

**NCI**

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# **FACT BOOK**

**National  
Cancer  
Institute**

**1998**

**U.S. DEPARTMENT  
OF HEALTH AND  
HUMAN SERVICES**

**Public Health Service**

**National Institutes Of Health**

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The information set forth in this publication is compiled and amended annually by the financial management staff of the National Cancer Institute and is intended primarily for use by members of the Institute, principal advisory groups to the Institute and others involved in the administration and management of the National Cancer Program. Questions regarding any of the information contained herein may be directed to the Financial Management Branch, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland, 20892.

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# National Cancer Institute

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## Director's Biography

### Richard D. Klausner, M.D.

Dr. Klausner was appointed as the Director of the National Cancer Institute (NCI) on August 1, 1995. From 1984 until 1997 he was Chief of the Cell Biology and Metabolism Branch of the National Institute of Child Health & Human Development. Dr. Klausner received his undergraduate degree from Yale University and his medical degree from Duke University. After post-graduate medical training at Harvard, he began his research career at the National Institutes of Health in 1979.

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

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

Dr. Klausner is the past President of the American Society for Clinical Investigation. In October 1996, he was elected to the Institute of Medicine. He is the author of over 280 scientific articles and several books.

## Former Directors of the National Cancer Institute

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**Samuel Broder, M.D.**

December 1988-March 1995

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

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

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

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

**Arthur Canfield Upton, M.D.**

July 1977 - December 1979

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

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

May 1972 - October 1976

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

**Carl Gwin Baker, M.D.**

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

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

**Kenneth Milo Endicott, M.D.**

July 1960 - November 1969

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

**John Roderick Heller, M.D.**

May 1948 - June 1960

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

**Leonard Andrew Scheele, M.D.**

July 1947 - April 1948

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

**Roscoe Roy Spencer, M.D.**

August 1943 - July 1947

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

**Carl Voegtlin, Ph.D.**

January 1938 - July 1943

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

## National Cancer Advisory Board

Appointees	Expiration of Appointment	Appointees	Expiration of Appointment
J. Michael Bishop, M.D. <i>The George Williams Hooper Research Foundation San Francisco, California</i>	2000	Authur W. Nienhuis, M.D. <i>Director St. Jude Children's Research Hospital Memphis, Tennessee</i>	2004
Richard J. Boxer, M.D. <i>Urology Specialists, S.C. Medical College of Wisconsin Milwaukee, Wisconsin</i>	2002	Larry Norton, M.D. <i>Evelyn H. Lauder Breast Center Memorial Sloan-Kettering Cancer Center New York, New York</i>	2004
Kay Dickersin, Ph.D. <i>Brown University Department of Community Health Providence, Rhode Island</i>	2000	Amelie G. Ramirez, Dr. P.H. <i>Associate Director Baylor College of Medicine San Antonio, Texas</i>	2004
Alfred Goldson, M.D., F.A.C.R. <i>Department of Radiotherapy Howard University Hospital Washington, D.C.</i>	2000	Ivor Royston, M.D. <i>President and CEO Sidney Kimmel Cancer Center San Diego, California</i>	2002
Elmer E. Huerta, M.D., M.P.H. <i>Cancer Prevention Specialist Washington Hospital Center Washington, D.C.</i>	2004	Philip S. Schein, M.D. <i>University of Pennsylvania School of Medicine Bryn Mawr, Pennsylvania</i>	2000
Frederick P. Li, M.D. <i>Dana-Farber Cancer Institute Boston, Massachusetts</i>	2002	Phillip A. Sharp, Ph.D. <i>Massachusetts Institute of Technology Cambridge, Massachusetts</i>	2002
Susan M. Love, M.D. <i>Department of Surgery University of California School of Medicine Pacific Palisades, California</i>	2004	Ellen L. Stovall <i>Executive Director National Coalition for Cancer Survivorship Silver Spring, Maryland</i>	2002
The Honorable James E. McGreevey <i>Mayor, Woodbridge Township The Municipal Building Woodbridge, New Jersey</i>	2004	Vainutis K. Vaitkevicius, M.D. <i>President Emeritus Barbara Ann Karmanos Cancer Institute Detroit, Michigan</i>	2000
Sandra Millon-Underwood, Ph.D., R.N. <i>University of Wisconsin-Milwaukee School of Nursing Milwaukee, Wisconsin</i>	2002	<u>Executive Secretary</u> Marvin R. Kalt, Ph.D. <i>National Cancer Institute Bethesda, Maryland</i>	

## National Cancer Advisory Board (continued)

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### EX OFFICIO MEMBERS

---

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

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

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

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

The Honorable Alexis M. Herman  
*Secretary of Labor*  
Washington, D.C.

Ann Brown  
*Consumer Product Safety Commission*  
Bethesda, MD

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

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

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

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

Jane E. Henney, M.D.  
*Food and Drug Administration*  
Rockville, MD

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

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### Alternates to Ex Officio Members

---

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

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

Michael Hodgson, M.D., M.P.H.  
*National Institute for Occupational Safety and Health*  
Washington, D.C.

T.G. Patel, M.D. M.A.C.P.  
*Captain MC USN (Retired)*  
*Veterans Health Administration*  
Washington, D.C.

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

Eugene Schwartz, M.D.  
*Department of Labor, OSHA*  
Washington, D.C.

Hugh W. McKinnon, M.D.  
*Environmental Protection Agency*  
Cincinnati, OH

John C. Wooley, Ph.D.  
*Office of Energy Resources*  
Washington, D.C.



## Board of Scientific Counselors Intramural Programs

### Subcommittee A: Clinical Sciences

Appointees	Expiration of Appointment	Appointees	Expiration of Appointment
Martin D. Abeloff, M.D. Chair	2000		
C. Norman Coleman, M.D.	2000	John Mendelsohn, M.D.	2001
Deborah Collyar	2003	Beverly Mitchell, M.D.	2003
Theodore Colton, Sc. D.	2001	Abraham M. Nomura, M.D.	1999
Timothy J. Eberlein, M.D.	2003	John D. Potter, M.D., Ph.D.	2001
Judah Folkman, M.D.	1999	Robert L. Reddick, M.D.	2000
Harold Harvey, M.D.	1999	Jonathan M. Samet, M.D.	1999
Elizabeth A. Holly, Ph.D.	2003	Jouni Uitto, M.D., Ph.D.	2000
Mark A. Israel, M.D.	2001	James K.V. Willson, M.D.	1999
Timothy J. Kinsella, M.D.	2001	Mimi C. Yu, Ph.D.	1999
Joanne Kurtzberg, M.D.	2000		
Albert F. Lobuglio, M.D.	2000		
Frank McCormick, Ph.D.	2003	Executive Secretary - Judy Mietz Ph. D.	

### Subcommittee B: Basic Sciences

Matthew D. Scharff, M.D. Chair	2000		
James P. Allison, Ph.D.	2000	Luis Parada, Ph.D.	2000
Alan Bernstein, Ph.D.	2000	Carol L. Prives, Ph.D.	2000
David Botstein, Ph.D.	2002	Naomi Rosenberg, Ph.D.	2001
Noel Bouck, Ph. D.	1999	Suzanne Sandmeyer Ph.D.	2003
Edward Bresnick, Ph.D.	1999	Andrey Shaw, M.D.	2003
Mario Capecchi, Ph.D.	2002	Anna Marie Skalka, Ph.D.	2001
Max Cooper, M.D.	2001	Bruce Stillman, Ph. D.	1999
Robert N. Eisenman, Ph.D.	2000	Susan S. Taylor, Ph.D.	2000
Brenda L. Gallie, M.D.	1999	Craig B. Thompson, M.D.	2001
Peter Geiduschek, Ph.D.	2003	Robert Tjian, Ph.D.	2001
Stephen Goff, Ph. D.	2002	Inder Verma, Ph.D.	2002
Beatrice Hahn, Ph.D.	2002	Jean Y.J. Wang, Ph.D.	1999
Ira Herskowitz, Ph.D.	1999		
Tony Hunter, Ph.D.	1999		
Stanley Korsmeyer Jr., M.D.	2000	Executive Secretary - Florence Farber, Ph.D.	

## Board of Scientific Advisors Extramural Programs

David M. Livingston, M.D. Chair	1999		
Frederick R. Applebaum, M.D.	2001	Nancy E. Mueller, Sc.D.	2001
Joan Brugge, Ph.D.	1999	Sharon B. Murphy, M.D.	1999
Mary Beryl Daly, M.D., Ph.D.	2000	Allen I. Oliff, M.D.	2000
Virginia L. Ernster, Ph.D.	2001	Franklyn G. Prendergast, M.D., Ph.D.	1999
Eric R. Fearon, M.D., Ph.D.	1999	Stuart L. Schreiber, Ph.D.	1999
Suzanne W. Fletcher, M.D.	1999	Ellen V. Sigal, Ph.D.	2003
Robert E. Greenberg, M.D.	1999	Joseph V. Simone, M.D.	1999
Jerome E. Groopman, M.D.	2003	Louise C. Strong, M.D.	1999
Waun Ki Hong, M.D.	1999	Peter K. Vogt, Ph.D.	2001
E. Tyler Jacks, Ph. D.	2000	Daniel D. Von Hoff, M.D., F.A.C.P.	2000
Herbert Y. Kressel, M.D.	2002	Barbara L. Weber, M.D.	1999
Amy S. Langer, M.B.A.	2000	Alice S. Whittemore, Ph.D.	2000
Caryn E. Lerman, Ph.D.	2001	William C. Wood, M.D.	2000
Joan Massague, Ph.D.	2000	Robert C. Young, M.D.	2001
Deborah K. Mayer, RN, MSN, AOUN, FANN	2000	Elias A. Zerhouni, M.D.	2002
W. Gillies McKenna, M.D., Ph.D.	2000	Philip S. Schein, M.D., NCAB Liaison	2000
Enrico Mihich	2001		
John Minna, M.D.	2001	Executive Secretary - Paulette S. Gray, Ph. D.	

## President's Cancer Panel

---

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

**Paul Calabresi, M.D.**      **1999**  
Professor and Chairman, Emeritus  
Department of Medicine  
Brown-Tufts Cancer Center  
Rhode Island Hospital  
New England Medical Center  
Providence, RI

**Frances M. Visco, Esq.**      **1999**  
President  
National Breast Cancer Coalition  
Washington, DC

**Maureen O. Wilson, Ph.D.**  
Executive Secretary

---

## Executive Committee Members

---

**Richard Klausner, M.D.**  
Director

**Susan Sieber, Ph.D.**  
Associate Director for Special Projects

**Alan Rabson, M.D.**  
Deputy Director

**Edison Liu, M.D.**  
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**Norka Ruiz Bravo, Ph.D.**  
Acting Director, Division of Cancer Biology

**Sherry Mills, M.D., M.P.H.**  
Chair, NCI Extramural Advisory Board

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Deputy Director, Division of Cancer Treatment and Diagnosis

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Chair, Intramural Advisory Council

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Associate Director for Financial Management

**George Vande Woude, Ph.D.**  
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Special Advisor, Division of Cancer Epidemiology and Genetics

**Robert Wittes, M.D.**  
Director, Division of Cancer Treatment and Diagnosis  
Deputy Director for Extramural Science

**Marvin Kalt, Ph.D.**  
Director, Division of Extramural Activities

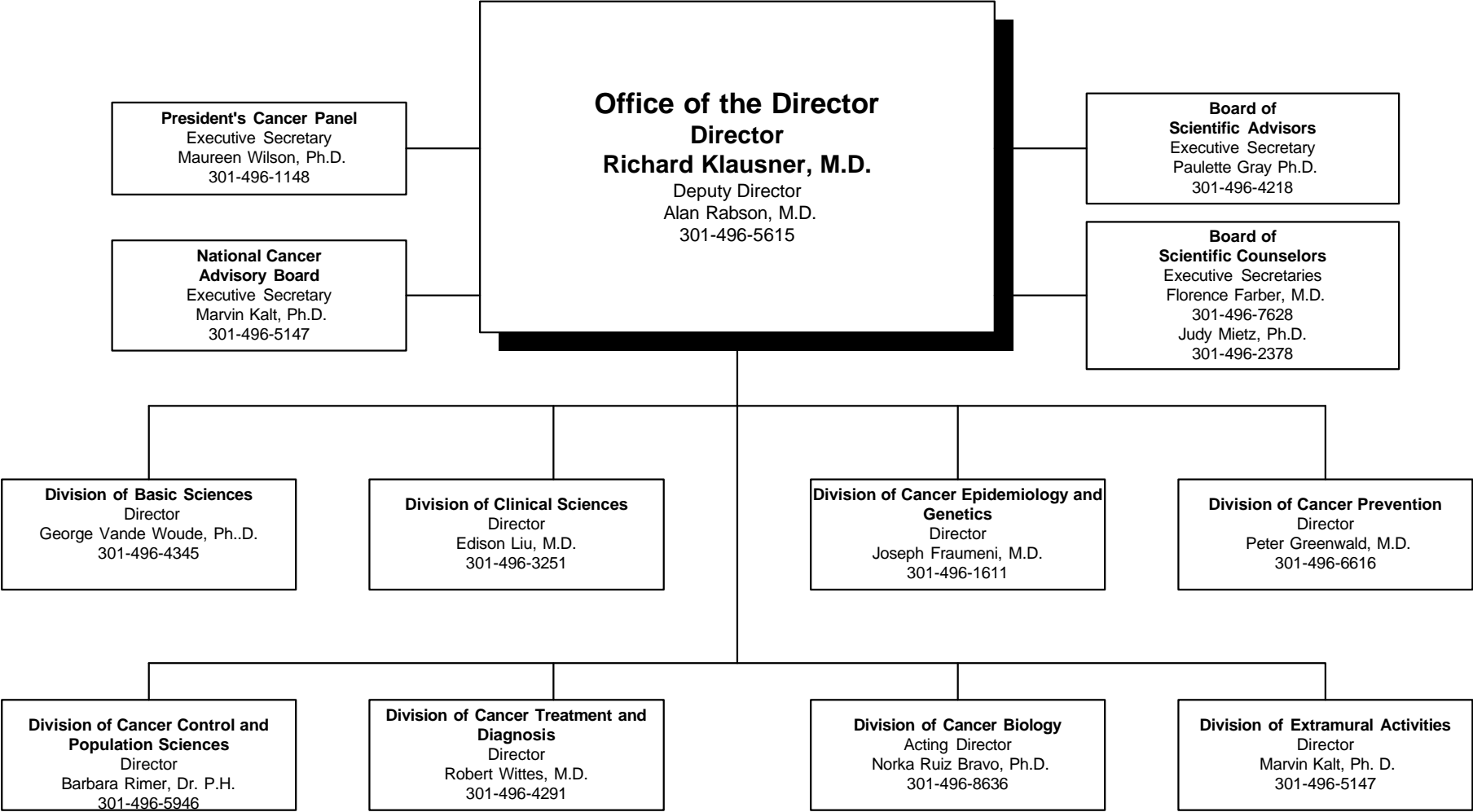
**Paulette Gray, Ph.D.**  
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Assistant Director, Office of Science Policy

**Cherie Nichols**  
Assistant Director, Office of Science Policy

**Sandy Koeneman**  
Executive Secretary

# National Cancer Institute



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**Associate Director for Special Projects**  
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**Office of Management**  
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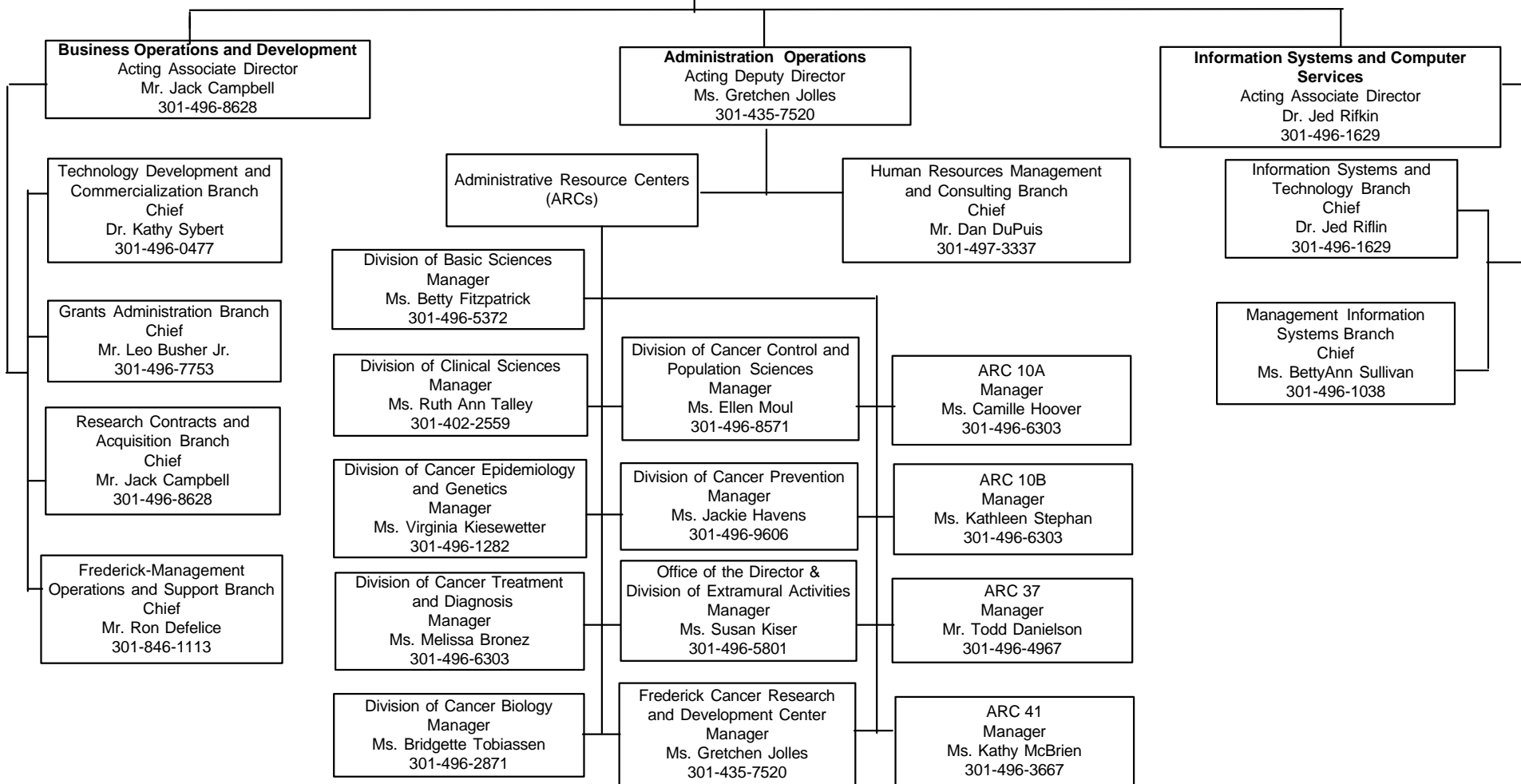
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**Office of Special Populations Research**  
Director  
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301-402-6362

**Office of International Affairs**  
Associate Director  
Dr. Federico Welsch  
301-496-4761



**Division of Basic Sciences**

**Office of the Director**

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Dr. George Vande Woude

301-496-4345

Deputy Directors

Dr. Douglas Lowy and Dr. Stuart Yuspa

**Office of Laboratory Animal Resources**

Acting Associate Director

Dr. Marjorie Strobel

301-496-1866

**Basic Research Laboratory**

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Dr. Douglas Lowy

301-496-9513

**HIV/Drug Resistance Program**

Associate Director

Dr. John Coffin

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**Experimental Immunology Branch**

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Dr. Alfred Singer

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**Laboratory of Immunobiology**

Chief

Dr. Berton Zbar

301-846-1557

**Varmus Lab**

Chief

Dr. Harold Varmus

301-496-7940

**Lab of Tumor Immunology and Biology**

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Dr. Jeffrey Schlom

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**Laboratory of Cell Biology**

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301-496-1530

**Laboratory of Genetics**

Chief

Dr. Michael Potter

301-496-1734

**Laboratory of Molecular Biology**

Chief

Dr. Ira Pastan

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**Laboratory of Molecular Carcinogenesis**

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Dr. Harry Gelboin

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**Laboratory of Genomic Diversity**

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**Laboratory of Cellular and Molecular Biology**

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**Laboratory of Receptor Biology and Gene Expression**

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**Laboratory of Cell Regulation and Carcinogenesis**

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Dr. Anita Roberts

301-496-5391

**Laboratory of Molecular Cell Biology**

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Dr. Carl Wu

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**Laboratory of Metabolism**

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Dr. Frank Gonzalez

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**Lab of Cellular Carcinogenesis and Tumor Promotion**

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301-496-2162

**Laboratory of Experimental Carcinogenesis**

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Dr. Snorri Thorgeirsson

301-496-1935

**Laboratory of Human Carcinogenesis**

Chief

Dr. Curtis Harris

301-496-2048

**Laboratory of Comparative Carcinogenesis**

Chief

Dr. Larry Keefer

301-846-1241

**Laboratory of Experimental Immunology**

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Dr. John Ortaldo

301-846-1323

**Laboratory of Biochemical Physiology**

Chief

Dr. Hsiang-Fu Kung

301-846-5703

**Laboratory of Medicinal Chemistry**

Acting Chief

Dr. Victor Marquez

301-496-8065

**Laboratory of Molecular Immunoregulation**

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301-846-1551

**Laboratory of Leukocyte Biology**

Chief

Dr. Frank Ruscetti

301-846-1504

**Laboratory of Immune Cell Biology**

Chief

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**Laboratory of Molecular Pharmacology**

Chief

Dr. Yves Pommier

301-496-2769

**Laboratory of Experimental and Computational Biology**

Chief

Jacob Maizel

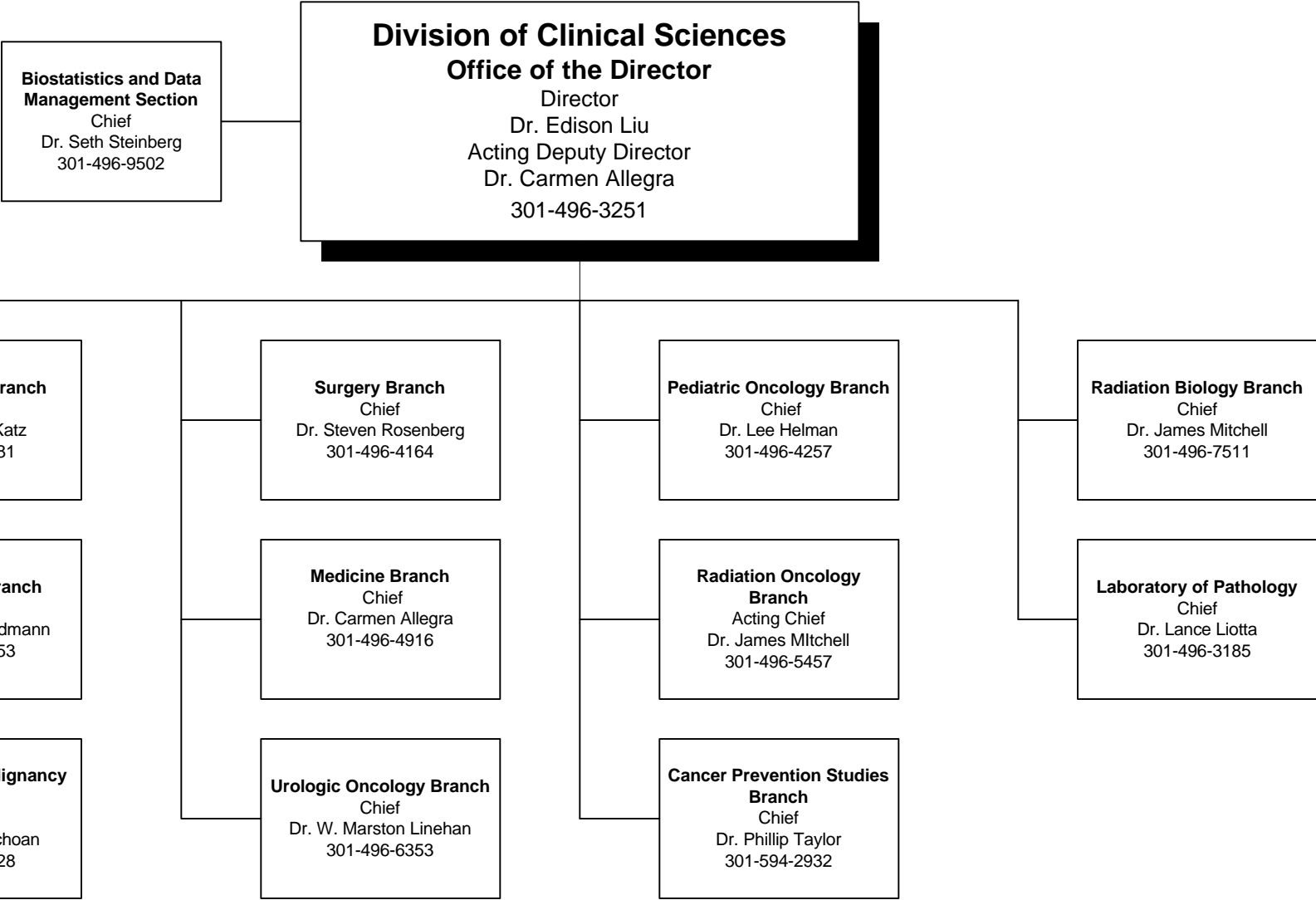
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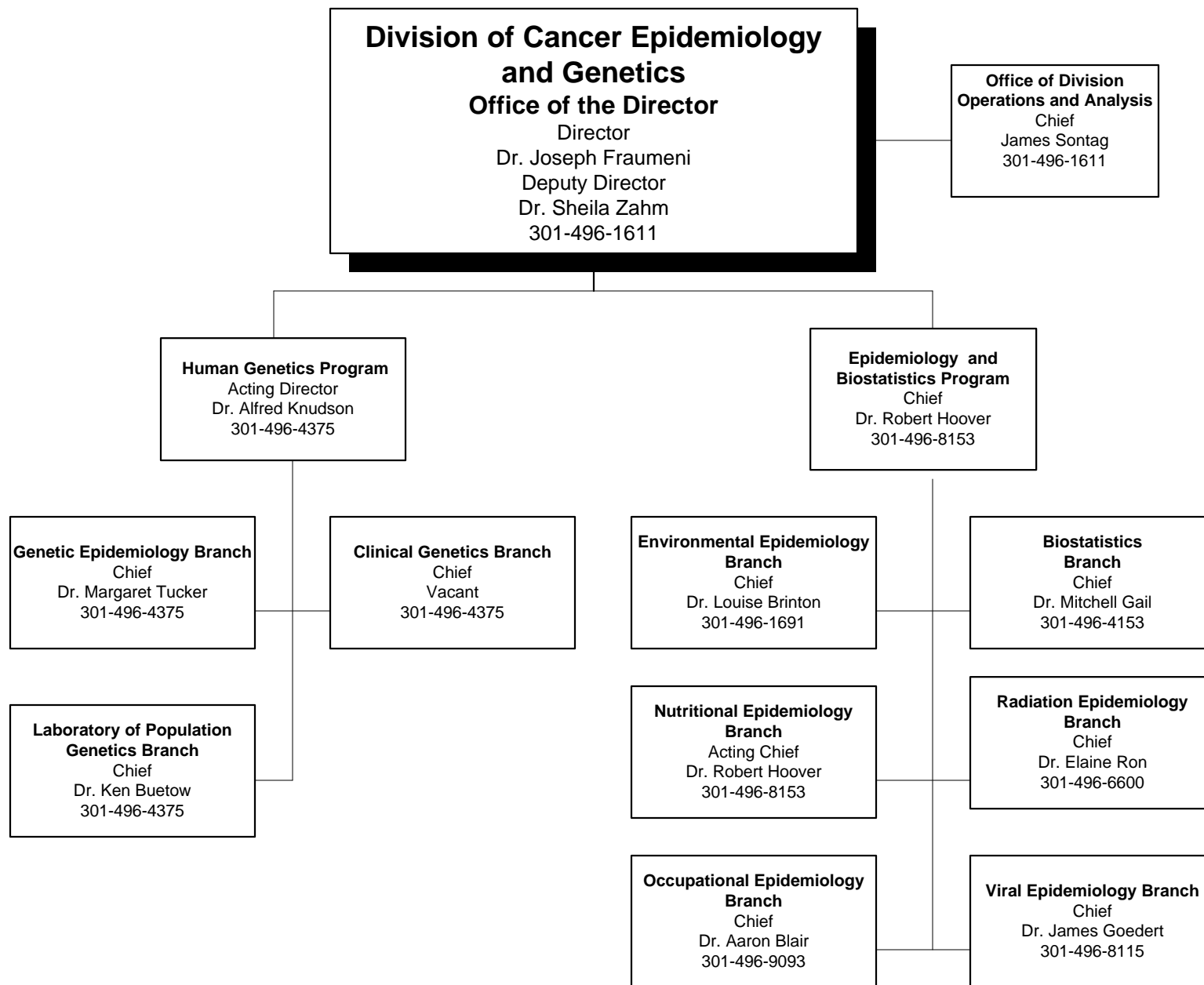
**Laboratory of Cellular Oncology**

Chief

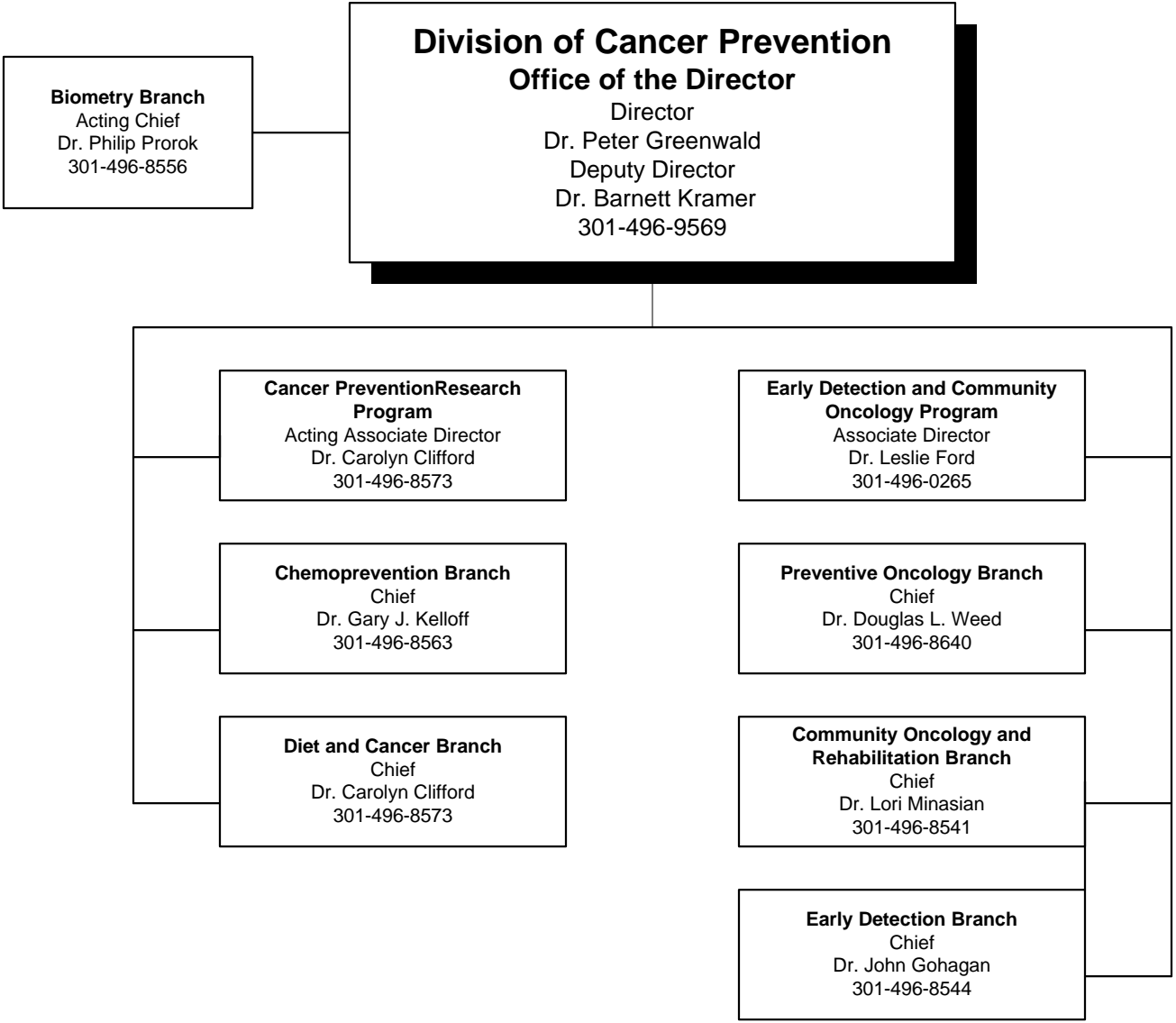
Dr. Douglas Lowy

301-496-9513



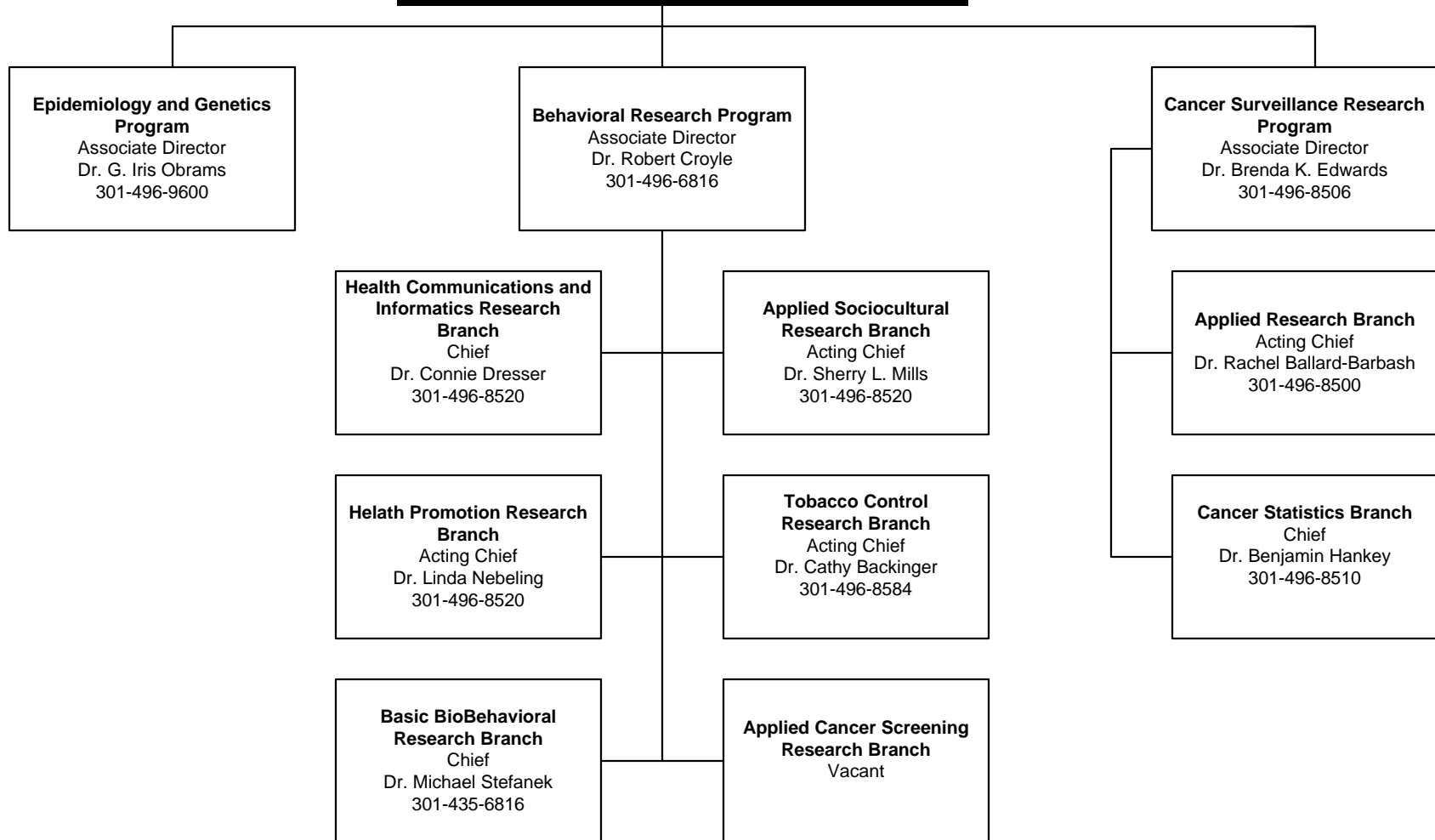






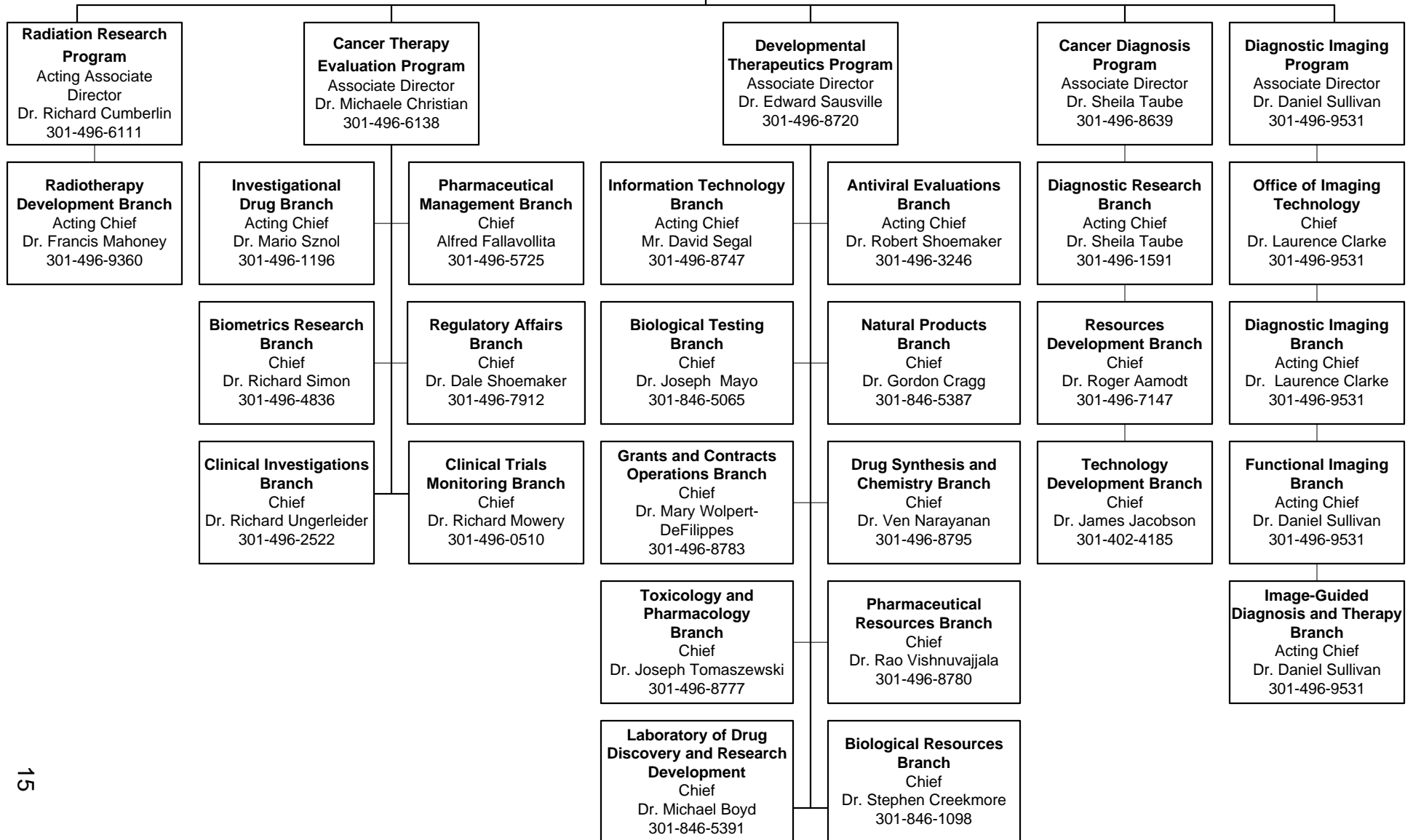
**Division of Cancer Control and  
Population Sciences  
Office of the Director**

Director  
Dr. Barbara Rimer  
Deputy Director  
Dr. Robert Hiatt  
301-594-6776



**Division of Cancer Treatment and Diagnosis  
Office of the Director**

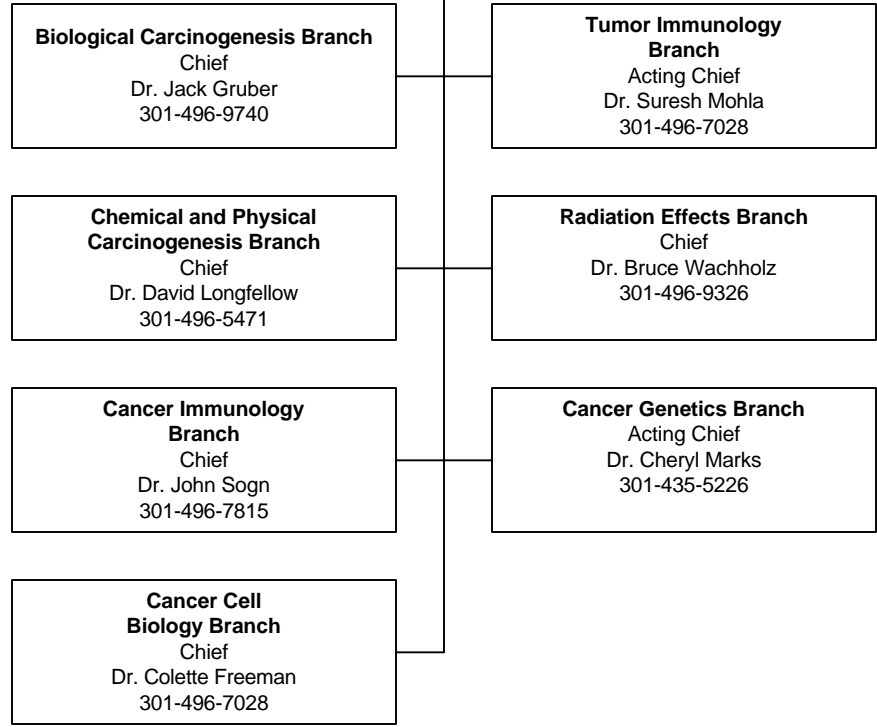
Director  
Dr. Robert Wittes  
Deputy Director  
Dr. Ellen Feigal  
301-496-4291

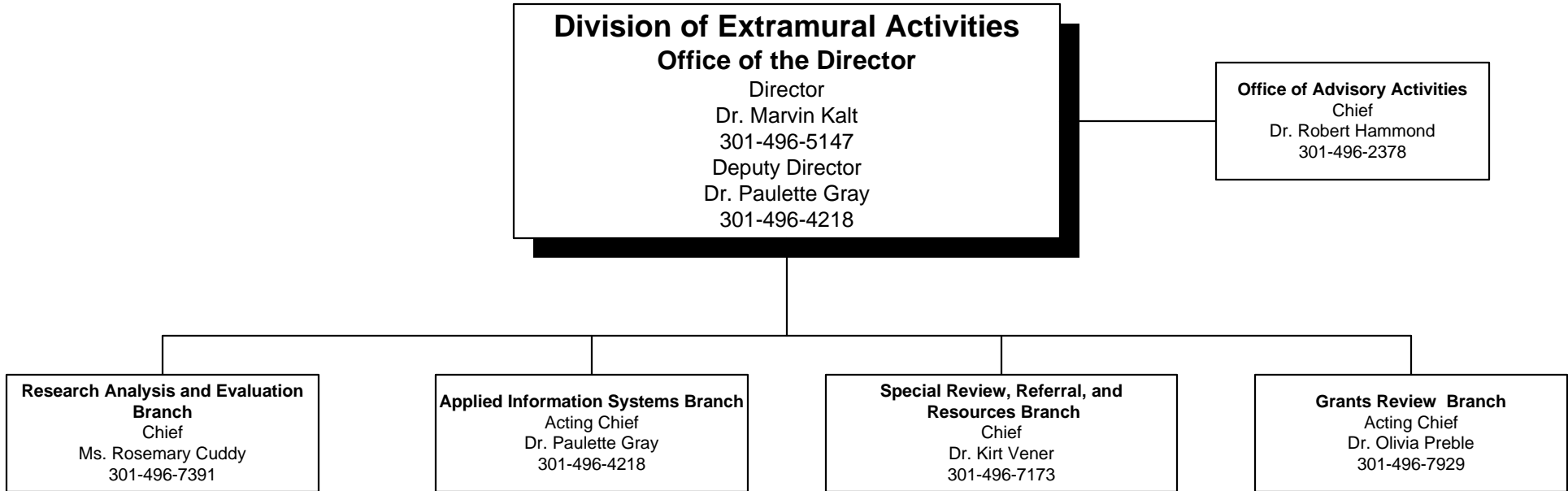


**Division of Cancer Biology**

**Office of the Director**

Acting Director  
Dr. Norka Ruiz-Bravo  
Deputy Director  
Dr. Norka Ruiz-Bravo  
301-496-8636





# 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, multiple personnel systems are used: the Civil Service, the PHS Commissioned Corps, and Title 42 including the Staff Fellowship Program and the NIH Visiting Program. Other special programs are available for those who qualify.

- I. Position: Civil Service**
- Annual Salary: Minimum starting: Ph.D. - \$55,969<sup>2</sup> (GS-13/1)  
Physicians - \$66,088<sup>3</sup> (GS-13/1)
- Eligibility: Appropriate advanced education, experience and knowledge needed by NCI to conduct its programs.
- Mechanism of Entry: NCI Delegated Examining Unit, Contact Division Director or Laboratory/Branch Chief in area of interest or the Administrative Resource Center (ARC).
- II. Position: PHS Commissioned Corps**
- Annual Salary: Starting with special pay plus bonus based on individual's qualifications.
- Eligibility: Must be a U.S. citizen under age 44 who meets Commissioned Corps medical requirements and passes initial suitability investigation.
- Mechanism of Entry: Contact: Recruitment/ODB  
5600 Fishers Lane, Room 4A-18  
Rockville, MD 20857-0001  
(301) 594-3360  
e-mail [RECRUIT@PSC.GOV](mailto:RECRUIT@PSC.GOV)
- III. Position: Title 42 (SBRS)**
- Positions:** **Senior Investigator** (position that is approved for tenured status and therefore controls independent resources and research).  
**Investigator** (position that is approved for 'tenure track' status; individual is on a time-limited appointment).
- Annual Salary: Position is at or equivalent to at least the GS-13 level.
- Eligibility: Physician or other doctoral degree equivalent.
- Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest or ARC.
- Position:** **Staff Scientist** (provides senior-level research support to a Principal Investigator or research team).

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

<sup>2</sup> Includes a 1998 locality payment for the Washington Metropolitan and Baltimore areas.

<sup>3</sup> Medical Officer (Research), GS-602 Special Rate Scale for 1998.

Annual Salary: Position is at or equivalent to at least the GS-13 level.  
Eligibility: Physician or other doctoral degree equivalent and position has been approved for Staff Scientist status.  
Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest or ARC.

**Position:** **Staff Clinician** (provides clinical and medical care and service to Division/Branch clinical protocols and activities)

Annual Salary: Position is at or equivalent to at least the GS-13 level.  
Eligibility: Physician and position has been approved for Staff Clinical status.  
Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest or ARC.

**IV. Position Title 42 – Research/Clinical Fellowships**

This type of fellowship is appropriate for U.S. Citizens, resident aliens, or non-U.S. citizens who are on time-limited appointments and have 8 years or less of NIH nontenured service.

**Position:** **Staff Fellow** (time-limited appointment with initial appointments typically made for 2 years).

Annual Salary: Physicians: \$31,000 - \$58,000  
Other Doctoral: \$30,000 - \$51,000  
Eligibility: Physician or other doctoral degree equivalent and less than 3 years of relevant professional level postdoctoral research experience. U.S. citizen or resident alien.  
Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest or ARC.

**Position:** **Visiting Associate** (time-limited appointment with 2 year initial appointment possible depending on visa restrictions).

Annual Salary: Physicians: \$31,000 - \$58,000  
Eligibility: 3 years of postdoctoral experience or training with appropriate knowledge needed by NCI. Non-U.S. citizen.  
Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest or ARC.

**Position:** **Senior Staff Fellow** (time-limited appointment with initial appointment typically made for 2 years).

Annual Salary: Physicians: \$41,000 - \$81,000  
Other Doctoral: \$37,000 - \$68,000  
Eligibility: Physician or other doctoral degree equivalent and 3 to 7 years of relevant professional level postdoctoral research experience. U.S. citizen or resident alien.  
Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest or ARC.

**Position:** **Visiting Scientist**(time-limited appointment with 2 year initial appointment possible depending on visa restrictions).  
Annual Salary: \$44,000 - \$95,000  
Eligibility: 6 years of postdoctoral experience with appropriate specific experience and knowledge needed. Non-U.S. citizen.  
Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest or ARC.

**V. Position:** **Visiting Fellow** (time-limited fellowship award with program time limitation of 5 years depending on visa restrictions).  
Annual Salary: First year stipends range from \$29,000 - \$35,000 based on years of postdoctoral experience.  
Eligibility: 5 years or less of relevant postdoctoral experience or training. Non-U.S. citizen.  
Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest or ARC

**VI. Clinical Associate Program**

**Position:** **Clinical Associate** (time-limited appointment with initial appointment for 2 years with the possibility of 1-year extension).  
Annual Salary: \$38,500 (first year), \$40,500 (second year), \$42,500 (third year)  
Salaries for individuals appointed under the Commissioned Corps program are established on an individual basis.  
Eligibility: Graduate of accredited medical or osteopathic school and completion of internship. Completion of 2 or 3 years of clinical training beyond the M.D. degree. Must be a U.S. citizen or a permanent U.S. resident. **NOTE:** Foreign M.D.s on the J-1 visa may apply and will be considered under the Visiting Associate program.  
Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest or ARC.

**VII. Pharmacology Research Associates Training Program (PRAT)**

**Position:** **PRAT Fellow** (time-limited appointment for 2 years).  
Annual Salary: Salary commensurate with other postdoctoral opportunities at the NIH.  
Eligibility: Candidates must be U.S. citizens or permanent residents of the U.S. who have been awarded a doctoral degree. The degree must be in a biomedical or related science and must have been received within the 5 years preceding the date of application.  
Mechanism of Entry: Apply to PRAT Program, NIGMS Natcher Building, Room 2AS43  
A PRAT Fact sheet is available from the PRAT Program Assistant (301) 594-3583 or fax (301) 480-2802

**VIII. Position:** **Special Expert** (time limited appointment not to exceed 4 years).



Annual Salary: Salary range is equivalent to GS- 13/1 to maximum of Level IV of the Executive Schedule.

Eligibility: Applicants shall possess outstanding experience and ability to justify recognition as authorities in their occupational field.

Mechanism of Entry: Final approval rests with the Division Director or Deputy Director, NCI depending on recommended action.

## IX. Special Programs

**Position:** **Guest Researcher**

Annual Salary: Established by sponsoring organization.

Eligibility: A scientist, engineer, student, or other scientifically trained specialist who would benefit from the use of NCI facilities in furthering his or her research. A Guest Researcher cannot perform services for NCI and must be in a valid visa status.

Mechanism of Entry: Contact Division Director or Laboratory/Branch Chief in area of interest.

**Position:** **Research Scholars Program** (provides up to 4 years of intramural support for initiation of an independent research program in the NCI intramural environment, with an opportunity for 2 additional years of support to continue the research program at an extramural institution)

Annual Salary: Intramural Phase: Approximately \$200,000 per year including salaries and no more than 2 additional support positions and up to \$22,500 per person for research supplies and services. Support for equipment, animals, etc. are negotiated separately.

Eligibility: Must be U.S. citizen, (non-citizen national) or individual lawfully admitted for permanent residence. An individual with a research health professional degree at the time of award, but with no more than 5 years of post-doc experience at the time of application; a current intramural NCI post-doc fellow applying for placement in a laboratory/branch in which he/she has not previously trained.

Mechanism of Entry: Response to an annual RFA announcement, available in the NIH Guide for Grants and Contracts, or on the NCI Cancer Training Branch website: (<http://camp.nci.nih.gov/ctb/main/>) This announcement describes the specific research areas of interest to the NCI.

Inquiries on programmatic issues may be directed to:

Dr. Lester S. Gorelic  
Executive Plaza North  
Room 520  
6130 Executive Blvd. MSC 7390  
Bethesda, MD 20892-7390  
Phone: (301) 496-8580  
Fax: (301) 402-4472  
E-mail: lg2h@nih.gov

**Position:** **Commissioned Officer Junior Student Training and Extern Program (COSTEP)** (operates year-round; maximum 120 days per 12-month period)

**Annual Salary:** Receive the basic pay quarters (if appropriate), and subsistence allowance of a Junior Assistant Health Service Officer (pay grade 0-1).

**Eligibility:** U.S. citizen. Must have completed one year of study in a medical, dental, or veterinary school or a minimum of two years of baccalaureate program in a health related field such as engineering, nursing, pharmacy, etc. May be enrolled in a master's or doctoral program in a health related field. Physical requirements of PHS Commissioned Corps. Plans to return to college.

**Mechanism of Entry:** Apply to Director, Division of Commissioned Personnel  
Attention: Jr. COSTEP Coordinator  
5600 Fishers Lane  
Parklawn Building  
Room 4-35  
Rockville, MD 20857-0001

**Position:** **Commissioned Officer Senior Training and Extern Program (COSTEP)** (competitive program to assist students during final year of professional school in return for an agreement to work for PHS after graduation for twice the time sponsored i.e., an 18-month employment commitment for 9 months of financial support)

**Annual Salary:** Receive basic pay, quarters, subsistence, and VHA allowance at rate of 0-1 for entire year in school.

**Eligibility:** U.S. citizen.

**Mechanism of Entry:** Apply to Director, Division of Commissioned Personnel  
Attention: Senior COSTEP Coordinator  
5600 Fishers Lane  
Parklawn Building  
Room 4A15  
Rockville, MD 20857-0001

**Position:** **Fogarty International Center's Scholars Program**

**Annual Salary:** Receive position, salary, and necessary resources, including office space and support, from one or more ICs.

**Eligibility:** International reputation and productivity demonstrated ability in a biomedical field. Scholar must be in a valid visa status.

**Mechanism of Entry :** Nominations are submitted to Office of Intramural Research, Bldg. 1, Rm. 140, by Institute Director or Chairs of Special Interest Groups.

**Position:** **Student Temporary Employment Program** (provides clerical and research support employment opportunities for individuals who are enrolled or accepted for enrollment as a degree seeking student who is taking at least a half-time academic/vocational or technical course load in an accredited high school, technical or vocational school, or 2 year or 4 year college or university or graduate or professional school).

**Annual Salary:** Salary is commensurate with duties assigned and student's education and /or experience.

**Eligibility:** The student must maintain a good academic standing and must be at least 16 years of age. Must be a U.S. citizen or a non-citizen lawfully admitted to the U.S. as a permanent resident or otherwise authorized to be employed.

**Mechanism of Entry:** Contact NCI Human Resource Management and Consulting Branch  
Staffing Management Section  
EPS, Room 550  
6120 Executive Blvd.  
Rockville, MD 20892-7211 or  
by phone at (301) 402-2812, for an application package. No deadline required for applying. If applying for a research support position, a transcript copy is required. Applications are maintained for the school year for high school students, all other students for 90 days. Consideration beyond the specified time frames will require submission of an updated application package to the above address. Current STEP vacancies are located on the following website : <http://list.nih.gov/archives/nihjobs-1.html>

**Position:** **Special Volunteer Program** (volunteer service may be accepted for direct patient care, clerical assignments, technical assistance, or any other activities necessary to carry out the authorized functions of the NCI without compensation)

**Annual Salary:** N/A

**Eligibility:** Volunteer must be in a valid visa status.

**Mechanism of Entry:** Contact Division Director or Laboratory/Branch Chief in area of interest or ARC.

**Position:** **Student Career Experience Program** (provides experience that is directly related to the student's educational program and career goals)

**Annual Salary:** Salary is commensurate with duties assigned and student's education and /or experience.

**Eligibility:** Must be at least 16 years of age. Must be enrolled or accepted for enrollment as a degree seeking student in an accredited high school, technical or vocational school, or 2 year or 4 year college or university, graduate, or professional school. The student must maintain a good academic standing. The student must be recommended for the assignment by the student's education program coordinator and be enrolled in the program. Must be enrolled in a field of study directly related to the assigned work with at least half-time academic/vocational or technical course load. Must be a U.S. citizen or a non-citizen lawfully admitted to the U.S. as a permanent resident or otherwise authorized to be employed. Students who have met all the requirements of the Program may be noncompetitively converted to term, career, or career-conditional appointments within 120 days after completion of their degree. U.S. citizenship is required for conversion to permanent employment.

**Mechanism of Entry:** Contact NCI Human Resource Management and Consulting Branch Staffing Management Section  
6120 Executive Blvd  
EPS, Room 550  
Rockville, MD 20892-7211 or  
by phone at (301)402-2812, for additional information. As positions become available, vacancies will be posted at local area schools, in addition to being posted on the following website:<http://list.nih.gov/archives/nihjobs-1.html>

## X. Other Training Programs

**Position:** **Cancer Research Training Award (CRTA** the NCI universal, umbrella fellowship program for domestic fellows.)

**Annual Salary:** A set stipend amount is provided for each category described below.

**Eligibility:** Applicant must be available for fellowship training on a full-time basis for a minimum of 2 months, be at least 16 years of age, and be a U.S. citizen or resident alien.

**Mechanism of Entry:** Contact Division Director of Laboratory/Branch Chief in area of interest.

**Position:** **CRTA Category 1 Prebaccalaureate**

**Annual Salary:** A set stipend, based on years of education at time of award, ranges from \$11,400 for 10<sup>th</sup> grade in high school to \$16,200 for 3<sup>rd</sup> year undergraduate student.

**Eligibility:** For selected high school and undergraduate students in good academic standing, engaged in at least half-time academic work.

**Mechanism of Entry:** Contact Division Director of Laboratory/Branch Chief in area of interest.

**Position:** CRTA Category 2 Bachelor's Degree

Annual Salary: Annual set stipend, for relevant post-bachelor's experience start at \$17,600 to \$25,300. A \$2,200 increment is provided for those with superior academic achievement (cumulative 3.5 GPA).

Eligibility: Individuals in this category must possess a baccalaureate degree. Graduate, law, or medical school students must be in good academic standing and engaged in at least half-time academic work.

Mechanism of Entry: Contact Division Director of Laboratory/Branch Chief in area of interest.

**Position: CRTA Category 3 Master's Degree**

Annual Salary: Starting set stipend amounts between \$22,000 - \$26,400 are determined by relevant experience.

Eligibility: Fellows who have a Master's degree and for individuals who have a Master's degree and are working toward a more advanced degree.

Mechanism of Entry: Contact Division Director of Laboratory/Branch Chief in area of interest.

**Position: CRTA Category 4 Doctoral Degree**

Annual Salary: First year stipend is \$20,900.

Eligibility: For individuals who have completed their course requirements, passed qualifiers, and are formally recognized by the university as a doctoral degree candidate. These individuals will be engaged in a research project for the purpose of developing and writing a thesis.

Mechanism of Entry: Contact Division Director of Laboratory/Branch Chief in area of interest.

**Position: CRTA Category 5 Postdoctoral Degree**

Annual Salary: Set stipends for first year range from \$29,000 - \$39,500.

Eligibility: Must be a Ph.D., D.V.M., J.D., or M.D. without direct patient contact. Typically, these fellows will have less than 5 years of postdoctoral experience.

Mechanism of Entry: Contact Division Director of Laboratory/Branch Chief in area of interest.

**Position: CRTA Category 6 Medical Degree**

Annual Salary: First year stipend amount is based on postgraduate years (PGY) of clinical training leading to an appropriate board eligibility or certification.

Eligibility: For M.D.s engaged in patient care and/or continuing patient contact who have been trained in U.S.-recognized residency programs.

Mechanism of Entry: Contact Division Director of Laboratory/Branch Chief in area of interest.

**Position: CRTA Specialized Recruitment Training Programs**

Eligibility: Fellows selected from these specialized recruitments are awarded CRTA fellowships.

Mechanism of Entry: Contact Division Director of Laboratory/Branch Chief in area of interest.

**Position: Cancer Epidemiology and Biostatistics Training Program**

Annual Salary: See appropriate CRTA category.

Eligibility: M.D.s and Ph.D.s with an interest in and an aptitude for epidemiology and/or biostatistical research in cancer. Ph.D. candidates in approved doctoral programs in epidemiology or biostatistics whose research would be the source of their dissertation. Master's level scientists whose degree is in a discipline related to epidemiology or biostatistics. Must be a U.S. citizen or resident alien who will be eligible for U.S. citizenship within four years.

Mechanism of Entry: Contact the Division of Cancer Epidemiology and Genetics' Program Coordinator.  
Executive Plaza North, Room 418  
6130 Executive Blvd.  
Rockville, MD 20892

**Position: Cancer Genetics and Epidemiology Training Program**

Annual Salary: See appropriate CRTA category.

Eligibility: M.D.s, D.D.S., or D.O. or an accredited doctoral degree in a discipline related to cancer etiology and prevention research (e.g. epidemiology, human or molecular genetics, biostatistics, or the biomedical, public health or behavioral sciences). Foreign medical graduates must have current USMLE or ECFMG certification and appropriate experience.

Mechanism of Entry: Contact the Division of Cancer Epidemiology and Genetics, Human Genetics Program Coordinator.  
Executive Plaza North, Room 400  
6130 Executive Blvd.  
Rockville, MD 20892

**Position: Cancer Prevention Fellowship Program**

Annual Salary: See appropriate CRTA category.

Eligibility: Must be an M.D., D.D.S., or Ph.D., or other doctoral degree in a related discipline (epidemiology, biostatistics, and the biomedical, nutritional, public health, or behavioral sciences).

Mechanism of Entry: Apply to Program Director, CFPF  
Executive Plaza South, Room T41  
6120 Executive Blvd.  
Rockville, MD 20892

**Position: Health Communications Internship Program**

Annual Salary: See appropriate CRTA category.

**Eligibility:** Six month internship period with option of a possible 6 month renewal for students currently enrolled in a graduate school program who wish to pursue an internship prior to completing the requirements for a Master's Degree or Ph.D.

**Mechanism of Entry:** Applications are due April 1 (for July – December terms) and October 1 (for January – June terms).  
HCIP Program Coordinator  
OCC/OD/NCI  
31 Center Drive, Room 10A28  
Bethesda, MD 20892

**Position:** **Technology Transfer Fellowship Program**

**Annual Salary:** See appropriate CRTA category.

**Eligibility:** Physicians, Ph.D.s, J.D.s, individuals with a Master's Degree in Health Communications, Biomedical Science, Behavioral Science, Computer Science, Informatics, Library Science, Health Education, Marketing, Journalism, English, a graduate degree in Law, or a graduate degree in another discipline with legal/paralegal expertise, with little or no experience or training in technology transfer or communications research but with an interest in these areas.

**Mechanism of Entry:** Contact following the program in area of interest: Office of Cancer Information, Communication and Education; the Office of Cancer Communications; the Division of Cancer Prevention; the Division of Cancer Treatment and Diagnosis; the Office of Science Policy; or the Technology, Development, and Commercialization Branch.

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

All Ages		Under 15		15-34		35-54		55-74		75+	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Lung & Bronchus 91,798	Lung & Bronchus 59,301	Leukemia 341	Leukemia 232	Leukemia 594	Breast 560	Lung & Bronchus 8,623	Breast 9,783	Lung & Bronchus 53,580	Lung & Bronchus 32,299	Lung 29,415	Lung 21,138
Prostate 34,475	Breast 43,843	Brain & CNS 239	Brain & CNS 184	Non-Hodgkin's Lymphoma 485	Leukemia 411	Colon & Rectum 2,645	Lung & Bronchus 5,733	Colon & Rectum 13,537	Breast 18,505	Prostate 22,722	Colon & Rectum 16,437
Colon & Rectum 28,409	Colon & Rectum 29,235	Endocrine 99	Endocrine 72	Brain & CNS 434	Cervix 311	Non-Hodgkin's Lymphoma 1,970	Colon & Rectum 2,120	Prostate 11,379	Colon & Rectum 10,512	Colon & Rectum 12,030	Breast 14,995
Pancreas 12,825	Pancreas 13,940	Non-Hodgkin's Lymphoma 55	Bone & Joints 38	Soft Tissue 205	Brain & CNS 263	Brain & CNS 1,618	Ovary 1,865	Pancreas 6,654	Ovary 6,293	Pancreas 4,659	Pancreas 7,161
Non-Hodgkin's Lymphoma 11,597	Ovary 13,341	Soft Tissue 52	Kidney & Renal Pelvis 35	Hodgkin's Disease 199	Non-Hodgkin's Lymphoma 190	Pancreas 1,475	Cervix 1,684	Non-Hodgkin's Lymphoma 5,066	Pancreas 5,851	Leukemia 4,548	Non-Hodgkin's Lymphoma 5,429

Source: Mortality tape (1995) from National Center for Health Statistics.

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

Rank	Cause	Number of Deaths	Age-Adjusted Rate per 100,000 Population	Percent of Total Deaths
	<b>All Causes</b>	<b>2,311,669</b>	<b>678.5</b>	<b>100.0%</b>
1	Heart Disease	737,470	205.3	31.9%
2	CANCER	538,437	169.0	23.3%
3	Cerebrovascular Diseases	157,984	41.9	6.8%
4	Emphysema, Bronchitis & Asthma	102,896	30.0	4.5%
5	Accidents	93,216	31.6	4.0%
6	Pneumonia & Influenza	82,919	21.2	3.6%
7	Diabetes Mellitus	59,253	17.9	2.6%
8	Human Immunodeficiency Virus Infection	43,107	13.1	1.9%
9	Suicide and Self-Inflicted Injury	31,272	10.7	1.4%
10	Cirrhosis of the Liver	25,213	8.5	1.1%
11	Nephritis & Nephrosis	23,672	6.5	1.0%
12	Homicide	22,843	8.5	1.0%
13	Septicemia	20,964	5.9	0.9%
14	Atherosclerosis	16,722	4.1	0.7%
15	Aortic Aneurysm	16,440	4.8	0.7%
	Other and Ill-Defined	339,261	99.4	14.7%

Source: Mortality Tape (1995) from National Center for Health Statistics.



## Estimated New Cancer Cases and Deaths by Sex for All Sites 1998

Primary Site	Estimated New Cases			Estimated Deaths		
	Total	Male	Female	Total	Male	Female
All Sites *	1,228,600	627,900	600,700	564,800	294,200	270,600
Oral Cavity and Pharynx	30,300	20,600	9,700	8,000	5,300	2,700
Tongue	6,700	4,300	2,400	1,700	1,100	600
Mouth	10,800	6,500	4,300	2,300	1,300	1,000
Pharynx	8,600	6,500	2,100	2,100	1,500	600
Other Oral Cavity	4,200	3,300	900	1,900	1,400	500
Digestive System	227,700	119,200	108,500	130,300	69,400	60,900
Esophagus	12,300	9,300	3,000	11,900	9,100	2,800
Stomach	22,600	14,300	8,300	13,700	8,100	5,600
Small Intestine	4,500	2,400	2,100	1,200	600	600
Colon	95,600	44,400	51,200	47,700	23,100	24,600
Rectum	36,000	20,200	15,800	8,800	4,800	4,000
Anus, Anal Canal, & Anorectum	3,300	1,400	1,900	500	200	300
Liver and Intrahepatic Bile Duct	13,900	9,300	4,600	13,000	7,900	5,100
Gallbladder & Other Biliary	6,700	2,600	4,100	3,500	1,200	2,300
Pancreas	29,000	14,100	14,900	28,900	14,000	14,900
Other Digestive	3,800	1,200	2,600	1,100	400	700
Respiratory System	187,900	104,500	83,400	165,600	97,200	68,400
Larynx	11,100	9,000	2,100	4,300	3,400	900
Lung and Bronchus	171,500	91,400	80,100	160,100	93,100	67,000
Other Respiratory	5,300	4,100	1,200	1,200	700	500
Bones and Joints	2,400	1,300	1,100	1,400	800	600
Soft Tissues	7,000	3,700	3,300	4,300	2,000	2,300
Skin (excl. basal & squamous)	53,100	33,800	19,300	9,200	5,800	3,400
Melanomas Of Skin	41,600	24,300	17,300	7,300	4,600	2,700
Other non-epithelial skin	11,500	9,500	2,000	1,900	1,200	700
Breast	180,300	1,600	178,700	43,900	400	43,500
Genital Organs	274,000	193,600	80,400	66,900	39,800	27,100
Cervix Uteri	13,700		13,700	4,900		4,900
Endometrium (uterus)	36,100		36,100	6,300		6,300
Ovary	25,400		25,400	14,500		14,500
Vulva	3,200		3,200	800		800
Vagina and other genital organs, female	2,000		2,000	600		600
Prostate *	184,500	184,500		39,200	39,200	
Testis	7,600	7,600		400	400	
Penis and other genital organs, male	1,500	1,500		200	200	
Urinary System	86,300	58,400	27,900	24,700	15,800	8,900
Urinary Bladder	54,400	39,500	14,900	12,500	8,400	4,100
Kidney and Renal Pelvis	29,900	17,600	12,300	11,600	7,100	4,500
Ureter and other urinary organs	2,000	1,300	700	600	300	300
Eye and Orbit	2,100	1,100	1,000	300	200	100
Brain and Other Nervous System	17,400	9,800	7,600	13,300	7,300	6,000
Endocrine Glands	18,800	5,500	13,300	2,000	800	1,200
Thyroid	17,200	4,700	12,500	1,200	400	800
Other Endocrine	1,600	800	800	800	400	400
Lymphomas and Myelomas	62,500	34,800	27,700	26,300	13,700	12,600
Hodgkin's Disease	7,100	3,700	3,400	1,400	700	700
Non-Hodgkin's Lymphoma	55,400	31,100	24,300	24,900	13,000	11,900
Multiple Myeloma	13,800	7,200	6,600	11,300	5,800	5,500
Leukemias	28,700	16,100	12,600	21,600	12,000	9,600
Lymphocytic Leukemias	10,400	5,800	4,600	6,100	3,500	2,600
Myeloid Leukemias	13,700	7,200	6,500	9,000	5,000	4,000
Other Leukemias	4,600	3,100	1,500	6,500	3,500	3,000
All Other Sites	36,300	16,700	19,600	35,700	17,900	17,800

Source: Cancer Facts & Figures-1998, American Cancer Society, Atlanta, Georgia 1998.

Excludes basal and squamous cell skin and in situ carcinomas except urinary bladder. Incidence projections are based on rates from the NCI SEER Program 1979-94.

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

## The Cost of Cancer

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The direct medical cost of cancer is derived from the national data on costs per treatment episode. This estimate does not include the cost of the productivity lost while individuals are away from work due to treatment or disability or the value of lost productivity due to premature death. Figures for the direct medical cost of cancer and expenditures for all personal health care for 1994 are as follows:

**(in Millions)**

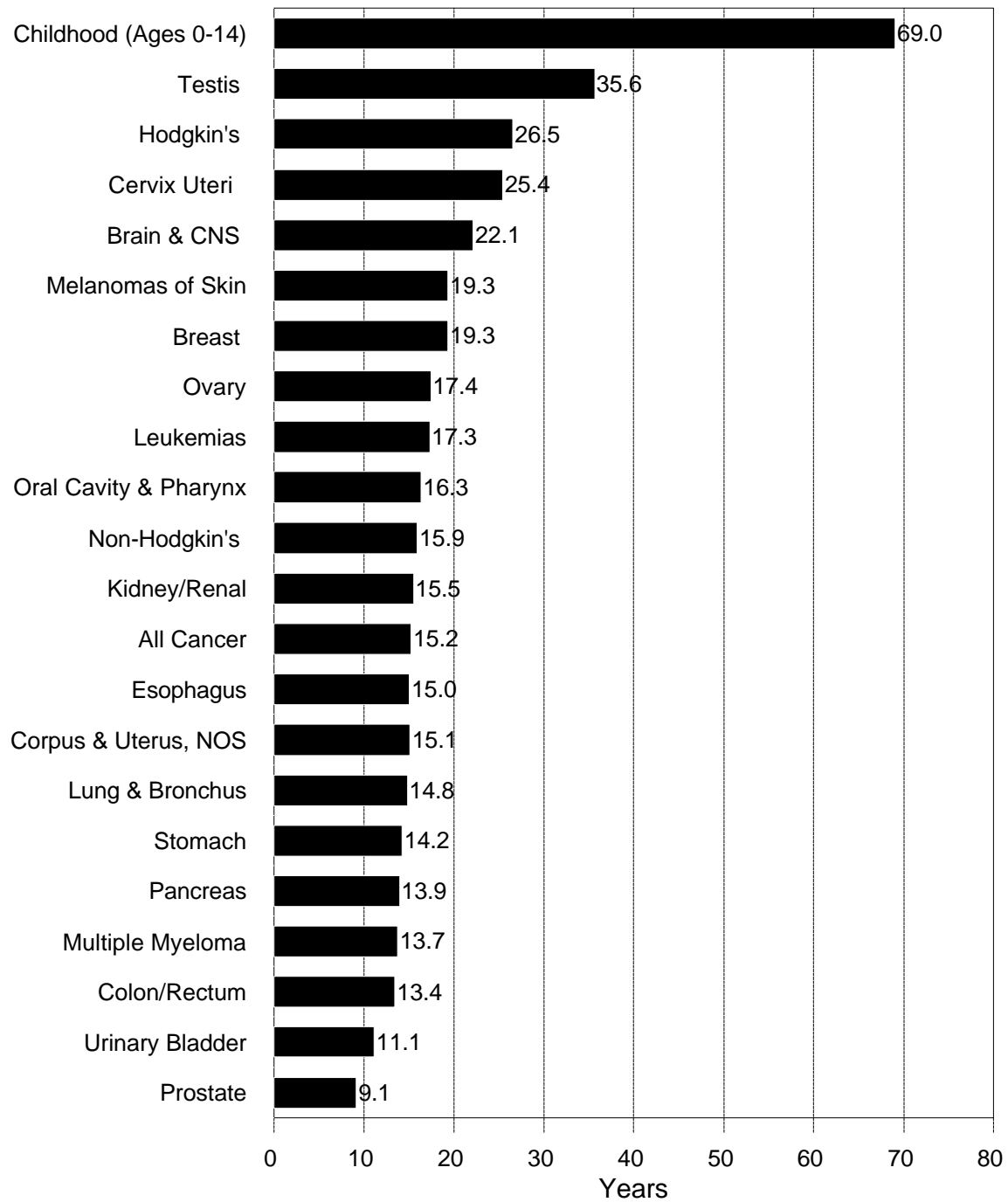
<b>All Costs</b>	<b>Direct Cost</b>
All Cancers <sup>1</sup>	\$ 41,400
All Health Care <sup>2</sup>	\$833,959
Percent Relationship of Cancer to All Health	5%

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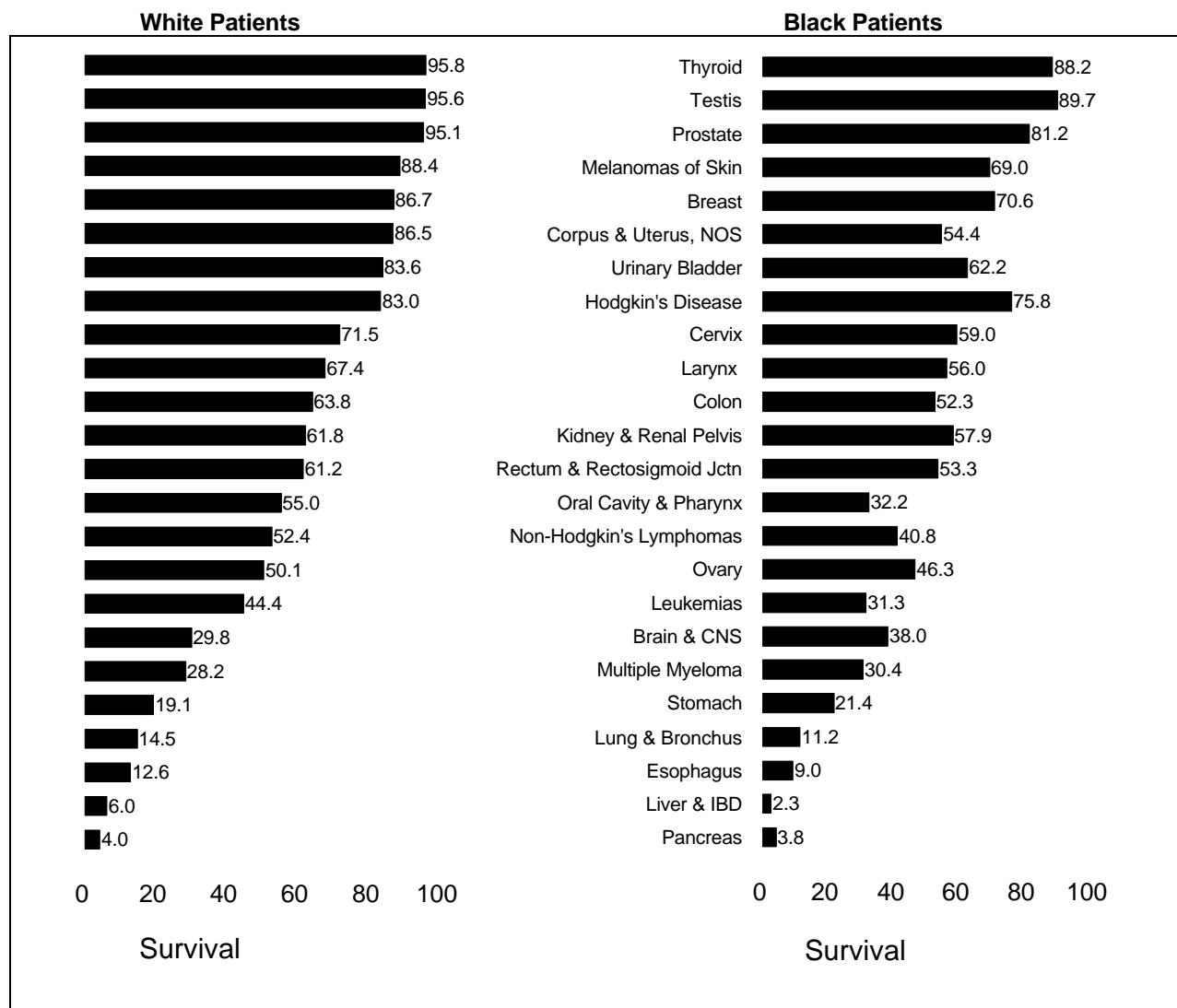
<sup>1</sup>Brown ML, Hodgson TA, Rice DR. Economic impact of cancer in the United States. In D. Schottenfeld and J.F. Fraumeni Jr., eds. Cancer Epidemiology and Prevention, Second Edition, New York: Oxford University Press, 1996, pages 255-266.

<sup>2</sup>Office of the Actuary, Health Care Finance Administration, DHHS

**Average Years of Life Lost  
Per Person Dying of Cancer  
All Races, Both Sexes, 1995**



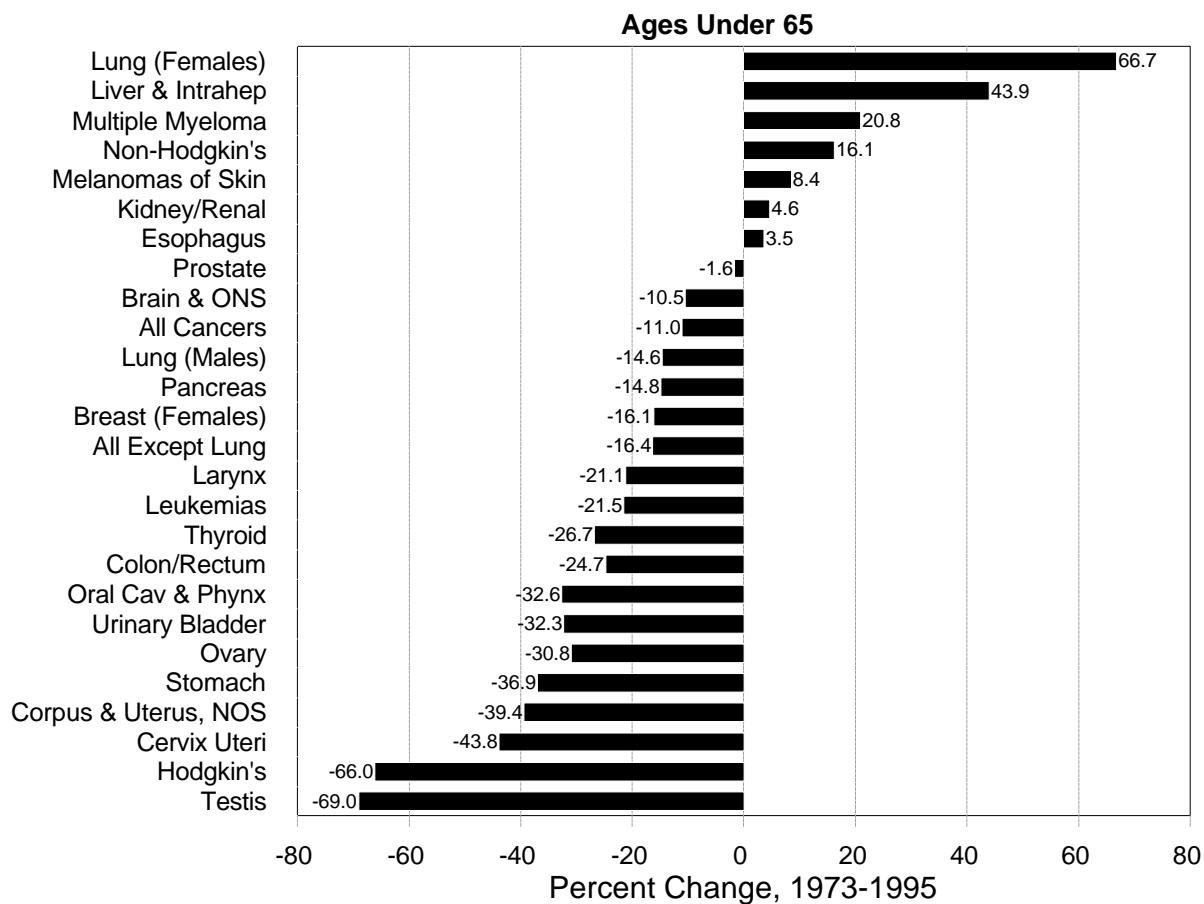
**5 Year Relative  
Survival Rates, by Site  
White and Black Patients, Males and Females  
1989 to 1994**



Data From SEER Program  
<http://www-seer.ims.nci.nih.gov/>

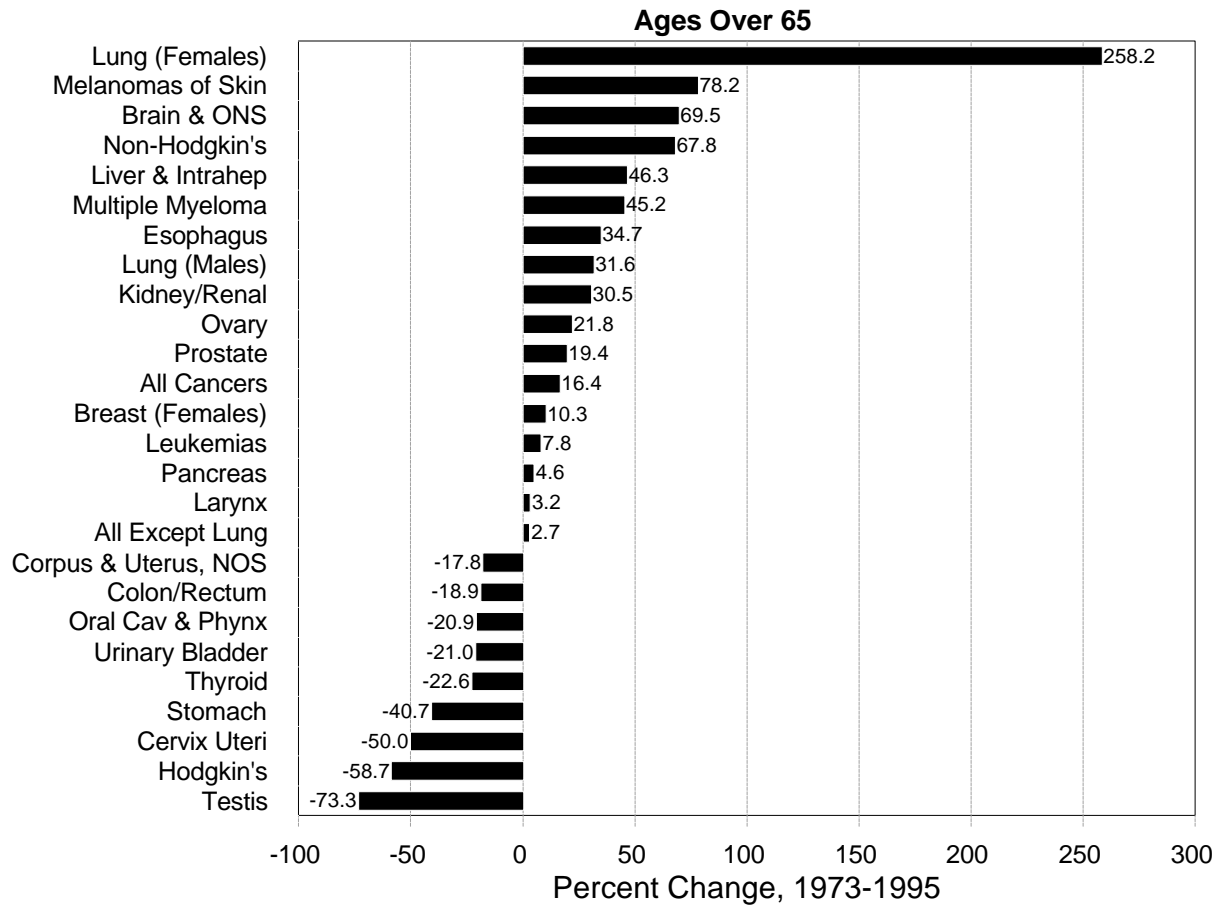
**Cancer Mortality Rates  
Changes from 1973 to 1995  
(Ages Under 65)**

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**Cancer Mortality Rates  
Changes from 1973 to 1995  
(Ages Over 65)**

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**Cancer Mortality Rates By Race  
United States, 1990-1995**

<b>Cancer Site</b>	<b>Mortality Rate per 100,000</b>		<b>Ratio Blacks/Whites</b>
	<b>Blacks</b>	<b>Whites</b>	
All Sites	224.0	167.9	1.3
Males	309.5	209.4	1.5
Females	168.8	140.1	1.2
Esophagus	7.7	3.2	2.4
Cervix Uteri	6.1	2.5	2.4
Larynx	2.8	1.2	2.3
Prostate	55.1	24.0	2.3
Multiple Myeloma	6.2	2.8	2.2
Stomach	8.4	3.9	2.2
Oral Cavity & Pharynx	4.9	2.5	2.0
Corpus & Uterus, NOS	5.8	3.1	1.9
Liver & Intrahepatic Bile Duct	4.6	3.0	1.5
Pancreas	11.9	8.2	1.5
Thyroid	0.3	0.3	1.0
Colon & Rectum	23.1	17.5	1.3
Lung & Bronchus	60.7	49.4	1.2
Males	101.1	70.3	1.4
Females	32.9	33.9	1.0
Breast (females)	31.5	25.7	1.2
<50 years	8.8	5.3	1.7
>50 years	101.5	88.6	1.1
Urinary Bladder	3.1	3.3	0.9
Kidney & Renal Pelvis	3.5	3.6	1.0
Leukemias	5.9	6.4	0.9
Hodgkin's Disease	0.5	0.5	1.0
Ovary	6.5	8.0	0.8
Non-Hodgkin's Lymphoma	4.7	6.9	0.7
Brain & Other Nervous	2.5	4.5	0.6
Testis	0.1	0.3	0.3
Melanomas of Skin	0.4	2.5	0.2
All Sites Except Lung & Bronchus	163.4	118.6	1.4
Males	208.4	139.1	1.5
Females	135.9	106.2	1.3

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

**Cancer Incidence Rates By Race  
United States, 1990-1995**

<b>Cancer Site</b>	<b>Incidence Rates per 100,000</b>		<b>Ratio</b>
	<b>Blacks</b>	<b>Whites</b>	<b>Blacks/Whites</b>
All Sites	460.6	411.7	1.1
Males	633.1	496.0	1.3
Females	340.6	354.5	1.0
Esophagus	8.6	3.5	2.5
Multiple Myeloma	9.6	4.2	2.3
Liver & Intrahepatic Bile Duct	4.9	2.9	1.7
Stomach	11.6	6.2	1.9
Larynx	6.8	4.1	1.7
Cervix Uteri	11.8	7.4	1.6
Pancreas	13.9	8.6	1.6
Lung & Bronchus	77.7	57.9	1.3
Males	119.5	76.6	1.6
Females	47.4	44.2	1.1
Prostate	241.2	157.6	1.5
Oral Cavity & Pharynx	13.5	10.3	1.3
Colon & Rectum	51.5	44.9	1.1
Colon excluding Rectum	40.0	32.3	1.2
Rectum and Rectosigmoid Junction	11.5	12.5	0.9
Kidney & Renal Pelvis	10.9	9.4	1.2
Breast (females)	101.0	114.5	0.9
<50 years	34.6	32.3	1.1
>50 years	305.8	368.3	0.8
Leukemias	8.5	10.6	0.8
Hodgkin's Disease	2.4	3.0	0.8
Non-Hodgkin's Lymphomas	12.1	16.3	0.7
Corpus & Uterus, NOS	15.1	22.6	0.7
Ovary	10.8	15.6	0.7
Thyroid	3.0	5.2	0.6
Brain & Other Nervous System	3.6	6.6	0.5
Urinary bladder	10.0	18.3	0.5
Testis	0.9	5.2	0.2
Melanomas of the Skin	0.9	14.5	0.1
All Sites Except Lung & Bronchus	382.9	353.7	1.1
Males	513.5	419.4	1.2
Females	293.3	310.3	0.9

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



**The Prevalence of Cancer:  
Estimated Number of Persons  
Diagnosed With Cancer  
United States, 1998**

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	1998 Estimated Prevalence		
	Total	Males	Females
<b>ALL SITES</b>	8,246,000	3,409,000	4,837,000
All Sites (Age 0-14)	153,000	77,000	76,000
Bladder	591,000	435,000	156,000
Brain and Other Nervous System	89,000	48,000	41,000
Buccal	211,000	132,000	79,000
Colon	862,000	400,000	462,000
Hodgkin's Disease	158,000	84,000	74,000
Kidney and Renal Pelvis	201,000	121,000	80,000
Larynx	131,000	105,000	26,000
Leukemias	142,000	79,000	63,000
Lung and Bronchus	392,000	209,000	183,000
Melanoma of Skin	476,000	230,000	246,000
Non Hodgkin's Lymphoma	296,000	148,000	148,000
Pancreas	24,000	12,000	12,000
Rectum	374,000	199,000	175,000
Stomach	75,000	41,000	34,000
Thyroid	210,000	52,000	158,000
Prostate	1,000,000	1,000,000	
Testis	129,000	129,000	
Breast	2,027,000	13,000	2,014,000
Cervix Uteri	208,000		208,000
Corpus Uteri	524,000		524,000
Ovary	189,000		189,000

*Source: U.S. 1998 cancer prevalence rates are based on 1994 cancer prevalence rates from the Connecticut registry of the SEER program and 1998 population estimates from the U.S. Bureau of the Census. Connecticut prevalence rates are based on 1940-1993 cancer incidence and survival rates.*

**Fiscal Year**  
**1998 Budget**  
*(Dollars in Thousands)*

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**A. Actual Obligations Resulting From Appropriated Funds:**

FY 1998 Appropriation	\$2,547,314
Real transfer from other NIH Institutes through the NIH Director's one-percent transfer authority	8,699
Real transfer from U.S. Department of State in accordance with P.L. 105-119	41
Real transfer to other HHS Agencies through Secretary's one percent transfer authority	-4755
Lapse	-18
<b>Actual Obligations Subtotal</b>	<b>2,551,281</b>

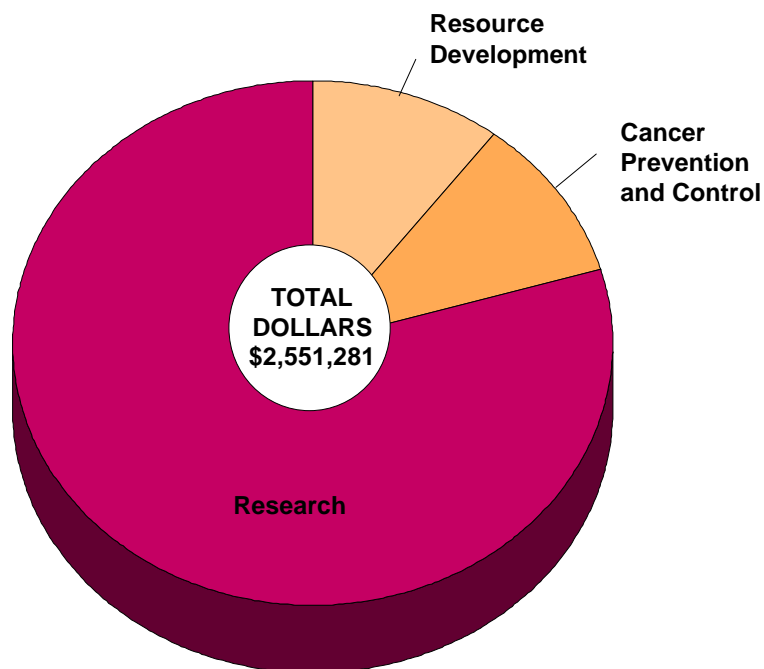
**B. Reimbursable Obligations:**

AIDS Reimbursement from Office of the Director, NIH	2,770
Other Reimbursements	18,444
<b>Reimbursements</b>	<b>21,214</b>

**C. Total NCI Obligations: \$2,572,495**

**Program Structure  
Fiscal Year 1998**

*(Dollars in Thousands)*

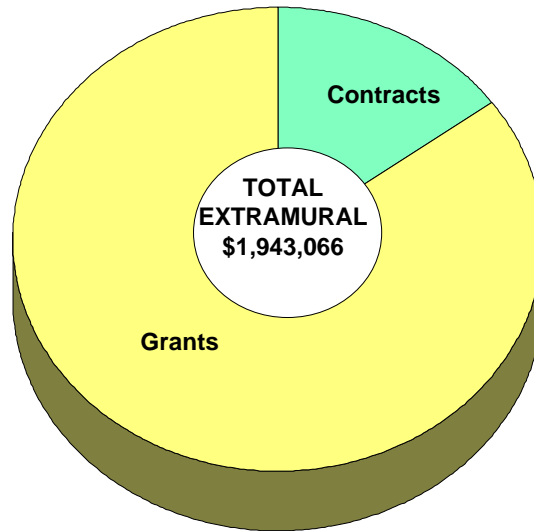


Budget Activity	Dollars	Percent
<b>Research:</b>		
Cancer Causation	\$733,449	28.7%
Detection and Diagnosis Research	159,863	6.3%
Treatment Research	728,975	28.6%
Cancer Biology	406,825	15.9%
Subtotal Research	2,029,112	79.5%
<b>Resource Development:</b>		
Cancer Centers Support	166,436	6.5%
Research Manpower Development	88,907	3.5%
Construction	3,270	0.1%
Subtotal Resource Development	258,613	10.2%
Cancer Prevention and Control	263,556	10.3%
<b>Total NCI</b>	<b>\$2,551,281</b>	<b>100.0%</b>

## Extramural Funds

Fiscal Year 1998

(Dollars in Thousands)



	Dollars	Percent
<b>Contracts:</b>		
SBIR Contracts	\$100	0.1%
Research and Development Contracts	170,998	8.8%
Cancer Control Contracts	117,502	6.0%
Construction Contracts	1,500	0.1%
Subtotal Contracts	290,100	14.9%
<b>Grants:</b>		
Research Project Grants	1,230,776	63.3%
Cancer Centers/SPORES	164,891	8.5%
Training Activities	47,300	2.4%
Other Research Grants	144,775	7.5%
Cancer Control Grants	63,763	3.3%
Construction Grants	1,461	0.1%
Subtotal Grants	1,652,966	85.1%
<b>Total Extramural Funds</b>	<b>1,943,066</b>	<b>100.0%</b>
<b>Total Intramural/RMS/Control Inhouse</b>	<b>608,215</b>	
<b>Total NCI</b>	<b>\$2,551,281</b>	

## Total NCI Dollars by Mechanism

Fiscal Year 1998

(Dollars in Thousands)

	Number	Amount	Percent of Total
<b>Research Grants:</b>			
Research Project Grants:			
Traditional-R01	Awards: 2,454	\$672,873	26.4%
Program Projects-P01	160	228,854	9.0%
FIRST Awards-R29	485	52,136	2.0%
MERIT Awards-R35	75	27,212	1.1%
Outstanding Investigator Grants-R37	57	57,712	2.3%
RFAs	132	42,750	1.7%
Cooperative Agreements-U01	157	79,370	3.1%
Shannon Awards-R55	16	811	0.0%
Small Grants-R03	97	6,069	0.2%
Exploratory/Developmental Grants-R21	76	11,782	0.5%
SBIR/STTR Grants-R41-44	249	51,207	2.0%
Subtotal, Research Project Grants	3,958	1,230,776	48.2%
Cancer Centers Grants-P30	49	134,023	5.3%
SPOREs-P20/P50	14	30,868	1.2%
Subtotal, Centers	63	164,891	6.5%
Other Research Grants:			
Career Program			
RCDA-K04	10	615	0.0%
Clinical Oncology-K12	15	4,802	0.2%
Physician Investigator-K11	27	1,651	0.1%
Preventive Oncology-K07	32	3,356	0.1%
Clinical Investigator-K08	103	8,717	0.3%
Temin Awards-K01	17	3,641	0.1%
Subtotal, Career Program	204	22,781	0.9%
Cancer Education Program-R25	80	14,310	0.6%
Clinical Cooperative Groups-U10	146	92,972	3.6%
Minority Biomedical Support-S06		2,788	0.1%
Scientific Evaluation-U09/T09	2	3,528	0.1%
Resource GrantsR24/U24	3	7,470	0.3%
Conference Grants-R13	58	926	0.0%
Subtotal, Other Research Grants	493	144,775	5.7%
Subtotal, Research Grants	4,514	1,540,442	60.4%
<b>NRSA Fellowships</b>	Trainees: 1,672	47,300	1.9%
<b>Research and Development Contracts:</b>			
R&D Contracts	Awards: 124	170,998	6.7%
SBIR Contracts	Awards: -1	100	0.0%
Subtotal, Contracts		171,098	6.7%
<b>Intramural Research:</b>			
Intramural Research		312,713	12.3%
NIH Management Fund		125,041	4.9%
Subtotal, Intramural Research	FTEs: 1,390	437,754	17.2%
<b>Research Management &amp; Support:</b>			
Research Management & Support		87,628	3.4%
NIH Management Fund		14,201	0.6%
Subtotal, RMS	FTEs: 683	101,829	4.0%
<b>Cancer Prevention and Control:</b>			
Cancer Control Grants	Awards: 154	63,763	2.5%
Cancer Control Contracts	Awards: 163	117,502	4.6%
Inhouse		66,554	2.6%
NIH Management Fund		2,078	0.1%
Subtotal, Prevention and Control	FTEs: 219	249,897	9.8%
<b>Construction</b>			
Construction		2,961	0.1%
<b>Total NCI</b>	FTEs: 2,292	\$2,551,281	100.0%

**Division Obligations by Mechanism  
Fiscal Year 1998**

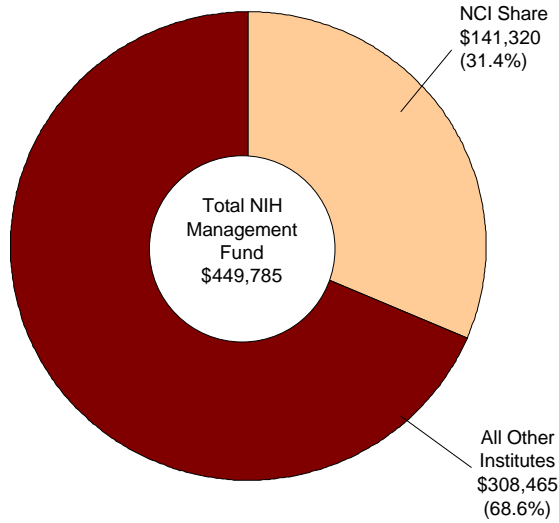
(Dollars in Thousands)

	DBS	DCS	DCEG	DCTD	DCB	DCCPS	DCP	DEA	OD	Research Grants	Program Support(1)	TOTAL NCI
<b>Research Grants:</b>												
Research Project Grants										\$1,179,569	\$5,684	\$1,179,569
SBIR/STTR Grants										51,207		51,207
Subtotal, Research Project Grants										1,230,776	5,684	1,230,776
Cancer Centers Grants									\$134,023			134,023
SPORes									30,868			30,868
Subtotal, Centers									164,891			164,891
Other Research Grants:												
Career Program									22,781			22,781
Cancer Education Program									14,310			14,310
Clinical Cooperative Groups				\$92,972								92,972
Minority Biomedical Support									2,788			2,788
Scientific Evaluation								\$3,528				3,528
Resource Grants										7,470		7,470
Conference Grants										926		926
Subtotal, Other Research Grants				92,972				3,528	39,879	8,396		144,775
Total, Research Grants				92,972				3,528	204,770	1,239,172	5,684	1,540,442
<b>NRSA Fellowships</b>									47,300			47,300
<b>Research and Development Contracts:</b>												
R&D Contracts			\$11,158	49,277	\$4,405	\$17,414			71,472		17,272	170,998
SBIR Contracts				100								100
Total, Contracts			11,158	49,377	4,405	17,414			71,472		17,272	171,098
<b>Intramural Research:</b>												
Intramural Research	\$131,181	\$99,916	41,198	4,936				569	24,062		10,851	312,713
NIH Management Fund											125,041	125,041
Total, Intramural Research	131,181	99,916	41,198	4,936				569	24,062		135,892	437,754
<b>Research Management &amp; Support:</b>												
Research Management & Suppt.				16,972	5,666			10,167	42,800		12,023	87,628
NIH Management Fund											14,201	14,201
Total, RMS				16,972	5,666			10,167	42,800		26,224	101,829
<b>Cancer Prevention and Control:</b>												
Cancer Control Grants						18,495	\$42,440		2,828			63,763
Cancer Control Contracts			3,073			40,498	52,465		21,466			117,502
Inhouse		4,052	1,034	2,098		10,473	9,893	316	34,870		3,818	66,554
NIH Management Fund											2,078	2,078
Total Prevention & Control		4,052	4,107	2,098		69,466	104,798	316	59,164		5,896	249,897
<b>Construction</b>									2,961			2,961
<b>Total, NCI</b>	\$131,181	\$103,968	\$56,463	\$166,355	\$10,071	\$86,880	\$104,798	\$14,580	\$452,529	\$1,239,172	\$190,968	\$2,551,281

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

**NIH Management Fund  
Reimbursement  
Fiscal Year 1998**

*(Dollars in Thousands)*



DISTRIBUTION OF NCI PAYMENT		
	Dollars	Percent
Clinical Center	\$83,567	59.1%
Center for Scientific Review	3,679	2.6%
Center for Information Technology	7,133	5.0%
GSA Rental Payments for Space	10,845	7.7%
Other Research Services	31,592	22.4%
Other OD	4,504	3.2%
<b>Total, NCI Payment</b>	<b>\$141,320</b>	<b>100.0%</b>

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

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

**Center for Scientific Review:** Initial scientific review of applications, assignment of research grant applications to institutes

**Center for Information Technology:** Research and development program in which concepts and methods of computer science are applied to biomedical problems

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

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

## Special Sources of Funds

(Dollars in Thousands)

### CRADAs

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

### CRADA Receipts Deposited to the U.S. Treasury

	Carryover from Prior Year	Receipts	Obligations
1991	\$52	\$115	\$66
1992	101	1,627	466
1993	1,262	2,509	1,582
1994	2,189	2,248	1,917
1995	2,570	2,653	1,478
1996	3,745	2,229	1,394
1997	4,580	13,434	6,631
1998	11,383	5,351	7,266
1999	9,468		

### Royalty Income

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

### Royalty Income Funding History

Years Available	Collections*	Inventor Payments	Other
1990/1991	\$1,452	\$871	\$581
1991/1992	2,084	431	1,653
1992/1993	2,105	451	1,654
1993/1994	5,700	983	4,717
1994/1995	11,244	1,235	10,009
1995/1996	9,031	953	8,078
1996/1997	13,598	2,175	11,423
1997/1998	9,814	2,321	7,493
1998/1999	22,716	5,133	17,583

\* Does not include assessments by NIH and NTIS.



## Research Dollars by Various Cancers

(Dollars in Millions)

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

	1992	1993	1994	1995	1996	1997	1998	1999	2000
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimate	Estimate
AIDS	\$165.7	\$173.0	\$213.0	\$217.4	\$225.4	\$224.7	\$225.9	\$235.4	\$240.1
Brain & Central Nervous System	32.5	40.5	41.7	43.0	41.6	46.1	54.3	58.2	59.6
Breast Cancer	145.0	211.5	267.6	308.7	317.5	332.0	348.6	388.0	407.5
Cancer Prevention & Control	114.9	112.6	153.9	205.0	226.0	231.9	254.7	277.7	299.4
Cervical Cancer	30.7	42.2	42.3	45.5	51.6	55.8	58.0	62.1	63.6
Clinical Trials	314.5	326.8	339.0	384.8	393.8	417.6	478.1	498.1	512.2
Colorectal Cancer	69.2	74.2	83.1	96.5	98.0	103.2	121.0	130.0	133.1
Hodgkins Disease	6.7	6.8	6.7	7.8	8.0	8.1	8.3	9.1	9.3
Leukemia	64.6	74.2	77.7	77.5	79.3	91.2	103.4	106.5	109.0
Liver Cancer	30.7	37.5	37.9	38.0	31.4	35.3	38.1	40.8	41.8
Lung Cancer	76.3	92.9	106.4	113.9	119.4	132.4	139.8	146.8	150.3
Melanoma	24.8	29.8	33.4	31.8	36.0	43.3	50.3	54.8	56.1
Non Hodgkin's Lymphoma	33.4	40.1	38.7	39.7	49.9	52.7	57.1	62.2	63.7
Ovarian Cancer	20.7	32.5	33.5	33.9	36.5	41.7	40.8	44.0	45.0
Prostate Cancer	31.4	51.1	56.1	64.3	71.7	82.3	86.9	130.0	136.5
Uterine Cancer	7.8	6.3	7.2	7.7	8.1	8.1	12.2	12.9	13.2

\* Includes AIDS funding

**Grant and Contract  
Awards by State  
Fiscal Year 1998**  
*(Dollars in Thousands)*

State	Grants		Contracts		Total NCI
	Number	Amount	Number	Amount	Amount
Alabama	51	\$18,681	15	\$11,034	\$29,715
Arizona	51	21,739	2	438	22,177
Arkansas	10	2,597			2,597
California	587	245,137	22	73,148	318,285
Colorado	82	22,506	3	3,710	26,216
Connecticut	60	18,407	3	2,681	21,088
Delaware	3	834			834
District of Columbia	64	24,923	5	2,205	27,128
Florida	54	13,819	1	1,242	15,061
Georgia	47	12,079	4	1,906	13,985
Hawaii	16	7,426	4	2,310	9,736
Illinois	144	54,507	15	3,887	58,394
Indiana	40	9,975	2	1,538	11,513
Iowa	28	6,930	4	4,170	11,100
Kansas	14	5,110	7	5,798	10,908
Kentucky	27	4,830	3	1,427	6,257
Louisiana	22	5,180			5,180
Maine	7	3,100	1	877	3,977
Maryland	140	55,016	65	82,508	137,524
Massachusetts	422	169,972	9	6,731	176,703
Michigan	164	47,338	10	11,875	59,213
Minnesota	104	34,608	6	5,970	40,578
Mississippi	5	483			483
Missouri	67	17,038	6	3,414	20,452
Montana	6	935			935
Nebraska	27	9,394			9,394
Nevada	2	589			589
New Hampshire	26	7,776	1	162	7,938
New Jersey	72	21,642	5	2,981	24,623
New Mexico	14	3,638	4	4,204	7,842
New York	473	176,435	13	7,992	184,427
North Carolina	166	58,901	13	6,759	65,660
North Dakota	3	423			423
Ohio	136	36,539	9	5,207	41,746
Oklahoma	6	1,111	1	880	1,991
Oregon	32	8,878	2	585	9,463
Pennsylvania	331	118,880	6	5,058	123,938
Rhode Island	24	8,311	1	1,062	9,373
South Carolina	35	6,997	1	1,013	8,010
South Dakota	2	356			356
Tennessee	109	32,498	2	460	32,958
Texas	297	104,528	8	3,949	108,477
Utah	30	10,768	4	2,764	13,532
Vermont	13	4,423	1	173	4,596
Virginia	70	23,583	3	1,578	25,161
Washington	185	84,457	5	6,183	90,640
West Virginia	3	692	3	1,874	2,566
Wisconsin	92	27,727	6	4,694	32,421
Total	4,363	1,551,716	275	284,447	1,836,163
Guam		71			71
Puerto Rico	2	350			350
Total	4,365	\$1,552,137	275	\$284,447	\$1,836,584

Excludes Manpower Development grants-\$47,300; Foreign grants- \$10,644; Foreign Contracts-\$5,059; Program Evaluation-\$5,684 and Inhouse-\$608,215.

## NCI Foreign Research Grants and Contracts

Fiscal Year 1998

(dollars in thousands)

Country	Grant		Contract		Total NCI Awards	Percent of Total Dollars Awarded
	Number	Amount	Number	Amount		
Australia	4	\$1,669			\$1,669	10.6%
Belgium	1	390			390	2.5%
Canada	23	4,717	3	\$1,122	5,839	37.2%
China			6	676	676	4.3%
Costa Rica			2	930	930	5.9%
Denmark	1	362			362	2.3%
Finland	2	388			388	2.5%
France	2	565			565	3.6%
India	1	57			57	0.4%
Israel	4	567			567	3.6%
Italy	3	825			825	5.3%
Jamaica			1	1,112	1,112	7.1%
Japan			3	340	340	2.2%
Netherlands						
New Zealand			2	369	369	2.3%
Republic of South Africa	1	118			118	0.8%
Sweden	2	572			572	3.6%
Switzerland			1	90	90	0.6%
Trinidad			1	420	420	2.7%
United Kingdom	2	414			414	2.6%
<b>Total Foreign</b>	<b>46</b>	<b>\$10,644</b>	<b>19</b>	<b>\$5,059</b>	<b>\$15,703</b>	<b>100.0%</b>

**Institutions Receiving More than  
\$10,000,000 in NCI Support  
Fiscal Year 1998**

(Dollars in Thousands)

State	Institution	Grants	Contracts	Construction	Total NCI
Alabama	University of Alabama System	\$16,601	\$6,913		\$23,514
Arizona	University of Arizona	19,684	438		20,122
California	University of California System	104,807	2,570		107,377
	Burnham Institute	10,813			10,813
	City of Hope	11,104			11,104
	Science Applications International Corporation		56,009		56,009
	Scripps Research Institute	13,631			13,631
	Stanford University	30,170			30,170
	University of Southern California	22,077	3,964		26,041
Colorado	University of Colorado System	11,422	1,674		13,096
Connecticut	Yale University	17,777	1,208		18,985
District of Columbia	Georgetown University	14,704	1,043		15,747
	U.S. Department of Health and Human Services		27,268		27,268
Georgia	Emory University	8,589	1,490		10,079
Illinois	Northwestern University	13,858			13,858
	University of Chicago	21,598	225		21,823
	University of Illinois System	9,356	1,791		11,147
Iowa	University of Iowa	5,930	4,170		10,100
Maryland	Advanced Bioscience Laboratory		11,165		11,165
	Johns Hopkins University	42,899	3,251		46,150
Massachusetts	Dana-Farber Cancer Institute	34,478			34,478
	Harvard University	30,802			30,802
	Massachusetts General Hospital	21,989			21,989
	Massachusetts Institute of Technology	10,519			10,519
	Brigham and Women's Hospital	19,099			19,099
Michigan	University of Michigan at Ann Arbor	27,106			27,106
	Wayne State University	11,801	6,101		17,902
Minnesota	University of Minnesota	16,856	4,486		21,342
	Mayo Foundation	16,099	331		16,430
Missouri	Washington University	13,260	994		14,254
New York	Memorial Sloan-Kettering	38,775	569		39,344
	Cold Spring Harbor Laboratory	11,766			11,766
	Columbia University	20,627	602		21,229
	New York University	18,733			18,733
	Yeshiva University	17,230			17,230
	New York State Dept. of Health	17,065	3,095		20,160
North Carolina	University of North Carolina System	29,092	93		29,185
	Duke University	26,321	437		26,758
	Organon Teknika Corporation	31	11,165		11,196
Ohio	Case Western Reserve University	16,876	2,848		19,724
	Ohio State University	11,700	512		12,212
Pennsylvania	University of Pittsburgh	22,330	2,178		24,508
	University of Pennsylvania	31,059			31,059
	Thomas Jefferson University	16,421			16,421
	Fox Chase Cancer Center	24,734	1,715	\$551	27,000
Tennessee	St. Jude Children's Research Hospital	16,327			16,327
	Vanderbilt University	14,418			14,418
Texas	University of Texas System	76,009	3,652		79,661
	Baylor College of Medicine	18,187	211		18,398
	Cancer Therapy and Research Center	11,356			11,356
Utah	Utah State Higher Education System	11,013	2,764		13,777
Washington	Fred Hutchinson Cancer Research Center	58,367	4,030		62,397
	University of Washington	16,563	858		17,421
Wisconsin	University of Wisconsin System	24,068	1,494		25,562
	Total	\$1,126,097	\$171,314	\$551	\$1,297,962

## Cancer Centers by State (P30 Core Grants) Fiscal Year 1998

State	Grantee Institution	Type	Awarded
Alabama	University of Alabama at Birmingham	Comprehensive	\$4,131,210
Arizona	University of Arizona	Comprehensive	2,230,193
California	Beckman Research Institute/City of Hope	Comprehensive	2,029,346
	Burnham Institute	Lab/Basic	1,454,038
	Salk Institute for Biological Sciences	Lab/Basic	2,050,596
	University of California at Los Angeles	Comprehensive	2,984,308
	University of California at San Diego	Clinical	1,212,583
	University of California, Irvine Comprehensive Cancer Center	Comprehensive	1,606,441
	University of Southern California Norris	Comprehensive	3,886,914
Colorado	University of Colorado Health Sciences Center	Comprehensive	2,431,172
Connecticut	Yale University	Comprehensive	1,935,522
District of Columbia	Georgetown University	Comprehensive	2,566,976
Florida	University of South Florida	Clinical	1,031,430
Hawaii	University of Hawaii at Manoa	Clinical	1,084,273
Illinois	Northwestern University-Robert H. Lurie Cancer Center	Comprehensive	1,539,976
	Northwestern University- Great Lakes Regional AIDS Center	Comprehensive	700,000
	University of Chicago	Comprehensive	2,236,509
Indiana	Purdue University West Lafayette	Lab/Basic	686,783
Maine	Jackson Laboratory	Lab/Basic	1,789,663
Maryland	Johns Hopkins University	Comprehensive	4,230,765
Massachusetts	Dana-Farber Cancer Institute	Comprehensive	3,726,021
	Massachusetts Institute of Technology	Lab/Basic	1,737,249
Michigan	University of Michigan at Ann Arbor	Comprehensive	2,921,798
	Barbara Ann Karmanos Cancer Institute/Wayne State University	Comprehensive	498,534
Minnesota	Mayo Foundation	Clinical	1,611,506
	University of Minnesota Twin Cities	Comprehensive	1,095,116
Nebraska	University of Nebraska Medical Center	Lab/Basic	1,105,344
New Hampshire	Dartmouth College	Comprehensive	916,708
New Jersey	Robert Wood Johnson Medical School	Clinical	1,138,760
New York	Cold Spring Harbor Laboratory	Lab/Basic	3,100,698
	Columbia University New York	Comprehensive	3,446,256
	Kaplan Cancer Center/NYU	Comprehensive	2,953,469
	Roswell Park Memorial Institute	Comprehensive	2,128,502
	Memorial Sloan-Kettering Institute	Comprehensive	5,442,352
	American Health Foundation	Lab/Basic	1,473,276
	Albert Einstein College of Medicine/Yeshiva University	Comprehensive	3,806,093
	Duke University	Comprehensive	4,114,073
North Carolina	University of North Carolina Chapel Hill	Comprehensive	2,472,508
	Wake Forest University/Bowman Gray Sch. of Medicine	Comprehensive	854,004
	Case Western Reserve University	Comprehensive	1,751,077
Ohio	Ohio State University	Comprehensive	2,160,565
	Oregon Health Sciences University	Clinical	963,576
Pennsylvania	Fox Chase Cancer Center	Comprehensive	6,400,052
	Thomas Jefferson University	Clinical	352,164
	University of Pennsylvania	Comprehensive	2,923,378
	University of Pittsburgh	Comprehensive	2,059,005
	Wistar Institute of Anatomy and Biology	Lab/Basic	1,813,809
Tennessee	St. Jude Children's Research Hospital	Clinical	3,765,723
	Vanderbilt University	Clinical	1,195,109
	San Antonio Cancer Institute	Comprehensive	1,974,214
Texas	M.D. Anderson Cancer Center/Univ. of Texas	Comprehensive	5,025,208
	Huntsman Cancer Institute/University of Utah	Clinical	1,089,957
Vermont	University of Vermont	Comprehensive	659,949
Virginia	University of Virginia/Health Sciences Center	Clinical	1,069,066
	Medical College of Virginia/VCU/Massey Cancer Center	Clinical	206,001
Washington	Fred Hutchinson Cancer Research Center	Comprehensive	5,599,002
Wisconsin	University of Wisconsin Madison	Comprehensive	2,794,686
	McArdle Laboratory for Cancer Research/Univ. of Wisconsin	Lab/Basic	2,517,179
Total P30s		58	130,680,685
Planning Grants			787,137
NCI Co-funded Awards with other NIH Institutes			2,555,001
Total Cancer Centers			\$134,022,823

## Specialized Programs of Research Excellence Fiscal Year 1998

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

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

In 1998, NCI funded a total of 14 SPORES and co-funded 6 SPORES for a total of \$30,867,777. SPORES are funded through specialized center grants (P50s). Fourteen institutions received full support as P50 SPORES. NCI co-funded three P50s with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) using \$496,000 of NCI support. NCI also co-funded three P50s with the National Institute of Dental and Craniofacial Research (NIDCR) using \$1,093,678 of NCI support. In the upcoming years, NCI may increase the use of the SPORE mechanism to include funding for other major cancer sites.

Site	Number of Awards	Funding
Breast	6	\$12,660,836
Gastrointestinal	2	4,082,567
Lung	3	6,087,534
Prostate	3	6,233,887
Supplements		213,275
Co-funded Awards		
Urology (3 with NIDDK)		496,000
Oral (3 with NIDCR)		1,093,678
Subtotal, Co-funded Awards -		1,589,678
Total NCI SPORES -	14	\$30,867,777

**Total Research  
Project Grants  
Fiscal Years 1992-1998**

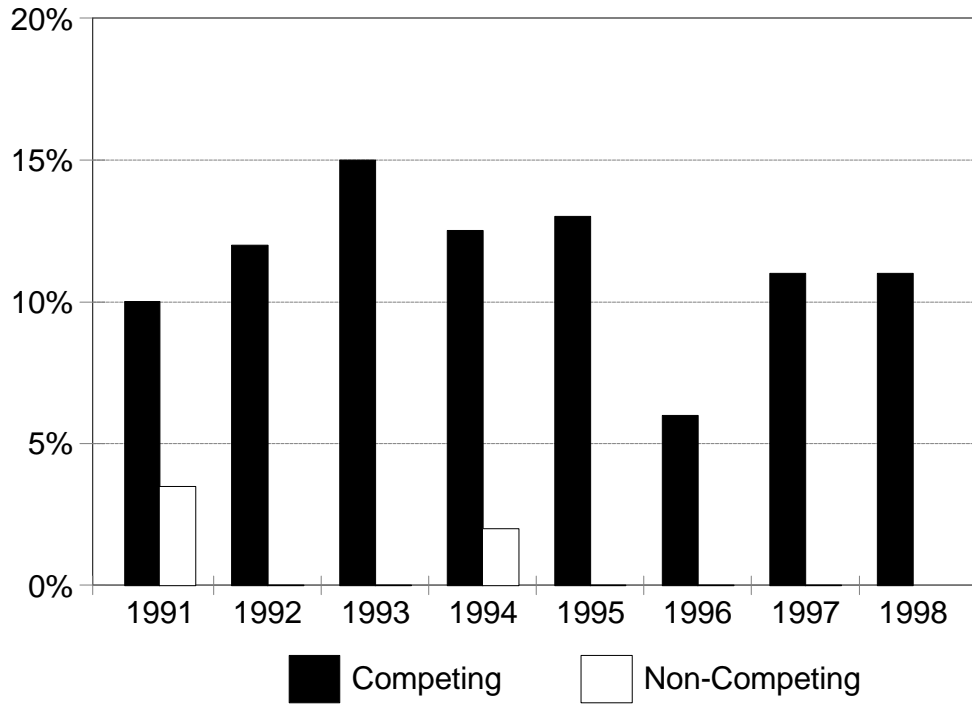
(Dollars in Thousands)

Fiscal Year	Type Awarded	Requested		Awarded		Success Rate
		No.	Amt.	No.	Amt.	
1992	Competing					
	New.....	2,508	\$612,369	664	\$119,091	
	Renewal.....	815	332,428	398	133,413	
	Board Supplement.....	23	3,704	17	1,347	
	Subtotal.....	3,346	948,501	1,079	253,851	32.2%
	Non-Competing.....			2,231	620,006	
	<b>Total.....</b>			<b>3,310</b>	<b>873,857</b>	
1993	Competing					
	New.....	3,173	\$746,912	644	\$114,227	
	Renewal.....	891	328,657	340	107,949	
	Board Supplement.....	75	8,554	7	1,698	
	Subtotal.....	4,139	1,084,123	991	223,874	23.9%
	Non-Competing.....			2,346	692,436	
	<b>Total.....</b>			<b>3,337</b>	<b>916,310</b>	
1994	Competing					
	New.....	3,643	\$787,824	657	\$118,403	
	Renewal.....	935	342,068	308	110,723	
	Board Supplement.....	20	3,311	4	733	
	Subtotal.....	4,598	1,133,203	969	229,859	21.1%
	Non-Competing.....			2,436	704,665	
	<b>Total.....</b>			<b>3,405</b>	<b>934,524</b>	
1995	Competing					
	New.....	3,345	\$789,560	645	\$119,760	
	Renewal.....	1,048	403,577	375	127,065	
	Board Supplement.....	21	7,502	10	1,537	
	Subtotal.....	4,414	1,200,639	1,030	248,362	23.3%
	Non-Competing.....			2,333	704,374	
	<b>Total.....</b>			<b>3,363</b>	<b>952,736</b>	
1996	Competing					
	New.....	3,071	\$733,313	682	142,249	
	Renewal.....	947	367,270	422	139,995	
	Board Supplement.....	10	1,921	5	694	
	Subtotal.....	4,028	1,102,504	1,109	282,938	27.5%
	Non-Competing.....			2,381	751,592	
	<b>Total.....</b>			<b>3,490</b>	<b>1,034,530</b>	
1997	Competing					
	New.....	3,328	\$828,653	815	160,763	
	Renewal.....	815	354,054	392	146,912	
	Board Supplement.....	14	3,136	5	755	
	Subtotal.....	4,157	1,185,843	1,212	308,430	29.2%
	Non-Competing.....			2,532	814,885	
	<b>Total.....</b>			<b>3,744</b>	<b>1,123,315</b>	
1998	Competing					
	New.....	3,054	\$797,477	847	189,746	
	Renewal.....	697	283,562	382	137,764	
	Board Supplement.....	18	4,299	6	1,421	
	Subtotal.....	3,769	1,085,338	1,235	328,931	32.8%
	Non-Competing.....			2,723	901,845	
	<b>Total.....</b>			<b>3,958</b>	<b>1,230,776</b>	

Note: Success rate is the number of awarded grants divided by the number of awards requested.  
The requested data excludes applications not recommended for further review by the Center for Scientific Review.  
1993 requested data was updated since printing the 1993 Factbook.

**Research Project Grants  
Adjustments from Recommended Levels  
Fiscal Years 1991-1998**

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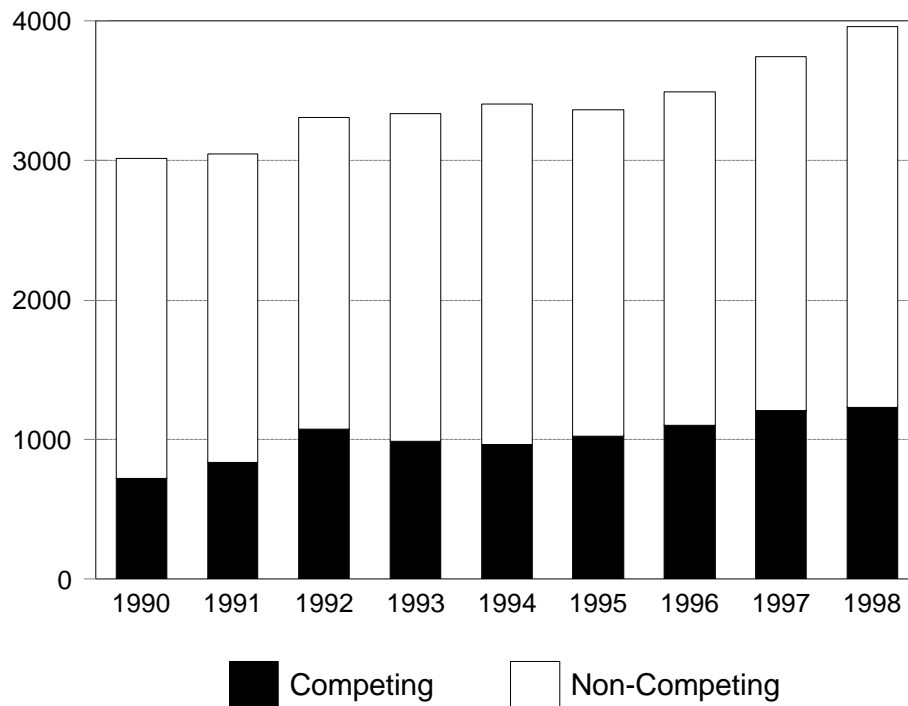
TYPE	1991	1992	1993	1994	1995	1996	1997	1998
Competing	10.0%	12.0%	15.0%	12.5%	13.0%	6.0%	11.0%	11.0%
Non-Competing	3.5%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%

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



**Research Project Grants  
Number of Awards  
Fiscal Years 1990-1998**

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TYPE	1990	1991	1992	1993	1994	1995	1996	1997	1998
Competing	728	840	1,079	991	969	1,030	1,109	1,212	1,235
Non-Competing	2,288	2,207	2,231	2,346	2,436	2,333	2,381	2,532	2,723
Total	3,016	3,047	3,310	3,337	3,405	3,363	3,490	3,744	3,958

Includes Small Business Innovation Research Awards

# Research Project Grants Awarded History by Activity Fiscal Years 1993-1998

(Dollars in Thousands)

TYPE	1993		1994		1995		1996		1997		1998	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
R01	1,955	\$430,203	1,914	\$434,612	1,808	\$439,122	1,964	\$504,398	2,194	\$583,116	2,454	\$672,873
P01	176	202,852	163	184,852	149	171,524	144	182,609	149	202,317	160	228,854
R35	75	61,337	72	61,369	67	63,032	65	62,550	63	62,892	57	57,712
R37	166	51,633	154	48,699	142	45,125	110	37,070	90	30,950	75	27,212
U01	171	56,199	232	75,444	253	81,771	226	88,962	169	81,193	157	79,370
R29	291	29,053	312	32,610	342	36,014	388	41,170	446	47,413	485	52,136
RFA	282	63,267	319	70,879	314	72,409	268	66,102	195	48,148	132	42,750
R41/R42 R43/R44	215	20,401	179	22,773	191	32,485	180	35,643	253	47,156	249	51,207
R03			46	2,393	44	2,488	85	5,443	101	6,411	97	6,069
R21			5	353	34	7,640	46	9,599	63	12,269	76	11,782
R55	6	1,365	9	540	19	1,126	14	984	21	1,450	14	684
R15											2	127
<b>TOTAL</b>	<b>3,337</b>	<b>916,310</b>	<b>3,405</b>	<b>934,524</b>	<b>3,363</b>	<b>952,736</b>	<b>3,490</b>	<b>1,034,530</b>	<b>3,744</b>	<b>1,123,315</b>	<b>3,958</b>	<b>1,230,776</b>

**R01 Research Project (Traditional)**

To support a discrete, specified, circumscribed project to be performed by the named investigator(s) in an area representing his/her specified interest and competencies.

**P01 Research Program Projects**

For the support of a broadly based, multidisciplinary, often long-term research program which has a specific major objective or a basic theme. A program project is directed toward a range of problems having a central research focus in contrast to the usually narrower thrust of the traditional research project.

**R35 Outstanding Investigator Grants**

To provide long-term support to an experienced investigator with an outstanding record of research productivity. This support is intended to encourage investigators to embark on long-term projects of unusual potential in a categorical program area.

**R37 Method to Extend Research in Time (MERIT) Award**

To provide long-term grant support to investigators whose research competence and productivity are distinctly superior and who are highly likely to continue to perform in an outstanding manner. Investigators may not apply for a MERIT award. Program staff and/or members of the cognizant National Advisory Council/Board will identify candidates for the MERIT award during the course of review of competing research grant applications prepared and submitted in accordance with regular PHS requirements.

**U01 Research Project (Cooperative Agreement)**

To support a discrete, specified, circumscribed project to be performed by the named investigator(s) in an area representing his/her specific interest and competencies.

**R29 First Independent Research Support and Transition (FIRST) Award**

To provide a sufficient initial period of research support for newly independent biomedical investigators to develop their research capabilities and demonstrate the merit of their research ideas.

**RFA Request for Applications**

A formal statement which invites grant or cooperative agreement applications in a well-defined scientific area to accomplish specific program purposes and indicates the amount of funds set aside for the competition and/or the estimated number of awards to be made.

**R41 Small Business Technology Transfer (STTR) Grants - Phase I**

To establish the technical merit and feasibility of R&D ideas which may ultimately lead to a commercial product(s) or service(s).

**R42 Small Business Technology Transfer (STTR) Grants - Phase II**

To establish the technical merit and feasibility of R&D ideas which may ultimately lead to a commercial product(s) or service(s).

**R43 Small Business Innovative Research (SBIR) Grants - Phase I**

To support projects, limited in time and amount, to establish the technical merit and feasibility of R&D ideas which may ultimately lead to a commercial product(s) or service(s).

**R44 Small Business Innovative Research (SBIR) Grants - Phase II**

To support in-depth development of R&D ideas whose feasibility has been established in Phase I and which are likely to result in commercial products or services.

**R03 Small Grants**

To provide research support specifically limited in time and amount for studies in categorical program areas. Small grants provide flexibility for initiating studies, which are generally for preliminary short-term projects and are non-renewable.

**R21 Exploratory/Developmental Grants**

To encourage the development of new research activities in categorical program areas. Support generally is restricted in level of support and in time.

**R55 Shannon Awards**

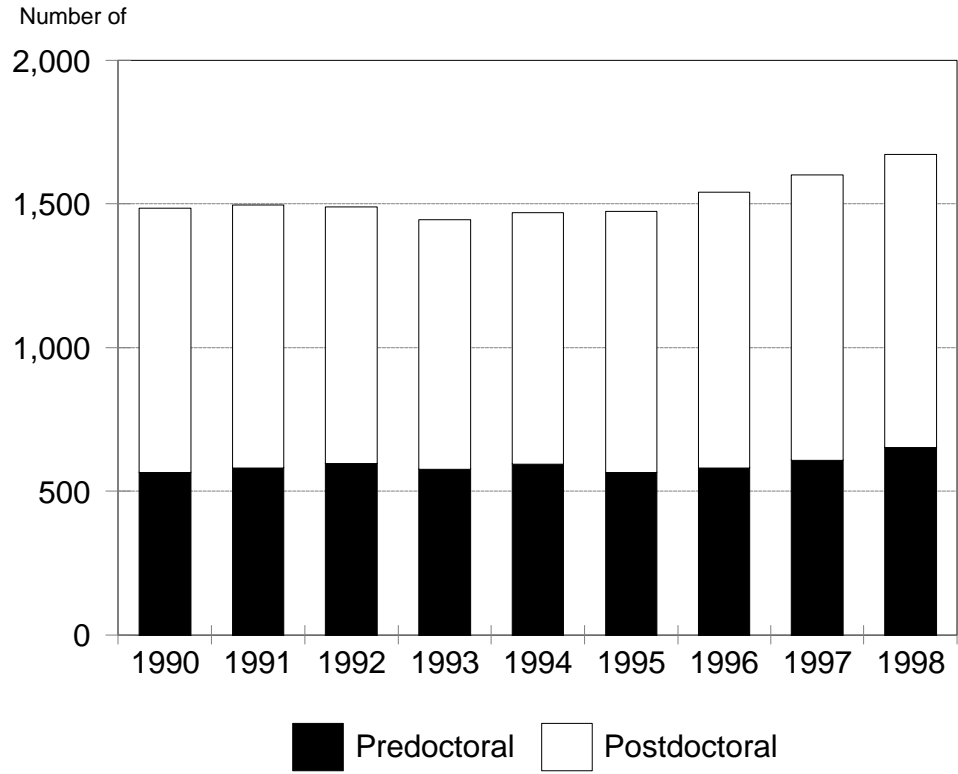
To provide discrete limited support to scientists whose research applications fall short of the cutoff for funding yet are at the "margin of excellence" whereby the perceived quality of the grant is statistically indistinguishable from grants that are funded.

**R15 Academic Research Enhancement Award (AREA)**

To provide support to domestic health professional schools and other institutions offering baccalaureate or advanced degrees in health sciences, except those that have received NIH research grants and/or cooperative agreements. Supports feasibility studies and other small-scale research projects.

**National Research Service Awards  
Fiscal Years 1990-1998**

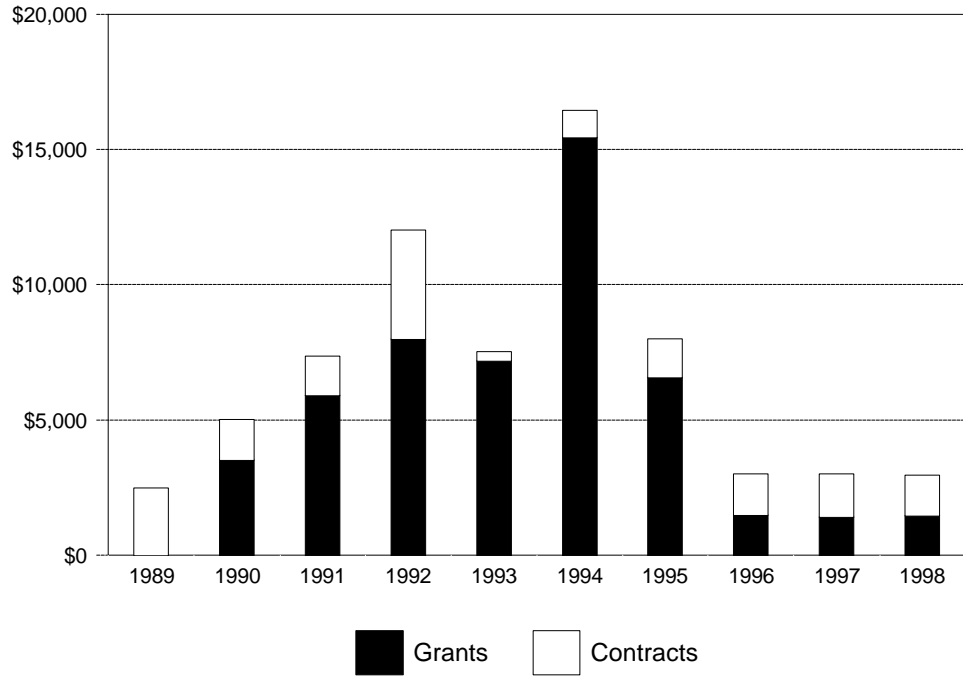
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<b>TYPE</b>	<b>1990</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Predoctoral	567	584	597	578	596	567	584	610	653
Postdoctoral	918	913	894	868	873	907	959	991	1,019
<b>Total</b>	<b>1,485</b>	<b>1,497</b>	<b>1,491</b>	<b>1,446</b>	<b>1,469</b>	<b>1,474</b>	<b>1,543</b>	<b>1,601</b>	<b>1,672</b>

**Ten Year History  
Construction/Renovation Funding  
Fiscal Years 1989-1998**

*(Dollars in Thousands)*



TYPE	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Grants	\$0	\$3,527	\$5,912	\$8,000	\$7,182	\$15,447	\$6,570	\$1,500	\$1,410	\$1,461
Contracts	2,470	1,479	1,436	4,000	346	1,002	1,430	1,500	1,590	1,500
Total	2,470	5,006	7,348	12,000	7,528	16,449	8,000	3,000	3,000	2,961

**Appropriations of the  
NCI 1938-1999**

(In Whole Dollars)

1938 through 1968.....	\$1,690,550,220	
1969.....	185,149,500	
1970.....	190,486,000	
1971.....	230,383,000	
1972.....	378,794,000	
1973.....	492,205,000	
1974.....	551,191,500	
1975.....	691,666,000	1
1976.....	761,727,000	
"TQ".....	152,901,000	2
1977.....	815,000,000	
1978.....	872,388,000	3
1979.....	937,129,000	
1980.....	1,000,000,000	4
1981.....	989,355,000	5
1982.....	986,617,000	6
1983.....	987,642,000	7
1984.....	1,081,581,000	8
1985.....	1,183,806,000	
1986.....	1,264,159,000	9
1987.....	1,402,837,000	10
1988.....	1,469,327,000	11
1989.....	1,593,536,000	12
1990.....	1,664,000,000	13
1991.....	1,766,324,000	14
1992.....	1,989,278,000	15
1993.....	2,007,483,000	16
1994.....	2,082,267,000	
1995.....	2,135,119,000	17
1996.....	2,251,084,000	18
1997.....	2,382,532,000	19
1998.....	2,547,314,000	20
1999.....	\$2,927,187,000	21
Total		
(1938-	\$41,661,018,220	

Transition Quarter ("TQ") --

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

- 1 Includes \$18,163,000 for training funds provided by Continuing Resolution.
- 2 Includes \$3,201,000 for training funds provided by Continuing Resolution.
- 3 Includes \$20,129,000 for training funds provided by Continuing Resolution.
- 4 1990 appropriation authorized under a Continuing Resolution.
- 5 Reflects 1981 rescission of \$11,975,000.
- 6 Amount included in continuing resolution. Includes \$47,988,000 transferred to the National Institute of Environmental Health Sciences for the National Toxicology Program.
- 7 Appropriated under Continuing Resolution and Supplemental Appropriation Bill.
- 8 Includes \$23,861,000 for training funds provided by a Continuing Resolution and \$4,278,000 in a Supplemental Appropriation Bill.
- 9 Includes \$6,000,000 from a Supplemental Appropriation Bill.
- 10 Authorized under Omnibus Continuing Resolution.
- 11 Authorized under Omnibus Continuing Resolution.
- 12 Appropriation prior to reduction contained in G.P. 517 (-\$19,122,000) and G.P. 215 (-\$2,535,000) and P.L. 100-436, Section 213, (-\$1,013,000).
- 13 Appropriation prior to reduction contained in P.L. 101-166 (-\$6,839,000) and P.L. 101-239 (-\$22,829,000).
- 14 Appropriation prior to reductions in P.L. 101-517 (-\$8,972,000 for salary and expense reduction; -\$42,568,000 for across-the-board reduction).
- 15 Appropriation prior to reductions in P.L. 102-170 (-\$21,475,000 for salary and expense reduction; -\$1,262,000 for travel reduction; \$15,000,000 transferred to other institutes for cancer research).
- 16 Appropriation prior to reductions in P.L. 102-294 (-\$16,060,000 for .8% reduction to all line items, -\$9,933,000 for S&E reduction, -\$139,000 for consultant services reduction.)
- 17 Appropriation prior to reductions in PL 103-211 (-\$1,883,000 for Procurement Reduction; -\$116,000 for SLUC Reduction; -\$1,052,000 for Bonus Pay Reduction). Includes \$218,199,000 of AIDS funding.
- 18 Includes \$225,790,000 of AIDS funding.
- 19 Includes \$224,983,000 of AIDS funding.
- 20 Appropriation prior to reductions in PL 105-119 (-4,755,000 through the Secretary one percent transfer authority; ). Includes 8,699,000 transferred through the NIH Director's one-percent transfer authority and 41,000 transfer from U.S. Department of State in PL 105-119. Includes \$226,414,000 of AIDS funding.

## By-Pass Budget Requests Fiscal Years 1973-2000

*(In Whole Dollars)*

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<b>Fiscal Year</b>	<b>Request</b>
1973.....	\$550,790,000
1974.....	640,031,000
1975.....	750,000,000
1976.....	898,500,000
1977.....	948,000,000
1978.....	955,000,000
1979.....	1,036,000,000
1980.....	1,055,000,000
1981.....	1,170,000,000
1982.....	1,192,000,000
1983.....	1,197,000,000
1984.....	1,074,000,000
1985.....	1,189,000,000
1986.....	1,460,000,000
1987.....	1,570,000,000
1988.....	1,700,000,000
1989.....	2,080,000,000
1990.....	2,195,000,000
1991.....	2,410,000,000
1992.....	2,612,000,000
1993.....	2,775,000,000
1994.....	3,200,000,000
1995.....	3,600,000,000
1996.....	3,640,000,000
1997.....	2,977,000,000
1998.....	2,702,500,000
1999.....	3,191,000,000
2000.....	3,873,000,000

NOTE: Following the original passage of the National Cancer Act in December, 1971, a provision was included for the Director of the National Cancer Institute to submit an annual budget request directly to the President without review by NIH or DHHS hence it has come to be called the Bypass Budget. The Budget submitted for 1973 was the initial submission.

**Comparison of Dollars, Positions and Space**  
**Fiscal Years 1975-1998**  
*(dollars in thousands)*

	Dollars		Positions		Space**	
	Obligations (\$000's)	Percent Increase Over Prior Year	Actual Full-Time Permanent Employees	Percent Increase Over Prior Year	Allocated Space (Square Feet)	Percent Increase Over Prior Year
1975	699,320	20.3%	1,849	2.4%	382,485	0.3%
1976	760,751	8.8%	1,955	5.7%	387,324	1.3%
1977	814,957	7.1%	1,986	1.6%	428,285	10.6%
1978	872,369	7.0%	1,969	-0.9%	491,725	14.8%
1979	936,969	7.4%	1,973	0.2%	493,156	0.3%
1980	998,047	6.5%	1,837	-6.9%	467,730	-5.2%
1981	989,338	-0.9%	1,815	-1.2%	472,633	1.0%
1982	986,564	-0.3%	1,703	-6.2%	477,782	1.1%
1983	986,811	0.0%	1,731	1.6%	484,093	1.3%
1984	1,081,460	9.6%	1,698	-1.9%	466,890	-3.6%
1985	1,177,853	8.9%	1,596	-6.0%	466,890	0.0%
1986	1,210,284	2.8%	1,573	-1.4%	465,790	-0.2%
1987	1,402,790	15.9%	1,642	4.4%	465,790	0.0%
1988	1,468,435	4.7%	1,708	4.0%	458,556	-1.6%
1989	1,570,342	6.9%	1,701	-0.4%	483,778	5.5%
1990	1,644,330 *	4.7%	1,837	8.0%	489,604	1.2%
1991	1,712,669	4.2%	1,921	4.6%	499,396	2.0%
1992	1,947,571	13.7%	2,042 ***	6.3%	477,067	-4.5%
1993	1,978,340	15.5%	1,951 ***	-4.5%	493,186	3.4%
1994	2,076,218	6.6%	1,840 ***	-5.7%	472,545	-4.2%
1995	2,129,369	7.6%	1,767 ***	-4.0%	510,466	8.0%
1996	2,254,940	8.6%	1,841 ***	4.2%	544,613	6.7%
1997	2,389,041	12.2%	1,915 ***	4.0%	590,890	8.5%
1998	2,551,281	13.1%	1,921 ***	0.3%	617,618	4.5%

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

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

\*\*\* Source NIH Employment Report 062M

**Personnel Resources**  
**Fiscal Years 1985-1998**

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Fiscal Year	--Number of Full Time Equivalent--			Number of Employees
	Cancer	AIDS	Total	
1985	2,145	85	2,230	2,195
1986	2,003	98	2,101	2,096
1987	1,981	129	2,110	2,272
1988	2,137	146	2,283	2,302
1989	1,985	188	2,173	2,201
1990	1,960	232	2,192	2,322
1991	2,045	300	2,345	2,437
1992	2,219	306	2,525	2,604
1993	2,184	300	2,484	2,425
1994	2,081	301	2,382	2,307
1995	1,936	283	2,219	2,250
1996	1,949	231	2,180	2,301
1997	2,040	210	2,250	2,337
1998	2,094	198	2,292	2,387



## Acquired Immunodeficiency Syndrome (AIDS)

### Funding by Activity

Fiscal Year 1998

(Dollars in Thousands)

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#### By Mechanism:

Research Project Grants	\$103,720
Cancer Center Grants	8,606
Career Grants	1,261
Clin. Ed. Grants	93
Cooperative Clinical Groups	856
Other Grants	19
Training Grants	1,462
R&D Contracts	35,781
Intramural Research	63,520
Research Management and Support	10,673
<b>Total, NCI</b>	<b>\$225,991</b>

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#### By Research Thrust:

Cancer Causation	\$104,315
Detection and Diagnosis Research	1,929
Treatment Research	63,632
Cancer Biology	44,693
Subtotal Research	214,569
Cancer Center Support	8,606
Research Manpower Development	2,816
<b>Total, NCI</b>	<b>\$225,991</b>

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#### By Division:

Division of Basic Science	\$22,772
Division of Clinical Science	12,878
Division of Cancer Epidemiology & Genetics	10,725
Division of Cancer Treatment and Diagnosis	13,303
Division of Extramural Activities	2,168
Frederick Cancer Research and Development Center	21,498
Office of the Director	20,749
Research Project Grants	103,720
Conference Grants	19
NIH Management Fund*	18,159
<b>Total, NCI</b>	<b>\$225,991</b>

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

**Acquired Immunodeficiency Syndrome (AIDS)  
Funding History  
Fiscal Years 1983-1998**  
*(Dollars in Thousands)*

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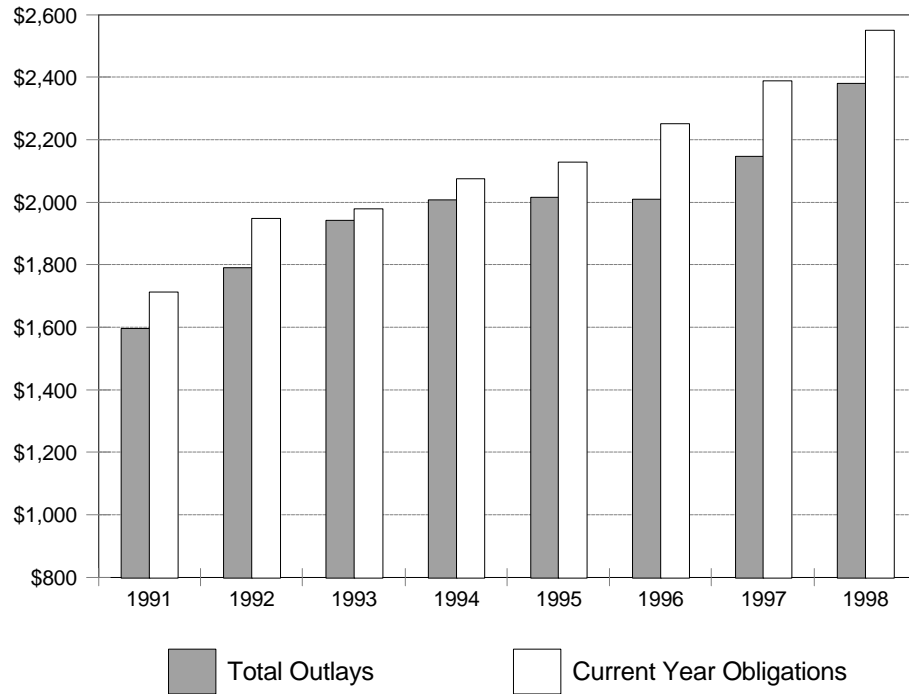
<b>Fiscal Year</b>	<b>NCI Amount</b>	<b>NIH Amount</b>	<b>% NCI To NIH</b>
1983	\$9,790	\$21,668	45%
1984	16,627	44,121	38%
1985	26,874	63,737	42%
1986	45,050	134,667	33%
1987	63,755	260,907	24%
1988	89,944	473,285	19%
1989	122,247	627,076	19%
1990	150,304	740,509	20%
1991	160,869	799,821	20%
1992	165,668	1,047,294	16%
1993	173,029	1,073,957	16%
1994	212,868	1,298,996	16%
1995	217,430	1,333,600	16%
1996	225,360	1,411,860	16%
1997	224,733	1,501,073	15%
1998	225,991	1,559,071	14%

**Note:**

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

**National Cancer Institute  
Obligations and Outlays  
Fiscal Year 1991-1998**

*(Dollars in Millions)*



\$ in Millions	1991	1992	1993	1994	1995	1996	1997	1998
Prior Year Outlays	\$856	\$831	\$1,099	\$1,108	\$1,016	\$1,007	\$1,283	\$1,164
Current Year Outlays	739	961	843	901	1,000	1,003	865	1,098
Total Outlays	1,595	1,792	1,942	2,009	2,016	2,010	2,148	2,381
Current Year Obligations	1,713	1,948	1,978	2,076	2,129	2,251	2,389	2,551

**Obligations:** Orders placed, grants awarded, contract increments funded, salaries earned and similar financial transactions which legally utilize or reserve an appropriation for expenditure.

**Outlays:** Payments made from appropriations. In 1997 the methodology applied by the Department of Health and Human Services, to distinguish between current year and prior year outlays was reviewed with a subsequent modification to the distribution.