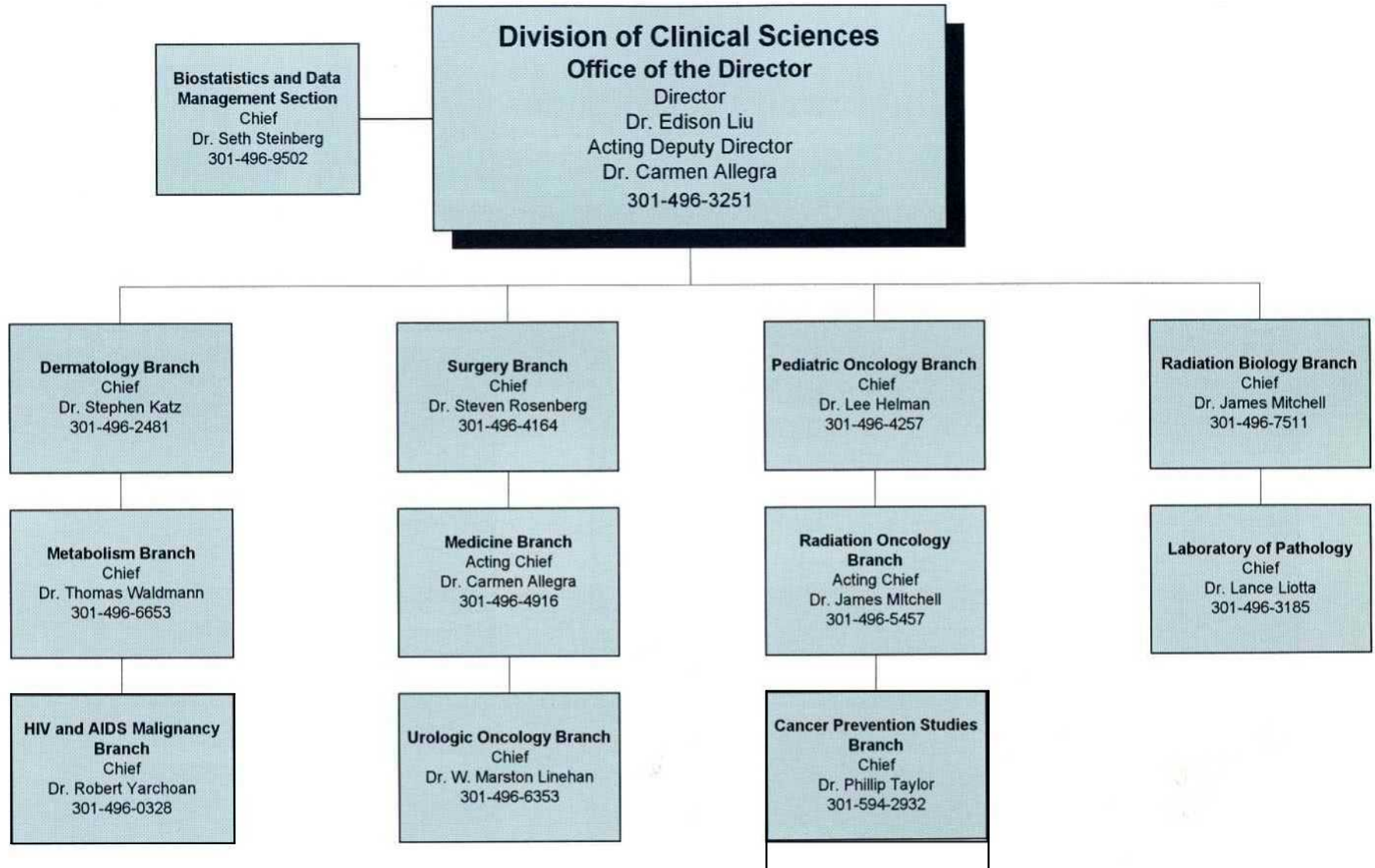
Laboratory of
 Leukocyte Biology
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 Dr. Frank Ruscetti
 301-846-1504

Laboratory of
 Immune Cell Biology
 Chief
 Dr. Jonathan Ashwell
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Laboratory of
 Molecular
 Pharmacology
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Laboratory of
 Experimental and
 Computational Biology
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 Jacob Maizel
 301-846-5532

Laboratory of
 Biological Chemistry
 Acting Chief
 Dr. Al Fornace
 301-402-0744



**Division of Cancer Epidemiology
and Genetics**
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Dr. Joseph Fraumeni
Deputy Director
Dr. Susan Sieber
301-496-1611

Office of Division
Operations and Analysis
Chief
James Sontag
301-496-1611

**Human Genetics
Program**
Acting Director
Dr. Alfred Knudson
301-496-4375

**Epidemiology and
Biostatistics Program**
Chief
Dr. Robert Hoover
301-496-8153

**Genetic Epidemiology
Branch**
Chief
Dr. Margaret Tucker
301-496-4375

**Clinical Genetics
Branch**
Chief
Vacant
301-496-4375

**Environmental
Epidemiology Branch**
Chief
Dr. Louise Brinton
301-496-1691

**Biostatistics
Branch**
Chief
Dr. Mitchell Gail
301-496-4153

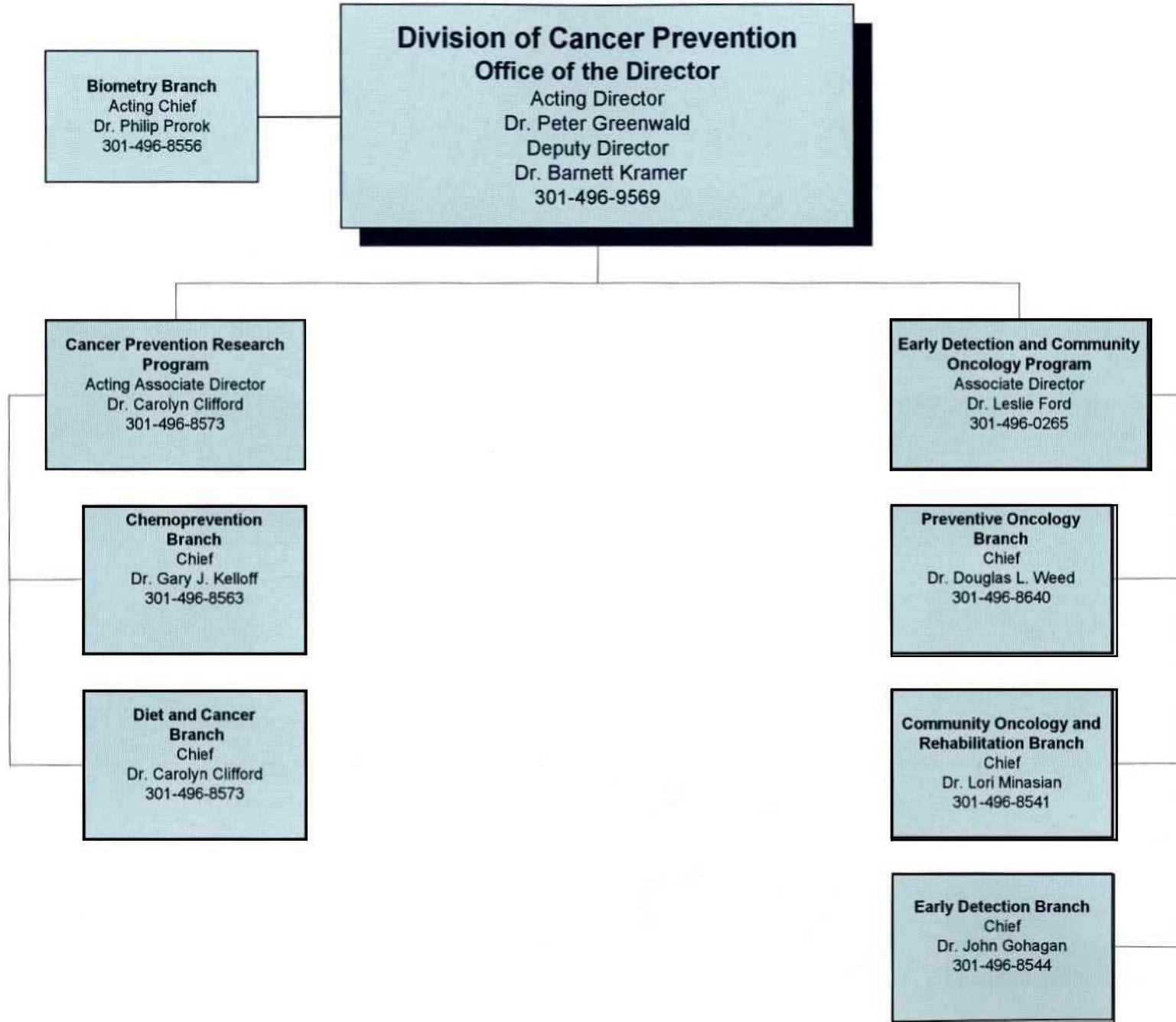
**Laboratory of
Population Genetics
Branch**
Chief
Vacant
301-496-4375

**Nutritional
Epidemiology Branch**
Acting Chief
Dr. Robert Hoover
301-496-8153

**Radiation
Epidemiology Branch**
Chief
Dr. Elaine Ron
301-496-6600

**Occupational
Epidemiology Branch**
Chief
Dr. Aaron Blair
301-496-9093

**Viral Epidemiology
Branch**
Chief
Dr. James Goedert
301-496-8115



**Division of Cancer Control and
Population Sciences**
Office of the Director
Director
Dr. Barbara Rimer
301-594-6776

**Epidemiology and Genetics
Program**
Associate Director
Dr. G. Iris Ostrom
301-496-9600

Behavioral Research Program
Acting Associate Director
Dr. Thomas Glynn
301-496-8520

**Special Population Studies
Branch**
Acting Chief
Dr. Sherry L. Mills
301-496-8520

**Cancer Control Research
Branch**
Acting Chief
Dr. Sherry L. Mills
301-496-8520

**Public Health Applications
Branch**
Chief
Dr. Marc W. Manley
301-496-8584

**Cancer Surveillance Research
Program**
Associate Director
Dr. Brenda K. Edwards
301-496-8506

Applied Research Branch
Acting Chief
Dr. Rachel Ballard-Barbash
301-496-8500

Cancer Statistics Branch
Chief
Dr. Benjamin Hankey
301-496-8510

Division of Cancer Treatment and Diagnosis

Office of the Director

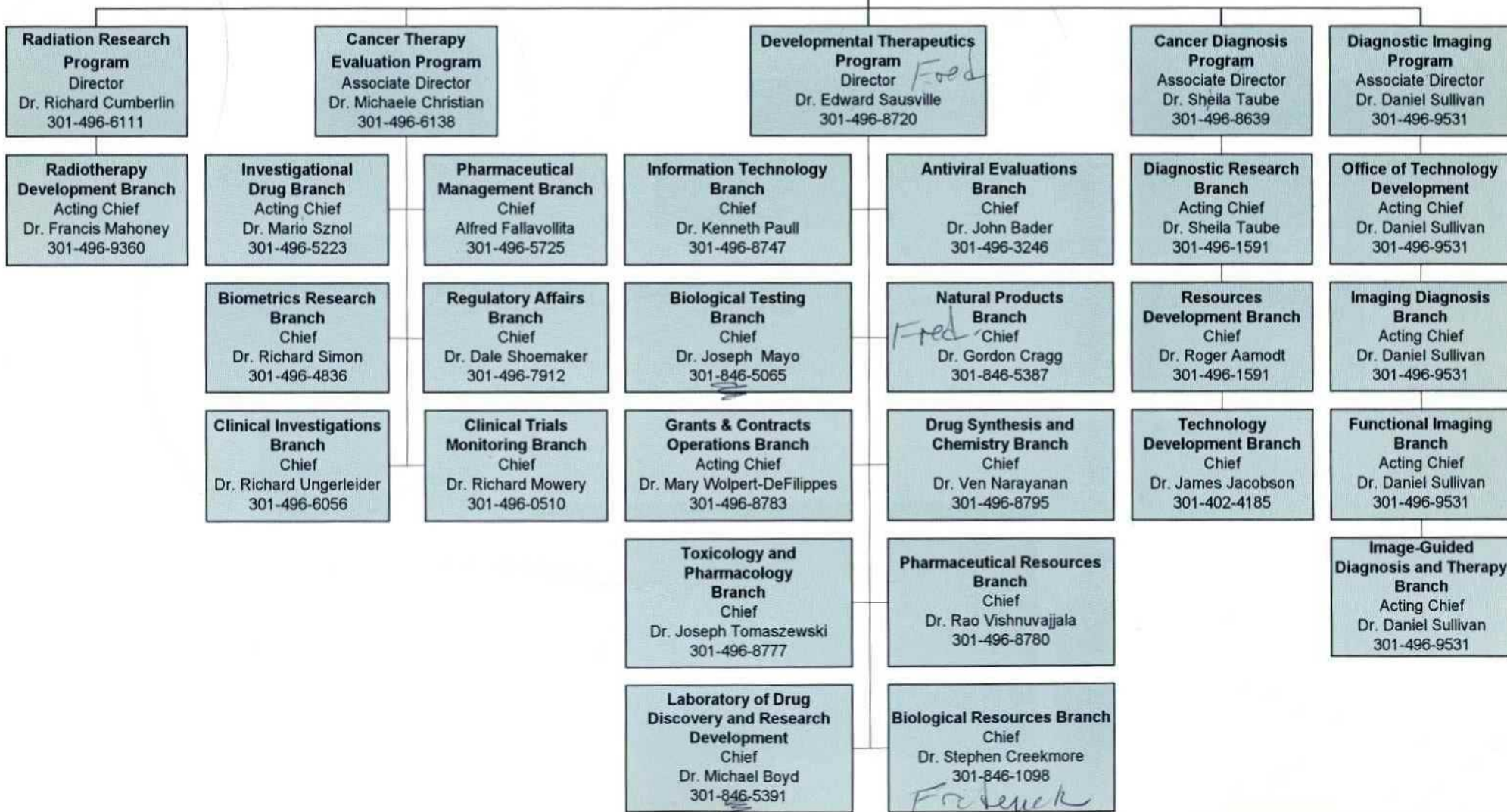
Director

Dr. Robert Wittes

Deputy Director

Dr. Ellen Feigal

301-496-6711



Division of Cancer Biology

Office of the Director

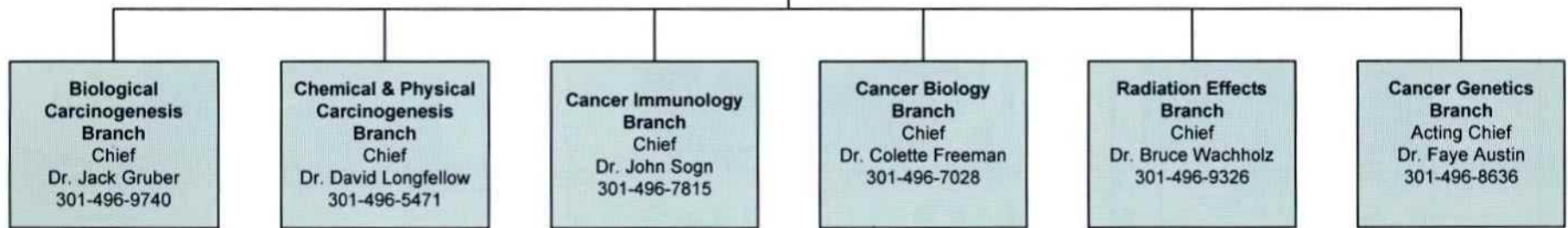
Director

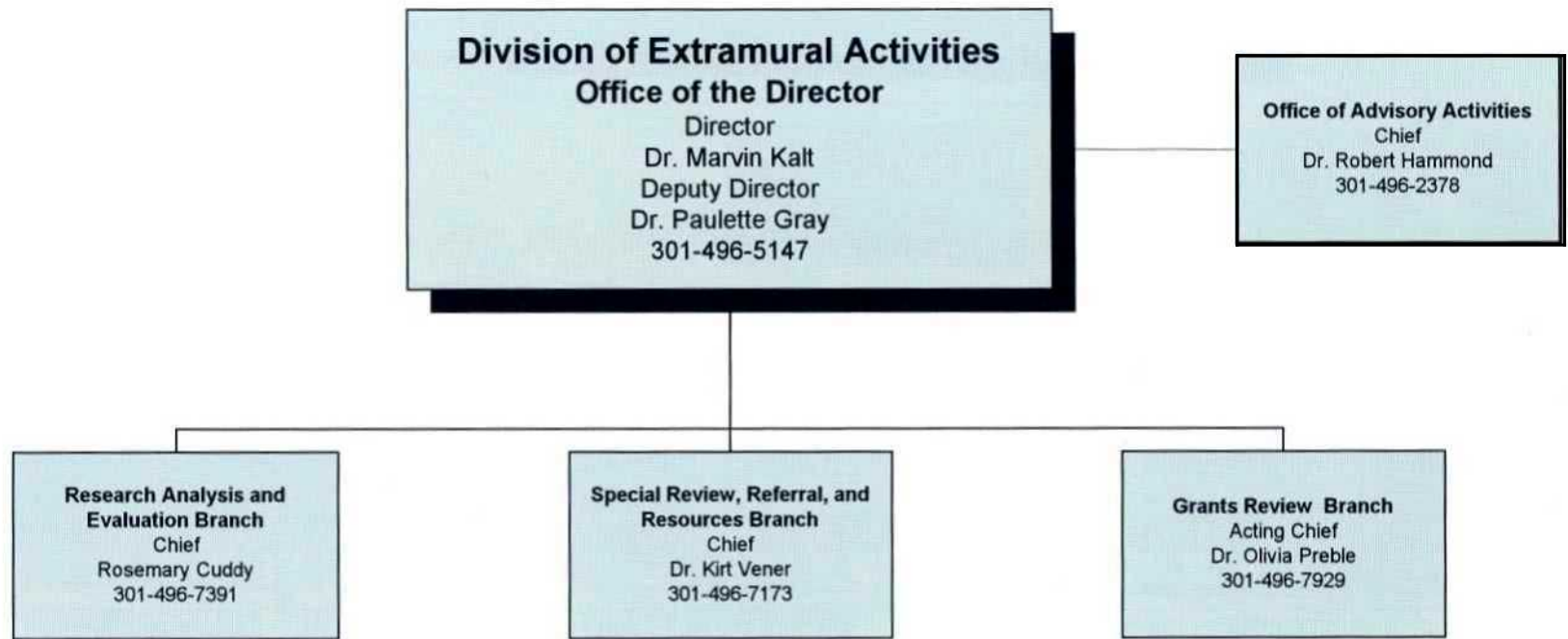
Dr. Faye Austin

Deputy Director

Dr. Norka Ruiz-Bravo

301-496-8636





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. Other special programs are available for those who qualify.

Position	Eligibility	Annual Salary	Mechanism of Entry
I. Civil Service			
Civil Service	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs.	Minimum starting Ph.D. - \$53,456 ² (GS-13/1) Physicians - \$62,903 ³ (GS-13/1).	NCI Delegated Examining Unit; Contact Division Director of Laboratory Chief in area of interest or the Administrative Resource Center (ARC).
II. Appointment of Special Experts			
Appointment of Special Experts (time-limited appointment with program time limitation of 4 years).	Applicants shall possess outstanding experience and ability as to justify recognition as authorities in their particular fields of activity.	Salary range is equivalent to GS-13/1 to maximum of Level IV of the Executive Schedule.	Final approval rests with the Division Director or Deputy Director, NCI depending on recommended action.

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

² Includes a 1997 locality payment for the Washington Baltimore metro area.

³ Medical Officer (Research), GS-602 Special Rate Scale for 1997.

Position	Eligibility	Annual Salary	Mechanism of Entry
III. Clinical Associate Program			
A. Clinical Associates (time-limited appointment with initial appointment for 2 years with the possibility of 1-year extension.)	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. Must be a U.S. citizen or a permanent U.S. resident. NOTE: Foreign M.Ds on the J-1 visa may apply and will be considered under the Visiting Associate program.	\$38,500 1st yr \$40,500 2nd yr \$42,500 3rd yr *Salaries for individuals appointed under the Commissioned Corps program are established on an individual basis.	Contact Division Director or Laboratory/Branch Chief in area of interest.
B. Pharmacology Research Associates Training Program (PRAT)(time limited appointment for 2 years).	Candidates must be U.S. citizens or permanent residents of the U.S. who have been awarded a doctoral degree. The degree must be in a biomedical or related science and must have been received within the 5 years preceding the date of application.	Salary commensurate with other postdoctoral opportunities at the NIH.	Apply to PRAT Program, NIGMS Natcher Building Room 2AS-43. A PRAT Fact sheet is available from the PRAT Program Assistant at 301-594-3583 or fax 301-480-2802 or Natcher Bldg. 45, Room 2AS.43D or e-mail PRAT@gm1.nigms.nih.gov.

Position	Eligibility	Annual Salary	Mechanism of Entry
IV. Visiting Program			
A. Visiting Fellow (time-limited appointment with program time limitation of 5 years depending on visa restrictions).	5 years or less of relevant postdoctoral experience or training.	First year salaries range from \$25,000 to \$42,000 based on years of postdoctoral experience.	Contact Division Director or Laboratory/Branch Chief in area of interest.
B. Visiting Associate (time-limited appointment with 2 year initial appointment possible depending on visa restrictions).	3 years of postdoctoral experience or training with appropriate knowledge needed by NCI.	\$30,000 - \$56,000	Contact Division Director or Laboratory Chief in area of interest.
C. Visiting Scientist (time-limited appointment with 2 year initial appointment possible depending on visa restrictions).	6 years of postdoctoral experience with appropriate specific experience and knowledge needed.	\$43,000- \$93,000	Contact Division Director or Laboratory Chief in area of interest.
V. Staff Fellowships			
A. Staff Fellowship (time-limited appointment with initial appointments typically made for 2 years).	Physician or other doctoral degree equivalent who has less than 3 years of relevant professional level postdoctoral research experience. U.S. citizen or resident alien.	Physicians \$29,000-\$52,000 Other Doctoral \$29,000-\$50,000	Contact Division Director or Laboratory Chief in area of interest or ARC.
B. Senior Staff Fellowship (time-limited appointment with initial appointment typically made for 2 years).	Physician or other doctoral degree equivalent who has 3 to 7 years of relevant professional level postdoctoral research experience. U.S. citizen or resident alien.	Physicians \$40,000 - \$79,000 Other Doctoral \$35,000 - \$67,000.	Contact Division Director or Laboratory Chief in area of interest or ARC.

Position	Eligibility	Annual Salary	Mechanism of Entry
VI. Special Programs			
A. Guest Researcher-organization other than NIH, PHS.	Usually a scientist, engineer, student or other scientifically trained specialist who would benefit from the use of NCI facilities in furthering his or her research. Cannot perform services for NCI.	Established by sponsoring organization.	Contact Division Director or Laboratory/Branch Chief in area of interest.
B. Commissioned Officer Junior Student Training and Extern Program (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. Physical requirements of PHS Commissioned Corps. Plans to return to college.	Receive the basic pay quarters (if appropriate), and subsistence allowance of a Junior Assistant Health Service Officer (pay grade 0-1).	Apply to Director, Division of Commissioned Personnel Attention: Jr. COSTEP Coordinator Room 4-35, Parklawn Building, 5600 Fishers Lane, Rockville, MD. 20857-0001.
C. Commissioned Officer Senior COSTEP Program usually available spring and fall.	U.S. citizen. Competitive program to assist students during final year of professional school in return for an agreement to work for PHS after graduation for twice the time sponsored (i.e., an 18-month employment commitment for 9 months of financial support).	Receive base pay, quarters, subsistence, and VHA allowance at the rate of 0-1 for entire year in school.	Apply to Director, Division of Commissioned Personnel Attention: Senior COSTEP Coordinator, 5600 Fishers Lane, Room 4A15, Rockville, MD 20857-0001.
D. Fogarty International Center's Scholars-in-Residence Program.	International reputation, productivity, demonstrated ability in biomedical field.	\$90,000 for 1 year	Nominations are submitted to FIC's Division of International Advanced Studies, Bldg. 16, Rm. 202A, (496-4161) by Institute Director, any senior tenured member of the NIH scientific staff or former scholar.

Position	Eligibility	Annual Salary	Mechanism of Entry
E. Student Temporary Employment Program	Provides employment opportunities for individuals who are enrolled or accepted for enrollment as a degree seeking student and is taking at least a half-time academic/vocational or technical course load in an accredited high school, technical or vocational school, 2 year or 4 year college or university, graduate or professional school. The individual must maintain a good academic standing and must be at least 16 years of age. Must be a U.S. citizen or a non-citizen lawfully admitted to the U.S. as a permanent resident or otherwise authorized to be employed.	Salary is commensurate with duties assigned and student's education and/or experience.	Apply to NCI Human Resources Management and Consulting Branch, Staffing Management Section, EPS, Room 550, 6120 Executive Blvd., Rockville, MD 20892-7211. No deadline required for applying. Applications are maintained for one year. Consideration beyond one year requires submission of an updated application to the above address.
F. Special Volunteer Program	Volunteer service may be accepted for direct patient care, clerical assignments, technical assistance, or any other activities necessary to carry out the authorized functions of the NCI, without compensation. If under 18 volunteers must have a work permit which must be obtained prior to assignment.	N/A	Contact Division Director or Laboratory/Branch Chief in area of interest.

Position	Eligibility	Annual Salary	Mechanism of Entry
G. Student Career Experience Program	<p>Provides experience that is directly related to the student's educational program and career goals. Must be 16 years of age or older, enrolled or accepted for enrollment as a degree seeking student in an accredited high school, technical or vocational school, 2 year or 4 year college or university, graduate, or professional school. The individual must maintain a good academic standing. The student must be recommended for the assignment by the school's cooperative education program coordinator and be enrolled in the program. Must be enrolled in a field of study related to the assigned work with at least half-time academic/ vocational or technical course load. Must be a U.S. citizen or a non-citizen lawfully admitted to the U.S. as a permanent resident or otherwise authorized to be employed. U.S. citizenship is required for conversion to permanent employment.</p>	<p>Salary is commensurate with duties assigned and student's education and/or experience.</p>	<p>Contact NCI Human Resources Management and Consulting Branch, EPS, Room 550, 6120 Executive Blvd., Rockville, MD 20892-7211</p>

Position	Eligibility	Annual Salary	Mechanism of Entry
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VII. Other Training Programs

A. Cancer Prevention Fellowship Program	Must be an M.D., D.D.S., D.O., Ph.D., or other doctoral degree in a related discipline (epidemiology, biostatistics, and the biomedical, nutritional, public health, or behavioral sciences). Must be a U.S. citizen or resident alien eligible for citizenship within four years.	First year for an M.D., D.D.S., or D.O. \$31,000 - \$42,000 for Ph.D. \$23,000 - \$36,000.	Apply to Program Director, CPFP, Executive Plaza South, Room T41, MSC 7105, 6120 Executive Blvd., Rockville, MD 20852.
B. Biotechnology Training Program	Physicians with little or no experience or training in fundamental research, but with an interest in biotechnology including its application to prevention and new treatment and diagnostic techniques, would be eligible. Ph.D. scientists with little or no experience or training in clinically related programs but with an interest in clinical applications of fundamental research methodology related to biotechnology would also be eligible. Typically, these candidates will have less than three years postdoctoral experience. The Biotechnology Training Program is established for United States (U.S.) citizens, or resident aliens who will be eligible for U.S. citizenship within four years.	First year Ph.D. \$25,000 - \$38,000 Physicians \$37,000 - \$42,500	Contact Division Director or Laboratory/Branch Chief in area of interest.

Position	Eligibility	Annual Salary	Mechanism of Entry
C. Student Research Training Program	The review and selection of candidates, as well as the day-to-day administration of the fellowships, will be the responsibility of each Administrative Resource Center. Applicants must be bona fide high school, college, graduate or medical school students be 16 years of age, have a cumulative GPA of 2.75 or above, and be either a U.S. citizen or resident alien. The length of the training fellowships may vary from 2 to 6 months, not to exceed 6 months during one 12-month period.	Stipends are based on education and experience at a pay range of \$900-\$2,000 per month.	Contact Division Director or Laboratory/Branch Chief in area of interest. Application deadlines are March 1 for spring/summer months and October 1 for fall/winter months.
D. Cancer Epidemiology and Biostatistics Training Program	M.D.s and Ph.D.s with an interest in and an aptitude for epidemiology and/or biostatistical research in cancer. Ph.D. candidates in approved doctoral programs in epidemiology or biostatistics whose research would be the source of their dissertation. Master's level scientists whose degree is in a discipline related to epidemiology or biostatistics. Must be U.S. citizen or resident alien who will be eligible for U.S. citizenship within four years.	First year for M.D. and Ph.D. Mathematical Statisticians \$31,000 - \$42,000 for other Ph.D. \$23,000-\$36,000 for Master's level \$16,000 - \$20,000	Contact the Division of Cancer Epidemiology & Genetics' Program Coordinator, Executive Plaza North, Room 415, 6130 Executive Blvd., Rockville, MD 20852.

Position	Eligibility	Annual Salary	Mechanism of Entry
E. Cancer Genetics and Epidemiology Training Program	<p data-bbox="513 344 846 730">M.D., D.D.S., or D.O. or an accredited doctoral degree in a discipline related to cancer etiology and prevention research (e.g. epidemiology, human or molecular genetics, biostatistics, or the biomedical, public health or behavioral sciences). Ph.D. typically less than 3 years post-doc.</p> <p data-bbox="513 764 846 890">Foreign medical graduates must have current USMLE or ECFMG certification and appropriate experience</p> <p data-bbox="513 924 846 1016">Must be a U.S. citizen or resident alien eligible for citizenship within 4 years.</p>	<p data-bbox="883 344 1094 436">First year stipend for M.D. and Ph.D.</p> <p data-bbox="883 443 1094 632">Mathematical Statisticians \$31,000 - \$42,000; for other Ph.D. \$23,000 - \$36,000.</p>	<p data-bbox="1130 344 1430 663">Contact the NCI's Division of Cancer Epidemiology & Genetics, Human Genetics Program Coordinator, Executive Plaza North, Room 400, 6130 Executive Blvd MSC 7360 Rockville, MD 20892-7360.</p>

Position	Eligibility	Annual Salary	Mechanism of Entry
F. Intramural Research Training Award (IRTA)	<p>(1) Postdoctoral: Appointments of 1 or 2 years with a maximum of 5 years to candidates with physician or other doctoral degree in the biomedical, behavioral or related sciences.</p>	<p>First year salaries range from \$25,000 - \$42,000 based on years of experience.</p>	<p>Contact Division Director or Laboratory Chief in area of interest.</p>
	<p>(2) Predoctoral: <i>Regular</i> fellowships are granted to students enrolled in Ph.D., M.D., D.D.S., D.M.D., D.V.M., or equivalent degree programs. Students will have completed their graduate course work and will engage full-time in a laboratory research program.</p>	<p>Based on years of post-baccalaureate education ranging from \$16,000 - \$21,000.</p>	<p>Contact Division Director or Laboratory/Branch Chief in area of interest.</p>
	<p>Under the <i>Technical IRTA Program</i>, full-time fellowships may be awarded for up to 3 yrs to individuals with a bachelor or master's degree in a biomedical research discipline. The Program is designed to produce highly trained research support professionals capable of performing the latest advanced techniques in the laboratory.</p>	<p>Initial stipend is based years on degree and relevant experience, up to 3 years : Bachelor's \$16,000-\$18,000; Master's \$20,000-\$22,000</p>	<p>Contact Division Director or Laboratory/Branch Chief in area of interest.</p>
	<p>A 1-yr <i>Interim or Year-Off Award</i> may be granted to students who have been accepted into graduate or medical school and who wish to delay matriculation or to students currently enrolled who seek an interim research experience.</p>	<p>Based on years of post-baccalaureate education ranging from \$16,000 - \$21,000.</p>	<p>Contact Division Director or Laboratory/Branch Chief in area of interest.</p>

Position	Eligibility	Annual Salary	Mechanism of Entry
	Candidates in the <i>Recent College Graduate</i> program must have graduated from an accredited college or university no more than 12 months prior to activation and must intend on applying to graduate or medical school within the next year.	Based on years of post-baccalaureate education ranging from \$16,000 - \$21,000.	Contact Division Director or Laboratory/Branch Chief in area of interest.
	The <i>Student Support Program</i> is designed to provide developmental training to promising disadvantaged students, enrolled full time in high school or undergraduate studies in an accredited secondary school, college/university who have an interest in biomedical research and who may not otherwise have opportunities to work at NIH.	Annual stipend is based on educational level, ranging from \$6,480 for high school to \$9,720 for undergraduate student.	Contact Division Director or Laboratory/Branch Chief in area of interest.
G. Technology Transfer Fellowship Program	Physicians, Ph.D.'s, J.D.'s, individuals with a master's degree in health communications, biomedical science, behavioral science, computer science, informatics, library science, health education, marketing, journalism, English, a graduate degree in law, or a graduate degree in another discipline with legal/paralegal expertise, with little or no experience or training in technology transfer or communications research but with an interest in these areas.	Based on years of (1) postdoctoral experience starting at \$25,000 - \$38,000 or (2) post-Master's degree starting at \$22,000 - \$34,000.	Contact following program in area of interest: Office of Cancer Information, Communication and Education, the Office of Cancer Communications, the Division of Cancer Prevention, the Division of Cancer Treatment and Diagnosis, the Office of Science Policy, and the Technology, Development, and Commercialization Branch.

Position	Eligibility	Annual Salary	Mechanism of Entry
H. Research Scholars Program	<p>Individuals up to 5 years post-doc may apply for independent resources using a mechanism which combines a K22 award with an appointment through an intramural research training award, allowing the PI to bridge their intramural research training experience to an academic institution.</p>	<p>\$150,000 - Includes stipend for scholar & no more than 2 additional positions (e.g. postdoc trainee & technician); up to \$25,000 per person for annual operating expenses; and in first year up to \$50,000 additional for equipment.</p>	<p>An annual RPA announcement will be advertised formally in the NIH Guide to Grants and Contracts as well as in scientific, clinical, and epidemiological journals.</p> <p>An application kit (398 Form) and brochure would be distributed to interested scientists.</p>
	<p>Candidates will respond to an RFA with an independent research proposal that will utilize the standard peer review process. Selected candidates will establish independent research programs with an NCI Intramural Lab/Branch, not to exceed 4 years. At the end of 3 years, upon NCI approval and identification of a sponsoring home institution, the K award will be activated, not to exceed two years.</p>	<p><u>K22 at outside institution</u> - \$125,000 plus fringe benefits in direct costs: Includes up to \$50,000 to partially support personnel, supplies, equipment, travel, tuition, and other costs.</p>	<p>Inquiries on programmatic issues may be directed to: Dr. Vincent J. Cairoli (Email:vc14z@nih.gov) Executive Plaza North, Room 520 Rockville, MD 20892-7390 ,Telephone: 301-496-8580, Fax: 301-402-4472</p>

**Number of Deaths for the
Five Leading Cancer Sites
by Age Group and Sex**

All Ages		Under 15		15-34		35-54		55-74		75+	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Lung 91,819	Lung 57,535	Leukemia 299	Leukemia 251	Leukemia 728	Breast 564	Lung 8,684	Breast 9,548	Lung 54,381	Lung 32,098	Lung 28,597	Lung 19,793
Prostate 34,901	Breast 43,644	Brain & CNS 254	Brain & CNS 195	Non-Hodgkin's Lymphoma 471	Leukemia 394	Colon & Rectum 2,703	Lung 5,516	Colon & Rectum 13,574	Breast 18,705	Prostate 22,712	Colon & Rectum 16,074
Colon & Rectum 28,741	Colon & Rectum 28,936	Endocrine 111	Endocrine 87	Brain & CNS 452	Cervix 322	Non-Hodgkin's Lymphoma 1,828	Colon & Rectum 2,115	Prostate 11,789	Colon & Rectum 10,596	Colon & Rectum 11,972	Breast 14,827
Pancreas 12,920	Pancreas 13,914	Non-Hodgkin's Lymphoma 61	Bone 39	Colon & Rectum 221	Brain & CNS 307	Brain & CNS 1,655	Ovary 1,892	Pancreas 6,896	Ovary 6,457	Pancreas 4,557	Pancreas 7,150
Non-Hodgkin's Lymphoma 11,280	Ovary 13,500	Soft Tissue 49	Soft Tissue 36	Soft Tissue 216	Non-Hodgkin's Lymphoma 231	Pancreas 1,431	Cervix 1,676	Non-Hodgkin's Lymphoma 5,002	Pancreas 5,863	Leukemia 4,207	Non-Hodgkin's Lymphoma 5,086

Source: Mortality tape (1994) from National Center for Health Statistics.

**Relationship of Cancer
to the Leading Causes
of Death in the United
States**

Rank	Cause	Number of Deaths	Crude Death Rate per 100,000 Population	Percent of Total Deaths
	All Causes	2,278,580	682.9	100.0%
1	Heart Disease	732,338	208.6	32.1
2	CANCER	534,294	170.8	23.4
3	Cerebrovascular	153,299	41.7	6.7
4	Emphysema, Bronchitis & Asthma	101,617	30.2	4.5
5	Accidents	91,338	31.5	4.0
6	Pneumonia & Influenza	81,468	21.4	3.6
7	Diabetes	56,690	17.4	2.5
8	Human Immunodeficiency Virus Infection	42,108	13.0	1.8
9	Suicide	31,123	10.8	1.4
10	Homicide	25,399	8.7	1.1
11	Cirrhosis of the Liver	24,874	9.3	1.1
12	Nephritis & Nephrosis	22,974	6.4	1.0
13	Septicaem	21,931	6.3	1.0
14	Atherosclerosis	17,115	4.3	0.8
15	Aortic Aneur	16,121	4.8	0.7
	Other and Ill-Defined	325,891	97.7	14.3

Source: Mortality Tape (1994) from National Center for Health Statistics.

Estimated New Cancer Cases and Deaths by Sex for All Sites 1997

Primary Site	Estimated New Cases			Estimated Deaths		
	Total	Male	Female	Total	Male	Female
All Sites *	1,257,800	661,200	596,600	560,000	294,100	265,900
Oral Cavity and Pharynx	30,750	20,900	9,850	8,440	5,600	2,840
Tongue	6,400	4,200	2,200	1,820	1,200	620
Mouth	11,000	6,700	4,300	2,500	1,400	1,100
Pharynx	8,800	6,400	2,400	2,030	1,500	530
Other Oral Cavity	4,550	3,600	950	2,090	1,500	590
Digestive System	225,900	120,000	105,900	127,070	67,440	59,630
Esophagus	12,500	9,400	3,100	11,500	8,700	2,800
Stomach	22,400	14,000	8,400	14,000	8,300	5,700
Small Intestine	4,900	2,600	2,300	1,140	540	600
Colon	94,100	45,500	48,600	46,600	22,600	24,000
Rectum	37,100	20,900	16,200	8,300	4,400	3,900
Anus, Anal Canal, & Anorectum	3,400	1,400	2,000	410	150	260
Liver and Intrahepatic Bile Duct	13,600	9,100	4,500	12,400	7,500	4,900
Gallbladder & Other Biliary	6,900	2,500	4,400	3,500	1,300	2,200
Pancreas	27,600	13,400	14,200	28,100	13,500	14,600
Other Digestive	3,400	1,200	2,200	1,120	450	670
Respiratory System	194,600	111,400	83,200	165,920	98,490	67,430
Larynx	10,900	8,900	2,000	4,230	3,300	930
Lung and Bronchus	178,100	98,300	79,800	160,400	94,400	66,000
Other Respiratory	5,600	4,200	1,400	1,290	790	500
Bones and Joints	2,500	1,300	1,200	1,410	750	660
Soft Tissues	6,600	3,700	2,900	4,100	1,900	2,200
Melanomas Of Skin	40,300	22,900	17,400	7,300	4,600	2,700
Breast	181,600	1,400	180,200	44,190	290	43,900
Genital Organs	300,200	218,400	81,800	68,870	42,370	26,500
Cervix Uteri	14,500		14,500	4,800		4,800
Corpus and Uterus, NOS	34,900		34,900	6,000		6,000
Ovary	26,800		26,800	14,200		14,200
Other Female Genital	5,600		5,600	1,500		1,500
Prostate *	209,900	209,900		41,800	41,800	
Testis	7,200	7,200		350	350	
Other Male Genital	1,300	1,300		220	220	
Urinary System	85,400	58,000	27,400	23,520	15,060	8,460
Urinary Bladder	54,500	39,500	15,000	11,700	7,800	3,900
Kidney and Other Urinary	30,900	18,500	12,400	11,820	7,260	4,560
Eye and Orbit	2,100	1,100	1,000	250	140	110
Brain and Other Nervous System	17,600	10,100	7,500	13,200	7,200	6,000
Endocrine Glands	17,560	5,530	12,030	2,070	870	1,200
Thyroid	16,100	4,700	11,400	1,230	450	780
Other Endocrine	1,460	830	630	840	420	420
Lymphomas and Myelomas	74,900	42,100	32,800	36,180	18,720	17,460
Hodgkin's Disease	7,500	3,900	3,600	1,480	820	660
Non-Hodgkin's Lymphoma	53,600	30,300	23,300	23,800	12,400	11,400
Multiple Myeloma	13,800	7,900	5,900	10,900	5,500	5,400
Leukemias	28,300	15,900	12,400	21,310	11,770	9,540
Lymphocytic Leukemias	10,400	5,900	4,500	6,310	3,570	2,740
Myeloid Leukemias	13,500	7,100	6,400	8,700	4,800	3,900
Other Leukemias	4,400	2,900	1,500	6,300	3,400	2,900
All Other Sites	49,500	28,500	21,000	36,190	18,900	17,290

Source: Cancer Facts & Figures-1997, American Cancer Society, Atlanta, Georgia 1997.

Excludes basal and squamous cell skin and in situ carcinomas except urinary bladder.

Incidence projections are based on rates from the NCI SEER Program 1979-92.

* Original ACS prostate cancer estimate may be too high due to the unavailability of 1994 and preliminary 1995 incidence rates at estimation time. With the additional information, NCI and ACS estimate that there will be less than 210,000 new cases of prostate cancer in 1997.

The Cost of Cancer

The direct cost of cancer is derived from the figures for care of patients. It does not include the cost of the productivity lost while individuals are away from their work due to treatment of disability or the value of lost productivity due to premature death. Figures for the direct cost of cancer and for all health care for 1990 are as follow:

(in Millions)

<u>All Costs</u>	<u>Direct Cost</u>
All Cancers	\$ 35,256
All Health Care	\$585,300
Percent Relationship of Cancer to Total	6%

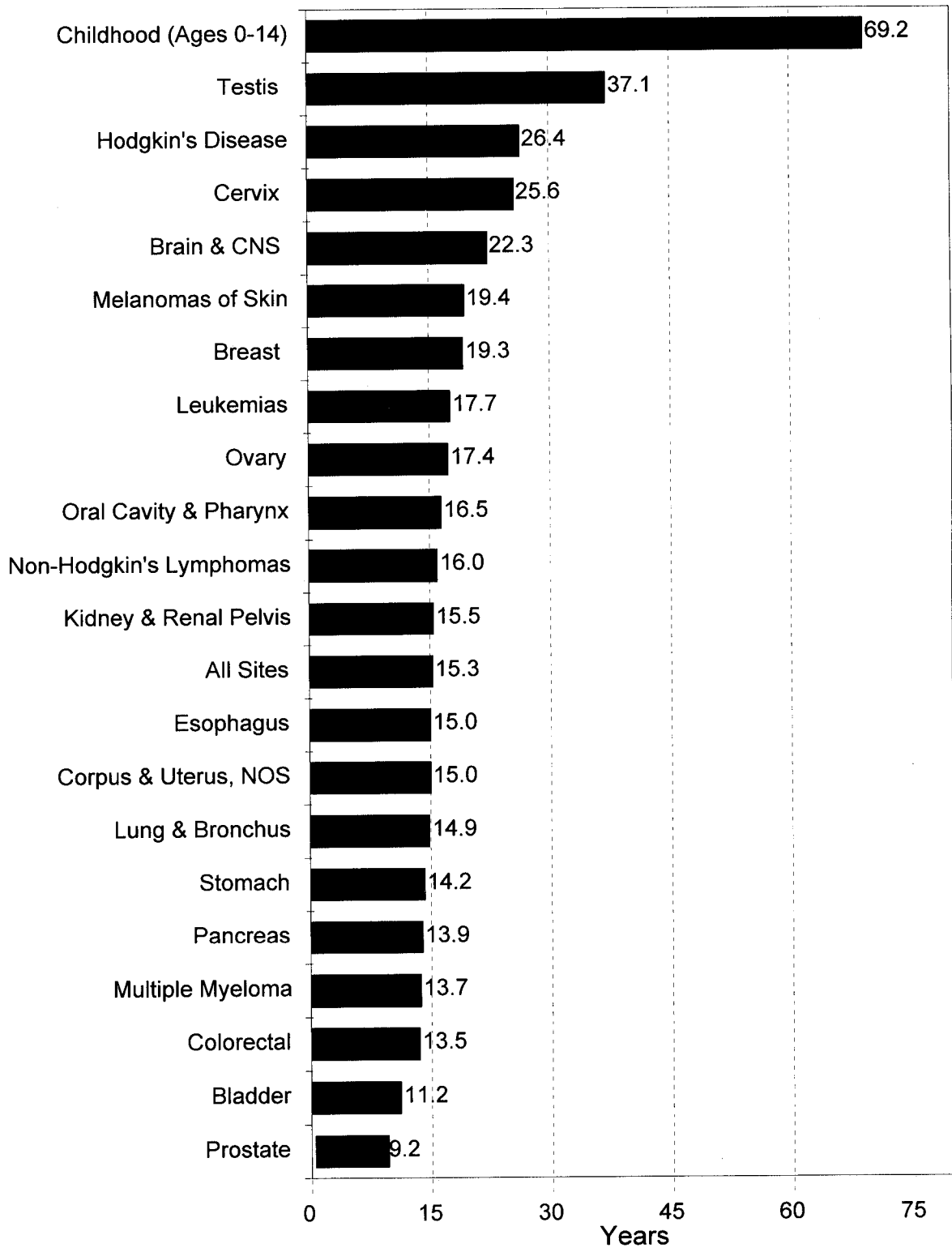
Sources:

Brown, M.L. The National Economic Burden of Cancer: An Update.

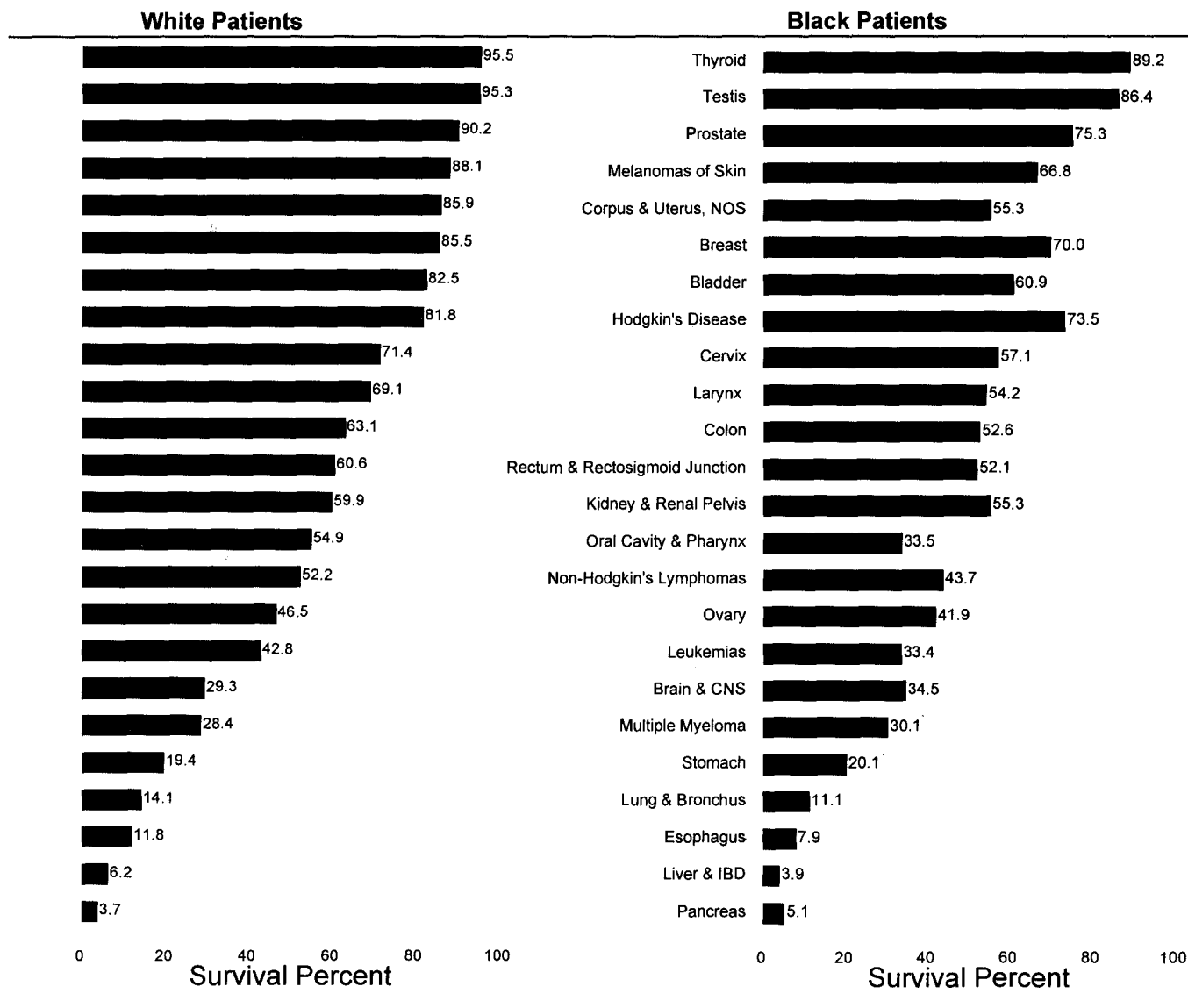
Journal of the National Cancer Institute, 1990, 82:1881-1814.

Office of the Actuary, Health Care Financing Administration.

**Average Years of Life Lost
Per Person Dying of Cancer
All Races, Both Sexes, 1994**

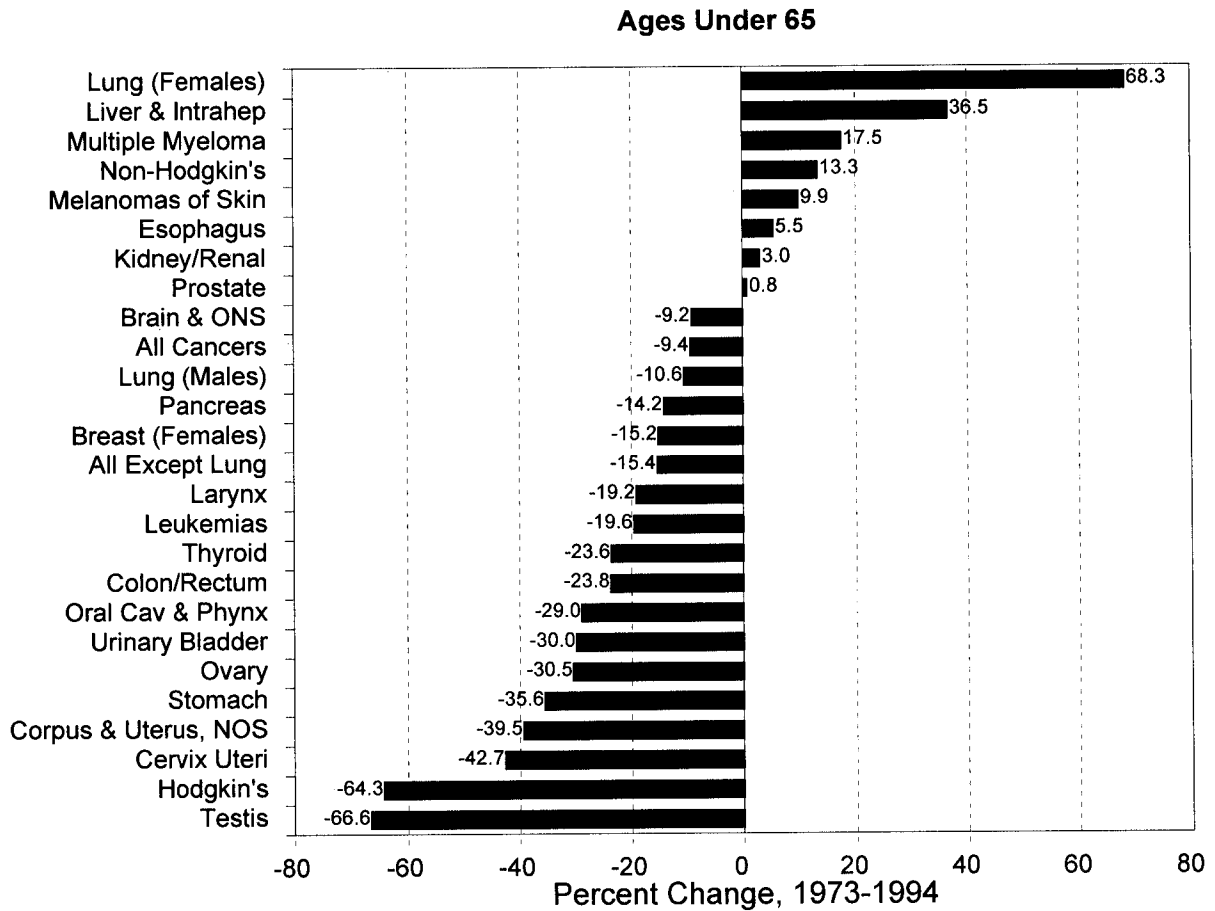


**5 Year Relative
Survival Rates, by Site
White and Black Patients
1986 to 1993**



Data From SEER Program
1986-1993
Males and Females

**Cancer Mortality Rates
Changes from 1973 to 1994
(Ages Under 65)**

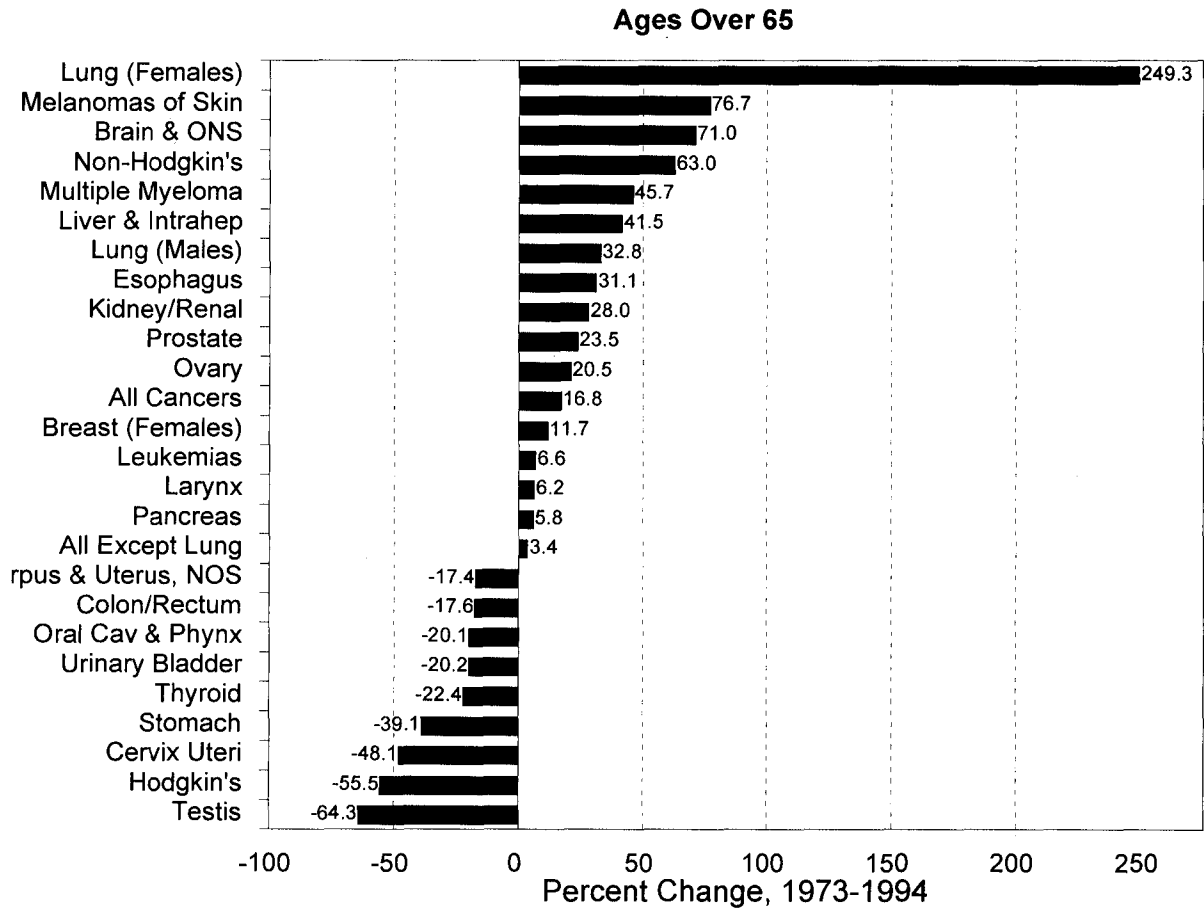


Note:

Progress and problems:

This graph illustrates percent changes in the annual death rate for a wide range of cancers. Cancers to the right of the zero axis have had increased cancer mortality rates, those to the left have had decreased mortality rates. If the graph is turned counter-clockwise, on its side, the bars pointing down show the major tumors in which a significant reduction in annual death rate has occurred. Progress is apparent: a reduction has occurred in the annual death rates since 1973 in both common and uncommon cancers. This definitely shows progress in the age group under 65, albeit more progress needs to be made.

Cancer Mortality Rates
Changes from 1973 to 1994
(Ages Over 65)



Note:

Progress and problems:

Comparing this chart to that for individuals under 65, it is clear that not as much progress is being made in reducing cancer death rates in older groups. The cancer deaths to the right of the zero axis have risen, those to the left have decreased. This graph should be compared to the accompanying graph addressing changes in mortality rates for people under age 65. Issues such as low-income, patterns of medical care, and other related factors are thought to be important considerations in the older population.

Cancer Mortality Rates
United States, 1990-1994

Cancer Site	Mortality Rate per 100,000		Ratio Blacks/Whites
	Blacks	Whites	
All Sites	226.0	168.6	1.3
Males	314.4	211.2	1.5
Females	168.9	140.2	1.2
Esophagus	7.9	3.1	2.5
Cervix Uteri	6.3	2.5	2.5
Larynx	2.8	1.2	2.3
Prostate	55.5	24.3	2.3
Multiple Myeloma	6.1	2.8	2.2
Stomach	8.5	4.0	2.1
Oral Cavity & Pharynx	5.0	2.6	1.9
Corpus & Uterus, NOS	5.9	3.2	1.8
Liver & Intrahepatic Bile Duct	4.5	2.9	1.6
Pancreas	12.1	8.2	1.5
Thyroid	0.3	0.3	1.0
Colon & Rectum	23.3	17.8	1.3
Lung & Bronchus	61.3	49.4	1.2
Males	103.2	71.3	1.4
Females	33.0	33.3	1.0
Breast (females)	31.4	26.2	1.2
<50 years	8.8	5.5	1.6
>50 years	101.2	90.0	1.1
Urinary Bladder	3.2	3.3	1.0
Kidney & Renal Pelvis	3.5	3.5	1.0
Leukemias	6.0	6.4	0.9
Hodgkin's Disease	0.5	0.5	1.0
Ovary	6.6	8.0	0.8
Non-Hodgkin's Lymphoma	4.6	6.8	0.7
Brain & Other Nervous	2.5	4.5	0.6
Testis	0.1	0.3	0.3
Melanomas of Skin	0.4	2.5	0.2
All Sites Except Lung & Bronchus	164.6	119.2	1.4
Males	211.2	139.9	1.5
Females	136.3	106.8	1.3

NOTE: The annual number of cancer deaths per 100,000 persons is derived from estimates of the National Center for Health Statistics, adjusted to the 1970 US population age distribution.

**Cancer Incidence Rates
United States, 1990-1994**

Cancer Site	Incidence Rates per 100,000		Ratio
	Blacks	Whites	Blacks/Whites
All Sites	456.0	409.6	1.1
Males	624.7	649.1	1.0
Females	340.6	352.0	1.0
Esophagus	9.4	3.6	2.6
Multiple Myeloma	9.5	4.1	2.3
Liver & Intrahepatic Bile Duct	5.0	2.8	1.8
Stomach	11.9	6.3	1.9
Larynx	7.2	4.2	1.7
Cervix Uteri	12.2	7.7	1.6
Pancreas	13.6	8.6	1.6
Lung & Bronchus	78.0	58.0	1.3
Males	119.6	77.8	1.5
Females	48.0	43.5	1.1
Prostate	229.3	155.8	1.5
Oral Cavity & Pharynx	13.9	10.4	1.3
Colon & Rectum	52.4	45.7	1.1
Colon	40.7	32.9	1.2
Rectum	11.7	12.9	0.9
Kidney & Renal Pelvis	10.2	9.3	1.1
Breast (females)	99.5	113.5	0.9
<50 years	34.8	32.4	1.1
>50 years	299.2	363.4	0.8
Leukemias	8.6	10.3	0.8
Hodgkin's Disease	2.4	3.0	0.8
Non-Hodgkin's Lymphomas	11.6	16.0	0.7
Corpus & Uterus, NOS	14.8	22.5	0.7
Ovary	10.9	15.6	0.7
Thyroid	3.1	5.0	0.6
Brain & Other Nervous	3.7	7.0	0.5
Urinary bladder	10.2	18.2	0.6
Testis	0.7	5.3	0.1
Melanomas of Skin	0.7	13.8	0.1
All Sites Except Lung & Bronchus	378.0	351.6	1.1
Males	505.0	418.3	1.2
Females	292.6	308.6	0.9

NOTE: The annual number of new cancer cases per 100,000 persons is derived from NCI's SEER Program, adjusted to the 1970 US population age distribution.

**The Prevalence of Cancer:
Estimated Number of Persons
Diagnosed With Cancer
United States, 1997**

	1997 Estimated Prevalence		
	Total	Males	Females
ALL SITES	8,114,000	3,352,000	4,762,000
All Sites (Age 0-14)	152,000	77,000	75,000
Bladder	582,000	428,000	154,000
Brain	89,000	48,000	41,000
Buccal	207,000	129,000	78,000
Colon	848,000	393,000	455,000
Hodgkin's	156,000	83,000	73,000
Kidney	198,000	119,000	79,000
Larynx	128,000	103,000	25,000
Leukemia	140,000	78,000	62,000
Lung	386,000	206,000	180,000
Melanoma	467,000	225,000	242,000
Non Hodgkin's	291,000	145,000	146,000
Pancreas	23,000	11,000	12,000
Rectum	367,000	195,000	172,000
Stomach	74,000	40,000	34,000
Thyroid	207,000	51,000	156,000
Prostate	984,000	984,000	
Testis	127,000	127,000	
Breast	1,993,000	12,000	1,981,000
Cervix	205,000		205,000
Corpus	516,000		516,000
Ovary	186,000		186,000

NOTE: Previous published prevalence national estimates of cancer have been revised using age-specific cancer rates. There has been no decline in prevalence-the number of cancer survivors has increased during recent years.

Fiscal Year
1997 Budget

(Dollars in Thousands)

A. Actual Obligations Resulting From Appropriated Funds:

FY 1997 Appropriation	\$2,382,532
Real transfer from other NIH Institutes through the NIH Director's one-percent transfer authority	7,916
Rescission in accordance with P.L. 103-134	-1,383
Lapse	-24
Actual Obligations Subtotal	2,389,041

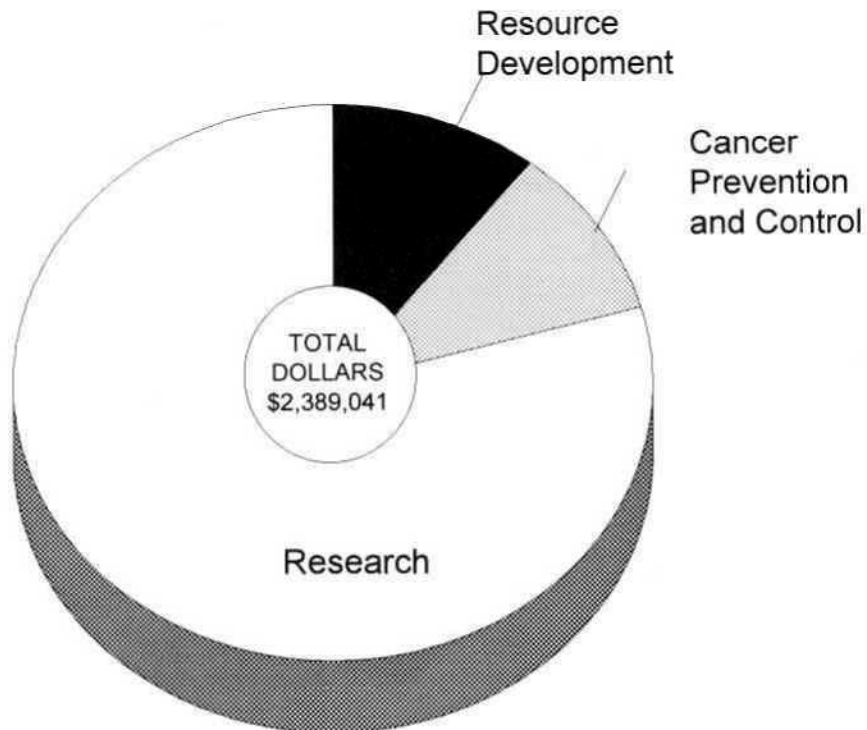
B. Reimbursable Obligations:

AIDS Reimbursement from Office of the Director, NIH	1,241
Other Reimbursements	15,626
Reimbursements	16,867

C. Total NCI Obligations: \$2,405,908

Program Structure
Fiscal Year 1997

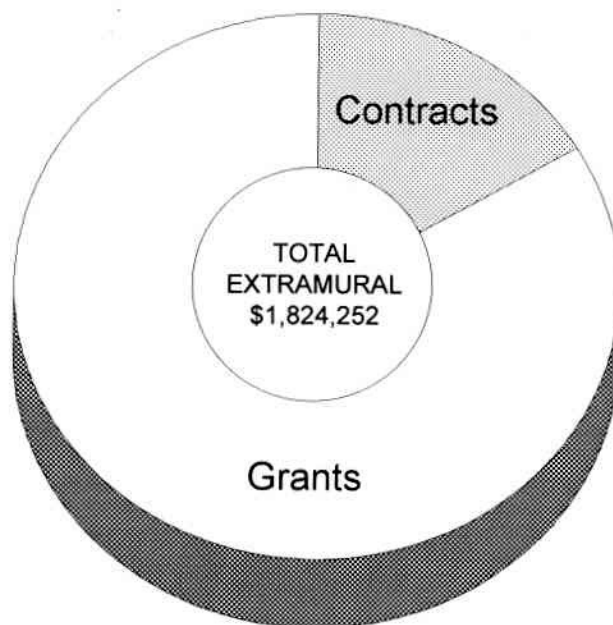
(Dollars in Thousands)



Budget Activity	Dollars	Percent
Research:		
Cancer Causation	\$696,799	29.2%
Detection and Diagnosis Research	142,895	6.0%
Treatment Research	700,586	29.3%
Cancer Biology	364,125	15.2%
Subtotal Research	1,904,405	79.7%
Resource Development:		
Cancer Centers Support	162,839	6.8%
Research Manpower Development	80,409	3.4%
Construction	3,284	0.1%
Subtotal Resource Development	246,532	10.3%
Cancer Prevention and Control	238,104	10.0%
Total NCI	\$2,389,041	100.0%

**Extramural Funds
Fiscal Year 1997**

(Dollars in Thousands)



	Dollars	Percent
Contracts:		
SBIR Contracts	\$796	0.1%
Research and Development Contracts	183,484	10.1%
Cancer Control Contracts	110,420	6.1%
Construction Contracts	1,590	0.1%
Subtotal Contracts	296,290	16.2%
Grants:		
Research Project Grants	1,123,315	61.6%
Cancer Centers/SPORES	160,713	8.8%
Training Activities	44,559	2.4%
Other Research Grants	127,951	7.0%
Cancer Control Grants	70,014	3.8%
Construction Grants	1,410	0.1%
Subtotal Grants	1,527,962	83.8%
Total Extramural Funds	1,824,252	100.0%
Total Intramural/RMS/Control/Inhouse	564,789	
Total NCI	\$2,389,041	

Total NCI Dollars by Mechanism
Fiscal Year 1997

(Dollars in Thousands)

	Number	Amount	Percent of Total	
Research Grants:				
Research Project Grants:				
Traditional Awards:	2,194	\$577,432	24.2%	
Program Projects	149	202,317	8.5%	
FIRST Awards	446	47,413	2.0%	
MERIT Awards	90	30,950	1.3%	
Outstanding Investigator Grants	63	62,892	2.6%	
RFAs	195	48,148	2.0%	
Cooperative Agreements	169	81,193	3.4%	
Shannon Awards	21	1,450	0.1%	
Small Grants	101	6,411	0.3%	
Exploratory/Developmental Grants	63	12,269	0.5%	
Program Evaluation Assessment		5,684	0.2%	
SBIR/STTR Grants	253	47,156	2.0%	
Subtotal, Research Project Grants	3,744	1,123,315	47.0%	
Cancer Centers Grants	57	131,948	5.5%	
SPOREs	14	28,765	1.2%	
Subtotal, Centers	71	160,713	6.7%	
Other Research Grants:				
Career Program				
RCD4-KO4	10	684	0.0%	
Clinical Oncology-K12	15	3,999	0.2%	
Physician Investigator-K11	27	2,411	0.1%	
Preventive Oncology-KO7	32	2,802	0.1%	
Clinical Investigator-KO8	103	8,138	0.3%	
Temin Awards-K01	17	1,627	0.1%	
Subtotal, Career Program	204	19,661	0.8%	
Cancer Education Program	80	12,085	0.5%	
Clinical Cooperative Groups	146	88,499	3.7%	
Minority Biomedical Support		2,588	0.1%	
Scientific Evaluation	2	3,528	0.1%	
Resource Grants	3	667	0.0%	
Conference Grants	58	923	0.0%	
Subtotal, Other Research Grants	493	127,951	5.4%	
Subtotal, Research Grants	4,308	1,411,979	59.1%	
NRSA Fellowships	Trainees:	1,601	44,559	1.9%
Research and Development Contracts:				
R&D Contracts		183,484	7.7%	
SBIR Contracts		796	0.0%	
Subtotal, Contracts		184,280	7.7%	
Intramural Research:				
Intramural Research	FTEs:	1,381	287,607	12.0%
NIH Management Fund		124,910	5.2%	
Subtotal, Intramural Research	1,381	412,517	17.3%	
Research Management & Support:				
Research Management & Support	FTEs:	689	86,713	3.6%
NIH Management Fund		14,075	0.6%	
Subtotal, RMS	689	100,788	4.2%	
Cancer Prevention and Control:				
Cancer Control Grants		70,014	2.9%	
Cancer Control Contracts		110,420	4.6%	
Inhouse	FTEs:	183	49,420	2.1%
NIH Management Fund		2,064	0.1%	
Subtotal, Prevention and Control	183	231,918	9.7%	
Construction		3,000	0.1%	
Total NCI	FTEs:	2,253	\$2,389,041	100.0%

**Division Obligations
by Mechanism
Fiscal Year 1997**

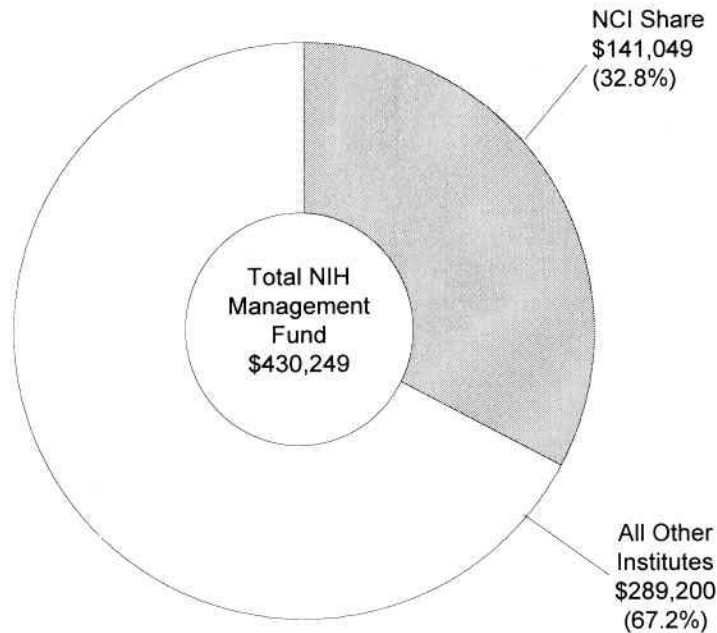
(Dollars in Thousands)

	DBS	DCS	DCEG	DCTDC	DCB	DCCPS	DCP	DEA	OD	Research Grants	Program Support(1)	TOTAL NCI
Research Grants:												
Research Project Grants										\$1,070,475	\$5,684	\$1,076,159
SBIR/STTR Grants										47,156		47,156
Subtotal, Research Project Grants										1,117,631	5,684	1,123,315
Cancer Centers Grants									\$131,948			131,948
SPOREs									28,765			28,765
Subtotal, Centers									160,713			160,713
Other Research Grants:												
Career Program									19,661			19,661
Cancer Education Program									12,085			12,085
Clinical Cooperative Groups				\$88,499								88,499
Minority Biomedical Support								\$2,588				2,588
Scientific Evaluation								3,528				3,528
Resource Grants										667		667
Conference Grants										923		923
Subtotal, Other Research Grants				88,499				6,116	31,746	1,590		127,951
Total, Research Grants				88,499				6,116	192,459	1,119,221	5,684	1,411,979
NRSA Fellowships									44,559			44,559
Research and Development Contracts:												
R&D Contracts			\$14,906	47,882	\$4,490	\$16,654			87,134		12,418	183,484
SBIR Contracts									796			796
Total, Contracts			14,906	47,882	4,490	16,654			87,930		12,418	184,280
Intramural Research:												
Intramural Research	\$127,176	\$92,148	35,470	4,362				428	23,673		4,350	287,607
NIH Management Fund											124,910	124,910
Total, Intramural Research	127,176	92,148	35,470	4,362				428	23,673		129,260	412,517
Research Management & Support:												
Research Management & Suppt.				19,206	5,447	1,298		9,382	39,709		11,671	86,713
NIH Management Fund											14,075	14,075
Total, RMS				19,206	5,447	1,298		9,382	39,709		25,746	100,788
Cancer Prevention and Control:												
Cancer Control Grants						15,059	\$51,846		3,109			70,014
Cancer Control Contracts		3,765	1,692			35,617	49,222		20,124			110,420
Inhouse		1,488	1,709			6,978	8,429	118	27,777		2,921	49,420
NIH Management Fund											2,064	2,064
Total Prevention & Control		5,253	3,401			57,654	109,497	118	51,010		4,985	231,918
Construction									3,000			3,000
Total, NCI	\$127,176	\$97,401	\$53,777	\$159,949	\$9,937	\$75,606	\$109,497	\$16,044	\$442,340	\$1,119,221	\$178,093	\$2,389,041

(1) Includes Central Assessments for DHHS-NIH General Expense, Management Fund, and Program Evaluation

**NIH Management Fund
Reimbursement
Fiscal Year 1997**

(Dollars in Thousands)



DISTRIBUTION OF NCI PAYMENT		
	Dollars	Percent
Clinical Center	\$90,543	64.2%
Division of Research Grants	4,175	3.0%
Division of Computer Research and Technology	8,215	5.8%
GSA Rental Payments for Space	7,593	5.4%
Other Research Services	30,523	21.6%
Total, NCI Payment	\$141,049	100.0%

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

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

Division of Research Grants: initial scientific review of applications, assignment of research grant applications to institutes

Division of Computer Research and Technology: Research and development program in which concepts and methods of computer science are applied to biomedical problems

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

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

Special Sources of Funds*(Dollars in Thousands)*

CRADAs

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

CRADA Receipts Deposited to the U.S. Treasury

	Carryover from Prior Year	Receipts	Obligations
1991	\$52	\$115	\$66
1992	101	1,627	466
1993	1,262	2,509	1,582
1994	2,189	2,248	1,917
1995	2,570	2,653	1,478
1996	3,745	2,229	1,394
1997	4,580	13,434	6,631
1998	11,383		

Royalty Income

NCI retains a portion of the royalty income generated by the patents related to NCI-funded research. A major portion of this royalty income is used to reward employees of the laboratory, to further scientific exchange and for education and training in accordance with the terms of the Act. Receipts are also used to support the costs of processing and collecting royalty income. Support is also provided to cover expenses associated with technology transfer efforts in NCI and NIH.

Royalty Income Funding History

Years Available	Collections*	Inventor Payments	Other**
1990/1991	\$1,452	\$871	\$581
1991/1992	2,084	431	1,653
1992/1993	2,105	451	1,654
1993/1994	5,700	983	4,717
1994/1995	11,244	1,235	10,009
1995/1996	9,031	953	8,078
1996/1997	13,598	2,175	11,423
1997/1998	9,814	2,321	7,493

* Does not include assessments by NIH and NTIS.

** To be used for the furtherance of technology transfer

Research Dollars by Various Cancers

(Dollars in Millions)

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

	1991 Actual	1992 Actual	1993 Actual	1994 Actual	1995 Actual	1996 Actual	1997 Actual	1998 Estimate	1999 President's Budget
Total NCI*	\$1,712.7	\$1,947.6	\$1,978.3	\$2,076.2	\$2,130.3	\$2,254.9	\$2,389.1	\$2,547.3	\$2,776.3
AIDS	\$160.9	\$165.7	\$173.0	\$213.0	\$217.4	\$225.4	\$224.7	\$226.4	\$240.2
Brain & Central Nervous System	31.5	32.5	40.5	41.7	43.0	41.6	46.1	48.5	51.3
Breast Cancer	92.7	145.0	211.5	267.6	308.7	317.5	332.0	348.6	366.0
Cancer Prevention & Control	90.8	114.9	112.6	153.9	205.0	226.0	231.9	254.7	277.7
Cervical Cancer	22.3	30.7	42.2	42.3	45.5	51.6	55.8	58.0	61.2
Clinical Trials	254.4	314.5	326.8	339.0	384.8	393.8	417.6	440.6	469.9
Colorectal Cancer	56.5	69.2	74.2	83.1	96.5	98.0	103.2	109.0	117.0
Hodgkins Disease	7.8	6.7	6.8	6.7	7.8	8.0	8.1	8.3	8.5
Leukemia	60.1	64.6	74.2	77.7	77.5	79.3	91.2	97.0	105.6
Liver Cancer	29.8	30.7	37.5	37.9	38.0	31.4	35.3	37.0	39.0
Lung Cancer	68.7	76.3	92.9	106.4	113.9	119.4	132.4	139.0	149.0
Melanoma	26.2	24.8	29.8	33.4	31.8	36.0	43.3	45.5	47.7
Non Hodgkin's Lymphoma**		33.4	40.1	38.7	39.7	49.9	52.7	54.3	55.9
Ovarian Cancer	13.6	20.7	32.5	33.5	33.9	36.5	41.7	44.2	46.8
Prostate Cancer	13.8	31.4	51.1	56.1	64.3	71.7	82.3	89.5	96.0
Uterine Cancer	7.0	7.8	6.3	7.2	7.7	8.1	8.1	8.3	8.5

* Includes AIDS funding

** Data related to NCI spending for Non Hodgkin's Lymphoma was not collected until Fiscal Year 1992

Grant and Contract Awards by State (Dollars in Thousands)
Fiscal Year 1997

State	Grants		Contracts		Total NCI
	Number	Amount	Number	Amount	Amount
Alabama	46	\$17,221	12	\$7,374	\$24,595
Alaska	2	118			118
Arizona	45	19,314	1	205	19,519
Arkansas	13	2,305			2,305
California	557	221,284	20	93,419	314,703
Colorado	62	17,343	4	2,678	20,021
Connecticut	61	18,728	2	1,984	20,712
Delaware	5	917			917
District of Columbia	66	25,144	7	2,117	27,261
Florida	55	12,081	1	1,218	13,299
Georgia	41	11,187	3	1,739	12,926
Hawaii	15	7,023	3	2,294	9,317
Idaho		-		-	-
Illinois	139	46,635	12	2,210	48,845
Indiana	34	8,385	2	1,309	9,694
Iowa	19	5,302	2	3,372	8,674
Kansas	15	4,480	5	2,346	6,826
Kentucky	26	4,567	3	871	5,438
Louisiana	19	3,784			3,784
Maine	9	3,036	1	850	3,886
Maryland	142	49,038	75	85,811	134,849
Massachusetts	401	157,491	5	6,104	163,595
Michigan	152	45,106	7	10,079	55,185
Minnesota	97	32,577	7	5,974	38,551
Mississippi	4	518			518
Missouri	73	16,577	7	3,806	20,383
Montana	3	492			492
Nebraska	23	8,535			8,535
Nevada	4	705			705
New Hampshire	33	9,661	1	76	9,737
New Jersey	59	18,140	3	1,924	20,064
New Mexico	15	4,128	3	4,311	8,439
New York	433	164,598	12	8,383	172,981
North Carolina	152	52,272	11	7,204	59,476
North Dakota	2	343			343
Ohio	141	37,382	12	3,952	41,334
Oklahoma	7	1,160	1	576	1,736
Oregon	33	8,100			8,100
Pennsylvania	323	121,343	8	6,203	127,546
Rhode Island	35	9,342	1	819	10,161
South Carolina	25	4,290	1	1,013	5,303
South Dakota	3	548			548
Tennessee	96	28,877	1	115	28,992
Texas	297	98,338	8	3,388	101,726
Utah	33	10,086	3	3,495	13,581
Vermont	12	4,384	1	166	4,550
Virginia	64	21,812	4	1,906	23,718
Washington	163	75,638	4	6,853	82,491
West Virginia	6	1,163	2	1,568	2,731
Wisconsin	87	25,307	4	3,605	28,912
Wyoming		-		-	-
Total	4,147	1,436,805	259	291,317	1,728,122
Guam		69			69
Puerto Rico	1	254			254
Total	4,148	\$1,437,128	259	\$291,317	\$1,728,445

Excludes Manpower Development and Foreign grants

**NCI Foreign Research
Grants and Contracts
Fiscal Year 1997**

(Dollars in Thousands)

Country	Grant		Contract		Total NCI Awards	Percent of Total Dollars Awarded
	Number	Amount	Number	Amount		
Australia	5	\$1,809			\$1,809	11.7%
Belgium	2	493			493	3.2%
Canada	19	4,239	1	\$229	4,468	28.9%
China			1	113	113	0.7%
Costa Rica			1	388	388	2.5%
Denmark			3	284	284	1.8%
Finland	2	393	3	1,003	1,396	9.0%
France	2	860			860	5.6%
India	1	50			50	0.3%
Israel	4	566			566	3.7%
Italy	3	837	1	491	1,328	8.6%
Jamaica			1	1,030	1,030	6.7%
Japan			2	333	333	2.2%
Netherlands			1	64	64	0.4%
New Zealand			2	737	737	4.8%
Republic of South Africa	1	115			115	0.7%
Sweden	2	892	2	135	1,027	6.6%
Trinidad			1	170	170	1.1%
United Kingdom	2	216			216	1.4%
Total Foreign	43	\$10,470	19	\$4,977	\$15,447	100.0%

**Institutions Receiving More than
\$10,000,000 in NCI Support
Fiscal Year 1997**

(Dollars in Thousands)

State	Institution	Grants	Contracts	Construction	Total NCI
Alabama	University of Alabama System	\$15,476	\$2,795		\$18,271
Arizona	University of Arizona	17,481	205		17,686
California	University of California System	91,054	5,063		96,117
	City of Hope	10,973			10,973
	Science Applications International Corporation		75,512		75,512
	Stanford University	28,444			28,444
	University of Southern California	22,968	3,145		26,113
	Burnham Intsitute	11,971			11,971
	Scripps Research Institute	11,774			11,774
Colorado	University of Colorado System	9,293	845		10,138
Connecticut	Yale University	18,578	429		19,007
District of Columbia	Georgetown University	14,087	986		15,073
Illinois	University of Chicago	20,555			20,555
	Northwestern University	11,854			11,854
Maryland	Johns Hopkins University	39,140	2,531		41,671
Massachusetts	Dana-Farber Cancer Institute	30,663			30,663
	Harvard University	27,001			27,001
	Massachusetts General Hospital	20,046			20,046
	Massachusetts Institute of Technology	10,867			10,867
	Brigham and Women's Hospital	16,484			16,484
Michigan	University of Michigan at Ann Arbor	26,746			26,746
	Wayne State University	11,595	3,207		14,802
Minnesota	University of Minnesota	17,427	3,471		20,898
	Mayo Foundation	13,804	1,385		15,189
Missouri	Washington University	13,847	1,561		15,408
New York	Memorial Sloan-Kettering	39,143	1,581		40,724
	Cold Spring Harbor Laboratory	10,660			10,660
	Columbia University	19,135	573		19,708
	New York University	16,236			16,236
	Yeshiva University	15,572			15,572
	American Health Foundation	9,719	461		10,180
	New York State Dept. of Health	13,814	2,759		16,573
	University of North Carolina System	24,816	1,744		26,560
	Duke University	25,122	895		26,017
	Organon Teknika Corporation	29	19,965		19,994
Ohio	Case Western Reserve University	17,013	1,736		18,749
	Ohio State University	12,030	757		12,787
Pennsylvania	University of Pittsburgh	21,122	2,743		23,865
	University of Pennsylvania	27,430			27,430
	Fox Chase Cancer Center	24,673	1,225	\$460	26,358
	Thomas Jefferson University	15,143			15,143
	Allegheny Health, Education and Research	13,178			13,178
Tennessee	St. Jude Children's Research Hospital	14,677			14,677
	Vanderbilt University	12,103			12,103
Texas	University of Texas System	71,408	3,181		74,589
	Baylor College of Medicine	11,631	136		11,767
	Cancer Therapy and Research Center	14,439			14,439
Utah	Utah State Higher Education System	10,249	3,495		13,744
Washington	Fred Hutchinson Cancer Research Center	53,755	4,423	950	59,128
	University of Washington	14,774	1,175		15,949
Wisconsin	University of Wisconsin System	22,494	645		23,139
Total		\$1,042,493	\$148,629	\$1,410	\$1,192,532

**Cancer Centers
by State (P30 Core Grants)
Fiscal Year 1997**

State	Grantee Institution	Type	Awarded	
Alabama	University of Alabama at Birmingham	Comprehensive	\$4,009,902	
Arizona	University of Arizona	Comprehensive	1,665,980	
California	Beckman Research Institute/City of Hope	Clinical	1,973,721	
	Burnham Institute	Lab/Basic	1,405,784	
	Salk Institute for Biological Sciences	Lab/Basic	1,995,638	
	University of California at Los Angeles	Comprehensive	3,163,166	
	University of California at San Diego	Clinical	1,455,100	
	University of California, Irvine Clinical Cancer Center	Clinical	1,580,614	
	University of Southern California	Comprehensive	3,823,014	
Colorado	University of Colorado Health Sciences Center	Clinical	2,466,647	
Connecticut	Yale University	Comprehensive	1,712,172	
District of Columbia	Georgetown University	Comprehensive	2,480,944	
Hawaii	University of Hawaii at Manoa	Clinical	779,345	
Illinois	Northwestern University	Clinical	1,465,988	
	University of Chicago	Clinical	2,334,995	
Indiana	Purdue University West Lafayette	Lab/Basic	671,019	
Maine	Jackson Laboratory	Lab/Basic	1,724,913	
Maryland	Johns Hopkins University	Comprehensive	4,017,858	
Massachusetts	Dana-Farber Cancer Institute	Comprehensive	3,326,816	
	Massachusetts Institute of Technology	Lab/Basic	1,272,880	
Michigan	University of Michigan at Ann Arbor	Comprehensive	2,841,353	
	Barbara Ann Karmanos Cancer Institute/Wayne State University	Comprehensive	855,975	
Minnesota	Mayo Foundation	Clinical	2,339,440	
Nebraska	University of Nebraska Medical Center	Lab/Basic	1,083,756	
New Hampshire	Dartmouth College	Comprehensive	1,761,984	
New Jersey	Robert Wood Johnson Medical School	Clinical	1,118,853	
New York	Cold Spring Harbor Laboratory	Lab/Basic	2,701,460	
	Columbia University New York	Comprehensive	3,334,849	
	Kaplan Cancer Center/NYU	Clinical	2,998,218	
	Roswell Park Memorial Institute	Comprehensive	1,965,743	
	Memorial Sloan-Kettering	Comprehensive	5,883,836	
	University of Rochester	Clinical	1,760,991	
	American Health Foundation	Lab/Basic	2,918,453	
	Albert Einstein College of Medicine/Yeshiva University	Clinical	3,588,047	
	North Carolina	Duke University	Comprehensive	3,988,595
		University of North Carolina Chapel Hill	Comprehensive	2,578,741
Wake Forest University/Bowman Gray Sch. of Medicine		Comprehensive	1,719,782	
Ohio	Case Western Reserve University	Clinical	1,700,190	
	Ohio State University	Comprehensive	2,138,191	
Oregon	Oregon Health Sciences University	Clinical	941,642	
Pennsylvania	Fox Chase Cancer Center	Comprehensive	6,235,053	
	Thomas Jefferson University	Clinical	1,208,970	
	University of Pennsylvania	Comprehensive	3,342,397	
	University of Pittsburgh	Comprehensive	2,170,451	
	Wistar Institute of Anatomy and Biology	Lab/Basic	2,038,664	
Tennessee	St. Jude Children's Research Hospital	Clinical	3,584,417	
	Vanderbilt University	Clinical	1,160,300	
Texas	Cancer Therapy and Research Center	Clinical	1,333,478	
	M.D. Anderson Cancer Center/Univ. of Texas	Comprehensive	2,502,586	
Utah	Huntsman Cancer Institute/University of Utah	Clinical	1,418,011	
Vermont	University of Vermont	Comprehensive	647,514	
Virginia	University of Virginia	Clinical	1,064,976	
	Medical College of Virginia/VCU	Clinical	824,237	
Washington	Fred Hutchinson Cancer Research Center	Comprehensive	5,109,710	
Wisconsin	University of Wisconsin Madison	Comprehensive	5,751,023	
Total P30s			55	
Planning Grants			810,000	
NCI Co-funded Awards with other NIH Institutes			1,200,566	
Total Cancer Centers			\$131,948,948	

Specialized Programs of Research Excellence SPOREs

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

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

In 1997, NCI funded a total of 14 SPOREs and co-funded 6 SPORES for a total of \$28,764,530. SPOREs are funded through specialized center grants, P50s. Twelve institutions received full support as P50 SPOREs. NCI co-funded three P50s with the National Institute of Diabetes and Digestive and Kidney Diseases using \$501,104 of NCI support, and three P50s with the National Institute of Dental Research were co-funded using \$1,045,580 of NCI support. In the upcoming years, NCI may increase the use of the SPORE mechanism to include funding for other major cancer sites.

Site	# of Awards	Amount of Funding
Breast	6	\$12,559,076
Gastrointestinal	2	2,032,015
Lung	3	5,797,150
Prostate	3	6,543,896
DEA Supplements		285,709
Co-funded Awards:		
Urology (NIDDK)		501,104
Oral (NIDR)		1,045,580
Subtotal Co-funded Awards		1,546,684
Total SPORES	14	\$28,764,530

Total Research

(Dollars in Thousands)

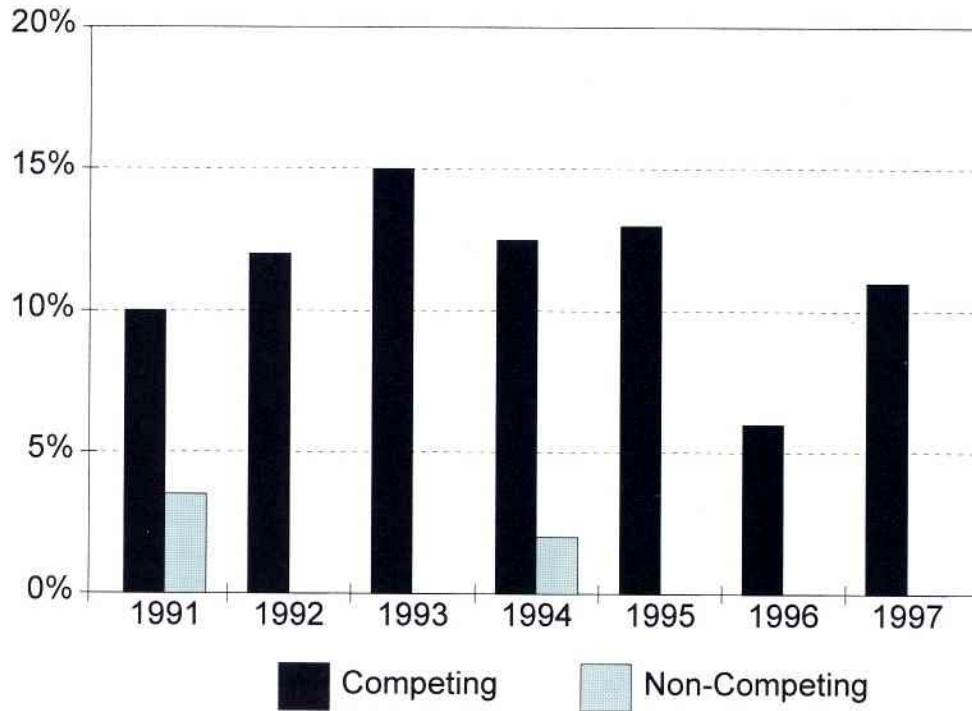
Project Grants

Fiscal Years 1991-1997

Fiscal Year	Type Awarded	Requested		Awarded		Success Rate
		No.	Amt.	No.	Amt.	
1991	Competing					
	New.....	2,195	\$512,665	513	\$102,364	
	Renewal.....	837	286,858	323	94,231	
	Board Supplement.....	8	1,161	4	421	
	Subtotal.....	3,040	800,684	840	197,016	27.6%
	Non-Competing.....			2,207	594,532	
	Total.....			3,047	791,548	
1992	Competing					
	New.....	2,508	\$612,369	664	\$119,091	
	Renewal.....	815	332,428	398	133,413	
	Board Supplement.....	23	3,704	17	1,347	
	Subtotal.....	3,346	948,501	1,079	253,851	32.2%
	Non-Competing.....			2,231	620,006	
	Total.....			3,310	873,857	
1993	Competing					
	New.....	3,173	\$746,912	644	\$114,227	
	Renewal.....	891	328,657	340	107,949	
	Board Supplement.....	75	8,554	7	1,698	
	Subtotal.....	4,139	1,084,123	991	223,874	23.9%
	Non-Competing.....			2,346	692,436	
	Total.....			3,337	916,310	
1994	Competing					
	New.....	3,643	\$787,824	657	\$118,403	
	Renewal.....	935	342,068	308	110,723	
	Board Supplement.....	20	3,311	4	733	
	Subtotal.....	4,598	1,133,203	969	229,859	21.1%
	Non-Competing.....			2,436	704,665	
	Total.....			3,405	934,524	
1995	Competing					
	New.....	3,345	\$789,560	645	\$119,760	
	Renewal.....	1,048	403,577	375	127,065	
	Board Supplement.....	21	7,502	10	1,537	
	Subtotal.....	4,414	1,200,639	1,030	248,362	23.3%
	Non-Competing.....			2,333	704,374	
	Total.....			3,363	952,736	
1996	Competing					
	New.....	3,071	\$733,313	682	142,249	
	Renewal.....	947	367,270	422	139,995	
	Board Supplement.....	10	1,921	5	694	
	Subtotal.....	4,028	1,102,504	1,109	282,938	27.5%
	Non-Competing.....			2,381	751,592	
	Total.....			3,490	1,034,530	
1997	Competing					
	New.....	3,328	\$828,653	815	160,763	
	Renewal.....	815	354,054	392	146,912	
	Board Supplement.....	14	3,136	5	755	
	Subtotal.....	4,157	1,185,843	1,212	308,430	29.2%
	Non-Competing.....			2,532	809,202	
	Total.....			3,744	1,117,632	

Note: RPGs include R01 traditional grants, P01 program projects, R23 new investigator research awards, R29 FIRST awards, R35 Outstanding Investigator Grants, R37 MERIT awards, U01 Cooperative Agreement awards, R01 and U01 awards of Request for Applications, R03 small grants, R21 Exploratory/Developmental Grants R41/R42 Small Business Technology Transfer Grants and R43/R44 Small Business Innovative Research awards. Success rate is the number of awarded grants divided by the number of awards requested. Requested data from 1986 through 1990 includes all submitted applications. Beginning in 1991, the requested data excludes applications not recommended for further review by the Division of Research Grants. 1993 requested data was updated since printing the 1993 Factbook.

Research Project Grants
Adjustments from Recommended Levels
Fiscal Years 1991-1997

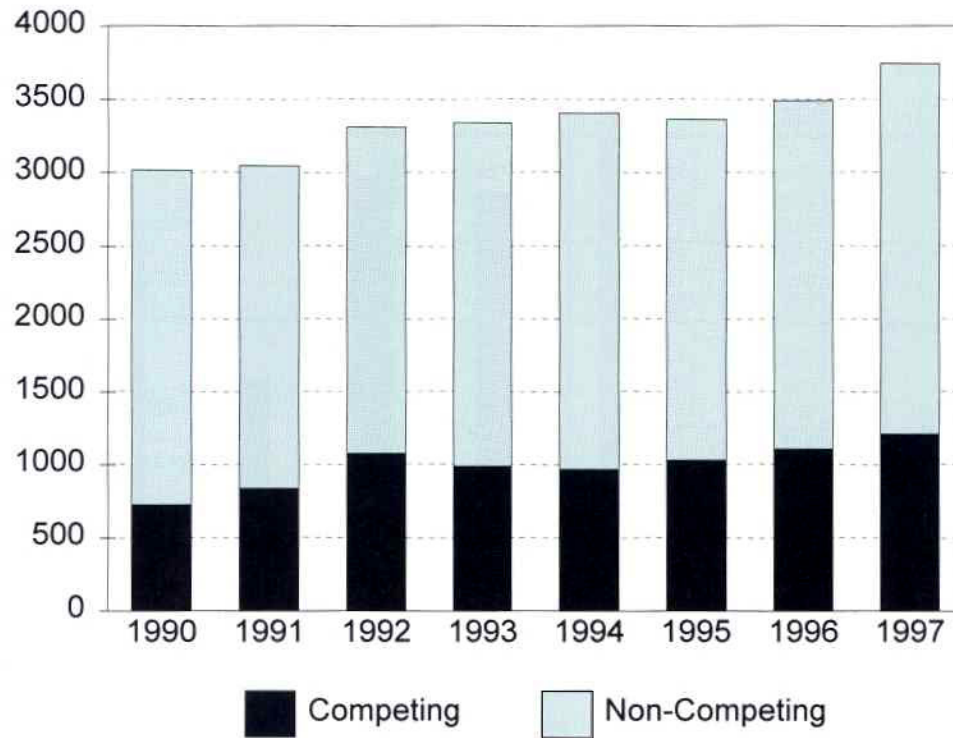


TYPE	1991	1992	1993	1994	1995	1996	1997
Competing	10.0%	12.0%	15.0%	12.5%	13.0%	6.0%	11.0%
Non-Competing	3.5%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%

Includes Small Business Innovation Research Awards

NOTE: Future year (non-competing) approved amounts are reduced by the average percentage reductions applied during the competing grant cycle. The percent reductions shown are taken against this adjusted base.

Research Project Grants
Number of Awards
Fiscal Years 1990-1997



TYPE	1990	1991	1992	1993	1994	1995	1996	1997
Competing	728	840	1,079	991	969	1,030	1,109	1,212
Non-Competing	2,288	2,207	2,231	2,346	2,436	2,333	2,381	2,532
Total	3,016	3,047	3,310	3,337	3,405	3,363	3,490	3,744

Includes Small Business Innovation Research Awards

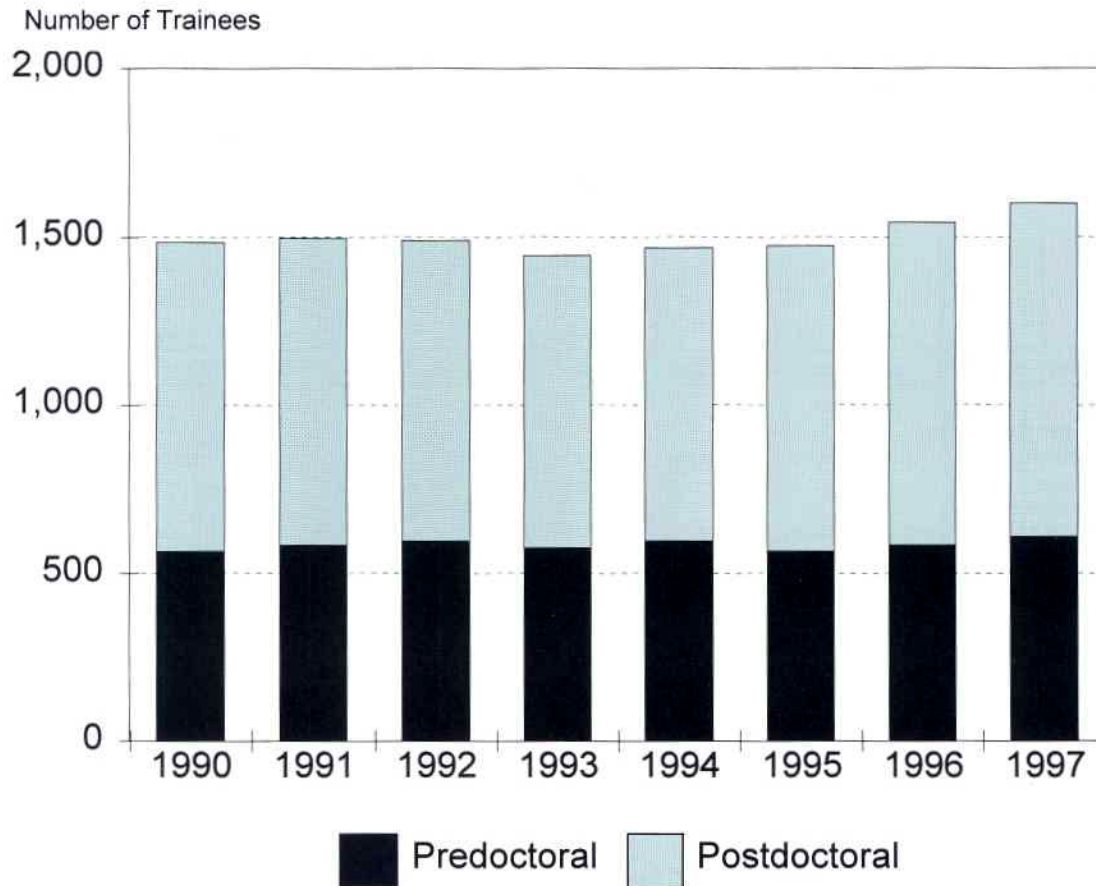
**Research Project Grants Awarded
History by Activity
Fiscal Years 1992-1997**

(Dollars in Thousands)

TYPE	1992		1993		1994		1995		1996		1997	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
R01	2,050	\$424,954	1,955	\$430,203	1,914	\$434,612	1,808	\$439,122	1,964	\$504,398	2,194	\$583,116
P01	183	205,330	176	202,852	163	184,852	149	171,524	144	182,609	149	202,317
R35	76	59,878	75	61,337	72	61,369	67	63,032	65	62,550	63	62,892
R37	162	47,414	166	51,633	154	48,699	142	45,125	110	37,070	90	30,950
U01	123	44,171	171	56,199	232	75,444	253	81,771	226	88,962	169	81,193
R29	309	29,726	291	29,053	312	32,610	342	36,014	388	41,170	446	47,413
RFA	208	45,107	282	63,267	319	70,879	314	72,409	268	66,102	195	48,148
R41/R42 R43/R44	199	17,277	215	20,401	179	22,773	191	32,485	180	35,643	253	47,156
R03					46	2,393	44	2,488	85	5,443	101	6,411
R21					5	353	34	7,640	46	9,599	63	12,269
R55			6	1,365	9	540	19	1,126	14	984	21	1,450
TOTAL	3,310	\$873,857	3,337	\$916,310	3,405	\$934,524	3,363	\$952,736	3,490	\$1,034,530	3,744	\$1,123,315

- R01 Research Project (Traditional)**
To support a discrete, specified, circumscribed project to be performed by the named investigator(s) in an area representing his/her specified interest and competencies.
- P01 Research Program Projects**
For the support of a broadly based, multidisciplinary, often long-term research program which has a specific major objective or a basic theme. A program project is directed toward a range of problems having a central research focus in contrast to the usually narrower thrust of the traditional research project.
- R35 Outstanding Investigator Grants**
To provide long-term support to an experienced investigator with an outstanding record of research productivity. This support is intended to encourage investigators to embark on long-term projects of unusual potential in a categorical program area.
- R37 Method to Extend Research in Time (MERIT) Award**
To provide long-term grant support to investigators whose research competence and productivity are distinctly superior and who are highly likely to continue to perform in an outstanding manner. Investigators may not apply for a MERIT award. Program staff and/or members of the cognizant National Advisory Council/Board will identify candidates for the MERIT award during the course of review of competing research grant applications prepared and submitted in accordance with regular PHS requirements.
- U01 Research Project (Cooperative Agreement)**
To support a discrete, specified, circumscribed project to be performed by the named investigator(s) in an area representing his/her specific interest and competencies.
- R29 First Independent Research Support and Transition (FIRST) Award**
To provide a sufficient initial period of research support for newly independent biomedical investigators to develop their research capabilities and demonstrate the merit of their research ideas.
- RFA Request for Applications**
A formal statement which invites grant or cooperative agreement applications in a well-defined scientific area to accomplish specific program purposes and indicates the amount of funds set aside for the competition and/or the estimated number of awards to be made.
- R41 Small Business Technology Transfer (STTR) Grants - Phase I**
To establish the technical merit and feasibility of R&D ideas which may ultimately lead to a commercial product(s) or service(s).
- R42 Small Business Technology Transfer (STTR) Grants - Phase II**
To establish the technical merit and feasibility of R&D ideas which may ultimately lead to a commercial product(s) or service(s).
- R43 Small Business Innovative Research (SBIR) Grants - Phase I**
To support projects, limited in time and amount, to establish the technical merit and feasibility of R&D ideas which may ultimately lead to a commercial product(s) or service(s).
- R44 Small Business Innovative Research (SBIR) Grants - Phase II**
To support in-depth development of R&D ideas whose feasibility has been established in Phase I and which are likely to result in commercial products or services.
- R03 Small Grants**
To provide research support specifically limited in time and amount for studies in categorical program areas. Small grants provide flexibility for initiating studies, which are generally for preliminary short-term projects and are non-renewable.
- R21 Exploratory/Developmental Grants**
To encourage the development of new research activities in categorical program areas. Support generally is restricted in level of support and in time.
- R23 New Investigator Research Awards**
To support basic and clinical studies so that newly trained investigators remain active during the development stage of their careers.
- R55 Shannon Awards**
To provide discrete limited support to scientists whose research applications fall short of the cutoff for funding yet are at the "margin of excellence" whereby the perceived quality of the grant is statistically indistinguishable from grants that are funded.

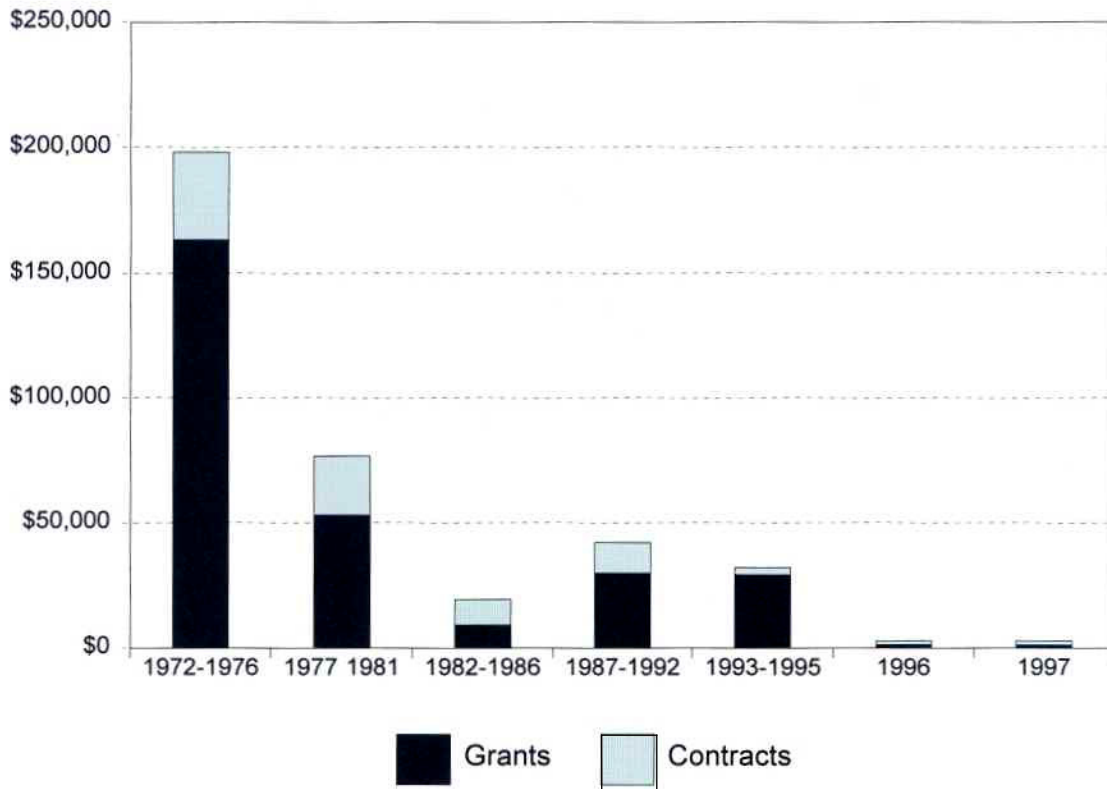
National Research Service Awards
Fiscal Years 1990-1997



TYPE	1990	1991	1992	1993	1994	1995	1996	1997
Predoctoral	567	584	597	578	596	567	584	610
Postdoctoral	918	913	894	868	873	907	959	991
Total	1,485	1,497	1,491	1,446	1,469	1,474	1,543	1,601

Construction/Renovation Funding
Fiscal Years 1972-1997

(Dollars in Thousands)



TYPE	1972-1976	1977-1981	1982-1986	1987-1992	1993-1995	1996	1997
Grants	\$163,433	\$53,293	\$9,225	\$30,068	\$29,199	\$1,500	\$1,410
Contracts	34,644	23,232	10,093	11,935	2,828	1,500	1,590
Total	198,077	76,525	19,318	42,003	32,027	3,000	3,000

Appropriations of the NCI 1938-1998

1938 through 1968.....	\$1,690,550,220	
1969.....	185,149,500	
1970.....	190,486,000	
1971.....	230,383,000	
1972.....	378,794,000	
1973.....	492,205,000	
1974.....	551,191,500	
1975.....	691,666,000	1
1976.....	761,727,000	
"TQ".....	152,901,000	2
1977.....	815,000,000	
1978.....	872,388,000	3
1979.....	937,129,000	
1980.....	1,000,000,000	4
1981.....	989,355,000	5
1982.....	986,617,000	6
1983.....	987,642,000	7
1984.....	1,081,581,000	8
1985.....	1,183,806,000	
1986.....	1,264,159,000	9
1987.....	1,402,837,000	10
1988.....	1,469,327,000	11
1989.....	1,593,536,000	12
1990.....	1,664,000,000	13
1991.....	1,766,324,000	14
1992.....	1,989,278,000	15
1993.....	2,007,483,000	16
1994.....	2,082,267,000	
1995.....	2,135,119,000	17
1996.....	2,251,084,000	18
1997.....	2,382,532,000	19
1998.....	2,547,314,000	20
Total		
(1938-1998)..	\$38,733,831,220	

Transition Quarter ("TQ") --

July 1, 1976 through September 30, 1976. The interim period in changing of the Federal Fiscal Year from July 1 through June 30 to October 1 through September 30.

- 1 Includes \$18,163,000 for training funds provided by Continuing Resolution.
- 2 Includes \$3,201,000 for training funds provided by Continuing Resolution.
- 3 Includes \$20,129,000 for training funds provided by Continuing Resolution.
- 4 1990 appropriation authorized under a Continuing Resolution.
- 5 Reflects 1981 rescission of \$11,975,000.
- 6 Amount included in continuing resolution. Includes \$47,988,000 transferred to the National Institute of Environmental Health Sciences for the National Toxicology Program.
- 7 Appropriated under Continuing Resolution and Supplemental Appropriation Bill.
- 8 Includes \$23,861,000 for training funds provided by a Continuing Resolution and \$4,278,000 in a Supplemental Appropriation Bill.
- 9 Includes \$6,000,000 from a Supplemental Appropriation Bill.
- 10 Authorized under Omnibus Continuing Resolution.
- 11 Authorized under Omnibus Continuing Resolution.
- 12 Appropriation prior to reduction contained in G.P. 517 (-\$19,122,000) and G.P. 215 (-\$2,535,000) and P.L. 100-436, Section 213, (-\$1,013,000).
- 13 Appropriation prior to reduction contained in P.L. 101-166 (-\$6,839,000) and P.L. 101-239 (-\$22,829,000).
- 14 Appropriation prior to reductions in P.L. 101-517 (-\$8,972,000 for salary and expense reduction; -\$42,568,000 for across-the-board reduction).
- 15 Appropriation prior to reductions in P.L. 102-170 (-\$21,475,000 for salary and expense reduction; -\$1,262,000 for travel reduction; \$15,000,000 transferred to other institutes for cancer research).
- 16 Appropriation prior to reductions in P.L. 102-294 (-\$16,060,000 for .8% reduction to all line items, -\$9,933,000 for S&E reduction, -\$139,000 for consultant services reduction.)
- 17 Appropriation prior to reductions in PL 103-211 (-\$1,883,000 for Procurement Reduction; -\$116,000 for SLUC Reduction; -\$1,052,000 for Bonus Pay Reduction). Includes \$218,199,000 of AIDS funding.
- 18 Includes \$225,790,000 of AIDS funding.
- 19 Includes \$224,983,000 of AIDS funding.
- 20 Includes \$226,414,000 of AIDS funding.

By-Pass Budget Requests
Fiscal Years 1973-1999

Fiscal Year	Request
1973.....	\$550,790,000
1974.....	640,031,000
1975.....	750,000,000
1976.....	898,500,000
1977.....	948,000,000
1978.....	955,000,000
1979.....	1,036,000,000
1980.....	1,055,000,000
1981.....	1,170,000,000
1982.....	1,192,000,000
1983.....	1,197,000,000
1984.....	1,074,000,000
1985.....	1,189,000,000
1986.....	1,460,000,000
1987.....	1,570,000,000
1988.....	1,700,000,000
1989.....	2,080,000,000
1990.....	2,195,000,000
1991.....	2,410,000,000
1992.....	2,612,000,000
1993.....	2,775,000,000
1994.....	3,200,000,000
1995.....	3,600,000,000
1996.....	3,640,000,000
1997.....	2,977,000,000
1998.....	2,702,500,000
1999.....	3,191,000,000

NOTE: Following the original passage of the National Cancer Act in December, 1971, a provision was included for the Director of the National Cancer Institute to submit an annual budget request directly to the President; hence it has come to be called the Bypass Budget. The Budget submitted for 1973 was the initial submission.

**Comparison of Dollars,
Positions and Space
Fiscal Years 1974-1997**

(Dollars in Thousands)

	Dollars		Positions		Space**	
	Obligations (\$000's)	Percent Increase Over Prior Year	Actual Full-Time Permanent Employees	Percent Increase Over Prior Year	Allocated Space (Square Feet)	Percent Increase Over Prior Year
1974	\$581,149		1,805		381,436	
1975	699,320	20.3%	1,849	2.4%	382,485	0.3%
1976	760,751	8.8%	1,955	5.7%	387,324	1.3%
1977	814,957	7.1%	1,986	1.6%	428,285	10.6%
1978	872,369	7.0%	1,969	-0.9%	491,725	14.8%
1979	936,969	7.4%	1,973	0.2%	493,156	0.3%
1980	998,047	6.5%	1,837	-6.9%	467,730	-5.2%
1981	989,338	-0.9%	1,815	-1.2%	472,633	1.0%
1982	986,564	-0.3%	1,703	-6.2%	477,782	1.1%
1983	986,811	0.0%	1,731	1.6%	484,093	1.3%
1984	1,081,460	9.6%	1,698	-1.9%	466,890	-3.6%
1985	1,177,853	8.9%	1,596	-6.0%	466,890	0.0%
1986	1,210,284	2.8%	1,573	-1.4%	465,790	-0.2%
1987	1,402,790	15.9%	1,642	4.4%	465,790	0.0%
1988	1,468,435	4.7%	1,708	4.0%	458,556	-1.6%
1989	1,570,342	6.9%	1,701	-0.4%	483,778	5.5%
1990	1,644,330 *	4.7%	1,837	8.0%	489,604	1.2%
1991	1,712,669	4.2%	1,921	4.6%	499,396	2.0%
1992	1,947,571	13.7%	2,042 ***	6.3%	477,067	-4.5%
1993	1,978,340	15.5%	1,951 ***	-4.5%	493,186	3.4%
1994	2,076,218	6.6%	1,840 ***	-5.7%	472,545	-4.2%
1995	2,129,369	7.6%	1,767 ***	-4.0%	510,466	8.0%
1996	2,254,940	8.6%	1,841 ***	4.2%	544,613	6.7%
1997	2,389,041	12.2%	1,915 ***	4.0%	590,890	8.5%

* Includes \$10,130 which was transferred to NCI from other NIH Institutes to partially fund several grants responding to a NIH Construction RFA.

** Does not include space at the Frederick Cancer Research and Development Center.

*** Source NIH TDCS 866

Personnel Resources
Fiscal Years 1985-1996

Fiscal Year	--Number of Full Time Equivalents--			Number of Employees
	Cancer	AIDS	Total	
1985	2,145	85	2,230	2,195
1986	2,003	98	2,101	2,096
1987	1,981	129	2,110	2,272
1988	2,137	146	2,283	2,302
1989	1,985	188	2,173	2,201
1990	1,960	232	2,192	2,322
1991	2,045	300	2,345	2,437
1992	2,219	306	2,525	2,604
1993	2,184	300	2,484	2,425
1994	2,081	301	2,382	2,307
1995	1,936	283	2,219	2,250
1996	1,949	231	2,180	2,301
1997	2,040	210	2,250	2,337

Acquired Immunodeficiency Syndrome (AIDS) (Dollars in Thousands)
Funding by Activity
Fiscal Year 1997

By Mechanism:	
Research Project Grants	\$93,149
Cancer Center Grants	7,506
Career Grants	304
Clin. Ed. Grants	149
Cooperative Clinical Groups	314
Other Grants	66
Training Grants, Individ.	30
Training Grants, Instit.	1,638
R&D Contracts	47,995
Intramural Research	62,762
Research Management and Support	10,820
Total, NCI	\$224,733

By Research Thrust:	
Cancer Causation	\$94,886
Detection and Diagnosis Research	1,930
Treatment Research	69,515
Cancer Biology	48,777
Subtotal Research	215,108
Cancer Center Support	7,505
Research Manpower Development	2,120
Total, NCI	\$224,733

By Division:	
Division of Basic Science	\$19,812
Division of Clinical Science	13,317
Division of Cancer Epidemiology & Genetics	11,072
Division of Cancer Treatment, Diagnosis & Centers	27,886
Frederick Cancer Research and Development Center	31,538
Office of the Director/Division of Extramural Activities	8,434
Research Project Grants	93,149
Conference Grants	66
NIH Management Fund*	19,459
Total, NCI	\$224,733

*Supports common services shared within the NIH; in AIDS the Management Fund is used principally for support costs associated with NCI's activities at the NIH Clinical Center.

Acquired Immunodeficiency Syndrome (AIDS) *(Dollars in Thousands)*
Funding History
Fiscal Years 1983-1997

Fiscal Year	NCI Amount	NIH Amount	% NCI To NIH
1983	\$9,790	\$21,668	45%
1984	16,627	44,121	38%
1985	26,874	63,737	42%
1986	45,050	134,667	33%
1987	63,755	260,907	24%
1988	89,944	473,285	19%
1989	122,247	627,076	19%
1990	150,304	740,509	20%
1991	160,869	799,821	20%
1992	165,668	1,047,294	16%
1993	173,029	1,073,957	16%
1994	212,868	1,298,996	16%
1995	217,430	1,333,600	16%
1996	225,360	1,411,860	16%
1997	224,733	1,501,073	15%

Note:

Effective 1992 funding for the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) was included

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