NCI FACT BOOK

National Cancer Program
1985

FOR ADMINISTRATIVE USE

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

The information set forth in this publication is compiled and amended annually by the Financial Management Staff of the National Cancer Institute and is intended primarily for use by members of the Institute staff, the principal advisory groups to the Institute and others involved in the administration and management of the National Cancer Program. Questions regarding any of the information contained herein may be directed to the Financial Manager, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland 20892.
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<tr>
<td>Dr. Vincent T. DeVita, Jr.*</td>
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<td>Ms. Iris Schneider</td>
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<td>Ms. Maxine L. Richardson</td>
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<td>DEPUTY DIRECTOR</td>
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<td>Dr. Peter Fischinger*</td>
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<td>ASSISTANT DIRECTOR</td>
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<td>Dr. Elliott Stonehill</td>
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<tr>
<td>ASSOCIATE DIRECTOR FOR PROGRAM PLANNING AND ANALYSIS</td>
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<td>10-A-52</td>
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<td>Mr. Louis M. Carrese</td>
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<tr>
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<tr>
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<tr>
<td>Dr. Mary Knipmeyer</td>
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<td>ASSOCIATE DIRECTOR FOR CANCER COMMUNICATIONS</td>
<td>31</td>
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<tr>
<td>Mr. J. Paul Van Nevel</td>
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<td>Mr. Joseph Bangiolo</td>
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<td>Ms. Rose Mary Romano</td>
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<td>Dr. Ihor J. Masnyk, Acting</td>
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<tr>
<td>DIRECTOR, INTERNATIONAL CANCER INFORMATION CENTER</td>
<td>82</td>
<td>102</td>
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<tr>
<td>Ms. Susan P. Hubbard</td>
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<td>ASSOCIATE DIRECTOR FOR ADMINISTRATIVE MANAGEMENT</td>
<td>31</td>
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<tr>
<td>Mr. Philip Amorus*</td>
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<td>Mr. Stephen Ficca, Deputy</td>
<td>31</td>
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<td>Mr. John P. Hartinger</td>
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<tr>
<td>Ms. Marianne Wagner</td>
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<td>Mr. John Campbell</td>
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<td>Mr. Thomas L. Kearns</td>
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<td>Westwood Building</td>
<td>8-A-18</td>
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<tr>
<td>Mr. Leo F. Buscher, Jr.</td>
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<td>CHIEF, EXTRAMURAL FINANCIAL DATA BRANCH</td>
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<tr>
<td>Mr. Robert E. Spallone</td>
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</table>

* NCI Executive Committee Members
## NCI Executive Committee Members

### FREDERICK CANCER RESEARCH FACILITY
#### GENERAL MANAGER/PROJECT OFFICER
- **Dr. Berge Hampar**
  - Building 427
  - FTS-8-935-1108

#### DEPUTY GENERAL MANAGER
- **Mr. Richard Carter**
  - Building 427
  - FTS-8-935-1106

### DIRECTOR, DIVISION OF CANCER ETIOLOGY
#### DIRECT-IN DIALING
- **Dr. Richard Adamson**
  - Building 31
  - 11-A-03
  - 496-6618

#### ADMINISTRATIVE OFFICER
- **Mr. Mark Kochevar**
  - Building 31
  - 11-A-11
  - 496-6556

### DIRECTOR, DIVISION OF CANCER BIOLOGY AND DIAGNOSIS
#### DIRECT-IN DIALING
- **Dr. Alan S. Rabson**
  - Building 31
  - 3-A-03
  - 496-4345

#### ADMINISTRATIVE OFFICER
- **Mr. Larry D. Willhite**
  - Building 31
  - 3-A-05
  - 496-3381

### DIRECTOR, DIVISION OF CANCER TREATMENT
#### DIRECT-IN DIALING
- **Dr. Bruce Chabner**
  - Building 31
  - 3-A-52
  - 496-4291

#### ADMINISTRATIVE OFFICER
- **Mr. Donald Christoferson**
  - Building 31
  - 3-A-50
  - 496-2775

### DIRECTOR, DIVISION OF EXTRAMURAL ACTIVITIES
#### DIRECT-IN DIALING
- **Mrs. Barbara Bynum**
  - Building 31
  - 10-A-03
  - 496-5147

#### ADMINISTRATIVE OFFICER
- **Mr. Lawrence J. Ray**
  - Building 31
  - 10-A-10
  - 496-5915

### DIRECTOR, DIVISION OF CANCER PREVENTION AND CONTROL
#### DIRECT-IN DIALING
- **Dr. Peter Greanwald**
  - Building 31
  - 4-A-32
  - 496-6616

#### ADMINISTRATIVE OFFICER
- **Mr. Nicholas Olimpio**
  - Building 31
  - 4-A-46
  - 496-9606

* NCI Executive Committee Members
YEAR 2000 GOALS AND OBJECTIVES

The National Cancer Institute established a goal of reducing cancer mortality by 50 percent by the year 2000. This optimistic endeavor is made quite achievable both because of the promise of today's scientific opportunities and the record of accomplishments of the past decade. This effort is primarily based on aggressive application of existing knowledge about cancer prevention, screening, early detection, and treatment, and on the application of future gains in knowledge in treatment and prevention regimens that can reasonably be expected over the next decade and a half.

In order to fulfill the goal of 50 percent mortality reduction by the year 2000, four main areas will continue to be pursued and emphasized—smoking prevention and cessation, dietary modification, early detection of cancer through effective screening, and widespread application of the latest achievements in basic research which allow new and effective treatment regimens.

The following depicts NCI areas to be emphasized and objectives necessary to achieve its year 2000 goal:

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<th>CONTROL AREA</th>
<th>BRIEF RATIONALE</th>
<th>YEAR 2000 OBJECTIVE</th>
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<tr>
<td>Prevention/Smoking</td>
<td>The causal relationship between smoking and cancer has been scientifically</td>
<td>Reduce the percentage of adults who smoke from 34 percent (in 1983) to 15 percent or less.</td>
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<td></td>
<td>established</td>
<td>Reduce the percentage of youths who smoke by age 20 from 36 percent (in 1983) to 15 percent or less.</td>
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<td>Prevention/Diet</td>
<td>Research indicates that high-fat and low-fiber consumption may increase the risk</td>
<td>Reduce average consumption of fat from 40 percent to 30 percent or less of total calories</td>
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<td>for various cancers. In 1983 NAS reviewed research on diet and cancer and</td>
<td>Increase average consumption of fiber from 8 to 12 grams per day to 20 to 30 grams per day.</td>
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<td>recommended a reduction in fat; more recent studies led NCI to recommend an</td>
<td>Increase the percentage of women ages 50 to 70 who have annual physical breast exam and mammography from 45 percent for physical exam alone and 75 percent for mammography to 80 percent for each.</td>
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<td>increase in fiber. Research is underway to verify the causal relationship and to</td>
<td>Increase the percentage of women who have a Pap smear every 3 years to 90 percent from 79 percent (ages 20 to 39) and to 80 percent from 57 percent (ages 40 to 70).</td>
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<td>test the impact on cancer incidence.</td>
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<td>Screening/Breast</td>
<td>The effectiveness of breast screening in reducing mortality has been scientifically</td>
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<td>Screening/Cervical</td>
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<tr>
<td>Treatment/Transfer of</td>
<td>NCI review of clinical trial and SEER data indicates that, for certain cancer</td>
<td>Increase adoption of state-of-the-art treatment, including improved treatment of micrometastases.</td>
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<tr>
<td>Research Results to Practice</td>
<td>sites, mortality in SEER is greater than mortality experienced in clinical trials.</td>
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SIGNIFICANT INITIATIVES IN 1985

Progress in Acquired Immune Deficiency Syndrome (AIDS)

Current NCI activities in AIDS research have yielded promising results in clarifying the genesis of this immunological disease, as well as in approaching suitable, effective methods of control and treatment.

The possibility of new cases of transmission of HTLV-III, the virus found to be the cause of AIDS, through infected blood or blood products has been virtually eliminated. A simple blood screening test has been developed which can detect the presence of antibodies to HTLV-III, an indication that the donor has been exposed to the virus.

In the area of treatment, agents are currently being tested which have shown anti-HTLV activity, along with others which exhibit this anti-reverse transcriptase activity while being relatively free from dangerous side-effects. Currently, agents are being sought and tested for the possibility of restoring severely damaged or lost immune function.

NCI is currently working in conjunction with the National Institute of Allergy and Infectious Diseases (NIAID) to cooperatively attack the problem of AIDS. Efforts include acquisition and screening of new antiviral drugs, selection of new drugs for clinical trials, preclinical toxicology, formulation, and pharmacology of these promising agents, preparation of Investigational New Drug Applications for any promising anti-AIDS agents, joint clinical trials, and expansion of efforts to develop and test a safe and effective vaccine.

Cancer Prevention Awareness Program

Today we know that nearly 80 percent of cancers are related to environmental causes, many associated with personal behavior such as cigarette smoking and eating habits. However, a survey conducted by the NCI in June 1983 revealed that the public's view of cancer is confused; people are pessimistic about cancer risks and the potential for personal control over those risks.

In March 1984, NCI introduced the Cancer Prevention Awareness Program—a major NCI effort to increase public awareness of the possibilities for cancer prevention, presenting a challenge to the American people to learn what they can do every day to control their own risks.

The program theme, "Cancer Prevention: The News is Getting Better all the Time", encourages optimism. Messages emphasize personal control, explaining that every day individuals can take steps to control their own cancer risks. For example, don't smoke or use tobacco in any form; eat foods high in fiber and low in fat; and include fresh fruits, vegetables, and whole grain cereals in your daily diet.

The program is being implemented in two phases. Phase I relies primarily on mass-media efforts to create awareness of prevention messages and to encourage people to learn about cancer prevention from a free NCI booklet available by calling 1-800-4-CANCER. With Phase II of the program, which began in 1985, the emphasis shifted from the general public toward populations at greater than average risks, and in May, NCI launched a program for Black Americans. Efforts are also underway to reach Hispanics, Asian Americans, children and youth, and women.

The program also initiated a diet and nutrition education program in 1985. A free booklet "Diet, Nutrition and Cancer Prevention: A Guide to Food Choices", which provides many suggestions for more healthful eating habits, was published and distributed.

Outstanding Investigator Grant (OIG)

The Outstanding Investigator Grant is a new seven-year renewable grant which is intended to provide stable support to an investigator who has been conspicuously productive in cancer research.

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National Cancer Institute Acquired Immune Deficiency Syndrome Funding

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research in the recent past. A total of 99 applications were subjected to review in 1985. Over 300 reviewers participated in the peer-review process.

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**PDQ Database Licensing**

The International Cancer Information Center (ICIC), Office of International Affairs (OIA), NCI, serves as the focal point for the collection and dissemination of scientific data on all research related to cancer biology, etiology, prevention, and treatment. A major effort of the ICIC has been the development of a user friendly database on cancer treatment. This database, known as PDQ, is being utilized to speed the dissemination of information on progress in cancer treatment to practicing physicians throughout the world. In conjunction with the National Library of Medicine (NLM), NCI distributes PDQ through the MEDLARS system at over 2,800 medical libraries and to individual physicians who request personal PDQ codes. In order to facilitate more widespread use of the PDQ database, the NCI also makes PDQ tapes available to commercial vendors for distribution to physicians. Three vendors, BRS/Saunders (COLLEAGUE) of New York, Mead Data Central (MEDIS) of Dayton, Ohio, and TELMED, a firm based in Geneva, Switzerland, have signed licensing agreements with NCI. The NCI is actively seeking additional vendors to distribute PDQ to physicians worldwide. Interested parties should contact:

PDQ Coordinator  
International Cancer Information Center  
Office of International Affairs  
National Cancer Institute  
9030 Old Georgetown Road  
Bethesda, Maryland 20892

**Supercomputer**

The past decade has witnessed the advent of a “biological revolution”—gene cloning, rapid DNA sequencing, and the application of monoclonal antibodies in the detection and treatment of disease. This has led to a complex of data that, like the study of DNA previously, would seem to be impossible to fully analyze. With the rapid increase in computer technology, the use of supercomputers in biomedical research brings the solution to these extremely complex problems into the realm of reality. To meet this need, NCI has acquired a supercomputer to be housed at the Frederick Cancer Research Facility.

There are a number of urgent scientific problems that need the power of a supercomputer. These include: analysis of the growing data bases of nucleic acid and protein sequences; experimental design of modified genes and proteins; X-ray crystallography in the analysis of the structure of genes and proteins; and molecular modeling in terms of drug design, enzyme inhibitors and various permutations.

The application of supercomputer technology is bound to accelerate our knowledge of biological processes and of life itself—rapidly increasing our ability to prevent and treat cancer. The supercomputer is scheduled to be operational in April 1986.
Vincent T. DeVita, Jr., M.D., has served as Director of the National Cancer Institute (NCI) since his Presidential appointment on July 9, 1980. Dr. DeVita joined NCI initially in 1963 as a clinical associate in the Laboratory of Chemical Pharmacology, leaving in 1965 to complete his advanced training in medicine at Yale—New Haven Medical Center.

He served NCI consecutively as a senior investigator in the Solid Tumor Service, Head of the Solid Tumor Service, Chief of the Medicine Branch, and Director of the Division of Cancer Treatment from 1974 until his appointment as NCI director. In addition, he has served concurrently as NCI Clinical Director since 1975.

Dr. DeVita earned his B.S. degree at the College of William and Mary in 1957. He was awarded his M.D. degree with distinction by The George Washington University School of Medicine in 1961. He was Associate Professor of Medicine from 1971 to 1975 and, since 1975, Professor of Medicine at The George Washington University School of Medicine.

In 1972, Dr. DeVita received the Albert and Mary Lasker Medical Research Award for his contribution to the cure of Hodgkin's disease. In 1980, he was awarded the Griffuel Prize by the French Association for the Development of Research on Cancer, again for his important contributions to cancer chemotherapy, particularly the development of multiple-drug therapy for Hodgkin's disease and diffuse histiocytic lymphoma.

He was awarded an honorary Doctor of Science degree from The College of William and Mary in 1982, the Alumni Achievement Award from The George Washington University, and an honorary Doctor of Science degree from Ohio State University in 1983, and an honorary Doctor of Science degree from The George Washington University School of Medicine in 1984. He was elected to the Institute of Medicine of the National Academy of Sciences and received several awards in 1985. The awards are the Pierluigi Nervi Award in Italy, the American Cancer Society's Medal of Honor, and the Second Annual Award from the American Italian Foundation for Cancer Research.

He is past-president and board member of the American Society of Clinical Oncology, has served on the board of directors of the American Association for Cancer Research and as a member of the panel of consultants to the International Union Against Cancer.

Dr. DeVita serves on the editorial boards of numerous scientific journals and is author and coauthor of more than 300 scientific articles. In addition, he is one of the editors and authors of Cancer: Principles and Practice of Oncology, a comprehensive textbook in the field of cancer medicine.
NATIONAL CANCER ADVISORY BOARD

APPOINTEES

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<th>Name</th>
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<td>Dr. David Korn, Chairman</td>
<td>Stanford University</td>
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</tr>
<tr>
<td>Mr. Richard A. Bloch</td>
<td>Kansas City, Missouri</td>
<td>1990</td>
</tr>
<tr>
<td>Dr. Roswell K. Boutwell</td>
<td>Radiation Effects Research Foundation</td>
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<tr>
<td>Dr. Victor Braren</td>
<td>Vanderbilt University School of Medicine</td>
<td>1988</td>
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<tr>
<td>Mrs. Helene G. Brown</td>
<td>Jonsson Comprehensive Cancer Center</td>
<td>1990</td>
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<tr>
<td>Dr. Ed L. Calhoun</td>
<td>Beaver, Oklahoma</td>
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<td>Dr. Tim Lee Carter</td>
<td>Tompkinsville, Kentucky</td>
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<td>Dr. Gertrude B. Elion</td>
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<tr>
<td>Dr. Robert C. Hickey</td>
<td>M.D. Anderson Hospital and Tumor Institute</td>
<td>1986</td>
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EX OFFICIO MEMBERS

<table>
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<td>The Honorable William E. Brock</td>
<td>Secretary of Labor</td>
</tr>
<tr>
<td>Dr. John Gronvall</td>
<td>Veterans Administration</td>
</tr>
<tr>
<td>The Honorable Margaret M. Hackler</td>
<td>Secretary for Health and Human Services</td>
</tr>
<tr>
<td>Dr. George A. Keyworth</td>
<td>Office of Science and Technology Policy</td>
</tr>
<tr>
<td>The Honorable William E. Mayer</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>Dr. J. Donald Millar</td>
<td>National Institute for Occupational Safety and Health</td>
</tr>
</tbody>
</table>

ALTERNATES TO EX OFFICIO MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Ralph E. Yodaiken</td>
<td>Department of Labor</td>
</tr>
<tr>
<td>Dr. Hollis Boren</td>
<td>Veterans Administration</td>
</tr>
<tr>
<td>Dr. Robert Rabin</td>
<td>Office of Science and Technology Policy</td>
</tr>
<tr>
<td>Vice Admiral Lewis H. Seaton</td>
<td>Office of Chief of Naval Operations</td>
</tr>
<tr>
<td>Dr. Elliott S. Harris</td>
<td>National Institute for Occupational Safety and Health</td>
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</table>

EXPIRATION OF APPOINTMENT

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Dr. Geza J. Jako</td>
<td>Institute for Research in Laser Surgery</td>
<td>1988</td>
</tr>
<tr>
<td>Dr. Joseph G. Katterhagen</td>
<td>Tacoma General Hospital</td>
<td>1986</td>
</tr>
<tr>
<td>Ms. Rose Kushner</td>
<td>Breast Cancer Advisory Center</td>
<td>1990</td>
</tr>
<tr>
<td>Ann Landers</td>
<td>Field Newspaper Syndicate</td>
<td>1986</td>
</tr>
<tr>
<td>Dr. LaSalle D. Lefall, Jr.</td>
<td>Howard University Hospital</td>
<td>1990</td>
</tr>
<tr>
<td>Dr. William E. Powers</td>
<td>Harper Grace Hospital</td>
<td>1986</td>
</tr>
<tr>
<td>Dr. Louise C. Strong</td>
<td>M.D. Anderson Hospital and Tumor Institute</td>
<td>1990</td>
</tr>
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</table>

EXECUTIVE SECRETARY

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Barbara S. Bynum</td>
<td>National Cancer Institute, NIH</td>
</tr>
</tbody>
</table>

Dr. David P. Rall | National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina
Mr. Lee Thomas | Environmental Protection Agency, Washington, DC
Mr. Terrance Scanlon | Consumer Product Safety Commission, Washington, DC
Dr. James B. Wyngaarden | National Institutes of Health, Bethesda, Maryland
Dr. Frank E. Young | Food and Drug Administration, Rockville, Maryland

Dr. Elizabeth L. Anderson | Environmental Protection Agency, RD 676, Washington, DC
Dr. Andrew Ulmer | Consumer Product Safety Commission, Bethesda, Maryland
Vacant | Food and Drug Administration, Rockville, Maryland
## DIVISION OF CANCER BIOLOGY AND DIAGNOSIS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matthew D. Scharff, M.D.</td>
<td>Chairperson</td>
<td>1986</td>
</tr>
<tr>
<td>D. Bernard Amos, M.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>Stephen B. Baylin, M.D.</td>
<td>1989</td>
<td></td>
</tr>
<tr>
<td>George I. Bell, Ph.D.</td>
<td>1989</td>
<td></td>
</tr>
<tr>
<td>Barbara A. Hamkalo, Ph.D.</td>
<td>1987</td>
<td></td>
</tr>
<tr>
<td>Nancy E. Kleckner, Ph.D.</td>
<td>1987</td>
<td></td>
</tr>
<tr>
<td>Joseph S. McGuire, Jr., M.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>Peter C. Nowell, M.D.</td>
<td>1986</td>
<td></td>
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<tr>
<td>Robert L. Perlman, M.D., Ph.D.</td>
<td>1987</td>
<td></td>
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<tr>
<td>Sondra Schlesinger, Ph.D.</td>
<td>1986</td>
<td></td>
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<tr>
<td>John D. Stobo, M.D.</td>
<td>1986</td>
<td></td>
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<tr>
<td>Harold E. Varmus, M.D.</td>
<td>1986</td>
<td></td>
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<tr>
<td>Sandra L. White, Ph.D.</td>
<td>1989</td>
<td></td>
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<tr>
<td>Ray J. Wu, Ph.D.</td>
<td>1987</td>
<td></td>
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<tr>
<td>Susan Zolla-Pazner, Ph.D.</td>
<td>1986</td>
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</table>

## DIVISION OF CANCER ETIOLOGY

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Year</th>
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<tbody>
<tr>
<td>G. Barry Pierce, M.D., Chairperson</td>
<td>1987</td>
<td></td>
</tr>
<tr>
<td>Edward Bresnick, Ph.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>Janet S. Buetal, Ph.D.</td>
<td>1989</td>
<td></td>
</tr>
<tr>
<td>C.C. Cheng, Ph.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>Donald S. Davies, Ph.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>Renato Dulbecco, M.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>Myron Essex, B.V.M., Ph.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>William M. Haenazel, M.A.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>William T. London, M.D.</td>
<td>1989</td>
<td></td>
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<tr>
<td>Peter N. Magde, M.D.</td>
<td>1989</td>
<td></td>
</tr>
<tr>
<td>Maureen T. O’ Berg, Ph.D.</td>
<td>1988</td>
<td></td>
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<tr>
<td>Nicholas L. Petrakis, M.D.</td>
<td>1985</td>
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<tr>
<td>Roy Shore, Ph.D.</td>
<td>1988</td>
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<tr>
<td>George F. Vande Woude</td>
<td>1989</td>
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<tr>
<td>Lee W. Wattenberg, M.D.</td>
<td>1987</td>
<td></td>
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<tr>
<td>Noel S. Weise, M.D.</td>
<td>1989</td>
<td></td>
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<tr>
<td>Mimi C. Yu, Ph.D.</td>
<td>1988</td>
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</table>

## DIVISION OF CANCER PREVENTION AND CONTROL

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erwin P. Bettinghaus, Ph.D., Chairperson</td>
<td>1987</td>
<td></td>
</tr>
<tr>
<td>Philip G. Archer, Sc.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>Robert W. Day, M.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>Johanna T. Dwyer, D.Sc.</td>
<td>1989</td>
<td></td>
</tr>
<tr>
<td>Jerome J. DeCosse, M.D.</td>
<td>1986</td>
<td></td>
</tr>
<tr>
<td>Saxon Graham, Ph.D.</td>
<td>1988</td>
<td></td>
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<tr>
<td>David Mark Hegsted, Ph.D.</td>
<td>1986</td>
<td></td>
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<tr>
<td>Laurence N. Kolod, M.D., Ph.D.</td>
<td>1986</td>
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<tr>
<td>Lewis Kuller, M.D., Dr. P.H.</td>
<td>1987</td>
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<tr>
<td>William C. Levin, M.D.</td>
<td>1988</td>
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<tr>
<td>Virgil Loeb, Jr., M.D.</td>
<td>1987</td>
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<td>Robert J. McKenna, M.D.</td>
<td>1989</td>
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<td>David J. Sencer, M.D.</td>
<td>1988</td>
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<td>Louis W. Sullivan, M.D.</td>
<td>1987</td>
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<td>John E. Ultmann, M.D.</td>
<td>1988</td>
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<tr>
<td>Kenneth E. Warner, Ph.D.</td>
<td>1988</td>
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</tbody>
</table>

NOTE: In all cases the year shown represents expiration of appointment.
NATIONAL CANCER INSTITUTE EXECUTIVE COMMITTEE MEMBERS

Dr. Vincent T. DeVita, Jr.
Director

Dr. Peter Fischinger
Deputy Director

Mr. Philip Amoruso
Associate Director for Administrative Management

Dr. Richard Adamson
Director, Division of Cancer Etiology

Mrs. Barbara Bynum
Director, Division of Extramural Activities

Dr. Bruce Chabner
Director, Division of Cancer Treatment

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

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

Ms. Iris Schneider
Executive Secretary
DIVISION OF CANCER BIOLOGY AND DIAGNOSIS
Dr. Alan S. Rabson, Director
Dr. Ihor J. Masnyk, Deputy Director

(1) Plans and directs the research activities of the National Cancer Institute relating to cancer biology and diagnosis; (2) Maintains surveillance over developments in its program and assesses the national need for research in cancer biology and diagnosis; and (3) Maintains the necessary scientific management capability to foster and guide an effective research program.

EXTRAMURAL RESEARCH PROGRAM
Dr. Brian Kimes

INTRAMURAL RESEARCH PROGRAM
Vacant

CANCER DIAGNOSIS BRANCH
Dr. Brian Kimes (acting)

CANCER BIOLOGY BRANCH
Dr. Colette Freeman (acting)

CANCER IMMUNOLOGY BRANCH
Dr. Faya Austin (acting)

LABORATORY OF BIOCHEMISTRY
Dr. Maxine Singer

LABORATORY OF MATHEMATICAL BIOLOGY
Dr. Jacob Maizel

LABORATORY OF TUMOR IMMUNOLOGY AND BIOLOGY
Dr. Jeffrey Schlom

LABORATORY OF MUCOSAL IMMUNOLOGY
Dr. Ira H. Pastan

METABOLISM BRANCH
Dr. Thomas W. Waldmann

DERMATOLOGY BRANCH
Dr. Stephen Katz

LABORATORY OF CELL BIOLOGY
Dr. Lloyd W. Law

LABORATORY OF GENETICS
Dr. Michael Potter
(1) Plans, directs and coordinates an integrated program of intramural and extramural preclinical and clinical cancer treatment research as well as research conducted in cooperation with other federal agencies with the objective of curing or controlling cancer in man by utilizing treatment modalities singly or in combination; (2) Administers targeted research and development programs in areas of drug development, biological response modifiers and radiotherapy development; and (3) Serves as the national focal point for information and data on experimental and clinical studies related to cancer treatment and for the distribution of such information to appropriate scientists and physicians.
(1) Plans and directs a national program of basic research including laboratory, field, epidemiologic and biometric research on the cause and natural history of cancer and means for preventing cancer. This program is implemented by intramural research, research grants, cooperative agreements, and contracts; (2) Evaluates mechanisms of cancer induction and promotion by chemicals, viruses and environmental agents; (3) Serves as the focal point for the Federal government on the synthesis of clinical, epidemiological, and experimental data relating to cancer causation; and (4) Participates in the evaluation of and advises the Institute Director on program related aspects of other basic research activities as they relate to cancer cause and prevention.
DIVISION OF CANCER PREVENTION AND CONTROL
Dr. Peter Greenwald, Director
Dr. Joseph Cullen, Deputy Director

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

(1) Administers and directs the Institute's grant and contract review and processing activities; (2) Provides initial technical and scientific merit review of grants and contracts for the Institute; (3) Represents the Institute on overall NIH extramural and collaborative program policy committees, coordinates such policy within NCI, and develops and recommends NCI policies and procedures as related to the review of grants and contracts; (4) Coordinates the Institute's review of research grant and training programs with the National Cancer Advisory Board; (5) Coordinates the implementation of committee management policies within the Institute and provides the Institute's staff support for the National Cancer Advisory Board; (6) Coordinates program planning and evaluation in the extramural area; (7) Provides scientific reports and analyses to the Institute's grant and contract programs; and (8) Coordinates and administers the Institute's participation in minority research and training efforts.

ADMINISTRATIVE MANAGEMENT BRANCH
Mr. Lawrence J. Ray

COMMITTEE MANAGEMENT OFFICE
Mrs. Winifred Lumsden

CONTRACTS REVIEW BRANCH
Dr. David L. Joffes

GRANTS REVIEW BRANCH
Mrs. Barbara S. Bynum (acting)

RESEARCH ANALYSIS AND EVALUATION BRANCH
Mr. Harry Y. Canter

COMPREHENSIVE MINORITY BIOMEDICAL PROGRAM
Dr. Lemuel Evans
# 5-Year Relative Survival Rates

By Primary Site for Cancer Patients (all races, both sexes) Diagnosed 1977-1982

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>5-Year Relative Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Sites</td>
<td>49%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>93%</td>
</tr>
<tr>
<td>Testis</td>
<td>88%</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>84%</td>
</tr>
<tr>
<td>Melanoma of Skin</td>
<td>80%</td>
</tr>
<tr>
<td>Bladder</td>
<td>76%</td>
</tr>
<tr>
<td>Breast</td>
<td>74%</td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>73%</td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>71%</td>
</tr>
<tr>
<td>Larynx</td>
<td>67%</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>66%</td>
</tr>
<tr>
<td>Colon</td>
<td>53%</td>
</tr>
<tr>
<td>Rectum</td>
<td>50%</td>
</tr>
<tr>
<td>Kidney</td>
<td>48%</td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphomas</td>
<td>48%</td>
</tr>
<tr>
<td>Ovary</td>
<td>38%</td>
</tr>
<tr>
<td>Brain and Other Nervous System</td>
<td>23%</td>
</tr>
<tr>
<td>Stomach</td>
<td>16%</td>
</tr>
<tr>
<td>Lung and Bronchus</td>
<td>13%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>2%</td>
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</tbody>
</table>

Source: SEER Program, Biometry Branch, NCI
## NUMBER OF DEATHS FOR THE FIVE LEADING CANCER SITES BY AGE GROUP AND SEX – 1982

### ALL AGES

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>79,107</td>
<td>37,411</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>26,914</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>24,013</td>
<td></td>
</tr>
<tr>
<td>Pancreas</td>
<td>11,277</td>
<td>11,057</td>
</tr>
<tr>
<td>Leukemia</td>
<td>9,958</td>
<td>10,790</td>
</tr>
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### UNDER 15

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leukemia</td>
<td>485</td>
<td>334</td>
</tr>
<tr>
<td>Brain &amp; CNS</td>
<td>256</td>
<td>236</td>
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<tr>
<td>Connective Tissue</td>
<td>120</td>
<td>89</td>
</tr>
<tr>
<td>Bone</td>
<td>39</td>
<td>52</td>
</tr>
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### 15-34

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leukemia</td>
<td>744</td>
<td>667</td>
</tr>
<tr>
<td>Brain &amp; CNS</td>
<td>453</td>
<td></td>
</tr>
<tr>
<td>Hodgkin's Lymphoma</td>
<td>301</td>
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<tr>
<td>Melanoma</td>
<td>254</td>
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</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>192</td>
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### 35-54

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>9,451</td>
<td>7,320</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>2,227</td>
<td>4,830</td>
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<tr>
<td>Uterus</td>
<td>320</td>
<td>2,013</td>
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<tr>
<td>Brain &amp; CNS</td>
<td>1,127</td>
<td>1,907</td>
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### 55-74

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>51,110</td>
<td>20,154</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>14,342</td>
<td>16,931</td>
</tr>
<tr>
<td>Prostate</td>
<td>9,816</td>
<td>12,372</td>
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### 75+

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Lung</td>
<td>18,366</td>
<td>9,853</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>13,726</td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>7,009</td>
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</table>


## RELATIONSHIP OF CANCER TO LEADING CAUSES OF DEATH IN THE UNITED STATES – 1982

### RANK

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>Number of Deaths</th>
<th>Death Rate per 100,000 Population</th>
<th>Percent of Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ALL CAUSES</td>
<td>1,974,797</td>
<td>852.0</td>
<td>100.0</td>
</tr>
<tr>
<td>2</td>
<td>Diseases of Heart</td>
<td>755,592</td>
<td>326.0</td>
<td>38.3</td>
</tr>
<tr>
<td>3</td>
<td>Cancer</td>
<td>433,795</td>
<td>187.2</td>
<td>22.0</td>
</tr>
<tr>
<td>4</td>
<td>Stroke</td>
<td>157,710</td>
<td>68.0</td>
<td>8.0</td>
</tr>
<tr>
<td>5</td>
<td>Accidents</td>
<td>94,082</td>
<td>40.6</td>
<td>4.8</td>
</tr>
<tr>
<td>6</td>
<td>Bronchitis, Emphysema &amp; Asthma</td>
<td>59,889</td>
<td>25.8</td>
<td>3.0</td>
</tr>
<tr>
<td>7</td>
<td>Pneumonia &amp; Influenza</td>
<td>48,886</td>
<td>21.1</td>
<td>2.5</td>
</tr>
<tr>
<td>8</td>
<td>Diabetes Mellitus</td>
<td>34,583</td>
<td>14.9</td>
<td>1.8</td>
</tr>
<tr>
<td>9</td>
<td>Suicide</td>
<td>28,242</td>
<td>12.2</td>
<td>1.4</td>
</tr>
<tr>
<td>10</td>
<td>Cirrhosis of Liver</td>
<td>27,690</td>
<td>11.9</td>
<td>1.4</td>
</tr>
<tr>
<td>11</td>
<td>Arteriosclerosis</td>
<td>26,623</td>
<td>11.6</td>
<td>1.3</td>
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<tr>
<td>12</td>
<td>Homicide</td>
<td>22,358</td>
<td>9.6</td>
<td>1.1</td>
</tr>
<tr>
<td>13</td>
<td>Diseases of Infancy</td>
<td>20,794</td>
<td>9.0</td>
<td>1.1</td>
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<tr>
<td>14</td>
<td>Neonitis &amp; Nephrosis</td>
<td>18,102</td>
<td>7.8</td>
<td>0.9</td>
</tr>
<tr>
<td>15</td>
<td>Congenital Abnormalities</td>
<td>13,604</td>
<td>5.9</td>
<td>0.7</td>
</tr>
<tr>
<td>16</td>
<td>Septicemia &amp; Pyemia</td>
<td>11,493</td>
<td>5.0</td>
<td>0.6</td>
</tr>
<tr>
<td>17</td>
<td>Other &amp; Ill-defined</td>
<td>221,174</td>
<td>95.4</td>
<td>11.1</td>
</tr>
</tbody>
</table>

### ESTIMATED NEW CANCER CASES AND DEATHS
#### BY SEX FOR ALL SITES – 1985

<table>
<thead>
<tr>
<th>SITE</th>
<th>ESTIMATED NEW CASES</th>
<th>ESTIMATED DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BOTH SEXES</td>
<td>MALE</td>
</tr>
<tr>
<td>All Sites</td>
<td>910,000(^1)</td>
<td>455,000(^1)</td>
</tr>
<tr>
<td>Buccal Cavity &amp; Pharynx (ORAL)</td>
<td>28,900</td>
<td>19,500</td>
</tr>
<tr>
<td>Lip</td>
<td>4,500</td>
<td>4,000</td>
</tr>
<tr>
<td>Tongue</td>
<td>5,200</td>
<td>3,300</td>
</tr>
<tr>
<td>Mouth</td>
<td>10,400</td>
<td>6,100</td>
</tr>
<tr>
<td>Pharynx</td>
<td>8,800</td>
<td>6,100</td>
</tr>
<tr>
<td>Digestive Organs</td>
<td>215,200</td>
<td>109,500</td>
</tr>
<tr>
<td>Esophagus</td>
<td>9,400</td>
<td>6,800</td>
</tr>
<tr>
<td>Stomach</td>
<td>24,700</td>
<td>15,000</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>2,200</td>
<td>1,100</td>
</tr>
<tr>
<td>Large Intestine</td>
<td>96,000</td>
<td>44,000</td>
</tr>
<tr>
<td>Rectum</td>
<td>42,000</td>
<td>22,000</td>
</tr>
<tr>
<td>Liver &amp; Biliary Passages</td>
<td>13,400</td>
<td>6,700</td>
</tr>
<tr>
<td>Pancreas</td>
<td>25,200</td>
<td>13,000</td>
</tr>
<tr>
<td>Other &amp; Unspecified Digestive</td>
<td>2,300</td>
<td>1,100</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>159,200</td>
<td>110,100</td>
</tr>
<tr>
<td>Larynx</td>
<td>11,500</td>
<td>9,500</td>
</tr>
<tr>
<td>LUNG</td>
<td>144,000</td>
<td>98,000</td>
</tr>
<tr>
<td>Other &amp; Unspecified Respiratory</td>
<td>3,700</td>
<td>2,600</td>
</tr>
<tr>
<td>Bone</td>
<td>2,000</td>
<td>1,100</td>
</tr>
<tr>
<td>Connective Tissue</td>
<td>5,000</td>
<td>2,700</td>
</tr>
<tr>
<td>SKIN</td>
<td>22,000(^2)</td>
<td>11,000(^2)</td>
</tr>
<tr>
<td>BREAST</td>
<td>119,900(^2)</td>
<td>900(^2)</td>
</tr>
<tr>
<td>Genital Organs</td>
<td>167,200</td>
<td>92,300</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>15,000(^3)</td>
<td>—</td>
</tr>
<tr>
<td>Corpus, Endometrium (UTERUS)</td>
<td>37,000</td>
<td>—</td>
</tr>
<tr>
<td>Ovary</td>
<td>18,500</td>
<td>—</td>
</tr>
<tr>
<td>Prostate</td>
<td>4,400</td>
<td>—</td>
</tr>
<tr>
<td>Testis</td>
<td>86,000</td>
<td>86,000</td>
</tr>
<tr>
<td>Other &amp; Unspecified Genital, Female</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Other &amp; Unspecified Genital, Male</td>
<td>1,300</td>
<td>1,300</td>
</tr>
<tr>
<td>Urinary Organs</td>
<td>59,700</td>
<td>41,500</td>
</tr>
<tr>
<td>Bladder</td>
<td>40,000</td>
<td>29,000</td>
</tr>
<tr>
<td>Kidney &amp; Other Urinary</td>
<td>19,700</td>
<td>12,500</td>
</tr>
<tr>
<td>Eye</td>
<td>1,800</td>
<td>900</td>
</tr>
<tr>
<td>Brain &amp; Central Nervous System</td>
<td>13,700</td>
<td>7,700</td>
</tr>
<tr>
<td>Endocrine Glands</td>
<td>11,700</td>
<td>3,500</td>
</tr>
<tr>
<td>Thyroid</td>
<td>10,600</td>
<td>2,900</td>
</tr>
<tr>
<td>Other Endocrine</td>
<td>1,100</td>
<td>600</td>
</tr>
<tr>
<td>Leukemias</td>
<td>24,600</td>
<td>13,600</td>
</tr>
<tr>
<td>Lymphocytic Leukemia</td>
<td>11,800</td>
<td>6,700</td>
</tr>
<tr>
<td>Granulocytic Leukemia</td>
<td>12,100</td>
<td>6,500</td>
</tr>
<tr>
<td>Monocytic Leukemia</td>
<td>700</td>
<td>400</td>
</tr>
<tr>
<td>Other Blood &amp; Lymph Tissues</td>
<td>43,300</td>
<td>22,400</td>
</tr>
<tr>
<td>Hodgkin's Disease</td>
<td>6,900</td>
<td>3,900</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>3,900</td>
<td>3,000</td>
</tr>
<tr>
<td>Other Lymphomas</td>
<td>26,500</td>
<td>13,500</td>
</tr>
<tr>
<td>All Other &amp; Unspecified Sites</td>
<td>35,800</td>
<td>18,300</td>
</tr>
</tbody>
</table>

**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.

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

2 Melanoma only.

3 Invasive cancer only.

INCIDENCE ESTIMATES ARE BASED ON RATES FROM NCI SEER PROGRAM 1977-1981.
NCI INTRAMURAL REVIEW PROCESS

**Step 1**
Scheduling and Approval

**Step 2**
Team Selection

**Step 3**
Preparation for Site Visit

**Step 4**
Site Visit

**Step 5**
Site Visit Report and Recommendations

**Step 6**
Implementation of Recommendations

**Step 7**
Follow-up Report

**BSC Approves Site Visit Schedule**

- Chairman, BSC Selects Site Visit Chairman
- Site Visit Chairman Selects Site Visit Team

**BSC Site Visit Team Reviews Material Prepared by Division**

- Site Visit Team Inspects and Reviews Laboratory
- Site Visit Team Prepares Report and BSC Presents Recommendations to the Division Director

**Site Visit Presentation by Laboratory**

**Division Implements Recommendations Contained in Site Visit Report**

**Division Prepares Report to BSC on Actions Taken**
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.

<table>
<thead>
<tr>
<th>POSITION</th>
<th>ELIGIBILITY</th>
<th>ANNUAL SALARY</th>
<th>MECHANISM OF ENTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. CIVIL SERVICE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| A. Civil Service (tenured) | Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs. | Minimum starting:  
Ph.D. - $37,600  
Physicians - $50,822  
Maximum: $88,700 | Office of Personnel Management, Contact Director or Laboratory Chief in area of interest or the NCI Personnel Office. |

| II. SPECIAL APPOINTMENT OF EXPERTS AND CONSULTANTS | | | |
| A. Special Appointment of Experts and Consultants (non-tenured appointment which can be extended up to 4 years) | Applicants shall possess outstanding experience and ability as to justify recognition as authorities in their particular fields of activity. | Equivalent to the salary range of GS-13 through GS-18.  
Maximum: $68,700 | Recommendation by Division Directors.  
Final approval rests with the Director, NCI. |

| III. MEDICAL STAFF FELLOWS | | | |
| A. Medical Staff Fellows | Appointment for 2 or 3 years with an additional 1-year extension for an initial 2-year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research. | $30,000-$34,000 | Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20892. |
| B. Medical Staff Fellows in Pharmacology (PRAT Fellows) For physicians committed to research careers in pharmacological sciences, or clinical pharmacology. | Appointment for 2 or 3 years with an additional 1-year extension for an initial 2-year appointment. Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree and demonstrated outstanding ability to conduct successfully, preestablished programs in both clinical and laboratory research. | $30,000-$34,000 | Apply to the Clinical and Professional Education Section, Clinical Center, National Institutes of Health 20892. |

| IV. VISITING PROGRAM (limited tenure) | | | |
| A. Visiting Fellow (maximum 3 years) | 1-3 years postdoctoral experience or training | Entrance stipend  
$16,000-$16,000 | 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. | $21,804-$44,105 | 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. | $31,619-$68,700 | Contact Director or Laboratory Chief in area of interest. |

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

2Under most circumstances, the various visiting programs are limited to non-citizens.
### V. STAFF FELLOWSHIPS

<table>
<thead>
<tr>
<th>POSITION</th>
<th>ELIGIBILITY</th>
<th>ANNUAL SALARY</th>
<th>MECHANISM OF ENTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Staff Fellowship</td>
<td>Physician or other doctoral degree equivalent awarded within last 5 years, U.S. citizen or non-citizen eligible for naturalization within 4 years. Maximum seven-year appointment.</td>
<td><strong>Staff Fellows</strong>&lt;br&gt;Physicians $20,688-$34,312&lt;br&gt;Other Doctorates $17,000-$36,889&lt;br&gt;Senior Staff Fellows&lt;br&gt;Physicians $23,439-$47,788&lt;br&gt;Other Doctorates $20,888-$41,358</td>
<td>Contact Director or Laboratory Chief In area of interest or the NCI Personnel Office.</td>
</tr>
</tbody>
</table>

### VI. CIVIL SERVICE SUMMER EMPLOYMENT PROGRAMS

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

### VII. SPECIAL PROGRAMS

<table>
<thead>
<tr>
<th>POSITION</th>
<th>ELIGIBILITY</th>
<th>ANNUAL SALARY</th>
<th>MECHANISM OF ENTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Guest researcher sponsored by organization other than NIH, PHS.</td>
<td>Determined by sponsoring organization.</td>
<td>Established by sponsoring organization.</td>
<td>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, etc.</td>
</tr>
<tr>
<td>B. COSTEP Program operates year-round Maximum 120 days per 12-month period.</td>
<td>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.</td>
<td>Pay and allowance of a Commissioned Officer, Junior Asst. Grade.</td>
<td>Apply to PHS Commissioned Corps, COSTEP SECTION, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.</td>
</tr>
<tr>
<td>C. Fogarty International Scholars in Residence Program.</td>
<td>International reputation, productivity, demonstrated ability in biomedical field.</td>
<td>$90,000 for 10 months.</td>
<td>Recommendation to Fogarty Center by Institute Director or Scientist. Contact Director in area of interest.</td>
</tr>
</tbody>
</table>
# VIII. OTHER TRAINING PROGRAMS

<table>
<thead>
<tr>
<th>POSITION</th>
<th>ELIGIBILITY</th>
<th>ANNUAL SALARY</th>
<th>MECHANISMS OF ENTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Cancer Control Science Associates (Three-year non-tenured Civil Service Position)</td>
<td>1) M.D./D.O., or accredited doctoral degree in an allied or public health profession, biomedial behavioral, or social science, or equivalent; 2) academic professional excellence supported by official transcripts; and four letters of reference; and 3) United States citizenship or meet one of the provisions which allow for the hiring of non-U.S. citizens. Information regarding the hiring of non-citizens may be obtained by calling the NCI Personnel Office.</td>
<td>First year for an M.D./D.O. or Ph.D, $31,044 or $26,381 per annum respectively.</td>
<td>Program Coordinator, CCSAP NIH/NCI DCP/CACAB, Blair Building Room 4A01, Bethesda, Maryland 20892.</td>
</tr>
<tr>
<td>B. Biotechnology Fellow</td>
<td>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 post-doctoral experience. The Biotechnology Training Program is established for United States citizens, or resident aliens who will be eligible for U.S. citizenship within four years.</td>
<td>First year: Ph.D. $22,500 to $28,000 Physicians $26,000 to $32,000</td>
<td>Contact Division Director or Laboratory Chief in area of interest.</td>
</tr>
<tr>
<td>C. Nurse Trainee</td>
<td>Applications will be accepted from graduates of NLN accredited baccalaureate nursing programs. Each candidate must submit academic transcripts demonstrating a minimum of a &quot;B&quot; average in undergraduate work, three references regarding their academic and clinical capability, a letter describing their interest in the program, and a Personal Qualification Statement, SF-171. This program is also available to all new graduate applicants to the Cancer Nursing Service; some may not be aware of the program prior to their contact with Clinical Center.</td>
<td>Stipends for the program will be $1,300 per month</td>
<td>Contact the Division of Cancer Treatment.</td>
</tr>
</tbody>
</table>
**Biotechnology Training Program**

**Why Needed:**
- To provide training in fundamental sciences and clinical disciplines for physicians and Ph.D. scientists.
- To enhance cancer clinical programs through the rapid transfer and application of new techniques and fundamental knowledge leading to state-of-the-art prevention, diagnosis and treatment of cancer.
- To maintain a significant level of support for training in those disciplines related to biotechnology.

**Program Provisions:**
- Training assignments in modern biotechnology will emphasize the application of recombinant DNA and hybridoma technology to cancer clinical programs; emphasis also is in the areas of nutrition, clinical pharmacology, viral oncology, and biochemical and clinical epidemiology as clinical disciplines.
- The program is supervised by the Senior Scientific Coordinating Committee (the Executive Committee is currently serving in this role).
- Each candidate will have a training plan. Candidates and training plans will be approved by the Division Director and SSCC.
- Fellowships are from six months to two years, with the potential for an extension of up to three years.
- Fellowships are not subject to employment ceilings and there are no service/payback provisions.
- The program is limited to citizens or resident aliens eligible for citizenship.
- Candidates may apply to the NCI laboratory or branch that offers a program that best meets their training needs.

**Status:** It is expected that there will be six fellowships awarded by the first part of FY 1986.

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**Cancer Control Science Associates Program**

**Why Needed:**
- To increase the number of scientists highly qualified to conduct cancer prevention and control intervention research in order to fully realize the potential for major reductions in cancer rates. This in keeping with NCI's year 2000 goal.

**Program Provisions:**
- Allows for doctoral level scientists from a variety of academic disciplines to be exposed to a number of educational experiences in cancer prevention and control.
- Associates spend the first three months of their three-year program in an academic course that covers all aspects of cancer prevention and control. For the next 21 months participants are assigned to one of the Division's operational branches where they engage in specific research projects and also receive exposure to the daily management and administration of federal research programs. For the last 12 months, Associates are assigned to a field research project at either a cancer center, major NCI research grantee/contractor, or a public health department.
- Interested candidates may apply to Ms. Nancy Gardner, Division of Cancer Prevention and Control.

**Status:** It is expected that a total of 15 associates will be recruited per year.
Cancer Nurse Training Program

Why Needed:

- To offer a comprehensive perspective on current oncology practice and its implications in nursing.
- To meet the special needs of cancer patients and their families which demand a high level of nursing practices in meeting both the physical and psychological requirements of the patients.

Program Provisions:

- The program is offered as a clinical traineeship in oncology to new nursing graduates.
- Traineeships are six to nine months in duration emphasizing both theoretical and practical aspects of cancer nursing and including classroom instruction as well as on-the-job training.
- The program is planning on a class of 10 trainees beginning each September/October.
- The curriculum will cover philosophy of cancer nursing, pathophysiology of cancer, epidemiology, diagnosis and staging, prevention/detection, psychosocial needs of the cancer patient and family, the child with cancer, current treatment modalities, specific cancers/major sites/current research, cancer nursing research, and issues in cancer care such as ambulatory care, use of current technology, aging, ethical dilemmas, costs of care, and hospice program.
- Candidates may apply to the Nurse Recruiter, Department of Nursing and will be reviewed and selected by a Candidate Selection Committee. Final approval is by the Director, DCT.

Status: It is expected that for the first year, seven candidates will be participating.
BUILDING LOCATION AND SQUARE FOOTAGE OCCUPIED BY FULL-TIME PERMANENT PERSONNEL IN BETHESDA, MARYLAND AREA AS OF SEPTEMBER 30, 1985

TOTAL*
Approximately 466,890 Square Feet
1596 Personnel

*INCLUDED BUT NOT SHOWN
FIELD STATIONS
18,616 Square Feet
103 Personnel

BLAIR BUILDING
Silver Spring, MD
49,798 Square Feet
180 Personnel

Excludes Frederick Cancer Research Facility.

WESTWOOD BUILDING
30,862 Square Feet
105 Personnel
## Major Steps in the Budget Formulation Review Process

<table>
<thead>
<tr>
<th>NCI Staff¹</th>
<th>NCI Director's Meeting</th>
<th>Establish budget policy for upcoming fiscal year; review operating plans for current fiscal year</th>
<th>Formulate Preliminary Budget for two years in the future for both the By-Pass budget, which is submitted directly to the President, and the budget submitted within the Administration's guidelines</th>
<th>Review and revise Preliminary Budget for two fiscal years in future</th>
<th>Collect Congressional testimony by Director, NCI</th>
<th>Formulate By-Pass Budget</th>
<th>Formulate President's Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCAB²</td>
<td></td>
<td></td>
<td></td>
<td>Review By-Pass Budget Submitted Directly to President</td>
<td>Division presentations of program activities for fiscal year just completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSC³</td>
<td>Review operating plans for current fiscal year and policies from NCI Director's Meeting</td>
<td>Review and advise on implementation of divisional programs</td>
<td>Annual Division Budget Review current and upcoming year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹Executive Committee and key administrative staff

²National Cancer Advisory Board—presidential appointees

³Board of Scientific Counselors—outside NCI peer review bodies for each of four operating divisions
ESTIMATED TOTAL NATIONAL RESOURCES FOR CANCER RESEARCH AND CANCER PREVENTION AND CONTROL – FISCAL YEAR 1985

TOTAL $2,230,172,000

NON-NCI RESOURCES $1,052,319,000 (47.2%)

NATIONAL CANCER INSTITUTE $1,177,853,000 (52.8%)

OTHER FEDERAL AGENCIES INCLUDING NIH $284,797,000 (12.8%)

LABOR AND INDUSTRY $303,090,000 (13.6%)

STATE AND LOCAL GOVERNMENTS $194,959,000 (8.7%)

NONPROFIT ORGANIZATIONS $269,473,000 (12.1%)

NOTE: Non-NCI resources data were provided by the Office of Program Planning and Analysis, NCI and represents 1984 data, the most recent available at publication.
## NCI BUDGET - FISCAL YEAR 1985

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985 Appropriations</td>
<td>$1,183,806,000</td>
</tr>
<tr>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>Mandated Lapse—Public Law 98-473</td>
<td>$1,857,000</td>
</tr>
<tr>
<td>Directed Carryover of funds into FY 1986</td>
<td>$3,714,000</td>
</tr>
<tr>
<td>Lapse</td>
<td>$382,000</td>
</tr>
<tr>
<td>1985 Actual Obligations</td>
<td>$1,177,583,000</td>
</tr>
</tbody>
</table>
NCI PROGRAM STRUCTURE – FISCAL YEAR 1985

TOTAL DOLLARS
$1,177,853,000

RESEARCH MANPOWER DEVELOPMENT
$43,965,000 (3.7%)

CANCER CENTERS SUPPORT
$86,113,000 (7.3%)

CANCER BIOLOGY
$235,901,000 (20.0%)

TREATMENT RESEARCH
$360,605,000 (30.5%)

CAUSE AND PREVENTION RESEARCH
$305,946,000 (26.0%)

DETECTION AND DIAGNOSIS RESEARCH
$71,768,000 (6.1%)

CONSTRUCTION
$6,911,000 (0.6%)

$136,989,000 (11.5%)
NCI RESEARCH PROGRAMS – FISCAL YEAR 1985

TOTAL RESEARCH PROGRAM DOLLARS
$974,220,000

Research Programs
$974,220,000  82.7

Resource Development
Cancer Centers Support  86,113,000  7.3
Research Manpower Development  43,965,000  3.7
Construction  6,911,000  0.6
Cancer Prevention and Control  66,644,000  5.7

Total NCI
$1,177,853,000  100.0
## TOTAL NCI DOLLARS BY MECHANISMS – FISCAL YEAR 1985

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<th>AMOUNT</th>
<th>MECHANISM</th>
<th>PERCENT OF TOTAL</th>
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CANCER PREVENTION AND CONTROL OBLIGATIONS BY MECHANISM – FISCAL YEARS 1976-1985

IN-HOUSE

FISCAL YEAR

MILLIONS OF DOLLARS


TOTAL

CONTRACTS

GRANTS

IN-HOUSE
REIMBURSEMENT TO NIH MANAGEMENT FUND – FISCAL YEAR 1985

TOTAL NIH SERVICES
$231,773,000

DISTRIBUTION OF NCI SERVICES
$56,351,000

DIVISION OF COMPUTER RESEARCH AND TECHNOLOGY
Read Research & Development Program in which concepts & methods of computer science are applied to biomedical problems (In addition, services are rendered to the NIH community on a fee-for-service basis).

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

OTHER RESEARCH SERVICES
- Division of Administrative Services
- Division of Engineering Services
- Division of Safety
- Division of Research Services

CLINICAL CENTER
- Employee Health Services
- Service Functions
- Social Work
- Professional Services
- Consulting 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

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

INVESTIGATOR

INITIATES RESEARCH IDEA AND PREPARES APPLICATION

SUBMITS APPLICATION

CONDUCTS RESEARCH

MANAGES FUNDS

GRANTEE

NATIONAL INSTITUTES OF HEALTH

NIH DIVISION OF RESEARCH GRANTS ASSIGN TO STUDY SECTION AND INSTITUTE

INITIAL REVIEW GROUP (NCI OR ORG) EVALUATES FOR SCIENTIFIC MERIT

NCI EVALUATES PROGRAM RELEVANCE AND NEED

NATIONAL CANCER ADVISORY BOARD RECOMMENDS ACTION

NCI MAKES FUNDING SELECTIONS AND ISSUES GRANT AWARDS
## NCI REQUEST FOR APPLICATION (RFA): THE PROCESS

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<th>MAJOR EVENT</th>
<th>TIME ELAPSED (WEEKS)</th>
<th>DIVISION</th>
<th>OFFICE OF THE DIRECTOR, NCI/ DIVISION OF EXTRAMURAL ACTIVITIES</th>
<th>BOARD OF SCIENTIFIC COUNSELORS</th>
<th>NATIONAL CANCER ADVISORY BOARD</th>
<th>DIVISION OF RESEARCH GRANTS (DRG)/ OFFICE OF EXTRAMURAL RESEARCH AND TRAINING (OERT)</th>
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<td>Concept Review Approval</td>
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NOTE: SIMULTANEOUS ACTIVITIES BY MORE THAN ONE ORGANIZATION INDICATE COOPERATIVE EFFORTS

LEGEND:
- OPERATION
- REVIEW
- DECISION
- NORMAL COMPETITIVE FLOW
- - - NON-COMPETITIVE CONTRACTS
  * AD HOC COMMITTEES MAY BE USED—INCLUDES NON-GOVERNMENT EMPLOYEES
STATE DISTRIBUTION OF GRANTS AND CONTRACTS – FISCAL YEAR 1985

(DOLLARS IN THOUSANDS)

DISTRIBUTION OF CANCER CONTROL GRANTS AND CONTRACTS – FISCAL YEAR 1985

NOTE: Contract figures exclude Foreign Contracts: $608; Grant figures exclude Foreign Grants: $377.
Community Clinical Oncology Program (CCOP) and Hospital Components

- Community Clinical Oncology Program (CCOP) and Hospital Components
- Cancer Centers
- Clinical Cooperative Group Members
- Cooperative Group Outreach Program (CGOP) Components
### INSTITUTIONS RECEIVING MORE THAN $3,000,000 FROM THE NCI – FISCAL YEAR 1985

*(Dollars in Thousands)*

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<th>NAME OF INSTITUTION</th>
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<th>CONTRACTS</th>
<th>CONSTRUCTION</th>
<th>TOTAL</th>
<th>STATE</th>
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**TOTAL** .................................................. $581,633 $103,896 $5,469 $690,998

**PERCENT OF TOTAL** .................................. 84.2 15.0 0.8 100.0

**TOTAL NCI FISCAL YEAR 1985 OBLIGATIONS** ........... $1,177,853

**PERCENT OF TOTAL NCI OBLIGATIONS** .................. 49.4 8.8 0.5 58.7
### DISTRIBUTION OF NCI CONTRACTS – FISCAL YEAR 1985

#### PROGRAM DISTRIBUTION

<table>
<thead>
<tr>
<th>Percent of Total Number of Contracts</th>
<th>Number of Contracts</th>
<th>NCI Program Area</th>
<th>Thousands of Dollars</th>
<th>Percent of Total Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6</td>
<td>16</td>
<td>Division of Cancer Biology and Diagnosis</td>
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<td>51.5</td>
<td>319</td>
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<td>25.4</td>
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<tr>
<td>19.4</td>
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<td>Division of Cancer Prevention and Control</td>
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<td>1.1</td>
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<tr>
<td></td>
<td>619</td>
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<td><strong>$170,509</strong></td>
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#### INSTITUTIONAL DISTRIBUTION

<table>
<thead>
<tr>
<th>Percent of Total Number of Contracts</th>
<th>Number of Contracts</th>
<th>Type of Institution</th>
<th>Thousands of Dollars</th>
<th>Percent of Total Dollars</th>
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</thead>
<tbody>
<tr>
<td>43.1</td>
<td>267</td>
<td>Profit-Making</td>
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<td>47.9</td>
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<tr>
<td>22.0</td>
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<td>Academic</td>
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<tr>
<td>20.7</td>
<td>128</td>
<td>Non-Profit</td>
<td>35,506</td>
<td>20.8</td>
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<tr>
<td>20.7</td>
<td>48</td>
<td>Federal Government</td>
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<td>7.8</td>
<td>15</td>
<td>State and Local Government</td>
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<td>2.4</td>
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<td><strong>TOTALS</strong></td>
<td><strong>$170,509</strong></td>
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</table>

**NOTE:** Excludes contracts that are not in direct support of research or control, such as Cancer Communications, Program Planning, and Construction contracts.
# DISTRIBUTION OF THE GRANT DOLLAR – FISCAL YEAR 1985

**TOTAL GRANT OBLIGATIONS: $746,062**

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<tr>
<th>Category</th>
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<td>Indirect Costs</td>
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<td>Supplies</td>
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<tr>
<td>Other</td>
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<td>Equipment</td>
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<tr>
<td>Travel</td>
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</table>

**UNDER 1¢ PER DOLLAR**

- Hospitalization: 0.6¢, $4,318
- Consultant Costs: 0.3¢, $2,102
- Construction: 0.7¢, $5,469
- Alterations and Renovations: 0.1¢, $521
**MINORITY-FOCUSED PROGRAMS**

**Comprehensive Minority Biomedical Program (CMBP):**

1. Promotes broadened participation by minorities in cancer-related research training.

2. Contributes to the support of NCI and clinical cooperative research groups to better enable NCI's research to reach and support minority populations that are particularly susceptible to cancer.

3. Provides additional support to NCI-funded investigators who wish to engage minority investigators in their research.

4. Encourages participation in annual meetings of the American Association for Cancer Research by providing travel support for minority scientists who are engaged in cancer research or who have training that could lead to contributions in this field.

**Cancer Control Intervention Research Activities:**

Due to major differentials which exist in cancer incidence, mortality and survival between minority populations and non-minority populations, an intervention research program has been established. Current program initiatives include:

1. Smoking prevention and cessation programs to identify and correct the causes of avoidable deaths from cancer in Black populations.

2. Establishment of a Research Network for Black Populations has been formed to address important scientific and social issues relevant to this population.

3. Data collection efforts on cancer in Hispanics has been increased.

4. Development of a Hispanic community liaison function is being addressed in order to reach this population.
## Appropriations of the NCI 1938-1986

1938 THROUGH 1966 $1,331,538,220

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<td>1945</td>
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<tr>
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<td>$1,331,538,220</td>
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<td>1947</td>
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<td>1948</td>
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<td>1949</td>
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<tr>
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<tr>
<td>1952</td>
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<td>1965</td>
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<tr>
<td>1966</td>
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1967 .......................	175,656,000

1968 .......................	183,356,000

1969 .......................	185,149,500

1970 ....................... 190,486,063

1971 ....................... 230,383,000

1972 ...............................	$ 378,794,000

1973 ...............................	492,205,000

1974 ...............................	551,191,500

1975 ...............................	691,666,0001

1976 ...............................	761,727,000

1977 ...............................	815,000,000

1978 ...............................	872,388,0003

1979 ...............................	937,129,000

1980 ...............................	1,000,000,0004

1981 ...............................	989,355,0005

1982 ...............................	986,617,0006

1983 ...............................	987,642,0007

1984 ...............................	1,081,581,0008

1985 ...............................	1,183,806,000

1986 ...............................	1,258,159,000

TOTAL (1938-1986)........................................................................... $15,436,730,283

**TRANSITION QUARTER ("TQ")—July 1, 1976 through September 30, 1976**

- The Interim Period in the changing of the Federal Fiscal Year from July 1 through June 30, to October 1 through September 30.

1Includes $18,163,000 for training funds provided by Continuing Resolution.

2Includes $3,201,000 for training funds provided by Continuing Resolution.

3Includes $20,129,000 for training funds provided by Continuing Resolution.

41980 appropriation authorized under a Continuing Resolution.

5Reflects 1981 rescission of $11,975,000.

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

7Appropriated under Continuing Resolution and Supplemental Appropriation Bill.

8Includes $23,861,000 for training funds provided by a Continuing Resolution and $4,278,000 in a Supplemental Appropriation Bill.
## NCI Budget History by Mechanism: Selected Fiscal Years: 1972, 1980, 1985

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<th>Group I—Investigator Initiated:</th>
<th>1972 Actual</th>
<th>1980 Actual</th>
<th>1985 Actual</th>
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<table>
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<th>Group II—Co-Initiated:</th>
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<th>1980 Actual</th>
<th>1985 Actual</th>
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<tr>
<td>RFA's</td>
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<table>
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<tr>
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</thead>
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<tr>
<td>Interagency Agreements</td>
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<table>
<thead>
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<th>Group IV—Other Resources:</th>
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<th>1985 Actual</th>
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<td>Planning Grants</td>
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<td>Construction Contracts</td>
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<td>6,500</td>
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<tr>
<td><strong>Total</strong></td>
<td>316,423</td>
<td>700,100</td>
<td>861,432</td>
</tr>
<tr>
<td>% Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<p>| In-House Research               | 25,696      | 96,665      | 128,631     |
| Management &amp; Support            | 33,246      | 95,735      | 131,620     |
| (NIH Management Fund)           | (12,910)    | (39,549)    | (56,351)    |
| Cancer Control (Grants &amp; Contracts) | 63,663 | 63,663 | 56,170 |
| <strong>Subtotal</strong>                    | 58,942      | 258,063     | 316,421     |
| <strong>TOTAL NCI</strong>                   | 375,365     | 958,163     | 1,177,853   |
| <strong>Transfers:</strong>*                 |             |             |             |
| Diagnostic Radiation            | (2,800)     | (3,611)     | 0.4         |
| National Toxicology Program     |             | (43,495)    |             |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Dollars (Obligations, $000's)</th>
<th>Positions (Full-Time Permanent Employees)</th>
<th>Space (Allocated Space, Square Feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Obligations</td>
<td>Percent of Increase Over Base Year</td>
<td>Percent of Increase Over Prior Year</td>
</tr>
<tr>
<td>1971</td>
<td>232,855</td>
<td>1426</td>
<td>Base Year</td>
</tr>
<tr>
<td>1972</td>
<td>378,636</td>
<td>1665</td>
<td>16.8</td>
</tr>
<tr>
<td>1973</td>
<td>431,245</td>
<td>1736</td>
<td>21.7</td>
</tr>
<tr>
<td>1974</td>
<td>581,149</td>
<td>1805</td>
<td>26.6</td>
</tr>
<tr>
<td>1975</td>
<td>699,320</td>
<td>1849</td>
<td>29.7</td>
</tr>
<tr>
<td>1976</td>
<td>760,751</td>
<td>1955</td>
<td>37.1</td>
</tr>
<tr>
<td>1977</td>
<td>814,957</td>
<td>1986</td>
<td>39.3</td>
</tr>
<tr>
<td>1978</td>
<td>872,369</td>
<td>1969</td>
<td>38.1</td>
</tr>
<tr>
<td>1979</td>
<td>936,969</td>
<td>1973</td>
<td>38.4</td>
</tr>
<tr>
<td>1980</td>
<td>998,047</td>
<td>1837</td>
<td>28.8</td>
</tr>
<tr>
<td>1981</td>
<td>989,338</td>
<td>1815</td>
<td>27.3</td>
</tr>
<tr>
<td>1982</td>
<td>986,564</td>
<td>1703</td>
<td>19.4</td>
</tr>
<tr>
<td>1983</td>
<td>988,811</td>
<td>1731</td>
<td>21.4</td>
</tr>
<tr>
<td>1984</td>
<td>1,081,460</td>
<td>1698</td>
<td>19.1</td>
</tr>
<tr>
<td>1985</td>
<td>1,177,853</td>
<td>1596</td>
<td>11.9</td>
</tr>
</tbody>
</table>

*Does not include the Frederick Cancer Research Facility.*
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.
<table>
<thead>
<tr>
<th>FISCAL YEAR</th>
<th>TYPE AWARDED</th>
<th>REQUESTED</th>
<th>RECOMMENDED</th>
<th>AWARDED</th>
<th>PERCENT FUNDED</th>
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<tr>
<td></td>
<td></td>
<td>NUMBER</td>
<td>AMOUNT</td>
<td>NUMBER</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>1980</td>
<td>Competing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>1,913</td>
<td>$219,207</td>
<td>1,403</td>
<td>$117,167</td>
<td>461 $45,303 32.9%</td>
</tr>
<tr>
<td>Renewal</td>
<td>593</td>
<td>115,053</td>
<td>550</td>
<td>73,680</td>
<td>293 $45,802 53.3%</td>
</tr>
<tr>
<td>Board Supplement</td>
<td>43</td>
<td>2,619</td>
<td>38</td>
<td>1,492</td>
<td>29 $1,261 76.3%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>2,549</td>
<td>$336,879</td>
<td>1,991</td>
<td>$192,339</td>
<td>783 $92,366 39.3%</td>
</tr>
<tr>
<td>Noncompeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,762 $228,959</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,545</td>
<td>$321,325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1981</td>
<td>Competing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>2,017</td>
<td>$277,145</td>
<td>1,594</td>
<td>$156,704</td>
<td>483 $53,004 30.3%</td>
</tr>
<tr>
<td>Renewal</td>
<td>687</td>
<td>131,355</td>
<td>653</td>
<td>91,034</td>
<td>311 $48,122 47.6%</td>
</tr>
<tr>
<td>Board Supplement</td>
<td>61</td>
<td>3,776</td>
<td>47</td>
<td>1,738</td>
<td>32 $940 68.1%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>2,765</td>
<td>$412,276</td>
<td>2,294</td>
<td>$249,476</td>
<td>826 $102,066 36.0%</td>
</tr>
<tr>
<td>Noncompeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,802 $253,389</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,628</td>
<td>$355,455</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1982</td>
<td>Competing#</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>2,187</td>
<td>$308,153</td>
<td>1,784</td>
<td>$189,245</td>
<td>434 $47,224 24.3%</td>
</tr>
<tr>
<td>Renewal</td>
<td>730</td>
<td>174,573</td>
<td>706</td>
<td>117,099</td>
<td>323 $50,186 45.7%</td>
</tr>
<tr>
<td>Board Supplement</td>
<td>28</td>
<td>2,266</td>
<td>24</td>
<td>1,289</td>
<td>4 $86 16.7%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>2,945</td>
<td>$484,992</td>
<td>2,514</td>
<td>$307,633</td>
<td>761 $97,496 30.3%</td>
</tr>
<tr>
<td>Noncompeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,797 $260,853</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,558</td>
<td>$358,349</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1983</td>
<td>Competing3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>2,229</td>
<td>$323,572</td>
<td>1,844</td>
<td>$215,945</td>
<td>529 $55,316 28.7%</td>
</tr>
<tr>
<td>Renewal</td>
<td>783</td>
<td>160,881</td>
<td>763</td>
<td>113,664</td>
<td>358 $56,698 46.9%</td>
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<tr>
<td>Board Supplement</td>
<td>23</td>
<td>2,492</td>
<td>15</td>
<td>727</td>
<td>3 $110 20.0%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>3,035</td>
<td>$486,945</td>
<td>2,622</td>
<td>$330,336</td>
<td>890 $112,124 33.9%</td>
</tr>
<tr>
<td>Noncompeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,923 $294,019</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,583</td>
<td>$406,143</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1984</td>
<td>Competing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>2,113</td>
<td>$310,433</td>
<td>1,773</td>
<td>$207,996</td>
<td>558 $68,376 31.5%</td>
</tr>
<tr>
<td>Renewal</td>
<td>774</td>
<td>179,764</td>
<td>745</td>
<td>135,253</td>
<td>416 $90,140 55.8%</td>
</tr>
<tr>
<td>Board Supplement</td>
<td>13</td>
<td>1,786</td>
<td>11</td>
<td>788</td>
<td>3 $105 22.3%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>2,900</td>
<td>$491,963</td>
<td>2,529</td>
<td>$344,037</td>
<td>977 $158,621 38.6%</td>
</tr>
<tr>
<td>Noncompeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,869 $302,626</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,846</td>
<td>$461,247</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1985</td>
<td>Competing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>2,400</td>
<td>$398,621</td>
<td>2,042</td>
<td>$282,590</td>
<td>599 $83,691 29.3%</td>
</tr>
<tr>
<td>Renewal</td>
<td>782</td>
<td>183,483</td>
<td>758</td>
<td>140,472</td>
<td>416 $84,708 54.9%</td>
</tr>
<tr>
<td>Board Supplement</td>
<td>19</td>
<td>1,659</td>
<td>13</td>
<td>850</td>
<td>2 $65 15.4%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>3,201</td>
<td>$583,763</td>
<td>2,813</td>
<td>$423,912</td>
<td>1,017 $168,464 36.2%</td>
</tr>
<tr>
<td>Noncompeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,964 $348,011</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,981</td>
<td>$516,475</td>
<td></td>
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</tr>
</tbody>
</table>

Note: Includes R01 traditional grants, PO1 program projects, R23 new investigator research awards, R35 Outstanding Investigator Grants, R01 and U01 awards of RFA's, and R43/R44 Small Business Innovative Research awards.

1Percent Funded; Number Awarded = Number Recommended.

2Because of fiscal restraints, grants were awarded below recommended levels.
APPOINTEES

Dr. David Korn, Chairman
Stanford University
Stanford, California

Mr. Richard A. Bloch
Kansas City, Missouri

Dr. Roswell K. Boutwell
Radiation Effects Research Foundation
Minami-ward Hiroshima 730, Japan

Dr. Victor Braren
Vanderbilt University School of Medicine
Nashville, Tennessee

Mrs. Helene G. Brown
Jonsson Comprehensive Cancer Center
Los Angeles, California

Dr. Ed L. Calhoon
Beaver, Oklahoma

Dr. Tim Lee Carter
Tompkinsville, Kentucky

Dr. Gertrude B. Eion
Burroughs Wellcome Company
Research Triangle Park, North Carolina

Dr. Robert C. Hickey
M.D. Anderson Hospital and Tumor Institute
Houston, Texas

EX OFFICIO MEMBERS

The Honorable William E. Brock
Secretary of Labor
Washington, DC

Dr. John Gronvall
Veterans Administration
Washington, DC

The Honorable Margaret M. Heckler
Secretary of Health and Human Services

Dr. George A. Keyworth
Office of Science and Technology Policy
Washington, DC

The Honorable William E. Mayer
Department of Defense
Washington, D.C.

Dr. J. Donald Millar
National Institute for Occupational Safety and Health
Atlanta, Georgia

ALTERNATES TO EX OFFICIO MEMBERS

Dr. Ralph E. Yodaiken
Department of Labor
Washington, DC

Dr. Hollis Boren
Veterans Administration
Washington, DC

Dr. Robert Rabin
Office of Science and Technology Policy
Washington, DC

Vice Admiral Lewis H. Saret
Office of Chief of Naval Operations
Washington, DC

Dr. Elliott S. Harris
National Institute for Occupational Safety and Health
Atlanta, Georgia

EJ.

RATION OF APPOINTMENT

1986

Vacant

1988

Dr. Geza J. Jako
Institute for Research in Laser Surgery
Melrose, Massachusetts

Dr. Joseph G. Katterhagen
Tacoma General Hospital
Tacoma, Washington

Ms. Rose Kushner
Breast Cancer Advisory Center
Kensington, Maryland

Ann Landers
Field Newspaper Syndicate
Chicago, Illinois

Dr. LaSalle D. Lefall, Jr.
Howard University Hospital
Washington, DC

Dr. Enrico Mihich
Roswell Park Memorial Hospital
Buffalo, New York

Dr. William E. Powers
Harper Grace Hospital
Detroit, Michigan

Dr. Louise C. Strong
M.D.
Houston and Tumor Institute

Dr. David P. Rail
National Institute of Environmental Health
Research Triangle Park, North Carolina

Mr. Lee Thomas
Environmental Protection Agency
Washington, DC

Mr. Terrance Scanlon
Consumer Product Safety Commission
Washington, DC

Dr. James B. Wyngaarden
National Institutes of Health
Bethesda, Maryland

Dr. Frank E. Young
Food and Drug Administration
Rockville, Maryland

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