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*National Cancer Institute*

# 1979 NCI FACT BOOK

U. S. DEPARTMENT OF  
HEALTH AND HUMAN  
SERVICES

Public Health Service

National Institutes  
of Health

**NATIONAL CANCER PROGRAM**

*National Cancer Institute*

# 1979 NCI FACT BOOK



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

## **PREFACE**

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

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**DIRECTORY OF PERSONNEL****NATIONAL CANCER INSTITUTE  
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## NATIONAL CANCER INSTITUTE HISTORICAL DATA

### LEGISLATIVE HIGHLIGHTS

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

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

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

**December 4, 1970**—Senator Ralph Yarborough, Texas, introduced S. 4564, “A bill which would establish a National Cancer Authority for the purpose of devising and implementing a national program for the conquest of the world’s most dreaded disease—cancer.”

**January 22, 1971**—In his State of the Union Message, President Nixon announced that he would ask for the appropriation of an additional \$100 million to launch an intensive effort to control cancer, and that he would ask later for whatever additional funds could be effectively used.

**October 18, 1971**—The President announced that the Army’s Biological Defense Research Center at Fort Detrick, Maryland would be converted into a leading center for cancer research as part of the major campaign to conquer cancer.

**December 7, 1971**—After three conference sessions that began on November 30, the Senate-House Conference Committee agreed on an expanded cancer program.

**December 23, 1971**—The President signed P. L. 92-218, The National Cancer Act of 1971, providing increased authorities and responsibilities for the NCI Director; initiating a National Cancer Program; establishing a three-member

President’s Cancer Panel and a 23-member National Cancer Advisory Board; establishing cancer control programs as necessary for cooperation with State and other health agencies, and providing for the collection, analysis, and dissemination of all data useful in the diagnosis, prevention, and treatment of cancer, including the establishment of an international cancer research data bank.

**January-February 1974**—Hearings were held on the proposed legislation to improve on the National Cancer Plan and to authorize appropriations for the next three years.

**July 23, 1974**—The National Cancer Act Amendments of 1974, P.L. 93-352, was signed. The Amendments: encourage the NCP to explore the role of nutrition in the treatment, rehabilitation, and causation of cancer; authorize the Director to include personnel needs in the budget estimate to OMB; remove the limit on the number of comprehensive cancer centers; increase the number of expert appointments to 100; and direct the NCI to provide and contract for a program to disseminate and interpret information respecting the cause, prevention, diagnosis and treatment of cancer.

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

**November 9, 1978**—The Biomedical Research and Training Amendments of 1978, P.L. 95-622, was signed into law. The amendments redefined the National Cancer Program to highlight prevention activities; expanded the membership of the National Cancer Advisory Board to 29 members, identifying a minimum of 5 to be knowledgeable in environmental and occupational carcinogenesis and 2 to be physicians primarily involved in treating cancer patients; added basic research to the cancer centers authority; authorized travel and moving expenses to and from duty station for experts; and emphasized education and information in all aspects of the National Cancer Program.

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## HISTORICAL EVENTS

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- August 5, 1937**—President Franklin D. Roosevelt signed the National Cancer Act.
- November 9, 1937**—The National Advisory Cancer Council held its first meeting
- January 13, 1938**—Dr. Carl Voegtlin was appointed the first Director of the Institute.
- October 31, 1940**—President Franklin D. Roosevelt dedicated Building 6.
- July 1, 1947**—NCI reorganized to provide for expanded program; intramural cancer research, cancer research grants, and cancer control activities.
- July 2, 1953**—NCI inaugurated a full-scale clinical research program in the new Clinical Center.
- April 1955**—The Cancer Chemotherapy National Service Center was established in the Institute to coordinate the first national, voluntary, cooperative cancer chemotherapy program.
- January 11, 1966**—NCI reorganized to coordinate related activities. The areas of three Scientific Directors were established: Etiology; Chemotherapy; and a group of discipline-oriented laboratories and branches referred to as General Laboratories and Clinics.
- February 13, 1967**—A Cancer Research Center was established in Baltimore USPHS Hospital to conduct an integrated program of laboratory and clinical research on the therapy and management of cancer patients.
- April 27, 1970**—At the request of Senator Ralph W. Yarborough, Chairman of the Committee on Labor and Public Welfare, the Senate approved the establishment of the National Panel of Consultants on the Conquest of Cancer.
- October 18, 1971**—President Nixon converted the Army's former biological warfare facilities at Fort Detrick, Md., to research on the causes, treatment and prevention of cancer.
- December 23, 1971**—President Nixon signed P.L. 92-218, The National Cancer Act of 1971.
- June 22, 1972**—The Institute awarded a contract for the operation and maintenance of the Frederick Cancer Research Center at Fort Detrick, Maryland. This constituted the largest research contract ever awarded by a research component of the National Institutes of Health.
- June 30, 1972**—A team of five U. S. cancer scientists met with Russian scientists in Moscow to exchange information on cancer drugs. Dr. C. Gordon Zubrod, Scientific Director for Chemotherapy, NCI, on behalf of the United States, signed a U.S.-U.S.S.R. agreement on the exchange of drugs, visiting scientists, and information.
- July 27, 1972**—A Bureau-level organization was established for the National Cancer Institute, giving the Institute and its components organizational status commensurate with the responsibilities bestowed on it by The National Cancer Act of 1971. Under the reorganization, the Institute was composed of the Office of the Director and four Divisions: the Division of Cancer Biology and Diagnosis; Division of Cancer Cause and Prevention; Division of Cancer Treatment; and Division of Cancer Grants.
- September 10, 1974**—NCI established the Division of Cancer Control and Rehabilitation, which will plan, direct and coordinate an integrated program of activities regarding the widespread application of available and new methods for reducing the incidence, morbidity and mortality from cancer.
- July 1975**—The Division of Cancer Treatment was expanded to include the NCI Surgery and Radiation Oncology Branches and the extramural program of Cancer Cooperative Clinical Trials. The reorganization strengthened the Division's capabilities for conducting a national program of research on cancer treatment by combined modalities.
- May 15, 1978**—The first phase of an extensive NCI reorganization was announced. Day-by-day administrative and funding responsibility for extramural research programs was consolidated in each of the four research divisions. Responsibility for grant and contract review committees and for other committee management activities was transferred to the Division of Cancer Research Resources and Centers.
- July 18, 1979**—NCI and the National Naval Medical Center entered into an agreement to cooperate in a research program in cancer treatment at the Naval Medical facility.
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**DIRECTOR  
NATIONAL CANCER PROGRAM  
NATIONAL CANCER INSTITUTE**

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

January 1, 1980 TO PRESENT

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

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

**PRESIDENT'S CANCER PANEL**

	EXPIRATION OF APPOINTMENT
Dr. Joshua Lederberg, <i>Chairman</i> Rockefeller University New York, New York	1981
Dr. Elizabeth C. Miller McArdle Laboratory for Cancer Research Madison, Wisconsin	1980
Dr. Bernard Fisher University of Pittsburgh Pittsburgh, Pennsylvania	1982

## NATIONAL CANCER INSTITUTE EXECUTIVE COMMITTEE

Dr. Vincent T. DeVita, Jr., *Chairman*  
Acting Director, National Cancer Institute

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

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

Dr. Diane J. Fink  
Acting Associate Director for Medical Applications of  
Cancer Research

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

Dr. Robert W. Miller  
Acting Associate Director for International Affairs

Dr. Bayard H. Morrison III  
Assistant Director, NCI

Dr. Gregory T. O'Connor  
Director, Division of Cancer Cause and Prevention

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

Dr. Saul A. Schepartz  
Acting Director, Division of Cancer Treatment

Dr. William D. Terry  
Acting Director, Division of Cancer Control and Rehabilitation

Dr. Richard A. Tjalma  
Assistant Director, NCI

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

## NATIONAL CANCER ADVISORY BOARD

### APPOINTEES

	EXPIRATION OF APPOINTMENT		EXPIRATION OF APPOINTMENT
Dr. Henry C. Pitot, <i>Chairman</i> University of Wisconsin Madison, Wisconsin	1982	Dr. William E. Powers Harper Grace Hospital Detroit, Michigan	1980
Dr. Bruce N. Ames University of California Berkeley, California	1982	Dr. Janet D. Rowley University of Chicago Chicago, Illinois	1984
Dr. Harold Amos Harvard Medical School Boston, Massachusetts	1982	Mr. Sheldon W. Samuels AFL-CIO Washington, D. C.	1984
Dr. William O. Baker Bell Telephone Laboratories, Inc. Murray Hill, New Jersey	1980	Mr. Morris M. Schrier MCA, Inc. Scarsdale, New York	1984
Dr. G. Denman Hammond University of Southern California Los Angeles, California	1980	Dr. Irving J. Selikoff Mount Sinai School of Medicine New York, New York	1984
Dr. Maureen A. Henderson University of Washington Seattle, Washington	1984	Dr. Frederick Seitz The Rockefeller University New York, New York	1982
Mrs. Albert D. Lasker Albert and Mary Lasker Foundation New York, New York 10017	1980	Dr. William W. Shingleton Duke University Medical Center Durham, North Carolina	1980
Mrs. Vincent Lombardi Manalapan, Florida	1982	Dr. Philippe Shubik German Cancer Center German Federal Republic	1982
Dr. Joseph H. Ogura Washington University St. Louis, Missouri	1980	Dr. Gerald N. Wogan Massachusetts Institute of Technology Cambridge, Massachusetts	1984

### EX OFFICIO MEMBERS

Dr. John H. Moxley, III Assistant Secretary of Defense Washington, D. C.	Dr. Jere Edwin Goyan Food and Drug Administration Rockville, Maryland
Dr. Frank Press Office of Science and Technology Policy Washington, D. C.	Dr. Anthony Robbins National Institute for Occupational Safety and Health Rockville, Maryland
Mr. Douglas Costle Environmental Protection Agency Washington, D. C.	Dr. David P. Rall National Institute of Environmental Health Sciences Research Triangle Park, North Carolina
Ms. Susan B. King Consumer Product Safety Commission Washington, D. C.	Mrs. Patricia R. Harris Secretary of Health, Education, and Welfare Washington, D. C.
The Honorable Ray Marshall Secretary of Labor Washington, D. C.	Dr. Donald S. Fredrickson Director, National Institutes of Health, PHS Bethesda, Maryland
Dr. James Crutcher Veterans Administration Washington, D. C.	

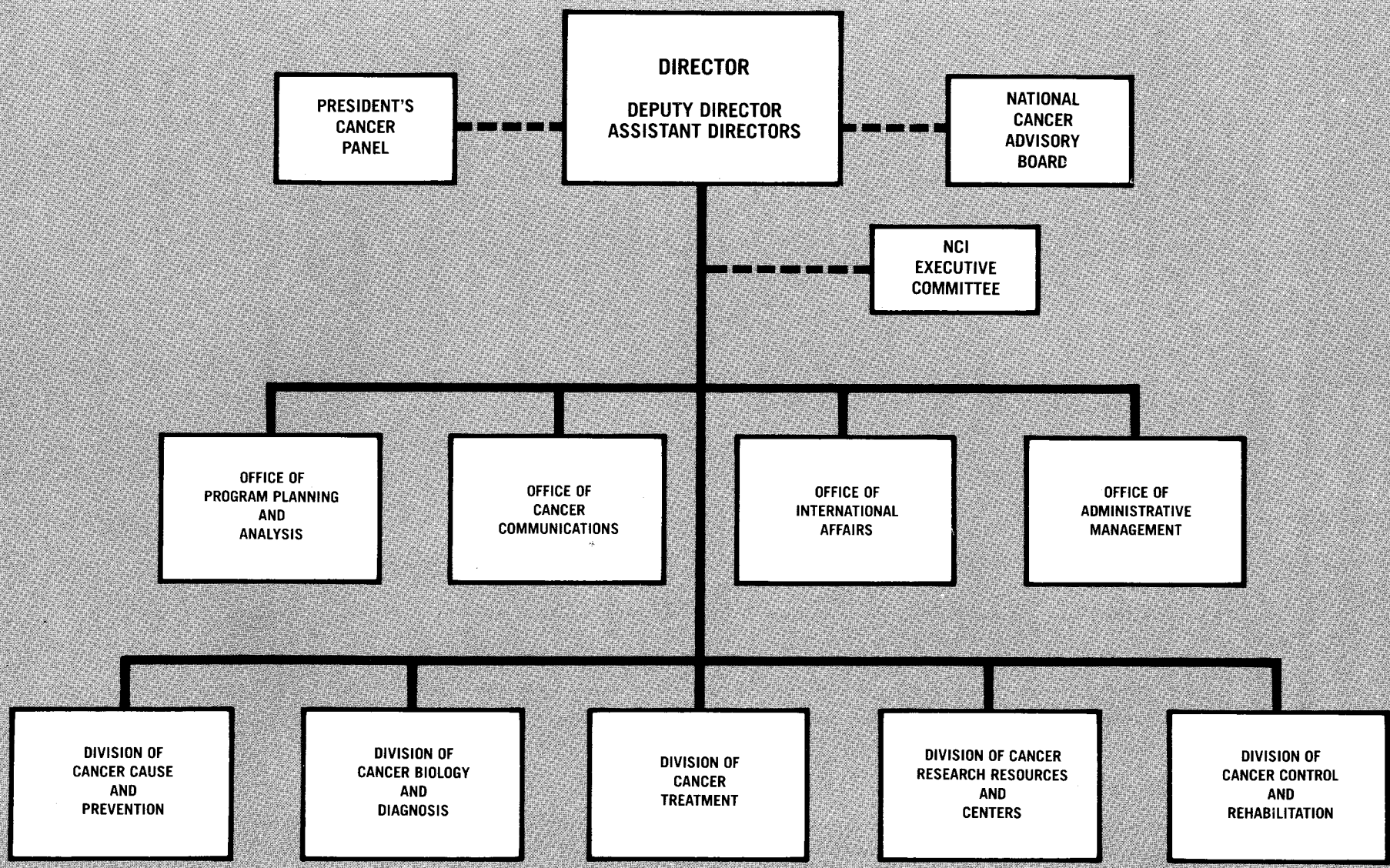
### ALTERNATES

Dr. F. Kash Mostofi Chairman, Armed Forces Institute of Pathology Washington, D. C.	Mr. Anson M. Keller U. S. Department of Labor Washington, D. C.
Dr. Gilbert S. Omenn Office of Science and Technology Policy Washington, D. C.	Dr. Joseph Rodricks Food and Drug Administration Rockville, Maryland
Dr. Richard E. Marland Environmental Protection Agency Washington, D. C.	
Dr. Marguerite T. Hays Veterans Administration Washington, D. C.	
Dr. Joseph McLaughlin Consumer Product Safety Commission Washington, D. C.	

### EXECUTIVE SECRETARY

Dr. Thomas J. King Director, Division of Cancer Research Resources and Centers National Cancer Institute, NIH Bethesda, Maryland
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# NATIONAL CANCER INSTITUTE



**OFFICE OF THE DIRECTOR**

**Dr. Vincent T. DeVita, Jr.**  
**Acting Director**

Plans, develops, directs, and coordinates the activities and programs of the Institute and of the National Cancer Program; and provides overall administrative guidance and services.

**OFFICE OF PROGRAM  
PLANNING AND ANALYSIS**

**Mr. Louis M. Carrese**

Manages development of the National Cancer Program Plan, the annual 5-year plan, individual program plans, and the evaluation plan; analyzes programs of the Institute; evaluates resource needs for the National Cancer Program; develops and provides support for management and scientific information systems.

**PROGRAM ANALYSIS AND  
FORMULATION  
BRANCH**  
Mr. Louis M. Carrese (acting)

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

**OFFICE OF  
CANCER COMMUNICATIONS**

**Mr. J. Paul Van Nevel**

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

**INFORMATION RESOURCES  
BRANCH**  
Mr. J. Paul Van Nevel (acting)

**REPORTS AND INQUIRIES  
BRANCH**  
Dr. Robert M. Hadsell (acting)

**INFORMATION PROJECTS  
BRANCH**  
Ms. Elaine Bratic

**OFFICE OF  
INTERNATIONAL AFFAIRS**

**Dr. Robert W. Miller (acting)**

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

**OFFICE OF  
ADMINISTRATIVE MANAGEMENT**

**Mr. Calvin B. Baldwin, Jr.**  
**Executive Officer**

**Mr. Robert M. Namovicz**  
**Deputy Executive Officer**

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

**ADMINISTRATIVE  
SERVICES  
BRANCH**  
Mr. Thomas L. Kearns

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

**PERSONNEL MANAGEMENT  
BRANCH**  
Mrs. Elizabeth Stroud

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

**MANAGEMENT POLICY  
BRANCH**  
Mr. Paul H. Schaffer (acting)

**DIVISION OF CANCER CAUSE AND PREVENTION**  
 Dr. Gregory T. O'Connor, Director

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

**BOARD OF SCIENTIFIC COUNSELORS**

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

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

**SPECIAL PROGRAMS BRANCH**  
 Dr. Donald Luecke

**ADMINISTRATIVE MANAGEMENT BRANCH**  
 Mr. John M. Miller

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

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

**CARCINOGENESIS RESEARCH PROGRAM**  
 Vacant

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

**CARCINOGENESIS TESTING PROGRAM**  
 Dr. Richard A. Griesemer

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

**VIRAL ONCOLOGY PROGRAM**  
 Dr. Louis R. Sibal (acting)

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

**BIOMETRY BRANCH**  
 Dr. Earl S. Pollack

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

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

**LABORATORY OF BIOLOGY**  
 Dr. Joseph A. DiPaolo

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

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

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

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

**TECHNICAL INFORMATION RESOURCES BRANCH**  
 Dr. Kenneth Chu

**TOXICOLOGY BRANCH**  
 Dr. Thomas E. Hamm, Jr. (acting)

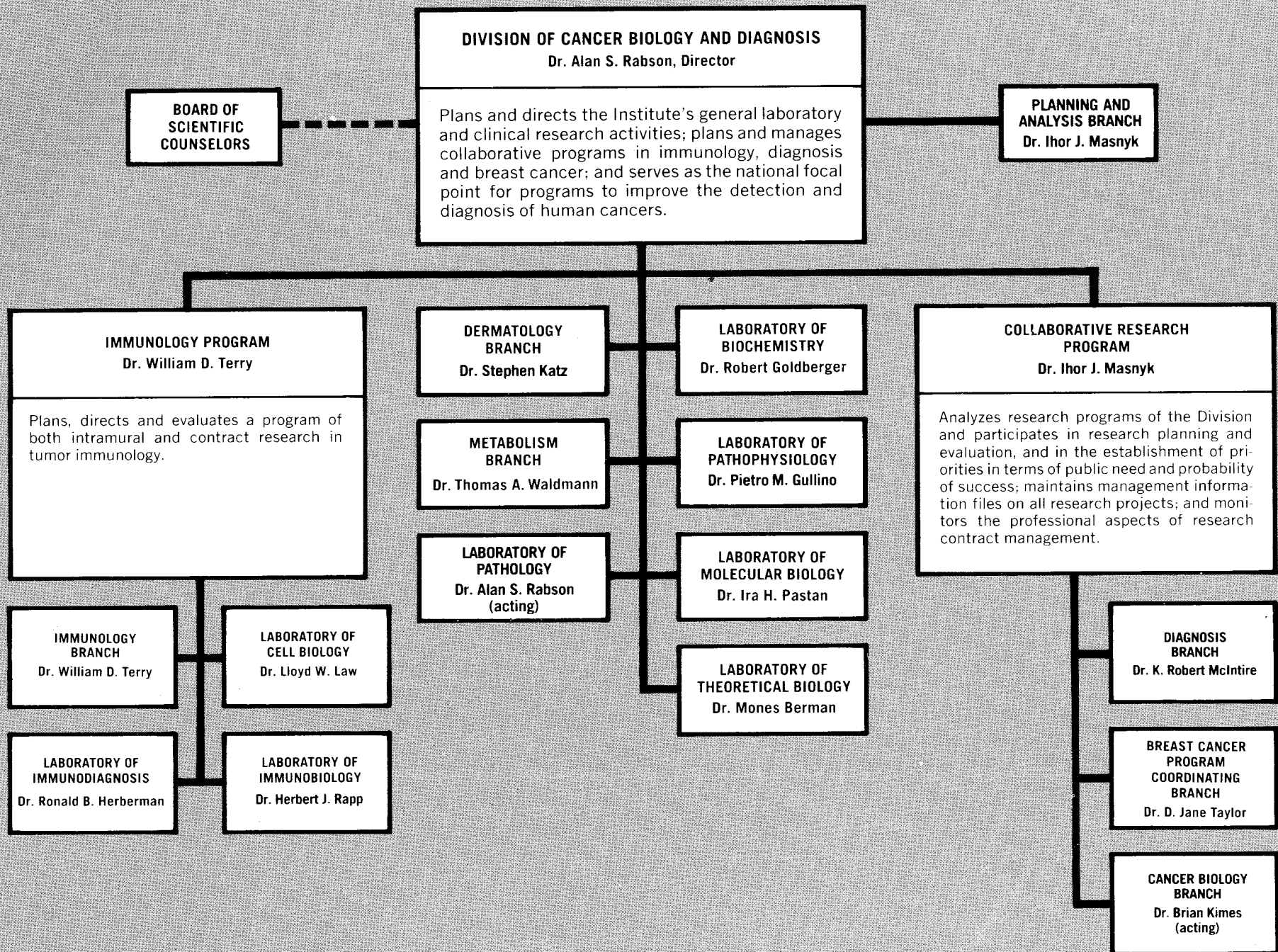
**TUMOR PATHOLOGY BRANCH**  
 Dr. Richard A. Griesemer (acting)

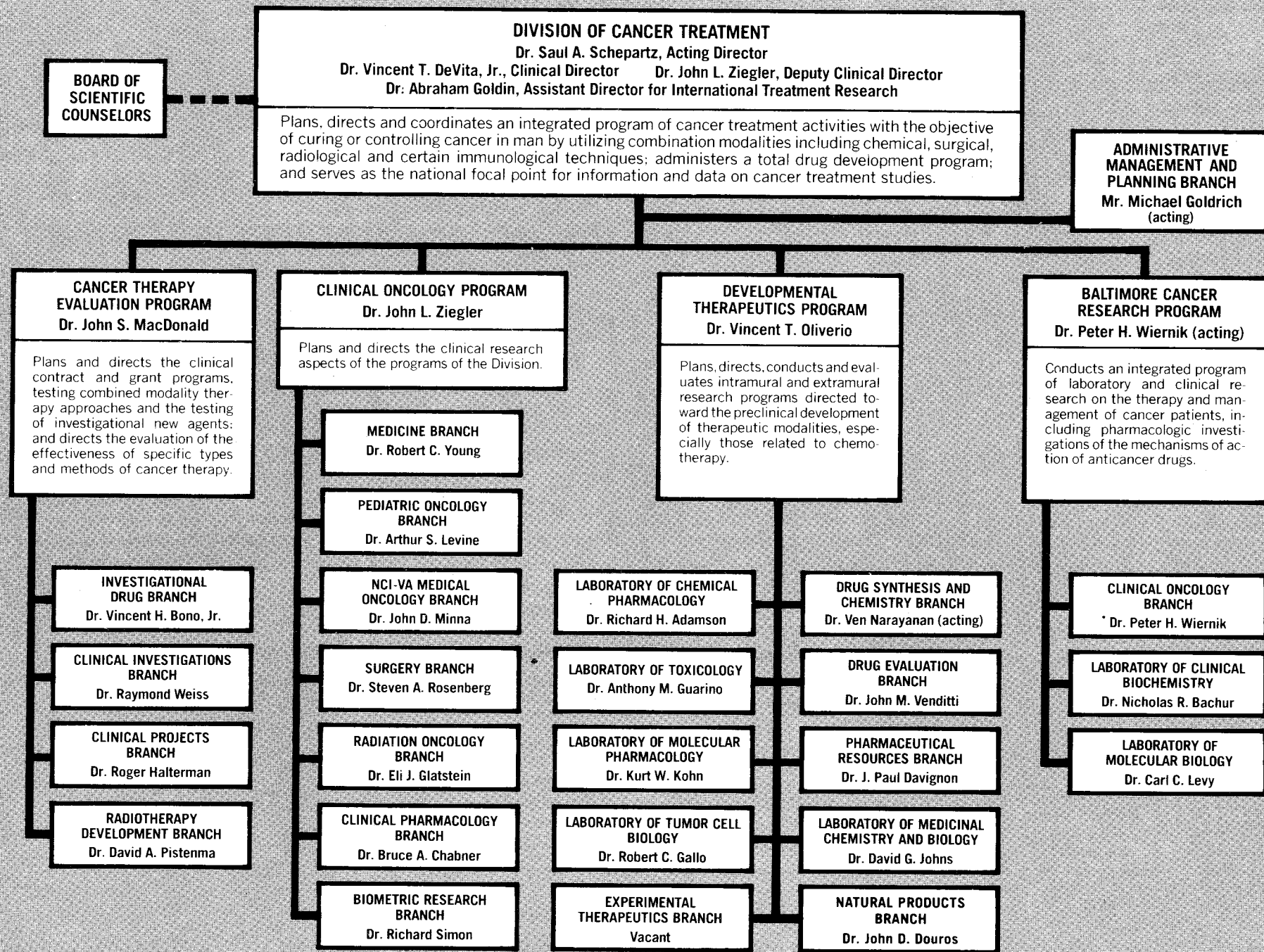
**LABORATORY OF TUMOR VIRUS GENETICS**  
 Dr. Edward M. Scolnick

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

**LABORATORY OF MOLECULAR VIROLOGY**  
 Dr. Robert A. Manaker

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





**BOARD OF SCIENTIFIC COUNSELORS**

**DIVISION OF CANCER TREATMENT**  
 Dr. Saul A. Schepartz, Acting Director  
 Dr. Vincent T. DeVita, Jr., Clinical Director    Dr. John L. Ziegler, Deputy Clinical Director  
 Dr. Abraham Goldin, Assistant Director for International Treatment Research

Plans, directs and coordinates an integrated program of cancer treatment activities with the objective of curing or controlling cancer in man by utilizing combination modalities including chemical, surgical, radiological and certain immunological techniques; administers a total drug development program; and serves as the national focal point for information and data on cancer treatment studies.

**ADMINISTRATIVE MANAGEMENT AND PLANNING BRANCH**  
 Mr. Michael Goldrich (acting)

**CANCER THERAPY EVALUATION PROGRAM**  
 Dr. John S. MacDonald

Plans and directs the clinical contract and grant programs, testing combined modality therapy approaches and the testing of investigational new agents; and directs the evaluation of the effectiveness of specific types and methods of cancer therapy.

**CLINICAL ONCOLOGY PROGRAM**  
 Dr. John L. Ziegler

Plans and directs the clinical research aspects of the programs of the Division.

**DEVELOPMENTAL THERAPEUTICS PROGRAM**  
 Dr. Vincent T. Oliverio

Plans, directs, conducts and evaluates intramural and extramural research programs directed toward the preclinical development of therapeutic modalities, especially those related to chemotherapy.

**BALTIMORE CANCER RESEARCH PROGRAM**  
 Dr. Peter H. Wiernik (acting)

Conducts an integrated program of laboratory and clinical research on the therapy and management of cancer patients, including pharmacologic investigations of the mechanisms of action of anticancer drugs.

- INVESTIGATIONAL DRUG BRANCH**  
Dr. Vincent H. Bono, Jr.
- CLINICAL INVESTIGATIONS BRANCH**  
Dr. Raymond Weiss
- CLINICAL PROJECTS BRANCH**  
Dr. Roger Halterman
- RADIOTHERAPY DEVELOPMENT BRANCH**  
Dr. David A. Pistenma

- MEDICINE BRANCH**  
Dr. Robert C. Young
- PEDIATRIC ONCOLOGY BRANCH**  
Dr. Arthur S. Levine
- NCI-VA MEDICAL ONCOLOGY BRANCH**  
Dr. John D. Minna
- SURGERY BRANCH**  
Dr. Steven A. Rosenberg
- RADIATION ONCOLOGY BRANCH**  
Dr. Eli J. Glatstein
- CLINICAL PHARMACOLOGY BRANCH**  
Dr. Bruce A. Chabner
- BIOMETRIC RESEARCH BRANCH**  
Dr. Richard Simon

- LABORATORY OF CHEMICAL PHARMACOLOGY**  
Dr. Richard H. Adamson
- LABORATORY OF TOXICOLOGY**  
Dr. Anthony M. Guarino
- LABORATORY OF MOLECULAR PHARMACOLOGY**  
Dr. Kurt W. Kohn
- LABORATORY OF TUMOR CELL BIOLOGY**  
Dr. Robert C. Gallo
- EXPERIMENTAL THERAPEUTICS BRANCH**  
Vacant

- DRUG SYNTHESIS AND CHEMISTRY BRANCH**  
Dr. Ven Narayanan (acting)
- DRUG EVALUATION BRANCH**  
Dr. John M. Venditti
- PHARMACEUTICAL RESOURCES BRANCH**  
Dr. J. Paul Davignon
- LABORATORY OF MEDICINAL CHEMISTRY AND BIOLOGY**  
Dr. David G. Johns
- NATURAL PRODUCTS BRANCH**  
Dr. John D. Douros

- CLINICAL ONCOLOGY BRANCH**  
\* Dr. Peter H. Wiernik
- LABORATORY OF CLINICAL BIOCHEMISTRY**  
Dr. Nicholas R. Bachur
- LABORATORY OF MOLECULAR BIOLOGY**  
Dr. Carl C. Levy



**DIVISION OF CANCER RESEARCH RESOURCES AND CENTERS**  
**Dr. Thomas J. King, Director**  
**Dr. William A. Walter, Deputy Director**

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

**BIOLOGICAL RESEARCH PROGRAM**  
**Vacant**

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

**ORGAN SITE PROGRAMS BRANCH**  
**Dr. Samuel Price**

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

**RESEARCH ANALYSIS AND EVALUATION BRANCH**  
**Mr. Harry Y. Canter**

**GRANTS FINANCIAL AND DATA ANALYSIS BRANCH**  
**Mr. Robert E. Spallone**

**CONTRACTS REVIEW BRANCH**  
**Dr. David L. Joffes (acting)**

**GRANTS REVIEW BRANCH**  
**Dr. David L. Joffes**

**TRAINING AND EDUCATION PROGRAM**  
**Vacant**

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

**RESEARCH MANPOWER BRANCH**  
**Dr. Barney C. Lepovetsky**

**CLINICAL MANPOWER BRANCH**  
**Dr. Margaret H. Edwards**

**CENTERS AND TREATMENT PROGRAM**  
**Dr. William D. Terry (Acting Director)**

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

**CANCER CENTERS BRANCH**  
**Dr. William L. Roberson**

**RESEARCH FACILITIES BRANCH**  
**Dr. Donald G. Fox**

**DIVISION OF CANCER CONTROL AND REHABILITATION**  
Dr. William D. Terry, Acting Director

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

**OFFICE OF PLANNING AND ANALYSIS**  
Clifford Noyes (acting)

**INTERVENTION PROGRAMS**  
Vacant

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

**COMMUNITY PROGRAMS**  
Vacant

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

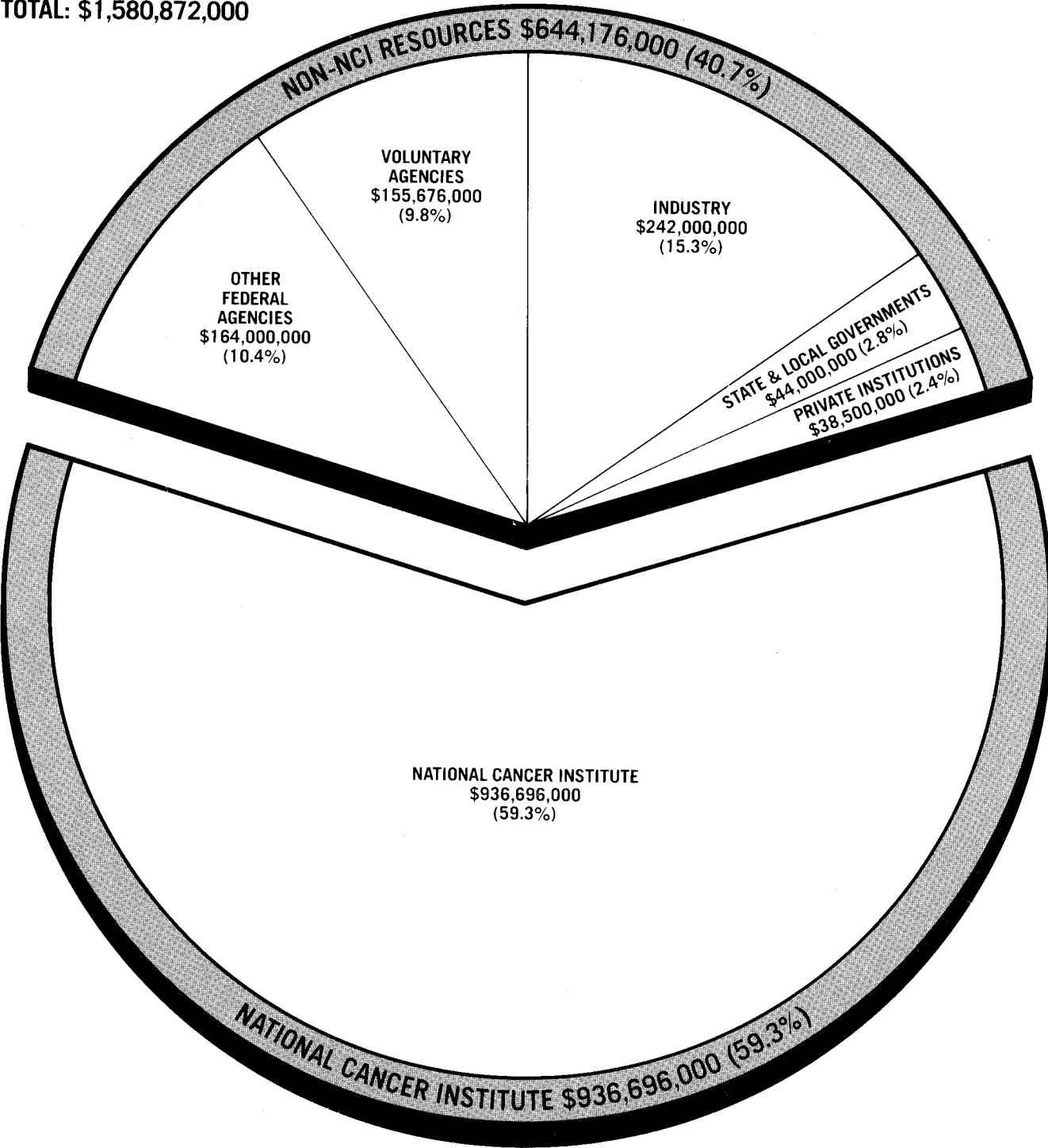
**TREATMENT, REHABILITATION AND CONTINUING CARE BRANCH**  
Ms. Janet L. Lunceford (acting)

**PREVENTIVE MEDICINE BRANCH**  
Dr. Richard Costlow

**COMMUNITY SPECIAL PROJECTS BRANCH**  
Dr. Veronica Conley

**TOTAL NATIONAL RESOURCES FOR CANCER RESEARCH AND CANCER CONTROL – FISCAL YEAR 1979**

TOTAL: \$1,580,872,000



NCI portion represents actual 1979 obligations. Non-NCI portions were provided by a study sponsored by the Office of Program Planning and Analysis, NCI.

## NATIONAL CANCER PROGRAM STRATEGY

The essential and continuing goal of the National Cancer Institute (NCI) is the same today as it was when the Institute was created by an Act of Congress 40 years ago: To develop the means for reducing the incidence, morbidity, and mortality of cancer. The NCI continues to be the lead federal agency in cancer, responsible and accountable for the investment of progress toward that goal. However, the National Cancer Act of 1971 (amended in 1974 and 1978) brought about some changes which have had significant impact on cancer research. The most obvious impact has been that the level of support for cancer research and control activities with public funds has increased four-fold since 1971. But the mandate from Congress to intensify and expand the cancer effort has had other implications beyond the increase of resources for the National Cancer Program.

The 1978 amendment to the 1971 Cancer Act redefined the National Cancer Program (NCP) and stated that "The National Cancer Program shall consist of (1) an expanded, intensified, and coordinated cancer research program encompassing the research programs conducted and supported by the Institute and the related research programs of the other research institutes and including an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposure to carcinogens, and (2) the other programs and activities of the Institute." Thus, the Act not only provided the public with both a symbolic and operational entity with which to identify at the national level, but also brought about a greater spirit and degree of awareness, cooperation, and coordination among federal programs.

The National Cancer Program has three major program components:

- Research
- Control
- Support.

The first two components encompass the scientific and technical activities, while the support component includes those activities needed to carry out the research and control efforts effectively (e.g., construction and manpower development activities).

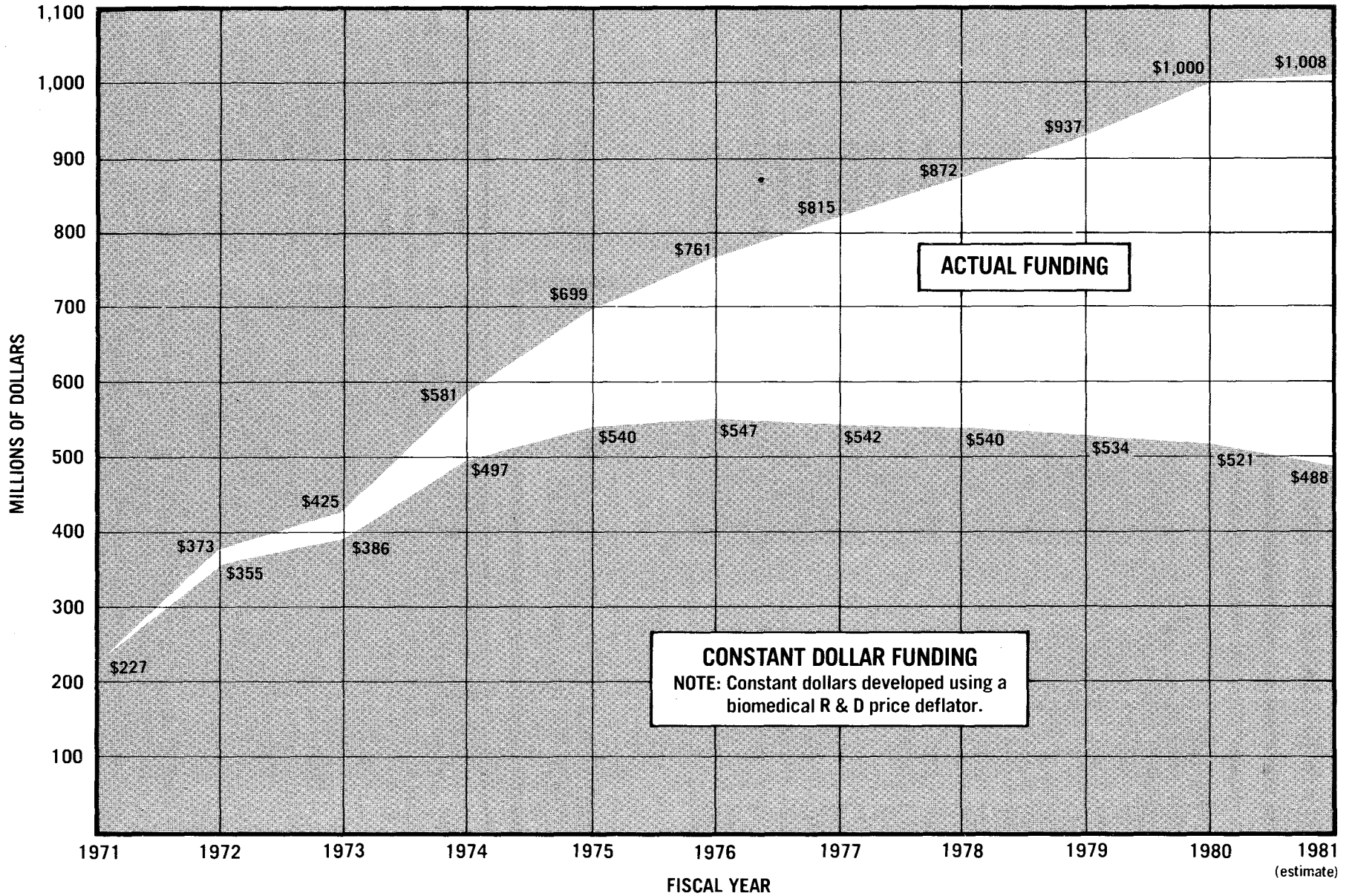
The addition of cancer control responsibilities to NCI's research responsibilities and through the specific emphasis placed on the expansion of comprehensive cancer centers as focal points for research, teaching, and demonstration, served to further emphasize the axiom that the ultimate purpose of disease research is to produce results that can be translated into improved methods for the prevention and treatment of disease in people, and that the National Cancer Program would invest significant effort and resources in this area.

One important characteristic of the NCP since its inception has been the extensive and continuous participation of the biomedical community in the major planning efforts of the NCI. Beginning with the development of the first edition of the National Cancer Program Plan in 1972, periodic planning sessions have been held for the purpose of revising and updating the major recommendations for research and control activities.

The general character of the Program has become increasingly the product of a more extensive and frequent interaction among Congress, the public, the biomedical community, and federal agencies. In particular, the consistent and active roles of the President's Cancer Panel and the National Cancer Advisory Board have established a model for effective and productive relationships between national advisory committees and the federal agency.

# NATIONAL CANCER INSTITUTE ACTUAL vs. CONSTANT DOLLAR FUNDING

(MILLIONS OF DOLLARS)



## NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX—1977

TOTAL		UNDER 15		15-34		35-54		55-74		75+	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<b>Lung</b> 68,362	<b>Breast</b> 34,478	Leukemia 633	Leukemia 422	Leukemia 755	Breast 623	Lung 10,110	Breast 8,348	Lung 44,112	Breast 17,341	Lung 14,060	Colon & Rectum 11,953
<b>Colon &amp; Rectum</b> 24,956	<b>Colon &amp; Rectum</b> 26,574	Brain & CNS 414	Brain & CNS 302	Brain & CNS 474	Leukemia 553	Colon & Rectum 2,434	Lung 4,528	Colon & Rectum 13,504	Lung 13,045	Prostate 11,645	Breast 8,166
<b>Prostate</b> 20,789	<b>Lung</b> 21,974	Bone 58	Bone 47	Testis 423	Brain & CNS 316	Pancreas 1,307	Colon & Rectum 2,283	Prostate 8,851	Colon & Rectum 12,190	Colon & Rectum 8,811	Lung 4,341
<b>Pancreas</b> 10,938	<b>Uterus</b> 10,906	Connective Tissue 50	Connective Tissue 46	Hodgkin's Disease 352	Uterus 303	Brain & CNS 1,200	Uterus 2,093	Pancreas 6,378	Ovary 6,000	Pancreas 3,205	Pancreas 3,778
<b>Stomach</b> 8,687	<b>Ovary</b> 10,494	Lympho- & Reticulo sarcoma 49	Kidney 35	Skin 254	Hodgkin's Disease 235	Leukemia 1,046	Ovary 2,063	Stomach 4,652	Uterus 5,573	Bladder 3,121	Uterus 2,970

SOURCE: Vital Statistics of the United States, 1977.

## RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES—1977

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	DEATH RATE PER 100,000 POPULATION	PERCENT OF TOTAL DEATHS
	<b>All Causes</b>	<b>1,899,597</b>	<b>878.1</b>	<b>100.0</b>
1	Diseases of Heart	718,850	332.3	37.8
2	<b>Cancer</b>	<b>386,686</b>	<b>178.7</b>	<b>20.4</b>
3	Stroke	181,934	84.1	9.6
4	Accidents	103,202	47.7	5.4
5	Influenza and Pneumonia	51,193	23.7	2.7
6	Diabetes Mellitus	32,989	15.2	1.7
7	Cirrhosis of Liver	30,848	14.3	1.6
8	Arteriosclerosis	28,754	13.3	1.5
9	Suicide	28,681	13.3	1.5
10	Diseases of Infancy	23,401	10.8	1.2
11	Homicide	19,968	9.2	1.1
12	Emphysema	16,376	7.6	0.9
13	Congenital Anomalies	12,983	6.0	0.7
14	Nephritis and Nephrosis	8,519	3.9	0.5
15	Septicemia and Pyemia	7,112	3.3	0.4
	Other and Ill-Defined	248,101	114.7	13.1

SOURCE: Vital Statistics of the United States, 1977.

## ESTIMATED CANCER DEATHS AND NEW CASES BY SEX AND SITE — 1980<sup>1</sup>

SITE	ESTIMATED DEATHS			ESTIMATED NEW CASES		
	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
All Sites	405,000	219,500	185,500	785,000 <sup>1</sup>	387,000 <sup>1</sup>	398,000 <sup>1</sup>
Buccal Cavity & Pharynx (Oral)	8,800	6,100	2,700	25,500	17,900	7,600
Lip	175	150	25	4,400	4,000	400
Tongue	2,000	1,400	600	4,800	3,200	1,600
Salivary Gland	650	400	250			
Floor of Mouth	525	400	125	9,300	5,600	3,700
Other & Unspecified Mouth	1,450	950	500			
Pharynx	4,000	2,800	1,200	7,000	5,100	1,900
Digestive Organs	106,850	55,900	50,950	186,300	95,800	90,500
Esophagus	7,600	5,500	2,100	8,800	6,200	2,600
Stomach	14,000	8,400	5,600	23,000	14,000	9,000
Small Intestine	700	350	350	2,200	1,200	1,000
Large Intestine (Colon- Rectum   Rectum)	44,000	20,500	23,500	79,000	36,000	43,000
Liver & Biliary Passages	9,300	4,500	4,800	11,600	5,600	6,000
Pancreas	20,900	11,100	9,800	24,000	12,500	11,500
Other & Unspecified Digestive	1,550	750	800	2,700	1,300	1,400
Respiratory System	106,200	78,600	27,600	130,700	96,000	34,700
Larynx	3,500	2,900	600	10,700	9,000	1,700
Lung	101,300	74,800	26,500	117,000	85,000	32,000
Other & Unspecified Respiratory	1,400	900	500	3,000	2,000	1,000
Bone, Tissue & Skin	9,550	5,400	4,150	20,500	10,500	10,000
Bone	1,750	1,000	750	1,900	1,100	800
Connective Tissue	1,600	800	800	4,500	2,500	2,000
Skin	6,200 <sup>4</sup>	3,600	2,600	14,100 <sup>2</sup>	6,900 <sup>2</sup>	7,200 <sup>2</sup>
Breast	35,800	300	35,500	108,900	900	108,000
Genital Organs	45,300	22,500	22,800	146,500	71,000	75,500
Cervix, Invasive   Uterus	7,400	—	7,400	16,000 <sup>3</sup>	—	16,000 <sup>3</sup>
Corpus, Endometrium   Uterus	3,200	—	3,200	38,000	—	38,000
Ovary	11,200	—	11,200	17,000	—	17,000
Prostate	21,500	21,500	—	66,000	66,000	—
Other & Unspecified Genital, Male	1,000	1,000	—	5,000	5,000	—
Other & Unspecified Genital, Female	1,000	—	1,000	4,500	—	4,500
Urinary Organs	18,200	11,800	6,400	52,400	36,500	15,900
Bladder	10,300	7,000	3,300	35,500	26,000	9,500
Kidney & Other Urinary	7,900	4,800	3,100	16,900	10,500	6,400
Eye	400	200	200	1,800	900	900
Brain & Central Nervous System	9,800	5,400	4,400	11,900	6,600	5,300
Endocrine Glands	1,500	600	900	10,000	3,100	6,900
Thyroid	1,050	350	700	9,100	2,600	6,500
Other Endocrine	450	250	200	900	500	400
Leukemia	15,700	8,800	6,900	22,200	12,500	9,700
Other Blood & Lymph Tissues	20,700	10,800	9,900	39,200	20,800	18,400
Hodgkin's Disease	1,900	1,100	800	7,100	4,100	3,000
Multiple Myeloma	6,400	3,300	3,100	9,100	4,700	4,400
Other Lymphomas	12,400	6,400	6,000	23,000	12,000	11,000
All Other & Unspecified Sites	26,200	13,100	13,100	29,100	14,500	14,600

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

<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. 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 4,600; other skin, 1,600.

Incidence estimates are based on rates from NCI SEER Program, 1973-1976.

# 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>			
A. Civil Service (tenured)	Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs.	Minimum starting: Ph.D. — \$29,375 Physicians — \$35,688 Maximum: \$50,113	Office of Personnel Management, Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.
<b>II. SPECIAL APPOINTMENT OF EXPERTS AND CONSULTANTS</b>			
A. Special Appointment of Experts and Consultants (non-tenured appointment which can be extended up to 4 years.	Applicants shall possess outstanding experience and ability as to justify recognition as authorities in their particular fields of activity.	Equivalent to the salary range of GS-13 through GS-18.  Maximum: \$50,113	Recommendation by Division Directors. Final approval rests with the Director, NCI.
<b>III. USPHS COMMISSIONED CORPS</b>			
Associate Training including CORD residency deferment program (limited tenure, maximum 3 years) <sup>2</sup>			
A. Clinical Associate	Graduates of Medical Schools including Internship.	Pay and allowances of Senior Assistant Surgeon or Surgeon of PHS Commissioned Corps.	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20205.
B. Research Associate	Graduates of Medical Schools including Internship.	Pay and allowances of Senior Assistant Surgeon or Surgeon of PHS Commissioned Corps.	<sup>3</sup> Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20205.
C. Staff Associate	Graduates of medical and technical schools, or other doctoral qualifications.	Pay and allowances of Senior Assistant Surgeon of PHS Commissioned Corps.	Apply to Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20205.
D. Senior COSTEP Program (Medical)	Senior Medical Students.	Pay and allowances of Junior Asst. Health Service Officer plus payment of tuition, fees and other necessary expenses. Candidates incur 2 year active duty obligation with PHS Commissioned Corps.	Apply to: Commissioned Personnel Operations Division, Parklawn Building, Room 4-35, 5600 Fishers Lane, Rockville, Maryland 20852.
<b>IV. VISITING PROGRAM (limited tenure)<sup>4</sup></b>			
A. Visiting Fellow (maximum 3 years)	1-3 years postdoctoral experience or training.	Entrance stipend \$13,000-\$14,200  No dependency allowance provided.	Contact Director or Laboratory Chief in area of interest.
B. Visiting Associates (1 year with renewals to end of project)	3+ years postdoctoral experience or training with appropriate knowledge needed by NCI.	\$17,035-\$32,110	Contact Director or Laboratory Chief in area of interest.
C. Visiting Scientist (duration of project)	6+ years postdoctoral experience with appropriate unusual experience and knowledge needed.	\$24,703-\$50,113	Contact Director or Laboratory Chief in area of interest.



## V. STAFF FELLOWSHIPS

POSITION	ELIGIBILITY	ANNUAL SALARY	MECHANISM OF ENTRY
<b>A. Staff Fellowship</b>	Physician or other doctoral degree equivalent awarded within last 5 years, U. S. citizen or non-citizen eligible for naturalization within 4 years.  Maximum five-year appointment.	Staff Fellows Physicians \$19,740-\$29,541 Other Doctorates \$15,120-\$28,818 Senior Staff Fellows Physicians \$22,365-\$40,144 Other Doctorates \$19,740-\$32,312	Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office.

## VI. CIVIL SERVICE SUMMER EMPLOYMENT PROGRAMS

<b>A. Summer Employment Examination Program</b>	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.	Must pass the Civil Service Summer Employment Examination. Apply to NIH between March 15 and April 16.
<b>B. Summer Undergraduate Program</b>	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 April 15. No written test is required.
<b>C. Summer Graduate Program</b>	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 17.
<b>D. Summer Employment for Needy Youth</b>	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.
<b>E. Stay-in-School Program</b>	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.
<b>F. The Federal Junior Fellowship Program</b>	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.
<b>G. Federal Summer Intern Program</b>	Undergraduate student who has completed 2 or more years and is in the upper 1/3 of class or graduate student in upper 1/2 of class.	GS-4 through GS-11	Students should contact college placement office during month of February. NIH requests nominations from colleges that have expressed an interest in the program to the Office of Personnel Management.

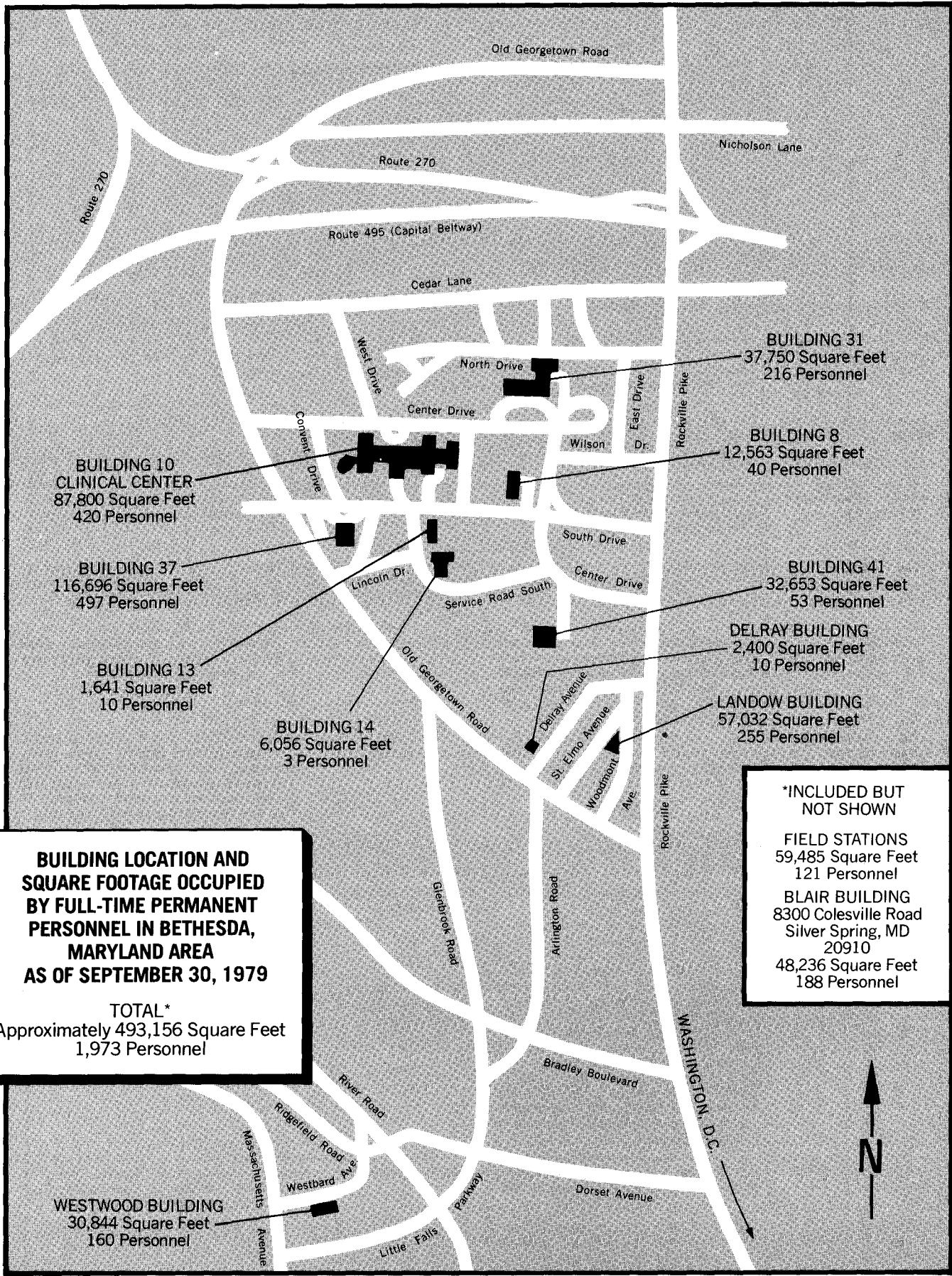
## VII. SPECIAL PROGRAMS

<b>A. Research Fellow sponsored by organization other than NIH, PHS.</b>	Determined by sponsoring organization.	Established by sponsoring organization.	Contact Director or Laboratory Chief in area of interest; also apply to sponsoring agency, e.g., American Cancer Society, Eleanor Roosevelt Cancer Foundation, Leukemia Society of America, Inc., etc.
<b>B. COSTEP Program (operates year-round) Maximum 120 days per 12-month period.</b>	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.
<b>C. Fogarty International Scholars</b>	International reputation, productivity, demonstrated ability in biomedical field.	\$40,000 per annum	Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.

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

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

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



**BUILDING 10  
CLINICAL CENTER**  
87,800 Square Feet  
420 Personnel

**BUILDING 37**  
116,696 Square Feet  
497 Personnel

**BUILDING 13**  
1,641 Square Feet  
10 Personnel

**BUILDING 14**  
6,056 Square Feet  
3 Personnel

**WESTWOOD BUILDING**  
30,844 Square Feet  
160 Personnel

Old Georgetown Road

Route 270

Route 495 (Capital Beltway)

Cedar Lane

North Drive

Center Drive

Wilson Dr.

South Drive

Lincoln Dr.

Service Road South

Center Drive

Old Georgetown Road

Delray Avenue

St. Elmo Avenue

Woodmont Ave.

Glenbrook Road

Arlington Road

Rockville Pike

River Road

Bradley Boulevard

WASHINGTON, D.C.

Ridgefield Road  
Westbard Ave.  
Massachusetts Avenue

Little Falls Parkway

Dorset Avenue

**BUILDING 31**  
37,750 Square Feet  
216 Personnel

**BUILDING 8**  
12,563 Square Feet  
40 Personnel

**BUILDING 41**  
32,653 Square Feet  
53 Personnel

**DELRAY BUILDING**  
2,400 Square Feet  
10 Personnel

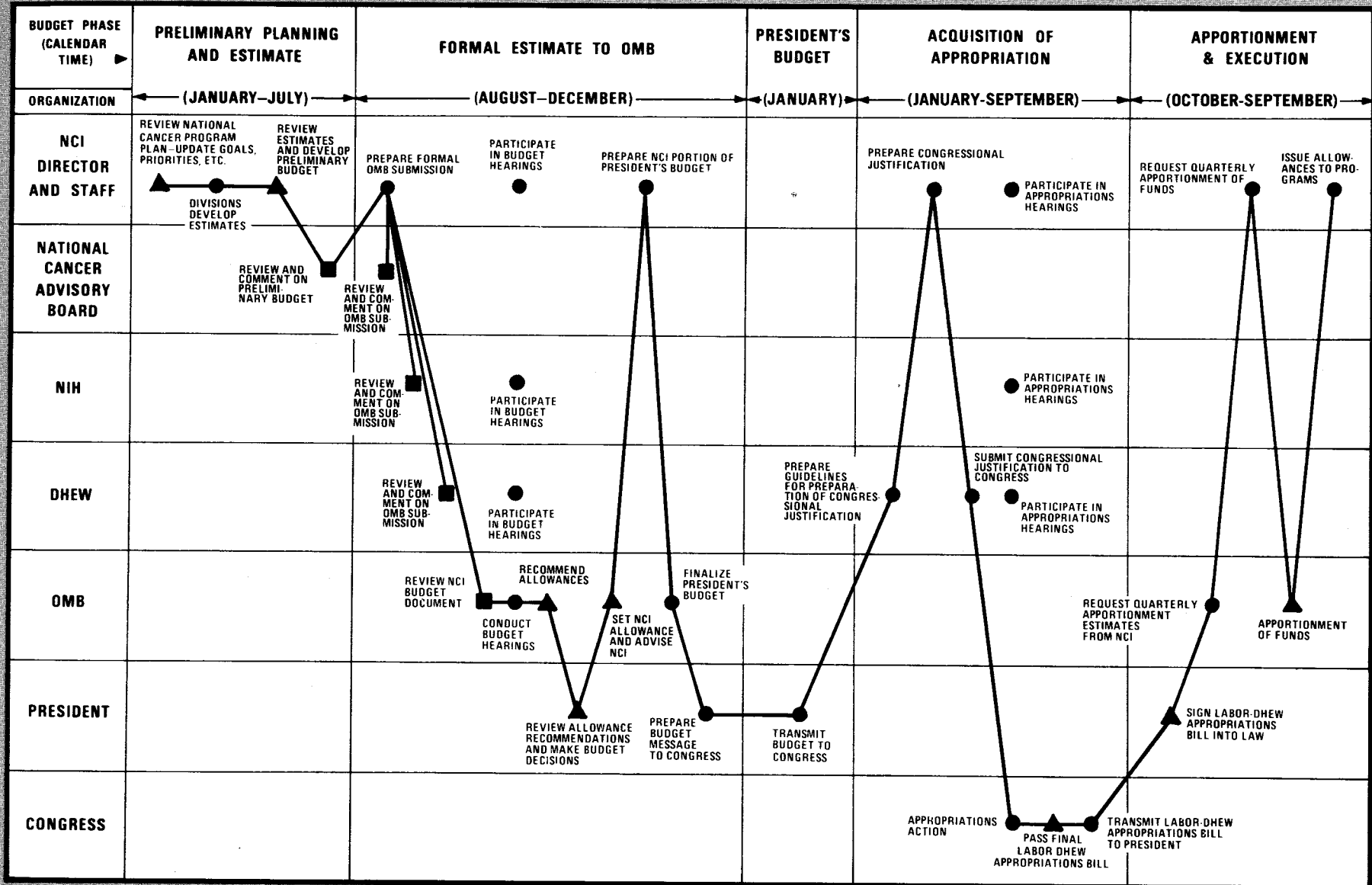
**LANDOW BUILDING**  
57,032 Square Feet  
255 Personnel

**\*INCLUDED BUT NOT SHOWN**  
**FIELD STATIONS**  
59,485 Square Feet  
121 Personnel  
**BLAIR BUILDING**  
8300 Colesville Road  
Silver Spring, MD 20910  
48,236 Square Feet  
188 Personnel

**BUILDING LOCATION AND SQUARE FOOTAGE OCCUPIED BY FULL-TIME PERMANENT PERSONNEL IN BETHESDA, MARYLAND AREA AS OF SEPTEMBER 30, 1979**

**TOTAL\***  
Approximately 493,156 Square Feet  
1,973 Personnel

# NCI BUDGET ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971



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

LEGEND: ● OPERATION    ■ REVIEW    ▲ DECISION

# NATIONAL CANCER INSTITUTE BUDGET HISTORY BY MECHANISMS

(DOLLARS IN THOUSANDS)

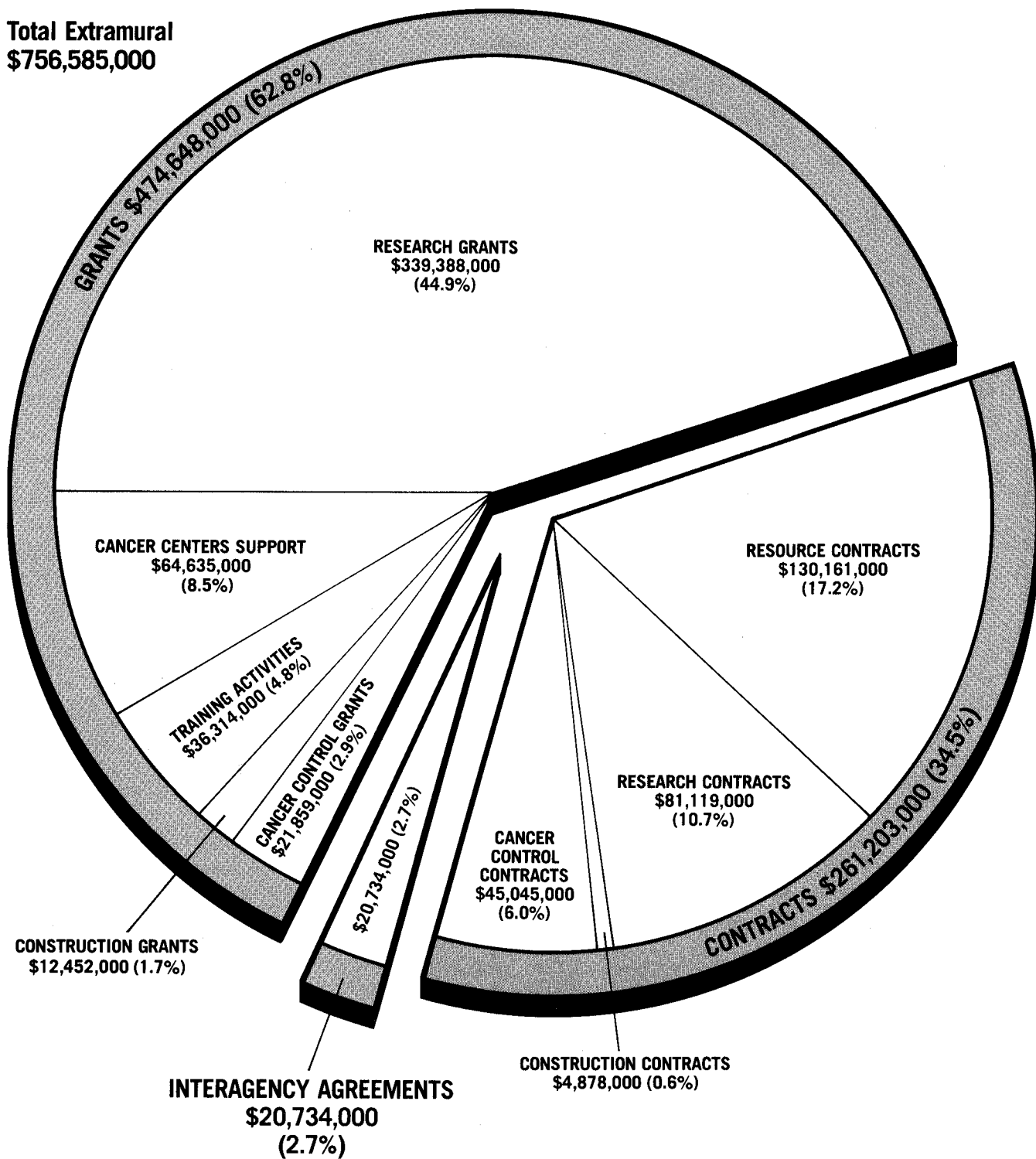
	1971 ACTUAL		1972 ACTUAL		1973 ACTUAL		1974 ACTUAL	
	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
<b>Group I – Investigator Initiated</b>								
Regular Research Grants	\$ 44,133	24.2	\$ 59,207	18.9	\$ 73,412	21.1	\$ 99,415	21.5
Clinical Cooperative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

(SANDS)

1974	1975 ACTUAL		1976 ACTUAL		1977 ACTUAL		1978 ACTUAL		1979 ACTUAL		
DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL	DOLLARS	PERCENT OF TOTAL
99,415	21.5	\$115,195	21.4	\$130,633	22.7	\$140,159	23.0	\$158,716	24.7	\$188,488	27.3
16,196	3.5	19,213	3.6	23,263	4.0	27,121	4.5	29,774	4.6	32,021	4.6
71,997	15.6	84,536	15.7	80,029	13.9	83,453	13.7	88,058	13.7	93,953	13.6
-	-	5,033	9	7,698	1.3	8,996	1.5	9,952	1.5	11,404	1.7
1,673	4	2,806	5	3,243	6	3,507	6	4,399	7	4,771	0.7
23,562	5.1	23,104	4.3	18,160	3.1	19,791	3.3	20,129	3.1	20,139	2.9
10,007	2.2	11,167	2.1	14,090	2.5	14,711	2.4	16,194	2.5	17,032	2.5
17,575	3.8	30,096	5.6	47,803	8.3	55,132	9.1	60,348	9.4	64,364	9.3
240,425	52.1	291,150	54.1	324,919	56.4	352,870	58.1	387,570	60.2	432,172	62.6
-	-	-	-	2,577	5	7,266	1.2	9,412	1.5	7,894	1.1
94,964	20.5	105,076	19.5	111,524	19.3	110,740	18.2	120,359	18.6	81,119	11.8
94,964	20.5	105,076	19.5	114,101	19.8	118,006	19.4	129,771	20.1	89,013	12.9
72,365	15.7	82,916	15.4	96,509	16.7	94,229	15.5	87,806	13.6	130,161	18.9
13,031	2.8	11,593	2.2	13,262	2.3	19,414	3.2	21,621	3.4	20,734	3.0
85,396	18.5	94,509	17.6	109,771	19.0	113,643	18.7	109,427	17.0	150,895	21.9
2,880	.6	2,568	.4	2,803	.5	1,199	.2	632	.1	271	0.1
31,692	6.9	30,000	5.6	20,000	3.5	16,000	2.6	12,000	1.9	12,452	1.8
6,398	1.4	14,976	2.8	4,721	.8	5,992	1.0	4,544	.7	4,878	0.7
40,970	8.9	47,544	8.8	27,524	4.8	23,191	3.8	17,176	2.7	17,601	2.6
161,755	100.0	538,279	100.0	576,315	100.0	607,710	100.0	643,944	100.0	689,681	100.0
	79.5		77.0		75.7		74.6		73.8		73.6
40,364	6.9	50,532	7.2	61,243	8.0	67,855	8.3	79,217	9.1	88,944	9.5
46,169	7.9	61,935	8.9	69,876	9.2	80,184	9.8	86,594	9.9	91,167	9.7
(16,754)	(2.9)	(20,248)	(2.9)	(23,037)	(3.0)	(26,817)	(3.3)	(30,150)	(3.5)	(35,622)	(3.8)
32,826	5.7	48,574	6.9	54,016	7.1	59,208	7.3	62,614	7.2	66,904	7.2
19,359	20.5	161,041	23.0	185,135	24.3	207,247	25.4	228,425	26.2	247,015	26.4
581,114	100.0	\$699,320	100.0	\$761,450	100.0	\$814,957	100.0	\$872,369	100.0	\$936,696	100.0

# NCI EXTRAMURAL FUNDS — FISCAL YEAR 1979

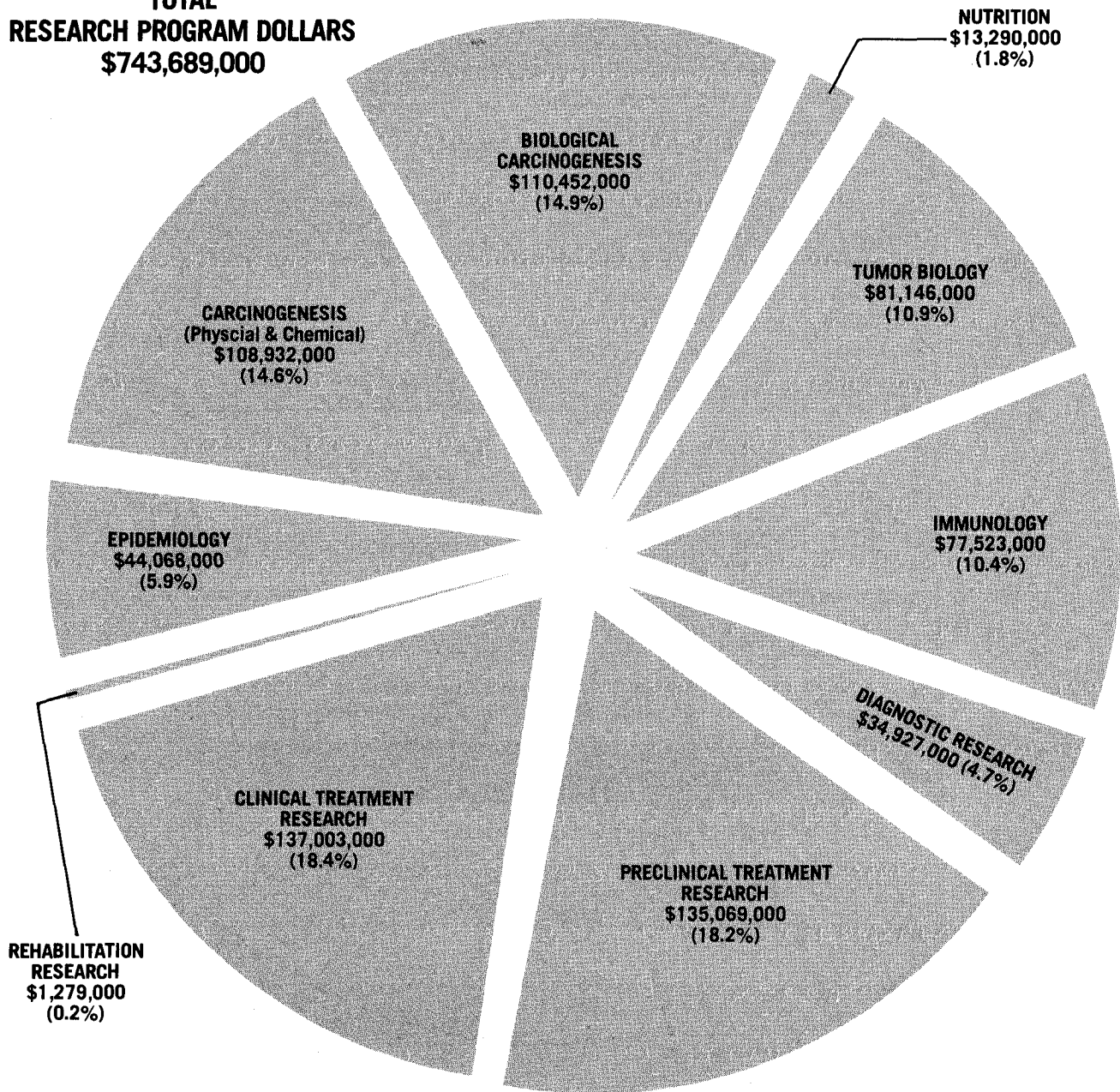
Total Extramural  
\$756,585,000



Total Intramural (not shown) \$180,111,000  
Total NCI \$936,696,000

**NCI RESEARCH PROGRAMS — FISCAL YEAR 1979**

**TOTAL  
RESEARCH PROGRAM DOLLARS  
\$743,689,000**



Research Programs	Dollars	PERCENT OF TOTAL
Research Programs	\$743,689,000	79.4
Resource Development		
Cancer Centers Support	65,809,000	7.0
Research Manpower Development	37,746,000	4.0
Construction	18,176,000	2.0
Cancer Control	71,276,000	7.6
<b>Total NCI</b>	<b>\$936,696,000</b>	<b>100.0</b>

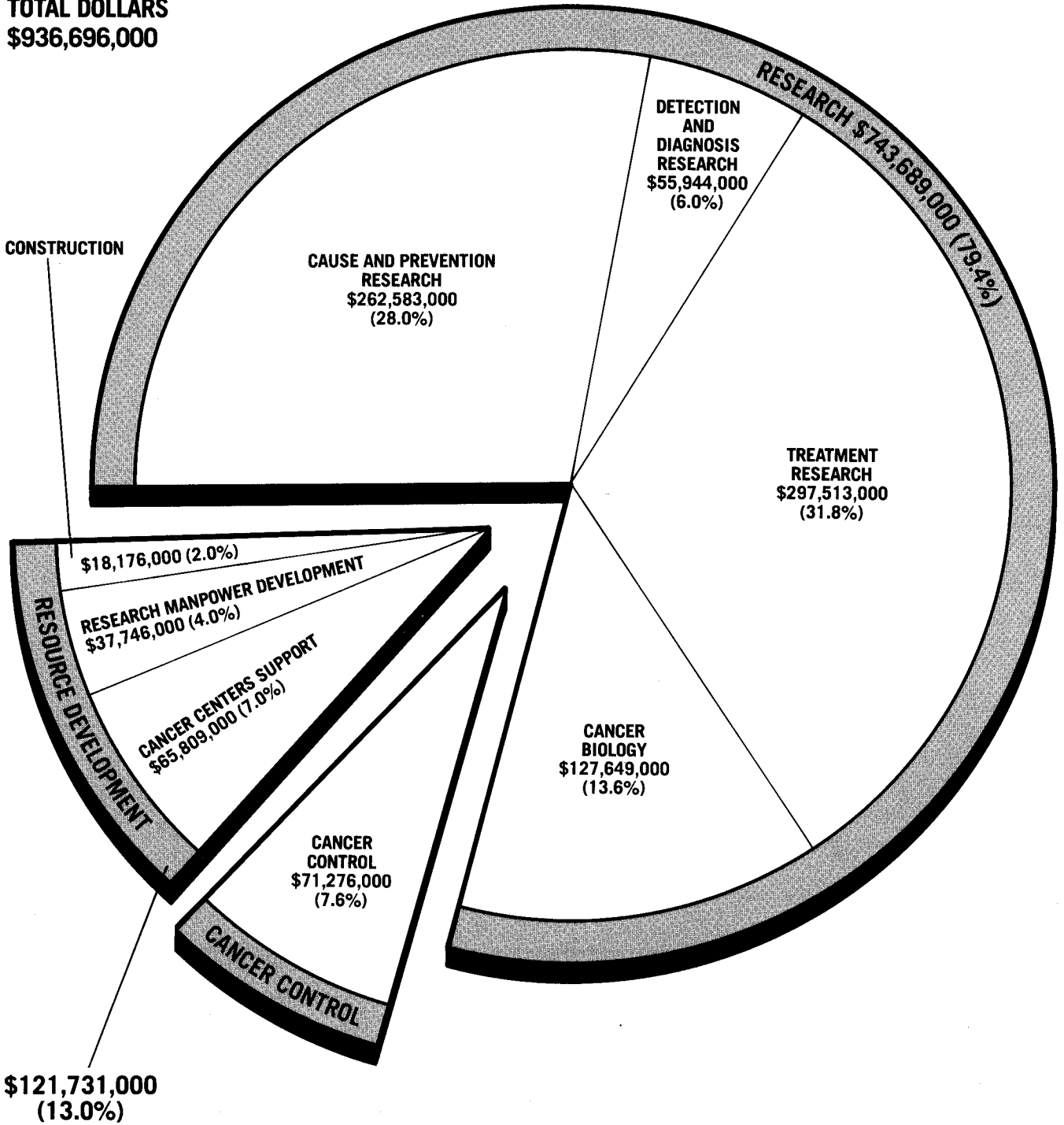
# TOTAL NCI DOLLARS BY MECHANISMS — FISCAL YEAR 1979

	AMOUNT	MECHANISM	PERCENT OF TOTAL	
	<b>RESEARCH PROJECTS GRANTS</b>			
<b>\$287,684</b>	\$183,536	Research Project Grants	19.6	<b>30.7%</b>
	2,302	Young Investigators	0.3	
	7,894	Cancer Research Emphasis Grants	0.8	
	93,953	Program Projects	10.0	
	<b>RESEARCH CENTERS GRANTS</b>			
<b>\$64,635</b>	271	Exploratory Grants	0.1	<b>6.9%</b>
	64,364	Center Core Grants	6.8	
	<b>OTHER RESEARCH GRANTS</b>			
<b>\$67,879</b>	2,000	Scientific Evaluation	0.2	<b>7.2%</b>
	651	Conference Grants	0.1	
	4,771	Research Career Programs	0.5	
	11,404	Clinical Education Programs	1.2	
	32,021	Cooperative Clinical Research	3.4	
	17,032	National Organ Site Program	1.8	
	<b>TRAINING PROGRAM</b>			
<b>\$20,139</b>	3,033	National Research Service Awards—Individual	0.3	<b>2.1%</b>
	17,106	National Research Service Awards—Institutional	1.8	
	<b>RESEARCH AND RESOURCE CONTRACTS</b>			
<b>\$232,014</b>	232,014	Research and Resource Contracts	24.8	<b>24.8%</b>
	<b>CANCER CONTROL</b>			
<b>\$70,107</b>	70,107	Cancer Control	7.5	<b>7.5%</b>
	<b>CONSTRUCTION</b>			
<b>\$17,330</b>	17,330	Construction	1.9	<b>1.9%</b>
	<b>IN-HOUSE</b>			
<b>\$176,908</b>	100,515	Intramural Research	10.7	<b>18.9%</b>
	65,195	Direct Operations	7.0	
	11,198	Program Management	1.2	
	<b>\$936,696</b>	<b>TOTAL NCI</b>	<b>100.0</b>	

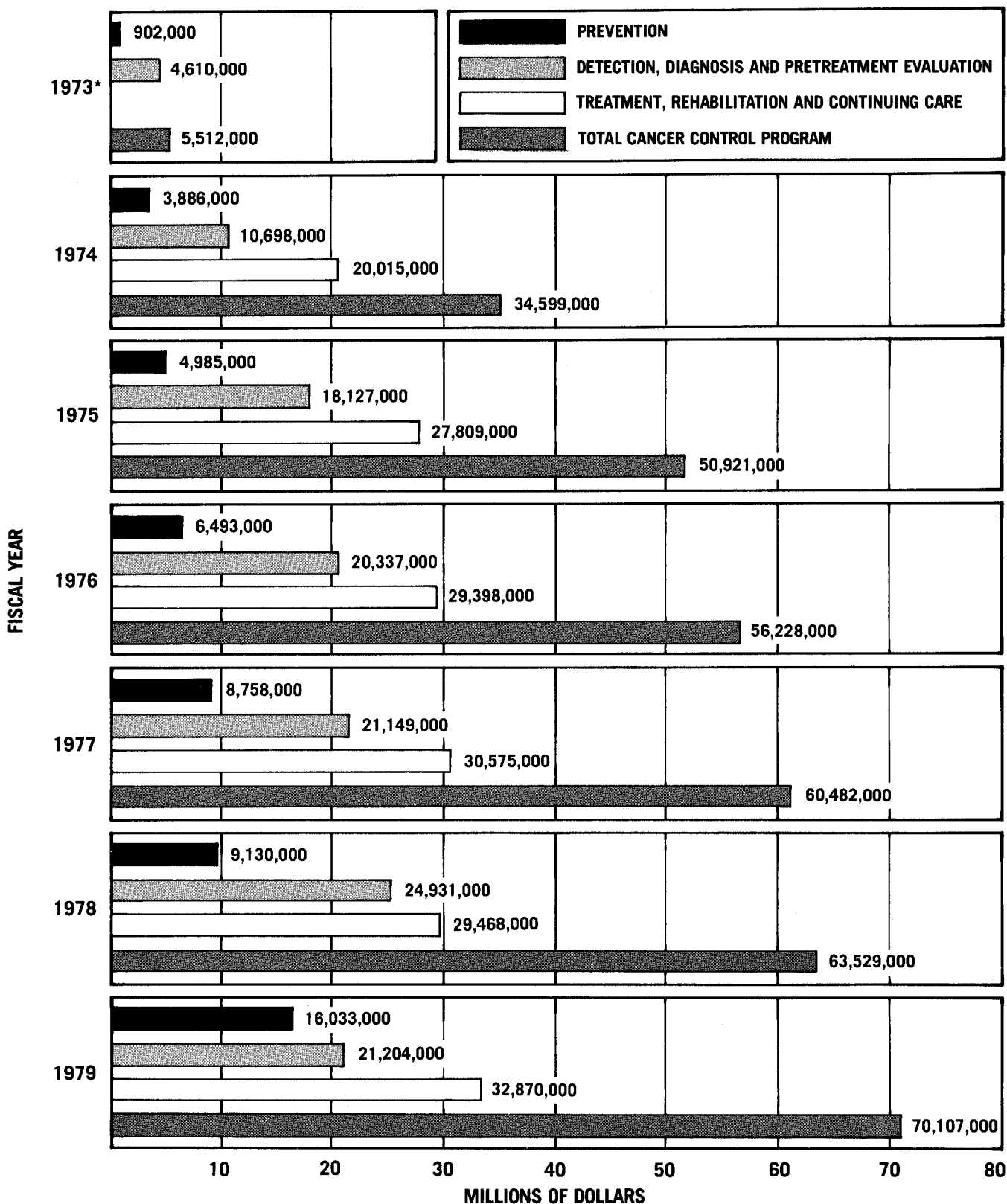


**NCI PROGRAM STRUCTURE — FISCAL YEAR 1979**

**TOTAL DOLLARS  
\$936,696,000**



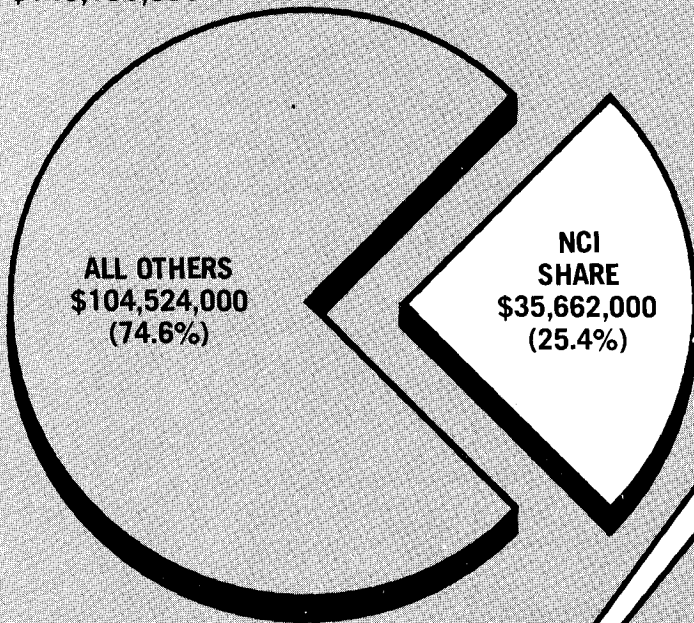
# CANCER CONTROL PROGRAM OBLIGATIONS — FISCAL YEARS 1973-1979



\*No Treatment, Rehabilitation and Continuing Care in FY 1973.

# REIMBURSEMENT TO NIH MANAGEMENT FUND FISCAL YEAR 1979

**TOTAL NIH SERVICES**  
\$140,186,000



**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

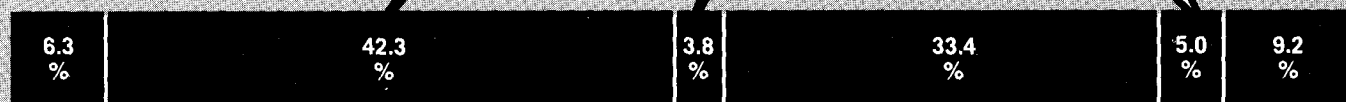
**STANDARD LEVEL USER CHARGES (SLUC)**

- Building usage including utilities
- Major renovations
- Guard services for rental buildings

**DIVISION OF RESEARCH GRANTS**

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

**DISTRIBUTION OF NCI SERVICES**  
\$35,662,000



**DIVISION OF COMPUTER RESEARCH AND TECHNOLOGY**

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

**\$2,256,000**

**OFFICE OF ADMINISTRATION**

- Division of Administrative Services
- Division of Contracts and Grants
- Division of Engineering Services
- Division of Financial Management
- Division of Management Policy
- Division of Management Survey and Review
- Division of Personnel Management

**\$11,911,000**

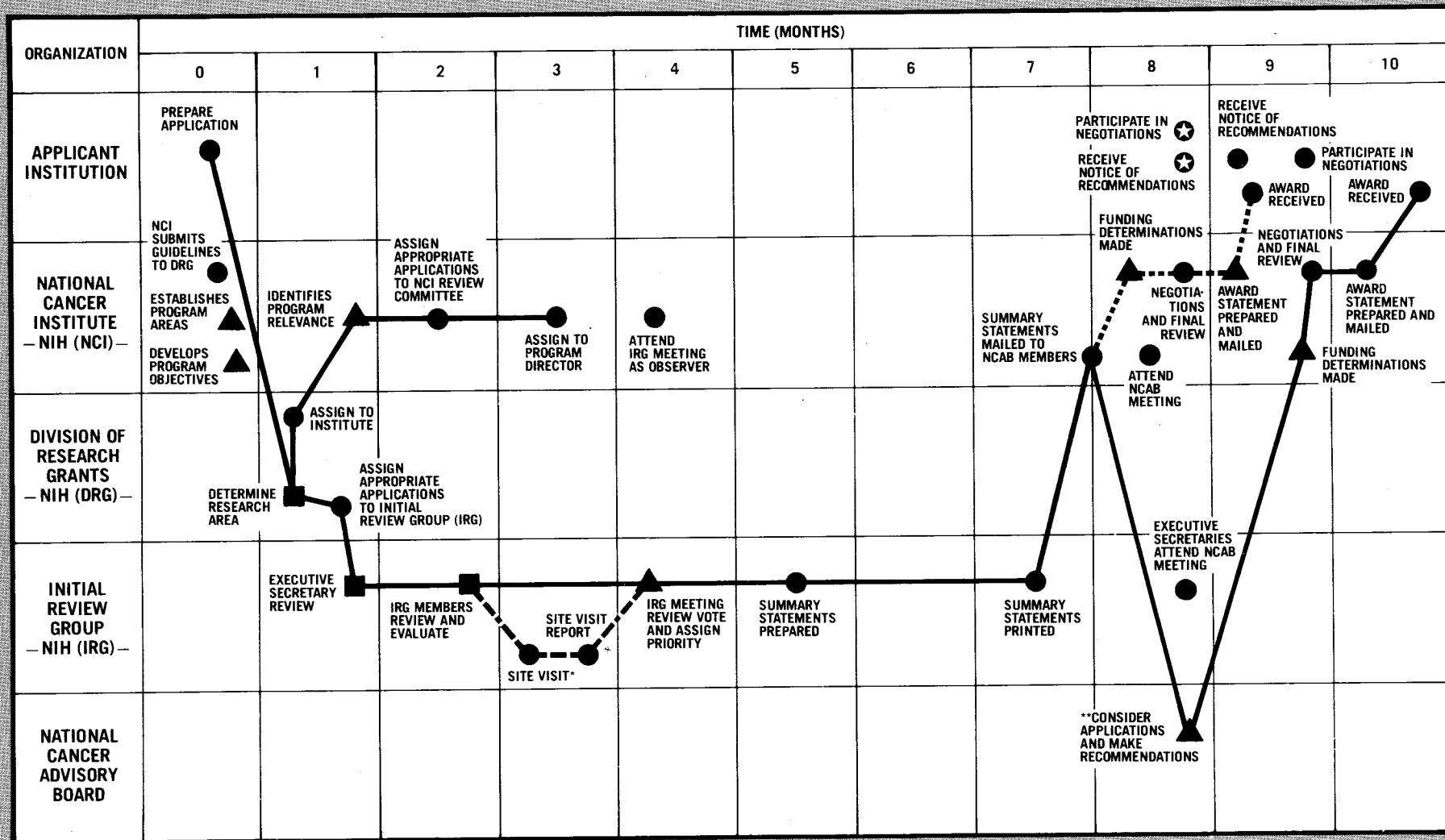
**DIVISION OF RESEARCH SERVICES**

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

**\$3,272,000**

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

# NCI GRANTS ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971



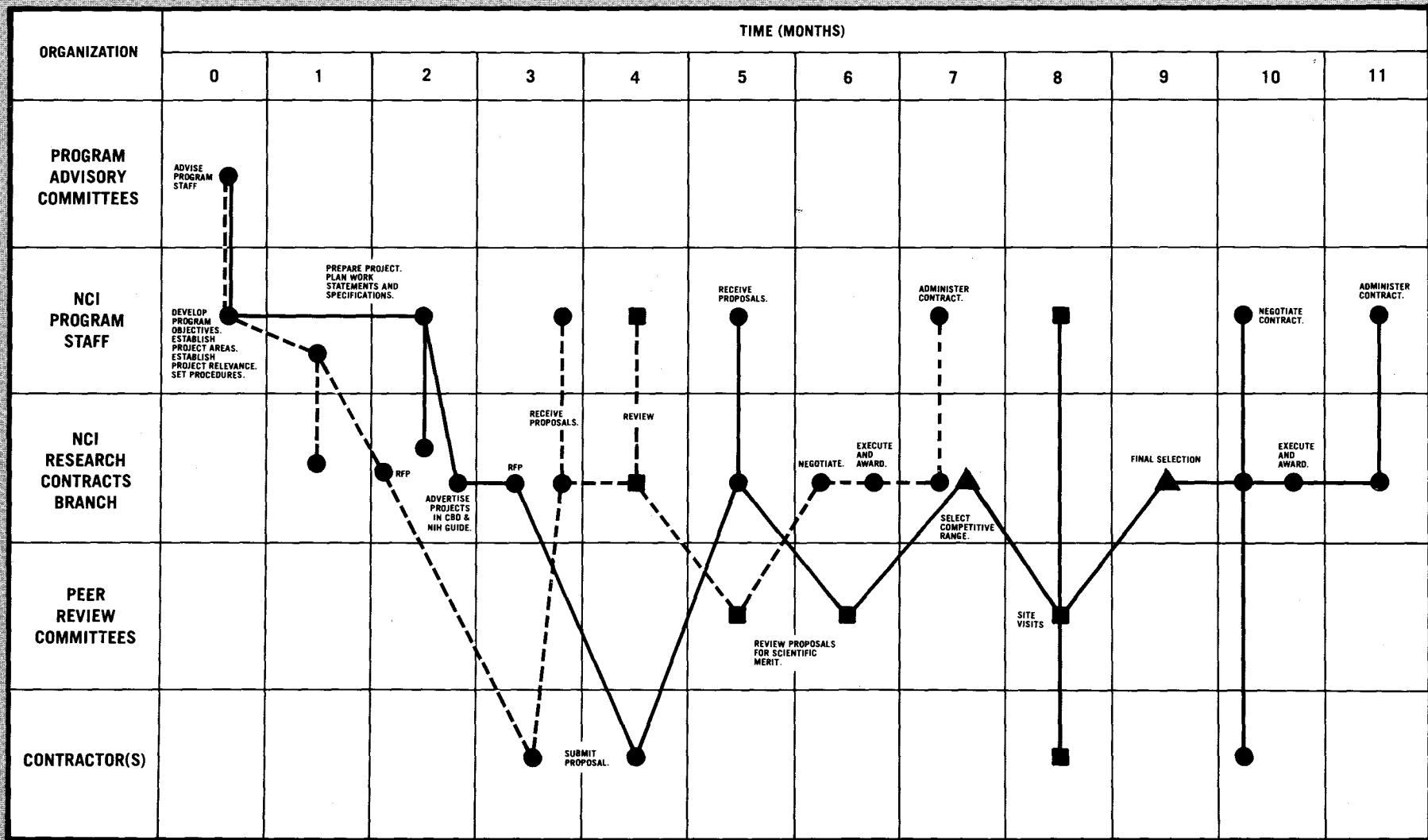
NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS

**LEGEND:**

- OPERATIONS
- REVIEW
- ▲ DECISION

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

# NCI CONTRACTS ADMINISTRATION PROCESS — UNDER CANCER ACT OF 1971



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

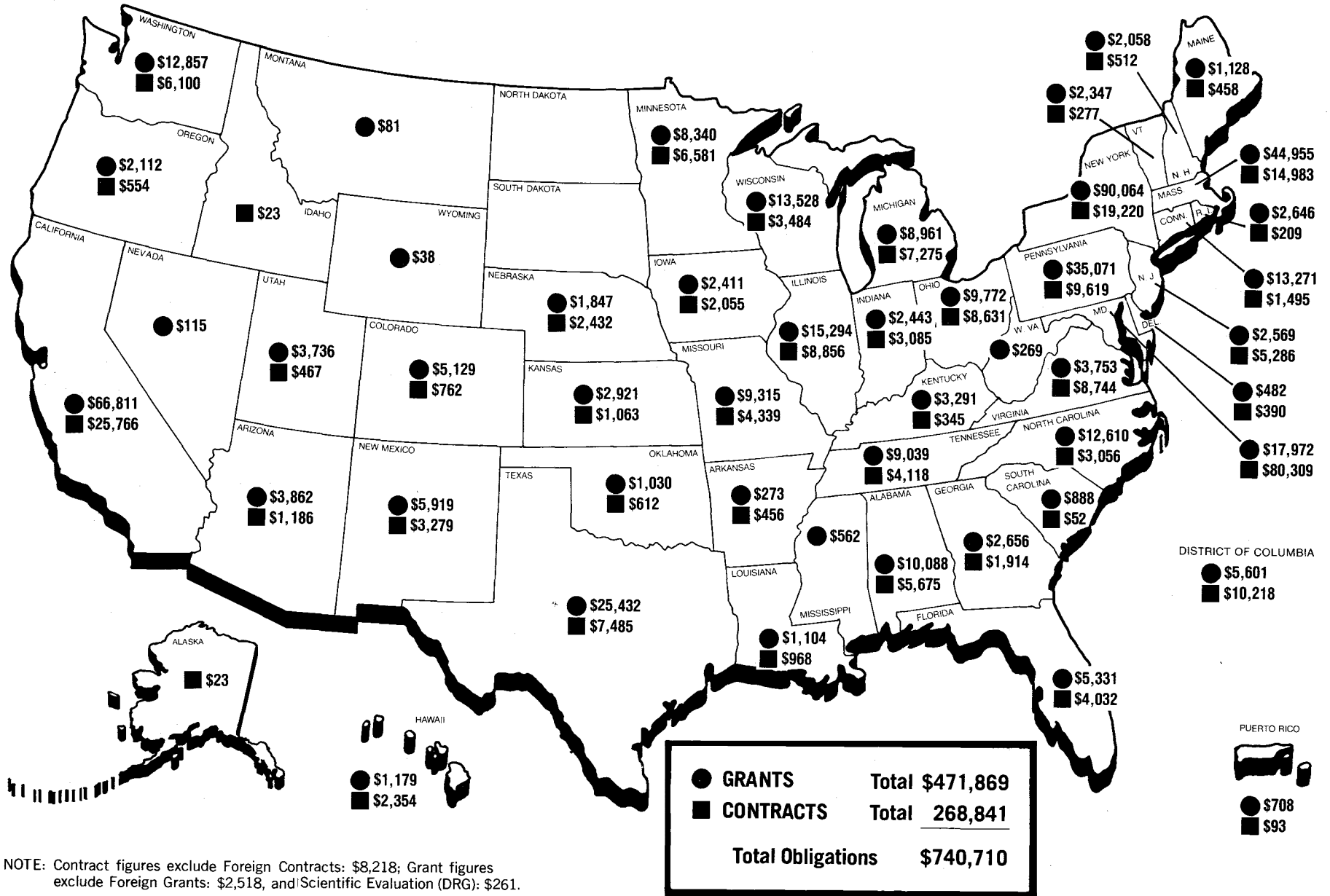
**LEGEND:**

- OPERATION
- REVIEW
- ▲ DECISION

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

# STATE DISTRIBUTION OF GRANTS AND CONTRACTS—FISCAL YEAR 1979

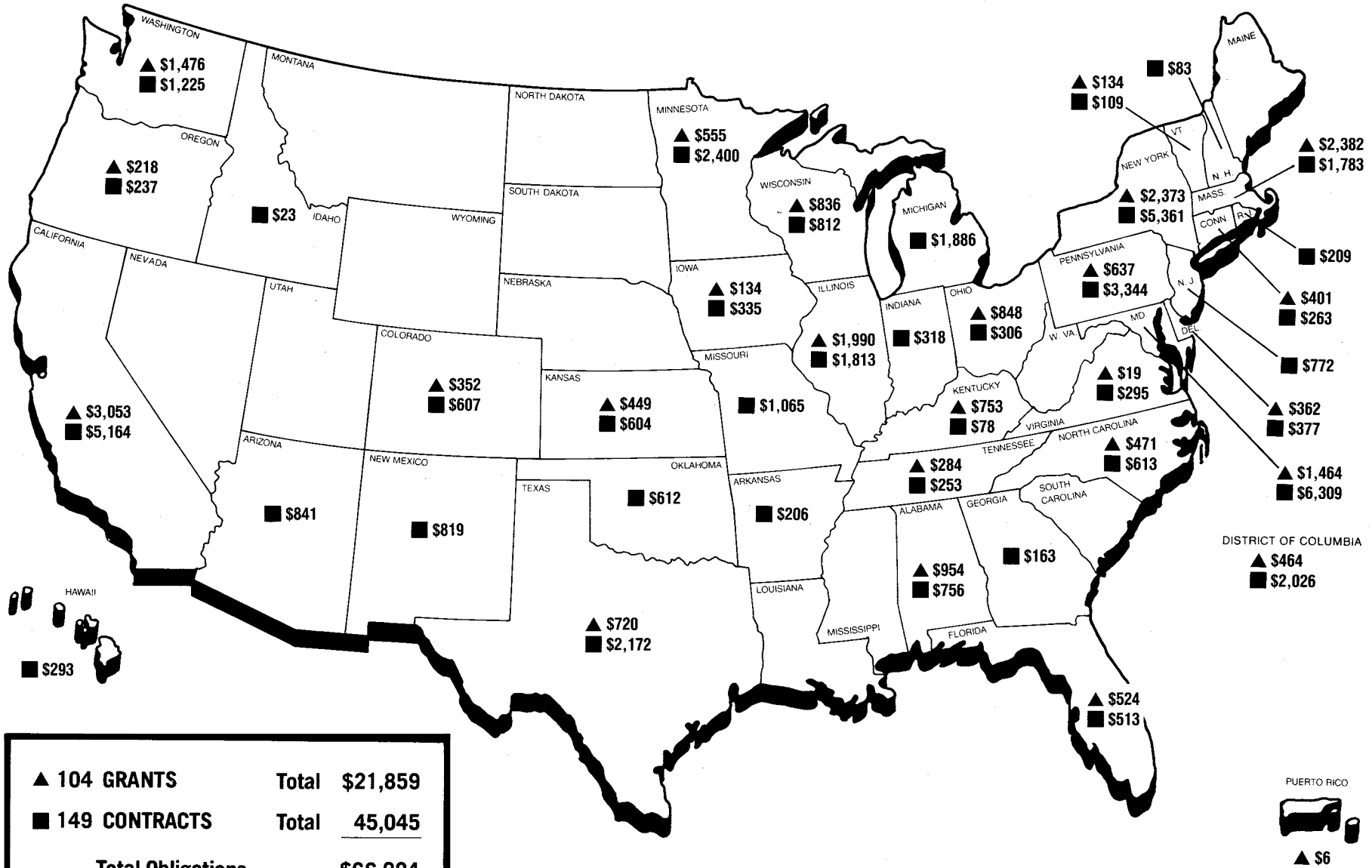
(DOLLARS IN THOUSANDS)



NOTE: Contract figures exclude Foreign Contracts: \$8,218; Grant figures exclude Foreign Grants: \$2,518, and Scientific Evaluation (DRG): \$261.

# DISTRIBUTION OF CANCER CONTROL GRANTS AND CONTRACTS — FISCAL YEAR 1979

(DOLLARS IN THOUSANDS)



▲ 104 GRANTS	Total	\$21,859
■ 149 CONTRACTS	Total	45,045
<b>Total Obligations</b>		<b>\$66,904</b>

# INSTITUTIONS RECEIVING MORE THAN \$1,000,000 FROM THE NATIONAL CANCER INSTITUTE IN FISCAL YEAR 1979

(DOLLARS IN THOUSANDS)

NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Alabama, University of	\$ 7,363	\$ 1,126	\$ —	\$ 8,489	Alabama
Albany Medical College of Union University	673	513	—	1,186	New York
Albert Einstein College of Medicine	7,724	168	—	7,892	New York
Allegheny-Singer Research Corporation	893	247	—	1,140	Pennsylvania
American College of Radiology	2,478	629	—	3,107	Illinois
American Health Foundation	2,661	802	—	3,463	New York
Arizona, University of	3,668	476	—	4,144	Arizona
Army, Department of, Ft. Detrick	—	3,053	—	3,053	Maryland
ARS/Sprague-Dawley	—	1,039	—	1,039	Wisconsin
Arthur D. Little, Inc.	—	3,015	—	3,015	Massachusetts
Assoc. Veterinary Med. Data Program Participants, Inc.	—	1,165	—	1,165	Illinois
Battelle Memorial Institute	—	4,287	—	4,287	Ohio
Baylor College of Medicine	4,598	1,729	—	6,327	Texas
Ben Venue Laboratories, Inc.	—	1,050	—	1,050	Ohio
Boston University Medical Center	1,395	112	—	1,507	Massachusetts
Bowman Gray School of Medicine of Wake Forest Univ.	1,417	105	—	1,522	North Carolina
California Institute of Technology	367	45	1,530	1,942	California
California State Department of Health	116	1,549	—	1,665	California
California, University of	28,646	7,627	1,983	38,256	California
Cancer Research Center	2,390	511	—	2,901	Missouri
Case Western Reserve University	2,145	329	—	2,474	Ohio
Charles River Breeding Labs	—	2,829	—	2,829	Massachusetts
Chicago, University of	6,490	944	—	7,434	Illinois
Children's Hospital Medical Center	1,823	—	—	1,823	Massachusetts
Children's Hospital of Philadelphia	915	438	—	1,353	Pennsylvania
Cincinnati, University of	1,072	363	—	1,435	Ohio
City of Hope National Medical Center	1,021	—	—	1,021	California
Cold Spring Harbor Laboratory	3,102	—	—	3,102	New York
College of Medicine and Dentistry of New Jersey	945	322	—	1,267	New Jersey
Colorado State University	1,394	—	—	1,394	Colorado
Colorado, University of, Medical Center	2,141	241	—	2,382	Colorado
Columbia University	7,242	1,724	—	8,966	New York
Connecticut, University of	1,324	71	—	1,395	Connecticut
Cornell University	2,634	559	—	3,193	New York
Dartmouth College	2,004	512	—	2,516	New Hampshire
Duke University	6,925	2,020	—	8,945	North Carolina
Electro-Nucleonics Laboratories, Inc.	—	1,256	—	1,256	Maryland
Emory University	1,521	1,469	—	2,990	Georgia
Energy, Department of	929	4,285	—	5,214	New York
Enviro Control, Inc.	—	4,424	—	4,424	Maryland
Florida, University of	1,049	551	—	1,600	Florida
Fox Chase Cancer Center	818	416	—	1,234	Pennsylvania
Fred Hutchinson Cancer Research Center	8,549	1,469	—	10,018	Washington
George Washington University	1,698	104	—	1,802	District of Columbia
Georgetown University	1,468	1,056	—	2,524	District of Columbia
Georgia, University of	1,098	149	—	1,247	Georgia
Hahnemann Medical College and Hospital	1,629	259	—	1,888	Pennsylvania
Harlan Industries, Inc.	—	1,882	—	1,882	Indiana
Harvard University	8,255	608	—	8,863	Massachusetts
Hawaii, University of	1,151	1,608	27	2,786	Hawaii
Hazleton Laboratories, Inc.	—	2,403	—	2,403	Virginia
Health Research, Inc.	11,356	1,224	—	12,580	New York
Howard University	1,117	240	—	1,357	District of Columbia
IIT Research Institute	63	3,405	—	3,468	Illinois
Illinois Cancer Council	742	837	—	1,579	Illinois
Illinois, University of	1,377	—	—	1,377	Illinois
Indian Health Service	—	8,882	—	8,882	Alaska
Indiana University-Purdue University at Indianapolis	1,043	—	—	1,043	Indiana
Institute for Cancer Research	6,772	310	—	7,082	Pennsylvania
Iowa, University of	2,322	1,654	—	3,976	Iowa
Jackson Laboratory	1,129	458	—	1,587	Maine
Jefferson Medical College	2,851	634	—	3,485	Pennsylvania
Johns Hopkins University	12,304	2,960	2,595	17,859	Maryland
Kaiser Foundation Research Institute	181	932	—	1,113	California
Kansas, University of, Medical Center	2,642	1,063	—	3,705	Kansas
Kentucky, University of	2,024	266	—	2,290	Kentucky
La Jolla Cancer Research Foundation	1,143	1	—	1,144	California
Life Sciences, Inc.	86	1,680	—	1,766	Florida
Litton Bionetics, Inc.	—	31,988	2,594	34,582	Maryland
Long Island Cancer Council	—	1,682	—	1,682	New York
Maryland, University of	921	4,633	—	5,554	Maryland
Mason Research Institute	—	4,381	—	4,381	Massachusetts
Massachusetts General Hospital	4,981	1,677	—	6,658	Massachusetts



NAME OF INSTITUTION	GRANTS	CONTRACTS	CONSTRUCTION	TOTAL	LOCATION
Massachusetts Institute of Technology	\$ 5,441	\$ 256	\$ -	\$ 5,697	Massachusetts
Mayo Foundation	3,108	5,037	-	8,145	Minnesota
Medical College of Wisconsin	961	140	-	1,101	Wisconsin
Meloy Laboratories, Inc.	-	3,937	-	3,937	Virginia
Memorial Hospital for Cancer and Allied Diseases	3,667	2,713	-	6,380	New York
Miami, University of	3,276	884	-	4,160	Florida
Michigan Cancer Foundation	2,240	2,362	769	5,371	Michigan
Michigan State University	1,644	236	-	1,880	Michigan
Michigan, University of	1,979	475	-	2,454	Michigan
Microbiological Associates	-	2,801	-	2,801	Maryland
Midwest Research Institute	91	2,679	-	2,770	Missouri
Minnesota, University of	5,144	1,544	-	6,688	Minnesota
Montefiore Hospital and Medical Center	517	522	-	1,039	New York
Mount Sinai School of Medicine	5,786	1,149	-	6,935	New York
Nebraska, University of	1,561	2,306	-	3,867	Nebraska
New Mexico, University of	4,720	2,389	-	7,109	New Mexico
New York Medical College	999	257	-	1,256	New York
New York University Medical Center	5,257	508	-	5,765	New York
North Carolina, University of	2,672	363	1,373	4,408	North Carolina
Northern California Cancer Program	3,256	346	-	3,602	California
Northwestern University	1,878	122	-	2,000	Illinois
Ohio State University Research Foundation	4,252	1,043	-	5,295	Ohio
Ontario Cancer Institute	31	994	-	1,025	Canada
Oregon State University	1,793	43	-	1,836	Oregon
Pennsylvania State University	1,600	1,205	-	2,805	Pennsylvania
Pennsylvania, University of	6,310	795	-	7,105	Pennsylvania
Peter Bent Brigham Hospital	749	485	-	1,234	Massachusetts
Pfizer, Inc.	-	2,175	-	2,175	New Jersey
Pittsburgh, University of	1,848	2,663	-	4,511	Pennsylvania
Purdue Research Foundation	1,087	160	-	1,247	Indiana
Research Foundation of the State University of New York	3,766	508	-	4,274	New York
Rochester, University of	5,441	534	-	5,975	New York
Rockefeller University	3,607	-	-	3,607	New York
Roger Williams General Hospital	1,304	-	-	1,304	Rhode Island
Rush Presbyterian-St. Luke's Medical Center	1,246	676	-	1,922	Illinois
Saint Jude Children's Research Hospital	3,896	40	1,000	4,936	Tennessee
Saint Louis University School of Medicine	1,091	755	-	1,846	Missouri
Salk Institute for Biological Studies	3,383	273	-	3,656	California
Scripps Clinic and Research Foundation	2,937	687	-	3,624	California
Sidney Farber Cancer Institute	13,232	1,165	-	14,397	Massachusetts
Simonsen Labs, Inc.	-	1,374	-	1,374	California
Sloan-Kettering Institute for Cancer Research	18,342	1,872	3,175	23,389	New York
Southern California, University of	8,314	3,348	-	11,662	California
Southern Research Institute	2,232	3,592	-	5,824	Alabama
SRI International	1,190	4,017	-	5,207	California
Stanford University	9,254	1,227	-	10,481	California
Temple University	4,019	327	-	4,346	Pennsylvania
Tennessee, University of	1,364	152	-	1,516	Tennessee
Texas, University of, Health Science Center	19,496	3,998	-	23,494	Texas
Tracor Jitco, Inc.	-	13,378	-	13,378	Maryland
Tufts University	2,218	47	-	2,265	Massachusetts
Tufts-New England Medical Center	1,455	-	-	1,455	Massachusetts
U. S. Environmental Protection Agency	-	2,114	-	2,114	District of Columbia
Utah, University of	3,254	468	-	3,722	Utah
Vanderbilt University Medical Center	1,445	699	-	2,144	Tennessee
Vermont, University of, College of Medicine	2,053	277	-	2,330	Vermont
Veterans Administration	-	2,402	-	2,402	District of Columbia
Veterans Administration Hospital	365	1,464	-	1,829	New Jersey
Virginia Commonwealth University	1,935	-	-	1,935	Virginia
Virginia, University of	1,199	91	-	1,290	Virginia
Warner Lampert	-	1,010	-	1,010	Michigan
Washington University	4,844	215	-	5,059	Missouri
Washington, University of	2,730	4,439	-	7,169	Washington
Wayne State University	1,631	852	-	2,483	Michigan
Westat, Inc.	-	1,622	-	1,622	Maryland
Wisconsin, University of	12,331	1,117	-	13,448	Wisconsin
Wistar Institute of Anatomy and Biology	5,647	-	-	5,647	Pennsylvania
Worcester Foundation for Experimental Biology	1,478	-	-	1,478	Massachusetts
Yale University School of Medicine	11,161	1,116	-	12,277	Connecticut

<b>TOTALS</b>	<b>\$416,512</b>	<b>\$226,891</b>	<b>\$15,046</b>	<b>\$658,449</b>
<b>PERCENT OF TOTAL AWARDED ABOVE</b>	<b>63.2</b>	<b>34.5</b>	<b>2.3</b>	<b>100</b>
<b>TOTAL NCI FISCAL YEAR 1979 OBLIGATIONS</b>	<b>\$936,696</b>			
<b>PERCENT OF NCI TOTAL OBLIGATIONS</b>	<b>44.5</b>	<b>24.2</b>	<b>1.6</b>	<b>70.3</b>

NOTE: The NCI funds approximately 635 institutions; therefore, the above listing represents about 23 percent of the institutions annually funded by NCI.

## DISTRIBUTION OF NCI CONTRACTS — FISCAL YEAR 1979

### PROGRAM DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	NCI PROGRAM AREA	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
20.0	199	Division of Cancer Biology and Diagnosis	\$ 29,683	10.7
26.0	259	Division of Cancer Treatment	79,152	28.6
37.5	373	Division of Cancer Cause and Prevention	119,427	43.0
15.0	149	Division of Cancer Control and Rehabilitation	45,045	16.3
1.5	15	Office of the Director	3,752	1.4

Includes Interagency Agreements

**995**

**TOTALS**

**\$277,059**

### INSTITUTIONAL DISTRIBUTION

PERCENT OF TOTAL NUMBER OF CONTRACTS	NUMBER OF CONTRACTS	TYPE OF INSTITUTION	THOUSANDS OF DOLLARS	PERCENT OF TOTAL DOLLARS
18.5	184	Profit-Making	\$101,614	36.7
40.1	398	Academic	77,082	27.8
24.6	245	Non-Profit	59,603	21.5
6.4	64	Federal Government	24,357	8.8
3.0	30	State and Local Government	6,185	2.2
7.4	74	Foreign	8,218	3.0

**995**

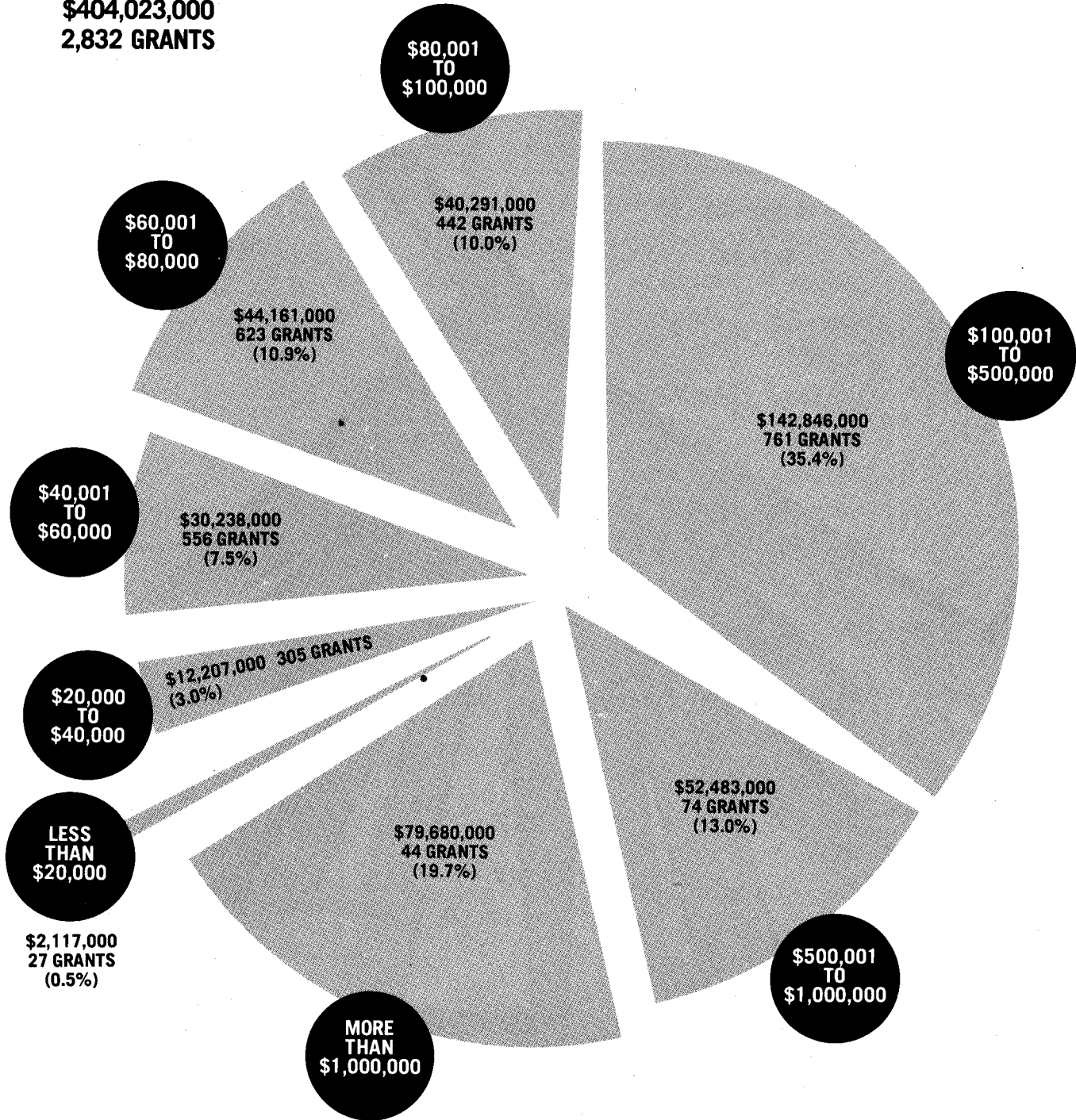
**TOTALS**

**\$277,059**

NOTE: Does not include contracts that are not in direct support of research or control, such as the International Cancer Research Data Bank, Cancer Communications, and Program Planning. Construction contracts are also excluded.

**DISTRIBUTION OF NCI RESEARCH GRANTS BY VALUE OF GRANT AWARD – FISCAL YEAR 1979**

**TOTAL GRANT DOLLARS**  
**\$404,023,000**  
**2,832 GRANTS**

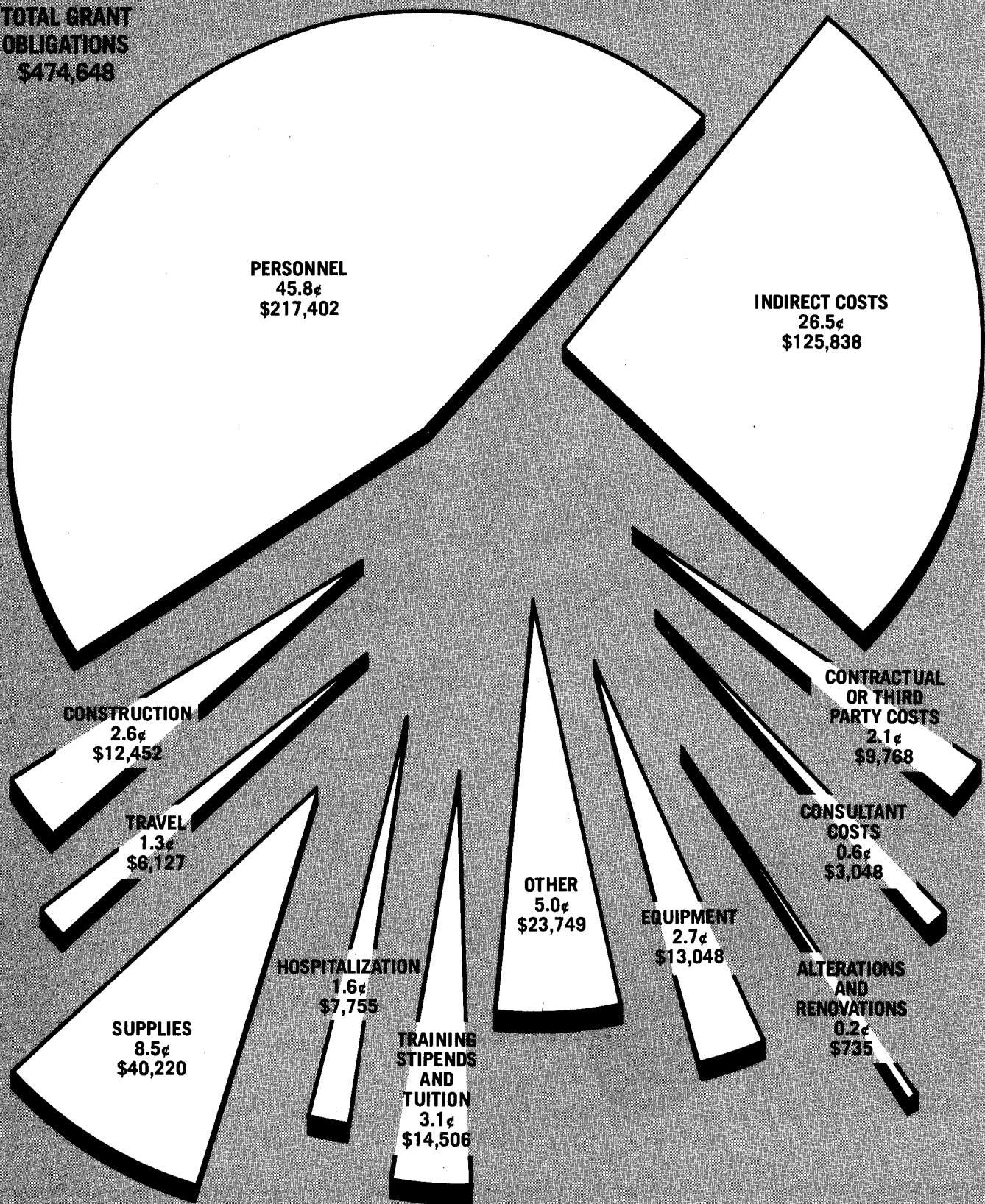


Excludes Training and Fellowship Awards, Cancer Control Grants, Construction Grants, Clinical Education, and Career Awards. Includes Clinical Trials and CREG Awards.

# DISTRIBUTION OF THE GRANT DOLLAR — FISCAL YEAR 1979

(DOLLARS IN THOUSANDS)

**TOTAL GRANT OBLIGATIONS**  
**\$474,648**



**FOREIGN RESEARCH GRANTS AND  
CONTRACTS — FISCAL YEAR 1979**

	NUMBER OF GRANTS	GRANT DOLLARS AWARDED	NUMBER OF CONTRACTS	CONTRACT DOLLARS AWARDED	TOTAL DOLLARS AWARDED	PERCENT OF TOTAL AMOUNT AWARDED
Australia	6	\$ 281,124	2	\$ 106,790	\$ 387,914	3.7
Austria	—	—	2	109,100	109,100	1.0
Belgium	1	298,058	2	302,400	600,458	5.6
Canada	12	514,704	9	1,418,342	1,933,046	18.2
Denmark	1	30,500	—	—	30,500	0.3
England	4	299,593	8	783,435	1,083,028	10.2
Finland	2	72,200	2	63,080	135,280	1.3
France	1	33,330	7	1,181,695	1,215,025	11.4
Germany	1	43,657	1	74,100	117,757	1.1
Ghana	—	—	1	58,365	58,365	0.5
Israel	7	369,031	13	1,347,812	1,716,843	16.2
Italy	1	44,000	6	772,883	816,883	7.7
Japan	—	—	6	624,110	624,110	5.9
Korea, Republic of	1	11,430	—	—	11,430	0.1
Netherlands	—	—	4	306,685	306,685	2.9
Norway	—	—	1	82,186	82,186	0.8
Scotland	—	—	3	268,537	268,537	2.5
South Africa	1	56,120	—	—	56,120	0.5
Sweden	3	250,523	6	708,423	958,946	9.0
Switzerland	1	106,103	—	—	106,103	1.0
Uganda	—	—	1	9,975	9,975	0.1
<b>TOTAL</b>	<b>42</b>	<b>\$2,410,373</b>	<b>74</b>	<b>\$8,217,918</b>	<b>\$10,628,291</b>	<b>100.0</b>

## APPROPRIATIONS OF THE NCI 1938-1980

1938 .....	\$ 400,000	}	
1939 .....	400,000		
<b>1940 THROUGH 1946 \$3,879,570</b>		}	<b>0.23%</b> <b>\$21,000,470</b>
1947 .....	1,820,900		
1948 .....	14,500,000	}	
1949 .....	22,000,000		
<b>1950 THROUGH 1956 \$149,481,750</b>		}	<b>3.09%</b> <b>\$276,315,750</b>
1957 .....	48,432,000		
1958 .....	56,402,000	}	
1959 .....	75,268,000		
<b>1960 THROUGH 1966 \$958,954,000</b>		}	<b>15.57%</b> <b>\$1,393,234,000</b>
1967 .....	175,656,000		
1968 .....	183,356,000	}	
1969 .....	185,149,500		
1970 .....	190,486,063	}	<b>6.77%</b> <b>\$606,018,563</b>
1971 .....	230,383,000		
<b>74.34%</b>			
<b>\$6,653,001,500</b>		}	
1972 .....	\$ 378,794,000		
1973 .....	492,205,000		
1974 .....	551,191,500		
1975 .....	691,666,000		
1976 .....	761,727,000 <sup>1</sup>		
"TQ" .....	152,901,000 <sup>2</sup>		
1977 .....	815,000,000		
1978 .....	872,388,000		
1979 .....	937,129,000 <sup>3</sup>		
1980 .....	1,000,000,000 <sup>4</sup>		
<b>TOTAL (1938 through 1980) .....</b>		<b>\$8,949,570,283</b>	

### NOTEWORTHY DATES FOR NCI APPROPRIATIONS

Exceeded \$1,000,000 in 1947. Exceeded \$50,000,000 in 1958.  
Exceeded \$100,000,000 in 1961. Exceeded \$1,000,000,000 in 1980.

**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.

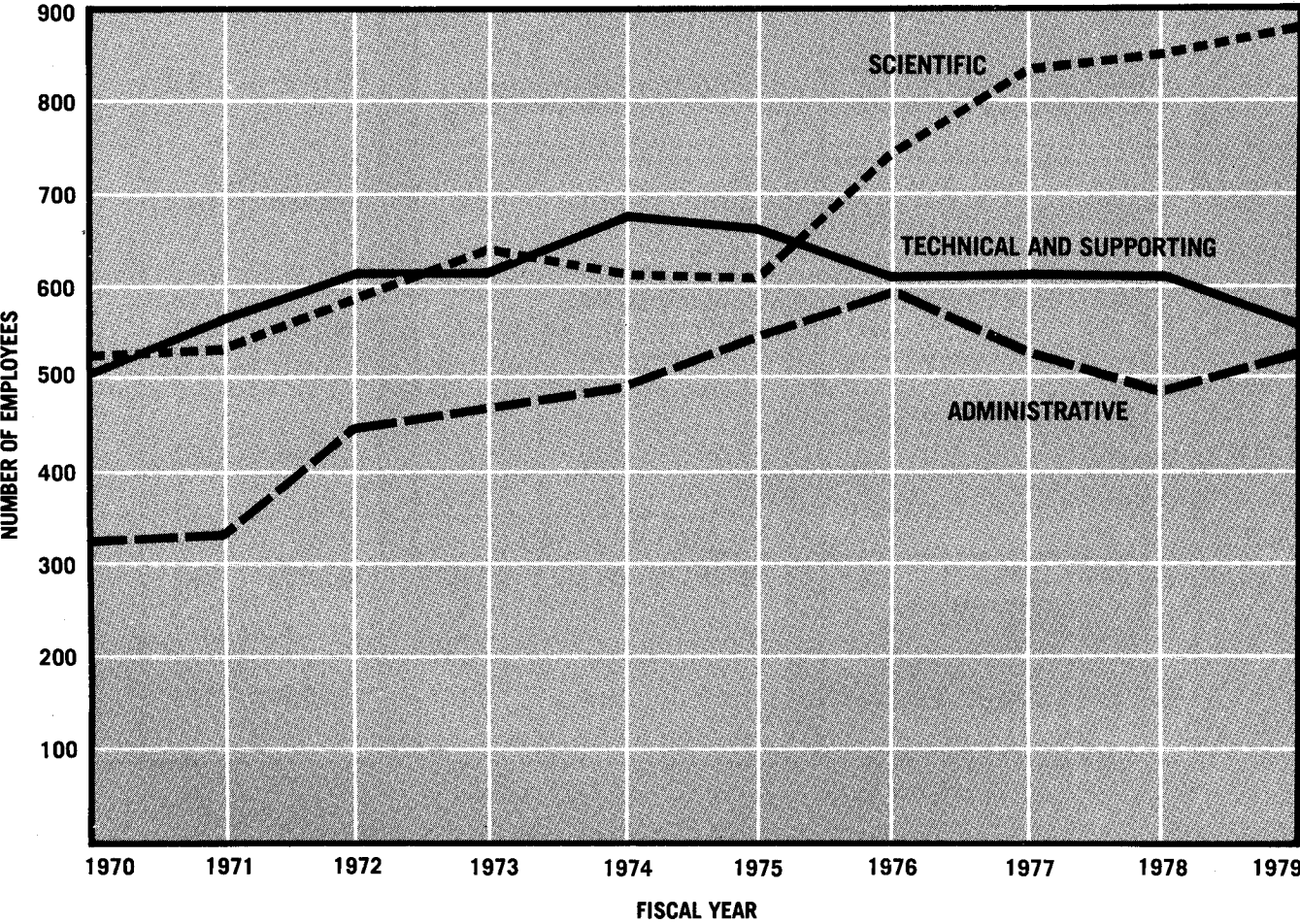
<sup>2</sup>Includes \$3,201,000 for training funds provided by Continuing Resolution.

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

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

# DISTRIBUTION OF PERSONNEL BY FUNCTION

Percent of Actual Employment										
	FISCAL YEAR									
	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979
Scientific	38.3%	37.5%	36.2%	37.3%	34.4%	32.7%	37.9%	41.7%	43.8%	44.9%
Administrative	24.0%	23.9%	27.3%	27.6%	27.0%	30.0%	30.7%	27.2%	25.3%	26.6%
Technical and Supporting	37.7%	38.6%	36.5%	35.1%	38.6%	37.3%	31.4%	31.1%	30.9%	28.5%
<b>Total Actual Employment</b>	<b>1355</b>	<b>1426</b>	<b>1665</b>	<b>1736</b>	<b>1805</b>	<b>1849</b>	<b>1955</b>	<b>1986</b>	<b>1969</b>	<b>1973</b>



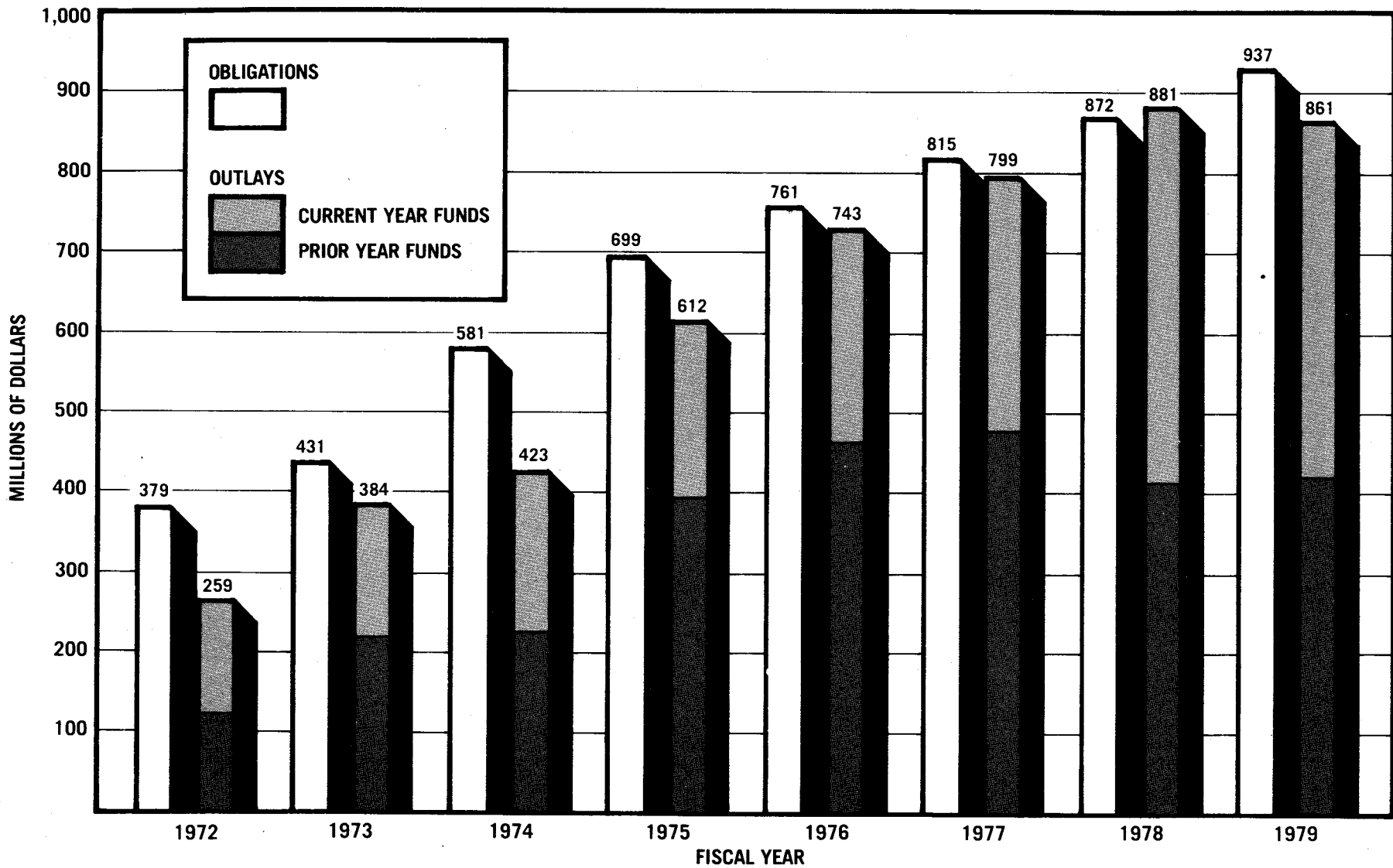
## COMPARISON OF DOLLARS, POSITIONS AND SPACE

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

\*Does not include field station assigned space.



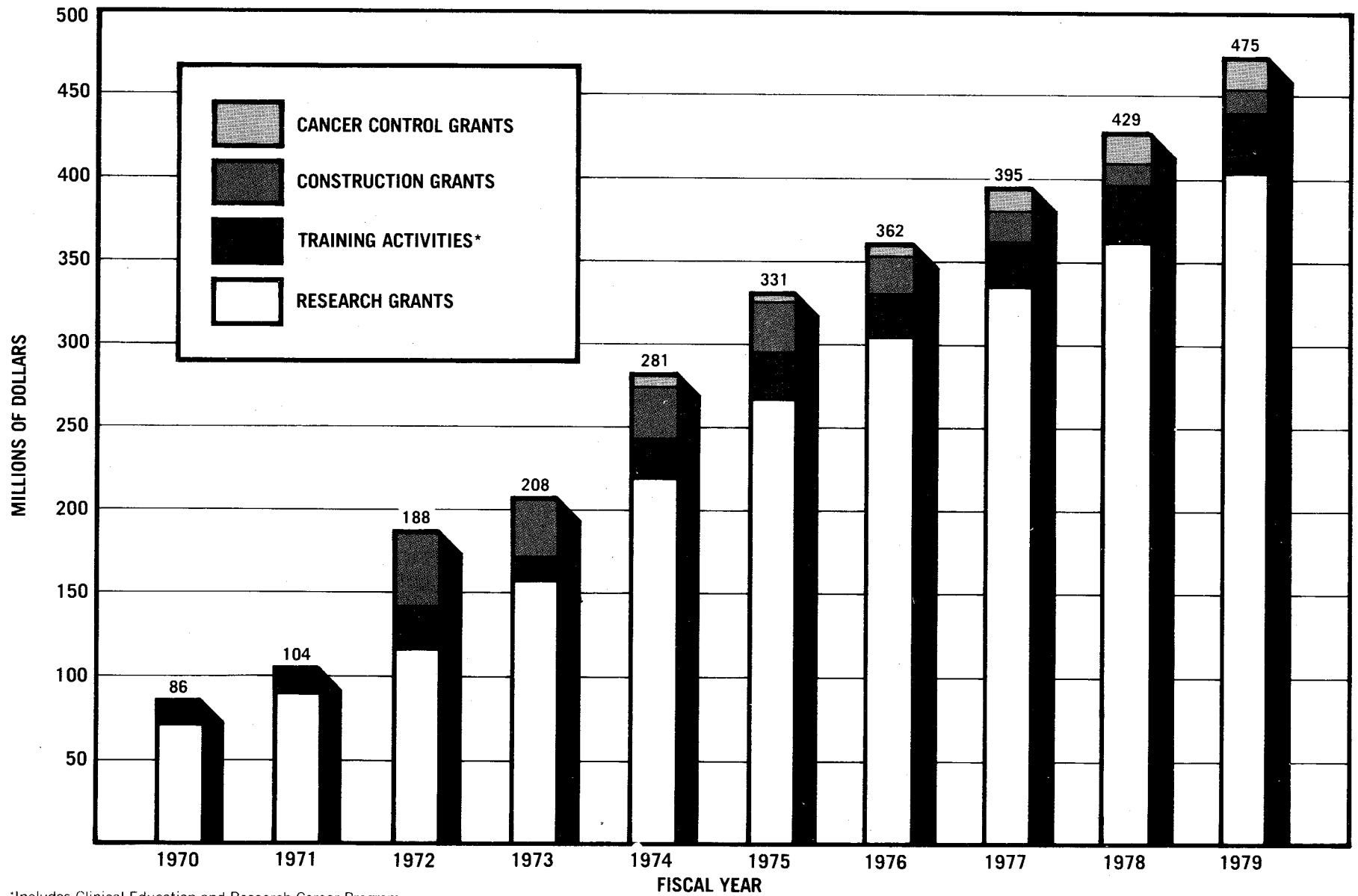
# NATIONAL CANCER INSTITUTE OBLIGATIONS AND OUTLAYS



**OBLIGATIONS:** Orders placed, grants and contracts awarded, salaries earned and similar financial transactions which legally utilize or reserve an appropriation for expenditure.

**OUTLAYS:** Payments (cash or checks) made from current or prior year appropriations.

## NCI GRANT AWARDS — 1970-1979



\*Includes Clinical Education and Research Career Program.

## NCI REGULAR GRANT AWARDS — 1973-1979 (Including Clinical Cooperative Groups)

(DOLLARS IN THOUSANDS)

FISCAL YEAR	TYPE AWARD	REQUESTED		APPROVED		AWARDED		PERCENT FUNDED
		NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT	
1973	Competing							
	New .....	1,258	\$ 84,946	715	\$ 33,794	372	\$ 18,085	52.0
	Renewals .....	217	21,906	189	13,363	129	10,365	68.3
	<b>Total</b> .....	<b>1,475</b>	<b>106,852</b>	<b>904</b>	<b>47,157</b>	<b>501</b>	<b>28,450</b>	<b>55.4</b>
	Non-Competing .....	—	—	—	—	1,013	54,687	—
1974	Competing							
	New .....	1,382	\$100,717	909	\$ 45,713	500	\$ 27,824	55.0
	Renewals .....	379	33,651	336	22,815	285	20,413	84.8
	<b>Total</b> .....	<b>1,761</b>	<b>134,368</b>	<b>1,245</b>	<b>68,528</b>	<b>785</b>	<b>48,237</b>	<b>63.1</b>
	Non-Competing .....	—	—	—	—	1,049	62,803	—
1975	Competing							
	New .....	1,509	\$108,621	979	\$ 48,023	581	\$ 30,605	59.3
	Renewals .....	555	55,314	429	31,876	349	27,949	81.4
	<b>Total</b> .....	<b>2,064</b>	<b>163,935</b>	<b>1,408</b>	<b>79,899</b>	<b>930</b>	<b>58,554</b>	<b>66.1</b>
	Non-Competing .....	—	—	—	—	1,112	72,917	—
1976	Competing							
	New .....	1,499	\$113,135	910	\$ 47,342	388	\$ 22,230	42.6
	Renewals .....	517	53,992	376	28,070	257	21,236	68.4
	<b>Total</b> .....	<b>2,016</b>	<b>167,127</b>	<b>1,286</b>	<b>75,412</b>	<b>645</b>	<b>43,466</b>	<b>50.2</b>
	Non-Competing .....	—	—	—	—	1,486	108,818	—
1977	Competing							
	New .....	1,756	147,591	1,071	\$ 60,155	398	\$ 23,781	37.2
	Renewals .....	728	87,162	578	50,221	303	32,436	52.4
	<b>Total</b> .....	<b>2,484</b>	<b>234,753</b>	<b>1,649</b>	<b>110,376</b>	<b>701</b>	<b>56,217</b>	<b>42.5</b>
	Non-Competing .....	—	—	—	—	1,412	104,431	—
1978	Competing							
	New .....	1,854	\$153,528	1,264	\$ 75,014	513	\$ 32,591	40.6
	Renewals .....	752	97,937	617	57,131	381	38,905	61.8
	<b>Total</b> .....	<b>2,606</b>	<b>251,465</b>	<b>1,881</b>	<b>132,145</b>	<b>894</b>	<b>71,496</b>	<b>47.5</b>
	Non-Competing .....	—	—	—	—	1,341	111,916	—
1979	Competing							
	New .....	1,950	\$177,989	1,414	\$ 97,596	576	\$ 45,287	40.7
	Renewals .....	653	80,521	570	52,012	334	35,025	58.6
	<b>Total</b> .....	<b>2,603</b>	<b>258,510</b>	<b>1,984</b>	<b>149,608</b>	<b>910</b>	<b>80,312</b>	<b>45.9</b>
	Non-Competing .....	—	—	—	—	1,485	141,198	—

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April 1980