
The information set forth in this publication is compiled and amended annually by the budget and finance 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 Office of Budget and Finance, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland, 20892.

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Fiscal Year 2008 Annual Report

BUDGET IN REVIEW

This report provides a summary of the distribution of the Fiscal Year 2008 budget among the various National Cancer Institute (NCI) research programs and funding mechanisms, funding policies influencing grant awards, and comparisons with prior year allocations. Additional information on the NCI budget is accessible from the NCI Home Page (<http://www.cancer.gov>).

Summary

Funds available to the NCI in FY 2008 totaled over \$4.828 billion, reflecting an increase of 1% and \$35 million from the previous fiscal year.

Fiscal highlights from FY 2008 include:

- Of the total NCI budget, 43% of the funds were allocated for Research Project Grants.
- The total number of Research Project Grants (RPGs) funded was 5,380. (includes SBIR)
- Almost one-fourth of the RPGs awarded were new (Type 1) or competing renewal (Type 2) awards.
- 1,266 competing RPGs were funded.
- Approximately one-third of the total NCI budget supported ongoing non-competing (Type 5) RPGs.
- R01 grants were funded to the 14th percentile.
- 312 grants – totaling more than \$97 million – were funded as Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) awards.
- Intramural Research comprised approximately 15% of the total NCI budget in FY 2007.
- \$472 million –10% of the total NCI budget – was allocated for Cancer Prevention & Control.

Distribution of the Budget by Funding Mechanism for FY 2007 and FY 2008

Summary Points

- The total budget for the Research Project Grant category decreased \$22 million, due to the decrease in non-competing Research Project Grants and administrative supplements.
- Funds for competing grants increased by \$21 million.
- Funds for training and career development of current and future research scientists through Research Career Awards decreased remained stable.
- The total budget for Cancer Centers, Specialized Centers (U54) and SPOREs increased by 1%.
- Clinical Cooperative Groups funds decreased 3% and Cancer Education funds decreased by 4%.
- Funds for Cancer Prevention and Control fell by \$27 million.
- During FY 2008, NIH and DHHS Assessments increased by a total of \$19.2 million, including an increase of \$2 million for General Account, \$8.2 million increase for the Service and Supply Fund, \$7 million increase for Program Evaluation, and a \$2 million increase for the Management Fund.

NCI Dollars by Mechanism for FY 2007 and 2008
(in thousands)

	2007	2008	Change '07-08 Am't	%
Research Project Grants:				
Noncompeting	\$1,546,958	\$1,517,375	-29,583	-1.9%
Admin Supplements	36,466	19,697	-16,769	-46.0%
Competing	434,713	455,348	20,635	4.7%
Subtotal, RPG	2,018,137	1,992,420	-25,717	-1.3%
SBIR/STTR	93,677	97,439	3,762	4.0%
Total, RPG	2,111,814	2,089,859	-21,955	-1.0%
Cancer Centers	273,184	274,470	1,286	0.5%
Specialized Cancer Centers (U54)	74,677	79,271	4,594	6.2%
SPOREs	123,808	123,293	-515	-0.4%
Total: Centers, Spec Ctrs, & SPOREs	471,669	477,034	5,365	1.1%
Research Career Program	79,595	79,528	-67	-0.1%
Cancer Education	31,337	30,089	-1,248	-4.0%
Clinical Cooperative Groups	148,193	143,975	-4,218	-2.8%
Other Grants	63,756	64,183	427	0.7%
Subtotal, Other	322,881	317,775	-5,106	-1.6%
Total, Research Grants	2,906,364	2,884,668	-21,696	-0.7%
National Research Service Awards	68,223	69,901	1,678	2.5%
R&D Contracts	416,850	444,189	27,339	6.6%
Intramural Research	706,179	718,372	12,193	1.7%
Research Management & Support	188,683	230,991	42,308	22.4%
Cancer Prevention & Control	498,396	471,515	-26,881	-5.4%
Construction	0	0	0	0.0%
Buildings and Facilities	7,920	7,920	0	0.0%
Total, NCI	4,792,615 *	4,827,556 *	34,941	0.7%
AIDS research included above	[253,666]	[258,499]	4,833	1.9%

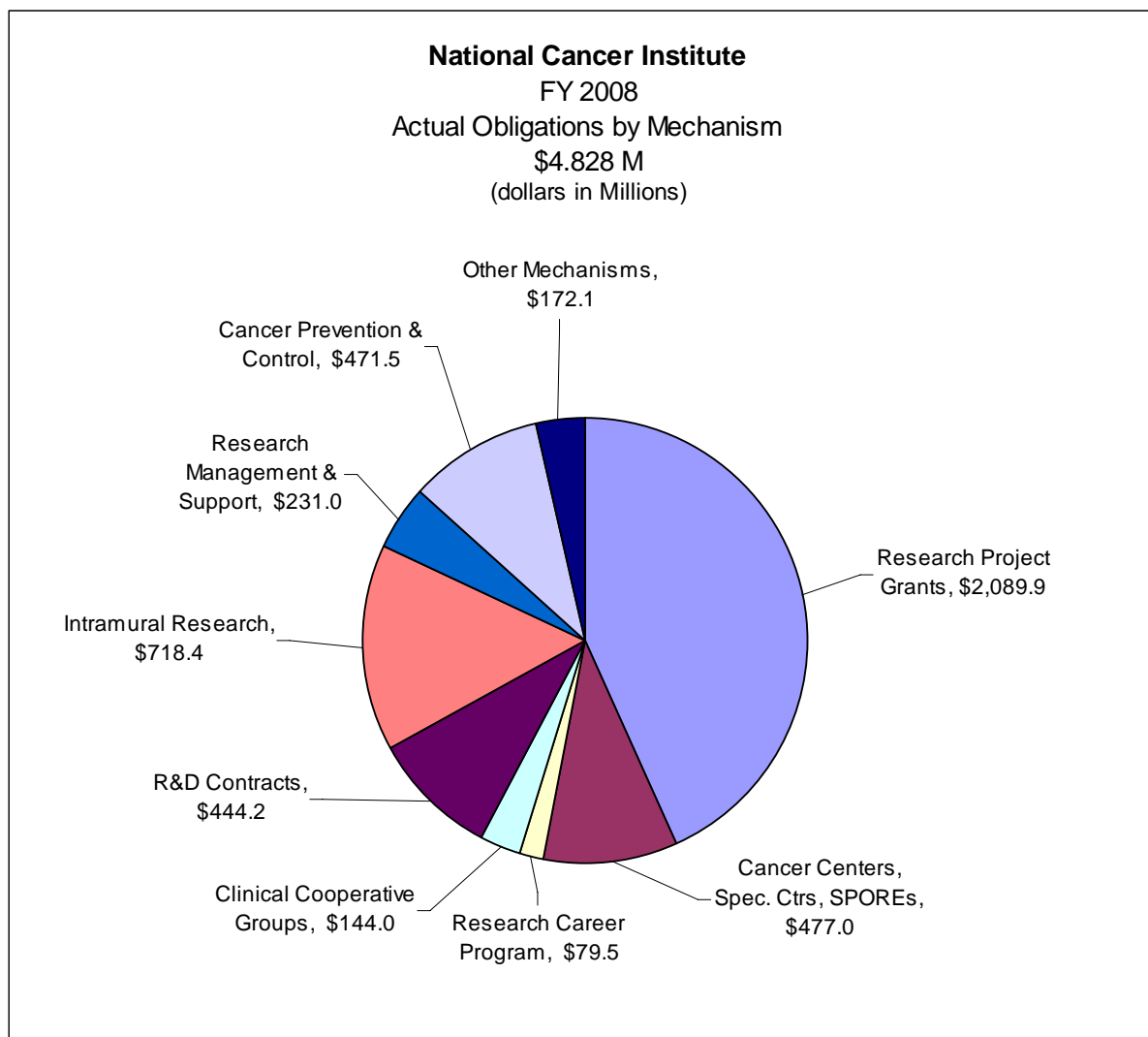
* EXCLUDES projects awarded with Stamp Out Breast Cancer funds.

Percent Share of Total NCI Dollars

Summary Points

- The mechanism shares of the total budget have remained relatively stable from FY 2003 to FY 2008.
- Intramural Research remains under 15% of total NCI dollars.

Percent Share of Total NCI Dollars					
	2004	2005	2006	2007	2008
Research Project Grants	45.8%	45.6%	45.4%	44.1%	43.3%
Cancer Centers	5.2%	5.3%	5.6%	5.7%	5.7%
Specialized Centers	0.6%	1.4%	1.6%	1.6%	1.6%
SPOREs	2.9%	2.8%	2.6%	2.6%	2.6%
Clinical Cooperative Groups	3.3%	3.0%	3.1%	3.1%	3.0%
Intramural Research	15.0%	14.8%	14.5%	14.7%	14.9%
R&D Contracts	7.7%	7.3%	7.3%	8.7%	9.2%
Cancer Prevention & Control	11.2%	11.1%	10.7%	10.4%	9.8%
Other Mechanisms	8.3%	8.7%	9.3%	9.2%	9.9%



Funding Trends

Summary Points

- The NCI budget has increased by \$103.7 million – or 2.2% – since FY 2004.
- Cancer Centers, Specialized Centers, and R&D Contracts have experienced percentage increases greater than the total NCI growth since FY 2004.

Historical Funding Trends (Dollars in Millions)

	2004	2005	2006	2007	2008
Total NCI	\$4,723.9	\$4,794.8	\$4,747.2	\$4,792.6	\$4,827.6
Research Project Grants	2,161.4	2,188.9	2,156.9	2,111.8	2,089.9
Intramural Research	708.9	711.0	687.3	706.2	718.4
Cancer Centers	245.7	255.3	265.0	273.2	274.5
Specialized Centers	14.2	66.0	73.9	74.7	79.3
SPOREs	149.4	133.0	124.9	123.8	123.3
Clinical Cooperative Groups	154.3	142.8	145.9	148.2	144.0
Cancer Prevention & Control	530.0	531.6	505.6	498.4	471.5
R&D Contracts	361.6	351.1	347.8	416.9	444.2
Other Mechanisms	398.4	415.1	439.8	439.4	482.5

% Growth by Mechanism

	2004 to 2005	2005 to 2006	2006 to 2007	2007 to 2008	2004 to 2008
Total NCI	1.5%	-1.0%	1.0%	0.7%	2.2%
Research Project Grants	1.4%	-1.5%	-2.1%	-1.0%	-3.4%
Intramural Research	0.3%	-3.3%	2.7%	1.7%	1.3%
Cancer Centers	3.9%	3.8%	3.1%	0.5%	11.7%
Specialized Centers	365.0%	12.0%	1.0%	6.2%	458.5%
SPOREs	-1.4%	-6.1%	-0.9%	-0.4%	-17.5%
Clinical Cooperative Groups	-7.5%	2.2%	1.6%	-2.8%	-6.7%
Cancer Prevention & Control	0.3%	-4.9%	1.4%	-5.4%	-11.0%
R&D Contracts	-2.9%	-0.9%	19.9%	6.6%	22.8%
Other Mechanisms	2.2%	6.0%	-0.1%	9.8%	21.1%

Research Project Grants

Summary Points

- 83% of competing dollars supported grants awarded within the established payline; 17% supported grants as an exception to the payline.
- RFA funds, which increased from the FY 2007 dollar level, accounted for 11% of FY 2007 competing dollars.
- Research Project Grant applications submitted to NCI increased by approximately 11%.
- A total of 1,266 competing RPG's were funded.

Research Project Grants

(Dollars in Thousands)

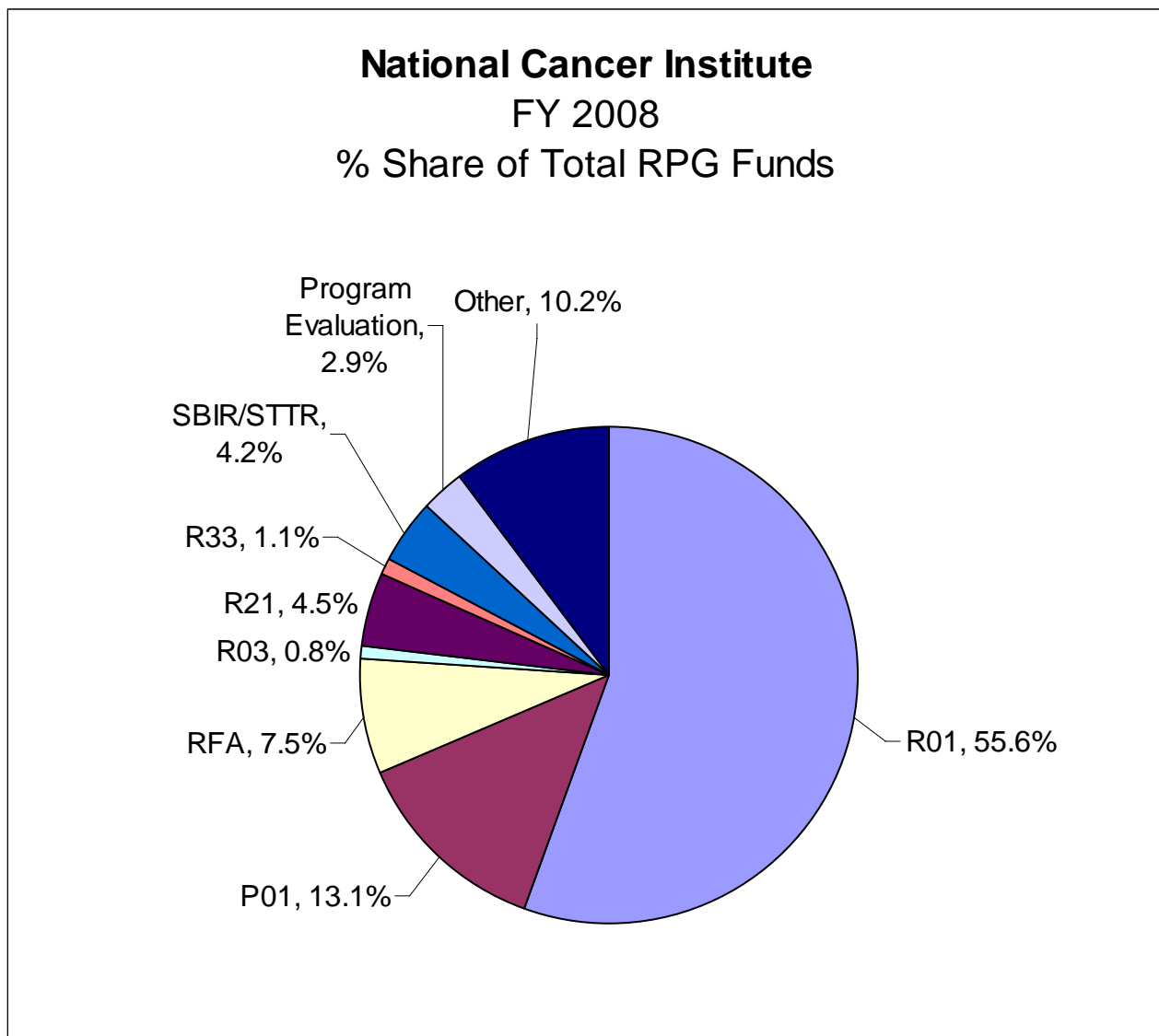
	2007*		2008*	
	No.	Amount	No.	Amount
Total funding for RPGs	5,472	\$2,111,814	5,380	\$2,089,859
SBIR/STTR	278	\$93,677	312	\$97,439
Funding for RPGs without SBIR/STTR Program	5,194	\$2,018,137	5,068	\$1,992,420
Continuation or noncompeting grants funded	3,882	\$1,488,237		
Competing grants funded	1,312	\$434,713	1,266	\$455,348
Administrative Supplements	259	\$36,466	227	\$19,697
Partial assessment for DHHS Program Evaluation		\$58,721		\$68,382
Funds set aside within competing dollars for:				
Grants within Paylines:	1,036	\$359,411	1,055	\$376,106
Traditional R01	621	\$210,161	586	\$219,267
Program Projects (P01)	30	\$66,060	23	\$42,929
RFA Grants	55	\$18,463	102	\$49,591
Share of competing grant funds		4.25%		10.89%
Exception Grants	200	\$75,302	230	\$79,242
Share of competing grant funds		17.32%		17.40%
Competing Application Requests	6,567	\$2,434,949	6,199	\$2,358,113
Funding Success Rate	20.2%		20.2%	
Percentile funding for R01 grants	15th		14th	
Average Cost-Competing		\$331		\$363
Average Reduction from recommended/requested levels		-22%		-17%

*EXCLUDES projects awarded with Stamp Out Breast Cancer funds.

Grant Funding Paylines

RPG Mechanisms:	2007	2008	
R01 Traditional Grants	15th	14th	percentile
P01 Program Projects	N/A*	N/A	priority score
R03 Small Grants	210	210	priority score
R21 Exploratory Phase I	17th	14th	percentile
R33 Exploratory Phase II	155	155	priority score
R41/R42 STTR	205	170	priority score
R43/R44 SBIR	205	245	priority score

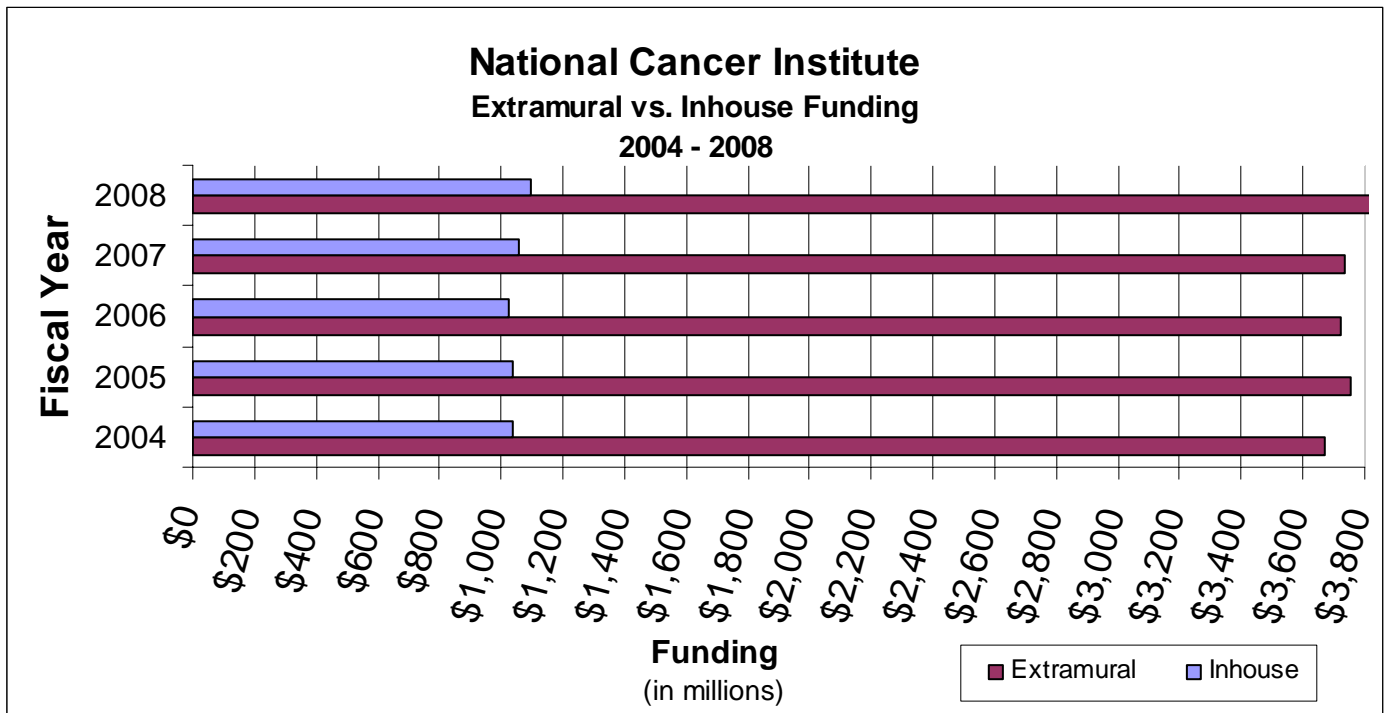
* Formal paylines for P01 grants are determined by the Executive Committee



Mechanism	Extramural					04-08% chg.
	2004	2005	2006	2007	2008	
Research Project Grants	\$2,161.4	\$2,188.9	\$2,156.9	\$2,111.8	\$2,089.9	-3.4%
Cancer Centers	245.7	255.3	265.0	273.2	274.5	11.7%
Specialized Centers	14.2	66.0	73.9	74.7	79.3	458.2%
SPOREs	149.4	133.0	124.9	123.8	123.3	-17.5%
Other Research Grants	314.9	309.0	327.1	322.9	317.8	0.9%
NRSA	66.2	67.3	66.6	68.2	69.9	5.6%
R&D Contracts	361.6	351.1	347.8	416.9	444.2	22.8%
Cancer Control Grants	220.0	232.0	213.5	200.1	190.4	-13.4%
Cancer Control Contracts	153.0	145.8	137.1	133.7	134.8	-11.9%
Construction	0	0	0	0	0	0.0%
Buildings & Facilities	0	7.9	7.9	7.9	7.9	100.0%
Total Extramural Funds	3,686.4	3,756.3	3,720.7	3,733.2	3,731.9	1.2%

Mechanism	Inhouse					04-08% chg.
	2004	2005	2006	2007	2008	
Intramural Research	\$708.9	\$711.0	\$687.3	\$706.2	\$718.4	1.3%
RMS	171.6	173.7	184.1	188.7	231.0	34.6%
Control Inhouse	157.0	154.0	155.0	164.5	146.3	-6.8%
Total Inhouse Funds	1,037.5	1,038.7	1,026.5	1,059.4	1,095.7	5.6%

Total NCI	4,709.2	4,795.0	4,747.2	4,792.6	4,827.6	2.5%
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Research Career Awards – “K” Program

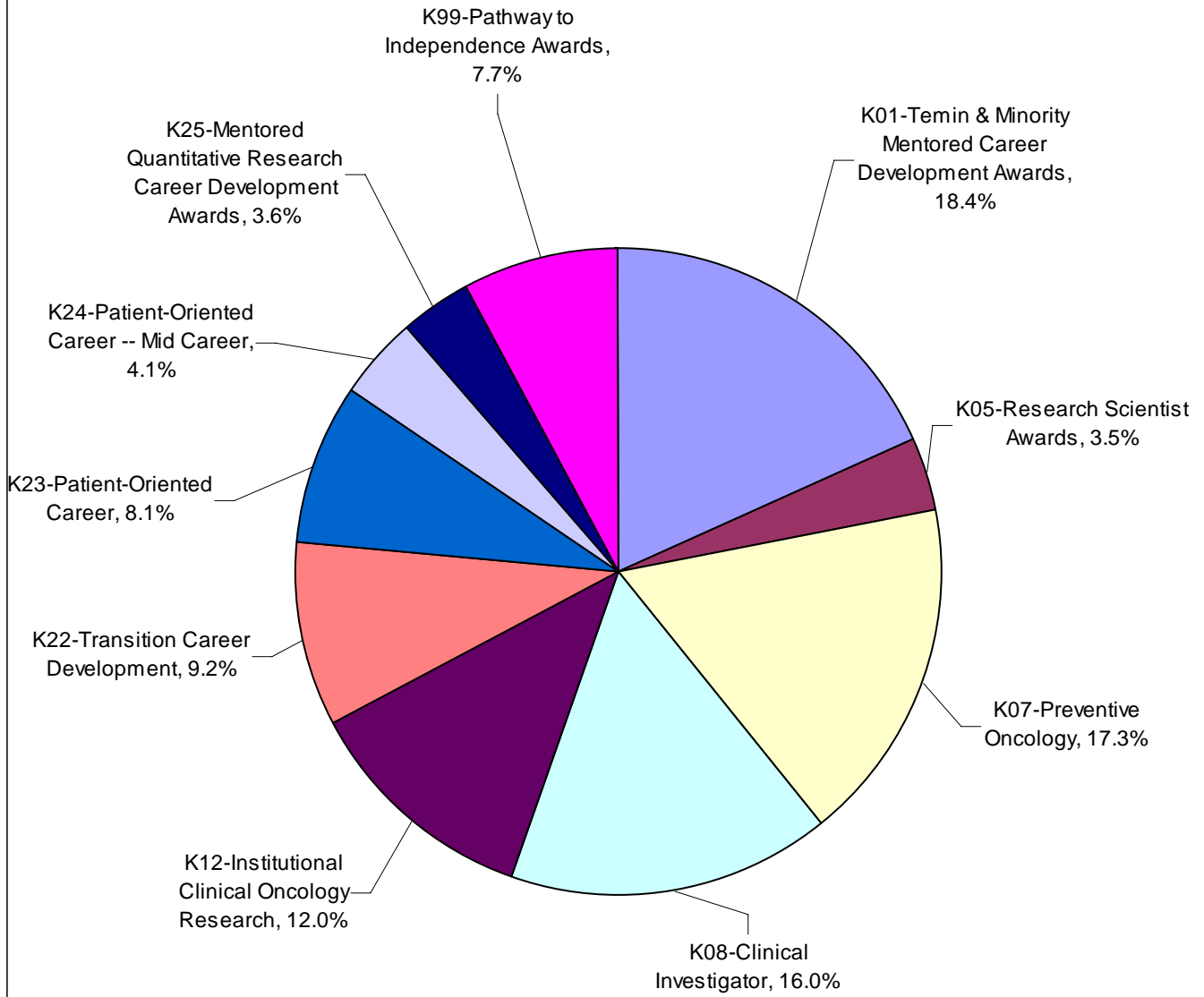
Summary Points

- The Research Career Award mechanism decreased by .08% in FY 2008.
- The number of Research Career Awards remained the same between FY 2007 and FY 2008.
- NCI funded 52 awards for the new NIH Pathway to Independence program.

(Dollars in Thousands)

		2007		2008	
		No.	Amount	No.	Amount
K01	Temin Awards	76	11,015	54	8,103
K01	Minority Mentored Career Development Award	50	6,816	48	6,528
	Subtotal, K01s	126	17,831	102	14,631
K05	Research Scientist Award	17	2,266	20	2,813
K07	Preventive Oncology	99	13,269	104	13,775
K08	Clinical Investigator	112	14,119	95	12,715
K12	Institutional Clinical Oncology Research	16	9,472	16	9,572
K22	Transition Career Development	46	7,114	47	7,284
K23	Patient-Oriented Career	51	6,845	48	6,453
K24	Patient-Oriented Career -- Mid Career	16	2,491	20	3,251
K25	Mentored Quantitative Research Career Development Award	17	2,343	21	2,881
K30	Institutional Curriculum Awards -- Administered by NCRR	5	1,462	0	0
K99	NIH Pathway to Independence Awards	20	2,383	52	6,153
	Total Research Career Program	525	79,595	525	79,528

National Cancer Institute
FY 2008
% of Total Research Award Funds



Research Dollars by Various Cancers

Summary Points

- Funding for various cancers listed below may overlap
- Funding for cancers listed below do not represent the entire NCI budget

Disease Area	2004 Actual	2005 Actual	2006 Actual	2007 Actual	2008 Actual
Total NCI Budget	\$4,723.9	\$4,794.7	\$4,747.2	\$4,792.6	\$4,827.6
AIDS	267.0	265.9	253.7	253.7	258.5
Brain & CNS	132.3	124.9	130.3	148.2	153.7
Breast Cancer	566.2	560.1	584.7	572.4	572.6
Cervical Cancer	79.0	81.7	83.3	82.4	76.8
Clinical Trials	800.0	781.8	822.3	843.7	853.2
Colorectal Cancer	262.0	253.1	244.1	258.4	273.7
Head and Neck Cancers	88.2	89.5	71.3	66.2	76.1
Hodgkins Disease	17.4	17.2	20.9	16.5	17.5
Leukemia	214.7	220.6	223.5	205.5	216.4
Liver Cancer	63.0	60.5	62.7	67.7	74.2
Lung Cancer	276.5	266.1	242.9	226.9	247.6
Melanoma	94.9	102.9	108.0	97.7	110.8
Multiple Myeloma	23.9	28.2	30.3	32.3	41.5
Non Hodgkin's Lymphoma	99.6	107.0	114.1	113.0	122.6
Ovarian Cancer	99.5	97.7	95.1	96.9	100.0
Pancreatic Cancer	52.7	66.7	74.2	73.3	87.3
Prostate Cancer	308.5	309.0	293.2	296.1	285.4
Stomach Cancer	11.6	11.0	11.5	12.0	12.4
Uterine Cancer	27.0	31.1	19.4	16.6	17.1

National Cancer Institute

Director's Biography

John E. Niederhuber, M.D.

John E. Niederhuber, M.D. became Director of the National Cancer Institute (NCI) in September 2006. Throughout his distinguished career, he has had ties to both NCI and the National Institutes of Health. In addition to his work as a surgeon, professor, researcher, department chair, senior associate dean, and cancer center director, Dr. Niederhuber has also been the chair of the National Cancer Advisory Board, an external NCI advisor and grant reviewer, and a laboratory investigator supported by NCI and the NIH. He joined NCI in September 2005 as Deputy Director for Translational and Clinical Sciences and within a few weeks was asked to serve as Chief Operating Officer to manage the NCI after Dr. Andrew von Eschenbach moved to the FDA. He officially became NCI's Acting Director in June 2006. Recently, Dr. Niederhuber was elected to the Institute of Medicine in recognition of his outstanding scientific accomplishments and commitment to service in health sciences.

In addition to his leadership of the NCI, Dr. Niederhuber heads the Laboratory of Tumor and Stem Cell Biology in NCI's Center for Cancer Research, and also holds a clinical appointment on the NIH Clinical Center Medical staff. His lab is studying tissue stem cells as the cell-of-origin for cancer, as well as the complex relationship between tumor cells and their microenvironment.

As a surgeon, Dr. Niederhuber's clinical emphasis is on gastrointestinal cancer, hepatobiliary (liver, bile duct, and gallbladder) cancer, and breast cancer. Recognized for his pioneering work in hepatic artery infusion chemotherapy, he was also the first to demonstrate the feasibility of totally implantable vascular access devices.

Prior to coming to NCI, Dr. Niederhuber spent his years as Director of the University of Wisconsin Comprehensive Cancer Center, and a professor of surgery and oncology at the University of Wisconsin School of Medicine. Earlier in his career, he chaired the Department of Surgery at Stanford University, and held professorships at the Johns Hopkins University School of Medicine and at the University of Michigan.

A native of Steubenville, Ohio, Dr. Niederhuber is a graduate of Bethany College in West Virginia and the Ohio State University School of Medicine.

Former Directors of the National Cancer Institute

Andrew C. von Eschenbach, M.D.
January 2002 – September 2005

Andrew C. von Eschenbach, M.D. became the 12th Director of the National Cancer Institute in January 2002. He is a nationally recognized urologic surgeon who formerly directed the Genitourinary Cancer Center and the Prostate Cancer Research Program at The University of Texas M.D. Anderson Cancer Center in Houston, Texas. He also served as special assistant for external affairs to M.D. Anderson's president and held the Roy M. and Phyllis Gough Huffington Clinical Research Distinguished Chair in Urologic Oncology.

Richard D. Klausner, M.D.
August 1995 – September 2001

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.

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.

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 of 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.

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