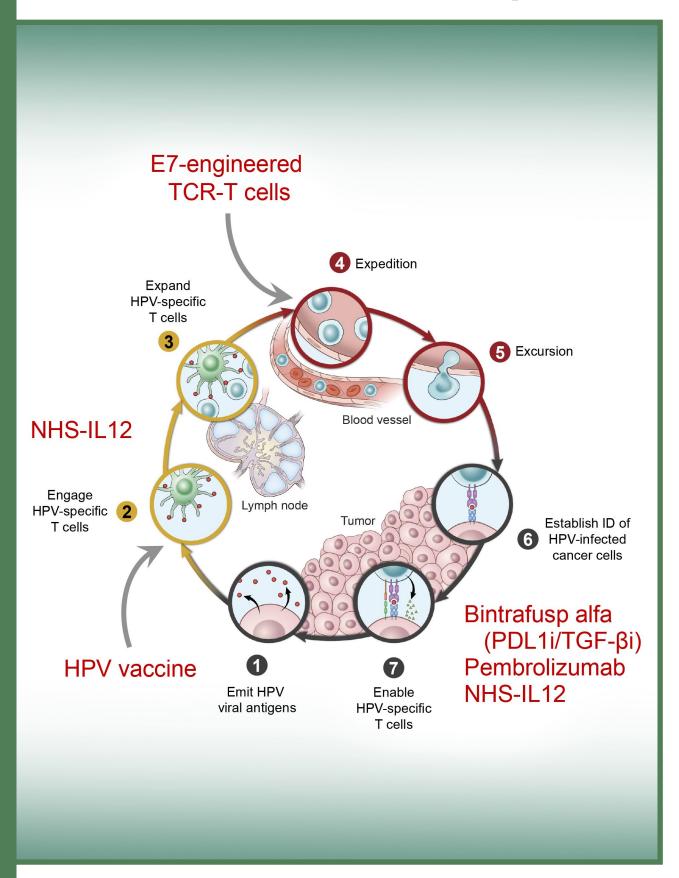
Division of Extramural Activities Annual Report 2023



THERAPEUTIC IMMUNE APPROACHES TO TACKLING HPV-ASSOCIATED MALIGNANCIES

Human papillomavirus (HPV) can cause many different types of tumors. Although work at the National Cancer Institute (NCI) has greatly facilitated important prevention efforts through vaccines, HPV-associated malignancies are still a frequent cause of cancer-related mortality worldwide; however, the non-self viral antigens that remain in these cancers (i.e., E6 and E7) are very immunogenic. The <u>Center for Immuno-Oncology</u> (CIO) has developed a multipronged effort to address new and better treatments for these cancers.

Initial studies with bintrafusp alfa, an anti-PD-L1 antibody that also sequesters TGF-β, has demonstrated a response rate of 30% in patients with immune checkpoint inhibitor–naive, HPV-associated malignancies.¹ Patients who had an objective response to treatment had higher levels of HPV 16–specific CD8+ T cells.² This led to a combination study with an HPV vaccine (PDS0101), targeting HPV 16 E6 and E7), bintrafusp alfa, and a tumor-targeted immunocytokine (NHS-IL12) in patients who, in contrast to the first study, had progressed after immune checkpoint inhibition. This combination demonstrated a response rate of 22%, whereas immune checkpoint inhibitor therapy alone would be expected to have a response rate of less than 5%.³ Another ongoing CIO study is evaluating pembrolizumab with and without PRGN-2009—a vaccine targeting E6 and E7 in both HPV 16 and HPV 18—in cervical cancer patients who progress on immune checkpoint inhibitors.⁴

While HPV 16 and HPV 18 are viral clades that pose a high risk of cancer development, other HPV types can cause tumors. HPV 6 and HPV 11 cause genital warts and a rare condition called recurrent respiratory papillomatosis (RRP). Patients with RRP can develop multiple papillomas in the upper respiratory tract that require numerous sequential debulking procedures to maintain voice and airway function. With Clint Allen and Scott Norberg, CIO has co-developed a vaccine (PRGN-2012) that targets HPV 6 and HPV 11 and has been shown to dramatically decrease the need for surgical intervention.⁵

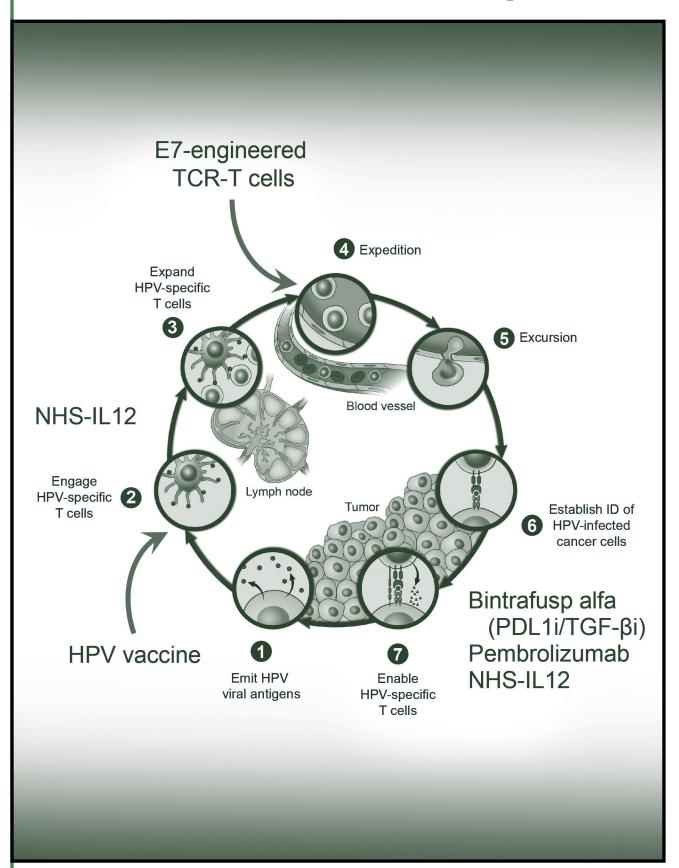
Cellular therapy offers another approach to targeting cancers. CIO has developed a TCR-engineered T-cell therapy (TCR-T) targeting HPV 16 E7. An initial study demonstrated a 50% response rate, even in patients with anti-PD-1-refractory disease.⁶ A multicenter study is ongoing.⁷

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The cover narrative and inset image are courtesy of Dr. James L. Gulley, M.D., Ph.D., FACP, Co-Director, Center for Immuno-Oncology, CCR, and Clinical Director, National Cancer Institute, NIH.

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Introduction



The Division of Extramural Activities (DEA) is the organizational component of the National Cancer Institute (NCI) responsible for coordinating the scientific peer review of extramural research proposed before funding and for conducting systematic surveil-

lance of that research after funding. A major responsibility of the DEA is the solicitation of advice from individuals and/or committees of experts on the technical and scientific merit of grants, cooperative agreements, and contracts. The peer review process is critically important to science in that it allows good ideas to surface and to be evaluated based on their merit and promise of the proposed research effort. This system is the keystone for ensuring that the best science is supported.

The DEA coordinates the activities of (1) the National Cancer Advisory Board (NCAB), which consists of members appointed by the U.S. President, conducts the second-level review of grants and cooperative agreements, and advises the NCI Director on policy for the conduct of the National Cancer Program; (2) the Board of Scientific Advisors (BSA), which is composed of distinguished scientists from outside the NCI and representatives from the advocacy community who advise the NCI leadership on the progress and future direction of the NCI extramural program, evaluates NCI extramural programs, and reviews NCI-initiated research concepts; and (3) the Frederick National Laboratory Advisory Committee (FNLAC), which reviews the state of research at the Frederick National Laboratory for Cancer Research (FNLCR); as well as (4) extramural training opportunities for NCI Program and Review staff.

The DEA evaluates the content of all extramural research funded by the NCI and annually tracks the NCI research portfolio of more than 9,000 research and training awards by using consistent budget-linked scientific information to provide a

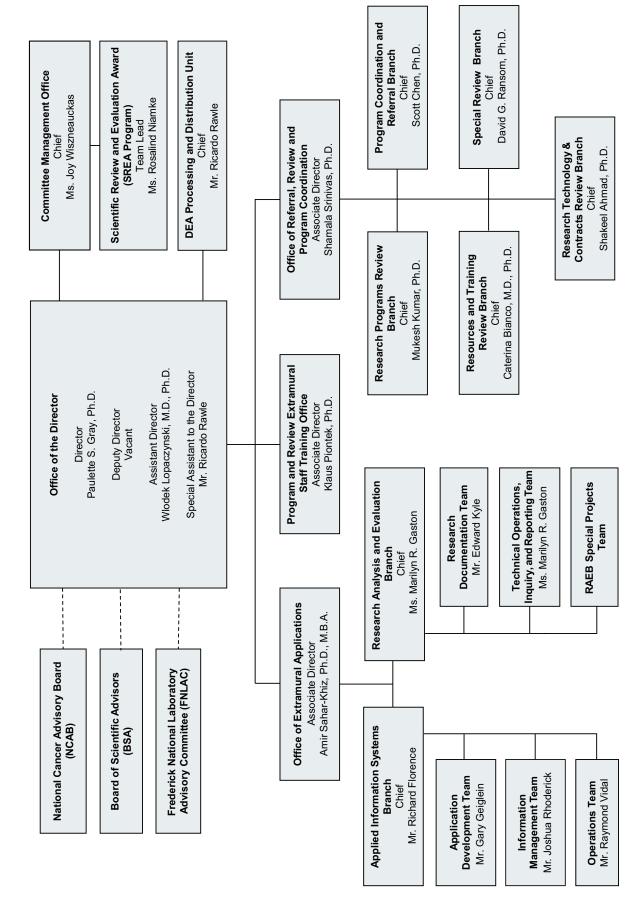
basis for budget projections; maintaining extensive records of this research; providing specialized analyses of the costs, goals, and accomplishments of the research; and serving as an NCI resource to others for reporting and dissemination of the NCI's research portfolio. The DEA monitors budgetary limitations for grant applications; participates in establishing policies to expedite funding; and initiates and implements changes to applications, guidelines, and award processes. Additionally, the Division coordinates the review and response to appeals from applicants regarding the peer review process or the subsequent disposition and management of grants, cooperative agreements, and contracts. It also responds to and coordinates requests from the NIH Office of Extramural Research's Agency Extramural Research Integrity Officer (RIO) for information and assistance regarding scientists (or institutions) supported by NCI research funds who were the subject of allegations, inquiries, and/or investigations of possible research misconduct.

The intent of this annual report is to provide insight and useful information about the role of the DEA in support of NCI's mission and the research funding process. A comprehensive look at each of the major areas of responsibility within the Division is provided. The data presented cover Fiscal Year (FY) 2023 (1 October 2022 – 30 September 2023) and provide data comparison with previous years.

To implement a biomedical research program of the highest quality, the NCI draws on the national pool of scientists actively engaged in research for assistance in selecting the best research and training projects. A sincere thanks to the more than 2,470 researchers, clinicians, and advocates who gave unselfishly of their time in FY2023. Their contribution to the continuing success of NCI's peer review and advisory activities is most appreciated.

Paulette S. Gray, Ph.D.
Director
Division of Extramural Activities

Division of Extramural Activities



Overview of the Division of Extramural Activities

The paramount goal of the National Cancer Institute (NCI) is to develop the knowledge base that will ultimately lessen the impact of cancer. Among the most important contributors to this base are the outstanding extramurally funded scientists supported by the NCI through grants, contracts, and cooperative agreements. The DEA was established within the NCI to provide the Institute and the scientific community with expert scientific review of the merits of extramural research. An important function of the DEA's mission is to manage and coordinate the second-level grant review by the National Cancer Advisory Board (NCAB); concept review of new and re-issue requests for applications (RFAs), research and development (R&D) requests for proposals (RFPs), and program announcements (PAs) with special receipt, referral, or review (PARs) considerations by the Board of Scientific Advisors (BSA); and activities of the Frederick National Laboratory Advisory Committee (FNLAC), which reviews the state of research at the Frederick National Laboratory for Cancer Research (FNLCR).

The Committee Management Office (CMO) provides oversight of all NCI-chartered advisory boards and committees, subcommittees, working groups, task forces, and review groups. The CMO also serves as an NIH service center for the National Institutes of Health (NIH) Advisory Committee to the Director (ACD), Novel and Exceptional Technology and Research Advisory Council (NExTRAC), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), the National Institute of General Medical Sciences (NIGMS), and the National Institute on Minority Health and Health Disparities (NIMHD). The CMO provides policy guidance and assistance to ensure that the NCI and client NIH Institutes, Centers, and Offices operate within the appropriate Federal Advisory Committee Act (FACA), the Government in Sunshine Act, and various other policies, procedures, and guidelines.

The Office of Referral, Review, and Program Coordination (ORRPC), which consists of four review branches and a program coordination and referral branch, provides: coordination of development and issuance of NCI program initiatives; execution of grant receipt and referral;

and management of NCI peer review activities. Review activities include the organization and management of peer review for all applications and proposals received in response to RFAs, PAs, PARs, multi-component grant and cooperative agreement initiatives, and requests for R&D contract proposals. The program coordination responsibilities of the DEA, in cooperation with NCI extramural program Divisions, Offices, and Centers (DOCs), extend to the development of all new extramural program guidelines and notices of funding opportunity (NOFOs).

Another program coordination activity is the development and maintenance of referral guidelines for assignment of grant applications to the NCI. These guidelines, included in the *Referral Guidelines for Funding Components of the Public Health Service*, are critical to the development of program initiatives across the NIH, as well as the prompt referral of unsolicited grant applications to the NCI. These guidelines differ from the NCI Internal Referral Guidelines, which are vital to the prompt referral of grant applications to the appropriate NCI programmatic areas.

The Research Analysis and Evaluation Branch (RAEB) works closely with the NCI Office of Budget and Finance (OBF) to provide budget-linked portfolio data from NCI grants, cooperative agreements, and contracts. In doing so, the NCI has the capability of responding expeditiously to congressional and other inquiries. The RAEB has historical budget-linked portfolio data that go back to the 1930s.

The DEA conducts continual evaluation of program initiatives and coordinates policies and procedures to ensure adherence by NCI staff, advisory groups, and applicants. The DEA Office of Extramural Applications (OEA), through the Applied Information Systems Branch (AISB), maintains a Web-based information system to provide key information on new initiatives. This system includes information on approved concepts, listings of active PARs, recently published RFAs, and policies related to the clearance of new program initiatives. As such, information is accessible to the public at https://deainfo.nci.nih.gov/funding.htm and to staff via NCI limited-access Intranet sites.

Special Activities in the Office of the Director, DEA

In addition to managing and coordinating the extramural operations described in this report, the DEA Office of the Director (OD) is a focal point and repository of information and policies related to various funding mechanisms for NIH grants, staff and awardee responsibilities, eligibility requirements, receipt dates for all granting mechanisms, and special programs. Also, the DEA OD ensures that the NCI meets its congressional mandate to promote increased participation of women, children, and members of minority and medically underserved populations in the research areas of cancer cause, prevention, control, diagnosis, and treatment.

The NIH Revitalization Act of 1993 mandates that women and members of minority groups be included as subjects in each research project, unless there are clear scientific or ethical reasons that inclusion is inappropriate with respect to the health of the subject or the purpose of the research. In 1998, an NIH inclusion policy was implemented requiring applicants and grantees to include children (as defined as an individual younger than 18 years of age) in clinical research, unless there is strong justification for their exclusion. In 2019, the NIH expanded the policy on Inclusion of Children in Clinical Research Policy to include individuals of all ages, including children and older adults (the Inclusion Across the Lifespan policy). Administrative procedures allow NCI staff to resolve inclusion problems after initial review of grant applications that are otherwise highly meritorious. In the event an applicant believes the proposed study does not warrant or require inclusion of women, children, or persons from minority or medically underserved population groups, he or she can apply for a waiver of this requirement.

The DEA Director is the Appeals Officer for the NCI and has the authority to grant inclusion waivers. In FY2023, 23 applications with preliminary bars to award were received by the DEA. Through corrective action, working with the applicants and NCI Program Directors, all bars-to-award were brought into compliance before awards were made.

Additionally, the DEA Director serves as the locus for implementation and oversight of NCI policies

concerning extramural research integrity and serves as a resource to all NCI staff with questions in this area. In this role, the DEA Director and designees work to address concerns about extramural research misconduct, misuse of human and animal research subjects, financial mismanagement, financial conflict of interest involving NCI-supported research, review integrity, and harassment.

The DEA Director also functions as the NCI Research Integrity Officer (RIO) and considers all documents related to research misconduct for transmittal and reporting to the NIH. In FY2023, 29 cases of research integrity—including alleged research misconduct, foreign interference, harassment and other irregularities involving NCI funding—were opened and referred to the DEA Director for review by the Office of Extramural Research, NIH, and/or the Office of Research Integrity, U.S. Department of Health and Human Services (HHS). Fifteen cases were completed and closed, and three cases were found to involve research misconduct.¹

Extramural Staff Training

Program and Review Extramural Staff Training Office (PRESTO)

The Program and Review Extramural Staff Training Office (PRESTO), which resides in the DEA OD, develops and coordinates the training of NCI Program, Review, and other extramural staff members. The mission of PRESTO is to increase the knowledge base of new and experienced staff members and optimize their effectiveness in supporting the goals of the NCI. To accomplish this mission, PRESTO: (1) designs and implements a broad-based curriculum for Program and Review staff; (2) provides training on specialized topics related to understanding of and compliance with NIH policies; (3) identifies and develops resources to facilitate individual learning and performance; and (4) tracks the participation of extramural staff in NIH- and NCI-sponsored training activities as well as continuously evaluates the efficacy of these activities.

¹ Cases found to involve research misconduct are published in the Federal Register and HHS Office of Research Integrity.

During FY2023, PRESTO activities included the following:

- An Electronic Tools Workshop Series specifically designed for new Program Officials to enhance their knowledge and skills related to the use of various portfolio management and analysis applications, including Resources for Identifying Experts in Cancer Fields and the I2E YourGrants Module.
- A Notice of Funding Opportunity (NOFO) Spotlight Series, including presentations on an Overview of the NCI R15 Academic Research Enhancement Award (AREA) and Research Enhancement Award Program (REAP), the Global Research Training Programs at NCI by the Center for Global Health Initiatives, a Bioengineering Research Grant in Cancer Research and Trans-NIH Bioengineering Collaboration, Practical Approaches to Writing an Effective Funding Opportunity Announcement (FOA), Global Clinical Trials focused on Prevention of Cervical Cancer in Women Living with HIV, the Early Investigator Advancement Program to guide junior investigators from diverse backgrounds to independence, the Collaborative Program: Expanding Cancer Health Disparity (CHD) Research Through New Partnerships, and Infrastructure Support for Drug Discovery and Development in NCI-designated Cancer Centers.
- PRESTO Scientific Review Officers (SRO) Boot Camps introducing new SROs to the role of an SRO from pre-meeting related activities (such as Administrative Review, Scientific Needs Assessment, and the other Identification of Reviewers and Conflict of Interest Screening) to meeting-focused topics (such as Introduction, Meeting Orientation, and signing of Scientific Review Group Meeting Minutes) to post-meeting actions (such as Meeting Close-out, Checking and Releasing Scores, and Writing and Releasing Summary Statements). Demonstrations of all relevant electronic modules like Internet Assisted Review (IAR), Peer Review (REV), Committee Management (CM), Online Critique Templates (OCT), and Query, View, and Report (QVR) provided a true hands-on experience.

 PRESTO-sponsored training focused on administrative and scientific topics, including Vertebrate Animal Use in NIH-Funded Research, and Program Project (P01) Grant Development Guidance and Peer Review.

During FY2024, PRESTO will continue to offer a variety of training opportunities with a focus on new and emerging topics of broad interest to NCI extramural staff. Various information technology tools will be employed to enhance the effectiveness of PRESTO-sponsored training activities, including a revamping of the PRESTO recordings of training sessions and seminars. PRESTO will continue to support the NCI by providing Program and Review related trainings and seminars, including the NCI Predoctoral to Postdoctoral Fellow Transition Award, the Pediatric Immunotherapy Network at the NCI, funding opportunities for Bladder Cancer Program, the Electronic Tools Workshop Series, and the New Program Officials Series. PRESTO will also participate in the Office of Grants Management Virtual Intro to the Grants Lifecycle: An Overview for New NCI Staff event. PRESTO plans to host one or more SRO Boot Camp for new SROs and revive the SRO Discussions series addressing various issues of interest and importance to NCI Scientific Review Officers and Extramural Staff Assistants, including updates to electronic Research Administration (eRA) Commons modules like Internet-Assisted Review, Office of Extramural Research policy changes like the Simplified Review Framework, and Best Practices to Ensure Reviewers of Contracts are registered in SPRS. PRESTO also plans to host presentations, in collaboration with the Trans-NCI Extramural Awareness Group (TEAG), on the impact of the simplification of the review framework for program officers and on solving and avoiding issues with the Human Subjects System.

DEA Processing and Distribution Unit (DPDU)

The DEA Processing and Distribution Unit (DPDU) maintains DEA facilities and provides services to DEA staff, including the coordination, consolidation, and purchasing of supplies; tracking of expenditures; and preparation of meeting folders, advisory board and committee books, orientation documents, and the Division's annual reports. In conjunction with the establishment of this unit, the number of DEA Purchase Cards was reduced, minimizing the hoarding of office supplies, with an overall reduction in dollar costs associated with their use.

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Program Coordination: A Resource for New Funding Initiatives

The DEA performs critical functions in the development of new strategic funding initiatives at the NCI and in the coordination of their publication as notices of funding opportunity (NOFOs), which comprise both Requests for Applications (RFAs) and Program Announcements (PAs). Members of the Program Coordination and Referral Branch (PCRB) provide expert assistance to NCI Program staff to develop and publish new (or re-issue) NOFOs. PCRB staff members disseminate various operating policies and procedures pertaining to extramural funding programs. To maintain consistency and completeness, all new and re-issued NCI NOFOs and Notices are reviewed, edited as needed, and cleared through the DEA under PCRB coordination, before being forwarded to the NIH Office of Extramural Research (OER) for approval and publication in the NIH Guide for Grants and Contracts. In these steps, the PCRB staff members help to streamline and clarify NOFO technical parameters and requirements, as well as optimize accuracy, precision, and clarity of their presentation in proper format. The PCRB verifies consistency with NIH-wide requirements, provides quality control, and coordinates timelines throughout the development and publication processes. Overall, these services ensure the high quality and timely availability of NCI's funding opportunities for cancer researchers as prospective applicants.

<u>Tables 1a</u> and <u>1b</u> show the variety of RFAs issued by the NCI in FY2023, and <u>Table 2</u> lists RFAs

issued by other NIH Institutes and Centers (ICs) that the NCI has joined as a participating partner. <u>Tables 3a</u> and <u>3b</u> show the variety of PAs/ PARs issued by the NCI in FY2023, and <u>Table 4</u> lists PAs/PARs issued by other NIH ICs that the NCI has joined as a participating partner.

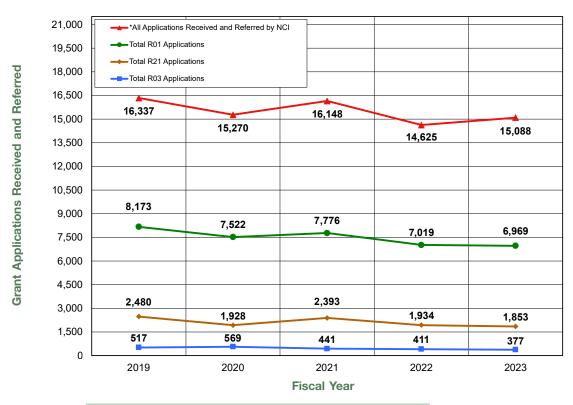
The PCRB staff members provide relevant information and timely updates to NCI extramural staff members on activities and results related to the requirements for all NOFOs, activity codes (R01, P01, F30, K08, U01, etc.), and grant applications. The Branch also serves as a direct source of guidance on this topic for program officials at the NCI and applicants in the extramural scientific community. The Referral Officers (ROs) in PCRB continued to collaborate with NCI information technology staff members and their contractors to examine and improve the business systems used for grant application receipt and referral, which contributes to an improved efficiency of use by NCI staff members and quality of service for the NCI's grant applicants and awardees. In addition to performing their program coordination and referral responsibilities, PCRB Health Scientist Administrators also served as Scientific Review Officers (SROs) in managing the review of 267 student loan repayment program (LRP) applications (Table 12), contract proposals, as well as 72 R13 conference grant applications (Table 5) and a variety of other proposals in FY2023.

Grant Referral: A First Point of Contact for NCI Grantees and Applications

In FY2023, a total of 15,088 grant and cooperative agreement applications were submitted to the NCI for funding with appropriated funds (see Figure 1 and Table 5). Applications and proposals encompassed 61 different types of award activity codes (Appendix F), including investigator-initiated Research Project (R01), Career Development (K series), Research Program Project (P01), Cancer Center Support (P30), Specialized Program of Research Excellence (SPORE, P50), Small Research Project (R03), Exploratory/Developmental Project (R21), Exploratory/Developmental Phase II Project (R33), Outstanding Investigator Award (R35), Research Specialist Award (R50), Small Business Technology Transfer (STTR, R41/R42), Small Business Innovation Research (SBIR, R43/R44), and Cooperative Agreement (U series) activity codes.

All applications seeking NIH support are initially submitted to the NIH Center for Scientific Review (CSR) Division of Receipt and Referral (DRR), which assigns each application to a specific NIH funding Institute or Center (IC) and the locus of review for the application, i.e., either to a CSR study section or within a specific IC. The ICs, in turn, have well-defined processes in place for the internal assignment and review of submitted applications. Upon receipt of applications from the CSR, the NCI Referral Officers: (1) assign all incoming applications to one of the 57 NCI extramural research program areas; (2) track program acceptance of the applications; and (3) if necessary, negotiate transfers of grant applications to and from the NCI to other NIH ICs, and even other HHS research funding agencies, such as the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and

Figure 1. Receipt and Referral of NCI Grant Applications* FY2019 - FY2023



^{*} Includes NCI Primary and Secondary applications received and referred.

Prevention (CDC), and the U.S. Food and Drug Administration (FDA).

The first point of contact for applicants seeking NCI support for their research is often a PCRB Referral Officer (RO) who provides the investigators with information related to funding opportunities, peer review policies and process, and contact information of an NCI Program staff member who can provide guidance through the application process. In addition, the RO assists members of the extramural community in navigating NIH and NCI Web pages to obtain current information, forms, and guidelines. The PCRB also serves as the information and coordinating center at the NCI for the submission of applications for the Academic Research Enhancement Award (AREA, R15) grants for research at educational institutions and organizations that have little or no current NIH grant support.

For certain NOFOs, in particular, Program Projects and specialized initiatives, applicants are encouraged to submit a Letter of Intent (LOI) to the PCRB prior to the submission of their application. The LOI typically provides the name of the contact Principal Investigator (PI) and other participating key investigators, a listing of the specific aims of the application and a brief description of the research, an approximate cost and years of support to be requested, and any additional information

requested in the NOFO. In most instances, the LOI is not mandatory or binding but provides the Institute with an estimate of the number of applications that might be submitted in response to a specific NOFO.

All applications requesting \$500,000 or more in direct costs in any year require prior agreement by NIH staff to accept the assignment of that application to that IC unless stated otherwise in the NOFO. This clearance process is accomplished by the applicant contacting Program staff well in advance of the anticipated submission date, but no later than 6 weeks before submission for prior approval. If the Program agrees to accept the application, the Program Officer (Director) must submit an Awaiting Receipt of Applications (ARA) "form" through the NIH electronic Research Administration (eRA) to CSR DRR. ARAs also are used to facilitate requests for assignments from ICs and other information that needs to be connected to specific applications. For additional guidance on this process, the applicants are referred to NOT-OD-02-004, "Revised Policy on the Acceptance for Review of Unsolicited Applications That Request \$500,000 or More in Direct Costs," and NOT-OD-17-005, "Optional Electronic Submission Method to Request to Submit an Unsolicited Application That Will Exceed \$500,000 in Direct Costs."

Peer Review: The Next Step

Once applications are referred to the appropriate NCI program, they must be reviewed. The high caliber of NCI-sponsored research is maintained through a peer review process in which experts in the appropriate scientific fields review the scientific and technical merit of research grant applications, cooperative agreements, and contract proposals. The peer review process helps to ensure that the NCI uses its resources wisely and funds research that has the potential to make a significant impact on science and medicine. The NCI's extramural programs and activities are funded primarily through peer-reviewed grants and cooperative agreements. Programs that are funded through R&D contracts also are subjected to peer review, including contract-supported projects conducted within the intramural research program.

The NIH peer review system consists of two sequential levels of review mandated by statute. The first level of review is performed by either an NIH CSR study section, a chartered NCI Initial Review Group (IRG), or an NCI Special Emphasis Panel (SEP). The primary purpose of this initial review is to evaluate the scientific merit/impact of research grant and cooperative agreement applications. The second level of review, which is for program relevance, is conducted by the National Cancer Advisory Board (NCAB).

Most investigators are familiar with the NIH CSR study sections, which have the primary responsibility for managing the peer review of most investigator-initiated Research Project Grant (RPG, R01) and Fellowship (F) applications. However, dollars requested for grant applications reviewed by DEA-chartered IRGs and SEPs represent more than 50 percent of the NCI's total extramural grant–funding budget. Peer review managed by either the CSR or the DEA is usually determined by the type of grant mechanism.

The NCI has no direct input into the selection of peer reviewers who serve on CSR study sections. In contrast, members on NCI IRGs and SEPs are selected by DEA review staff, with suggestions from NCI program staff. All chartered NCI IRG Study Section members are approved by the DEA Director, based on their knowledge in various disciplines and fields related to cancer. The NCI has four specialized IRG study sections. Study Section A reviews Cancer Center Support Grant (CCSG) applications, Study Section F reviews Institutional Training and Education applications, Study Section I reviews Transition to Independence applications, and Study Section J reviews Career Development applications. (The membership of NCI-chartered study sections may be found in Appendix D and at https://deainfo.nci.nih.gov/advisory/irg/irg.htm.) IRG members are appointed for varying terms of service, which may be up to 6 years. DEA SEPs may be formed to review grant and cooperative agreement applications received in response to RFAs, PAs, PARs, other special applications, or Technical Evaluation Panel (TEP) review of R&D contract proposals received in response to RFPs. Members of each panel are selected—on a onetime, as-needed basis—to review specific grant and cooperative agreement applications or contract proposals. Additional information about NCI SEPs can be accessed at https://deainfo.nci.nih.gov/ advisory/sep/sep.htm.

The peer review of grant applications and contract proposals generally occurs in the fall, winter, and spring, prior to the February, June, and September NCAB meetings, respectively.

Review Workload

In FY2023, the DEA organized, managed, and reviewed a total of 4,021 research grant and cooperative agreement applications (Table 6) and 109 SBIR Special Topics and RFP contract proposals (Table 12) assigned to the NCI for funding with appropriated dollars of \$1,773,465,625. The total number of grant applications, cooperative agreements, and contract proposals reviewed in FY2023 was 4,037 (Figure 2). In addition, the DEA conducted 13 Cancer Center site visits, 12 IRG Study Section review meetings, 176 SEPs to review grant applications and contract proposals,

and 111 other review-associated meetings, such as orientation teleconferences. <u>Tables 7</u> and <u>12</u> provide a summary of the applications and proposals reviewed by NCI IRG Subcommittees and SEPs. Also, 2,471 peer reviewers served on the NCI DEA-managed SEPs, and work groups in FY2023. Members were selected based on their demonstrated experience and expertise in relevant fields of biomedical research or their informed consumer perspectives.

Peer Review Functions

The Office of Referral, Review, and Program Coordination (ORRPC) is responsible for the coordination and management of the review of NCI grant applications, cooperative agreements, and contract proposals. The ORRPC is composed of four review branches, and the Program Coordination and Referral Branch. The individual review branches are responsible for organizing, managing, and reporting the results of scientific peer review of grants, cooperative applications,

and R&D proposals for a wide variety of grant mechanisms and topics. Reviews of grant applications are conducted by specially convened SEPs, as shown in <u>Table 7</u>. Contract proposals and Small Business Innovation Research (SBIR) Special Topics, shown in <u>Table 12</u>, are reviewed by Technical Evaluation Panels (TEPs).

Research Programs Review Branch (RPRB)

Program Project (P01) Applications

Again, a significant effort of RPRB during FY2023 is the review of unsolicited Program Project (P01) applications. These are multi-project, collaborative programs with a well-defined unifying cancer research theme. For the review of P01s, the applications are grouped based on their scientific focus and typically clustered into groups of up to 12 applications in each group. The applications often represent a continuum of research from basic through translational to preclinical and clinical studies.

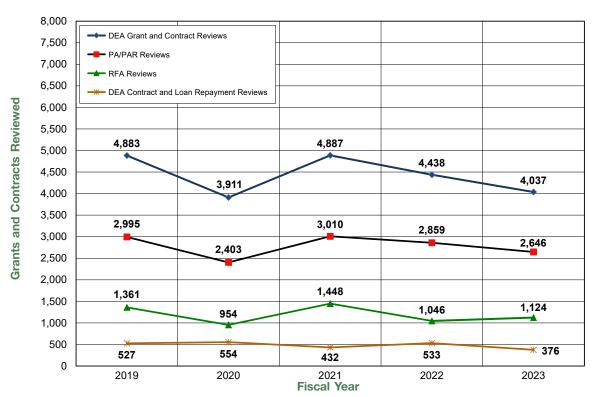


Figure 2. DEA Review Workload*

Grants, Cooperative Agreements, and Contracts Reviewed in FY2019 – FY2023

^{*} Withdrawn applications are not included.

All P01 review panels are constituted as SEPs, with ad hoc reviewers recruited based on the required scientific expertise. The SEP review committees evaluate the potential impact of the individual projects and technical merit of the supporting core resources, determine the level of program integration and leadership, and assign an overall impact score to each application.

During FY2023, RPRB managed the review of 85 new, renewal (competing), resubmitted (amended) P01 applications (<u>Table 8</u>) and one revision (<u>Figure 3</u>). Forty-one (48%) of the applications proposed new multidisciplinary research programs, 11 (13%) were competitive renewals, and 33 (38%) of the applications (both Type 1 and 2) were resubmitted applications (<u>Table 8</u>). Thirty-two (37%) of the 86 applications were referred to the NCI's Division of Cancer Biology (DCB), 37 applications (43%) were referred to the Division of Cancer Treatment and Diagnosis (DCTD), 10 applications (12%) were referred to the Division of Cancer Control and Population Sciences (DCCPS), and seven applications (8%) were referred to the Division

of Cancer Prevention (DCP) (see <u>Table 9</u>). The 86 applications requested \$236,912,056 in total costs for the first year of support and \$1,188,723,598 in total costs for 5 years (see <u>Table 9</u>).

Specialized Programs of Research Excellence (SPORE, P50)

Another major responsibility of RPRB is the review of NCI Specialized Programs of Research Excellence (SPORE) P50 applications. These complex, multiproject, multidisciplinary, translational applications focus on research that is directly applicable to human disease in specific organ sites or that focuses on a common biological mechanism critical for promoting tumorigenesis and/or cancer progression.

All SPORE review panels are constituted as SEPs, with reviewers recruited based on the scientific expertise needed for the applications being reviewed. SEP review committees evaluate and assign scores to the individual components of the applications (projects, cores, scientific collaborations, and developmental programs) and

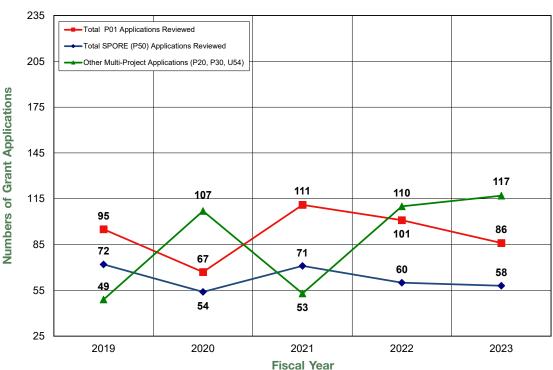


Figure 3. P01, SPORE, and Other Multi-Project Research Applications Reviewed FY2019 - FY2023

then, assign an overall impact score to the SPORE application as a whole.

In FY2023, the RPRB organized and managed nine SEPs for the review of 58 SPORE applications and one revision (Figure 3 and Tables 10 and 11). The applications addressed multiple organ sites, with the following distribution (and numbers) of applications: Brain (3); Breast (1); Gastrointestinal (3); Pancreas (5); Head and Neck (4); Leukemia (4); Lymphoma (2); Skin (1); Ovarian (3); Endometrial (4); Prostate (5); Kidney (1); Sarcoma (2); Neuroendocrine (2); Lung (7); and Bladder (2). In addition to organ sites, there were applications focused on common biological mechanisms: Epigenetics (1); RAS (1); Immunotherapy (1); and Health Disparities (6). Overall, 40 (69%) of the 58 applications were submitted for new SPOREs, and 18 (31%) were competitive renewal applications, with 21 (36%) being resubmitted applications.

The disease sites addressed in the SPORE applications vary from round to round. For example, ten applications addressing nine different disease sites were reviewed for the February 2023 NCAB cycle; 38 applications addressing 18 disease sites were reviewed for the June 2023 NCAB cycle, and ten applications addressing seven disease sites were reviewed for the September 2023 NCAB meeting. The applications requested \$138,721,629 in total costs for the first year of support (Table 11).

Other RPRB Activities

Potential applicants for P01 and P50 grant submissions are strongly encouraged to participate in a pre-submission discussion with appropriate NCI Program and DEA Review staff members so that they can fully understand the guidelines, requirements, and goals of these complex applications. The SROs from the RPRB routinely participate in these pre-submission conferences to assist the applicants in understanding the review process, the special review criteria, and the scoring paradigms for these applications. In FY2023, the RPRB SROs attended 70 of these pre-submission meetings.

As needed, RPRB SROs also manage review of applications submitted to the DEA in response

to other initiatives. In FY2023, this included coordinating SEP review of R01, R03, R21, U24, UH2/UH3, and U01, applications, and TEP review of Phase I and Phase II contract proposals.

Resources and Training Review Branch (RTRB)

The RTRB has primary responsibility for review of Cancer Center Support, Training and Education, and Career Development applications. RTRB is also responsible for the management of the four NCI IRG study sections: A, F, I, and J (Appendix E).

Review of P30 Cancer Center Support Grant (CCSG) applications involves a two-tier initial peer review process. The first tier of the review involves a site visit to the applicant's institution by a non-FACA working group review panel. Site visit reviewers serve as a fact-finding body of experts to obtain updated information and/or clarification of any issues identified in the written application through an onsite face-to-face discussion with the Cancer Center investigators, with a focus on addressing CCSG-specific review criteria. The site visit committee prepares a site visit review report that is presented, along with the written CCSG application, to the NCI IRG Study Section A for discussion, evaluation, and final impact scoring of the application. Final impact scoring by the NCI Study Section A provides a more uniform evaluation of the individual CCSG applications than scoring based solely on the initial site visit review group. During FY2023, NCI Study Section A reviewed 13 CCSG applications (site visits).

Training and Career Development

Career Development (CD) and Training and Education (T&E) grant applications are reviewed by IRG Study Sections Institutional Training and Education (F), Transition to Independence (I), and Career Development (J). The number of Career Development applications increased to 900 in FY2023 from 630 in FY2022 (<u>Table 6</u>). The number of Training and Education grant applications increased from 194 in FY2022 to 209 in FY2023 (<u>Figure 4</u>). In addition, 46 applications submitted in response to the NCI Predoctoral to Postdoctoral Fellow Transition Award (F99)

and 46 applications in response to NCI Pathway to Independence Award for Outstanding Early-Stage Postdoctoral Researchers (K99/R00) were reviewed.

Other RTRB Activities

In FY2023, RTRB staff also reviewed applications received in response to initiatives that were coordinated by the Special Review Branch (SRB): (1) Exploratory/Developmental Grant (R21); (2) Small Grant (R03); (3) Coordinating Center—Cooperative Agreement (U24); (4) Research Projects—Cooperative Agreements (U01); (5) Specialized Center—Cooperative Agreements (U54); (6) Exploratory Developmental Cooperative Agreements Phase I UG3/UH3 and UH2; (7) K22 NCI Transition Career Development Awards; and (8) R38 Stimulating Access to Research Independence Awards.

Special Review Branch (SRB)

The SRB organizes and manages the peer review of applications submitted in response to NCI-issued RFAs, PAs, and PARs. Following approval of RFA concepts by the NCI Scientific Program Leadership (SPL) and the Board of Scientific Advisors (BSA), NCI Program staff prepare RFAs and RFPs for publication in the *NIH Guide for Grants and Contracts*. Table 10 summarizes the number of applications submitted for the RFAs, and Table 11 summarizes the number of applications submitted in response to PAs or PARs reviewed by the DEA.

During FY2023, the SRB, with the assistance of the three other DEA review branches (RPRB, RTCRB, and RTRB), peer reviewed a total of 1,124 applications received in response to 60 RFAs (Table 10) and 2,646 applications in response to 53 PAs/PARs (Table 11). All the SRB peer review meetings were conducted by 44 SEPs.

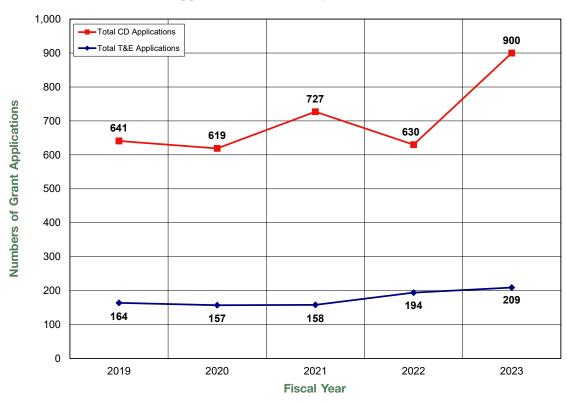


Figure 4. Numbers of Career Development (CD) and Training and Education (T&E)
Applications Reviewed, FY2019 - FY2023*

^{*} CD mechanisms: K01, K08, K22, K25, K99, and U01. T&E mechanisms: K12, R25, and T32.

Exploratory/Developmental Research

In FY2023, the DEA reviewed 1,014 R21 applications submitted for the NCI Clinical and Translational Exploratory/Developmental Research Grant Program in response to PAR-20-292 and PAR-22-216 (Table 11). Applications were initially grouped based on their scientific focus; the groupings varied depending on the number of applications received and the science proposed. The applications represented a continuum of research from basic through translational to preclinical and clinical studies. The applications were reviewed in a total of 32 SEPs over the three review cycles in FY2023.

Small Grant Programs

The small grant (R03) PAR program initiative in the NCI Omnibus R03 for cancer research (PAR-20-052 and PAR-23-058) stimulated increased interest in the applicant community. In FY2023, 337 applications were submitted and reviewed by the DEA in response to these NOFOs (Table 11).

Other SRB Activities

As needed, SRB SROs also managed review of applications submitted to the DEA in response to other initiatives. In FY2023, this included coordinating review of P01, P20, R01, R03, R21, R50, U01, U24, U54, UG3, and UH2/UH3 applications.

Research Technology and Contracts Review Branch (RTCRB)

The RTCRB organizes and manages the peer review of technology-related Innovative Molecular and Cellular Analysis Technologies (IMAT), Small Business (SBIR/STTR) grant applications, SBIR Special Topics contract proposals, and R&D contract proposals submitted in response to RFPs. In most instances, the majority of technology research initiatives use either the R21 Exploratory/Developmental or the R33 Exploratory/Developmental Phase II award mechanism. The R21 mechanism is intended to encourage exploratory/developmental research by providing support for exploratory pilot projects in

the early stages of project development, whereas the R33 mechanism is suitable for projects for which "proof-of-principle" of the proposed technology or methodology already has been established and supportive preliminary data are available. These two mechanisms are well suited for technology development.

In FY2023, 283 technology applications (Figure 5 and Table 10) for Exploratory/ Developmental Phase I (R21), Exploratory/ Developmental Phase II (R33), and Phase I Exploratory/Developmental (R61) grants were reviewed for Advanced Development and Validation of Emerging Biospecimen Science Technologies for Basic and Clinical Cancer Research (RFA CA22-004 [R33 Clinical Trial Not Allowed]); Advanced Development and Validation of Emerging Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (RFA CA23-003 [R33 Clinical Trial Not Allowed]); Innovative Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (RFA CA 22-001 [R61 Clinical Trial Not Allowed]); Innovative Biospecimen Science Technologies for Basic and Clinical Cancer Research (RFA CA22-003 [R61 Clinical Trial Not Allowed]); Innovative Biospecimen Science Technologies for Basic and Clinical Cancer Research (RFA CA23-004 [R61 Clinical Trial Not Allowed]) (<u>Table 10</u>).

Research and Development (R&D) Contract Proposals

In FY2023, the RTCRB received and reviewed a total of 109 SBIR Special Topics and R&D contract proposals. The proposals were in response to SBIR Contract Solicitations—Phase I and Fast Track with Phase II (78), and R&D Innovative Concept Award [Therapeutics (22) and Diagnostic Devices (4)]; PREVENT Cancer Preclinical Drug Development Program – CGMP Pool (2), and PREVENT Toxicology and Pharmacology Pool (3) (Table 12). During review, specific elements of each proposal are individually evaluated and scored, with the combined score indicating the overall merit.

After negotiations, contract awards are made for the specific RFP solicitation. Phase II SBIR proposals are submitted to the electronic Contract Proposal Submission (eCPS) system and are announced on the System for Award Management (SAM) website, <u>SAM.gov</u>.

Other RTCRB Activities

In FY2023, members of the branch also assisted in the review of applications for initiatives that were coordinated by the SRB, including the NCI Omnibus Exploratory Grant (R21) program and the Small Grant (R03) program. In FY2023, the RTCRB also managed reviews of U01, U24, UG3, and UH2/UH3 applications.

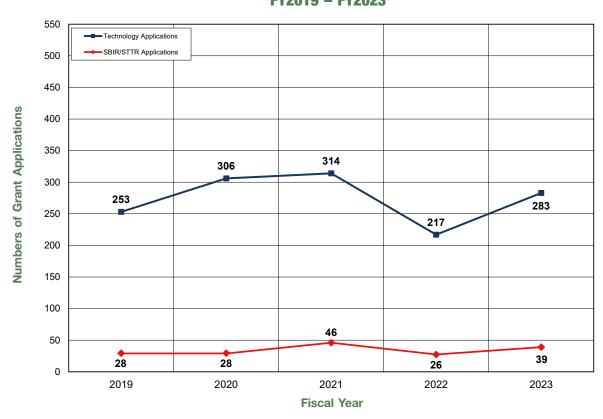


Figure 5. Technology Initiatives Applications Reviewed FY2019 - FY2023*

^{*} Withdrawn applications are not included.

NCI Grant and RFA Funding

The Board of Scientific Advisors (BSA) is responsible for advising the NCI Director on the extramural program and the future direction and funding of each Division's, Office's, and Center's extramural research. As such, the BSA provides concept review for NCI-sponsored RFAs. Figures 6 and 7 show total NCI Grant and RFA funding according to scientific concept area in FY2022 and FY2023, respectively. Figure 8 shows RFA concepts that the BSA approved from FY2020 through FY2023 according to the sponsoring NCI Division, Office, or Center.

<u>Table 13</u> presents a summary of total funding of NCI grant awards by mechanism and activity code for FY2023. In <u>Table 14</u>, a comparison is made of the average cost and number of NCI P01, P30,

P50, R01, R03, R13, R21, U01/U19, U10, and U54 grants, and cooperative agreements awarded through FY2023, for each of the extramural Divisions, Offices, and Centers.

Trends in grant funding according to scientific discipline and organ site are provided in <u>Tables</u> 15 and 16.

<u>Table 17</u> reports NCI's funding of foreign research grants in FY2023, and <u>Table 18</u> reports foreign components of U.S. domestic research grants in FY2023.

Note: Some grant awards made during a fiscal year may have been for grant applications reviewed in a prior fiscal year.

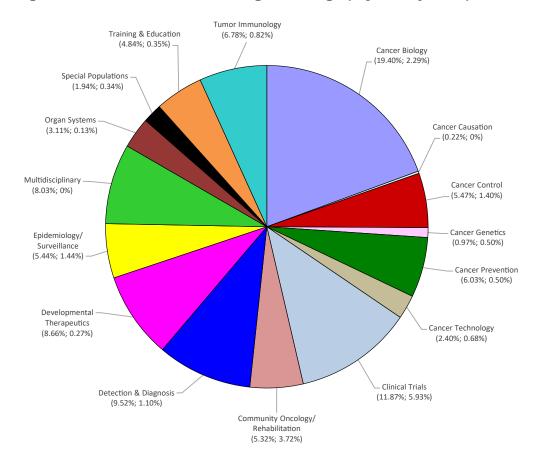


Figure 6. NCI Grant and RFA Funding Percentages, by Concept Area, FY2022

Percentages represent Total Funding and RFA Funding for the Concept Area as a percentage of Total NCI Grants.

Concept Area (% of Total Funding to Total NCI Grants; % of RFA Funding to Total NCI Grants)

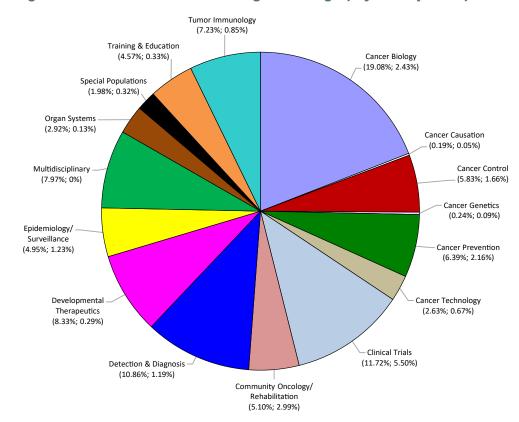


Figure 7. NCI Grant and RFA Funding Percentages, by Concept Area, FY2023

Percentages represent Total Funding and RFA Funding for the Concept Area as a percentage of Total NCI Grants.

Concept Area (% of Total Funding to Total NCI Grants; % of RFA Funding to Total NCI Grants)

FY2023 FY2021 OD-SBIRDC *DCB, DCP, 2.9% DCCPS DD-OHAM 1.5% *DCB, DCP, DCTD 4.1% 2.9% OD-OHAM 1.5% OD-CGCHR *OD-CSSI. *DCB, DCTD 2.0% DCB 19.3% DCB, DCCPS, DCP, DCTD 1.2% OD-CCT 3.8% DCCPS 6.4% *DCB, DCP _ 0.3% FY2020 OD-CCT 4.9% *DCP, DCB 3.1% FY2022 OD-CCG 4.2% *DCP, DCTD 1.1% OD-SBIRDO *OD-CRCHD DCB, 0.2% *DCTD, DCP 1.5% *OD-CSSI, DCB, DCCPS, DCP, DCTD *DCCPS, DCP DCTD 0.7% DCB 5.2% *DCTD, DCB, DCTDC 2.9% DCCPS 16.9% OD-CRCHD OD-CSSI 13.9% -DCCPS 15.0% _*DCP, DCCPS 1.7% DCTD 71.1% *DCTD, DCB 5.6% *DCP, DCB 4.2% *OD-CRCHD, DCB 2.9% DCTD / 8.2% *DCP, DCCPS 1.1% *DCTD, DCB, DCP, - NIBIB, NIDCR 0.3% DCP, DCCPS *DCTD, DCCPS, – DCEG, DCP DCTD 57.1% *OD-CRCHD, DCTD, 4.7% *DCTD, DCB DCTD 23.8%

Figure 8. BSA-Approved RFA Concept Set-Asides, by Division/Office, FY2020 - FY2023

Legend

| DCB | Division of Cancer Biology | OD-CCG | Office of the Director – Center for Cancer Genomics |
|--------|---|-----------|--|
| DCCPS | Division of Cancer Control and Population Sciences | OD-CCT | Office of the Director – Center for Cancer Training |
| DCEG | Division of Cancer Epidemiology and Genetics | OD-CGCHR | Office of the Director – Center for Global Cancer Health Research |
| DCP | Division of Cancer Prevention | OD-CRCHD | Office of the Director – Center to Reduce Cancer Heath Disparities |
| DCTD | Division of Cancer Treatment and Diagnosis | OD-CSSI | Office of the Director – Center for Strategic Scientific Initiatives |
| NIBIB | National Institute of Biomedical Imaging and Bioengineering | OD-OHAM | Office of the Director – Office of HIV and AIDS Malignancy |
| NIDCR | National Institute of Dental and Craniofacial Research | OD-NCI | Office of the Director – National Cancer Institute |
| OD-OCC | Office of the Director – Office of Cancers | OD-SBIRDC | Office of the Director – Small Business Innovation Research Development Center |

^{*} Indicates co-funding among NCI Divisions/Offices.

Supporting Peer Review Consultants

Ensuring that highly qualified individuals are available for expert review of grant applications and contract proposals requires an efficient administrative support system. The DEA's Scientific Review and Evaluation Activities (SREA) unit, residing within the NCI Committee Management Office (CMO), supports the NCI peer review process by compensating consultants for their services on the NCI IRG study sections or SEPs and by reimbursing them for their travel and other expenses (see Appendices D and E). The SREA staff also approves and/or processes payments for other activities related to review, including hotel contracts, teleconferencing services, and contract-supported ticketing services.

The NCI SREA program is a multimillion-dollar program. The staff members of CMO continue to effectively oversee the successful reconciliation of peer review costs charged against the SREA account, identify erroneous charges, and keep an extensive tracking sheet on all costs related to 176 peer review-associated meetings to successfully manage the budget. The CMO is able to provide the DEA Director with a clear picture of funds spent against the SREA budget throughout the year to ensure there are enough funds to cover all NCI peer review activities.

During FY2023, 2,471 consultants were reimbursed honoraria and flat-rate payment for serving at more than 176 peer review meetings (Appendix E). There were 3,662 instances of honoraria and flat-rate payments to NCI peer review consultants. The SREA staff works diligently to ensure reviewers are reimbursed in a timely manner and, when appropriate, contacts those reviewers with an unpaid or returned reimbursements status. The SROs have expressed

their gratitude to the members of the SREA team for tracking the reviewers' payments and, when necessary, assisting reviewers to complete their Secure Payee Registration System (SPRS) registration. Due to these proactive efforts by the SREA staff, only two out of the 3,662 instances of honoraria and flat-rate payments to NCI peer review consultants were not paid out in FY2023.

Throughout the year, the SREA staff ensures the timely review and processing of hotel contracts to secure lodging and meeting room space for face-to-face peer review meetings. In FY2023, 16 hotel contracts were processed by the SREA staff. SREA staff are also responsible for ensuring all meeting logistic invoices (i.e., hotels, World Travel Service, and teleconference services charges) are accurate and valid before all invoices are processed for payment. All discrepancies are immediately addressed with the appropriate vendor, and a revised invoice is requested. A total of 16 hotel invoices and 42 consultant travel invoices were reviewed and submitted for payment in FY2023.

The SREA staff collaborates with the Associate Director, ORRPC, NCI DEA Branch Chiefs, CMO, and Scientific Review Officers on the development of NCI SREA policies and procedures. On an ongoing basis, they monitor and evaluate current SREA activities and initiate changes and improvements when warranted.

All CMO and SREA documents related to peer review meeting activities are sent to PRESTO to be posted on the "NCI/ DEA Peer Review Reference Guide for Staff Assistants (SAs)" page on the PRESTO website. The documents are then utilized by NCI DEA SROs and SAs. These training tools are imperative to the peer review process and the integrity of the National Cancer Institute's mission.

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DEA's Role in Advisory Activities

Beyond its central role in coordinating the referral and receipt of grants and peer review, perhaps the most far-reaching role that the DEA plays across the NCI is the coordination and administration of NCI's nine chartered Federal Advisory Committees. The memberships and activities of these advisory bodies are coordinated by the Office of the Director, DEA, and the Committee Management Office, DEA, in consultation with the NCI Director. A primary responsibility of the DEA is coordination of the activities of the National Cancer Advisory Board (NCAB), whose members are appointed by the U.S. President and whose responsibilities include the secondlevel review of grant and cooperative agreement applications as well as advising the NCI Director on policy for the conduct of the National Cancer Program. The DEA also coordinates administration of the Board of Scientific Advisors (BSA), the body responsible for the oversight and concept review of the extramural programs and initiatives of the NCI, and the Frederick National Laboratory Advisory Committee (FNLAC), which provides oversight of research activities at the Frederick National Laboratory for Cancer Research (FNLCR). Working groups, task forces, etc., are formed under the various chartered committees to address and make recommendations on important areas of cancer research related to basic science, clinical trials, diverse populations, cancer advocacy. treatment, cancer control, drug development, prevention, communication, education, etc. As such, the DEA plays a major role in the development and issuance of PAs, PARs, RFAs, and R&D RFPs, the major extramural program initiatives used by the NCI to fund extramural research. The DEA Director serves as an Executive Secretary to the NCAB and the BSA. (See Appendices A and B for highlights of the activities of these Boards in FY2023 and Appendix D for a list of current chartered committee members.)

Major NCI Advisory Bodies Administered by the DEA

National Cancer Advisory Board (NCAB). NCI's principal advisory body is the presidentially appointed NCAB. The NCAB advises the HHS

Secretary and the NCI Director on issues related to the entire National Cancer Program and provides a second level of review of grant applications referred to the NCI and for the U.S. Food and Drug Administration (FDA) (Appendix A).

President's Cancer Panel (PCP). The PCP consists of three members appointed by the U.S. President who—by virtue of their training, experience, and backgrounds—are exceptionally qualified to appraise the National Cancer Program. At least two members of the Panel are distinguished scientists or physicians, and the third member is a nationally recognized cancer research patient advocate. The Panel monitors the development and execution of the activities of the National Cancer Program and reports directly to the U.S. President. Any delays or hindrances in the rapid execution of the Program are immediately brought to the attention of the President.

Board of Scientific Advisors (BSA). The BSA represents the scientific community's voice in NCI-supported extramural research. The BSA, composed of distinguished scientists from outside the NCI and representatives from the advocacy community, advises NCI leadership on the progress and future direction of the Institute's extramural research program. One important function of the BSA is to evaluate NCI extramural programs and policies and review concepts for new research opportunities and solicitations to ensure that those concepts are meritorious and consistent with the Institute's mission (Appendix B).

Board of Scientific Counselors (BSC). Managed through the Office of the Director (OD), NCI, the BSC advises NCI leadership on the progress and future direction of NCI's Intramural Research Program residing in the Center for Cancer Research (CCR) and Division of Cancer Epidemiology and Genetics (DCEG). These scientific experts from outside the NCI evaluate the performance and productivity of NCI Intramural Principal Investigators and staff scientists through periodic site visits of the intramural laboratories and provide evaluation and advice on the course of research for each laboratory and branch.

Frederick National Laboratory Advisory Council (FNLAC). The FNLAC provides advice and makes

recommendations to the Director, NCI, and the Associate Director, NCI-Frederick, on the optimal use of the NCI-Frederick facility to rapidly meet the most urgent needs of the Institute. The NCI-Frederick Cancer Research Center (FCRC) in Frederick, Maryland, was established in 1972 as a government-owned, contractor-operated facility. In 1975, the facility was designated as a Federally Funded Research and Development Center (FFRDC) to provide a unique national resource for the development of new technologies and the translation of basic science discoveries into novel agents for the prevention, diagnosis, and treatment of cancer and AIDS. In 2012, the FCRC was renamed to the Frederick National Laboratory for Cancer Research (FNLCR). FNLAC reviews new projects proposed to be performed at FNLCR and advises the Director, NCI, and the Associate Director, NCI-Frederick, about the intrinsic merit of the projects and about whether they should be performed at the Frederick facility (Appendix C).

NCI Council of Research Advocates (NCRA). The NCRA, previously known as the Director's Consumer Liaison Group (DCLG), advises the NCI Director with respect to promoting research outcomes that are in the best interest of cancer patients. To this end, the NCRA conducts these activities with the intent to identify new approaches, promote innovation, recognize unforeseen risks or barriers, and identify unintended consequences that could result from NCI decisions or actions. Additionally, the NCRA provides insight into enhancing input, optimizing outreach, and promoting strong collaborations, all with respect to non-scientist stakeholders.

Clinical Trials and Translational Research Advisory Committee (CTAC). The CTAC advises and makes recommendations to the NCI Director, NCI Deputy Directors, and the NCI Division/Office/Center (DOC) Directors on the NCI-supported national clinical trials enterprise to build a strong scientific infrastructure by bringing together a broadly developed and engaged coalition of stakeholders involved in the clinical trials process. In addition, CTAC makes recommendations regarding the effectiveness of NCI's translational research management and administration program, including needs and opportunities across disease sites, patient populations, translational developmental pathways, and the range of molecular mechanisms responsible for cancer development. CTAC also advises on the appropriate magnitude for dedicated translational research priorities and recommends allocation of translational research operations across organizational units, programs, disease sites, populations, developmental pathways, and molecular mechanisms. These responsibilities encompass oversight of all clinical trials, both extramural and intramural. In addition, the Committee provides broad scientific and programmatic advice on the investment of taxpayer dollars in clinical trials and related science.

NCI Initial Review Groups (IRGs). The NCI IRGs, composed of four active study sections, review grant applications for Cancer Center Support (Study Section A), Institutional Training and Education (Study Section F), and Career Development (Study Sections I and J) in the areas of cancer cause, prevention, diagnosis, treatment, and control. IRG members may be appointed as standing committee members with overlapping terms of up to 6 years, or as "temporary" ad hoc members. Ad hoc members have all of the rights and obligations of IRG committee membership, including the right to vote on recommendations in which the individual fully participated as a reviewer for a specific meeting. Consultants also may be invited to serve as special experts to provide information or advice. These individuals generally serve on site-visit groups or work groups providing critical information to the chartered advisory subcommittees responsible for initial peer review.

NCI Special Emphasis Panels (SEPs). The SEPs advise the NCI Director and the DEA Director regarding research grant and cooperative agreement applications and concept reviews relating to basic, preclinical, and clinical sciences and applied research and development programs of special relevance to the NCI. Membership on a SEP is fluid, with experts designated to serve "as needed" for individual review meetings rather than for fixed terms. The SEP individuals have all the rights and obligations of IRG committee membership, including the right to vote on recommendations.

NCI Technical Evaluation Panels (TEPs). The TEPs advise the NCI Director and the DEA Director regarding contract proposals. The TEPs provide an orderly, impartial, timely, yet comprehensive and discriminating, technical evaluation of each prospective offeror's technical proposal.

Committee Management Activities

The NCI Committee Management Office (CMO) is critical to the continued success of all NCI Federal Advisory Committee activities, including Boards, Advisory Committees, subcommittees, working groups, blue ribbon panels and review panels, etc. The CMO is located in the Office of the Director, Division of Extramural Activities (DEA), National Cancer Institute (NCI). This Office continues to provide expert advice to the Director, NCI, Deputy Directors, NCI, the Director, DEA, NCI, and other senior-level Institute/Center/Client staff on all rules, regulations, guidelines, policies, and procedures, governing the Federal Advisory Committee Act (FACA). The Committee Management Office is also an established Service Center for the management of other Institutes' Federal Advisory Committees. Currently, CMO serves as the Service Center for the Advisory Committee to the Director, NIH (ACD) located in the OD, NIH, and the Novel and Exceptional Technology and Research Advisory Committee (NExTRAC) (formerly the NIH Recombinant DNA Advisory Committee [RAC]) located in the Office of Science Policy, OD, NIH. In addition, CMO serves as the Service Center for four NIH Institutes/Centers (ICs). The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has seven Federal Advisory Committees: an Advisory Council, a BSC, four IRG study sections, and a SEP. The National Institute on Drug Abuse (NIDA) has four Federal Advisory Committees: an Advisory Council, a BSC, two IRG Study Sections, and a SEP. The National Institute of General Medical Sciences (NIGMS) has five Federal Advisory committees: an Advisory Council, four IRG Study Sections, and a SEP. The National Institute on Minority Health and Health Disparities (NIMHD) has two Federal Advisory Committees: an Advisory Council and a SEP.

In all, CMO successfully manages 32 Federal Advisory Committees and numerous subcommittees and working groups. The Office is also responsible for providing logistical planning and support of the following: four National Cancer

Advisory Board meetings, three Board of Scientific Advisors meetings, and three Frederick National Laboratory Advisory Committee meetings, as well as numerous subcommittees and working groups. Meetings are held in person or via videoconference, webinar, or teleconference. The Office also provides logistical support for three NIAAA Council meetings each year. Another important responsibility of the Office is the management of the Division's SREA Program, which includes reimbursement of thousands of peer review consultants, processing and payment of hotel contracts, teleconferences, and reconciliation of the SREA budget.

As a Service Center, the Committee Management Office continued to provide exceptional service to these Client-Institutes on the management of their Federal Advisory Committees. CMO effectively managed a comprehensive ethics program in support of ACD, NExTRAC, NIDA, NIGMS, and NIMHD. Ethics services include analysis and review of Special Government Employee OGE-450s and Foreign Activity Questionnaires and preparation of recusal lists and waivers of current members. Additionally, CMO prepares charter renewals, analyzes potential nominees, and prepares nomination slates, issuances of waivers for membership requirements, Federal Register notices, and annual and fiscal year reports for its Service Center Clients.

Highlights of CMO activities in FY2023 include the following:

- Increased the NCI CMO Service Center to include one additional NIH Institute the National Institute of General Medical Sciences (NIGMS) which has five Federal Advisory Committees: an Advisory Council, four IRG Study Sections, and a SEP.
- Coordinated the committee management transition of the NIH Council of Councils (CoC) and the Advisory Committee on Research on Women's Health (ACRWH) to

- the newly established NIH OD Committee Management Office.
- Continued to refine the processes and procedures to have advisory committee/ board members use the USA Jobs Onboarding System to submit their human resource appointment forms electronically versus completing paper forms.
- Continued to provide guidance and resources to the CMO community in the implementation of advisory committee/ board members use of the NIH Enterprise Ethics System (NEES) to submit their OGE-450s electronically versus completing paper forms.
- CMO Staff were recognized by the NCI Director for providing exceptional and innovative committee management services and peer review support to NCI and the NIH Client-Institutes.
- Responded to requests from the NIH Office
 of Federal Advisory Committee Policy
 (OFACP) regarding proposed policies,
 processes, and other matters related to FACA
 advisory boards and committees.

- Continued to provide oversight of the NCI DEA SREA multimillion-dollar program and successfully closed out the FY2023 budget.
- Oversaw travel authorizations and vouchering of more than 30 Special Government Employee (SGE) travel instances, many of which were complex and required negotiating with the board member.
- Continued to participate in the Phase II
 Committee Management Module (CMM)
 process mapping and requirements
 gathering for the automation of nomination
 slates.

The following **training sessions** were given by CMO to various Federal audiences over the course of FY2023:

- Overview and Training on HHS waiver policies and procedures to NCI and NIMHD SROs.
- Responded to requests from senior NCI and Client staff on various non-FACA meetings and working group concerns.

Portfolio Tracking and Analysis

DEA's Research Analysis and Evaluation Branch (RAEB) is the officially designated contact for scientific information on NCI-supported research. The Branch collects and maintains consistent budget-linked scientific information across all of NCI's scientific programs to analyze the Institute's research funding portfolio. The RAEB staff members assist in making budget projections as requested and disseminate scientific cancer information. The DEA conducts analyses to project future NCI research expenditures and to provide budget justifications to the U.S. Congress. The work of the RAEB allows the DEA to respond immediately to requests for information from NCI staff, the broader NIH community, and requesters nationally and worldwide regarding the NCI Funded Research Portfolio. The RAEB reviews both unfunded applications and funded extramural grants supported by the NCI to consistently link scientific categories to budget categories on all Institute programs. These capabilities are based on a sophisticated system of indexing in which research documentation staff members analyze grant applications to classify each project for its degree of relevance to Special Interest Category (SIC) and Organ Site Codes (SITE). SIC Codes are meant to describe in a consistent way the major scientific disciplines that are of stated or growing interest to the NIH, HHS, U.S. Congress, and the public. A critical characteristic of these data is comparability from one fiscal year to the next.

Trends in funding from FY2019 through FY2023 for selected organ sites and SIC Codes are presented in <u>Tables 15</u> and <u>16</u>. In addition, RAEB staff members serve as DEA or NCI representatives on NCI or NIH-wide scientific reporting initiatives. These groups and committees deal with various aspects of NIH grants and contracts or tracking and reporting on areas of special interest to the NIH, NCI, and/or U.S. Congress.

Highlights in FY2023 include the following:

- Coordinated with the NCI Office of Budget and Finance (OBF) to update and align budget reporting categories.
- Supplied grant and research contract funding information to NCI Program Directors, the NCI Budget Office and other requestors, including Pancreatic Neuroendocrine Tumor and Complementary and Alternative Medicine.
- Responsible for entering NCI stem cell research categories into the NIH RCDC database.
- RAEB staff are DEA representatives on the NCI Communications Committee, the My NCI Users Group, and the NCI Planning Committee.
- Assisted DEA Scientific Review Officers in identifying science experts for a number of review study sections.

FY2023 Funding of Foreign Institutions(See <u>Table 17</u> for more information.)

| Country | No. of Grants | Funding \$ |
|----------------|---------------|--------------|
| Argentina | 1 | \$246,493 |
| Australia | 4 | \$2,766,718 |
| Canada | 12 | \$10,377,589 |
| France | 7 | \$3,425,300 |
| Germany | 1 | \$459,648 |
| Israel | 1 | \$191,085 |
| Kenya | 2 | \$466,000 |
| Rwanda | 1 | \$226,299 |
| South Africa | 4 | \$693,714 |
| Switzerland | 1 | \$143,231 |
| Uganda | 1 | \$214,361 |
| United Kingdom | 2 | \$631,937 |
| Totals | 37 | \$19,842,374 |

Extramural Research by Foreign Research Institutions and Extramural NCI Research Grants with a Foreign Research Component

In FY2023, the NCI allocated \$19.8 million to support 37 projects received from foreign research institutions. These foreign grants are listed by country, mechanism, disease area, and total funding support in Table 17. Canadian institutions received the most funding from the NCI, with 12 grants receiving more than \$10 million. The R01s were the most common mechanisms funded, with 14 grants receiving \$5.1 million. Disease areas receiving the most NCI funding to foreign institutions were Not Site Specific (\$4.5 million), Lung (\$3 million), Cervix (\$2.2 million) and Colon (\$2.1 million), followed by Breast (\$1.8 million).

In FY2023, the NCI supported 531 U.S. domestic projects with 793 foreign components. These projects are listed in <u>Table 18</u> by country, mechanism, and number of projects. Because many projects have multiple foreign contributors, the total count is greater than the total number of projects. Institutions in Canada (100 grants), the United Kingdom (72 grants), Germany (67 grants), France (37 grants), Australia (29 grants),

and Netherlands (27 grants) were the NCI's most frequent collaborators. The R01 funding mechanism is the most commonly used for collaborations, with 393 grants, followed by R37 (54 grants), U01 (93 grants), and U54 (43 grants).

Success Rates of Extramural Science Categories

The RAEB assigns scientific indexing to both funded and unfunded applications, so it is possible to calculate success rates for funding in scientific categories. For example, the following graphs and tables illustrate FY2023 success rates for selected Special Interest Categories (SIC) and for the highest incidence cancers. The highest incidence cancer rankings are from the SEER rank of top 15 cancer sites, 2014–2018, age-adjusted incidence for all races and sexes.

Success rates were calculated by dividing the total number of newly and competing funded applications in FY2023 for that research category (SIC or Organ Site) by the total number of applications reviewed for that research category (see Figures 9 and 10).

Figure 9. FY2023 Success Rates for Applications in High Incidence Cancer Sorted by Success Rate

| Selected Oncology Sites | SEER Rank* | Types 1 & 2 Funded in 2023 for This Site | Total Applications Received in 2023 for This Site | 2023 Success Rate (%) for This Site | Total Funding for Types 1 & 2 in 2023 for This Site |
|-------------------------|---------------|--|---|--|---|
| Stomach | 15 | 19 | 66 | 40.4% | \$13,513,695 |
| Oral Cavity | 13 | 20 | 73 | 37.7% | \$40,765,289 |
| Non-Hodgkins Lymphoma | 7 | 65 | 282 | 30.0% | \$53,136,792 |
| Thyroid | 9 | 14 | 64 | 28.0% | \$12,128,605 |
| Kidney | 8 | 39 | 183 | 27.1% | \$28,023,888 |
| Leukemia | 11 | 139 | 662 | 26.6% | \$100,487,467 |
| Lung | 2 | 257 | 1,270 | 25.4% | \$182,444,597 |
| Pancreas | 12 | 154 | 766 | 25.2% | \$111,510,627 |
| Colon, Rectum | 4 | 138 | 724 | 23.6% | \$99,896,473 |
| Bladder | 6 | 30 | 159 | 23.3% | \$25,745,921 |
| Melanoma | 5 | 90 | 484 | 22.8% | \$72,399,027 |
| Liver | 14 | 84 | 458 | 22.5% | \$51,397,375 |
| Uterus | 10 | 12 | 68 | 21.4% | \$7,755,640 |
| Prostate | 3 | 142 | 813 | 21.2% | \$103,024,681 |
| Breast | 1 | 340 | 1,989 | 20.6% | \$197,368,683 |

^{*}SEER rank of top 15 cancer sites 2014-2018 age-adjusted incidence for all races and sexes.

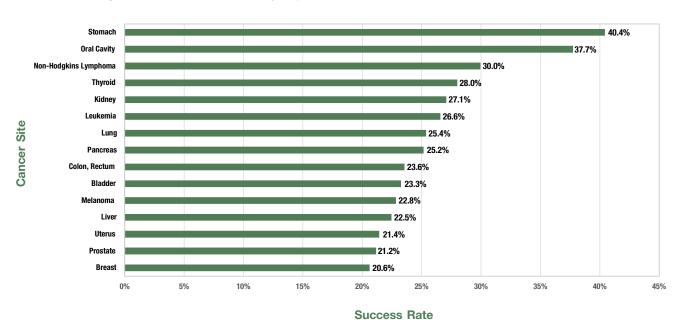
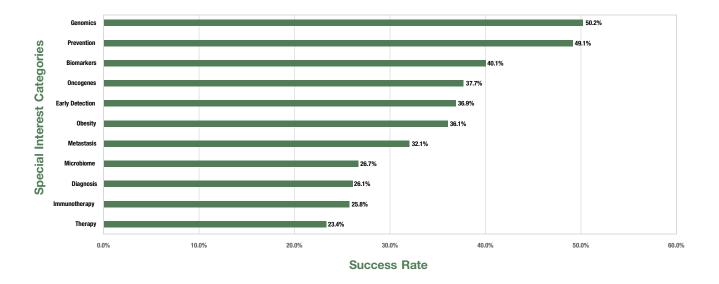


Figure 10. FY2023 Success Rates for Applications in Selected Special Interest Categories

Sorted by Success Rate

| Special Interest Category (SIC) | Types 1 & 2 Funded in 2023 for This SIC | Total Applications Received in 2023 for This SIC | 2023 Success Rate (%) for This SIC | Total Funding for Types 1 & 2 in 2023 for This SIC |
|------------------------------------|--|--|---------------------------------------|---|
| Genomics | 419 | 1,254 | 50.2% | \$269,194,480 |
| Prevention | 225 | 683 | 49.1% | \$173,441,914 |
| Biomarkers | 441 | 1,542 | 40.1% | \$299,115,423 |
| Oncogenes | 238 | 870 | 37.7% | \$157,744,669 |
| Early Detection | 169 | 627 | 36.9% | \$140,138,709 |
| Obesity | 53 | 200 | 36.1% | \$39,873,706 |
| Metastasis | 416 | 1,714 | 32.1% | \$236,535,471 |
| Microbiome | 40 | 190 | 26.7% | \$35,300,412 |
| Diagnosis | 426 | 2,059 | 26.1% | \$283,555,383 |
| Immunotherapy | 453 | 2,212 | 25.8% | \$269,736,872 |
| Therapy | 1,264 | 6,675 | 23.4% | \$652,122,120 |



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Information Resources Management

The Applied Information Systems Branch (AISB) provides integrated computer support, information technology expertise, and information systems development for the DEA. The AISB maintains and monitors the DEA Internet and Intranet websites; designs, develops, and maintains Division- and extramural-specific software applications; administers and maintains DEA infrastructure and security; provides information technology service desk support; provides oversight of hardware and connectivity; coordinates National Board and Committee virtual meetings; and serves as a liaison with the NIH Center for Information Technology (CIT) and the NCI Center for Biomedical Informatics and Information Technology (CBIIT). Its mission is critical to the Division in communicating current information technology activities and new developments to all components of the NCI and NIH, as well as to external reviewer and applicant communities.

DEA's Information Technology and Information Systems contract is coordinated by the AISB. The AISB has an IT service desk team to track staff requests, manage the Division's computer equipment inventory, and provide information systems, applications, and information technology-related training. The branch is integrated into the business operations of all aspects of the Division, supporting key activities with technological solutions and expertise. Specific projects utilizing the technologies and services provided by the AISB are described under the appropriate functions of the DEA throughout this report.

For FY2023, specific AISB accomplishments are highlighted below.

Systems Infrastructure and Service Support

• Security Implementation, Auditing, and Reporting—Maintained and augmented the real-time security configurations and upkeep of Division IT assets, from mobile and desktop to server and database. The Division's unified information system,

- DEAIS, is undergoing independent Assessment and Authorization activities and updates and has achieved a conditional Authorization to Operate.
- Infrastructure and Operations—Achieved greater than 98% systems availability; upgraded numerous key components, such as hosting environments, data center cabling, databases, and systems utilities; completed integration of federated access controls.
- Server Migration—Began implementing a VM server environment to replace physical servers in operation.
- Desktop and Mobile Support—Provided remote service desk support for DEA staff; maintained the desktop and mobility hardware refresh program; coordinated with NCI CBIIT to conduct various technology pilot and early release projects. Desktop Support completed more than 800 trouble tickets submitted by Division staff.

Application Development Projects

- Managed and maintained the portfolio of more than 40 applications, utilities, and reporting tools through software development life cycle practices to support the Division's activities and mission. Each of the portfolio items is reviewed for maintenance, enhancement, replacement, or end-of-life action.
- Overall, there were more than 80 updates to applications and reporting tools and the supporting components. Numerous security, infrastructure, and host environment updates were made. Databases and application environments were upgraded and patched to maintain highest quality and security of information.

DEA Website Development and Maintenance

 Completed more than 250 requests for changes to DEA Internet and Intranet websites.

- Refined the landscape of the DEA Intranet website to utilize the U.S. Web Design System (USWDS); thus, improving accessibility, responsiveness, and regulatory compliance.
- Coordinated with the Office of Communications and Public Liaison (OCPL) Digital Analytics Program (DAP) to collect and review analytics reports to identify traffic trends across DEA's public website. Initiated discussions with OCPL to migrate DEA's web content to their digital platform.

Development and Support of Software Applications for the Research Analysis and Evaluation Branch (RAEB)—Scientific Coding and Analysis

 Delivered numerous reports to stakeholders including biodefense cancer research data for the National Institute of Allergy and Infectious Diseases (NIAID), pancreatic

- cancer research numbers for PanCAN, and data calls for the Office of Policy for Extramural Research Administration (OER/OPERA).
- Improved rollover indexing procedures to improve breadth of data while eliminating errors resulting in degradation of data quality.
- Reviewed and updated FLARE reporting components to improve data consistency.
- Upgraded server infrastructure and software components.

AISB Staff Involvement

AISB staff represented the needs and concerns of DEA Software Licensing Management Workgroup, Service, NCI Informatics and IT Advisory Group (IITAG), NIH eRA Technical Users Group (eTUG), NIH IT Tools Operations Working Group, NCI Cloud DevSecOps Team, NCI Software Development Community of Interest, and the eRA Electronic Council Book (ECB) Working Group.

Organizational Structure of the Division of Extramural Activities

Office of the Director (OD)

- Directs and administers the operations of the Division, including those activities relating to grant review, contract review, referral, and program coordination of NOFOs.
- Directly coordinates and manages the NCAB, BSA, and FNLAC activities.
- Coordinates coding of NCI's grant portfolio.
- Initiates, coordinates, and implements Institute policies and procedures relating to grants and contracts reviews.
- Oversees the NCI's Committee Management Office.
- Coordinates, develops, and implements extramural policy.
- Implements NCI policies regarding extramural research integrity and serves as the NCI Research Integrity Office.
- Advises the Scientific Program Leadership (SPL) Committee, NCI, on extramural guidelines, review, advisory activities, and implementation strategies.
- Coordinates NCI extramural staff training requirements with the NIH.
- Represents the NCI on the NIH-wide Extramural Program Management Committee (EPMC), with responsibility for development of extramural policy and procedures across all NIH Institutes and Centers.
- Oversees inclusion of genders, minorities, and children.
- Serves as the NCI Research Integrity Office.
- Coordinates, develops, and implements extramural policy.

| Paulette Gray, Ph.D | Director |
|--------------------------------|--------------------|
| Vacant | Deputy Director |
| Wlodek Lopaczynski, M.D., Ph.D | Assistant Director |
| Ricardo Rawle | Chief of Staff |
| Thu Nguyen | Program Analyst |
| Deneen Mattocks | Program Specialist |
| Peter Wirth, Ph.D | Contractor |

DEA Processing and Distribution Unit (DPDU)

- Provides services to DEA staff, including the coordination, consolidation, purchasing of supplies, tracking of expenditures, and preparation of meeting folders, Board books, orientation documents, and annual reports.
- Maintains DEA facilities.

| Ricardo Rawle | Lead Program Analyst |
|---------------|----------------------|
| Adrian Bishop | Program Specialist |
| Javon Chery | Program Specialist |
| Robert Kruth | Program Assistant |

Committee Management Office (CMO), OD

- Coordinates functionally related Federal Advisory Committee activities across the Institute and its client Institutes. The Office manages NCI advisory committees and serves as an NIH Service Center for the Advisory Committee to the Director, NIH (ACD) and the Novel and Exceptional Technology and Research Advisory Committee (NExTRAC), as well as to seven National Institute on Alcohol Abuse and Alcoholism (NIAAA) advisory committees, five National Institute on Drug Abuse (NIDA) advisory committees, five National Institute of General Medical Sciences (NIGMS) advisory committees, and two National Institute on Minority Health and Health Disparities (NIMHD) advisory committees to ensure that appropriate policies and procedures are in place to conduct the designated mission of each committee.
- Acts as a Service Center to provide advisory committee policy and management services to the Office of Science Policy; Office of the Director, National Institutes of Health; NIAAA; NIDA; NIGMS; and NIMHD.
- Provides policy guidance to the NCI and client-Institute staff on administrative and technical aspects of Federal Advisory Committees; coordinates activities with all other NCI Advisory Committees; implements policies and procedures designed to avoid conflicts in the nomination, selection, and recruitment of board members; develops CM Module business rules; implements CM Module guidelines and procedures to ensure that all committee-related data are correctly entered into the database for preparation and submission of required annual reports to the President of the United States, General Services Administration, HHS, and NIH; provides logistical support for the NCAB, FNLAC, and BSA meetings, subcommittees, and work groups; and facilitates NCAB, FNLAC, and BSA committee-related travel.
- Researches and evaluates financial interests, covered relationships, and foreign activities issues for client-Institutes and provides advice on resolutions affecting advisory committee members serving as special government employees.
- Provides administrative support for the peer review system by compensating consultants for their services on NCI IRG study sections and SEPs, reimbursing consultants for travel and other expenses, and approving and processing payments for other activities related to review, such as hotel contracts and teleconferencing.

| Joy Wiszneauckas | .Committee Management Officer |
|--------------------|-------------------------------------|
| Sondra Sheriff | Deputy Committee Management Officer |
| Etsegenet Abebe | .Committee Management Specialist |
| Shayla Beckham | .Committee Management Specialist |
| Alonda Lord | .Committee Management Specialist |
| Rosalind Niamke | .Committee Management Specialist |
| Beverly Powell | .Committee Management Specialist |
| Christine Skeens | .Committee Management Specialist |
| Cameron Stansbury | .Program Specialist |
| Margaret Vardanian | .Program Specialist |
| | |

Program and Review Extramural Staff Training Office (PRESTO)

- Develops and implements both broad-based and focused curricula for NCI Program and Review staff.
- Coordinates training for other extramural staff upon request.
- Identifies and develops resources (electronic and human) to facilitate learning and optimal individual, group, and organizational performance.
- Collaborates with NCI Divisions, Offices, Centers, and groups, both internal and external to the NCI, to provide customized job-related training and career development opportunities.
- Tracks participation of extramural staff in NIH- and NCI-sponsored training activities.

| Klaus Piontek, Ph.D | Associate Director |
|---------------------------|--------------------------------|
| Ivan Ding, M.D | Health Scientist Administrator |
| Viktoriya Sidorenko, Ph.D | Health Scientist Administrator |
| Janet Craigie | Program Analyst |
| Sheila Hester | Program Analyst |
| Denise Santeufemio | Program Analyst |
| Lauren McLaughlin | Program Specialist |

Office of Referral, Review, and Program Coordination (ORRPC)

- Coordinates program concept development, publication functions, and receipt, referral, and assignment of all NCI applications.
- Coordinates review activities of the RTRB, RPRB, SRB, RTCRB, and PCRB.

| Shamala Srinivas, Ph.D. | Associate Director |
|--------------------------------|--------------------|
| Paul Gallourakis | Program Specialist |

Special Review Branch (SRB)

- Plans, manages, and assists in the scientific and technical review of grant and cooperative agreement applications received in response to RFAs, PAs, and PARs.
- Identifies and recommends appropriate review committee members as required for the review of assigned applications.
- Provides SROs and other support staff to manage technical review committees.
- Serves as the information and coordination center for all grant applications and cooperative agreements pending review by the Branch.
- Provides input and advice on grant review policy and procedures, application patterns, research trends, and other related information, as required.

| David Ransom, Ph.DCh | nief |
|---------------------------|--------------------------|
| LCDR Robert Gahl, Ph.DSc | cientific Review Officer |
| Sage Kim, Ph.DSo | cientific Review Officer |
| Ombretta Salvucci, Ph.DSc | cientific Review Officer |
| Cliff Schweinfest, Ph.DSc | cientific Review Officer |
| Prashant Sharma, Ph.D.*So | cientific Review Officer |
| Hasan Siddiqui, Ph.DSc | cientific Review Officer |
| Shree Ram Singh, Ph.DSo | cientific Review Officer |
| Zhiqiang Zou, Ph.DSo | cientific Review Officer |
| Julia LeePr | ogram Specialist |
| Micah TraurigPr | ogram Specialist |
| Cierra Wallace**Pr | ogram Specialist |

^{*} Joined August 2023

Research Technology and Contracts Review Branch (RTCRB)

- Plans, manages, and assists in the scientific and technical merit review of grant and cooperative
 agreement applications received in response to RFAs and PARs and contract proposals received
 in response to RFPs.
- Identifies and recommends appropriate review committee members as required for the review of assigned applications and proposals.
- Provides SROs and other support staff for technical review committees.
- Serves as the information and coordination center for all technology-related grant applications and contract proposals pending review by the Branch.
- Provides input and advice on grant and contract review policy and procedures, application and proposal patterns, and research trends and other related information, as required.

| Shakeel Ahmad, Ph.D | |
|-----------------------|---------------------------|
| Eduardo Chufan, Ph.D. | |
| Jeffrey DeClue, Ph.D | |
| Jun Fang, Ph.D | Scientific Review Officer |
| Nadeem Khan, Ph.D | Scientific Review Officer |
| Susan Spence, Ph. D | Scientific Review Officer |
| Shuli Xia, Ph.D | Scientific Review Officer |
| Hanh "Julie" Hoang | Program Specialist |
| Tiffany Bermudez* | Program Specialist |
| Alex Chvu** | Staff Assistant |

^{*} Joined February 2023

^{**} Joined July 2023

^{**} Left August 2023

Program Coordination and Referral Branch (PCRB)

- Serves as the information and coordination point within the NCI for the development, clearance, publication, and tracking of NCI extramural program (funding) initiatives, which include RFAs, PAs, and Notices submitted for publication in the NIH Guide for Grants and Contracts, and also for posting and availability on Grants.gov, a Federal-wide online portal for electronic submission of grant applications.
- Refers all NCI-assigned applications to the appropriate cancer activity area(s) according to the NCI Internal Referral Guidelines that define the program interests of each of the 58 cancer activity areas (which typically represent program branches in the NCI extramural divisions).
- Serves as the primary point of contact and provides assistance to NCI for applicants who want to apply for Program Project (P01), conference grant (R13), Academic Research Enhancement Award and Research Enhancement Award Program (R15), and most large-budget grant applications.
- Serves as the NCI contact point and liaison to involved parties at the NIH for approval of the use of cooperative agreement mechanisms and for conversion of grants to cooperative agreements.
- Serves as the primary NCI information and referral point for the extramural scientific community on a broad range of subjects, including grant guidelines, application information, new initiatives announced as RFAs or PAs, and the review process.

| Scott Chen, Ph.D | Chief |
|------------------------------|--|
| Kamal Datta, M.D | Program Coordinator, Scientific Review Officer (SRO) |
| Anandarup Gupta, Ph.D | Program Coordinator, SRO |
| Xiaozhong "Alex" Bao, Ph.D.* | Referral Officer, SRO |
| Howard Boudreau, Ph.D.** | Referral Officer, SRO |
| Yang Liu, Ph.D | Referral Officer, SRO |
| Biman Paria, Ph.D | Referral Officer, SRO |
| Natacha P. Lassègue | Program Analyst |
| Quynh-Tram Chiaramonte | Program Specialist |
| | |

^{*} Joined May 2023 ** Joined September 2023

Research Programs Review Branch (RPRB)

- Plans, coordinates, and manages the scientific review of program project grants, specialized centers, and other grant mechanisms, as necessary, by Special Emphasis Panels.
- Identifies and recommends appropriate review committee members for the review of assigned applications.
- Provides input and advice on grant review policy and procedures, application patterns, research trends, and other related information, as required.
- Coordinates grant review activities with staff of other NCI Divisions/Offices/Centers and other DEA Branches.

| Mukesh Kumar, Ph.D | . Chief |
|----------------------------|---------------------------|
| Paul Cairns, Ph.D | Scientific Review Officer |
| Amr Ghaleb* | Scientific Review Officer |
| Majed Hamawy, Ph.D., M.B.A | Scientific Review Officer |
| Michael Lindquist, Ph.D | Scientific Review Officer |
| Anita Tandle, Ph.D | Scientific Review Officer |
| E. Tian, Ph.D | Scientific Review Officer |
| Kathy Tiong | . Program Analyst |
| Kendall Hill** | . Program Specialist |
| Darnett Miller | . Program Specialist |

^{*} Joined December 2022 ** Joined April 2023

Resources and Training Review Branch (RTRB)

- Plans, coordinates, and manages the scientific merit review of cancer center, training, education, and career development grant and cooperative agreement applications by chartered IRG committees and Special Emphasis Panels.
- Arranges for and participates in onsite assessments (site visits) of the research capabilities and facilities of selected applicants (i.e., Cancer Centers).
- Identifies and recommends appropriate review committee members and site visitors, as required, for the review of assigned applications.
- Provides input and advice on grant review policy and procedures, application patterns, and research trends and other related information, as required.
- Coordinates grant review activities with staff of other NCI Divisions/Offices/Centers, other DEA Branches, and the NIH Center for Scientific Review.

| Caterina Bianco Ph.D | . Chief |
|---------------------------------|-----------------------------|
| Shari Campbell, D.P.M., M.S.H.S | . Scientific Review Officer |
| Eun Ah Cho, Ph.D | . Scientific Review Officer |
| Tushar Deb, Ph.D | . Scientific Review Officer |
| Bruce Hissong, Ph.D | . Scientific Review Officer |
| Byeong-Chel Lee, Ph.D | . Scientific Review Officer |
| Priya Srinivasan, Ph.D | .Scientific Review Officer |
| Adriana Stoica, Ph.D | .Scientific Review Officer |
| Delia Tang, M.D | .Scientific Review Officer |
| Donnell Wilson | . Program Analyst |
| Linda Edwards | .Staff Assistant |
| Bridgette Wilson | . Staff Assistant |
| | |

Office of Extramural Applications

- Evaluates, plans, and acquires necessary Information Technology (IT) solutions for all business activities of the Division. Manages and monitors IT contracts within the Division.
- Coordinates and collaborates with the NIH Center for Information Technology (CIT), the NCI Center for Biomedical Informatics and Information Technology (CBIIT), and other entities for various IT-related activities.
- Collaborates with the DEA Office of the Director (OD) and the Committee Management Office (CMO) on various activities related to the NCI Advisory Boards.
- Coordinates activities of the Applied Information Systems Branch (AISB) to evaluate new technologies, desktop and mobile support, user training, server administration, and system application design, development, and maintenance, as well as to conduct necessary audit, planning, and risk assessment to meet the requirements set by the Standards for Security Categorization of Federal and Information Systems.
- Coordinates activities of the Research Analysis and Evaluation Brach (RAEB) to provide budget-linked research portfolio data from NCI grants, cooperative agreements, and contracts for the NCI Office of Budget and Finance (OBF) and other entities, as well as to coordinate the information management of extramural NCI-supported research.

| Amir Sahar-Khiz, Ph.D., | , M.B.A., PMP | Associate Director |
|-------------------------|---------------|--------------------|
| Justin Rhoderick | | Program Analyst |

Research Analysis and Evaluation Branch (RAEB)

- Serves as the Institute's officially designated, centralized source of scientific information and science-based budget information on NCI-supported research.
- Analyzes and classifies the science content of all Institute-supported research projects.
- Analyzes the distribution of funds among research areas; these analyses serve as a basis for budget projections.
- Reports and answers inquiries on the scientific and budgetary aspects of Institute-funded research, including research grants, center grants, training grants, and research contracts.
- Maintains liaisons with other organizations involved in related classification activities.
- Documents the need for proposed RFAs by comparing RFA concepts with existing NCI-supported research and with unsolicited applications.

| Marilyn Gaston | Chief |
|----------------|--------------|
| Edward Kyle | Deputy Chief |

Research Documentation

- Analyzes and indexes grants and contracts for the Branch's computerized systems.
- Analyzes extramural projects for relevance to Special Interest Categories (SICs) and Anatomic Sites to determine the officially reported figures for Institute support and provide a basis for budget projections.
- Maintains liaison with other Offices within the Institute to ensure consistent reporting of data.
- Monitors the results of NCI's grant-supported research.

| Lead Biologist/Team Leader |
|----------------------------|
| Biologist |
| Biologist |
| Biologist |
| Health Specialist |
| |

Technical Operations, Inquiry, and Reporting

- Provides specialized data querying, archiving, and reporting functions for the Division and the Institute.
- Coordinates Institute data reporting with the NCI Office of Budget and Financial Management, NIH Population Tracking and Inclusion Committee, and others.
- Answers inquiries from the U.S. Congress, the public, the press, and others concerning any phase of Institute-supported work.
- Conducts in-depth analyses of extramural research data, including trends analyses.
- Identifies emerging priority areas for data collection and analysis.
- Ensures that terms and categories for indexing are updated and reflect current trends in cancer research and maintains a thesaurus of term definitions.
- Manages RAEB's FLARE (Fiscal Linked Analysis of Research Emphasis) grants documentation and indexing database, ensuring reliability and completeness of its contents.
- Maintains and updates archival document files.
- Works with contractors and the AISB to refine RAEB's computer applications to meet the Branch's needs and resolve FLARE computer application problems for the Branch.
- Represents the DEA as its communications coordinator on the Office of Communications and Education Steering Committee.

| Marilyn Gaston | Lead Biologist/Team Leader |
|--------------------|----------------------------|
| William Clark, M.S | Biologist |

Applied Information Systems Branch (AISB)

- Fulfills the information technology (IT) requirements of the Division by coordinating information resources management (IRM) activities with other relevant NCI and NIH units, and by providing high-quality information analysis, design, development, and coordination of applications in support of the Division's business processes.
- Coordinates, conducts, and maintains the development and deployment of specialized software and databases systems for the Division for the conduct of review, referral, coding, advisory, and other extramural-related operations.
- Serves as the liaison with: the NCI Center for Biomedical Informatics and Information Technology (CBIIT) staff; NCI computer professionals; NCI units charged with execution of extramural IRM functions; trans-NIH functional units such as the CSR, Office of Policy for Extramural Research Administration (OPERA), and Office of Extramural Research (OER); and the IMPAC II and NIH eRA (electronic Research Administration) staff and systems.
- Supports connectivity, design, and maintenance of the DEA Internet and Intranet websites and applications.
- Administers and monitors the IT support contract to provide design, development, and maintenance for Division information systems.
- Formulates and establishes the DEA-specific office automation policy.
- Provides desktop support and technology refresh for the Division and conducts training for the DEA IT applications.
- Coordinates general user support and training with NCI and NIH services. Co-leads or participates in Program and Review Extramural Staff Training Office (PRESTO) training sessions.
- Provides Division-specific video teleconferencing, audiovisual services, and application support for review and National Board and Committee activities.
- Conducts continuous security monitoring and implementation of Federal Information Systems Management Act (FISMA) practices and procedures for the Division's information system. Conducts security activities and reporting to maintain the DEA Information System (DEAIS) Federal Authorization to Operate (ATO).

Richard FlorenceChief

Application Development and Information Security Team

- Analyzes and coordinates life-cycle software development for the Division.
- Develops, designs, and maintains applications to support the Division's business processes.
- Develops, administers, and monitors contracts for acquisition, support, and maintenance of the Division's information systems.
- Formulates system development policy and oversees eRA/IMPAC II operations for the Division.
- Coordinates internal user groups and training for specific DEA applications.
- Aligns Division information security policies and practices with NIH and other applicable Federal requirements. Coordinate with NCI and NIH security offices to maintain operational status at or above standards.
- Oversees implementation of the security activities of the Division's information technology assets, from desktop to infrastructure and systems components.
- Authors and maintains required Assessment and Authorization (AA) documentation.

| Gary Geiglein | Team Leader |
|---------------|-----------------------------------|
| Teresa Park* | Information Technology Specialist |
| Vivien Yeh | Information Technology Specialist |

^{*} Left December 2022

Information Management Team

- Designs and maintains the Division's Intranet and Internet websites, ensures compliance with relevant Federal web standards, policies, and guidelines.
- Works with DEA staff to ensure accurate and latest information postings and linkages across the DEA websites.
- Coordinates application development and supports the RAEB in the areas of scientific coding and analysis.
- Establishes partnerships and ongoing communications with staff and external customers to foster openness and collaboration in accomplishing the information initiatives of the Division.

Joshua RhoderickTeam Leader

Harry ChauhanInformation Technology Specialist

Joe GibbsInformation Technology Specialist

Operations Team

- Administers and maintains the Division's server infrastructure in support of DEA applications, databases, and websites.
- Conducts configuration management in accordance with Federal cybersecurity policies and regulations.
- Coordinates network connectivity for the Division with NCI-CBIIT.
- Researches and recommends IT-related equipment, service, and support for the Division.
- Provides end-to-end technical service and IT service desk support for desktop and laptop computers, mobility solutions, office automation products, and licensed software applications.
- Acquires and administers the Division's information technology assets—computer hardware, software, mobility solutions, IT maintenance contracts, and supplies.
- Maintains and is accountable for IT equipment inventory for the Division.
- Implements and maintains Federal policies for the use of office automation technology.
- Supports National Board meeting technological needs.

Richard FlorenceTeam Leader
Roderick JamesInformation Technology Specialist
Raymond VidalInformation Technology Specialist

Table 1a. Requests for Applications (RFAs) Published by the NCI in FY2023Sorted by Date of Publication

| Date of Publication | RFA | Mechanism | Title | Division, Office, and Center |
|------------------------|----------|-----------|--|------------------------------------|
| | CA22-042 | R34 | Advancing Adolescent Tobacco Cessation Intervention Research (R34 Clinical Trial Optional) | DCCPS |
| | CA22-043 | R01 | Advancing Adolescent Tobacco Cessation Intervention Research (R01 Clinical Trial Required) | DUUFS |
| | CA22-051 | UG1 | Clinical Sites for HIV/Cervical Cancer Prevention 'CASCADE' Clinical Trials Network (UG1 Clinical Trial Required) | DCP |
| 10/03/2022 | CA22-052 | U01 | Cannabis and Cannabinoid Use in Adult Cancer Patients During Treatment: Assessing Benefits and Harms (U01 Clinical Trial Not Allowed) | |
| | CA22-053 | U24 | Coordinating Center for Cannabis and Cannabinoid Use in Adult Cancer Patients During Treatment: Assessing Benefits and Harms (U24 Clinical Trial Not Allowed) | DCCPS |
| | CA22-056 | R01 | Basic/Translational Research on Health Disparities in Underrepresented People Living with HIV (PLWH) and Cancer (R01 Clinical Trial Not Allowed) | DCB |
| | CA22-057 | R21 | Basic/Translational Research on Health Disparities in Underrepresented People Living with HIV (PLWH) and Cancer (R21 Clinical Trial Not Allowed) | DOD |
| 10/31/2022 | CA23-018 | U01 | Precompetitive Collaboration on Liquid Biopsy for Early Cancer Assessment: Liquid Biopsy Research Laboratories (U01 Clinical Trial Not Allowed) | DCP |
| 10/31/2022 | CA23-019 | U24 | Precompetitive Collaboration on Liquid Biopsy for Early Cancer Assessment: Data Management and Coordinating Unit (U24 Clinical Trial Not Allowed) | |
| 11/08/2022 | CA23-013 | R25 | Transformative Educational Advancement and Mentoring Network (TEAM) (R25 Clinical Trial Not Allowed) | CRCHD |
| | CA23-020 | UG1 | NCI Cancer Screening Research Network: ACCrual, Enrollment, and Screening Sites (ACCESS) Hub (UG1 Clinical Trial Required) | |
| 11/17/2022 | CA23-021 | UG1 | NCI Cancer Screening Research Network: Statistics and Data Management Center (UG1 Clinical Trial Required) | DCP |
| | CA23-022 | UG1 | NCI Cancer Screening Research Network: Coordinating and Communication Center (UG1 Clinical Trial Required) | |
| | CA23-002 | R61 | Innovative Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (R61 Clinical Trial Not Allowed) | |
| | CA23-003 | R33 | Advanced Development and Validation of Emerging Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (R33 Clinical Trial Not Allowed) | |
| 10/00/0000 | CA23-004 | R61 | Innovative Biospecimen Science Technologies for Basic and Clinical Cancer Research (R61 Clinical Trial Not Allowed) | 0001 |
| 12/02/2022 | CA23-005 | R33 | Advanced Development and Validation of Emerging Biospecimen Science Technologies for Basic and Clinical Cancer Research (R33 Clinical Trial Not Allowed) | CSSI |
| | CA23-006 | R01 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (R01 Clinical Trial Optional) | |
| | CA23-007 | U01 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (U01 Clinical Trial Optional) | |

Table 1a (cont'd). Requests for Applications (RFAs) Published by the NCI in FY2023Sorted by Date of Publication

| Date of Publication | RFA | Mechanism | Title | Division, Office, and Center |
|------------------------|----------|-----------|---|------------------------------------|
| | CA23-008 | U54 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (U54 Clinical Trials Optional) | - CSSI |
| 12/02/2022 | CA23-009 | P01 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (P01 Clinical Trial Optional) | |
| (continued) | CA23-010 | P50 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (P50 Clinical Trial Optional) | 0331 |
| | CA23-011 | U2C | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (U2C Clinical Trial Optional) | |
| | CA23-014 | R21 | Development of Innovative Informatics Methods and Algorithms for Cancer Research and Management (R21 Clinical Trial Optional) | |
| 12/22/2022 | CA23-015 | U01 | Early-Stage Development of Informatics Technologies for Cancer Research and Management (U01 Clinical Trial Optional) | CSSI |
| 12,22,2022 | CA23-016 | U24 | Advanced Development of Informatics Technologies for Cancer Research and Management (U24 Clinical Trial Optional) | |
| | CA23-017 | U24 | Sustained Support for Informatics Technologies for Cancer Research and Management (U24 Clinical Trial Optional) | |
| 03/09/2023 | CA23-025 | U01 | Addressing the Primary Care Needs of Cancer Survivors (U01 Clinical Trial Required) | DCCPS |
| 03/14/2023 | CA23-031 | U24 | Precompetitive Collaboration on Liquid Biopsy for Early Cancer Assessment: Data Management and Coordinating Unit (U24 Clinical Trial Not Allowed) | DCP |
| 03/23/2023 | CA23-028 | UG3, UH3 | Discovery and Development of Natural Products for Cancer Interception and Prevention (UG3/UH3 Clinical Trial Not Allowed) | DCP |
| 03/30/2023 | CA23-023 | U01 | Liver Cancer Collaborative Projects with the Liver Cirrhosis Network (U01 Clinical Trial Optional) | DCB |
| 04/06/2023 | CA23-033 | U01 | Implementation Science for Cancer Control in People Living with HIV in Low- and Middle-Income Countries (U01 Clinical Trial Optional) | CCT |
| 04/20/2023 | CA23-029 | UG3, UH3 | Cancer Immunoprevention Network (CIP-Net) Research Projects (UG3/UH3 Clinical Trials Not Allowed) | DCP |
| 04/20/2023 | CA24-005 | U01 | Cancer Prevention, Detection, Diagnosis, and Treatment Technologies for Global Health (U01 Clinical Trial Optional) | CGH |
| 04/21/2023 | CA23-034 | R44 | SBIR Phase IIB Bridge Awards to Accelerate the Development of Cancer-Relevant Technologies Toward Commercialization (R44 Clinical Trial Optional) | SBIR |
| | CA23-035 | R42 | Small Business Transition Grant for Early Career Scientists (R42 Clinical Trial Not Allowed) | |
| 04/27/2023 | CA23-038 | P20 | Integrating Health Disparities into Immuno-Oncology (HDIO) (P20 Clinical Trial Not Allowed) | DCB |
| 05/31/2023 | CA23-024 | UM1 | Limited Competition: Cooperative Human Tissue Network (CHTN) (UM1 Clinical Trial Not Allowed) | DCTD |
| 00/00/0000 | CA23-026 | U19 | Advancing Cancer Control Equity Research Through Transformative Solutions (U19 Clinical Trial Optional) | DOODO |
| 06/28/2023 | CA23-027 | U24 | Advancing Cancer Control Equity Research Through Transformative Solutions Coordination Center (U24 Clinical Trial Optional) | DCCPS |

Source: Office of Referral, Review, and Program Coordination.

continued

Table 1a (cont'd). Requests for Applications (RFAs) Published by the NCI in FY2023Sorted by Date of Publication

| Date of Publication | RFA | Mechanism | Title | Division, Office, and Center |
|------------------------|----------|-----------|--|------------------------------------|
| 07/17/2022 | CA23-036 | U01 | Mechanisms of Fusion-Driven Oncogenesis in Childhood Cancers (U01 Clinical Trial Not Allowed) | DCB |
| 07/17/2023 | CA23-037 | UM1 | Next-Generation Chemistry Centers for Fusion Oncoproteins (UM1 Clinical Trial Not Allowed) | DCTD |
| 08/21/2023 | CA23-042 | F99, K00 | The NCI Predoctoral to Postdoctoral Fellow Transition Award (F99/K00 Clinical Trial Not Allowed) | CCT |
| 08/25/2023 | CA24-007 | UM1 | Single Source: Pediatric Early Phase Clinical Trials Network (PEP-CTN) (UM1 Clinical Trial Required) | DCTD |

Table 1b. Requests for Applications (RFAs) Published by the NCI in FY2023 *Sorted by Division, Office, and Center*

| Division, Office, and Center | RFA | Mechanism | Title | Date of Publication |
|------------------------------------|----------|-----------|--|------------------------|
| ССТ | CA23-033 | U01 | Implementation Science for Cancer Control in People Living with HIV in Low- and Middle-Income Countries (U01 Clinical Trial Optional) | 04/06/2023 |
| CCT | CA23-042 | F99, K00 | The NCI Predoctoral to Postdoctoral Fellow Transition Award (F99/K00 Clinical Trial Not Allowed) | 08/21/2023 |
| CGH | CA24-005 | U01 | Cancer Prevention, Detection, Diagnosis, and Treatment Technologies for Global Health (U01 Clinical Trial Optional) | 04/20/2023 |
| CRCHD | CA23-013 | R25 | Transformative Educational Advancement and Mentoring Network (TEAM) (R25 Clinical Trial Not Allowed) | 11/08/2022 |
| | CA23-002 | R61 | Innovative Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (R61 Clinical Trial Not Allowed) | 12/02/2022 |
| | CA23-003 | R33 | Advanced Development and Validation of Emerging Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (R33 Clinical Trial Not Allowed) | 12/02/2022 |
| | CA23-004 | R61 | Innovative Biospecimen Science Technologies for Basic and Clinical Cancer Research (R61 Clinical Trial Not Allowed) | 12/02/2022 |
| | CA23-005 | R33 | Advanced Development and Validation of Emerging Biospecimen Science Technologies for Basic and Clinical Cancer Research (R33 Clinical Trial Not Allowed) | 12/02/2022 |
| | CA23-006 | R01 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (R01 Clinical Trial Optional) | 12/02/2022 |
| | CA23-007 | U01 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (U01 Clinical Trial Optional) | 12/02/2022 |
| CSSI | CA23-008 | U54 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (U54 Clinical Trials Optional) | 12/02/2022 |
| | CA23-009 | P01 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (P01 Clinical Trial Optional) | 12/02/2022 |
| | CA23-010 | P50 | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (P50 Clinical Trial Optional) | 12/02/2022 |
| | CA23-011 | U2C | Revision Applications for Incorporation of Novel NCI-Supported Technology to Accelerate Cancer Research (U2C Clinical Trial Optional) | 12/02/2022 |
| | CA23-014 | R21 | Development of Innovative Informatics Methods and Algorithms for Cancer Research and Management (R21 Clinical Trial Optional) | 12/22/2022 |
| | CA23-015 | U01 | Early-Stage Development of Informatics Technologies for Cancer Research and Management (U01 Clinical Trial Optional) | 12/22/2022 |
| | CA23-016 | U24 | Advanced Development of Informatics Technologies for Cancer Research and Management (U24 Clinical Trial Optional) | 12/22/2022 |
| | CA23-017 | U24 | Sustained Support for Informatics Technologies for Cancer Research and Management (U24 Clinical Trial Optional) | 12/22/2022 |

Table 1b (cont'd). Requests for Applications (RFAs) Published by the NCI in FY2023Sorted by Division, Office, and Center

| Division, Office, and Center | RFA | Mechanism | Title | Date of Publication |
|------------------------------------|----------|-----------|---|------------------------|
| | CA22-056 | R01 | Basic/Translational Research on Health Disparities in Underrepresented People Living with HIV (PLWH) and Cancer (R01 Clinical Trial Not Allowed) | 10/03/2022 |
| | CA22-057 | R21 | Basic/Translational Research on Health Disparities in Underrepresented People Living with HIV (PLWH) and Cancer (R21 Clinical Trial Not Allowed) | 10/03/2022 |
| DCB | CA23-023 | U01 | Liver Cancer Collaborative Projects with the Liver Cirrhosis Network (U01 Clinical Trial Optional) | 03/30/2023 |
| - | CA23-036 | U01 | Mechanisms of Fusion-Driven Oncogenesis in Childhood Cancers (U01 Clinical Trial Not Allowed) | 07/17/2023 |
| - | CA23-038 | P20 | Integrating Health Disparities into Immuno-Oncology (HDIO) (P20 Clinical Trial Not Allowed) | 04/27/2023 |
| | CA22-042 | R34 | Advancing Adolescent Tobacco Cessation Intervention Research (R34 Clinical Trial Optional) | 10/03/2022 |
| - | CA22-043 | R01 | Advancing Adolescent Tobacco Cessation Intervention Research (R01 Clinical Trial Required) | 10/03/2022 |
| - | CA22-052 | U01 | Cannabis and Cannabinoid Use in Adult Cancer Patients During Treatment: Assessing Benefits and Harms (U01 Clinical Trial Not Allowed) | 10/03/2022 |
| DCCPS | CA22-053 | U24 | Coordinating Center for Cannabis and Cannabinoid Use in Adult Cancer Patients During Treatment: Assessing Benefits and Harms (U24 Clinical Trial Not Allowed) | 10/03/2022 |
| - | CA23-025 | U01 | Addressing the Primary Care Needs of Cancer Survivors (U01 Clinical Trial Required) | 03/09/2023 |
| - | CA23-026 | U19 | Advancing Cancer Control Equity Research Through Transformative Solutions (U19 Clinical Trial Optional) | 06/28/2023 |
| - | CA23-027 | U24 | Advancing Cancer Control Equity Research Through Transformative Solutions Coordination Center (U24 Clinical Trial Optional) | 06/28/2023 |
| | CA22-051 | UG1 | Clinical Sites for HIV/Cervical Cancer Prevention 'CASCADE' Clinical Trials Network (UG1 Clinical Trial Required) | 10/03/2022 |
| - | CA23-018 | U01 | Precompetitive Collaboration on Liquid Biopsy for Early Cancer Assessment: Liquid Biopsy Research Laboratories (U01 Clinical Trial Not Allowed) | 10/31/2022 |
| - | CA23-019 | U24 | Precompetitive Collaboration on Liquid Biopsy for Early Cancer Assessment: Data Management and Coordinating Unit (U24 Clinical Trial Not Allowed) | 10/31/2022 |
| DCP - | CA23-020 | UG1 | NCI Cancer Screening Research Network: ACCrual, Enrollment, and Screening Sites (ACCESS) Hub (UG1 Clinical Trial Required) | 11/17/2022 |
| | CA23-021 | UG1 | NCI Cancer Screening Research Network: Statistics and Data Management Center (UG1 Clinical Trial Required) | 11/17/2022 |
| - | CA23-022 | UG1 | NCI Cancer Screening Research Network: Coordinating and Communication Center (UG1 Clinical Trial Required) | 11/17/2022 |
| - | CA23-028 | UG3, UH3 | Discovery and Development of Natural Products for Cancer Interception and Prevention (UG3/UH3 Clinical Trial Not Allowed) | 03/23/2023 |

Table 1b (cont'd). Requests for Applications (RFAs) Published by the NCI in FY2023Sorted by Division, Office, and Center

| Division, Office, and Center | RFA | Mechanism | Title | Date of Publication |
|------------------------------------|----------|-----------|--|------------------------|
| DCP - | CA23-029 | UG3, UH3 | Cancer Immunoprevention Network (CIP-Net) Research Projects (UG3/UH3 Clinical Trials Not Allowed) | 04/20/2023 |
| (continued) | CA23-031 | U24 | Precompetitive Collaboration on Liquid Biopsy for Early Cancer Assessment: Data Management and Coordinating Unit (U24 Clinical Trial Not Allowed) | 03/14/2023 |
| | CA23-024 | UM1 | Limited Competition: Cooperative Human Tissue Network (CHTN) (UM1 Clinical Trial Not Allowed) | 5/31/2023 |
| DCTD | CA23-037 | UM1 | Next-Generation Chemistry Centers for Fusion Oncoproteins (UM1 Clinical Trial Not Allowed) | 07/17/2023 |
| - | CA24-007 | UM1 | Single Source: Pediatric Early Phase Clinical Trials Network (PEP-CTN) (UM1 Clinical Trial Required) | 08/25/2023 |
| SBIR _ | CA23-034 | R44 | SBIR Phase IIB Bridge Awards to Accelerate the Development of Cancer- Relevant Technologies Toward Commercialization (R44 Clinical Trial Optional) | 04/21/2023 |
| | CA23-035 | R42 | Small Business Transition Grant for Early Career Scientists (R42 Clinical Trial Not Allowed) | 3 ., |

Table 2. NCI Participation in NIH-Wide Requests for Applications (RFAs) in FY2023

Sorted by Date of Publication

| Date of Publication | RFA | Mechanism | Title | Division, Office, and Center | Issuing NIH IC |
|------------------------|----------|-----------|---|------------------------------------|-------------------|
| 10/03/2022 | 0D22-027 | T32 | Advanced Training in Artificial Intelligence for Precision Nutrition Science Research (AIPrN) Institutional Research Training Programs (T32) | ССТ | NIH |
| 10/13/2022 | DE23-013 | U01 | AHEAD (Advancing Head and Neck Cancer Early Detection Research) (U01 Clinical Trial Not Allowed) | DCP | NIH |
| 11/04/2022 | NS22-069 | RM1 | HEAL Initiative Integrated Basic and Clinical Team-Based Research in Pain (RM1 Clinical Trial Optional) | DCP | NIH |
| | 0D22-024 | K01 | Mentored Research Scientist Career Development Award in Tobacco Regulatory Research (K01 Independent Clinical Trial Required) | | |
| 11/10/2022 | 0D22-025 | K99, R00 | Pathway to Independence Award in Tobacco Regulatory Research (K99/R00 Independent Clinical Trial Not Allowed) | CCT DCCPS | NIH FDA |
| | 0D22-026 | K99, R00 | Pathway to Independence Award in Tobacco Regulatory Research (K99/R00 Independent Clinical Trial Required) | | |
| 12/2/2022 | 0D23-005 | U01 | NIH Research Evaluation and Commercialization Hubs (REACH) Awards (U01 Clinical Trial Optional) | OD | NIH |
| 12/13/2022 | 0D23-003 | R25 | Short Courses on Innovative Methodologies and Approaches in the Behavioral and Social Sciences (R25 Independent Clinical Trial Not Allowed) | ССТ | NIH |
| | NS22-022 | K99, R00 | HEAL Initiative Advanced Postdoctoral-to-Independent Career Transition Award in PAIN and SUD Research (K99/R00 Independent Clinical Trial Not Allowed) | ССТ | NIH |
| | NS22-023 | K99, R00 | HEAL Initiative Advanced Postdoctoral-to-Independent Career Transition Award in PAIN and SUD Research (Independent Basic Experimental Studies with Humans Required) | | |
| 12/15/2022 | NS22-024 | K99, R00 | HEAL Initiative Advanced Postdoctoral-to-Independent Career Transition Award in PAIN and SUD Research to Promote Diversity (K99/R00 Independent Basic Experimental Studies with Humans Required) | | |
| | NS22-025 | K99, R00 | HEAL Initiative Advanced Postdoctoral-to-Independent Career Transition Award in PAIN and SUD Research to Promote Diversity (K99/R00 Independent Clinical Trial Not Allowed) | | |
| 10/00/0000 | PM23-001 | R21 | Enhancing the Use of the <i>All of Us</i> Research Programs Data (R21 Clinical Trial Not Allowed) | Deepe | NIII I |
| 12/23/2022 | PM23-002 | R03 | Small Grants to Enhance the Use of the <i>All of Us</i> Research Programs Data (R03 Clinical Trial Not Allowed) | DCCPS | NIH |
| 12/27/2022 | TR23-001 | U2C | Translational Centers for Microphysiological Systems (TraCe MPS) (U2C Clinical Trials Not Allowed) | DCTD | NIH FDA |
| 02/15/2023 | NS24-018 | UG3, UH3 | HEAL Initiative: Discovery of Biomarkers and Biomarker Signatures to Facilitate Clinical Trials for Pain Therapeutics (UG3/UH3 Clinical Trial Optional) | DCP | NIH |
| 03/01/2023 | ES23-007 | P20 | Exploratory Grants for Climate Change and Health Research Center Development (P20 Clinical Trial Optional) | DCCPS | NIH |
| 03/08/2023 | 0D23-014 | R01 | Understanding Chronic Conditions Understudied Among Women (R01 Clinical Trial Optional) | DCP | NIH |

Source: Office of Referral, Review, and Program Coordination.

continued

Table 2 (cont'd). NCI Participation in NIH-Wide Requests for Applications (RFAs) in FY2023

Sorted by Date of Publication

| Date of Publication | RFA | Mechanism | Title | Division, Office, and Center | Issuing NIH IC |
|---------------------|----------|-----------|---|------------------------------------|-------------------|
| 03/09/2023 | 0D23-013 | R21 | Understanding Chronic Conditions Understudied Among Women (R21 Clinical Trial Optional) | DCP | NIH |
| 03/30/2023 | 0D23-015 | R01 | Request for Applications (RFA): Revision Applications to Support Research on Prevention and Cessation of Menthol Cigarette Use in Populations that Experience Health Disparities (R01 Clinical Trial Optional) | DCCPS | NIH |
| 04/07/2023 | DE24-001 | R01 | Understanding Persistent Oral Human Papillomavirus and Human Immunodeficiency Virus Co-infection and Its Role with Oropharyngeal Cancer Induction (R01 Clinical Trial Not Allowed) | ОНАМ | NIH |
| 04/19/2023 | TR23-011 | DP2 | Emergency Awards: HEAL Initiative – New Innovator Award (DP2 Clinical Trial Not Allowed) | DCP | NIH |
| 04/27/2023 | NS23-028 | RM1 | HEAL Initiative: Interdisciplinary Team Science to Uncover the Mechanisms of Pain Relief by Medical Devices (RM1 Clinical Trial Optional) | DCP | NIH |
| | 0D23-050 | R21 | Emergency Award: Novel Insights Through Cross-Site Analyses of Existing RADx-UP Data (R21 Clinical Trial Not Allowed) | | |
| 05/02/2023 | 0D23-051 | R01 | Emergency Award: RADx-UP Dissemination and Implementation (D and I) Research on COVID-19 Testing Interventions Among Underserved and Vulnerable Populations (R01 Clinical Trial Optional) | DCCPS | NIH |
| 05/03/2023 | 0D23-017 | R01 | Tobacco Regulatory Science (R01 Clinical Trial Optional) | DCCPS | NIH FDA |
| 05/09/2023 | NS24-015 | R90, T90 | HEAL Initiative Partnerships to Advance INterdisciplinary (PAIN) Training in Clinical Pain Research: The HEAL PAIN Cohort Program (T90/R90 Independent Clinical Trial Not Allowed) | ССТ | NIH |
| 06/05/2023 | HG23-017 | R01 | Investigator-Initiated Research in Genomics and Health Equity (R01 Clinical Trial Optional) | DCCPS | NIH |
| | AG24-025 | R01 | Leveraging Social Networks to Promote Widespread Individual Behavior Change (R01 Clinical Trial Optional) | DCCDC | NIILI |
| 06/08/2023 | AG24-026 | R34 | Leveraging Social Networks to Promote Widespread Individual Behavior Change (R34 Clinical Trial Optional) | DCCPS | NIH |
| _ | AT24-003 | R33, R61 | HEAL Initiative: Toward Developing Quantitative Imaging and Other Relevant Biomarkers of Myofascial Tissues for Clinical Pain Management (R61/R33 Clinical Trial Required) | DCP | NIH |
| 06/20/2022 | HL24-010 | UG1 | The Blood and Marrow Transplant Clinical Trials Network – Core Clinical Centers (UG1 Clinical Trial Optional) | DCTD | NIII I |
| 06/20/2023 - | HL24-011 | U24 | The Blood and Marrow Transplant Clinical Trials Network – Data Coordinating Center (U24 Clinical Trial Not Allowed) | DCTD | NIH |
| 07/06/2023 | 0D23-018 | T32 | ADVANCE Predoctoral T32 Training Program to Promote Diversity in Health Disparities Research, Preventive Interventions, and Methodology (T32 Clinical Trial Not Allowed) | CCT | NIH |
| 08/01/2023 | 0D23-021 | U01 | Public Health Communication Messaging About the Continuum of Risk for Tobacco Products (U01 Clinical Trial Required) | DCCPS | NIH FDA |
| 08/10/2023 | NS24-021 | R01 | HEAL Initiative: Understanding Individual Differences in Human Pain Conditions (R01 Clinical Trial Optional) | DCP | NIH |

Source: Office of Referral, Review, and Program Coordination.

continued

Table 2 (cont'd). NCI Participation in NIH-Wide Requests for Applications (RFAs) in FY2023

Sorted by Date of Publication

| Date of Publication | RFA | Mechanism | Title | Division, Office, and Center | Issuing NIH IC |
|---------------------|----------|-----------|---|------------------------------------|-------------------|
| 08/14/2023 | HD24-007 | R01 | Understanding and Mitigating Health Disparities Experienced by People with Disabilities Caused by Ableism (R01 Clinical Trial Optional) | DCCPS | NIH |
| 08/18/2023 | HD24-011 | U01 | HEAL Initiative: HEAL KIDS (Knowledge, Innovation, and Discovery Studies) Pain: Acute Pain Clinical Trials Program (U01 Clinical Trial Required) | DCP | NIH |
| 09/01/2023 | NS24-023 | UG3, UH3 | HEAL Initiative: Development and Validation of Remote or Patient Wearable Device Derived Objective Biosignatures or Functional Assessments to Monitor Pain for Use as Endpoints in Clinical Trials (UG3/UH3 Clinical Trial Optional) | DCP | NIH |
| 09/11/2023 | ES23-010 | U24 | Center for Exposome Research Coordination to Accelerate Precision Environmental Health (U24 Clinical Trial Not Allowed) | DCCPS | NIH |

Table 3a. Program Announcements (PAs/PARs) Published by the NCI in FY2023

Sorted by Date of Publication

| Date of Publication | PA/PAR | Mechanism | Title | Division, Office, and Center |
|------------------------|-----------|-----------|---|------------------------------------|
| 10/00/0000 | PAR22-239 | P20 | Feasibility Studies to Build Collaborative Partnerships in Cancer Research (P20 Clinical Trial Not Allowed) | ODOUD |
| 10/26/2022 | PAR22-249 | U54 | Comprehensive Partnerships to Advance Cancer Health Equity (CPACHE) (U54 Clinical Trial Optional) | CRCHD |
| 11/21/2022 | PAR23-051 | U01 | Mechanistic Links Between Diet, Lipid Metabolism, and Tumor Growth and Progression (U01 Clinical Trial Not Allowed) | DCB |
| 11/21/2022 | PAR23-052 | UH2 | Mechanistic Links Between Diet, Lipid Metabolism, and Tumor Growth and Progression (UH2 Clinical Trial Not Allowed) | БОБ |
| 11/23/2022 | PAR22-256 | UG3, UH3 | Pragmatic Trials Across the Cancer Control Continuum (UG3/UH3 Clinical Trial Required) | DCCPS |
| 12/05/2022 | PAR23-058 | R03 | NCI Small Grants Program for Cancer Research for Years 2023, 2024, and 2025 (NCI Omnibus) (R03 Clinical Trial Optional) | ALL DIVISIONS |
| | PAR23-055 | R01 | Co-infection and Cancer (R01 Clinical Trial Not Allowed) | DCCPS |
| 12/14/2022 | PAR23-056 | R21 | Co-infection and Cancer (R21 Clinical Trial Not Allowed) | |
| | PAR23-059 | P01 | National Cancer Institute Program Project Applications for the Years 2023, 2024, and 2025 (P01 Clinical Trial Optional) | ALL DIVISIONS |
| 01/06/2023 | PAR23-088 | R01 | Revision Applications for Validation of Biomarker Assays Developed Through NIH-Supported Research Grants (R01 Clinical Trial Not Allowed) | DCTD |
| 03/30/2023 | PAR23-152 | R21 | Impacts of Climate Change Across the Cancer Control Continuum (R21 Clinical Trial Optional) | DCCPS |
| | PAR23-153 | R01 | Impacts of Climate Change Across the Cancer Control Continuum (R01 Clinical Trial Optional) | |
| 04/12/2023 | PAR23-155 | R01 | Understanding Expectancies in Cancer Symptom Management (R01 Clinical Trial Required) | DCCPS |
| 07/20/2023 | PAR23-246 | R01 | Innovative Research in Cancer Nanotechnology (IRCN) (R01 Clinical Trial Not Allowed) $$ | DCTD |
| 08/01/2023 | PAR23-254 | R01 | Secondary Analysis and Integration of Existing Data to Elucidate Cancer Risk and Related Outcomes (R01 Clinical Trial Not Allowed) | DCCPS |
| 00/01/2023 | PAR23-255 | R21 | Secondary Analysis and Integration of Existing Data to Elucidate Cancer Risk and Related Outcomes (R21 Clinical Trials Not Allowed) | рссго |
| 08/08/2023 | PAR23-259 | R01 | Academic-Industrial Partnerships (AIP) to Translate and Validate <i>In Vivo</i> Imaging Systems (R01 Clinical Trial Optional) | ALL DIVISIONS |
| 08/09/2023 | PAR23-242 | R50 | NCI Research Specialist (Laboratory-Based Scientist) Award (R50 Clinical Trial Not Allowed) | CSSI |
| 00/03/2023 | PAR23-243 | R50 | NCI Research Specialist (Core-Based Scientist) Award (R50 Clinical Trial Not Allowed) | UJJI |
| 08/10/2023 | PAR23-264 | R01 | Assay Development and Screening for Discovery of Chemical Probes, Drugs or Immunomodulators (R01 Clinical Trial Not Allowed) | DCTD |
| 00/10/2023 | PAR23-273 | R01 | Understanding Expectancies in Cancer Symptom Management (R01 Clinical Trial Required) | DCCPS |
| 08/15/2023 | PAR23-244 | R01 | Population Approaches to Reducing Alcohol-Related Cancer Risk (R01 Clinical Trial Optional) | DCCPS |

Source: Office of Referral, Review, and Program Coordination.

continued

Table 3a (cont'd). Program Announcements (PAs/PARs) Published by the NCI in FY2023

Sorted by Date of Publication

| Date of Publication | PA/PAR | Mechanism | Title | Division, Office, and Center |
|------------------------|-----------|-----------|---|------------------------------------|
| 08/18/2023 | PAR23-281 | R01 | Research Projects to Enhance Applicability of Mammalian Models for Translational Research (R01 Clinical Trial Not Allowed) | DCCPS |
| 08/23/2023 | PAR23-279 | R01 | Mechanisms That Impact Cancer Risk with Use of Incretin Mimetics (R01 Clinical Trial Optional) | DCP |
| 08/24/2023 | PAR23-280 | R21 | Mechanisms That Impact Cancer Risk with Use of Incretin Mimetics (R21 Clinical Trial Not Allowed) | DCP |
| 09/07/2023 | PAR23-292 | R01 | Improving Care and Outcomes for Cancer Survivors from Sexual and Gender Minority (SGM) Populations (R01 Clinical Trial Optional) | DCCPS |
| 09/22/2023 | PAR23-284 | P50 | Specialized Programs of Research Excellence (SPOREs) in Human Cancers for Years 2024, 2025, and 2026 (P50 Clinical Trial Required) | DCTD |
| | PAR23-276 | R25 | Cancer Research Education Grants Program – Courses for Skills Development (R25 Clinical Trial Not Allowed) | |
| 09/29/2023 | PAR23-277 | R25 | Cancer Research Education Grants Program – Research Experiences (R25 Clinical Trial Not Allowed) | CCT |
| | PAR23-278 | R25 | Cancer Research Education Grants Program – Curriculum or Methods Development (R25 Clinical Trial Not Allowed) | |

Table 3b. Program Announcements (PAs/PARs) Published by the NCI in FY2023

Sorted by Division, Office, and Center

| Division, Office, and Center | PA/PAR | Mechanism | Title | Date of Publication |
|------------------------------------|-----------|-----------|--|------------------------|
| | PAR23-058 | R03 | NCI Small Grants Program for Cancer Research for Years 2023, 2024, and 2025 (NCI Omnibus) (R03 Clinical Trial Optional) | 12/05/2022 |
| ALL DIVISIONS | PAR23-059 | P01 | National Cancer Institute Program Project Applications for the Years 2023, 2024, and 2025 (P01 Clinical Trial Optional) | 12/14/2022 |
| | PAR23-259 | R01 | Academic-Industrial Partnerships (AIP) to Translate and Validate <i>In Vivo</i> Imaging Systems (R01 Clinical Trial Optional) | 08/08/2023 |
| | PAR23-276 | R25 | Cancer Research Education Grants Program – Courses for Skills Development (R25 Clinical Trial Not Allowed) | |
| CCT | PAR23-277 | R25 | Cancer Research Education Grants Program – Research Experiences (R25 Clinical Trial Not Allowed) | 09/29/2023 |
| | PAR23-278 | R25 | Cancer Research Education Grants Program – Curriculum or Methods Development (R25 Clinical Trial Not Allowed) | |
| CRCHD | PAR22-239 | P20 | Feasibility Studies to Build Collaborative Partnerships in Cancer Research (P20 Clinical Trial Not Allowed) | 10/26/2022 |
| CHOID | PAR22-249 | U54 | Comprehensive Partnerships to Advance Cancer Health Equity (CPACHE) (U54 Clinical Trial Optional) | 10/20/2022 |
| CCCI | PAR23-242 | R50 | NCI Research Specialist (Laboratory-Based Scientist) Award (R50 Clinical Trial Not Allowed) | 08/09/2023 |
| CSSI | PAR23-243 | R50 | NCI Research Specialist (Core-Based Scientist) Award (R50 Clinical Trial Not Allowed) | |
| DCD | PAR23-051 | U01 | Mechanistic Links Between Diet, Lipid Metabolism, and Tumor Growth and Progression (U01 Clinical Trial Not Allowed) | 11/21/2022 |
| DCB | PAR23-052 | UH2 | Mechanistic Links Between Diet, Lipid Metabolism, and Tumor Growth and Progression (UH2 Clinical Trial Not Allowed) | |
| | PAR22-256 | UG3, UH3 | Pragmatic Trials Across the Cancer Control Continuum (UG3/UH3 Clinical Trial Required) | 11/23/2022 |
| | PAR23-055 | R01 | Co-infection and Cancer (R01 Clinical Trial Not Allowed) | 10/14/0000 |
| | PAR23-056 | R21 | Co-infection and Cancer (R21 Clinical Trial Not Allowed) | 12/14/2022 |
| | PAR23-152 | R21 | Impacts of Climate Change Across the Cancer Control Continuum (R21 Clinical Trial Optional) | 00/00/0000 |
| | PAR23-153 | R01 | Impacts of Climate Change Across the Cancer Control Continuum (R01 Clinical Trial Optional) | 03/30/2023 |
| | PAR23-155 | R01 | Understanding Expectancies in Cancer Symptom Management (R01 Clinical Trial Required) | 04/12/2023 |
| DCCPS | PAR23-254 | R01 | Secondary Analysis and Integration of Existing Data to Elucidate Cancer Risk and Related Outcomes (R01 Clinical Trial Not Allowed) | 00/01/2022 |
| | PAR23-255 | R21 | Secondary Analysis and Integration of Existing Data to Elucidate Cancer Risk and Related Outcomes (R21 Clinical Trials Not Allowed) | 08/01/2023 |
| | PAR23-273 | R01 | Understanding Expectancies in Cancer Symptom Management (R01 Clinical Trial Required) | 08/10/2023 |
| | PAR23-244 | R01 | Population Approaches to Reducing Alcohol-Related Cancer Risk (R01 Clinical Trial Optional) | 08/15/2023 |
| | PAR23-281 | R01 | Research Projects to Enhance Applicability of Mammalian Models for Translational Research (R01 Clinical Trial Not Allowed) | 08/18/2023 |
| | PAR23-292 | R01 | Improving Care and Outcomes for Cancer Survivors from Sexual and Gender Minority (SGM) Populations (R01 Clinical Trial Optional) | 09/07/2023 |
| | | | | |

continued

Table 3b (cont'd). Program Announcements (PAs/PARs) Published by the NCI in FY2023

Sorted by Division, Office, and Center

| Division, Office, and Center | PA/PAR | Mechanism | Title | Date of Publication |
|------------------------------------|-----------|-----------|---|------------------------|
| | | R01 | Mechanisms That Impact Cancer Risk with Use of Incretin Mimetics (R01 Clinical Trial Optional) | 08/23/2023 |
| DUP | PAR23-280 | R21 | Mechanisms That Impact Cancer Risk with Use of Incretin Mimetics (R21 Clinical Trial Not Allowed) | 08/24/2023 |
| | PAR23-088 | R01 | Revision Applications for Validation of Biomarker Assays Developed Through NIH-Supported Research Grants (R01 Clinical Trial Not Allowed) | 01/06/2023 |
| DCTD | PAR23-246 | R01 | Innovative Research in Cancer Nanotechnology (IRCN) (R01 Clinical Trial Not Allowed) | 07/20/2023 |
| טנוט | PAR23-264 | R01 | Assay Development and Screening for Discovery of Chemical Probes, Drugs or Immunomodulators (R01 Clinical Trial Not Allowed) | 08/10/2023 |
| | PAR23-284 | P50 | Specialized Programs of Research Excellence (SPOREs) in Human Cancers for Years 2024, 2025, and 2026 (P50 Clinical Trial Required) | 09/22/2023 |

Table 4. NCI Participation in NIH-Wide Program Announcements (PAs/PARs) in FY2023

Sorted by Date of Publication

| Date of Publication | PA/PAR | Mechanism | Title | Division, Office, and Center | Issuing NIH IC |
|------------------------|-----------|-----------|---|------------------------------------|-------------------|
| 10/3/2022 | PAR22-195 | R25 | INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndromE (INCLUDE) Clinical Research Short Course (R25 Independent Clinical Trial Not Allowed) | DCB | NIH |
| 10/13/2022 | PAR22-247 | R24 | Development of Animal Models and Related Biological Materials for Down Syndrome Research (R24 Clinical Trials Not Allowed) | DCB | NIH |
| 12/07/2022 | PAR23-042 | R01 | Implementation Research on Noncommunicable Disease Risk Factors Among Low- and Middle-Income Country and Tribal Populations Living in City Environments (R01 Clinical Trial Optional) | CGH | NIH |
| | PAR23-001 | R01 | NSF/NIH Smart and Connected Health Program (R01) | | NSF/NIH |
| 10/00/0000 | PAR23-078 | U24 | Biomedical Knowledgebase (U24 Clinical Trials Not Allowed) | CCCI | NIILI |
| 12/22/2022 | PAR23-079 | U24 | Biomedical Data Repository (U24 Clinical Trials Not Allowed) | CSSI | NIH |
| | PAR23-085 | U24 | Genomic Community Resources (U24 Clinical Trial Not Allowed) | DCCPS | NIH |
| 12/23/2022 | PAR23-075 | R03 | Small Research Grants for Analyses of Gabriella Miller Kids First Pediatric Research Data (R03 Clinical Trial Not Allowed) | DCCPS | NIH |
| 01/26/2023 | PA23-048 | T32 | Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grant (Parent T32) | CCT | NIH |
| 03/01/2023 | PAR23-124 | U24 | Genomic Community Resources (U24 Clinical Trial Not Allowed) | DCCPS | NIH |
| | PAR23-109 | FM1 | NIH Medical Scientist Partnership Program (FM1 Clinical Trial Not Allowed) | CCT | NIH |
| 03/09/2023 | PAR23-116 | P30 | Centers for AIDS Research (P30 Clinical Trial Not Allowed) | | |
| | PAR23-117 | P30 | Developmental Centers for AIDS Research (P30 Clinical Trial Not Allowed) | OHAM | NIH |
| 03/15/2023 | PAR23-123 | R25 | Entry-Level Modules (ELM) for Training the Genomics Research Workforce (R25 Clinical Trial Not Allowed) | CCT | NIH |
| 04/17/2023 | PAR23-156 | R00, SI2 | Lasker Clinical Research Scholars Program (Si2/R00 Clinical Trial Optional) | DCCPS DCP | NIH |
| 04/19/2023 | PAR23-170 | R01 | Interventions to Expand Cancer Screening and Preventive Services to ADVANCE Health in Populations That Experience Health Disparities (R01 Clinical Trial Required) | DCCPS | NIH |
| 05/40/0000 | PAR23-190 | R01 | Interventions for Stigma Reduction to Improve HIV/AIDS Prevention, Treatment and Care in Low- and Middle-Income Countries (R01 Clinical Trial Optional) | OLIANA | . |
| 05/10/2023 | PAR23-191 | R21 | HIV-Associated Non-communicable Diseases Research at Low- and Middle-Income Country Institutions (R21 Clinical Trial Optional) | OHAM | NIH |
| 05/24/2023 | PAR23-182 | U01 | Accelerating Behavioral and Social Science Through Ontology Development and Use: Research Network Projects (U01 Clinical Trial Not Allowed) | DCCPS | NIH |
| 05/26/2023 | PAR23-184 | X01 | Center for Inherited Disease Research (CIDR) High-Throughput Sequencing and Genotyping Resource Access (X01 Clinical Trial Not Allowed) | DCCPS | NIH |

Source: Office of Referral, Review, and Program Coordination.

continued

Table 4 (cont'd). NCI Participation in NIH-Wide Program Announcements (PAs/PARs) in FY2023

Sorted by Date of Publication

| Date of Publication | PA/PAR | Mechanism | Title | Division, Office, and Center | Issuing NIH IC |
|------------------------|-----------|-----------|--|------------------------------------|-------------------|
| 06/02/2023 | PAR23-166 | S06 | Native American Research Centers for Health (NARCH) (S06 Clinical Trial Optional) | DCCPS | NIH |
| 06/05/2023 | PAR23-203 | U01 | Limited Competition: Collaborative Partnership to Advance Global Health Research (U01 Clinical Trial Not Allowed) | CGH | NIH |
| 06/06/2023 | PAR23-199 | U24 | ClinGen Genomic Curation Expert Panels (U24 Clinical Trial Not Allowed) | DCCPS | NIH |
| 06/28/2023 | PA23-189 | 333 | Research Supplements to Promote Diversity in Health-Related Research (Admin Supp Clinical Trial Not Allowed) | CRCHD | NIH CDC |
| | PA23-230 | R43, R44 | PHS 2023-2 Omnibus Solicitation of the NIH, CDC, and FDA for Small Business Innovation Research Grant Applications (Parent SBIR [R43/R44] Clinical Trial Not Allowed) | | |
| | PA23-231 | R43, R44 | PHS 2023-2 Omnibus Solicitation of the NIH and CDC for Small Business Innovation Research Grant Applications (Parent SBIR [R43/R44] Clinical Trial Required) | | NIH CDC |
| 07/12/2023 | PA23-232 | R41, R42 | PHS 2023-2 Omnibus Solicitation of the NIH for Small Business Technology Transfer Grant Applications (Parent STTR [R41/R42] Clinical Trial Not Allowed) | SBIR | FDA |
| | PA23-233 | R41, R42 | PHS 2023-2 Omnibus Solicitation of the NIH for Small Business Technology Transfer Grant Applications (Parent STTR [R41/R42] Clinical Trial Required) | | |
| | PAR23-219 | SB1 | SBIR/STTR Commercialization Readiness Pilot (CRP) Program Technical Assistance and Late-Stage Development (SB1 Clinical Trial Not Allowed) | | NIH |
| 08/11/2023 | PAR23-229 | X01 | NIH Brain Development Cohorts (NBDC) Biospecimen Access (X01 Clinical Trial Not Allowed) | DCCPS | NIH |
| | PA23-260 | F30 | Ruth L. Kirschstein National Research Service Award (NRSA) Individual Fellowship for Students at Institutions with NIH- Funded Institutional Predoctoral Dual-Degree Training Programs (Parent F30) | ССТ | NIH |
| 08/16/2023 | PA23-272 | F31 | Ruth L. Kirschstein National Research Service Award (NRSA) Individual Predoctoral Fellowship (Parent F31) | | |
| | PAR23-270 | R01 | Screening, Brief Intervention and Referral to Treatment or Prevention (SBIRT/P) for Alcohol, Tobacco, and Other Drugs (ATOD) Use and Misuse in Adult Populations That Experience Health Disparities (R01 Clinical Trial Required) | DCCPS | NIH |
| 08/30/2023 | PAR23-237 | U24 | Enhancement and Management of Established Biomedical Data Repositories and Knowledgebases (U24 Clinical Trial Not Allowed) | DCB DCTD | NIH |
| 09/07/2023 | PA23-261 | F30 | Ruth L. Kirschstein National Research Service Award (NRSA) Individual Fellowship for Students at Institutions Without NIH- Funded Institutional Predoctoral Dual-Degree Training Programs (Parent F30) | ССТ | NIH |
| | PA23-262 | F32 | Ruth L. Kirschstein National Research Service Award (NRSA) Individual Postdoctoral Fellowship (Parent F32) | | |

continued

Table 4 (cont'd). NCI Participation in NIH-Wide Program Announcements (PAs/PARs) in FY2023

Sorted by Date of Publication

| Date of Publication | PA/PAR | Mechanism | Title | Division, Office, and Center | Issuing NIH IC |
|---------------------|---|---|--|------------------------------------|-------------------|
| 09/11/2023 | PAR23-298 R01 Intervention Research to Improve Native American Health (R01 Clinical Trial Optional) | | DCCPS | NIH | |
| 09/11/2023 | PAR23-299 | AR23-299 R21 Intervention Research to Improve Native American Health (R21 Clinical Trials Optional) | | DUUFS | INITI |
| 09/12/2023 | PA23-271 | F31 | Ruth L. Kirschstein National Research Service Award (NRSA) Individual Predoctoral Fellowship to Promote Diversity in Health- Related Research (Parent F31 Diversity) | CRCHD | NIH |
| 09/26/2023 | PAR23-309 | R01 | Health and Health Care Disparities Among Persons Living with Disabilities (R01 Clinical Trials Optional) | DCCPS | NIH |

Table 5. Applications Received for Referral by the NCI DEA in FY2023Sorted by Activity Code

| | Activity | Totals by | Applica | ntions b | y NCAB | Total Costs |
|---|----------|-----------|---------|----------|--------|-------------------------|
| Mechanism | Code | Activity | Feb | June | Sept | Requested First Year |
| International Training Grants in Epidemiology (FIC) | D43 | 1 | 1 | 0 | 0 | \$285,862 |
| NIH Director's Pioneer Award (NDPA) | DP1 | 1 | 0 | 1 | 0 | \$3,500,000 |
| NIH Director's New Innovator Awards | DP2 | 23 | 0 | 9 | 14 | \$14,074,050 |
| Individual Predoctoral NRSA for M.D./Ph.D. Fellowships (ADAMHA) | F30 | 252 | 69 | 98 | 85 | \$0 |
| Predoctoral Individual National Research Service Award | F31 | 644 | 192 | 226 | 226 | \$0 |
| Postdoctoral Individual National Research Service Award | F32 | 161 | 51 | 63 | 47 | \$0 |
| Predoctoral to Postdoctoral Transition Award | F99 | 46 | 0 | 46 | 0 | \$0 |
| Research Scientist Development Award – Research & Training | K01 | 44 | 16 | 3 | 25 | \$7,230,667 |
| Clinical Investigator Award | K08 | 240 | 80 | 88 | 72 | \$54,604,950 |
| Physician Scientist Award (Program) | K12 | 14 | 13 | 1 | 0 | \$5,205,151 |
| Career Transition Award | K22 | 107 | 33 | 33 | 41 | \$18,873,874 |
| Mentored Patient-Oriented Research Development Award | K23 | 0 | 0 | 0 | 0 | \$0 |
| Mentored Quantitative Research Career Development | K25 | 3 | 1 | 2 | 0 | \$461,101 |
| Early Stage Mentored Research and Career Development | K38 | 1 | 0 | 1 | 0 | \$91,578 |
| International Research Career Development Award | K43 | 34 | 0 | 34 | 0 | \$4,472,834 |
| Career Transition Award | K99 | 301 | 78 | 100 | 123 | \$39,884,478 |
| Loan Repayment Program for Clinical Researchers | L30 | 182 | 0 | 1 | 181 | \$0 |
| Loan Repayment Program for Pediatric Research | L40 | 48 | 0 | 0 | 48 | \$0 |
| Loan Repayment Program for Health Disparities Research (HD-LRP) | L60 | 73 | 0 | 1 | 72 | \$0 |
| Loan Repayment Program for Research in Emerging Areas Critical to Human Health | L70 | 22 | 0 | 4 | 18 | \$0 |
| Research Project – Other Transaction Award | 0T2 | 23 | 22 | 0 | 1 | \$0 |
| Research Program Projects | P01 | 86 | 28 | 30 | 28 | \$236,912,056 |
| Exploratory Grants | P20 | 12 | 0 | 3 | 9 | \$12,613,261 |
| Center Core Grants | P30 | 18 | 11 | 3 | 4 | \$76,398,859 |
| Specialized Center | P50 | 58 | 10 | 38 | 10 | \$136,553,369 |
| Research Project | R01 | 6,969 | 2,326 | 2,407 | 2,236 | \$4,431,207,815 |
| Small Research Grants | R03 | 377 | 121 | 125 | 131 | \$31,487,320 |
| Conferences | R13 | 72 | 20 | 33 | 19 | \$2,765,021 |
| Academic Research Enhancement Awards (AREA) | R15 | 178 | 57 | 61 | 60 | \$77,257,331 |
| Research Excellence Award | R16 | 54 | 34 | 20 | 0 | \$8,847,887 |
| Research Demonstration and Dissemination Projects | R18 | 1 | 0 | 1 | 0 | \$970,489 |

Table 5. (cont'd). Applications Received for Referral by the NCI DEA in FY2023 *Sorted by Activity Code*

| | Activity | Totals by | Applica | ations b | y NCAB | Total Costs |
|--|----------|-----------|---------|----------|--------|-------------------------|
| Mechanism | Code | Activity | Feb | June | Sept | Requested First Year |
| Exploratory/Developmental Grants | R21 | 1,853 | 714 | 608 | 531 | \$416,679,472 |
| Education Projects | R25 | 111 | 24 | 56 | 31 | \$31,708,735 |
| Exploratory/Developmental Grants Phase II | R33 | 100 | 50 | 24 | 26 | \$48,260,899 |
| Planning Grant | R34 | 37 | 0 | 17 | 20 | \$11,853,846 |
| Outstanding Investigator Award | R35 | 103 | 0 | 102 | 1 | \$100,614,688 |
| Method to Extend Research in Time (MERIT) Award | R37 | 48 | 11 | 26 | 11 | \$30,125,063 |
| Mentored Research Pathway in Residency | R38 | 4 | 0 | 0 | 4 | \$1,533,036 |
| Small Business Technology Transfer (STTR) Grants - Phase I | R41 | 241 | 91 | 67 | 83 | \$83,121,483 |
| Small Business Technology Transfer (STTR) Grants – Phase II | R42 | 60 | 34 | 14 | 12 | \$31,278,969 |
| Small Business Innovation Research Grants (SBIR) - Phase I | R43 | 697 | 262 | 203 | 232 | \$230,687,662 |
| Small Business Innovation Research Grants (SBIR) - Phase II | R44 | 431 | 169 | 123 | 139 | \$369,146,292 |
| Research Specialist Award | R50 | 118 | 11 | 84 | 23 | \$18,693,450 |
| High-Priority, Short-Term Project Award | R56 | 16 | 4 | 11 | 1 | \$0 |
| Phase 1 Exploratory/Developmental Grant | R61 | 168 | 74 | 33 | 61 | \$42,754,378 |
| Multiyear Funded Research Project Grant | RF1 | 1 | 0 | 0 | 1 | \$674,100 |
| Research Project with Complex Structure | RM1 | 5 | 0 | 2 | 3 | \$7,875,375 |
| Commercialization Readiness Program | SB1 | 6 | 1 | 0 | 5 | \$1,254,940 |
| Intramural Clinical Scholar Research Award | SI2 | 8 | 8 | 0 | 0 | \$0 |
| Institutional National Research Service Award | T32 | 119 | 42 | 48 | 29 | \$66,462,785 |
| Research Project (Cooperative Agreements) | U01 | 457 | 95 | 192 | 170 | \$417,262,599 |
| Research Program (Cooperative Agreement) | U19 | 10 | 4 | 2 | 4 | \$30,013,503 |
| Resource-Related Research Project (Cooperative Agreements) | U24 | 63 | 22 | 31 | 10 | \$77,465,335 |
| Resource-Related Research Multi-component Projects and Centers Cooperative Agreements | U2C | 26 | 10 | 0 | 16 | \$38,111,388 |
| Planning Cooperative Agreement | U34 | 6 | 0 | 3 | 3 | \$2,232,010 |
| Specialized Center (Cooperative Agreements) | U54 | 191 | 81 | 95 | 15 | \$286,412,091 |
| Clinical Research Cooperative Agreements – Single Project | UG1 | 49 | 0 | 12 | 37 | \$46,451,407 |
| Phase 1 Exploratory/Developmental Cooperative Agreement | UG3 | 84 | 0 | 79 | 5 | \$159,857,394 |
| Exploratory/Developmental Cooperative Agreement Phase I | UH2 | 23 | 4 | 6 | 13 | \$5,597,726 |
| Exploratory/Developmental Cooperative Agreement Phase II | UH3 | 4 | 2 | 2 | 0 | \$1,624,619 |
| Pre-application Pre-application | X02 | 4 | 0 | 4 | 0 | \$0 |
| Overall Totals | | 15,088 | 4,876 | 5,276 | 4,936 | \$7,721,451,198 |

Table 6. Grant and Cooperative Agreement Applications Reviewed by the NCI DEA in FY2023

Sorted by Activity Code

| Market State | | Totals by | Applica | ations by | NCAB | Total Costs |
|--|------------------|-----------|---------|-----------|------|-------------------------|
| Mechanism | Activity Code | Activity | Feb | June | Sept | Requested First Year |
| Predoctoral to Postdoctoral Transition Award | F99 | 46 | 0 | 46 | 0 | \$0 |
| Research Scientist Development Award – Research & Training | K01 | 19 | 10 | 3 | 6 | \$2,769,002 |
| Clinical Investigator Award | K08 | 221 | 76 | 78 | 67 | \$51,105,326 |
| Physician Scientist Award (Program) | K12 | 13 | 13 | 0 | 0 | \$4,287,548 |
| Career Transition Award | K22 | 107 | 33 | 33 | 41 | \$18,873,874 |
| Mentored Quantitative Research Career Development | K25 | 2 | 0 | 2 | 0 | \$321,241 |
| Early Stage Mentored Research and Career Development | K38 | 1 | 0 | 1 | 0 | \$91,578 |
| Career Transition Award | K99 | 265 | 70 | 82 | 113 | \$35,593,635 |
| Loan Repayment Program for Clinical Researchers | L30 | 154 | 0 | 0 | 154 | \$0 |
| Loan Repayment Program for Pediatric Research | L40 | 38 | 0 | 0 | 38 | \$0 |
| Loan Repayment Program for Health Disparities Research (HD-LRP) | L60 | 46 | 0 | 0 | 46 | \$0 |
| Loan Repayment Program for Research in Emerging Areas Critical to Human Health | L70 | 13 | 0 | 0 | 13 | \$0 |
| Research Project – Other Transaction Award | 0T2 | 22 | 22 | 0 | 0 | \$0 |
| Research Program Projects | P01 | 86 | 28 | 30 | 28 | \$236,912,056 |
| Exploratory Grants | P20 | 7 | 0 | 1 | 6 | \$4,126,174 |
| Center Core Grants | P30 | 14 | 7 | 3 | 4 | \$66,871,764 |
| Specialized Center | P50 | 58 | 10 | 38 | 10 | \$136,553,369 |
| Research Project | R01 | 92 | 0 | 84 | 8 | \$65,044,408 |
| Small Research Grants | R03 | 337 | 115 | 117 | 105 | \$26,749,025 |
| Conferences | R13 | 50 | 13 | 23 | 14 | \$2,069,586 |
| Exploratory/Developmental Grants | R21 | 1,087 | 442 | 310 | 335 | \$244,179,663 |
| Education Projects | R25 | 102 | 22 | 56 | 24 | \$29,677,479 |
| Exploratory/Developmental Grants Phase II | R33 | 100 | 50 | 24 | 26 | \$48,260,899 |
| Planning Grant | R34 | 37 | 0 | 17 | 20 | \$11,853,846 |
| Outstanding Investigator Award | R35 | 102 | 0 | 102 | 0 | \$100,180,261 |
| Method to Extend Research in Time (MERIT) Award | R37 | 4 | 0 | 4 | 0 | \$2,130,827 |
| Mentored Research Pathway in Residency | R38 | 4 | 0 | 0 | 4 | \$1,533,036 |
| Small Business Technology Transfer (STTR) Grants - Phase II | R42 | 11 | 11 | 0 | 0 | \$3,060,143 |
| Small Business Innovation Research Grants (SBIR) – Phase II | R44 | 28 | 28 | 0 | 0 | \$47,965,210 |
| Research Specialist Award | R50 | 118 | 11 | 84 | 23 | \$18,693,450 |
| Phase 1 Exploratory/Developmental Grant | R61 | 162 | 73 | 29 | 60 | \$38,674,366 |
| Institutional National Research Service Award | T32 | 94 | 31 | 41 | 22 | \$35,542,904 |

continued

Table 6. (cont'd). Grant and Cooperative Agreement Applications Reviewed by the NCI DEA in FY2023

Sorted by Activity Code

| Mechanism | Activity | Totals by | Applic | ations b | Total Costs | |
|---|----------|-----------|--------|----------|-------------|-------------------------|
| Wechanish | Code | Activity | Feb | June | Sept | Requested First Year |
| Research Project (Cooperative Agreements) | U01 | 333 | 89 | 144 | 100 | \$245,188,053 |
| Research Program (Cooperative Agreement) | U19 | 1 | 0 | 1 | 0 | \$2,849,263 |
| Resource-Related Research Project (Cooperative Agreements) | U24 | 41 | 9 | 28 | 4 | \$45,854,766 |
| Resource-Related Research Multi-component Projects and Centers Cooperative Agreements | U2C | 9 | 9 | 0 | 0 | \$7,508,398 |
| Planning Cooperative Agreement | U34 | 6 | 0 | 3 | 3 | \$2,232,010 |
| Specialized Center (Cooperative Agreements) | U54 | 96 | 12 | 69 | 15 | \$162,109,199 |
| Clinical Research Cooperative Agreements – Single Project | UG1 | 49 | 0 | 12 | 37 | \$46,451,407 |
| Phase 1 Exploratory/Developmental Cooperative Agreement | UG3 | 15 | 0 | 15 | 0 | \$20,929,514 |
| Exploratory/Developmental Cooperative Agreement Phase I | UH2 | 23 | 4 | 6 | 13 | \$5,597,726 |
| Exploratory/Developmental Cooperative Agreement Phase II | UH3 | 4 | 2 | 2 | 0 | \$1,624,619 |
| Pre-application Pre-application | X02 | 4 | 0 | 4 | 0 | \$0 |
| Overall Totals | | 4,021 | 1,190 | 1,492 | 1,339 | \$1,773,465,625 |

Table 7. Applications Reviewed by NCI IRG Study Sections and **Special Emphasis Panels (SEPs) in FY2023**

| NCI IRG Study Section | Types of Applications Reviewed | Total by Committee | Total Costs Requested First Year |
|--|---|-----------------------|-------------------------------------|
| A – Cancer Centers | P30 | 13 | \$63,754,887 |
| F – Institutional Training and Education | K12, R25, T32 | 197 | \$64,684,411 |
| I – Transition to Independence | K08, K99 | 207 | \$28,037,239 |
| J - Career Development | K01, K08, K22, K25 | 248 | \$55,203,766 |
| Totals – NCI IRG Study Sections | | 665 | \$211,680,303 |
| Total SEPs | F99, K22, K38, K99, L30, L40, L60, L70, OT2, P01, P20, P30, P50, R01, R03, R13, R21, R25, R33, R34, R35, R37, R38, R42, R44, R50, R61, T32, U01, U19, U24, U2C, U34, U54, UG1, UG3, UH2, UH3, X02 | 3,356 | \$1,561,785,322 |
| Totals | | 4,021 | \$1,773,465,625 |

Source: Office of Referral, Review, and Program Coordination. IMPAC II. Includes NCI Primary and Secondary assigned applications. A total of 126 withdrawn applications have been subtracted from the total count of the SEPs, and 16 withdrawn applications have been subtracted from the total count of the NCI IRG Study Sections.

Table 8. Summary of Investigator-Initiated P01 Applications Reviewed in FY2023Sorted by NCAB Meeting

| Type of Application | February | June | September | FY Total |
|---------------------|----------|------|-----------|----------|
| New | 11 | 16 | 14 | 41 |
| Resubmitted New | 10 | 8 | 8 | 26 |
| Renewal | 4 | 4 | 3 | 11 |
| Resubmitted Renewal | 3 | 2 | 2 | 7 |
| Revisions | 0 | 0 | 1 | 1 |
| Total | 28 | 30 | 28 | 86 |

Source: Office of Referral, Review, and Program Coordination. IMPAC II. Includes NCI Primary and Secondary assigned applications. No withdrawn applications have been subtracted from the total count.

Table 9. Summary of Investigator-Initiated P01 Applications Reviewed in FY2023Sorted by NCI Program Division

| Program Division | Number of Applications | Total Costs Requested First Year | Total Costs for Requested Period |
|--|---------------------------|-------------------------------------|-------------------------------------|
| Division of Cancer Biology (DCB) | 32 | \$86,175,237 | \$428,527,433 |
| Division of Cancer Control and Population Sciences (DCCPS) | 10 | \$26,768,379 | \$135,366,590 |
| Division of Cancer Prevention (DCP) | 7 | \$20,838,106 | \$109,781,493 |
| Division of Cancer Treatment and Diagnosis (DCTD) | 37 | \$103,130,334 | \$515,048,082 |
| Totals | 86 | \$236,912,056 | \$1,188,723,598 |

Source: Office of Referral, Review, and Program Coordination. IMPAC II. Includes NCI Primary and Secondary assigned applications.

Table 10. Requests for Applications (RFAs) Reviewed by the NCI DEA in FY2023

| ************************************** | RFA | Activity | Арј | plicatio | ns by NC | AB | Total Costs |
|---|----------|----------|-------|----------|----------|------|-------------------------|
| Title of Initiative | Number | Code | Total | Feb | June | Sept | Requested First Year |
| National Cancer Institute Youth Enjoy Science Research Education Program (R25 Clinical Trial Not Allowed) | CA21-020 | R25 | 34 | 0 | 34 | 0 | \$11,292,433 |
| Research Centers for Cancer Systems Biology (U54 Clinical Trial Not Allowed) | CA21-048 | U54 | 20 | 0 | 20 | 0 | \$48,477,115 |
| Innovative Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (R61 Clinical Trial Not Allowed) | CA22-001 | R61 | 92 | 66 | 26 | 0 | \$21,970,046 |
| Advanced Development and Validation of Emerging Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (R33 Clinical Trial Not Allowed) | CA22-002 | R33 | 65 | 44 | 21 | 0 | \$31,243,609 |
| Innovative Biospecimen Science Technologies for Basic and Clinical Cancer Research (R61 Clinical Trial Not Allowed) | CA22-003 | R61 | 10 | 7 | 3 | 0 | \$2,236,830 |
| Advanced Development and Validation of Emerging Biospecimen Science Technologies for Basic and Clinical Cancer Research (R33 Clinical Trial Not Allowed) | CA22-004 | R33 | 9 | 6 | 3 | 0 | \$4,403,685 |
| Revision Applications for Incorporation of Novel NCI- Supported Technology to Accelerate Cancer Research (P50 Clinical Trial Optional) | CA22-009 | P50 | 1 | 0 | 1 | 0 | \$255,040 |
| Patient-Derived Xenograft (PDX) Development and Trial Centers (PDTCs) Network (U54 Clinical Trial Not Allowed) | CA22-012 | U54 | 11 | 0 | 11 | 0 | \$14,287,404 |
| PDX Data Commons and Coordinating Center (PDCCC) for the PDX Development and Trial Centers Research Network (PDXNet) (U24 Clinical Trial Not Allowed) | CA22-013 | U24 | 1 | 0 | 1 | 0 | \$1,045,928 |
| Cancer Control Research in Persistent Poverty Areas (U54 Clinical Trial Optional) | CA22-015 | U54 | 12 | 12 | 0 | 0 | \$28,505,600 |
| Pediatric Immunotherapy Network (PIN) (U01 Clinical Trial Optional) | CA22-016 | U01 | 34 | 0 | 34 | 0 | \$24,587,071 |
| Small Business Transition Grant for Early Career Scientists (R42 Clinical Trial Not Allowed) | CA22-017 | R42 | 11 | 11 | 0 | 0 | \$3,060,143 |
| Global Implementation Science for Equitable Cancer Control (GlobalISE Cancer Control, U54 Clinical Trial Optional) | CA22-019 | U54 | 20 | 0 | 20 | 0 | \$20,289,897 |
| Cancer Prevention, Detection, Diagnosis, and Treatment Technologies for Global Health (U01 Clinical Trial Optional) | CA22-020 | U01 | 20 | 20 | 0 | 0 | \$13,517,706 |
| Development of Innovative Informatics Methods and Algorithms for Cancer Research and Management (R21 Clinical Trial Optional) | CA22-021 | R21 | 71 | 25 | 46 | 0 | \$16,133,487 |
| Early Stage Development of Informatics Technologies for Cancer Research and Management (U01 Clinical Trial Optional) | CA22-022 | U01 | 58 | 23 | 35 | 0 | \$27,794,761 |
| Advanced Development of Informatics Technologies for Cancer Research and Management (U24 Clinical Trial Optional) | CA22-023 | U24 | 21 | 5 | 16 | 0 | \$19,526,569 |

Table 10 (cont'd). Requests for Applications (RFAs) Reviewed by the NCI DEA in FY2023

| | RFA | Activity | Арј | plicatio | Total Costs | | |
|---|----------|----------|-------|----------|-------------|------|-------------------------|
| Title of Initiative | Number | Code | Total | Feb | June | Sept | Requested First Year |
| Sustained Support for Informatics Technologies for Cancer Research and Management (U24 Clinical Trial Optional) | CA22-024 | U24 | 7 | 3 | 4 | 0 | \$5,964,406 |
| SBIR Phase IIB Bridge Awards to Accelerate the Development of Cancer-Relevant Technologies Toward Commercialization (R44 Clinical Trial Optional) | CA22-025 | R44 | 28 | 28 | 0 | 0 | \$47,965,210 |
| Limited Competition: A Data Resource for Blood and Marrow Transplants and Adoptive Cellular Therapy Research (U24 Clinical Trial Not Allowed) | CA22-026 | U24 | 1 | 1 | 0 | 0 | \$6,715,000 |
| Research to Understand and Address the Survivorship Needs of Individuals Living with Advanced Cancer (R01 Clinical Trial Optional) | CA22-027 | R01 | 38 | 0 | 38 | 0 | \$30,212,385 |
| Cancer Adoptive Cellular Therapy Network (Can-ACT) for Adult Cancers (UG3/UH3 Clinical Trial Required) | CA22-028 | UG3 | 12 | 0 | 12 | 0 | \$16,711,209 |
| Cancer Adoptive Cellular Therapy Network (Can-ACT) for Pediatric Cancers (UG3/UH3 Clinical Trial Required) | CA22-029 | UG3 | 3 | 0 | 3 | 0 | \$4,218,305 |
| Cancer Adoptive Cellular Therapy Network (Can-ACT) Coordinating Center (U24 Clinical Trial Not Allowed) | CA22-030 | U24 | 2 | 0 | 2 | 0 | \$960,489 |
| Consortium on Translational Research in Early Detection of Liver Cancer: Translational Research Centers (U01 Clinical Trial Optional) | CA22-031 | U01 | 12 | 0 | 12 | 0 | \$10,632,028 |
| Consortium on Translational Research in Early Detection of Liver Cancer: Data Management and Coordinating Center (U24 Clinical Trial Not Allowed) | CA22-032 | U24 | 1 | 0 | 1 | 0 | \$896,600 |
| NCI Pathway to Independence Award for Outstanding Early Stage Postdoctoral Researchers (K99/R00 Independent Clinical Trial Not Allowed) | CA22-035 | K99 | 51 | 0 | 0 | 51 | \$6,770,334 |
| NCI Pathway to Independence Award for Outstanding Early Stage Postdoctoral Researchers (K99/R00 Independent Clinical Trial Required) | CA22-036 | K99 | 7 | 0 | 0 | 7 | \$917,109 |
| NCI Pathway to Independence Award for Outstanding Early Stage Postdoctoral Researchers (K99/R00 Independent Basic Experimental Studies with Humans Required) | CA22-037 | K99 | 1 | 0 | 0 | 1 | \$117,462 |
| Limited Competition: Cancer Immune Monitoring and Analysis Centers (CIMACs) and Cancer Immunologic Data Center (CIDC) (U24 Clinical Trial Not Allowed) | CA22-038 | U24 | 4 | 0 | 4 | 0 | \$7,718,292 |
| The Early Detection Research Network: Clinical Validation Centers (U01 Clinical Trial Optional) | CA22-039 | U01 | 2 | 2 | 0 | 0 | \$1,915,436 |
| The Early Detection Research Network: Biomarker Characterization Centers (U2C Clinical Trial Not Allowed) | CA22-040 | U2C | 9 | 9 | 0 | 0 | \$7,508,398 |
| The NCI Predoctoral to Postdoctoral Fellow Transition Award (F99/K00 Clinical Trial Not Allowed) | CA22-041 | F99 | 46 | 0 | 46 | 0 | \$0 |
| Advancing Adolescent Tobacco Cessation Intervention Research (R34 Clinical Trial Optional) | CA22-042 | R34 | 3 | 0 | 0 | 3 | \$815,291 |

Table 10 (cont'd). Requests for Applications (RFAs) Reviewed by the NCI DEA in FY2023

| Tale of Later Co. | RFA | Activity | Арј | plicatio | Total Costs | | |
|---|----------|----------|-------|----------|-------------|------|-------------------------|
| Title of Initiative | Number | Code | Total | Feb | June | Sept | Requested First Year |
| Advancing Adolescent Tobacco Cessation Intervention Research (R01 Clinical Trial Required) | CA22-043 | R01 | 6 | 0 | 0 | 6 | \$4,969,963 |
| NCI Outstanding Investigator Award (R35 Clinical Trial Optional) | CA22-045 | R35 | 102 | 0 | 102 | 0 | \$100,180,261 |
| Radiation Oncology–Biology Integration Network (ROBIN) Centers (U54 Clinical Trial Required) | CA22-046 | U54 | 15 | 0 | 15 | 0 | \$24,502,078 |
| NCI Cancer Moonshot Scholars Diversity Program (CMSDP) (R01 Clinical Trial Optional) | CA22-050 | R01 | 42 | 0 | 42 | 0 | \$26,854,590 |
| NCI Cancer Moonshot Scholars Diversity Program (CMSDP) (R01 Clinical Trial Optional) | CA22-050 | R37 | 4 | 0 | 4 | 0 | \$2,130,827 |
| Clinical Sites for HIV/Cervical Cancer Prevention 'CASCADE' Clinical Trials Network (UG1 Clinical Trial Required) | CA22-051 | UG1 | 12 | 0 | 12 | 0 | \$4,683,488 |
| Cannabis and Cannabinoid Use in Adult Cancer Patients During Treatment: Assessing Benefits and Harms (U01 Clinical Trial Not Allowed) | CA22-052 | U01 | 19 | 0 | 0 | 19 | \$15,244,921 |
| The Early Detection Research Network: Clinical Validation Centers (U01 Clinical Trial Optional) | CA22-054 | U01 | 8 | 8 | 0 | 0 | \$7,122,331 |
| Cancer Prevention-Interception Targeted Agent Discovery Program (CAP-IT) Centers (U54 Clinical Trial Not Allowed) | CA22-055 | U54 | 3 | 0 | 3 | 0 | \$3,446,851 |
| Basic/Translational Research on Health Disparities in Underrepresented People Living with HIV (PLWH) and Cancer (R01 Clinical Trial Not Allowed) | CA22-056 | R01 | 4 | 0 | 4 | 0 | \$2,624,501 |
| Basic/Translational Research on Health Disparities in Underrepresented People Living with HIV (PLWH) and Cancer (R21 Clinical Trial Not Allowed) | CA22-057 | R21 | 2 | 0 | 2 | 0 | \$411,106 |
| Innovative Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (R61 Clinical Trial Not Allowed) | CA23-002 | R61 | 53 | 0 | 0 | 53 | \$12,809,391 |
| Advanced Development and Validation of Emerging Molecular and Cellular Analysis Technologies for Basic and Clinical Cancer Research (R33 Clinical Trial Not Allowed) | CA23-003 | R33 | 23 | 0 | 0 | 23 | \$11,061,909 |
| Innovative Biospecimen Science Technologies for Basic and Clinical Cancer Research (R61 Clinical Trial Not Allowed) | CA23-004 | R61 | 7 | 0 | 0 | 7 | \$1,658,099 |
| Advanced Development and Validation of Emerging Biospecimen Science Technologies for Basic and Clinical Cancer Research (R33 Clinical Trial Not Allowed) | CA23-005 | R33 | 3 | 0 | 0 | 3 | \$1,551,696 |
| Revision Applications for Incorporation of Novel NCI- Supported Technology to Accelerate Cancer Research (R01 Clinical Trial Optional) | CA23-006 | R01 | 2 | 0 | 0 | 2 | \$382,969 |
| Transformative Educational Advancement and Mentoring Network (TEAM) (R25 Clinical Trial Not Allowed) | CA23-013 | R25 | 5 | 0 | 0 | 5 | \$1,650,519 |

Table 10 (cont'd). Requests for Applications (RFAs) Reviewed by the NCI DEA in FY2023

| Title of Initiative | RFA | Activity | Арј | plicatio | Total Costs | | |
|---|-----------|----------|-------|----------|-------------|------|-------------------------|
| The of findance | Number | Code | Total | Feb | June | Sept | Requested First Year |
| Precompetitive Collaboration on Liquid Biopsy for Early Cancer Assessment: Liquid Biopsy Research Laboratories (U01 Clinical Trial Not Allowed) | CA23-018 | U01 | 13 | 0 | 0 | 13 | \$12,364,368 |
| NCI Cancer Screening Research Network: ACCrual, Enrollment, and Screening Sites (ACCESS) Hub (UG1 Clinical Trial Required) | CA23-020 | UG1 | 30 | 0 | 0 | 30 | \$33,697,435 |
| NCI Cancer Screening Research Network: Statistics and Data Management Center (UG1 Clinical Trial Required) | CA23-021 | UG1 | 5 | 0 | 0 | 5 | \$5,070,484 |
| NCI Cancer Screening Research Network: Coordinating and Communication Center (UG1 Clinical Trial Required) | CA23-022 | UG1 | 2 | 0 | 0 | 2 | \$3,000,000 |
| Liver Cancer Collaborative Projects with the Liver Cirrhosis Network (U01 Clinical Trial Optional) | CA23-023 | U01 | 16 | 0 | 0 | 16 | \$6,356,154 |
| Precompetitive Collaboration on Liquid Biopsy for Early Cancer Assessment: Data Management and Coordinating Unit (U24 Clinical Trial Not Allowed) | CA23-031 | U24 | 4 | 0 | 0 | 4 | \$3,027,482 |
| Stimulating Access to Research in Residency (StARR) (R38) | HL23-006 | R38 | 4 | 0 | 0 | 4 | \$1,533,036 |
| Limited Competition: Stimulating Access to Research in Residency Transition Scholar (StARRTS) (K38 Clinical Trial Not Allowed) | HL23-007 | K38 | 1 | 0 | 1 | 0 | \$91,578 |
| National Cancer Institute's Other Transaction Program | OTA21-013 | 0T2 | 22 | 22 | 0 | 0 | \$0 |
| Totals | | | 1,124 | 292 | 578 | 254 | \$725,091,315 |

Table 11. Program Announcements (PAs/PARs) Reviewed by the NCI DEA in FY2023

| Tialo of Initialia | PA/PAR | PA/PAR Activity | Appl | lication | Total Costs | | |
|--|-----------|-----------------|-------|----------|-------------|------|-------------------------|
| Title of Initiative | Number | Code | Total | Feb | June | Sept | Requested First Year |
| Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grant (Parent T32) | PA20-142 | T32 | 94 | 31 | 41 | 22 | \$35,542,904 |
| NIH Pathway to Independence Award (Parent K99/R00 Independent Clinical Trial Required) | PA20-187 | K99 | 7 | 2 | 4 | 1 | \$875,307 |
| NIH Pathway to Independence Award (Parent K99/R00 Independent Clinical Trial Not Allowed) | PA20-188 | K99 | 198 | 67 | 78 | 53 | \$26,808,441 |
| NIH Pathway to Independence Award (Parent K99/R00 Independent Basic Experimental Studies with Humans Required) | PA20-189 | K99 | 1 | 1 | 0 | 0 | \$104,982 |
| Mentored Quantitative Research Development Award (Parent K25 Independent Clinical Trial Not Allowed) | PA20-199 | K25 | 2 | 0 | 2 | 0 | \$321,241 |
| Mentored Clinical Scientist Research Career Development Award (Parent K08 Independent Basic Experimental Studies with Humans Required) | PA20-201 | K08 | 1 | 0 | 0 | 1 | \$225,515 |
| Mentored Clinical Scientist Research Career Development Award (Parent K08 Independent Clinical Trial Required) | PA20-202 | K08 | 44 | 14 | 13 | 17 | \$10,810,102 |
| Mentored Clinical Scientist Research Career Development Award (Parent K08 Independent Clinical Trial Not Allowed) | PA20-203 | K08 | 149 | 54 | 59 | 36 | \$34,122,149 |
| NIH Support for Conferences and Scientific Meetings (Parent R13 Clinical Trial Not Allowed) | PA21-151 | R13 | 50 | 13 | 23 | 14 | \$2,069,586 |
| NCI Small Grants Program for Cancer Research for Years 2020, 2021, and 2022 (NCI Omnibus R03 Clinical Trial Optional) | PAR20-052 | R03 | 232 | 115 | 117 | 0 | \$18,378,181 |
| National Cancer Institute Program Project Applications (P01 Clinical Trial Optional) | PAR20-077 | P01 | 86 | 28 | 30 | 28 | \$236,912,056 |
| National Cancer Institute Program Project Applications (P01 Clinical Trial Optional) | PAR20-077 | U19 | 1 | 0 | 1 | 0 | \$2,849,263 |
| New Informatics Tools and Methods to Enhance U.S. Cancer Surveillance Research (U01 Clinical Trial Optional) | PAR20-170 | U01 | 1 | 1 | 0 | 0 | \$807,094 |
| NCI Clinical and Translational Exploratory/Developmental Studies (R21 Clinical Trial Optional) | PAR20-292 | R21 | 417 | 417 | 0 | 0 | \$93,511,879 |
| Specialized Programs of Research Excellence (SPOREs) in Human Cancers for Years 2021, 2022, and 2023 (P50 Clinical Trial Required) | PAR20-305 | P20 | 1 | 0 | 1 | 0 | \$2,423,300 |
| Specialized Programs of Research Excellence (SPOREs) in Human Cancers for Years 2021, 2022, and 2023 (P50 Clinical Trial Required) | PAR20-305 | P50 | 57 | 10 | 37 | 10 | \$136,298,329 |
| Assay Validation of High-Quality Markers for Clinical Studies in Cancer (UH2/UH3 Clinical Trial Not Allowed) | PAR20-313 | UH2 | 20 | 4 | 6 | 10 | \$4,890,726 |
| Assay Validation of High-Quality Markers for Clinical Studies in Cancer (UH3 Clinical Trials Not Allowed) | PAR20-314 | UH3 | 4 | 2 | 2 | 0 | \$1,624,619 |
| Cancer Research Education Grants Program – Curriculum or Methods Development (R25 Clinical Trial Not Allowed) | PAR21-065 | R25 | 6 | 2 | 2 | 2 | \$959,995 |

continuea

Table 11 (cont'd). Program Announcements (PAs/PARs) Reviewed by the NCI DEA in FY2023

| T | PA/PAR | Activity | Appl | ication | Total Costs | | |
|---|-----------|----------|-------|---------|-------------|------|-------------------------|
| Title of Initiative | Number | Code | Total | Feb | June | Sept | Requested First Year |
| The NCI Transition Career Development Award (K22 Independent Clinical Trial Required) | PAR21-111 | K22 | 4 | 1 | 2 | 1 | \$754,999 |
| The NCI Transition Career Development Award (K22 Independent Clinical Trial Not Allowed) | PAR21-128 | K22 | 96 | 31 | 29 | 36 | \$16,862,169 |
| Cancer Target Discovery and Development (CTD2) (U01 Clinical Trial Not Allowed) | PAR21-274 | U01 | 15 | 0 | 15 | 0 | \$17,727,762 |
| Cancer Research Education Grants Program – Courses for Skills Development (R25 Clinical Trial Not Allowed) | PAR21-278 | R25 | 28 | 9 | 10 | 9 | \$8,238,042 |
| Cancer Research Education Grants Program – Research Experiences (R25 Clinical Trial Not Allowed) | PAR21-279 | R25 | 29 | 11 | 10 | 8 | \$7,536,490 |
| NCI Mentored Research Scientist Development Award to Promote Diversity (K01 Independent Clinical Trial Not Allowed) | PAR21-295 | K01 | 15 | 8 | 2 | 5 | \$2,252,804 |
| NCI Mentored Research Scientist Development Award to Promote Diversity (K01 Clinical Trial Required) | PAR21-296 | K01 | 4 | 2 | 1 | 1 | \$516,198 |
| NCI Mentored Clinical Scientist Research Career Development Award to Promote Diversity (K08 Clinical Trial Required) | PAR21-299 | K08 | 10 | 5 | 3 | 2 | \$2,097,863 |
| NCI Mentored Clinical Scientist Research Career Development Award to Promote Diversity (K08 Independent Clinical Trial Not Allowed) | PAR21-300 | K08 | 17 | 3 | 3 | 11 | \$3,849,697 |
| NCI Transition Career Development Award to Promote Diversity (K22 Independent Clinical Trial Not Allowed) | PAR21-301 | K22 | 6 | 1 | 2 | 3 | \$1,096,193 |
| NCI Transition Career Development Award to Promote Diversity (K22 Clinical Trial Required) | PAR21-302 | K22 | 1 | 0 | 0 | 1 | \$160,513 |
| NCI Research Specialist (Clinician Scientist) Award (R50 Clinical Trial Not Allowed) | PAR21-306 | R50 | 47 | 11 | 13 | 23 | \$7,360,703 |
| Cancer Center Support Grants (CCSGs) for NCI- Designated Cancer Centers (P30 Clinical Trial Optional) | PAR21-321 | P30 | 14 | 7 | 3 | 4 | \$66,871,764 |
| Utilizing the PLCO Biospecimens Resource to Bridge Gaps in Cancer Etiology and Early Detection Research (U01 Clinical Trial Not Allowed) | PAR21-330 | U01 | 9 | 3 | 3 | 3 | \$5,503,511 |
| Pancreatic Cancer Detection Consortium: Research Units (U01 Clinical Trial Optional) | PAR21-334 | U01 | 14 | 4 | 7 | 3 | \$13,422,574 |
| Pre-application: Opportunities for Collaborative Research at the NIH Clinical Center (XO2 Clinical Trial Optional) | PAR21-342 | X02 | 4 | 0 | 4 | 0 | \$0 |
| Opportunities for Collaborative Research at the NIH Clinical Center (UO1 Clinical Trial Optional) | PAR21-343 | U01 | 11 | 0 | 0 | 11 | \$7,261,073 |
| The Role of Epstein Barr Virus (EBV) Infection in Non-Hodgkin Lymphoma (NHL) and Hodgkin Disease (HD) Development with or Without an Underlying HIV Infection (U01 Clinical Trial Optional) | PAR21-348 | U01 | 12 | 0 | 12 | 0 | \$8,432,064 |
| Integrating Biospecimen Science Approaches into Clinical Assay Development (U01 Clinical Trial Not Allowed) | PAR22-049 | U01 | 16 | 7 | 5 | 4 | \$6,480,189 |

Table 11 (cont'd). Program Announcements (PAs/PARs) Reviewed by the NCI DEA in FY2023

| Tidle of leithering | PA/PAR | PA/PAR Activity | Appl | ication | Total Costs | | |
|---|-----------|-----------------|-------|---------|-------------|------|-------------------------|
| Title of Initiative | Number | Code | Total | Feb | June | Sept | Requested First Year |
| Paul Calabresi Career Development Award for Clinical Oncology (K12 Clinical Trial Optional) | PAR22-136 | K12 | 13 | 13 | 0 | 0 | \$4,287,548 |
| Research Projects in Physical Sciences-Oncology (U01 Clinical Trial Optional) | PAR22-147 | U01 | 26 | 13 | 13 | 0 | \$16,869,282 |
| Cancer Epidemiology Cohorts: Building the Next Generation of Research Cohorts (U01 Clinical Trial Not Allowed) | PAR22-161 | U01 | 9 | 5 | 0 | 4 | \$18,191,157 |
| Research Opportunities in Established Cancer Epidemiology Cohort Studies (U01 Clinical Trial Not Allowed) | PAR22-162 | U01 | 8 | 3 | 0 | 5 | \$8,334,373 |
| Cancer Prevention and Control Clinical Trials Planning Grant Program (R34 Clinical Trials Optional) | PAR22-173 | R34 | 34 | 0 | 17 | 17 | \$11,038,555 |
| Cancer Prevention and Control Clinical Trials Planning Grant Program (U34 Clinical Trials Optional) | PAR22-174 | U34 | 6 | 0 | 3 | 3 | \$2,232,010 |
| NCI Research Specialist (Laboratory-Based Scientist) Award (R50 Clinical Trial Not Allowed) | PAR22-187 | R50 | 52 | 0 | 52 | 0 | \$8,090,354 |
| NCI Research Specialist (Core-Based Scientist) Award (R50 Clinical Trial Not Allowed) | PAR22-188 | R50 | 19 | 0 | 19 | 0 | \$3,242,393 |
| NCI Clinical and Translational Exploratory/Developmental Studies (R21 Clinical Trial Optional) | PAR22-216 | R21 | 597 | 0 | 262 | 335 | \$134,123,191 |
| The Metastasis Research Network (MetNet): MetNet Research Projects (U01 Clinical Trial Not Allowed) | PAR22-234 | U01 | 8 | 0 | 8 | 0 | \$6,009,723 |
| Feasibility Studies to Build Collaborative Partnerships in Cancer Research (P20 Clinical Trial Not Allowed) | PAR22-239 | P20 | 6 | 0 | 0 | 6 | \$1,702,874 |
| Comprehensive Partnerships to Advance Cancer Health Equity (CPACHE) (U54 Clinical Trial Optional) | PAR22-249 | U54 | 15 | 0 | 0 | 15 | \$22,600,254 |
| Mechanistic Links Between Diet, Lipid Metabolism, and Tumor Growth and Progression (U01 Clinical Trial Not Allowed) | PAR23-051 | U01 | 22 | 0 | 0 | 22 | \$16,614,475 |
| Mechanistic Links Between Diet, Lipid Metabolism, and Tumor Growth and Progression (UH2 Clinical Trial Not Allowed) | PAR23-052 | UH2 | 3 | 0 | 0 | 3 | \$707,000 |
| NCI Small Grants Program for Cancer Research for Years 2023, 2024, and 2025 (NCI Omnibus) (R03 Clinical Trial Optional) | PAR23-058 | R03 | 105 | 0 | 0 | 105 | \$8,370,844 |
| Totals | | | 2,646 | 898 | 914 | 834 | \$1,048,374,310 |

Table 12. SBIR Topics and Requests for Proposals (RFPs) Reviewed by the NCI DEA in FY2023*

| Announcement Topic Number | Announcement Title | Review Round | No. of Proposals |
|------------------------------|--|-----------------|---------------------|
| RFP 75N91022R00006 | Innovative Concept Award Therapeutics | Jan-23 | 17 |
| RFP 75N91022R00006 | Innovative Concept Award Therapeutics | Jan-23 | 5 |
| RFP 75N91022R00006 | Concept Award (Diagnostic Devices) | Jan-23 | 4 |
| RFP 75N91023R00024 | PREVENT – Cancer Preclinical Drug Development Program; cGMP Technical Evaluation Panel-1 (TEP-1) | Jan-23 | 2 |
| RFP 75N91023R00024 | PREVENT – Toxicology and Pharmacology Pool Technical Evaluation Panel-2 (TEP-2) | Jan-23 | 3 |
| | Phase I | | |
| Topic 446 Phase I | Development of Senotherapeutic Agents for Cancer Treatment | May-23 | 7 |
| Topic 447 Phase I | Noninvasive Device Technology Research and Development for Chemotherapy- Induced Peripheral Neuropathy Management | May-23 | 2 |
| Topic 448 Phase I | Wearable Devices for Dosimetry of Radiopharmaceutical Therapy | May-23 | 4 |
| Topic 449 Phase I | Wearable Technologies to Facilitate Remote Monitoring of Cancer Patients Following Treatment | May-23 | 6 |
| Topic 450 Phase I | Technology Platforms for Circulating Tumor-Macrophage Hybrid Cells | May-23 | 13 |
| Topic 451 Phase I | Rapid and Affordable Point-of-Care HPV Diagnostics for Cervical Cancer Control | May-23 | 9 |
| Topic 452 Phase I | Translation of Novel Cancer-Specific Imaging Agents and Techniques to Mediate Successful Image-Guided Cancer Interventions | May-23 | 5 |
| Topic 453 Phase I | Digital Tools to Integrate Cancer Prevention Within Primary Care | May-23 | 7 |
| Topic 454 Phase I | Software to Evaluate Artificial Intelligence/Machine Learning Medical Devices in Oncology Settings | May-23 | 6 |
| | Phase II Proposals from Earlier Phase I Awards | | |
| Topic 399 Phase II | Combinatory Treatment Modalities Utilizing Radiation to Locally Activate or Release Systemically Delivered Therapeutics | May-23 | 1 |
| Topic 400 Phase II | Sensing Tools to Measure Biological Response to Radiotherapy | May-23 | 1 |
| Topic 417 Phase II | Quantitative Imaging Software Tools for Cancer Diagnosis and Treatment Planning | May-23 | 3 |
| Topic 419 Phase II | Understanding Cancer Tumor Genomic Results: Technology Applications for Providers | May-23 | 1 |
| Topic 420 Phase II | Single-Cell "Unbiased Discovery" Proteomic Technologies | May-23 | 1 |
| Topic 423 Phase II | Software to Address Social Determinants of Health in Oncology Practices | May-23 | 2 |
| Topic 424 Phase II | Digital Tools to Improve Health Outcomes in Pediatric Cancer Survivors | May-23 | 1 continue |

^{*}NCI reviewed a total of 376 proposals. The proposals were in response to SBIR Contract Solicitations — Phase I (59), Direct to Phase II (19), R&D (31), and Loan Repayment (267).

Table 12 (cont'd). SBIR Topics and Requests for Proposals (RFPs) Reviewed by the NCI DEA in FY2023*

| Announcement Topic Number | Announcement Title | Review Round | No. of Proposals |
|------------------------------|---|-----------------|---------------------|
| Topic 425 Phase II | Information Technology Tools for Automated Analysis of Physical Activity, Performance, and Behavior from Images for Improved Cancer Health | May-23 | 3 |
| Topic 426 Phase II | Tools and Technologies for Visualizing Multiscale Data | May-23 | 1 |
| Topic 427 Phase II | De-identification Software Tools for Cancer Imaging Research | May-23 | 1 |
| Topic 428 Phase II | Cloud-Based Software for the Cancer Research Data Commons | May-23 | 2 |
| Topic 429 Phase II | Advanced Manufacturing to Speed Availability of Emerging Autologous Cell-Based Therapies | May-23 | 2 |
| | Other Solicitations Reviewed in DEA | | |
| L30 (NOT-OD-22-148) | Extramural Loan Repayment Program for Clinical Researchers (LRP-CR) | 0ct-23 | 165 |
| L40 (NOT-OD-22-149) | Extramural Loan Repayment Program for Pediatric Researchers (LRP-PR) | 0ct-23 | 41 |
| L60 (NOT-OD-22-150) | Extramural Loan Repayment Program for Health Disparities Researchers (LRP-HDR) | 0ct-23 | 47 |
| L70 (NOT-OD-22-153) | Extramural Loan Repayment Program for Research in Emerging Areas Critical to Human Health (LRP-REACH) | 0ct-23 | 14 |
| Total | | | 376 |

^{*} NCI reviewed a total of 376 proposals. The proposals were in response to SBIR Contract Solicitations — Phase I (59), Direct to Phase II (19), R&D (31), and Loan Repayment (267).

Table 13. Summary of NCI Grant Awards and Cooperative Agreements, by Mechanism in FY2023*

| Fund Type: Appropriated | | | | % of No | | Fisc | al Year: 202 | 3 |
|--|-----------------|-------------------|-----------------|---------|---------|------------------------|----------------------|-----------------|
| Cost Centers Mechanisms | Awards Count | Awards Dollars | Average Cost | Number | Dollars | Competing Requested | Competing Awarded | Success Rate |
| Research Project Grants | | | | | | | | |
| Traditional Research Grants – R01 | 3,584 | 1,778,869,954 | 496,336 | 47.1% | 40.3% | 5,340 | 778 | 14.6% |
| Exploratory/Developmental Research – R21 | 381 | 82,524,315 | 216,599 | 5.0% | 1.9% | 1,576 | 192 | 12.2% |
| Request for Applications | 372 | 232,185,315 | 624,154 | 4.9% | 5.3% | 424 | 58 | 13.7% |
| MERIT Awards - R37 | 339 | 162,894,035 | 480,513 | 4.5% | 3.7% | 115 | 115 | 100.0% |
| Small Business Innovative Research (Centers) | 187 | 150,240,392 | 803,425 | 2.5% | 3.4% | 877 | 102 | 11.6% |
| Cooperative Agreements - U01/U19 | 175 | 126,819,497 | 724,683 | 2.3% | 2.9% | 160 | 36 | 22.5% |
| Cooperative Agreements – RFA-U01/U19 | 165 | 175,262,851 | 1,062,199 | 2.2% | 4.0% | 157 | 40 | 25.5% |
| Small Grants – R03 | 108 | 9,507,748 | 88,035 | 1.4% | 0.2% | 359 | 50 | 13.9% |
| Program Projects – P01 | 96 | 197,231,334 | 2,054,493 | 1.3% | 4.5% | 89 | 17 | 19.1% |
| Research Specialist Award – R50 | 94 | 16,474,274 | 175,258 | 1.2% | 0.4% | 118 | 33 | 28.0% |
| Pathway to Independence – R00/Si2 | 93 | 23,077,710 | 248,147 | 1.2% | 0.5% | 9 | 1 | 11.1% |
| Small Business Technology Transfer (Centers) | 39 | 24,100,540 | 617,963 | 0.5% | 0.5% | 236 | 25 | 10.6% |
| Exploratory/Development Coop Agreements – UH2/UH3 | 25 | 8,749,811 | 349,992 | 0.3% | 0.2% | 27 | 3 | 11.1% |
| Academic Research Enhancement Awards (AREA) – R15 | 20 | 9,050,212 | 452,511 | 0.3% | 0.2% | 138 | 20 | 14.5% |
| Phased Innovation Grant (Phase 2) – R33 | 6 | 2,089,018 | 348,170 | 0.1% | 0.0% | 0 | 0 | |
| Bridge Award – R56 | 5 | 1,219,933 | 243,987 | 0.1% | 0.0% | 5 | 5 | 100.0% |
| Planning Grant - R34 | 3 | 880,875 | 293,625 | 0.0% | 0.0% | 17 | 3 | 17.6% |
| Phase 1 Exploratory/Developmental Grants – R61 | 1 | 512,955 | 512,955 | 0.0% | 0.0% | 4 | 0 | 0.0% |
| Multi-Component Research Proj Coop Agreements — UM1/RM1 | 1 | 1,500,747 | 1,500,747 | 0.0% | 0.0% | 0 | 0 | |
| Planning Cooperative Agreement – U34 | 1 | 283,650 | 283,650 | 0.0% | 0.0% | 3 | 1 | 33.3% |
| NIH Director New Innovator Awards – DP2 | 0 | 355,844 | 355,844 | 0.0% | 0.0% | 0 | 0 | |
| Small Business Innovative Research (Diversity) | 0 | 84,315 | 84,315 | 0.0% | 0.0% | 0 | 0 | |
| Program Evaluation – R01 | 0 | 107,326,265 | 107,326,265 | 0.0% | 2.4% | 0 | 0 | |
| Subtotal Research Project Grants | 5,695 | 3,111,241,590 | 5,188,864 | 74.9% | 70.4% | 9,654 | 1,479 | 15.3% |

^{*}A grant award count of zero showing a dollar amount represents either administrative supplements to existing grants, which are not factored into the grant count but are factored into the average cost of an award, or co-funded grants, which are not factored into the grant count for the NCI but are factored into the average cost of an award.

Source: Office of Extramural Finance and Information Analysis.

Table 13 (cont'd). Summary of NCI Grant Awards and Cooperative Agreements, by Mechanism in FY2023*

| Fund Type: Appropriated | | | | % of N Gra | CI Total nts | Fisc | cal Year: 202 | 3 |
|---|-----------------|-------------------|-----------------|---------------|-----------------|------------------------|----------------------|-----------------|
| Cost Centers Mechanisms | Awards Count | Awards Dollars | Average Cost | Number | Dollars | Competing Requested | Competing Awarded | Success Rate |
| NRSA | | | | | | | | |
| NRSA Fellowships - F30/F31/F32/F33 | 524 | 24,272,697 | 46,322 | 6.9% | 0.5% | 854 | 163 | 19.1% |
| NRSA Institution – T32 | 171 | 64,162,152 | 375,217 | 2.2% | 1.5% | 90 | 43 | 47.8% |
| NRSA TAP | 0 | 1,889,709 | 1,889,709 | 0.0% | 0.0% | 0 | 0 | |
| Subtotal NRSA | 695 | 90,324,558 | 770,416 | 9.1% | 2.0% | 944 | 206 | 21.8% |
| Careers | | | | | | | | |
| Mentored Clinical Scientist – K08 | 262 | 60,838,215 | 232,207 | 3.4% | 1.4% | 210 | 53 | 25.2% |
| Postdoctoral Fellow Awards - K00 | 81 | 7,511,395 | 92,733 | 1.1% | 0.2% | 0 | 0 | |
| Pathway to Independence – K99 | 76 | 10,313,551 | 135,705 | 1.0% | 0.2% | 279 | 45 | 16.1% |
| Clinical Research Track – K22 | 60 | 11,108,024 | 185,134 | 0.8% | 0.3% | 96 | 18 | 18.8% |
| Mentored Rsch Scient Devel Awds/ Mentrd Career Dev/Temin-K01/Intl. Career – K43 | 31 | 5,347,206 | 172,491 | 0.4% | 0.1% | 21 | 7 | 33.3% |
| Mentored Career Award – K12 | 23 | 14,203,536 | 617,545 | 0.3% | 0.3% | 13 | 6 | 46.2% |
| Mentored Quantitative Resch. Career Dev. Awd. – K25 | 2 | 377,331 | 188,666 | 0.0% | 0.0% | 6 | 2 | 33.3% |
| Preventive Oncology Award - K07 | 1 | 636,196 | 636,196 | 0.0% | 0.0% | 0 | 0 | |
| Early Stage Mentored Research and Career Development – K38 | 0 | 0 | | 0.0% | 0.0% | 2 | 0 | 0.0% |
| Subtotal Careers | 536 | 110,335,454 | 282,585 | 7.0% | 2.5% | 627 | 131 | 20.9% |
| Other Research | | | | | | | | |
| Cooperative Clinical Research – U10/UG1 | 118 | 307,024,721 | 2,601,904 | 1.6% | 6.9% | 12 | 6 | 50.0% |
| Research/Resource Grant – R24/U24/U2C | 99 | 134,106,075 | 1,354,607 | 1.3% | 3.0% | 50 | 14 | 28.0% |
| Cancer Education Awards – R25 | 83 | 23,218,691 | 279,743 | 1.1% | 0.5% | 90 | 23 | 25.6% |
| Predoctoral to Postdoctoral Transition Award – F99 | 46 | 1,955,422 | 42,509 | 0.6% | 0.0% | 46 | 25 | 54.3% |
| Conference Grants – R13/U13 | 45 | 1,050,263 | 23,339 | 0.6% | 0.0% | 48 | 40 | 83.3% |
| Other Transaction Authority – Non-grant – OT2 | 40 | 19,704,436 | 492,611 | 0.5% | 0.4% | 4 | 3 | 75.0% |
| International Research Training Grants Conference – D43/U2R | 8 | 3,739,704 | 467,463 | 0.1% | 0.1% | 0 | 0 | |
| Research Pathway in Residency – R38 | 3 | 1,233,360 | 411,120 | 0.0% | 0.0% | 2 | 1 | 50.0% |
| Research Education Cooperative Agreement – UE5 | 1 | 528,237 | 528,237 | 0.0% | 0.0% | 0 | 0 | |
| Minority Biomedical Research Support – S06 | 0 | 2,563,376 | 2,563,376 | 0.0% | 0.1% | 0 | 0 | |
| Subtotal Other Research | 443 | 495,124,285 | 876,491 | 5.8% | 11.2% | 252 | 112 | 44.4% |
| Centers | | | | | | | | |

^{*}A grant award count of zero showing a dollar amount represents either administrative supplements to existing grants, which are not factored into the grant count but are factored into the average cost of an award, or co-funded grants, which are not factored into the grant count for the NCI but are factored into the average cost of an award.

Source: Office of Extramural Finance and Information Analysis.

Table 13 (cont'd). Summary of NCI Grant Awards and Cooperative Agreements, by Mechanism in FY2023*

| Fund Type: Appropriated | | | | | | | Fiscal Year: 2023 | | | |
|--|-----------------|-------------------|-----------------|--------|---------|------------------------|----------------------|-----------------|--|--|
| Cost Centers Mechanisms | Awards Count | Awards Dollars | Average Cost | Number | Dollars | Competing Requested | Competing Awarded | Success Rate | | |
| Specialized Center (Cooperative Agreement) – U54/U41 | 95 | 136,508,139 | 1,436,928 | 1.2% | 3.1% | 106 | 39 | 36.8% | | |
| Centers – P30 | 72 | 349,186,082 | 4,849,807 | 0.9% | 7.9% | 11 | 10 | 90.9% | | |
| Spore Grants – P50 | 58 | 118,118,528 | 2,036,526 | 0.8% | 2.7% | 57 | 12 | 21.1% | | |
| Centers - P20 | 10 | 2,776,660 | 277,666 | 0.1% | 0.1% | 6 | 2 | 33.3% | | |
| Spore Grants – P20 | 4 | 3,851,195 | 962,799 | 0.1% | 0.1% | 0 | 0 | | | |
| Other P50/P20 | 0 | 520,279 | 520,279 | 0.0% | 0.0% | 0 | 0 | | | |
| Specialized Center (Cooperative Agreement) – BD2K | 0 | 363,070 | 363,070 | 0.0% | 0.0% | 0 | 0 | | | |
| Subtotal Centers | 239 | 611,323,953 | 1,492,439 | 3.1% | 13.8% | 180 | 63 | 35.0% | | |
| Totals | 7,608 | 4,418,349,840 | 2,806,427 | 100.0% | 100.0% | 11,657 | 1,991 | 17.1% | | |

^{*}A grant award count of zero showing a dollar amount represents either administrative supplements to existing grants, which are not factored into the grant count but are factored into the average cost of an award, or co-funded grants, which are not factored into the grant count for the NCI but are factored into the average cost of an award.

Source: Office of Extramural Finance and Information Analysis.

Table 14. Average Total Cost*† and Number of Research Project Grant Awards, by Mechanism and by Division, Office, or Center, FY2019 – FY2023

| Budget | 20 | 19 | 20 | 20 | 20 | 21 | 20 | 22 | 20 | 23 | | Change s. 2023 |
|--|------------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|-------------------|
| Mechanism/ Division | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost |
| P01 Average 0 | ost of Av | vard | | | | | | | | | | |
| Total | 90 | 1,889 | 90 | 2,021 | 93 | 2,044 | 98 | 2,037 | 96 | 2,055 | -2.0% | -1.2% |
| DCB | 37 | 1,696 | 38 | 1,838 | 39 | 1,854 | 42 | 1,933 | 42 | 1,971 | 0.0% | 2.0% |
| DCCPS | 12 | 2,182 | 10 | 2,196 | 12 | 2,180 | 13 | 2,071 | 12 | 1,949 | -7.7% | -13.2% |
| DCP | 3 | 1,562 | 3 | 1,351 | 3 | 1,185 | 4 | 1,070 | 5 | 1,623 | 25.0% | 89.6% |
| DCTD | 38 | 1,989 | 39 | 2,195 | 39 | 2,259 | 39 | 2,236 | 37 | 2,241 | -5.1% | -4.9% |
| OD (CRCHD, OCAM, CSSI, CCT, OHAM, etc.) | 0 | | 0 | | | | | | | | | |
| P30 Average 0 | Cost of Av | vard | | | | | | | | | | |
| Total | 71 | 4,526 | 71 | 5,067 | 71 | 4,751 | 71 | 4,715 | 72 | 4,850 | 1.4% | 4.3% |
| OD (CRCHD, OCAM, CSSI, CCT, OHAM, etc.) | 71 | 4,526 | 71 | 5,067 | 71 | 4,751 | 71 | 4,715 | 72 | 4,850 | 1.4% | 4.3% |
| P50 Average 0 | ost of Av | vard | | | ' | ' | ' | | ' | | | |
| Total | 52 | 2,128 | 52 | 2,183 | 55 | 2,022 | 58 | 2,074 | 57 | 2,052 | -1.7% | -2.8% |
| DCCPS | | | 0 | | 0 | | 0 | | 0 | | | 101.6% |
| DCTD | 52 | 2,123 | 52 | 2,168 | 55 | 2,014 | 58 | 2,070 | 57 | 2,043 | -1.7% | -3.0% |
| OD (CRCHD, OCAM, CSSI, CCT, OHAM, etc.) | 0 | | 0 | | | | | | | | | |
| R01 Average 0 | Cost of Av | ward | | | | | | | | | | |
| Total | 3,014 | 442 | 3,136 | 468 | 3,264 | 469 | 3,413 | 482 | 3,584 | 496 | 5.0% | 8.2% |
| DCB | 1,297 | 397 | 1,340 | 423 | 1,368 | 432 | 1,407 | 439 | 1,445 | 458 | 2.7% | 7.1% |
| DCCPS | 372 | 550 | 400 | 584 | 410 | 563 | 439 | 574 | 463 | 567 | 5.5% | 4.3% |
| DCP | 219 | 496 | 216 | 524 | 224 | 509 | 235 | 529 | 238 | 554 | 1.3% | 6.0% |
| DCTD | 1,116 | 436 | 1,165 | 462 | 1,247 | 468 | 1,318 | 486 | 1,424 | 501 | 8.0% | 11.3% |
| OD (CRCHD, OCAM, CSSI, CCT, OHAM, etc.) | 10 | 1,752 | 15 | 1,085 | 15 | 602 | 14 | 590 | 14 | 659 | 0.0% | 11.7% |

† In thousands of dollars.

Source: Office of Extramural Finance and Information Analysis.

^{*} A grant award count of zero showing a dollar amount represents either administrative supplements to existing grants, which are not factored into the grant count but are factored into the average cost of an award, or co-funded grants, which are not factored into the grant count for the NCI but are factored into the average cost of an award.

Table 14 (cont'd). Average Total Cost*† and Number of Research Project Grant Awards, by Mechanism and by Division, Office, or Center, FY2019 – FY2023

| Budget | 20 | 19 | 20 | 20 | 20 | 21 | 20 | 22 | 20 | 23 | | Change s. 2023 |
|--|------------|--------------|-----|--------------|-----|--------------|-----|--------------|-----|--------------|--------|-------------------|
| Mechanism/ Division | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost |
| R03 Average (| Cost of Av | ward | | | | | | | | | | |
| Total | 121 | 80 | 119 | 98 | 93 | 90 | 115 | 80 | 108 | 88 | -6.1% | 2.9% |
| DCB | 56 | 78 | 43 | 92 | 34 | 85 | 46 | 78 | 52 | 87 | 13.0% | 24.9% |
| DCCPS | 27 | 88 | 30 | 111 | 20 | 102 | 31 | 84 | 29 | 87 | -6.5% | -2.2% |
| DCP | 6 | 76 | 7 | 82 | 5 | 79 | 5 | 77 | 4 | 105 | -20.0% | 8.3% |
| DCTD | 32 | 80 | 39 | 98 | 34 | 90 | 33 | 81 | 23 | 89 | -30.3% | -22.8% |
| R13 Average (| Cost of Av | ward | | | | | | | | | | |
| Total | 59 | 14 | 46 | 14 | 25 | 17 | 41 | 13 | 45 | 23 | 9.8% | 104.9% |
| DCB | 28 | 6 | 19 | 6 | 9 | 7 | 25 | 6 | 25 | 16 | 0.0% | 189.3% |
| DCCPS | 4 | 23 | 8 | 17 | 2 | 28 | 3 | 24 | 4 | 33 | 33.3% | 83.3% |
| DCP | 8 | 16 | 5 | 20 | 3 | 28 | 2 | 20 | 5 | 22 | 150.0% | 170.0% |
| DCTD | 13 | 7 | 7 | 8 | 5 | 6 | 6 | 9 | 4 | 13 | -33.3% | -8.9% |
| OD (CRCHD, OCAM, CSSI, CCT, OHAM, etc.) | 6 | 53 | 7 | 36 | 6 | 34 | 5 | 41 | 7 | 51 | 40.0% | 73.2% |
| R21 Average (| Cost of Av | ward | | | | | | | | | | |
| Total | 359 | 190 | 320 | 236 | 299 | 242 | 376 | 220 | 381 | 217 | 1.3% | -0.4% |
| DCB | 43 | 193 | 46 | 217 | 37 | 242 | 25 | 213 | 28 | 218 | 12.0% | 14.4% |
| DCCPS | 69 | 194 | 68 | 233 | 32 | 239 | 26 | 265 | 21 | 230 | -19.2% | -30.0% |
| DCP | 36 | 177 | 28 | 234 | 22 | 269 | 34 | 229 | 37 | 214 | 8.8% | 2.0% |
| DCTD | 191 | 188 | 156 | 240 | 188 | 236 | 264 | 213 | 262 | 212 | -0.8% | -1.3% |
| OD (CRCHD, OCAM, CSSI, CCT, OHAM, etc.) | 20 | 209 | 22 | 263 | 20 | 266 | 27 | 246 | 33 | 248 | 22.2% | 23.1% |
| SBIR Average | Cost of A | ward | | | | | | | | | | |
| Total | 207 | 555 | 170 | 759 | 189 | 719 | 157 | 814 | 187 | 803 | 19.1% | 17.6% |
| SBIR | | | 170 | 759 | 189 | 719 | 157 | 814 | 187 | 803 | 19.1% | 17.6% |
| SBIRDC | 207 | 555 | | | | | | | | | | |
| STTR Average | Cost of A | Award | | | | | | | | | | |
| Total | 35 | 560 | 45 | 475 | 47 | 459 | 48 | 475 | 39 | 618 | -18.8% | 5.8% |
| SBIR | | | 45 | 475 | 47 | 459 | 48 | 475 | 39 | 618 | -18.8% | 5.8% |
| SBIRDC | 35 | 560 | | | | | | | | | | |

Source: Office of Extramural Finance and Information Analysis.

^{*} A grant award count of zero showing a dollar amount represents either administrative supplements to existing grants, which are not factored into the grant count but are factored into the average cost of an award, or co-funded grants, which are not factored into the grant count for the NCI but are factored into the average cost of an award.

[†] In thousands of dollars.

Table 14 (cont'd). Average Total Cost*† and Number of Research Project Grant Awards, by Mechanism and by Division, Office, or Center, FY2019 – FY2023

| Budget Mechanism/ | 20 | 19 | 20 | 20 | 20 | 21 | 20 | 22 | 20 | 23 | Percent 2022 v | |
|--|------------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|--------------|-------------------|--------------|
| Division | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost | No. | Avg. Cost |
| SBIR/STTR Ave | erage Co | st of Awa | rd | | | | | | | | | |
| Total | 242 | 556 | 215 | 699 | 236 | 667 | 205 | 734 | 226 | 771 | 10.2% | 15.8% |
| SBIR | | | 215 | 699 | 236 | 667 | 205 | 734 | 226 | 771 | 10.2% | 15.8% |
| SBIRDC | 242 | 556 | | | | | | | | | | |
| U01/U19 Avera | age Cost | of Award | | | | | | | | | | |
| Total | 71 | 1,013 | 71 | 1,084 | 79 | 959 | 116 | 768 | 136 | 774 | 17.2% | 18.2% |
| DCB | 6 | 988 | 3 | 1,848 | 11 | 408 | 15 | 486 | 17 | 499 | 13.3% | 16.4% |
| DCCPS | 8 | 1,533 | 13 | 1,531 | 13 | 1,078 | 22 | 1,014 | 31 | 884 | 40.9% | 22.8% |
| DCP | 36 | 852 | 37 | 781 | 13 | 1,476 | 26 | 748 | 34 | 862 | 30.8% | 50.6% |
| DCTD | 6 | 353 | 3 | 491 | 21 | 613 | 34 | 641 | 36 | 648 | 5.9% | 7.1% |
| OD (CRCHD, OCAM, CSSI, CCT, OHAM, etc.) | 15 | 1,396 | 15 | 1,411 | 21 | 1,198 | 19 | 960 | 18 | 934 | -5.3% | -7.8% |
| U10 Average 0 | Cost of A | ward | | | | | | | | | | |
| Total | 11 | 12,170 | 11 | 11,955 | 11 | 12,670 | 11 | 11,855 | 11 | 11,150 | 0.0% | -5.9% |
| DCTD | 11 | 12,170 | 11 | 11,955 | 11 | 12,670 | 11 | 11,855 | 11 | 11,150 | 0.0% | -5.9% |
| U54 Average 0 | Cost of Av | ward | | | | | | | | | | |
| Total | 63 | 1,462 | 63 | 1,324 | 52 | 1,348 | 55 | 1,398 | 63 | 1,554 | 14.5% | 27.3% |
| CRCHD | 38 | 1,185 | 38 | 1,156 | 33 | 1,270 | 31 | 1,204 | 36 | 1,261 | 16.1% | 21.6% |
| DCB | 25 | 1,866 | 24 | 1,620 | 19 | 1,485 | 24 | 1,648 | 22 | 1,928 | -8.3% | 7.2% |
| DCCPS | 0 | | 1 | 579 | 0 | | | | 5 | 2,024 | | |
| Total | 4,395 | 587 | 4,409 | 636 | 4,514 | 631 | 4,764 | 627 | 5,005 | 641 | 5.1% | 7.4% |

^{*} A grant award count of zero showing a dollar amount represents either administrative supplements to existing grants, which are not factored into the grant count but are factored into the average cost of an award, or co-funded grants, which are not factored into the grant count for the NCI but are factored into the average cost of an award.

Source: Office of Extramural Finance and Information Analysis.

[†] In thousands of dollars.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Anatomical Site | Counts and Relevant Dollars* | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|------------------|---------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 1 | 1 | 4 | 5 | 5 | |
| | Relevant Grant Dollars | 209,995 | 209,995 | 2,129,407 | 1,645,749 | 1,109,130 | |
| Adronal | Number of Contracts | # | # | # | # | # | |
| Adrenal | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 1 | 1 | 4 | 5 | 5 | |
| | Total Relevant Dollars | 209,995 | 209,995 | 2,129,407 | 1,645,749 | 1,109,130 | 214.68 |
| | Number of Grants | 31 | 32 | 31 | 38 | 32 | |
| | Relevant Grant Dollars | 7,928,587 | 12,288,551 | 11,795,331 | 11,839,229 | 12,203,007 | |
| Anua | Number of Contracts | # | # | # | # | # | |
| Anus | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 36 | 32 | 31 | 38 | 32 | |
| | Total Relevant Dollars | 7,928,587 | 12,288,551 | 11,795,331 | 11,839,229 | 12,203,007 | 13.61 |
| | Number of Grants | 80 | 93 | 92 | 104 | 117 | |
| | Relevant Grant Dollars | 27,645,833 | 35,657,505 | 39,157,733 | 45,747,854 | 50,233,959 | |
| Diaddau | Number of Contracts | 1 | # | # | # | # | |
| Bladder | Relevant Contract Dollars | 1,088,691 | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 81 | 93 | 92 | 104 | 117 | |
| | Total Relevant Dollars | 28,734,524 | 35,657,505 | 39,157,733 | 45,747,854 | 50,233,959 | 15.14 |
| | Number of Grants | 9 | 10 | 7 | 9 | 7 | |
| | Relevant Grant Dollars | 4,833,724 | 4,515,041 | 4,092,143 | 4,499,166 | 6,387,228 | |
| Bone Marrow | Number of Contracts | # | # | # | # | # | |
| Borie Marrow | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 9 | 10 | 7 | 9 | 7 | |
| | Total Relevant Dollars | 4,833,724 | 4,515,041 | 4,092,143 | 4,499,166 | 6,387,228 | 8.99 |
| | Number of Grants | 9 | 13 | 16 | 18 | 15 | |
| | Relevant Grant Dollars | 3,671,705 | 4,589,421 | 6,100,496 | 7,400,585 | 7,224,204 | |
| Dama Cartilana | Number of Contracts | # | # | # | # | # | |
| Bone — Cartilage | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 9 | 13 | 16 | 18 | 15 | |
| | Total Relevant Dollars | 3,671,705 | 4,589,421 | 6,100,496 | 7,400,585 | 7,224,204 | 19.21 |
| | Number of Grants | 483 | 480 | 501 | 522 | 523 | |
| | Relevant Grant Dollars | 201,366,277 | 206,657,077 | 217,746,945 | 235,198,757 | 237,736,906 | |
| Rrain | Number of Contracts | # | 3 | 1 | 8 | 1 | |
| | Relevant Contract Dollars | ‡ | 383,428,240 | 399,559 | 3,863,158 | 355,000 | |
| | Total Count | 483 | 483 | 502 | 530 | 524 | |
| | Total Relevant Dollars | 201,366,277 | 590,085,317 | 218,146,504 | 239,061,915 | 238,091,906 | 34.80 |

continued

^{*} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Anatomical Site | Counts and Relevant Dollars* | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|---------------------|---------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 1,368 | 1,348 | 1,346 | 1,361 | 1,362 | |
| | Relevant Grant Dollars | 500,009,641 | 541,778,994 | 519,251,196 | 545,048,627 | 563,768,764 | |
| Breast | Number of Contracts | 4 | 7 | 1 | 7 | 11 | |
| Dicast | Relevant Contract Dollars | 4,020,068 | 1,411,032 | 398,604 | 6,412,079 | 2,587,275 | |
| | Total Count | 1,372 | 1,355 | 1,347 | 1,368 | 1,373 | |
| | Total Relevant Dollars | 504,029,709 | 543,190,026 | 519,649,800 | 551,460,706 | 566,356,039 | 3.06 |
| | Number of Grants | 8 | 9 | 6 | 8 | 9 | |
| | Relevant Grant Dollars | 1,919,978 | 2,145,042 | 1,729,033 | 2,553,139 | 2,343,444 | |
| Central Nervous | Number of Contracts | # | # | # | # | # | |
| System | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 8 | 9 | 6 | 8 | 9 | |
| | Total Relevant Dollars | 1,919,978 | 2,145,042 | 1,729,033 | 2,553,139 | 2,343,444 | 7.94 |
| | Number of Grants | 151 | 167 | 157 | 194 | 215 | |
| | Relevant Grant Dollars | 55,801,427 | 66,395,225 | 65,477,459 | 78,817,298 | 92,735,802 | |
| Comin | Number of Contracts | 1 | 1 | 1 | 12 | 2 | |
| Cervix | Relevant Contract Dollars | 622,604 | 761,776 | 835,869 | 4,641,659 | 7,921,125 | |
| | Total Count | 152 | 168 | 158 | 206 | 217 | |
| | Total Relevant Dollars | 56,424,031 | 67,157,001 | 66,313,328 | 83,458,957 | 100,656,927 | 16.06 |
| | Number of Grants | 218 | 243 | 203 | 258 | 266 | |
| | Relevant Grant Dollars | 77,503,021 | 74,146,240 | 62,928,651 | 84,926,941 | 92,007,729 | |
| Childhood Loulromia | Number of Contracts | # | # | # | # | 1 | |
| Childhood Leukemia | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 355,010 | |
| | Total Count | 218 | 243 | 203 | 258 | 267 | |
| | Total Relevant Dollars | 77,503,021 | 74,146,240 | 62,928,651 | 84,926,941 | 92,362,740 | 6.06 |
| | Number of Grants | 599 | 625 | 637 | 652 | 628 | |
| | Relevant Grant Dollars | 218,560,623 | 224,088,330 | 226,406,951 | 242,867,347 | 236,325,189 | |
| Oalan Baatum | Number of Contracts | 7 | 2 | 2 | 4 | 14 | |
| Colon — Rectum | Relevant Contract Dollars | 2,976,017 | 2,043,423 | 1,267,587 | 5,171,509 | 4,643,575 | |
| | Total Count | 606 | 627 | 639 | 656 | 642 | |
| | Total Relevant Dollars | 221,536,640 | 226,131,753 | 227,674,538 | 248,038,856 | 240,968,763 | 2.21 |
| | Number of Grants | 64 | 53 | 55 | 60 | 56 | |
| | Relevant Grant Dollars | 22,683,369 | 19,853,591 | 20,998,406 | 24,663,141 | 26,399,056 | |
| Foonboous | Number of Contracts | # | # | # | 1 | 1 | |
| Esophagus | Relevant Contract Dollars | ‡ | ‡ | ‡ | 400,000 | 55,000 | |
| | Total Count | 64 | 53 | 55 | 61 | 57 | |
| | Total Relevant Dollars | 22,683,369 | 19,853,591 | 20,998,406 | 25,063,141 | 26,454,056 | 4.55 |

continued

^{*} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Anatomical Site | Counts and Relevant Dollars* | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|------------------------|---------------------------------|------------|---------------|---------------|---------------|---------------|---------------------------------------|
| | Number of Grants | 24 | 22 | 21 | 20 | 16 | |
| | Relevant Grant Dollars | 4,941,626 | 6,611,738 | 6,380,154 | 6,686,888 | 5,712,743 | |
| Fuo. | Number of Contracts | # | # | # | # | # | |
| Eye | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 24 | 22 | 21 | 20 | 16 | |
| | Total Relevant Dollars | 4,941,626 | 6,611,738 | 6,380,154 | 6,686,888 | 5,712,743 | 5.13 |
| | Number of Grants | 5 | 6 | 5 | 2 | 5 | |
| | Relevant Grant Dollars | 1,225,202 | 1,536,444 | 211,290 | 1,637,198 | 2,583,630 | |
| 0.1181.11 | Number of Contracts | # | # | # | # | 1 | |
| Gall Bladder | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 176,718 | |
| | Total Count | 5 | 6 | 5 | 2 | 6 | |
| | Total Relevant Dollars | 1,225,202 | 1,536,444 | 2,112,090 | 1,637,198 | 2,760,348 | 27.25 |
| | Number of Grants | 13 | 16 | 10 | 10 | 11 | |
| | Relevant Grant Dollars | 3,411,602 | 3,878,417 | 2,519,363 | 3,167,261 | 2,798,713 | |
| Gastrointestinal | Number of Contracts | # | # | # | # | # | |
| Stromal Tumor | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 13 | 16 | 10 | 10 | 11 | |
| | Total Relevant Dollars | 3,411,602 | 3,878,417 | 2,519,363 | 3,167,261 | 2,798,713 | -1.82 |
| | Number of Grants | 23 | 22 | 21 | 30 | 32 | |
| | Relevant Grant Dollars | 10,623,733 | 10,670,783 | 11,509,389 | 13,356,390 | 13,752,251 | |
| 0 1 1 1 1 1 1 | Number of Contracts | # | # | # | # | # | |
| Gastrointestinal Tract | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 23 | 22 | 21 | <i>30</i> | 32 | |
| | Total Relevant Dollars | 10,623,733 | 10,670,783 | 11,509,389 | 13,356,390 | 13,752,251 | 6.83 |
| | Number of Grants | 155 | 148 | 152 | 165 | 189 | |
| | Relevant Grant Dollars | 47,171,588 | 46,369,930 | 52,429,001 | 59,586,151 | 71,473,949 | |
| | Number of Contracts | 1 | 1 | 1 | 1 | 1 | |
| Head and Neck | Relevant Contract Dollars | 1,999,989 | 400,000 | 20,000 | 20,000 | 400,000 | |
| | Total Count | 156 | 149 | 153 | 161 | 190 | |
| | Total Relevant Dollars | 49,171,577 | 46,769,930 | 52,449,001 | 59,606,151 | 71,873,949 | 10.37 |
| | Number of Grants | 28 | 35 | 33 | 30 | 29 | |
| | Relevant Grant Dollars | 7,827,737 | 9,501,025 | 9,301,234 | 8,770,176 | 7,985,507 | |
| | Number of Contracts | # | # | # | # | # | |
| Hodgkin Lymphoma | Relevant Contract Dollars | , ‡ | <i>,</i> ‡ | <i>.</i> ‡ | <i>,</i> ‡ | <i>.</i> ‡ | |
| | | • | | | | | |
| | Total Count | 28 | <i>35</i> | <i>33</i> | 30 | 29 | |

continued

^{*} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Anatomical Site | Counts and Relevant Dollars* | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|-----------------|---------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 65 | 69 | 64 | 69 | 64 | |
| | Relevant Grant Dollars | 24,244,764 | 28,892,855 | 28,026,573 | 29,651,469 | 31,012,375 | |
| Kaposi Sarcoma | Number of Contracts | # | # | # | # | # | |
| naposi saicoma | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | <i>65</i> | 69 | 64 | <i>69</i> | 64 | |
| | Total Relevant Dollars | 24,244,764 | 28,892,855 | 28,026,573 | 29,651,469 | 31,012,375 | 6.64 |
| | Number of Grants | 116 | 122 | 118 | 122 | 140 | |
| | Relevant Grant Dollars | 35,514,093 | 35,076,660 | 34,360,376 | 41,124,746 | 44,957,593 | |
| Vidnov | Number of Contracts | # | # | 1 | # | # | |
| Kidney | Relevant Contract Dollars | ‡ | ‡ | 131,128 | ‡ | ‡ | |
| | Total Count | 116 | 122 | 119 | 122 | 140 | |
| | Total Relevant Dollars | 35,514,093 | 35,076,660 | 34,491,504 | 41,124,746 | 44,957,593 | 6.41 |
| | Number of Grants | 1 | 4 | 2 | 1 | 1 | |
| | Relevant Grant Dollars | 82,322 | 349,888 | 113,482 | 93,464 | 94,093 | |
| Long | Number of Contracts | ‡ | ‡ | ‡ | ‡ | ‡ | |
| Larynx | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 1 | 4 | 2 | 1 | 1 | |
| | Total Relevant Dollars | 82,322 | 349,888 | 113,482 | 93,464 | 94,093 | 60.12 |
| | Number of Grants | 556 | 603 | 575 | 618 | 629 | |
| | Relevant Grant Dollars | 235,759,795 | 251,524,364 | 248,103,498 | 269,200,607 | 280,871,160 | |
| Lautemaia | Number of Contracts | # | # | 1 | # | 1 | |
| Leukemia | Relevant Contract Dollars | ‡ | ‡ | 1,999,993 | ‡ | 355,010 | |
| | Total Count | <i>556</i> | 603 | <i>576</i> | 618 | 630 | |
| | Total Relevant Dollars | 235,759,795 | 251,524,364 | 250,103,491 | 269,200,607 | 281,226,170 | 4.56 |
| | Number of Grants | 269 | 270 | 272 | 298 | 297 | |
| | Relevant Grant Dollars | 93,301,235 | 92,885,952 | 94,198,945 | 107,662,468 | 112,880,899 | |
| Liver | Number of Contracts | 7 | 1 | <i>3</i> | 4 | 2 | |
| Liver | Relevant Contract Dollars | 2,411,664 | 80,000 | 2,211,089 | 1,273,833 | 256,718 | |
| | Total Count | 276 | 271 | <i>275</i> | 302 | 299 | |
| | Total Relevant Dollars | 95,712,899 | 92,965,952 | 96,410,034 | 108,936,301 | 113,137,617 | 4.42 |
| | Number of Grants | 777 | 862 | 930 | 929 | 946 | |
| | Relevant Grant Dollars | 329,758,879 | 372,958,789 | 389,825,964 | 432,361,141 | 434,286,691 | |
| Luna | Number of Contracts | 20 | 9 | 6 | 8 | 7 | |
| Lung | Relevant Contract Dollars | 55,613,583 | 15,793,532 | 5,823,050 | 15,699,312 | 8,162,060 | |
| | Total Count | <i>797</i> | 871 | 936 | 937 | 953 | |
| | Total Relevant Dollars | 385,372,462 | 388,752,321 | 395,649,014 | 448,060,453 | 442,448,751 | 3.66 |

continued

 $^{^{*}}$ Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Anatomical Site | Counts and Relevant Dollars* | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|-----------------|---------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 3 | 2 | 3 | 3 | 4 | |
| | Relevant Grant Dollars | 571,254 | 493,999 | 383,072 | 157,635 | 525,209 | |
| Lymph Nodo | Number of Contracts | # | # | # | # | # | |
| Lymph Node | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 3 | 2 | 3 | 3 | 4 | |
| | Total Relevant Dollars | 571,254 | 493,999 | 383,072 | 157,635 | 525,209 | 34.59 |
| | Number of Grants | 431 | 459 | 462 | 459 | 436 | |
| | Relevant Grant Dollars | 151,332,731 | 155,296,220 | 159,782,469 | 163,780,433 | 161,087,594 | |
| Malanana | Number of Contracts | 14 | # | 1 | 1 | # | |
| Melanoma | Relevant Contract Dollars | 23,242,523 | ‡ | 100,000 | 43,521 | ‡ | |
| | Total Count | 445 | 459 | 463 | 460 | 436 | |
| | Total Relevant Dollars | 174,575,254 | 155,296,220 | 159,882,469 | 163,823,954 | 161,087,594 | -1.82 |
| | Number of Grants | 23 | 22 | 18 | 17 | 12 | |
| | Relevant Grant Dollars | 9,722,032 | 7,662,841 | 5,701,409 | 5,600,674 | 1,119,116 | |
| NA H P | Number of Contracts | # | # | # | # | 1 | |
| Mesothelioma | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 23 | 22 | 18 | 17 | 13 | |
| | Total Relevant Dollars | 9,722,032 | 7,662,841 | 5,701,409 | 5,600,674 | 3,939,551 | -19.55 |
| | Number of Grants | 2 | 1 | # | 1 | 2 | |
| | Relevant Grant Dollars | 314,850 | 64,926 | ‡ | 64,926 | 561,791 | |
| | Number of Contracts | # | # | # | # | # | |
| Muscle | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 2 | 1 | # | 1 | 2 | |
| | Total Relevant Dollars | 314,850 | 64,926 | ‡ | 64,926 | 561,791 | 228.63 |
| | Number of Grants | 144 | 141 | 119 | 137 | 154 | |
| | Relevant Grant Dollars | 51,396,312 | 41,853,952 | 44,441,690 | 46,833,644 | 55,064,708 | |
| | Number of Contracts | # | # | # | # | 1 | |
| Myeloma | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 1,494,039 | |
| | Total Count | 144 | 141 | 119 | 137 | 155 | |
| | Total Relevant Dollars | 51,396,312 | 41,853,952 | 44,441,690 | 46,833,644 | 56,558,747 | 3.44 |
| | Number of Grants | 15 | 9 | 10 | 16 | 15 | |
| | Relevant Grant Dollars | 5,526,718 | 2,482,137 | 3,700,853 | 6,708,355 | 6,896,843 | |
| | Number of Contracts | # | # | # | # | # | |
| Nervous System | Relevant Contract Dollars | ‡ | , ‡ | , ‡ | , ‡ | ‡ | |
| | Total Count | 15 | 9 | 10 | 16 | 15 | |
| | Total Relevant Dollars | 5,526,718 | 2,482,137 | 3,700,853 | 6,708,355 | 6,896,843 | 19.52 |
| | 7.0.0.0.0.0 | 0,020,. 10 | _, .0_, .01 | 5,. 55,550 | 0,. 00,000 | 0,000,010 | |

continued

^{*} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Anatomical Site | Counts and Relevant Dollars* | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|---------------------|---------------------------------|---------------|---------------|---------------|---------------|---------------|---------------------------------------|
| | Number of Grants | <i>75</i> | <i>76</i> | 71 | 72 | 74 | |
| | Relevant Grant Dollars | 22,793,475 | 23,684,550 | 23,445,301 | 22,715,945 | 26,232,130 | |
| Neuroblastoma | Number of Contracts | # | # | # | # | 1 | |
| Neurobiasionia | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 400,000 | |
| | Total Count | <i>75</i> | <i>76</i> | 71 | 72 | <i>75</i> | |
| | Total Relevant Dollars | 22,793,475 | 23,684,550 | 23,445,301 | 22,715,945 | 26,632,130 | 4.26 |
| | Number of Grants | 278 | 295 | 291 | 308 | 314 | |
| | Relevant Grant Dollars | 99,025,255 | 109,152,695 | 113,533,062 | 120,812,661 | 121,225,347 | |
| Non-Hodgkin | Number of Contracts | 1 | 1 | 1 | # | # | |
| Lymphoma | Relevant Contract Dollars | 54,994 | 2,000,000 | 399,962 | ‡ | ‡ | |
| | Total Count | 279 | 296 | 292 | 308 | 314 | |
| | Total Relevant Dollars | 99,080,249 | 111,152,695 | 113,933,024 | 120,812,661 | 121,225,347 | 5.27 |
| | Number of Grants | 1,511 | 1,526 | 1,524 | 1,608 | 1,693 | |
| | Relevant Grant Dollars | 856,175,303 | 951,968,145 | 877,750,465 | 1,014,485,696 | 1,121,800,444 | |
| Not Cito Considiate | Number of Contracts | 125 | 172 | 174 | 150 | 128 | |
| Not Site Specific** | Relevant Contract Dollars | 522,054,442 | 339,232,245 | 633,724,984 | 653,509,263 | 701,960,842 | |
| | Total Count | 1,636 | 1,698 | 1,698 | 1,758 | 1,821 | |
| | Total Relevant Dollars | 1,378,229,745 | 1,291,200,390 | 1,511,475,449 | 1,667,994,959 | 1,823,761,286 | 7.61 |
| | Number of Grants | 43 | 74 | 65 | 77 | 83 | |
| | Relevant Grant Dollars | 12,325,550 | 18,840,504 | 16,634,211 | 20,739,587 | 25,091,595 | |
| Ovel Osvita | Number of Contracts | 1 | 1 | # | 2 | # | |
| Oral Cavity | Relevant Contract Dollars | 15,000 | 15,000 | ‡ | 531,408 | ‡ | |
| | Total Count | 43 | <i>75</i> | 65 | 79 | 83 | |
| | Total Relevant Dollars | 12,340,550 | 18,855,504 | 16,634,211 | 21,270,995 | 25,091,595 | 21.71 |
| | Number of Grants | 342 | 337 | 350 | 352 | 356 | |
| | Relevant Grant Dollars | 108,940,938 | 116,728,532 | 120,285,614 | 124,621,907 | 121,635,953 | |
| • | Number of Contracts | 1 | # | 1 | 1 | 1 | |
| Ovary | Relevant Contract Dollars | 4,863 | ‡ | 1,167,587 | 264,873 | 300,876 | |
| | Total Count | 343 | 337 | 351 | 353 | <i>357</i> | |
| | Total Relevant Dollars | 108,945,801 | 116,728,532 | 121,453,201 | 124,886,780 | 121,936,828 | 2.91 |
| | Number of Grants | 484 | 525 | 544 | 563 | 595 | |
| | Relevant Grant Dollars | 172,139,086 | 189,985,200 | 203,216,987 | 222,310,129 | 237,207,103 | |
| Damanaa | Number of Contracts | 2 | 1 | # | # | 2 | |
| Pancreas | Relevant Contract Dollars | 1,291,099 | 398,711 | ‡ | ‡ | 356,817 | |
| | | | | | | | |
| | Total Count | 486 | <i>526</i> | 544 | <i>563</i> | <i>597</i> | |

continued

^{*} Relevant Dollars = portion of the funded amount relevant to a specific Site.

^{**} Not Site Specific = research that lacks a focus on a particular type of cancer/cancer site (e.g., basic research on the role of a protein in cellular DNA damage in fruit flies. There is no cancer site focus; however, it is relevant to cancer research).

[‡] Coding not required or requested. FY2023 contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Anatomical Site | Counts and Relevant Dollars* | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|-----------------|---------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 3 | 6 | 4 | 3 | 4 | |
| | Relevant Grant Dollars | 1,268,612 | 1,958,217 | 1,383,619 | 777,296 | 1,417,547 | |
| Dorothywoid | Number of Contracts | # | # | # | # | # | |
| Parathyroid | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 3 | 6 | 4 | 3 | 4 | |
| | Total Relevant Dollars | 1,268,612 | 1,958,217 | 1,383,619 | 777,296 | 1,417,547 | 15.89 |
| | Number of Grants | 7 | 8 | 7 | 11 | 9 | |
| | Relevant Grant Dollars | 656,490 | 885,380 | 873,240 | 894,192 | 786,508 | |
| Dawia | Number of Contracts | # | # | # | # | # | |
| Penis | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 7 | 8 | 7 | 11 | 9 | |
| | Total Relevant Dollars | 656,490 | 885,380 | 873,240 | 894,192 | 786,508 | 5.96 |
| | Number of Grants | 8 | 17 | 16 | 12 | 18 | |
| | Relevant Grant Dollars | 2,928,133 | 4,406,488 | 5,316,112 | 3,227,262 | 5,074,425 | |
| Dleann | Number of Contracts | # | # | # | # | # | |
| Pharynx | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 8 | 17 | 16 | 12 | 18 | |
| | Total Relevant Dollars | 2,928,133 | 4,406,488 | 5,316,112 | 3,227,262 | 5,074,425 | 22.27 |
| | Number of Grants | 6 | 6 | 6 | 5 | 6 | |
| | Relevant Grant Dollars | 1,546,588 | 1,524,157 | 1,628,815 | 1,551,955 | 1,447,804 | |
| Dile ilean | Number of Contracts | # | # | # | # | # | |
| Pituitary | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 6 | 6 | 6 | 5 | 6 | |
| | Total Relevant Dollars | 1,546,588 | 1,524,157 | 1,628,815 | 1,551,955 | 1,447,804 | -1.50 |
| | Number of Grants | 533 | 532 | 551 | 561 | 574 | |
| | Relevant Grant Dollars | 210,896,342 | 208,342,580 | 213,750,605 | 229,532,204 | 248,099,316 | |
| Dunatata | Number of Contracts | 7 | 5 | 1 | 4 | 2 | |
| Prostate | Relevant Contract Dollars | 5,553,063 | 1,702,340 | 1,167,587 | 1,854,652 | 797,125 | |
| | Total Count | 540 | <i>537</i> | <i>552</i> | <i>565</i> | <i>576</i> | |
| | Total Relevant Dollars | 216,449,404 | 210,044,920 | 214,918,192 | 231,386,856 | 248,896,441 | 3.65 |
| | Number of Grants | 10 | 12 | 7 | 7 | 7 | |
| | Relevant Grant Dollars | 2,233,623 | 2,778,359 | 1,842,227 | 2,221,539 | 2,299,267 | |
| Detinoblectome | Number of Contracts | # | 1 | # | # | # | |
| Retinoblastoma | Relevant Contract Dollars | ‡ | 398,149 | ‡ | ‡ | ‡ | |
| | Total Count | 10 | 13 | 7 | 7 | 7 | |
| | Total Relevant Dollars | 2,233,623 | 3,176,508 | 1,842,227 | 2,221,539 | 2,299,267 | 6.07 |

continued

^{*} Relevant Dollars = portion of the funded amount relevant to a specific Site. ‡ Coding not required or requested. FY2023 contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Anatomical Site | Counts and Relevant Dollars* | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|-------------------|---------------------------------|------------|------------|------------|------------|------------|---------------------------------------|
| | Number of Grants | 66 | 73 | 66 | <i>79</i> | 86 | |
| | Relevant Grant Dollars | 16,332,850 | 15,137,493 | 18,059,775 | 21,835,183 | 25,203,322 | |
| Sarcoma — Bone | Number of Contracts | # | # | # | # | # | |
| Salcollia — Bolle | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 66 | <i>73</i> | 66 | <i>7</i> 9 | 86 | |
| | Total Relevant Dollars | 16,332,850 | 15,137,493 | 18,059,775 | 21,835,183 | 25,203,322 | 12.08 |
| | Number of Grants | 99 | 103 | 105 | 108 | 127 | |
| | Relevant Grant Dollars | 31,903,104 | 24,661,666 | 30,208,118 | 33,118,068 | 38,125,983 | |
| Sarcoma — Soft | Number of Contracts | # | # | # | 1 | # | |
| Tissue | Relevant Contract Dollars | ‡ | ‡ | ‡ | 355,000 | ‡ | |
| | Total Count | 99 | 103 | 105 | 109 | 127 | |
| | Total Relevant Dollars | 31,903,104 | 24,661,666 | 30,208,118 | 33,473,068 | 38,125,983 | 6.13 |
| | Number of Grants | 116 | 123 | 113 | 114 | 105 | |
| | Relevant Grant Dollars | 34,112,959 | 44,553,911 | 40,001,783 | 42,180,232 | 38,308,079 | |
| Claim | Number of Contracts | 3 | # | # | 1 | 1 | |
| Skin | Relevant Contract Dollars | 643,548 | ‡ | ‡ | 156,564 | 652,063 | |
| | Total Count | 119 | 123 | 113 | 115 | 106 | |
| | Total Relevant Dollars | 34,756,507 | 44,553,911 | 40,001,783 | 42,336,796 | 38,960,142 | 3.96 |
| | Number of Grants | 8 | 7 | 5 | 3 | 3 | |
| | Relevant Grant Dollars | 2,202,945 | 1,165,582 | 1,184,868 | 295,794 | 296,736 | |
| Con all ludgeting | Number of Contracts | 1 | # | # | # | # | |
| Small Intestine | Relevant Contract Dollars | 510,195 | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 8 | 7 | 5 | 3 | 3 | |
| | Total Relevant Dollars | 2,713,140 | 1,165,582 | 1,184,868 | 295,794 | 296,736 | -32.53 |
| | Number of Grants | 41 | 50 | 47 | 64 | <i>7</i> 5 | |
| | Relevant Grant Dollars | 10,761,813 | 12,464,266 | 13,850,275 | 21,510,117 | 27,247,054 | |
| Ohamaali | Number of Contracts | 1 | # | # | # | # | |
| Stomach | Relevant Contract Dollars | 510,195 | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 42 | 50 | 47 | 64 | <i>7</i> 5 | |
| | Total Relevant Dollars | 11,272,008 | 12,464,266 | 13,850,275 | 21,510,117 | 27,247,054 | 25.92 |
| | Number of Grants | 6 | 16 | 14 | 15 | 13 | |
| | Relevant Grant Dollars | 1,568,860 | 5,260,190 | 4,363,846 | 5,214,844 | 4,352,936 | |
| Tankin | Number of Contracts | # | # | # | # | # | |
| Testis | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 6 | 16 | 14 | 15 | 13 | |
| | Total Relevant Dollars | 1,568,860 | 5,260,190 | 4,363,846 | 5,214,844 | 4,352,936 | 55.31 |

continued

^{*} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Anatomical Site | Counts and Relevant Dollars* | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|-----------------|---------------------------------|------------|------------|------------|------------|------------|---------------------------------------|
| | Number of Grants | 6 | 6 | 3 | 3 | 3 | |
| | Relevant Grant Dollars | 1,065,371 | 1,183,335 | 845,886 | 803,261 | 197,242 | |
| Thumus | Number of Contracts | # | # | # | # | # | |
| Thymus | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 6 | 6 | 3 | 3 | 3 | |
| | Total Relevant Dollars | 1,065,371 | 1,183,335 | 845,886 | 803,261 | 197,242 | -24.48 |
| | Number of Grants | 44 | 49 | 46 | 47 | 48 | |
| | Relevant Grant Dollars | 10,794,911 | 12,627,725 | 13,543,963 | 13,719,110 | 14,106,394 | |
| Thursid | Number of Contracts | 1 | # | # | 1 | 1 | |
| Thyroid | Relevant Contract Dollars | 49,394 | ‡ | ‡ | 126,709 | 215,500 | |
| | Total Count | 45 | 49 | 46 | 48 | 49 | |
| | Total Relevant Dollars | 10,844,305 | 12,627,725 | 13,543,963 | 13,845,819 | 14,321,894 | 7.34 |
| | Number of Grants | 59 | 58 | 47 | 49 | 54 | |
| | Relevant Grant Dollars | 13,819,141 | 14,403,143 | 12,119,866 | 11,914,927 | 15,423,342 | |
| Litoruo | Number of Contracts | 1 | # | # | 5 | # | |
| Uterus | Relevant Contract Dollars | 1,231,648 | ‡ | ‡ | 165,008 | ‡ | |
| | Total Count | 60 | <i>58</i> | 47 | 54 | 54 | |
| | Total Relevant Dollars | 15,050,789 | 14,403,143 | 12,119,866 | 12,079,935 | 15,423,342 | 1.80 |
| | Number of Grants | 4 | 3 | 6 | 8 | 7 | |
| | Relevant Grant Dollars | 583,872 | 769,655 | 562,667 | 1,246,170 | 569,247 | |
| Vagina | Number of Contracts | # | # | # | # | # | |
| Vagina | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 4 | <i>3</i> | 6 | 8 | 7 | |
| | Total Relevant Dollars | 583,872 | 769,655 | 562,667 | 1,246,170 | 569,247 | 18.02 |
| | Number of Grants | 3 | 6 | 4 | 4 | 5 | |
| | Relevant Grant Dollars | 1,344,206 | 1,680,268 | 1,488,561 | 1,037,247 | 905,064 | |
| Vacaular | Number of Contracts | # | # | # | # | # | |
| Vascular | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 3 | 6 | 4 | 4 | 5 | |
| | Total Relevant Dollars | 1,344,206 | 1,680,268 | 1,488,561 | 1,037,247 | 905,064 | -7.37 |
| | Number of Grants | 7 | 6 | 5 | 2 | 3 | |
| | Relevant Grant Dollars | 1,940,000 | 1,756,390 | 1,183,742 | 364,983 | 907,357 | |
| Wilmo Tumor | Number of Contracts | # | # | # | # | # | |
| Wilms Tumor | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 7 | 6 | 5 | 2 | 3 | |
| | Total Relevant Dollars | 1,940,000 | 1,756,390 | 1,183,742 | 364,983 | 907,357 | 9.34 |

^{*} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Adolescent and Young Adults Cancer Relevant Contracts Relevant Contract Dollars Adults Cancer Total Relevant Dollars Adults Cancer Total Relevant Dollars Adults Cancer Adul | Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year | |
|--|---|----------------------------------|---------------------|-------------|-------------|-------------|-------------|---------------------------------------|--|
| Adolescent and Young Adults Cancer Relevant Contracts Relevant Contract Dollars Total Revent Contract Dollars Total Relevant Dollars Relevant Dollars Relevant Dollars Relevant Contracts Total Relevant Contract Dollars Relevant Contract Dollars Total Relevant Dollars Relevant Contract Dollars Total Relevant Dollars Relevant Dollars Relevant Contract Dollars Relevant Contract Dollars Relevant Contract Dollars Relevant Contract Dollars Relevant Contracts Total Relevant Dollars Relevant Contracts Relevant Contracts Relevant Contracts Total Relevant Dollars Relevant Contract Dollars R | | Number of Grants | 231 | 293 | 313 | 353 | 377 | | |
| Young Adults Cancer Relevant Contract Dollars 442,938 ‡ \$ 9,131,723 419,673 Total Count 233 293 313 356 Number of Grants 211 258 280 321 Relevant Grant Dollars 87,631,798 86,391,555 100,646,024 115,302,551 137,830 Adoptive Cell Number of Contracts 1 1 2 2 2 Immunotherapy Relevant Contract Dollars 87,659,295 86,790,854 103,045,979 115,730,051 138,145 Number of Grants 3 4 5 13 13 14 | | Relevant Grant Dollars | 118,127,498 | 122,204,317 | 128,983,654 | 155,814,597 | 167,284,151 | | |
| Total Count 18,570,436 122,204,317 128,983,654 164,946,320 586,957 | Adolescent and | Number of Contracts | 2 | # | # | 3 | 2 | | |
| Total Relevant Dollars 118,570,436 122,204,317 128,983,654 164,946,320 586,957 | Young Adults Cancer | Relevant Contract Dollars | 442,938 | ‡ | ‡ | 9,131,723 | 419,673,351 | | |
| Number of Grants Relevant Grant Dollars Relevant Contracts Relevant Contract Dollars Relevant Contract Dollars Relevant Contract Dollars Relevant Dollars Relevant Dollars Relevant Dollars Relevant Grant Dollars Relevant Gran | | Total Count | 233 | 293 | 313 | <i>356</i> | <i>379</i> | | |
| Relevant Grant Dollars | | Total Relevant Dollars | 118,570,436 | 122,204,317 | 128,983,654 | 164,946,320 | 586,957,501 | 73.09 | |
| Adoptive Cell Immunotherapy Number of Contracts 1 1 2 2 Immunotherapy Relevant Contract Dollars 27,497 399,299 2,399,955 427,500 314 Total Count 212 259 282 323 314 Total Relevant Dollars 87,659,295 86,790,854 103,045,979 115,730,051 138,145 Advanced Number of Grants 3 4 5 13 44,35 Manufacturing Relevant Grant Dollars ‡ ‡ ‡ 1 400,000 Total Count 3 4 5 5,011,911 4,435 4,435 Mumber of Contract Dollars ‡ ‡ ‡ 4 400,000 4,611,911 4,435 Total Relevant Contract Dollars 845,428 1,829,119 2,016,956 5,011,911 4,435 Aging Number of Grants 215 238 218 227 2,016,956 5,011,911 4,435 Aging Relevant Grant Dollars 64,340,550 | | Number of Grants | 211 | 258 | 280 | 321 | 353 | | |
| Immunotherapy Relevant Contract Dollars 27,497 399,299 2,399,955 427,500 314 104 | | Relevant Grant Dollars | 87,631,798 | 86,391,555 | 100,646,024 | 115,302,551 | 137,830,122 | | |
| Total Count 212 259 282 323 Total Relevant Dollars 87,659,295 86,790,854 103,045,979 115,730,051 138,145 Number of Grants 3 | Adoptive Cell | Number of Contracts | 1 | 1 | 2 | 2 | 1 | | |
| Total Relevant Dollars | Immunotherapy | Relevant Contract Dollars | 27,497 | 399,299 | 2,399,955 | 427,500 | 314,994 | | |
| Advanced Advanced Manufacturing Technology Number of Grants 3 4 5 13 Advanced Manufacturing Technology Number of Contracts ‡ ‡ ‡ ‡ 1 4,435 Total Count Total Relevant Dollars ‡ ‡ ‡ ‡ † 4 400,000 4 | | Total Count | 212 | 259 | 282 | 323 | 354 | | |
| Advanced Manufacturing Technology Relevant Contracts Advanced Manufacturing Technology Relevant Contract Dollars Relevant Contract Dollars Relevant Contract Dollars Relevant Dollars Relevant Dollars Relevant Grant Dollars Relevant Grants Relevant Contract Dollars Relevant Grants Relevant Grants Relevant Grants Relevant Contract Dollars Relevant Grants Relevant Contract Dollars Relevant Grants Relevant Grants Relevant Grants Relevant Grants Relevant Grants Relevant Grants Relevant Grant | | Total Relevant Dollars | 87,659,295 | 86,790,854 | 103,045,979 | 115,730,051 | 138,145,116 | 12.35 | |
| Advanced Manufacturing Technology Number of Contracts # < | | Number of Grants | 3 | 4 | 5 | 13 | 13 | | |
| Manufacturing Technology Relevant Contract Dollars ‡ ‡ ‡ ‡ 4 | | Relevant Grant Dollars | 845,428 | 1,829,119 | 2,016,956 | 4,611,911 | 4,435,789 | | |
| Technology Relevant Contract Dollars ‡ £ <th colspa<="" td=""><td></td><td>Number of Contracts</td><td>#</td><td>#</td><td>#</td><td>1</td><td>#</td><td></td></th> | <td></td> <td>Number of Contracts</td> <td>#</td> <td>#</td> <td>#</td> <td>1</td> <td>#</td> <td></td> | | Number of Contracts | # | # | # | 1 | # | |
| Total Count 3 | • | Relevant Contract Dollars | ‡ | ‡ | ‡ | 400,000 | ‡ | | |
| Aging Relevant Grant Dollars 64,340,550 77,241,267 72,529,506 89,936,753 85,510 | Toolinology | Total Count | 3 | 4 | 5 | 14 | 13 | | |
| Aging Relevant Grant Dollars 64,340,550 77,241,267 72,529,506 89,936,753 85,510 Number of Contracts 6 2 ‡ 2 Relevant Contract Dollars 690,838 1,152,930 ‡ 550,000 3,285 Total Count 221 240 218 229 Total Relevant Dollars 65,031,388 78,394,197 72,529,506 90,486,753 88,795 Number of Grants 145 145 152 171 Relevant Grant Dollars 46,859,296 43,374,202 49,802,758 55,838,168 65,508 Number of Contracts 2 1 2 4 1 2 4 1 | | Total Relevant Dollars | 845,428 | 1,829,119 | 2,016,956 | 5,011,911 | 4,435,789 | 65.90 | |
| Aging Number of Contracts 6 | | Number of Grants | 215 | 238 | 218 | 227 | 221 | | |
| Aging Relevant Contract Dollars 690,838 1,152,930 ‡ 550,000 3,285 **Total Count** **Total Relevant Dollars** **Alternative Medicine** Alternative Medicine** **Alternative Medicine** **Alternativ | | Relevant Grant Dollars | 64,340,550 | 77,241,267 | 72,529,506 | 89,936,753 | 85,510,348 | | |
| Relevant Contract Dollars 690,838 1,152,930 ‡ 550,000 3,285 Total Count 221 240 218 229 Total Relevant Dollars 65,031,388 78,394,197 72,529,506 90,486,753 88,795 Number of Grants 145 145 152 171 Relevant Grant Dollars 46,859,296 43,374,202 49,802,758 55,838,168 65,508 Number of Contracts 2 1 1 1 Relevant Contract Dollars 928,436 181,500 199,976 400,000 2,344 Total Count 147 146 153 172 Total Relevant Dollars 47,787,732 43,555,702 50,002,734 56,238,168 67,852 Number of Grants 1 3 2 4 Relevant Grant Dollars 207,809 467,294 480,430 1,076,615 1,720 Number of Contracts ‡ ‡ ‡ ‡ Relevant Contract Dollars ‡ ‡ ‡ ‡ ‡ ‡ ‡ ‡ ‡ | A acian ac | Number of Contracts | 6 | 2 | # | 2 | 4 | | |
| Total Relevant Dollars 65,031,388 78,394,197 72,529,506 90,486,753 88,795 Number of Grants 145 145 152 171 Relevant Grant Dollars 46,859,296 43,374,202 49,802,758 55,838,168 65,508 Number of Contracts 2 1 1 1 Relevant Contract Dollars 928,436 181,500 199,976 400,000 2,344 Total Count 147 146 153 172 Total Relevant Dollars 47,787,732 43,555,702 50,002,734 56,238,168 67,852 Number of Grants 1 3 2 4 Relevant Grant Dollars 207,809 467,294 480,430 1,076,615 1,720 Number of Contracts ‡ ‡ ‡ ‡ Relevant Contract Dollars ‡ ‡ ‡ ‡ Relevant Contract Dollars ‡ ‡ ‡ ‡ ‡ Relevant Contract Dollars ‡ ‡ ‡ ‡ ‡ ‡ ‡ ‡ ‡ | Aging | Relevant Contract Dollars | 690,838 | 1,152,930 | ‡ | 550,000 | 3,285,282 | | |
| Alternative Medicine Number of Grants 145 145 152 171 Alternative Medicine Relevant Grant Dollars 46,859,296 43,374,202 49,802,758 55,838,168 65,508 Number of Contracts 2 1 1 1 1 Relevant Contract Dollars 928,436 181,500 199,976 400,000 2,344 Total Count 147 146 153 172 Total Relevant Dollars 47,787,732 43,555,702 50,002,734 56,238,168 67,852 Number of Grants 1 3 2 4 Relevant Grant Dollars 207,809 467,294 480,430 1,076,615 1,720 Number of Contracts ‡ ‡ ‡ ‡ ‡ ‡ Relevant Contract Dollars ‡ ‡ ‡ ‡ ‡ ‡ | | Total Count | 221 | 240 | 218 | 229 | 225 | | |
| Relevant Grant Dollars | | Total Relevant Dollars | 65,031,388 | 78,394,197 | 72,529,506 | 90,486,753 | 88,795,630 | 8.99 | |
| Alternative Medicine Number of Contracts Relevant Contract Dollars 2 1 1 1 1 Relevant Contract Dollars 928,436 181,500 199,976 400,000 2,344 Total Count 147 146 153 172 Total Relevant Dollars 47,787,732 43,555,702 50,002,734 56,238,168 67,852 Number of Grants 1 3 2 4 Relevant Grant Dollars 207,809 467,294 480,430 1,076,615 1,720 Number of Contracts ‡ ‡ ‡ ‡ ‡ Relevant Contract Dollars ‡ ‡ ‡ ‡ ‡ | | Number of Grants | 145 | 145 | 152 | 171 | 192 | | |
| Alternative Medicine Relevant Contract Dollars 928,436 181,500 199,976 400,000 2,344 7otal Count 147 146 153 172 Total Relevant Dollars 47,787,732 43,555,702 50,002,734 56,238,168 67,852 Number of Grants 1 3 2 4 Relevant Grant Dollars 207,809 467,294 480,430 1,076,615 1,720 Number of Contracts Relevant Contract Dollars ‡ ‡ ‡ ‡ ‡ ‡ | | Relevant Grant Dollars | 46,859,296 | 43,374,202 | 49,802,758 | 55,838,168 | 65,508,049 | | |
| Relevant Contract Dollars 928,436 181,500 199,976 400,000 2,344 Total Count 147 146 153 172 Total Relevant Dollars 47,787,732 43,555,702 50,002,734 56,238,168 67,852 Number of Grants 1 3 2 4 Relevant Grant Dollars 207,809 467,294 480,430 1,076,615 1,720 Alzheimer's Dementia Number of Contracts ‡ ‡ ‡ ‡ Relevant Contract Dollars ‡ ‡ ‡ ‡ ‡ | Albamadina Madiaina | Number of Contracts | 2 | 1 | 1 | 1 | 2 | | |
| Total Relevant Dollars 47,787,732 43,555,702 50,002,734 56,238,168 67,852 **Number of Grants** **Relevant Grant Dollars** **Property of Contracts** **Alzheimer's Dementia** **Number of Contracts** **Relevant Contract Dollars** **Televant Con | Alternative Medicine | Relevant Contract Dollars | 928,436 | 181,500 | 199,976 | 400,000 | 2,344,732 | | |
| Number of Grants 1 3 2 4 Relevant Grant Dollars 207,809 467,294 480,430 1,076,615 1,720 Alzheimer's Dementia Number of Contracts # | | Total Count | 147 | 146 | 153 | 172 | 194 | | |
| Relevant Grant Dollars 207,809 467,294 480,430 1,076,615 1,720 | | Total Relevant Dollars | 47,787,732 | 43,555,702 | 50,002,734 | 56,238,168 | 67,852,781 | 9.77 | |
| Alzheimer's Dementia Number of Contracts | | Number of Grants | 1 | 3 | 2 | 4 | 8 | | |
| Alzheimer's Dementia Relevant Contract Dollars | | Relevant Grant Dollars | 207,809 | 467,294 | 480,430 | 1,076,615 | 1,720,051 | | |
| Relevant Contract Dollars ‡ ‡ ‡ | Al-la sina sula Descripti | Number of Contracts | ‡ | ‡ | # | # | # | | |
| | Aizneimer's Dementia | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | | |
| Total Count 1 3 2 4 | | Total Count | 1 | 3 | 2 | 4 | 8 | | |
| Total Relevant Dollars 207,809 467,294 480,430 1,076,615 1,720 | | Total Relevant Dollars | 207,809 | 467,294 | 480,430 | 1,076,615 | 1,720,051 | 77.88 | |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

 $^{^{**}}$ Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 9 | 17 | 13 | 13 | 16 | |
| | Relevant Grant Dollars | 4,280,761 | 7,890,282 | 5,711,933 | 5,011,048 | 5,681,250 | |
| Aratia Dagaarah | Number of Contracts | # | # | # | # | # | |
| Arctic Research | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 9 | 17 | 13 | 13 | 16 | |
| | Total Relevant Dollars | 4,280,761 | 7,890,282 | 5,711,933 | 5,011,048 | 5,681,250 | 14.45 |
| | Number of Grants | 5 | 4 | 6 | 4 | 5 | |
| | Relevant Grant Dollars | 1,716,100 | 1,478,421 | 2,204,411 | 1,723,166 | 1,561,497 | |
| | Number of Contracts | # | # | # | # | 1 | |
| Asbestos | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 2,238,232 | |
| | Total Count | 5 | 4 | 6 | 4 | 6 | |
| | Total Relevant Dollars | 1,716,100 | 1,478,421 | 2,204,411 | 1,723,166 | 3,799,729 | 33.48 |
| | Number of Grants | 3 | 3 | 1 | 1 | 2 | |
| | Relevant Grant Dollars | 632,185 | 646,859 | 241,275 | 250,320 | 218,404 | |
| | Number of Contracts | # | # | # | # | # | |
| Ataxia Telangiectasia | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 3 | 3 | 1 | 1 | 2 | |
| | Total Relevant Dollars | 632,185 | 646,859 | 241,275 | 250,320 | 218,404 | -17.35 |
| | Number of Grants | 10 | 11 | 9 | 10 | 9 | |
| | Relevant Grant Dollars | 2,129,342 | 2,852,373 | 1,976,270 | 2,245,670 | 1,624,374 | |
| | Number of Contracts | # | # | # | # | # | |
| Autoimmune Diseases | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 10 | 11 | 9 | 10 | 9 | |
| | Total Relevant Dollars | 2,129,342 | 2,852,373 | 1,976,270 | 2,245,670 | 1,624,374 | -2.70 |
| | Number of Grants | 680 | 799 | 802 | 824 | 949 | |
| | Relevant Grant Dollars | 248,036,698 | 299,047,617 | 307,388,720 | 381,917,308 | 386,646,195 | |
| Daharian Danasant | Number of Contracts | 5 | 7 | 2 | 5 | 9 | |
| Behavior Research | Relevant Contract Dollars | 35,595,028 | 6,869,266 | 1,022,930 | 5,151,158 | 7,642,010 | |
| | Total Count | 685 | 806 | 804 | 829 | 958 | |
| | Total Relevant Dollars | 283,631,726 | 305,916,884 | 308,411,650 | 387,068,466 | 394,288,205 | 9.01 |
| | Number of Grants | 498 | 517 | 561 | 579 | 581 | |
| | Relevant Grant Dollars | 192,613,667 | 214,148,983 | 234,398,214 | 256,603,472 | 249,452,082 | |
| Disameirand | Number of Contracts | 17 | 10 | 7 | 13 | 2 | |
| Bioengineering | Relevant Contract Dollars | 15,537,305 | 3,547,308 | 2,789,513 | 3,149,851 | 51,971 | |
| | Total Count | 515 | 527 | 568 | 592 | 583 | |
| | Total ooulit | | | | | | |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | <i>755</i> | 819 | 820 | 816 | 809 | |
| | Relevant Grant Dollars | 314,616,007 | 342,712,693 | 342,864,476 | 372,062,540 | 357,945,183 | |
| Bioinformatics | Number of Contracts | 26 | 119 | 40 | <i>3</i> 7 | 27 | |
| Dioiiiioiiiaucs | Relevant Contract Dollars | 243,812,997 | 174,223,520 | 76,257,031 | 290,419,613 | 463,721,465 | |
| | Total Count | <i>781</i> | 938 | 860 | <i>853</i> | <i>836</i> | |
| | Total Relevant Dollars | 558,429,004 | 516,936,213 | 419,121,507 | 662,482,152 | 821,666,648 | 13.94 |
| | Number of Grants | <i>7</i> 5 | 92 | 89 | 100 | 111 | |
| | Relevant Grant Dollars | 23,221,779 | 25,360,950 | 28,608,038 | 32,255,829 | 34,799,400 | |
| Biological | Number of Contracts | # | # | 1 | # | # | |
| Carcinogenesis — Non-Viral | Relevant Contract Dollars | ‡ | ‡ | 1,999,961 | ‡ | ‡ | |
| TVOIT VII CII | Total Count | <i>75</i> | 92 | 90 | 100 | 111 | |
| | Total Relevant Dollars | 23,221,779 | 25,360,950 | 30,607,999 | 32,255,829 | 34,799,400 | 10.79 |
| | Number of Grants | 1,040 | 1,215 | 1,271 | 1,369 | 1,410 | |
| | Relevant Grant Dollars | 421,827,794 | 480,327,415 | 490,484,192 | 535,852,401 | 535,852,401 | |
| Biologics/Biological | Number of Contracts | 18 | 9 | 4 | 7 | 8 | |
| Response Modifiers | Relevant Contract Dollars | 7,000,911 | 9,399,568 | 4,091,098 | 7,866,566 | 12,911,296 | |
| | Total Count | 1,058 | 1,224 | 1,274 | 1,376 | 1,418 | |
| | Total Relevant Dollars | 428,828,705 | 489,726,983 | 494,575,290 | 543,718,967 | 589,023,766 | 8.37 |
| | Number of Grants | 1,533 | 1,496 | 1,661 | 1,710 | 1,769 | |
| | Relevant Grant Dollars | 507,662,741 | 502,778,212 | 538,519,084 | 585,049,774 | 633,589,297 | |
| Diomontoro | Number of Contracts | 25 | 9 | 10 | 9 | 10 | |
| Biomarkers | Relevant Contract Dollars | 14,609,257 | 5,069,362 | 12,318,509 | 10,351,477 | 7,341,760 | |
| | Total Count | 1,558 | 1,505 | 1,671 | 1,719 | 1,779 | |
| | Total Relevant Dollars | 522,271,998 | 507,847,574 | 550,837,593 | 595,401,251 | 640,931,057 | 5.36 |
| | Number of Grants | 76 | 72 | 70 | 71 | 85 | |
| | Relevant Grant Dollars | 23,344,253 | 19,950,191 | 21,852,233 | 23,559,385 | 26,674,944 | |
| D: | Number of Contracts | # | 2 | # | # | # | |
| Biomaterials Research | Relevant Contract Dollars | ‡ | 400,000 | ‡ | ‡ | ‡ | |
| | Total Count | <i>76</i> | 74 | <i>70</i> | 71 | <i>85</i> | |
| | Total Relevant Dollars | 23,344,253 | 20,350,191 | 21,852,233 | 23,559,385 | 26,674,944 | 3.90 |
| | Number of Grants | 686 | 768 | 804 | 920 | 927 | |
| | Relevant Grant Dollars | 269,476,921 | 300,632,446 | 313,421,927 | 385,762,631 | 402,071,216 | |
| Diama dia di Oanna di | Number of Contracts | 36 | 123 | 47 | 85 | 49 | |
| Biomedical Computing | Relevant Contract Dollars | 249,348,654 | 175,830,676 | 60,014,598 | 376,580,032 | 116,755,228 | |
| | Total Count | 722 | 891 | 851 | 1,005 | 976 | |
| | Total Relevant Dollars | 518,825,575 | 476,463,122 | 373,436,525 | 762,342,663 | 518,826,444 | 10.60 |
| | | | | | | | continued |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|------------|------------|------------|------------|------------|---------------------------------------|
| | Number of Grants | <i>67</i> | 73 | <i>62</i> | <i>62</i> | 62 | |
| | Relevant Grant Dollars | 29,046,389 | 32,837,598 | 31,774,199 | 32,159,025 | 29,590,689 | |
| Bone Marrow | Number of Contracts | # | # | # | # | # | |
| Transplantation | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | <i>67</i> | <i>73</i> | 62 | 62 | <i>62</i> | |
| | Total Relevant Dollars | 29,046,389 | 32,837,598 | 31,774,199 | 32,159,025 | 29,590,689 | 0.76 |
| | Number of Grants | 247 | 227 | 222 | 216 | 221 | |
| | Relevant Grant Dollars | 81,438,411 | 83,444,810 | 79,628,066 | 82,745,365 | 89,985,811 | |
| Draget Conser Detection | Number of Contracts | # | 3 | 1 | 1 | 9 | |
| Breast Cancer Detection | Relevant Contract Dollars | ‡ | 999,778 | 279,023 | 1,998,738 | 1,223,939 | |
| | Total Count | 247 | 230 | 223 | 217 | 230 | |
| | Total Relevant Dollars | 81,438,411 | 84,444,588 | 79,907,089 | 84,744,103 | 91,209,750 | 3.00 |
| | Number of Grants | 146 | 132 | 104 | 99 | 105 | |
| | Relevant Grant Dollars | 41,392,617 | 42,906,961 | 34,227,936 | 34,407,422 | 41,155,239 | |
| Breast Cancer Early | Number of Contracts | # | 2 | # | # | 1 | |
| Detection | Relevant Contract Dollars | ‡ | 799,778 | ‡ | ‡ | 44,403 | |
| | Total Count | 146 | 134 | 104 | 99 | 106 | |
| | Total Relevant Dollars | 41,392,617 | 43,706,739 | 34,227,936 | 34,407,422 | 41,199,642 | 1.04 |
| | Number of Grants | 29 | 28 | 28 | 23 | 16 | |
| | Relevant Grant Dollars | 4,543,456 | 4,829,069 | 7,592,960 | 4,692,521 | 2,302,844 | |
| Breast Cancer | Number of Contracts | # | # | # | # | # | |
| Education | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 29 | 28 | 28 | 23 | 16 | |
| | Total Relevant Dollars | 4,543,456 | 4,829,069 | 7,592,960 | 4,692,521 | 2,302,844 | -6.40 |
| | Number of Grants | 94 | 87 | 71 | 60 | 72 | |
| | Relevant Grant Dollars | 26,836,612 | 28,355,007 | 25,140,881 | 22,719,193 | 24,402,141 | |
| Breast Cancer | Number of Contracts | # | # | # | # | # | |
| Epidemiology | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 94 | <i>87</i> | 71 | 60 | 72 | |
| | Total Relevant Dollars | 26,836,612 | 28,355,007 | 25,140,881 | 22,719,193 | 24,402,141 | -1.98 |
| | Number of Grants | 198 | 172 | 137 | 125 | 109 | |
| | Relevant Grant Dollars | 54,942,258 | 56,347,830 | 43,018,502 | 38,410,986 | 33,379,403 | |
| Droost Congan Canadia | Number of Contracts | # | # | # | # | # | |
| Breast Cancer Genetics | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 198 | 172 | 137 | 125 | 109 | |
| | Total Relevant Dollars | 54,942,258 | 56,347,830 | 43,018,502 | 38,410,986 | 33,379,403 | -11.23 |

continued

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^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 92 | 89 | 80 | 80 | <i>7</i> 5 | |
| | Relevant Grant Dollars | 20,549,191 | 19,734,699 | 22,991,008 | 26,771,957 | 22,434,715 | |
| Breast Cancer | Number of Contracts | # | # | # | 1 | # | |
| Prevention | Relevant Contract Dollars | ‡ | ‡ | ‡ | 4,248,333 | ‡ | |
| | Total Count | 92 | 89 | 80 | 81 | <i>75</i> | |
| | Total Relevant Dollars | 20,549,191 | 19,734,699 | 22,991,008 | 31,020,290 | 22,434,715 | 4.95 |
| | Number of Grants | 69 | 72 | 54 | 63 | 70 | |
| | Relevant Grant Dollars | 19,374,865 | 23,648,591 | 16,308,963 | 21,091,005 | 24,277,102 | |
| Breast Cancer | Number of Contracts | # | # | # | # | # | |
| Rehabilitation | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 69 | 72 | 54 | 63 | 70 | |
| | Total Relevant Dollars | 19,374,865 | 23,648,591 | 16,308,963 | 21,091,005 | 24,277,102 | 8.86 |
| | Number of Grants | 57 | 52 | 49 | 43 | 42 | |
| | Relevant Grant Dollars | 14,338,947 | 19,922,792 | 20,246,637 | 18,616,897 | 19,103,874 | |
| Breast Cancer | Number of Contracts | # | # | # | # | # | |
| Screening | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | <i>57</i> | 52 | 49 | 43 | 42 | |
| | Total Relevant Dollars | 14,338,947 | 19,922,792 | 20,246,637 | 18,616,897 | 19,103,874 | 8.78 |
| | Number of Grants | 619 | 625 | 667 | 690 | 721 | |
| | Relevant Grant Dollars | 196,387,826 | 213,770,728 | 228,920,318 | 240,687,155 | 255,277,181 | |
| Breast Cancer | Number of Contracts | 4 | # | 1 | # | 10 | |
| Treatment | Relevant Contract Dollars | 4,020,068 | ‡ | 119,581 | ‡ | 1,363,336 | |
| | Total Count | 623 | 625 | 668 | 690 | 731 | |
| | Total Relevant Dollars | 200,407,894 | 213,770,728 | 229,039,899 | 240,687,155 | 256,640,517 | 6.38 |
| | Number of Grants | 567 | 567 | 515 | 519 | 478 | |
| | Relevant Grant Dollars | 155,259,816 | 172,808,076 | 151,747,531 | 152,036,610 | 147,399,420 | |
| December 1 | Number of Contracts | # | 6 | # | 5 | # | |
| Breast Cancer — Basic | Relevant Contract Dollars | ‡ | 411,254 | ‡ | 165,008 | ‡ | |
| | Total Count | <i>567</i> | <i>573</i> | 515 | 524 | 478 | |
| | Total Relevant Dollars | 155,259,816 | 173,219,330 | 151,747,531 | 152,201,618 | 147,399,420 | -0.92 |
| | Number of Grants | 411 | 397 | 373 | 359 | 340 | |
| | Relevant Grant Dollars | 111,157,005 | 115,958,620 | 109,027,113 | 107,382,238 | 95,729,635 | |
| 0 | Number of Contracts | # | # | # | # | # | |
| Cancer Stem Cells | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 411 | 397 | 373 | 359 | 340 | |
| | Total Relevant Dollars | 111,157,005 | 115,958,620 | 109,027,113 | 107,382,238 | 95,729,635 | -3.50 |
| | | | | | | | continued |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 441 | 482 | <i>508</i> | <i>571</i> | 606 | |
| | Relevant Grant Dollars | 238,044,537 | 285,280,496 | 278,047,831 | 331,554,007 | 341,155,990 | |
| Cancer Survivorship | Number of Contracts | 11 | 37 | 2 | 6 | <i>36</i> | |
| Cancer Survivorship | Relevant Contract Dollars | 11,940,379 | 27,004,668 | 4,165,030 | 13,097,090 | 36,603,816 | |
| | Total Count | 452 | 519 | 510 | 577 | 642 | |
| | Total Relevant Dollars | 249,984,916 | 312,285,164 | 282,212,861 | 344,651,097 | 377,759,806 | 11.76 |
| | Number of Grants | 687 | 751 | 742 | 734 | 734 | |
| | Relevant Grant Dollars | 283,174,495 | 299,484,274 | 287,988,698 | 339,684,342 | 338,932,216 | |
| Carcinogenesis — | Number of Contracts | 8 | 8 | 5 | 11 | 8 | |
| Environmental | Relevant Contract Dollars | 33,723,167 | 12,438,407 | 5,105,285 | 7,672,943 | 10,488,059 | |
| | Total Count | 695 | <i>759</i> | 747 | 745 | 742 | |
| | Total Relevant Dollars | 316,897,661 | 311,922,681 | 293,093,983 | 347,357,285 | 349,420,275 | 2.88 |
| | Number of Grants | 24 | 27 | 26 | 33 | 38 | |
| | Relevant Grant Dollars | 5,742,343 | 6,253,073 | 12,015,098 | 13,623,695 | 12,592,624 | |
| Cervical Cancer | Number of Contracts | # | # | # | # | 1 | |
| Education | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 50,000 | |
| | Total Count | 24 | 27 | 26 | 33 | 39 | |
| | Total Relevant Dollars | 5,742,343 | 6,253,073 | 12,015,098 | 13,623,695 | 12,642,624 | 26.81 |
| | Number of Grants | 203 | 183 | 171 | 166 | 150 | |
| | Relevant Grant Dollars | 72,507,610 | 67,095,872 | 67,969,703 | 63,627,962 | 60,637,035 | |
| 01 | Number of Contracts | 21 | 9 | 10 | 8 | 4 | |
| Chemoprevention | Relevant Contract Dollars | 20,876,960 | 16,710,594 | 11,478,053 | 12,202,633 | 9,785,784 | |
| | Total Count | 224 | 192 | 181 | 174 | 154 | |
| | Total Relevant Dollars | 93,384,569 | 83,806,466 | 79,447,756 | 75,830,595 | 70,422,819 | -6.79 |
| | Number of Grants | 9 | 7 | 7 | 8 | 7 | |
| | Relevant Grant Dollars | 7,669,943 | 2,409,765 | 3,361,908 | 3,225,242 | 3,453,717 | |
| Chemoprevention — | Number of Contracts | 2 | # | 5 | # | # | |
| Clinical | Relevant Contract Dollars | 3,114,962 | ‡ | 2,762,879 | ‡ | ‡ | |
| | Total Count | 11 | 7 | 12 | 8 | 7 | |
| | Total Relevant Dollars | 10,784,905 | 2,409,765 | 6,124,787 | 3,225,242 | 3,453,717 | 9.06 |
| | Number of Grants | 871 | 893 | 909 | 928 | 902 | |
| | Relevant Grant Dollars | 337,533,318 | 375,420,336 | 367,026,459 | 367,530,814 | 371,695,782 | |
| a | Number of Contracts | 6 | 2 | 17 | 3 | 1 | |
| Chemotherapy | Relevant Contract Dollars | 5,184,714 | 941,602 | 20,432,978 | 2,597,718 | 29,306 | |
| | Total Count | 877 | 895 | 926 | 931 | 903 | |
| | Total Relevant Dollars | 342,718,031 | 376,361,938 | 387,459,437 | 370,128,532 | 371,725,088 | 2.18 |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|---------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 80 | 91 | <i>78</i> | <i>85</i> | 98 | |
| | Relevant Grant Dollars | 35,168,895 | 34,948,659 | 35,682,264 | 43,406,815 | 47,001,293 | |
| Child Health | Number of Contracts | 1 | # | # | 3 | 1 | |
| Gilla Health | Relevant Contract Dollars | 418,241 | ‡ | ‡ | 821,351 | 175,000 | |
| | Total Count | 81 | 91 | <i>78</i> | 88 | 99 | |
| | Total Relevant Dollars | 35,587,136 | 34,948,659 | 35,682,264 | 44,228,166 | 47,176,293 | 7.73 |
| | Number of Grants | <i>585</i> | 623 | 594 | 704 | 736 | |
| | Relevant Grant Dollars | 306,475,154 | 299,355,101 | 294,987,177 | 326,328,472 | 351,310,419 | |
| Childhood Cancers | Number of Contracts | 1 | 6 | # | 10 | 10 | |
| Childriood Caricers | Relevant Contract Dollars | 1,878,258 | 388,536,294 | ‡ | 11,175,229 | 451,606,393 | |
| | Total Count | <i>586</i> | 629 | 594 | 714 | 746 | |
| | Total Relevant Dollars | 308,353,412 | 687,891,395 | 294,987,177 | 337,503,701 | 802,916,812 | 54.57 |
| | Number of Grants | 60 | 62 | 49 | 37 | 38 | |
| | Relevant Grant Dollars | 19,099,884 | 18,456,267 | 17,244,931 | 15,620,422 | 15,293,714 | |
| Chronic Muslepreliferative | Number of Contracts | # | # | # | # | # | |
| Myeloproliferative Disorders | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| 2.00.40.0 | Total Count | 60 | 62 | 49 | 37 | 38 | |
| | Total Relevant Dollars | 19,099,884 | 18,456,267 | 17,244,931 | 15,620,422 | 15,293,714 | -5.36 |
| | Number of Grants | 151 | 124 | 116 | 110 | 123 | |
| | Relevant Grant Dollars | 65,733,617 | 70,973,138 | 67,737,052 | 62,272,225 | 69,151,444 | |
| Clinical Trials — | Number of Contracts | # | # | # | # | # | |
| Diagnosis | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 151 | 124 | 116 | 110 | 123 | |
| | Total Relevant Dollars | 65,733,617 | 70,973,138 | 67,737,502 | 62,272,225 | 69,151,444 | 1.60 |
| | Number of Grants | 294 | 354 | 367 | 431 | 471 | |
| | Relevant Grant Dollars | 188,858,909 | 219,973,910 | 216,555,147 | 276,572,696 | 284,374,459 | |
| Olivinal Trials Other | Number of Contracts | 9 | 11 | 3 | 11 | 9 | |
| Clinical Trials — Other | Relevant Contract Dollars | 26,874,654 | 22,657,772 | 8,415,546 | 29,911,001 | 445,644,074 | |
| | Total Count | 303 | 365 | 370 | 442 | 480 | |
| | Total Relevant Dollars | 215,733,563 | 242,631,682 | 224,970,693 | 306,483,697 | 730,018,533 | 44.90 |
| | Number of Grants | 139 | 133 | 143 | 152 | 164 | |
| | Relevant Grant Dollars | 58,723,603 | 62,505,857 | 72,456,414 | 73,836,555 | 81,077,351 | |
| Clinical Trials — | Number of Contracts | 6 | 5 | 1 | 6 | 2 | |
| Prevention | Relevant Contract Dollars | 7,566,893 | 5,078,890 | 1,354,809 | 1,862,578 | 8,321,125 | |
| | Total Count | 145 | 138 | 144 | 158 | 166 | |
| | Total Relevant Dollars | 66,290,495 | 67,584,747 | 73,811,223 | 75,699,133 | 89,398,476 | 7.96 |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 496 | 459 | 467 | 502 | 494 | |
| | Relevant Grant Dollars | 343,190,499 | 388,573,083 | 361,476,520 | 361,485,773 | 364,821,946 | |
| Clinical Trials — | Number of Contracts | 4 | 2 | # | # | 6 | |
| Therapy | Relevant Contract Dollars | 10,446,636 | 3,746,120 | ‡ | ‡ | 30,765,005 | |
| | Total Count | <i>500</i> | 461 | 467 | 502 | 500 | |
| | Total Relevant Dollars | 353,637,135 | 392,319,203 | 361,476,520 | 361,485,773 | 395,586,951 | 3.13 |
| | Number of Grants | 1,388 | 1,491 | 1,581 | 1,681 | 1,765 | |
| | Relevant Grant Dollars | 466,604,392 | 540,731,253 | 545,533,623 | 590,928,061 | 641,201,646 | |
| Oznakimatian Thanana | Number of Contracts | 7 | 5 | 1 | 1 | # | |
| Combination Therapy | Relevant Contract Dollars | 2,658,989 | 943,735 | 659,998 | 498,794 | ‡ | |
| | Total Count | 1,395 | 1,496 | 1,582 | 1,682 | 1,765 | |
| | Total Relevant Dollars | 469,263,381 | 541,674,988 | 546,193,621 | 591,426,855 | 641,201,646 | 8.24 |
| | Number of Grants | 139 | 161 | 153 | 175 | 181 | |
| | Relevant Grant Dollars | 41,549,580 | 46,576,856 | 4,784,889 | 54,169,591 | 53,723,265 | |
| Cost Effectiveness | Number of Contracts | 1 | 2 | # | 1 | # | |
| Cost Effectiveness | Relevant Contract Dollars | 149,996 | 219,978 | ‡ | 132,000 | ‡ | |
| | Total Count | 140 | 163 | 153 | 176 | 181 | |
| | Total Relevant Dollars | 41,699,576 | 46,796,834 | 47,884,889 | 54,301,591 | 53,723,265 | 6.72 |
| | Number of Grants | 58 | 64 | 44 | 44 | 45 | |
| | Relevant Grant Dollars | 10,809,850 | 13,739,652 | 11,239,982 | 11,643,039 | 11,297,625 | |
| Diabatas | Number of Contracts | # | 1 | # | # | # | |
| Diabetes | Relevant Contract Dollars | ‡ | 79,857 | ‡ | ‡ | ‡ | |
| | Total Count | 58 | 65 | 44 | 44 | 45 | |
| | Total Relevant Dollars | 10,809,850 | 13,819,509 | 11,239,982 | 11,643,039 | 11,297,625 | 2.45 |
| | Number of Grants | 1,398 | 1,487 | 1,550 | 1,654 | 1,730 | |
| | Relevant Grant Dollars | 701,913,262 | 809,810,970 | 801,031,329 | 921,250,570 | 960,014,051 | |
| Diamania | Number of Contracts | 21 | 42 | 20 | 38 | 39 | |
| Diagnosis | Relevant Contract Dollars | 19,276,242 | 47,937,100 | 19,959,292 | 31,788,676 | 29,880,668 | |
| | Total Count | 1,419 | 1,529 | 1,570 | 1,692 | 1,769 | |
| | Total Relevant Dollars | 721,189,504 | 857,748,070 | 820,990,621 | 953,039,246 | 989,894,719 | 8.65 |
| | Number of Grants | 426 | 443 | 458 | 472 | 444 | |
| | Relevant Grant Dollars | 120,767,193 | 137,329,333 | 139,979,184 | 146,971,509 | 138,759,890 | |
| DNA Donoir | Number of Contracts | 1 | # | # | # | 1 | |
| DNA Repair | Relevant Contract Dollars | 991,300 | ‡ | ‡ | ‡ | 1,119,116 | |
| | Total Count | 427 | 443 | 458 | 472 | 445 | |
| | Total Relevant Dollars | 121,758,492 | 137,329,333 | 139,979,184 | 146,971,509 | 139,879,006 | 3.72 |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|---------------|---------------------------------------|
| | Number of Grants | 1,882 | 1,978 | 2,111 | 2,191 | 2,282 | |
| | Relevant Grant Dollars | 754,132,073 | 835,004,564 | 847,379,964 | 903,487,997 | 984,571,414 | |
| Drug Development | Number of Contracts | 40 | 33 | 29 | 34 | 30 | |
| Drug Development | Relevant Contract Dollars | 32,805,210 | 45,279,687 | 27,616,592 | 47,485,284 | 26,410,285 | |
| | Total Count | 1,922 | 2,011 | 2,140 | 2,225 | 2,312 | |
| | Total Relevant Dollars | 786,937,283 | 880,284,251 | 874,996,556 | 950,973,281 | 1,010,981,699 | 6.56 |
| | Number of Grants | 360 | 374 | 381 | 369 | 354 | |
| | Relevant Grant Dollars | 119,635,952 | 106,976,631 | 117,017,878 | 112,796,714 | 103,698,637 | |
| Drug Diocovory | Number of Contracts | 8 | 13 | 5 | 12 | 2 | |
| Drug Discovery | Relevant Contract Dollars | 5,167,352 | 11,366,705 | 6,003,411 | 8,523,444 | 976,890 | |
| | Total Count | 368 | 387 | 386 | 381 | 356 | |
| | Total Relevant Dollars | 124,803,304 | 118,343,336 | 123,021,289 | 121,320,158 | 104,675,528 | -4.08 |
| | Number of Grants | 1,012 | 1,064 | 1,133 | 1,179 | 1,196 | |
| | Relevant Grant Dollars | 316,801,615 | 352,946,475 | 361,374,134 | 374,064,261 | 396,959,674 | |
| Drug Pooistanos | Number of Contracts | 1 | 1 | # | 1 | 2 | |
| Drug Resistance | Relevant Contract Dollars | 204,459 | 400,000 | ‡ | 399,999 | 56,204 | |
| | Total Count | 1,013 | 1,065 | 1,133 | 1,180 | 1,198 | |
| | Total Relevant Dollars | 317,006,074 | 353,346,475 | 361,374,134 | 374,464,260 | 397,015,878 | 5.85 |
| | Number of Grants | 221 | 203 | 184 | 161 | 167 | |
| | Relevant Grant Dollars | 53,238,699 | 55,002,966 | 45,918,850 | 42,291,541 | 45,080,656 | |
| Drugs — Natural | Number of Contracts | # | # | # | 1 | # | |
| Products | Relevant Contract Dollars | ‡ | ‡ | ‡ | 400,000 | ‡ | |
| | Total Count | 221 | 203 | 184 | 162 | 167 | |
| | Total Relevant Dollars | 53,238,699 | 55,002,966 | 45,918,850 | 42,691,541 | 45,080,656 | -3.66 |
| | Number of Grants | 586 | 606 | 584 | 591 | 619 | |
| | Relevant Grant Dollars | 300,040,995 | 334,435,841 | 292,867,415 | 336,772,741 | 351,751,801 | |
| Forty Detection | Number of Contracts | 6 | 9 | 3 | 13 | 5 | |
| Early Detection | Relevant Contract Dollars | 4,213,675 | 6,145,473 | 5,195,745 | 7,961,108 | 3,196,092 | |
| | Total Count | 592 | 615 | <i>587</i> | 604 | 624 | |
| | Total Relevant Dollars | 304,254,670 | 340,581,314 | 298,063,160 | 344,733,849 | 354,947,892 | 4.52 |
| | Number of Grants | 127 | 137 | 157 | 179 | 212 | |
| | Relevant Grant Dollars | 38,294,394 | 45,611,226 | 52,828,008 | 66,545,772 | 78,293,190 | |
| Effectiveness Dance | Number of Contracts | # | # | # | # | # | |
| Effectiveness Research | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 127 | 137 | 157 | 179 | 212 | |
| | Total Relevant Dollars | 38,294,394 | 45,611,226 | 52,828,008 | 66,545,772 | 78,293,190 | 19.64 |
| | | | | | | | continued |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 384 | 392 | <i>365</i> | 381 | <i>383</i> | |
| | Relevant Grant Dollars | 107,119,244 | 114,683,474 | 109,371,735 | 113,163,984 | 112,615,390 | |
| Endocrinology | Number of Contracts | # | # | # | # | # | |
| Lituociiilology | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 384 | 392 | <i>365</i> | <i>381</i> | <i>383</i> | |
| | Total Relevant Dollars | 107,119,244 | 114,683,474 | 109,371,735 | 113,163,984 | 112,615,390 | 1.35 |
| | Number of Grants | 16 | 21 | 19 | 19 | 18 | |
| | Relevant Grant Dollars | 3,258,250 | 4,022,239 | 4,314,181 | 5,319,593 | 5,564,428 | |
| Energy Delence | Number of Contracts | # | # | # | # | # | |
| Energy Balance | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 16 | 21 | 19 | 19 | 18 | |
| | Total Relevant Dollars | 3,258,250 | 4,022,239 | 4,314,181 | 5,319,593 | 5,564,428 | 14.65 |
| | Number of Grants | 222 | 279 | 325 | 391 | 402 | |
| | Relevant Grant Dollars | 104,428,768 | 130,163,763 | 162,071,238 | 195,513,951 | 199,924,730 | |
| Faidomiology | Number of Contracts | 23 | 27 | <i>35</i> | <i>35</i> | 39 | |
| Epidemiology | Relevant Contract Dollars | 49,300,160 | 58,819,693 | 48,906,630 | 51,043,478 | 69,371,727 | |
| | Total Count | 245 | 306 | 360 | 426 | 441 | |
| | Total Relevant Dollars | 153,728,928 | 188,983,456 | 210,977,868 | 246,557,429 | 269,296,457 | 15.16 |
| | Number of Grants | 223 | 214 | 207 | 186 | 185 | |
| | Relevant Grant Dollars | 101,679,585 | 102,980,053 | 94,156,274 | 95,607,209 | 94,906,499 | |
| Epidemiology — | Number of Contracts | # | # | # | # | # | |
| Biochemical | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 223 | 214 | 207 | 186 | 185 | |
| | Total Relevant Dollars | 101,679,585 | 102,980,053 | 94,156,274 | 95,607,209 | 94,906,499 | -1.62 |
| | Number of Grants | 138 | 129 | 106 | 90 | 95 | |
| | Relevant Grant Dollars | 55,754,307 | 49,583,836 | 44,722,488 | 46,396,042 | 47,125,190 | |
| Epidemiology — | Number of Contracts | 1 | 1 | # | 1 | # | |
| Environmental | Relevant Contract Dollars | 49,394 | 24,996 | ‡ | 126,709 | ‡ | |
| | Total Count | 139 | 130 | 106 | 91 | 95 | |
| | Total Relevant Dollars | 55,803,701 | 49,608,832 | 44,722,488 | 46,522,751 | 47,125,190 | -3.91 |
| | Number of Grants | 946 | 1,013 | 1,013 | 1,049 | 1,085 | |
| | Relevant Grant Dollars | 293,352,295 | 326,883,216 | 320,315,076 | 347,794,398 | 366,074,912 | |
| Frigorotico | Number of Contracts | 1 | 2 | 1 | 4 | 1 | |
| Epigenetics | Relevant Contract Dollars | 80,000 | 5,648,943 | 80,000 | 6,475,017 | 2,238,232 | |
| | Total Count | 947 | 1,015 | 1,014 | 1,053 | 1,086 | |
| | Total Relevant Dollars | 293,432,295 | 332,532,159 | 320,395,076 | 354,269,415 | 368,313,144 | 6.05 |

continued

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^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 105 | 123 | 118 | 132 | 132 | |
| | Relevant Grant Dollars | 31,753,493 | 40,211,045 | 38,387,946 | 52,150,397 | 50,438,466 | |
| Gene Mapping — | Number of Contracts | # | # | # | # | # | |
| Human | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 105 | 123 | 118 | 132 | 132 | |
| | Total Relevant Dollars | 31,753,493 | 40,211,045 | 38,387,946 | 52,150,397 | 50,438,466 | 13.67 |
| | Number of Grants | 33 | 26 | 15 | 15 | 16 | |
| | Relevant Grant Dollars | 6,119,601 | 4,756,997 | 3,885,119 | 4,060,389 | 4,514,604 | |
| Gene Mapping — | Number of Contracts | # | 1 | # | # | # | |
| Nonhuman | Relevant Contract Dollars | ‡ | 2,784,472 | ‡ | ‡ | ‡ | |
| | Total Count | 33 | 27 | 15 | 15 | 16 | |
| | Total Relevant Dollars | 6,119,601 | 7,541,469 | 3,885,119 | 4,060,389 | 4,514,604 | -2.39 |
| | Number of Grants | 5 | 5 | 4 | 3 | 2 | |
| | Relevant Grant Dollars | 1,607,239 | 1,722,613 | 2,280,925 | 622,327 | 393,645 | |
| Gene Transfer Clinical | Number of Contracts | # | # | # | # | # | |
| Gene transfer Clinical | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 5 | 5 | 4 | 3 | 2 | |
| | Total Relevant Dollars | 1,607,239 | 1,733,613 | 2,280,925 | 622,327 | 393,645 | -17.51 |
| | Number of Grants | 59 | 77 | 61 | 74 | 84 | |
| | Relevant Grant Dollars | 32,028,580 | 42,371,901 | 25,406,864 | 30,724,501 | 32,331,908 | |
| Genetic Testing | Number of Contracts | # | # | 1 | # | # | |
| Research — Human | Relevant Contract Dollars | ‡ | ‡ | 131,984 | ‡ | ‡ | |
| | Total Count | <i>59</i> | 77 | 62 | 74 | 84 | |
| | Total Relevant Dollars | 32,028,580 | 42,371,901 | 25,538,848 | 30,724,501 | 32,331,908 | 4.53 |
| | Number of Grants | 1,274 | 1,465 | 1,541 | 1,608 | 1,646 | |
| | Relevant Grant Dollars | 519,129,670 | 560,876,543 | 560,327,175 | 619,174,447 | 636,151,819 | |
| Conomico | Number of Contracts | 5 | 13 | 7 | 15 | 5 | |
| Genomics | Relevant Contract Dollars | 1,644,854 | 199,094,102 | 2,506,455 | 14,079,958 | 3,890,755 | |
| | Total Count | 1,279 | 1,478 | 1,548 | 1,623 | 1,651 | |
| | Total Relevant Dollars | 520,774,524 | 759,970,645 | 562,833,630 | 633,254,405 | 640,042,574 | 8.39 |
| | Number of Grants | 64 | 60 | 55 | 67 | 78 | |
| | Relevant Grant Dollars | 27,404,885 | 19,017,234 | 25,926,634 | 29,640,540 | 25,235,820 | |
| Hoolth Literes | Number of Contracts | # | # | # | # | # | |
| Health Literacy | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 64 | 60 | 55 | 67 | 78 | |
| | Total Relevant Dollars | 27,404,885 | 19,017,234 | 25,926,634 | 29,640,540 | 25,235,820 | 1.30 |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|---------------|---------------------------------------|
| | Number of Grants | 195 | 179 | 163 | 168 | 186 | |
| | Relevant Grant Dollars | 74,943,015 | 69,938,681 | 69,980,193 | 87,619,832 | 84,692,309 | |
| Health Promotion | Number of Contracts | 5 | 1 | 1 | 1 | 2 | |
| neallii Pioiiiolioii | Relevant Contract Dollars | 301,128 | 2,000,000 | 390,181 | 166,351 | 8,570,804 | |
| | Total Count | 200 | 180 | 164 | 169 | 188 | |
| | Total Relevant Dollars | 75,244,143 | 71,938,681 | 70,370,374 | 87,786,183 | 93,263,113 | 6.10 |
| | Number of Grants | 361 | 427 | 476 | 534 | 589 | |
| | Relevant Grant Dollars | 251,771,190 | 281,554,926 | 294,950,384 | 364,255,690 | 374,157,078 | |
| | Number of Contracts | 14 | 8 | 4 | 10 | 10 | |
| Health Care Delivery | Relevant Contract Dollars | 8,317,853 | 1,447,821 | 805,667 | 7,568,072 | 19,758,906 | |
| | Total Count | <i>375</i> | 435 | 480 | 544 | 599 | |
| | Total Relevant Dollars | 260,089,043 | 283,002,747 | 295,756,051 | 371,823,762 | 393,915,984 | 11.24 |
| | Number of Grants | 11 | 9 | 15 | 19 | 21 | |
| | Relevant Grant Dollars | 5,686,397 | 4,433,641 | 6,711,959 | 6,627,220 | 9,333,136 | |
| | Number of Contracts | # | # | # | # | # | |
| Helicobacter | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 11 | 9 | 15 | 19 | 21 | |
| | Total Relevant Dollars | 5,686,397 | 4,433,641 | 6,711,959 | 6,627,220 | 9,333,136 | 17.23 |
| | Number of Grants | 969 | 1,038 | 1,010 | 1,069 | 1,083 | |
| | Relevant Grant Dollars | 471,321,194 | 498,168,234 | 491,448,314 | 527,785,703 | 556,115,938 | |
| | Number of Contracts | 1 | 1 | 2 | # | 1 | |
| Hematology | Relevant Contract Dollars | 54,994 | 2,000,000 | 2,399,955 | ‡ | 1,494,039 | |
| | Total Count | 970 | 1,039 | 1,012 | 1,069 | 1,084 | |
| | Total Relevant Dollars | 471,376,188 | 500,168,234 | 493,848,269 | 527,785,703 | 557,609,977 | 4.34 |
| | Number of Grants | 196 | 201 | 172 | 178 | 179 | |
| | Relevant Grant Dollars | 80,767,226 | 80,839,744 | 73,009,199 | 77,941,445 | 74,736,271 | |
| Hematopoietic Stem | Number of Contracts | # | 1 | 1 | # | # | |
| Cell Research | Relevant Contract Dollars | ‡ | 406,676 | 999,997 | ‡ | ‡ | |
| | Total Count | 196 | 202 | 173 | 178 | 179 | |
| | Total Relevant Dollars | 80,767,226 | 81,246,420 | 74,009,196 | 77,941,445 | 74,736,271 | -1.78 |
| | Number of Grants | 13 | 9 | 2 | 5 | 5 | |
| | Relevant Grant Dollars | 3,029,573 | 2,506,125 | 394,227 | 2,176,994 | 1,150,014 | |
| Hormone Replacement | Number of Contracts | # | # | # | # | # | |
| Therapy | Relevant Contract Dollars | , ‡ | ‡ | , ‡ | , ‡ | <i>.</i> ‡ | |
| | Total Count | 13 | 9 | 2 | 5 | 5 | |
| | Total Relevant Dollars | 3,029,573 | 2,506,125 | 394,227 | 2,176,994 | 1,150,014 | 75.87 |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|---------------|---------------|---------------------------------------|
| | Number of Grants | 28 | 38 | 38 | 39 | 38 | |
| | Relevant Grant Dollars | 13,027,467 | 14,857,743 | 13,937,941 | 15,745,768 | 14,217,891 | |
| Hoonico | Number of Contracts | # | # | # | # | # | |
| Hospice | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 28 | 38 | <i>38</i> | 39 | 38 | |
| | Total Relevant Dollars | 13,027,467 | 14,857,743 | 13,937,941 | 15,745,768 | 14,217,891 | 2.78 |
| | Number of Grants | 886 | 1,117 | 1,150 | 1,188 | 1,220 | |
| | Relevant Grant Dollars | 328,436,799 | 405,138,714 | 386,043,889 | 446,307,744 | 480,511,881 | |
| I h | Number of Contracts | 4 | 13 | 5 | 14 | 4 | |
| Human Genome | Relevant Contract Dollars | 640,754 | 199,094,102 | 1,931,455 | 12,080,572 | 3,810,755 | |
| | Total Count | 890 | 1,130 | 1,155 | 1,202 | 1,224 | |
| | Total Relevant Dollars | 329,077,553 | 604,232,816 | 387,975,344 | 458,388,316 | 484,322,636 | 17.91 |
| | Number of Grants | 273 | 284 | 272 | 287 | 281 | |
| | Relevant Grant Dollars | 110,764,086 | 122,909,843 | 112,135,347 | 131,194,278 | 120,847,443 | |
| | Number of Contracts | 1 | 2 | # | # | 1 | |
| latrogenesis | Relevant Contract Dollars | 951,548 | 5,964,026 | ‡ | ‡ | 106,503 | |
| | Total Count | 274 | 286 | 272 | 287 | 282 | |
| | Total Relevant Dollars | 111,715,633 | 128,873,869 | 112,135,347 | 131,194,278 | 120,953,946 | 2.89 |
| | Number of Grants | 912 | 931 | 962 | 987 | 1,045 | |
| | Relevant Grant Dollars | 425,798,706 | 456,223,373 | 463,487,283 | 507,959,053 | 527,995,694 | |
| Lanca de la | Number of Contracts | 7 | 16 | 9 | 18 | 6 | |
| lmaging | Relevant Contract Dollars | 5,313,249 | 7,655,508 | 4,772,729 | 20,494,977 | 3,111,379 | |
| | Total Count | 919 | 947 | 971 | 1,005 | 1,051 | |
| | Total Relevant Dollars | 431,111,955 | 463,878,881 | 468,260,012 | 528,454,030 | 531,107,073 | 5.48 |
| | Number of Grants | 476 | 682 | 740 | 883 | 951 | |
| | Relevant Grant Dollars | 202,878,668 | 274,472,194 | 280,856,188 | 347,236,067 | 399,658,938 | |
| | Number of Contracts | 18 | 7 | 4 | 7 | 4 | |
| Immunization | Relevant Contract Dollars | 6,065,548 | 8,949,888 | 4,091,098 | 7,777,079 | 11,194,197 | |
| | Total Count | 494 | 689 | 744 | 890 | 955 | |
| | Total Relevant Dollars | 208,944,216 | 283,422,082 | 284,947,286 | 355,013,146 | 410,853,135 | 19.13 |
| | Number of Grants | 1,853 | 2,122 | 2,287 | 2,505 | 2,623 | |
| | Relevant Grant Dollars | 793,159,253 | 953,323,965 | 967,866,802 | 1,117,325,104 | 1,205,086,483 | |
| | Number of Contracts | 24 | 13 | 5 | 11 | 9 | |
| Immunology | Relevant Contract Dollars | 8,326,879 | 12,737,661 | 4,146,098 | 12,557,805 | 12,434,543 | |
| | Total Count | 1,877 | 2,135 | 2,292 | 2,516 | 2,632 | |
| | | 801,486,132 | 966,061,626 | 972,012,900 | | 1,217,521,027 | |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 1,011 | 1,221 | 1,394 | 1,541 | 1,624 | |
| | Relevant Grant Dollars | 450,135,415 | 522,207,389 | 581,473,096 | 656,953,552 | 720,566,896 | |
| Immunotherapy | Number of Contracts | 18 | 12 | 5 | 8 | 7 | |
| шшиошетару | Relevant Contract Dollars | 6,643,093 | 12,646,911 | 4,146,098 | 9,772,253 | 4,073,273 | |
| | Total Count | 1,029 | 1,233 | 1,399 | 1,549 | 1,631 | |
| | Total Relevant Dollars | 456,778,507 | 534,854,300 | 585,619,194 | 666,725,805 | 724,640,169 | 12.28 |
| | Number of Grants | 509 | 537 | 556 | 595 | 629 | |
| | Relevant Grant Dollars | 128,327,461 | 155,890,802 | 143,742,888 | 172,956,989 | 192,421,894 | |
| lufla atia | Number of Contracts | 2 | 3 | # | 3 | 1 | |
| Inflammation | Relevant Contract Dollars | 134,109 | 422,519 | ‡ | 2,785,552 | 738,617 | |
| | Total Count | 511 | 540 | <i>556</i> | 598 | 630 | |
| | Total Relevant Dollars | 128,461,570 | 156,313,321 | 143,742,888 | 175,742,541 | 193,160,511 | 11.45 |
| | Number of Grants | 523 | 495 | 448 | 451 | 457 | |
| | Relevant Grant Dollars | 234,086,074 | 221,362,664 | 214,304,749 | 209,974,999 | 193,003,534 | |
| Information | Number of Contracts | 2 | 1 | 3 | 2 | 4 | |
| Dissemination | Relevant Contract Dollars | 260,226 | 49,816 | 3,199,244 | 5,310,073 | 3,042,982 | |
| | Total Count | <i>525</i> | 496 | 451 | 453 | 461 | |
| | Total Relevant Dollars | 234,346,300 | 221,412,480 | 217,503,993 | 215,285,072 | 196,046,516 | -4.31 |
| | Number of Grants | 1,385 | 1,448 | 1,497 | 1,571 | 1,607 | |
| | Relevant Grant Dollars | 439,046,764 | 495,046,289 | 500,232,706 | 548,648,304 | 567,276,696 | |
| NA-LL | Number of Contracts | 2 | 5 | 1 | 3 | 4 | |
| Metastasis | Relevant Contract Dollars | 299,537 | 2,568,042 | 399,559 | 1,508,516 | 2,209,806 | |
| | Total Count | 1,387 | 1,453 | 1,498 | 1,574 | 1,611 | |
| | Total Relevant Dollars | 439,346,301 | 497,614,331 | 500,632,265 | 550,156,820 | 569,486,502 | 6.82 |
| | Number of Grants | 153 | 179 | 182 | 188 | 192 | |
| | Relevant Grant Dollars | 49,546,365 | 56,460,175 | 62,462,791 | 64,631,932 | 67,059,789 | |
| | Number of Contracts | # | # | # | # | 1 | |
| Microbiome | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 355,000 | |
| | Total Count | 153 | <i>17</i> 9 | 182 | 188 | 193 | |
| | Total Relevant Dollars | 49,546,365 | 56,460,175 | 62,462,791 | 64,631,932 | 67,414,789 | 8.09 |
| | Number of Grants | 24 | 16 | 18 | 26 | 27 | |
| | Relevant Grant Dollars | 7,568,135 | 5,603,617 | 5,810,586 | 7,078,049 | 6,560,645 | |
| | Number of Contracts | # | # | # | # | # | |
| Mind/Body Research | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 24 | 16 | 18 | 26 | 27 | |
| | | | | | | | |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------------------------------|
| | Number of Grants | 4,072 | 3,991 | 3,809 | 3,746 | 3,853 | |
| | Relevant Grant Dollars | 1,925,663,390 | 2,003,778,069 | 1,819,786,941 | 1,883,948,157 | 2,008,272,701 | |
| Molecular Disease | Number of Contracts | 59 | 98 | 45 | <i>8</i> 2 | 24 | |
| Wolcoular Discuso | Relevant Contract Dollars | 50,132,155 | 464,026,699 | 31,842,217 | 85,037,001 | 231,438,518 | |
| | Total Count | 4,131 | 4,089 | 3,854 | 3,828 | 3,877 | |
| | Total Relevant Dollars | 1,975,795,545 | 2,467,804,768 | 1,851,629,158 | 1,968,985,158 | 2,239,711,219 | 5.01 |
| | Number of Grants | 327 | 318 | 277 | <i>259</i> | 278 | |
| | Relevant Grant Dollars | 126,093,554 | 129,883,142 | 111,237,535 | 112,096,363 | 119,153,983 | |
| Molecular Imaging | Number of Contracts | # | # | # | # | # | |
| Wolecular imaging | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 327 | 318 | 277 | <i>259</i> | <i>278</i> | |
| | Total Relevant Dollars | 126,093,554 | 129,883,142 | 111,237,535 | 112,096,363 | 119,153,983 | -1.07 |
| | Number of Grants | 158 | 163 | 155 | 152 | <i>155</i> | |
| | Relevant Grant Dollars | 52,588,843 | 57,762,149 | 56,686,403 | 59,069,112 | 57,496,591 | |
| Molecular Targeted | Number of Contracts | 2 | # | # | # | 2 | |
| Prevention | Relevant Contract Dollars | 299,499 | ‡ | ‡ | ‡ | 1,504,039 | |
| | Total Count | 160 | 163 | 155 | 152 | 157 | |
| | Total Relevant Dollars | 52,888,342 | 57,762,149 | 56,686,403 | 59,069,112 | 59,000,630 | 2.86 |
| | Number of Grants | 2,519 | 2,738 | 2,962 | 3,113 | 3,139 | |
| | Relevant Grant Dollars | 943,018,481 | 1,095,915,792 | 1,148,120,993 | 1,233,244,409 | 1,295,038,544 | |
| Molecular Targeted | Number of Contracts | 8 | 5 | 5 | 5 | 11 | |
| Therapy | Relevant Contract Dollars | 3,150,081 | 1,104,926 | 3,149,983 | 5,065,380 | 3,705,612 | |
| | Total Count | 2,527 | 2,743 | 2,967 | 3,118 | 3,150 | |
| | Total Relevant Dollars | 946,168,562 | 1,097,020,718 | 1,151,270,976 | 1,238,309,789 | 1,298,744,157 | 8.33 |
| | Number of Grants | 449 | 437 | 420 | 384 | 401 | |
| | Relevant Grant Dollars | 137,795,320 | 139,824,379 | 132,207,257 | 128,140,244 | 139,603,497 | |
| Newstralander | Number of Contracts | 3 | 4 | 1 | 4 | 1 | |
| Nanotechnology | Relevant Contract Dollars | 398,887 | 991,607 | 200,000 | 2,682,263 | 353,436 | |
| | Total Count | 452 | 441 | 421 | 388 | 402 | |
| | Total Relevant Dollars | 138,194,206 | 140,815,986 | 132,407,257 | 130,822,507 | 139,956,933 | 0.43 |
| | Number of Grants | 20 | 16 | 14 | 20 | 18 | |
| | Relevant Grant Dollars | 6,683,411 | 3,777,508 | 6,092,521 | 8,355,892 | 6,172,720 | |
| Name Character i | Number of Contracts | # | # | # | # | # | |
| Neurofibromatosis | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 20 | 16 | 14 | 20 | 18 | |
| | Total Relevant Dollars | 6,683,411 | 3,777,508 | 6,092,521 | 8,355,892 | 6,172,720 | 7.21 |
| | | | | | | | continued |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 132 | 137 | 131 | 132 | <i>126</i> | |
| | Relevant Grant Dollars | 34,680,251 | 36,147,893 | 33,988,637 | 36,579,962 | 35,536,270 | |
| Non-Hematopoietic | Number of Contracts | # | # | # | # | # | |
| Stem Cell Research | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 132 | 137 | 131 | 132 | <i>126</i> | |
| | Total Relevant Dollars | 34,680,251 | 36,147,893 | 33,988,637 | 36,579,962 | 35,536,270 | 0.76 |
| | Number of Grants | 28 | 31 | 27 | 25 | 27 | |
| | Relevant Grant Dollars | 12,283,637 | 12,696,338 | 13,932,167 | 12,850,225 | 12,379,640 | |
| Nursing Decemb | Number of Contracts | # | 1 | # | # | # | |
| Nursing Research | Relevant Contract Dollars | ‡ | 16,500 | ‡ | ‡ | ‡ | |
| | Total Count | 28 | 32 | 27 | 25 | 27 | |
| | Total Relevant Dollars | 12,283,637 | 12,712,838 | 13,932,167 | 12,850,225 | 12,379,640 | 0.41 |
| | Number of Grants | 321 | 335 | 319 | 349 | 362 | |
| | Relevant Grant Dollars | 100,499,788 | 99,414,309 | 100,483,752 | 120,951,098 | 135,325,663 | |
| Nutrition | Number of Contracts | 5 | 11 | 6 | 5 | 5 | |
| NUUTUOTI | Relevant Contract Dollars | 1,880,590 | 1,618,855 | 3,344,789 | 1,009,339 | 847,634 | |
| | Total Count | 326 | <i>346</i> | 325 | 354 | 367 | |
| | Total Relevant Dollars | 102,380,378 | 101,033,164 | 103,828,541 | 121,960,437 | 136,173,297 | 7.64 |
| | Number of Grants | 24 | 22 | 11 | 16 | 17 | |
| | Relevant Grant Dollars | 7,573,449 | 5,674,690 | 4,355,796 | 5,785,819 | 10,477,913 | |
| Nutrition Monitoring | Number of Contracts | 1 | 3 | 2 | 1 | 1 | |
| Nutrition Monitoring | Relevant Contract Dollars | 448,385 | 135,356 | 535,925 | 503,339 | 408,759 | |
| | Total Count | <i>25</i> | <i>25</i> | 13 | 17 | 18 | |
| | Total Relevant Dollars | 8,021,834 | 5,810,046 | 4,891,721 | 6,289,158 | 10,886,672 | -14.57 |
| | Number of Grants | 196 | 200 | 195 | <i>210</i> | 229 | |
| | Relevant Grant Dollars | 51,490,956 | 59,380,632 | 63,992,184 | 71,037,636 | 82,487,314 | |
| Obesity | Number of Contracts | 1 | # | # | # | 1 | |
| Obesity | Relevant Contract Dollars | 504,052 | ‡ | ‡ | ‡ | 175,000 | |
| | Total Count | 197 | 200 | 195 | 210 | 230 | |
| | Total Relevant Dollars | 51,995,008 | 59,380,632 | 63,992,184 | 71,037,636 | 82,662,314 | 12.34 |
| | Number of Grants | 11 | 12 | 9 | 9 | 7 | |
| | Relevant Grant Dollars | 3,068,747 | 2,694,395 | 3,328,128 | 3,749,343 | 2,204,969 | |
| Occupational Cancer | Number of Contracts | # | # | # | # | 1 | |
| Occupational Cancer | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 2,238,232 | |
| | Total Count | 11 | 12 | 9 | 9 | 8 | |
| | Total Count | ,,, | 12 | 9 | 9 | U | |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 1,108 | 1,111 | 1,131 | 1,115 | 1,087 | |
| | Relevant Grant Dollars | 357,538,899 | 355,591,456 | 365,065,952 | 357,655,654 | 366,165,167 | |
| Oncogenes | Number of Contracts | 2 | 2 | # | # | 1 | |
| Oncogenes | Relevant Contract Dollars | 155,151 | 2,393,180 | ‡ | ‡ | 738,617 | |
| | Total Count | 1,110 | 1,113 | 1,131 | 1,115 | 1,088 | |
| | Total Relevant Dollars | 357,694,050 | 357,984,636 | 365,065,952 | 357,655,654 | 366,903,784 | 0.65 |
| | Number of Grants | 82 | 66 | 54 | 53 | 56 | |
| | Relevant Grant Dollars | 34,053,494 | 23,944,711 | 19,810,363 | 17,660,159 | 20,558,963 | |
| Oncolutio Virothorony | Number of Contracts | # | # | # | # | # | |
| Oncolytic Virotherapy | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 82 | 66 | 54 | 53 | 56 | |
| | Total Relevant Dollars | 34,053,494 | 23,944,711 | 19,810,363 | 17,660,159 | 20,558,963 | -10.35 |
| | Number of Grants | 103 | 112 | 98 | 97 | 91 | |
| | Relevant Grant Dollars | 52,525,631 | 56,209,753 | 49,406,660 | 49,523,901 | 45,948,075 | |
| Organ Transplant | Number of Contracts | 1 | # | # | # | # | |
| Research | Relevant Contract Dollars | 149,849 | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 104 | 112 | 98 | 97 | 91 | |
| | Total Relevant Dollars | 52,675,480 | 56,209,753 | 49,406,660 | 49,523,901 | 45,948,075 | -3.09 |
| | Number of Grants | 76 | 96 | 90 | 112 | 114 | |
| | Relevant Grant Dollars | 20,812,196 | 30,284,534 | 32,953,857 | 44,524,086 | 38,667,579 | |
| Doin | Number of Contracts | 3 | 1 | # | # | # | |
| Pain | Relevant Contract Dollars | 1,920,403 | 131,575 | ‡ | ‡ | ‡ | |
| | Total Count | <i>79</i> | 97 | 90 | 112 | 114 | |
| | Total Relevant Dollars | 22,732,599 | 30,416,109 | 32,953,857 | 44,524,086 | 38,667,579 | 16.02 |
| | Number of Grants | 73 | 78 | 77 | 88 | 80 | |
| | Relevant Grant Dollars | 32,957,338 | 34,561,422 | 35,452,173 | 42,433,513 | 36,360,446 | |
| Dellistine Cons | Number of Contracts | # | # | # | # | 2 | |
| Palliative Care | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 40,232 | |
| | Total Count | <i>73</i> | 78 | <i>7</i> 7 | 88 | 82 | |
| | Total Relevant Dollars | 32,957,338 | 34,561,422 | 35,452,173 | 42,433,513 | 36,400,678 | 3.23 |
| | Number of Grants | 18 | 12 | 9 | 11 | 10 | |
| | Relevant Grant Dollars | 4,575,890 | 3,696,262 | 3,506,991 | 4,689,158 | 2,712,880 | |
| Don Tooting | Number of Contracts | # | # | # | # | # | |
| Pap Testing | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 18 | 12 | 9 | 11 | 10 | |
| | Total Relevant Dollars | 4,575,890 | 3,696,262 | 3,506,991 | 4,689,158 | 2,712,880 | -8.20 |
| | | | | | | | continued |

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 588 | 717 | 695 | 810 | 847 | |
| | Relevant Grant Dollars | 347,361,731 | 357,289,363 | 352,660,656 | 399,923,713 | 428,767,624 | |
| Pediatric Research | Number of Contracts | 2 | 6 | # | 12 | 12 | |
| r ediatric nesearch | Relevant Contract Dollars | 2,296,499 | 388,536,294 | ‡ | 11,404,935 | 451,889,143 | |
| | Total Count | <i>590</i> | 723 | 695 | 822 | <i>859</i> | |
| | Total Relevant Dollars | 349,658,230 | 745,825,657 | 352,660,656 | 411,328,648 | 880,656,767 | 47.83 |
| | Number of Grants | 501 | 542 | <i>559</i> | <i>573</i> | 618 | |
| | Relevant Grant Dollars | 174,575,204 | 213,353,043 | 195,755,985 | 210,233,826 | 234,839,042 | |
| Personalized Health | Number of Contracts | 2 | 8 | 3 | 2 | 3 | |
| Care | Relevant Contract Dollars | 398,964 | 1,406,732 | 995,963 | 2,079,320 | 1,621,010 | |
| | Total Count | 503 | 550 | 562 | <i>575</i> | 621 | |
| | Total Relevant Dollars | 174,974,168 | 214,759,775 | 196,751,948 | 212,313,146 | 236,460,053 | 8.41 |
| | Number of Grants | 109 | 93 | 64 | 59 | 64 | |
| | Relevant Grant Dollars | 29,010,516 | 32,095,254 | 14,036,011 | 13,713,092 | 17,831,504 | |
| Dhamaaaaaaatiaa | Number of Contracts | # | # | # | # | # | |
| Pharmacogenetics | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 109 | 93 | 64 | 59 | 64 | |
| | Total Relevant Dollars | 29,010,516 | 32,095,254 | 14,036,011 | 13,713,092 | 17,831,504 | -4.48 |
| | Number of Grants | 877 | 979 | 1,010 | 1,067 | 1,074 | |
| | Relevant Grant Dollars | 426,375,012 | 485,610,230 | 486,424,143 | 573,259,783 | 582,533,814 | |
| Durantian | Number of Contracts | 33 | 27 | 38 | 34 | 22 | |
| Prevention | Relevant Contract Dollars | 29,446,792 | 36,427,168 | 60,282,743 | 57,312,286 | 34,426,465 | |
| | Total Count | 910 | 1,006 | 1,048 | 1,101 | 1,096 | |
| | Total Relevant Dollars | 455,821,804 | 522,037,398 | 546,706,886 | 630,572,069 | 616,960,280 | 8.11 |
| | Number of Grants | 594 | 602 | 586 | 569 | 571 | |
| | Relevant Grant Dollars | 161,344,098 | 154,626,572 | 138,046,167 | 156,781,635 | 160,382,781 | |
| Durch consists | Number of Contracts | 2 | 2 | 2 | 7 | 2 | |
| Proteomics | Relevant Contract Dollars | 111,702 | 2,300,581 | 800,000 | 1,758,838 | 392,723 | |
| | Total Count | 596 | 604 | 588 | <i>576</i> | <i>573</i> | |
| | Total Relevant Dollars | 161,455,800 | 156,927,153 | 138,846,167 | 158,540,473 | 160,775,503 | 0.32 |
| | Number of Grants | 3 | 4 | 4 | 3 | 3 | |
| | Relevant Grant Dollars | 692,156 | 1,187,780 | 693,663 | 1,261,511 | 1,545,901 | |
| Radiation — | Number of Contracts | # | # | # | # | # | |
| Electromagnetic Fields | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 3 | 4 | 4 | 3 | 3 | |
| | | | | | | | |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 56 | 46 | 35 | 26 | 23 | |
| | Relevant Grant Dollars | 16,222,082 | 12,687,670 | 11,463,129 | 10,546,598 | 11,118,295 | |
| Dadiation Ionizina | Number of Contracts | 2 | # | # | 1 | 1 | |
| Radiation — lonizing | Relevant Contract Dollars | 199,394 | ‡ | ‡ | 156,564 | 215,500 | |
| | Total Count | 58 | 46 | <i>35</i> | 27 | 24 | |
| | Total Relevant Dollars | 16,421,476 | 12,687,670 | 11,463,129 | 10,703,162 | 11,333,795 | -8.28 |
| | Number of Grants | 208 | 206 | 209 | 211 | 235 | |
| | Relevant Grant Dollars | 71,915,134 | 68,820,937 | 74,004,028 | 81,456,456 | 92,539,005 | |
| Radiation — Ionizing | Number of Contracts | 1 | 2 | # | 2 | 1 | |
| Diagnosis | Relevant Contract Dollars | 982,108 | 532,000 | ‡ | 2,391,364 | 3,906 | |
| | Total Count | 209 | 208 | 209 | 213 | 236 | |
| | Total Relevant Dollars | 72,897,242 | 69,352,937 | 74,004,028 | 83,847,820 | 92,542,911 | 6.38 |
| | Number of Grants | 419 | 416 | 441 | 493 | 505 | |
| | Relevant Grant Dollars | 146,440,571 | 157,102,772 | 175,889,519 | 208,193,736 | 208,526,627 | |
| Radiation — Ionizing | Number of Contracts | 8 | 2 | 1 | 5 | 3 | |
| Radiotherapy | Relevant Contract Dollars | 4,058,840 | 1,883,202 | 399,779 | 1,650,694 | 1,409,860 | |
| | Total Count | 427 | 418 | 442 | 498 | 508 | |
| | Total Relevant Dollars | 150,499,411 | 158,985,974 | 176,289,298 | 209,844,430 | 209,936,488 | 8.90 |
| | Number of Grants | 2 | 3 | 2 | 2 | 2 | |
| | Relevant Grant Dollars | 431,578 | 502,743 | 433,388 | 398,581 | 424,700 | |
| Radiation — Low-Level | Number of Contracts | # | # | # | # | # | |
| onizing | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 2 | 3 | 2 | 2 | 2 | |
| | Total Relevant Dollars | 431,578 | 502,743 | 433,388 | 398,581 | 424,700 | 0.30 |
| | Number of Grants | 260 | 266 | 270 | 279 | 296 | |
| | Relevant Grant Dollars | 87,648,412 | 98,331,963 | 105,027,714 | 117,654,015 | 124,384,296 | |
| Radiation — Magnetic | Number of Contracts | # | 2 | 1 | # | # | |
| Resonance Imaging | Relevant Contract Dollars | ‡ | 599,778 | 199,302 | ‡ | ‡ | |
| | Total Count | 260 | 268 | 271 | 279 | 296 | |
| | Total Relevant Dollars | 87,648,412 | 98,931,741 | 105,227,016 | 117,654,015 | 124,384,296 | 9.19 |
| | Number of Grants | 61 | 66 | 58 | 59 | 59 | |
| | Relevant Grant Dollars | 15,006,659 | 20,782,348 | 22,063,293 | 24,347,084 | 24,431,114 | |
| Radiation — | Number of Contracts | # | # | # | 1 | # | |
| Vlammography | Relevant Contract Dollars | ‡ | ‡ | ‡ | 1,998,738 | ‡ | |
| | Total Count | 61 | 66 | 58 | 59 | 59 | |
| | Total Relevant Dollars | 15,006,659 | 20,782,348 | 22,063,293 | 26,345,822 | 24,431,114 | 14.20 |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Number of Grants 84 78 62 59 53 Relevant Grant Dollars 24,358,812 24,033,685 20,707,532 20,237,843 17,895,027 Radiation — Number of Contracts # | -7.25 |
|---|-------|
| Radiation — Number of Contracts # # # # # # # # # # # # # # # # # # # | -7.25 |
| Nonionizing Relevant Contract Dollars ‡ 35 35 35 35 | -7.25 |
| Total Count 84 78 62 59 53 Total Relevant Dollars 24,358,812 24,033,685 20,707,532 20,237,843 17,895,027 Number of Grants 310 314 316 336 352 Relevant Grant Dollars 117,939,604 132,914,143 135,688,018 155,195,164 166,039,725 Radiation — Number of Contracts 2 3 1 4 1 Nonionizing Diagnosis Relevant Contract Dollars 1,132,090 799,778 199,302 7,904,859 3,906 Total Count 312 317 317 340 353 | -7.25 |
| Total Relevant Dollars 24,358,812 24,033,685 20,707,532 20,237,843 17,895,027 Number of Grants 310 314 316 336 352 Relevant Grant Dollars 117,939,604 132,914,143 135,688,018 155,195,164 166,039,725 Radiation — Number of Contracts 2 3 1 4 1 Nonionizing Diagnosis Relevant Contract Dollars 1,132,090 799,778 199,302 7,904,859 3,906 Total Count 312 317 317 340 353 | -7.25 |
| Number of Grants 310 314 316 336 352 Relevant Grant Dollars 117,939,604 132,914,143 135,688,018 155,195,164 166,039,725 Radiation — Number of Contracts 2 3 1 4 1 Nonionizing Diagnosis Relevant Contract Dollars 1,132,090 799,778 199,302 7,904,859 3,906 Total Count 312 317 317 340 353 | -7.25 |
| Radiation — Number of Contracts 2 3 1 4 1 Nonionizing Diagnosis Relevant Contract Dollars 1,132,090 799,778 199,302 7,904,859 3,906 Total Count 312 317 317 340 353 | |
| Radiation — Number of Contracts 2 3 1 4 1 Nonionizing Diagnosis Relevant Contract Dollars 1,132,090 799,778 199,302 7,904,859 3,906 Total Count 312 317 317 340 353 | |
| Nonionizing Diagnosis Relevant Contract Dollars 1,132,090 799,778 199,302 7,904,859 3,906 **Total Count** 312 317 317 340 353 | |
| Total Count 312 317 317 340 353 | |
| | |
| Tatal Dalayant Dallayan 140,074,004 100,740,004 100,007,000 100,400,000 100,000 | |
| Total Relevant Dollars 119,071,694 133,713,921 135,887,320 163,100,023 166,043,631 | 8.94 |
| Number of Grants 163 162 160 183 181 | |
| Relevant Grant Dollars 63,806,196 60,179,423 63,958,645 74,953,410 72,549,996 | |
| Radiation — Number of Contracts 10 7 2 4 ‡ | |
| Nonionizing Radiotherapy Relevant Contract Dollars 6,071,668 2,253,949 796,918 1,947,356 ‡ | |
| Total Count 173 169 162 187 181 | |
| Total Relevant Dollars 69,877,865 62,433,372 64,755,563 76,900,766 72,549,996 | 1.54 |
| Number of Grants 57 60 49 49 44 | |
| Relevant Grant Dollars 16,613,599 17,738,292 16,067,424 16,564,595 14,561,169 | |
| Particular IIV Number of Contracts # # # # # # | |
| Radiation — UV Relevant Contract Dollars ‡ ‡ ‡ | |
| Total Count 57 60 49 49 44 | |
| Total Relevant Dollars 16,613,599 17,738,292 16,067,424 16,564,595 14,561,169 | -2.91 |
| Number of Grants 54 45 40 48 50 | |
| Relevant Grant Dollars 38,288,227 25,262,960 30,949,180 41,773,977 34,604,754 | |
| Number of Contracts | |
| Rare Diseases Relevant Contract Dollars ‡ ‡ 655,000 177,497 | |
| Total Count 54 45 40 50 51 | |
| Total Relevant Dollars 38,288,227 25,262,960 30,949,180 42,428,977 34,945,088 | 1.99 |
| Number of Grants 152 158 125 140 152 | |
| Relevant Grant Dollars 61,304,559 69,345,592 56,728,138 64,634,378 70,601,223 | |
| Number of Contracts ‡ 2 ‡ ‡ 1 | |
| Rehabilitation Relevant Contract Dollars ‡ 799,682 ‡ 177,497 | |
| Total Count 152 160 125 140 153 | |
| Total Relevant Dollars 61,304,559 70,145,274 56,728,138 64,634,378 70,778,720 | |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 120 | 162 | 166 | 191 | 218 | |
| | Relevant Grant Dollars | 98,480,127 | 122,332,054 | 121,483,169 | 139,768,148 | 152,832,546 | |
| Rural Populations | Number of Contracts | # | 3 | # | # | # | |
| nui ai ropulations | Relevant Contract Dollars | ‡ | 229,861 | ‡ | ‡ | ‡ | |
| | Total Count | 120 | 165 | 166 | 191 | 218 | |
| | Total Relevant Dollars | 98,480,127 | 122,561,915 | 121,483,169 | 139,768,148 | 152,832,546 | 11.99 |
| | Number of Grants | 39 | 36 | 31 | 32 | 34 | |
| | Relevant Grant Dollars | 10,654,262 | 9,772,150 | 7,727,602 | 9,500,898 | 9,798,478 | |
| Sexually Transmitted | Number of Contracts | # | # | # | # | # | |
| Diseases | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 39 | 36 | 31 | 32 | 34 | |
| | Total Relevant Dollars | 10,654,262 | 9,772,150 | 7,727,602 | 9,500,898 | 9,798,478 | -0.78 |
| | Number of Grants | 70 | 79 | 78 | 87 | 95 | |
| | Relevant Grant Dollars | 16,970,680 | 22,152,566 | 20,934,724 | 22,841,200 | 24,388,405 | |
| Olean Die andere | Number of Contracts | 1 | # | # | # | # | |
| Sleep Disorders | Relevant Contract Dollars | 678,153 | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 71 | 79 | <i>78</i> | 87 | <i>95</i> | |
| | Total Relevant Dollars | 17,648,833 | 22,152,566 | 20,934,724 | 22,841,200 | 24,388,405 | 8.98 |
| | Number of Grants | 646 | 645 | 626 | 593 | 583 | |
| | Relevant Grant Dollars | 166,827,632 | 172,925,404 | 169,049,159 | 171,641,666 | 175,323,642 | |
| Con all Mala avila a | Number of Contracts | 6 | 1 | 5 | 8 | 4 | |
| Small Molecules | Relevant Contract Dollars | 2,109,100 | 535,791 | 823,756 | 3,351,251 | 1,578,271 | |
| | Total Count | 652 | 646 | 631 | 601 | 587 | |
| | Total Relevant Dollars | 168,936,732 | 173,461,195 | 169,872,915 | 174,992,917 | 176,901,913 | 1.18 |
| | Number of Grants | 239 | 308 | 307 | 298 | 312 | |
| | Relevant Grant Dollars | 99,065,410 | 118,950,299 | 116,262,224 | 135,795,687 | 139,249,639 | |
| | Number of Contracts | 3 | 3 | 4 | 5 | 5 | |
| Smoking | Relevant Contract Dollars | 31,499,932 | 6,144,385 | 3,105,324 | 6,731,762 | 7,859,327 | |
| | Total Count | 242 | 311 | 311 | 303 | 317 | |
| | Total Relevant Dollars | 130,565,342 | 125,094,684 | 119,367,548 | 142,527,449 | 147,108,966 | 3.46 |
| | Number of Grants | 169 | 187 | 174 | 167 | 173 | |
| | Relevant Grant Dollars | 68,754,459 | 72,779,870 | 66,232,558 | 82,658,673 | 80,969,426 | |
| | Number of Contracts | 2 | 2 | 1 | 2 | 3 | |
| Smoking Behavior | Relevant Contract Dollars | 30,989,737 | 6,143,845 | 995,470 | 4,550,762 | 6,398,264 | |
| | Total Count | 171 | 189 | 175 | 169 | 176 | |
| | Total Relevant Dollars | 99,744,196 | 78,923,715 | 67,228,028 | 87,209,435 | 87,367,690 | -1.45 |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 133 | 155 | 154 | 157 | 166 | |
| | Relevant Grant Dollars | 50,868,931 | 61,529,655 | 65,216,626 | 67,915,656 | 70,495,759 | |
| Smoking Cessation | Number of Contracts | 1 | 1 | 1 | 2 | 2 | |
| SHOKING OESSAUON | Relevant Contract Dollars | 29,089,986 | 5,343,845 | 995,470 | 4,550,762 | 3,812,465 | |
| | Total Count | 134 | <i>156</i> | 155 | 159 | 168 | |
| | Total Relevant Dollars | 79,958,917 | 66,873,500 | 66,212,096 | 72,466,418 | 74,308,224 | -1.34 |
| | Number of Grants | 12 | 14 | 15 | 16 | 17 | |
| | Relevant Grant Dollars | 3,165,300 | 6,396,292 | 6,984,143 | 7,179,258 | 7,627,133 | |
| Constring Passive | Number of Contracts | # | # | # | # | # | |
| Smoking — Passive | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 12 | 14 | 15 | 16 | 17 | |
| | Total Relevant Dollars | 3,165,300 | 6,396,292 | 6,984,143 | 7,179,258 | 7,627,133 | 30.07 |
| | Number of Grants | 13 | 46 | 36 | 40 | 48 | |
| | Relevant Grant Dollars | 1,609,491 | 7,843,378 | 6,793,258 | 7,091,243 | 12,039,312 | |
| Caralialasa Tabasas | Number of Contracts | # | # | # | # | # | |
| Smokeless Tobacco | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 13 | 46 | <i>36</i> | 40 | 48 | |
| | Total Relevant Dollars | 1,609,491 | 7,843,378 | 6,793,258 | 7,091,243 | 12,039,312 | 112.02 |
| | Number of Grants | 573 | 547 | 537 | 526 | 523 | |
| | Relevant Grant Dollars | 170,136,965 | 153,305,173 | 140,135,037 | 138,653,503 | 134,411,112 | |
| Ohmanhamal Dialana | Number of Contracts | # | # | # | # | # | |
| Structural Biology | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | <i>573</i> | 547 | <i>537</i> | <i>526</i> | <i>523</i> | |
| | Total Relevant Dollars | 170,136,965 | 153,305,173 | 140,135,037 | 138,653,503 | 134,411,112 | -5.65 |
| | Number of Grants | 215 | 217 | 207 | 246 | 265 | |
| | Relevant Grant Dollars | 66,631,920 | 70,639,872 | 67,853,858 | 86,376,091 | 94,667,392 | |
| C | Number of Contracts | 1 | <i>3</i> | 1 | 3 | 1 | |
| Surgery | Relevant Contract Dollars | 1,137,419 | 2,800,331 | 399,559 | 508,625 | 10,926 | |
| | Total Count | 216 | 220 | 208 | 249 | 266 | |
| | Total Relevant Dollars | 67,769,339 | 73,440,203 | 68,253,417 | 86,884,716 | 94,678,318 | 9.39 |
| | Number of Grants | 123 | 117 | 108 | 97 | 98 | |
| | Relevant Grant Dollars | 24,567,763 | 25,130,952 | 19,839,123 | 18,754,544 | 20,474,369 | |
| T | Number of Contracts | # | # | # | # | # | |
| Taxol | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | | 100 | | | | | |
| | Total Count | 123 | 117 | 108 | 97 | 98 | |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------------------------------|
| | Number of Grants | 312 | 366 | 365 | 402 | 424 | |
| | Relevant Grant Dollars | 118,727,319 | 139,905,356 | 138,812,031 | 176,784,892 | 179,674,056 | |
| Telehealth | Number of Contracts | 6 | 15 | 1 | # | 7 | |
| Teleflealui | Relevant Contract Dollars | 680,057 | 14,345,827 | 995,470 | ‡ | 8,862,738 | |
| | Total Count | 318 | 381 | 366 | 402 | 431 | |
| | Total Relevant Dollars | 119,407,376 | 154,251,183 | 139,807,501 | 176,784,892 | 188,536,794 | 13.23 |
| | Number of Grants | 4,112 | 4,309 | 4,544 | 4,728 | 4,872 | |
| | Relevant Grant Dollars | 2,021,576,346 | 2,211,866,079 | 2,230,951,920 | 2,425,750,818 | 2,542,537,642 | |
| Thousan | Number of Contracts | 88 | 71 | 81 | 69 | 72 | |
| Therapy | Relevant Contract Dollars | 162,718,386 | 93,260,341 | 89,693,861 | 95,776,206 | 497,142,814 | |
| | Total Count | 4,200 | 4,380 | 4,625 | 4,728 | 4,944 | |
| | Total Relevant Dollars | 2,184,294,732 | 2,305,126,420 | 2,320,645,781 | 2,521,527,024 | 3,039,680,456 | 8.85 |
| | Number of Grants | 8 | 12 | 11 | 11 | 10 | |
| | Relevant Grant Dollars | 1,282,015 | 3,962,719 | 4,810,384 | 4,556,265 | 3,452,861 | |
| Transact Diagona | Number of Contracts | # | # | # | # | # | |
| Tropical Diseases | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 8 | 12 | 11 | 11 | 10 | |
| | Total Relevant Dollars | 1,282,015 | 3,962,719 | 4,810,384 | 4,556,265 | 3,452,861 | 50.25 |
| | Number of Grants | 50 | 39 | 25 | 14 | 18 | |
| | Relevant Grant Dollars | 10,847,303 | 10,087,428 | 6,773,536 | 3,276,593 | 4,068,835 | |
| Times at Mankage | Number of Contracts | # | # | # | # | # | |
| Tumor Markers | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 50 | 39 | 25 | 14 | 18 | |
| | Total Relevant Dollars | 10,847,303 | 10,087,428 | 6,773,536 | 3,276,593 | 4,068,835 | -16.83 |
| | Number of Grants | 639 | 743 | 795 | 913 | 1,002 | |
| | Relevant Grant Dollars | 412,442,362 | 493,849,542 | 510,652,633 | 633,930,908 | 677,297,669 | |
| Underserved and | Number of Contracts | 2 | 6 | 1 | 16 | 6 | |
| Disparities | Relevant Contract Dollars | 522,094 | 1,090,111 | 180,716 | 10,650,090 | 8,520,350 | |
| | Total Count | 641 | 749 | 796 | 929 | 1,008 | |
| | Total Relevant Dollars | 412,964,456 | 494,939,653 | 510,833,349 | 644,580,998 | 685,818,019 | 13.91 |
| | Number of Grants | 86 | 77 | 66 | 68 | 61 | |
| | Relevant Grant Dollars | 23,709,448 | 20,809,287 | 20,383,737 | 23,016,496 | 20,451,510 | |
| Vaccina Davelerane | Number of Contracts | 3 | 1 | 1 | 1 | 2 | |
| Vaccine Development | Relevant Contract Dollars | 27,903 | 761,776 | 855,274 | 291,405 | 3,008,078 | |
| | Total Count | 89 | 78 | 67 | 69 | 63 | |
| | Total Relevant Dollars | 23,737,350 | 21,571,063 | 21,239,011 | 23,307,901 | 23,459,588 | -0.07 |
| | | | | | | | continued |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------------------|
| | Number of Grants | 3 | 4 | 6 | 7 | 5 | |
| | Relevant Grant Dollars | 407,323 | 1,040,548 | 2,262,714 | 2,036,179 | 1,766,868 | |
| Vaccine Production | Number of Contracts | # | 3 | # | # | # | |
| vaccine Production | Relevant Contract Dollars | ‡ | 4,717,231 | ‡ | ‡ | ‡ | |
| | Total Count | 3 | 7 | 6 | 7 | 5 | |
| | Total Relevant Dollars | 407,323 | 5,757,779 | 2,262,714 | 2,036,179 | 1,766,868 | 307.41 |
| | Number of Grants | 112 | 108 | 124 | 142 | 139 | |
| | Relevant Grant Dollars | 29,756,398 | 42,394,025 | 44,598,186 | 51,773,409 | 52,191,428 | |
| v · 5 | Number of Contracts | 12 | 1 | 1 | # | # | |
| Vaccine Research | Relevant Contract Dollars | 4,840,694 | 1,071,582 | 835,869 | ‡ | ‡ | |
| | Total Count | 124 | 109 | 125 | 142 | 139 | |
| | Total Relevant Dollars | 34,597,091 | 43,465,607 | 45,434,055 | 51,773,409 | 52,191,428 | 11.23 |
| | Number of Grants | 47 | 52 | 34 | 47 | 51 | |
| | Relevant Grant Dollars | 11,899,523 | 17,996,942 | 12,197,045 | 17,910,808 | 20,365,758 | |
| | Number of Contracts | # | # | # | # | 1 | |
| Vaccine Testing | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | 7,871,125 | |
| | Total Count | 47 | <i>52</i> | 34 | 47 | <i>52</i> | |
| | Total Relevant Dollars | 11,899,523 | 17,996,942 | 12,197,045 | 17,910,808 | 28,236,883 | 30.88 |
| | Number of Grants | 308 | 343 | 333 | 369 | 376 | |
| | Relevant Grant Dollars | 130,328,650 | 159,960,903 | 160,679,335 | 183,639,213 | 197,194,081 | |
| V. 0 D | Number of Contracts | 2 | 1 | 1 | 7 | 2 | |
| Virus Cancer Research | Relevant Contract Dollars | 928,436 | 761,776 | 835,869 | 3,088,994 | 7,884,845 | |
| | Total Count | 310 | 344 | 334 | 376 | 378 | |
| | Total Relevant Dollars | 131,257,086 | 160,722,679 | 161,515,204 | 186,728,207 | 205,078,926 | 12.09 |
| | Number of Grants | 51 | 51 | 44 | 52 | 57 | |
| | Relevant Grant Dollars | 18,415,472 | 21,951,062 | 21,267,201 | 27,182,005 | 32,550,394 | |
| | Number of Contracts | # | # | # | # | # | |
| Virus — Epstein-Barr | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 51 | 51 | 44 | <i>52</i> | <i>57</i> | |
| | Total Relevant Dollars | 18,415,472 | 21,951,062 | 21,267,201 | 27,182,005 | 32,550,394 | 15.91 |
| | Number of Grants | 17 | 19 | 17 | 17 | 16 | |
| | Relevant Grant Dollars | 2,605,999 | 4,216,083 | 4,240,042 | 4,741,182 | 4,804,541 | |
| | Number of Contracts | # | # | # | # | # | |
| Virus — Hepatitis B | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 17 | 19 | 17 | 17 | 16 | |
| | Total Relevant Dollars | 2,605,999 | 4,216,083 | 4,240,042 | 4,741,182 | 4,804,541 | 18.88 |
| | | _,000,000 | .,,,,,,, | .,= .0,0 12 | .,, | .,00 .,011 | |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|------------|------------|------------|------------|-------------|---------------------------------------|
| | Number of Grants | 19 | 9 | 9 | 7 | 7 | |
| | Relevant Grant Dollars | 2,845,741 | 1,273,208 | 1,665,830 | 1,551,212 | 1,418,645 | |
| Virus Hanatitis C | Number of Contracts | 1 | # | # | 3 | # | |
| Virus — Hepatitis C | Relevant Contract Dollars | 510,195 | ‡ | ‡ | 1,193,833 | ‡ | |
| | Total Count | 20 | 9 | 9 | 10 | 7 | |
| | Total Relevant Dollars | 3,355,936 | 1,273,208 | 1,665,830 | 2,745,045 | 1,418,645 | -3.69 |
| | Number of Grants | 107 | 113 | 104 | 116 | 121 | |
| | Relevant Grant Dollars | 39,272,062 | 45,601,103 | 44,045,826 | 52,839,130 | 61,028,533 | |
| Vienes Haman | Number of Contracts | # | # | # | # | # | |
| Virus — Herpes | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 107 | 113 | 104 | 116 | 121 | |
| | Total Relevant Dollars | 39,272,062 | 45,601,103 | 44,045,826 | 52,839,130 | 61,028,533 | 12.04 |
| | Number of Grants | 51 | 58 | 54 | 62 | 57 | |
| | Relevant Grant Dollars | 19,425,311 | 23,438,247 | 22,756,659 | 26,402,561 | 27,845,495 | |
| | Number of Contracts | # | # | # | # | # | |
| Virus — HHV8 | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | <i>51</i> | <i>58</i> | 54 | 62 | <i>57</i> | |
| | Total Relevant Dollars | 19,425,311 | 23,438,247 | 22,756,659 | 26,402,561 | 27,845,495 | 9.81 |
| | Number of Grants | 7 | 7 | 9 | 10 | 6 | |
| | Relevant Grant Dollars | 1,535,971 | 3,524,763 | 4,227,759 | 4,046,212 | 3,156,443 | |
| r umu | Number of Contracts | # | # | # | # | # | |
| /irus — HTLV-1 | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 7 | 7 | 9 | 10 | 6 | |
| | Total Relevant Dollars | 1,535,971 | 3,524,763 | 4,227,759 | 4,046,212 | 3,156,443 | 30.79 |
| | Number of Grants | 156 | 175 | 156 | 192 | 203 | |
| | Relevant Grant Dollars | 55,609,372 | 67,736,091 | 65,583,437 | 81,151,166 | 88,796,015 | |
| | Number of Contracts | 1 | 1 | 1 | 4 | 2 | |
| /irus — Papilloma | Relevant Contract Dollars | 418,241 | 761,776 | 835,869 | 1,895,161 | 7,884,845 | |
| | Total Count | 157 | 176 | 157 | 196 | 205 | |
| | Total Relevant Dollars | 56,027,613 | 68,497,867 | 66,419,306 | 83,046,327 | 96,680,860 | 15.17 |
| | Number of Grants | 166 | 183 | 167 | 203 | 213 | |
| | Relevant Grant Dollars | 59,441,700 | 72,600,571 | 69,824,723 | 86,047,143 | 94,618,855 | |
| | Number of Contracts | 1 | 1 | 1 | 4 | 2 | |
| /irus — Papova | Relevant Contract Dollars | 418,241 | 761,776 | 835,869 | 1,895,161 | 7,884,845 | |
| | Total Count | 167 | 184 | 168 | 207 | 215 | |
| | Total Relevant Dollars | 59,859,941 | 73,362,347 | 70,660,592 | 87,942,304 | 102,503,700 | 14.97 |

continued

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

(This table reports funding for grants and contracts only; intramural projects are excluded.)

| Special Interest Categories | Counts and Relevant Dollars** | 2019 | 2020 | 2021 | 2022 | 2023 | Average Percent Change/ Year |
|--------------------------------|----------------------------------|------------|------------|-----------|-----------|-----------|---------------------------------------|
| | Number of Grants | 12 | 10 | 6 | 4 | 4 | |
| | Relevant Grant Dollars | 2,362,430 | 2,545,642 | 1,594,121 | 975,507 | 1,148,163 | |
| Vitamin A | Number of Contracts | # | 1 | # | 1 | # | |
| VIIdIIIII A | Relevant Contract Dollars | ‡ | 90,750 | ‡ | 181,000 | ‡ | |
| | Total Count | 12 | 11 | 6 | 5 | 4 | |
| | Total Relevant Dollars | 2,362,430 | 2,636,392 | 1,594,121 | 1,156,507 | 1,148,163 | -14.03 |
| | Number of Grants | 4 | 6 | 4 | 4 | 9 | |
| | Relevant Grant Dollars | 3,034,224 | 4,127,482 | 3,003,519 | 2,925,734 | 2,551,329 | |
| Vitamin C | Number of Contracts | # | # | # | # | # | |
| VILAMIIII G | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 4 | 6 | 4 | 4 | 9 | |
| | Total Relevant Dollars | 3,034,224 | 4,127,482 | 3,003,519 | 2,925,734 | 2,551,329 | -1.65 |
| | Number of Grants | 34 | 27 | 17 | 18 | 10 | |
| | Relevant Grant Dollars | 11,208,500 | 7,069,913 | 4,301,733 | 5,211,332 | 3,343,821 | |
| Vitamin D | Number of Contracts | # | # | # | # | # | |
| Vitamin D | Relevant Contract Dollars | ‡ | ‡ | ‡ | ‡ | ‡ | |
| | Total Count | 34 | <i>2</i> 7 | 17 | 18 | 10 | |
| | Total Relevant Dollars | 11,208,500 | 7,069,913 | 4,301,733 | 5,211,332 | 3,343,821 | -22.69 |

^{*} Some categories are not mutually exclusive, resulting in overlap in reported funding. As a result, dollar totals may exceed 100 percent of the extramural budget.

^{**} Relevant Dollars = portion of the funded amount relevant to a specific Site.

[‡] Coding not required or requested. FY2023 Contract data not included.

Table 17. NCI Funding of Foreign Research Grants in FY2023

(This table reports extramural grants only; intramural grants and contracts are excluded.)

| Country/Cancer Site | | | | | | | | | | | | |
|------------------------|-----|----------|---------|---------|---------|----------------|-----------|-----|---------|---------|-----------|-----------------|
| Argentina | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | | | 1 | | | | | | | | 1 |
| Funding \$ | | | | 246,493 | | | | | | | | 246,49 3 |
| Cervix | | | | 246,493 | | | | | | | | 246,493 |
| Australia | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | 2 | | | | 2 | | | | | | 4 |
| Funding \$ | | 513,790 | | | | 2,252,928 | | | | | | 2,766,718 |
| Colon, Rectum | | | | | | 1,797,951 | | | | | | 1,797,951 |
| Leukemia | | | | | | 454,977 | | | | | | 454,977 |
| Myeloma | | 145,949 | | | | | | | | | | 145,949 |
| Prostate | | 367,841 | | | | | | | | | | 367,841 |
| Canada | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | 6 | 1 | | 1 | 1 | 1 | | 1 | | 1 | 12 |
| Funding \$ | 2 | ,191,338 | 127,338 | | 382,956 | 1,523,795 | 3,520,032 | | 526,064 | 1 | 2,106,066 | 10,377,589 |
| Brain | | 400,069 | | | | | | | | | | 400,069 |
| Breast | | | | | | | 880,008 | | | | | 880,008 |
| Gastrointestinal Tract | | | | | | | 880,008 | | | | | 880,008 |
| Leukemia | | 550,381 | | | | | | | | | | 550,381 |
| Lung | | | | | | 1,523,795 | 880,008 | | | | | 2,403,803 |
| Not Site Specific | | 440,242 | | | | | | | 526,064 | 2 | 2,106,066 | 3,072,372 |
| Pancreas | | 363,672 | | | | | | | | | | 363,672 |
| Prostate | | 436,974 | | | | | | | | | | 436,974 |
| Sarcoma, Bone | | | 63,669 | | | | | | | | | 63,669 |
| Sarcoma, Soft Tissue | | | 63,669 | | | | | | | | | 63,669 |
| Testis | | | | | 382,956 | | | | | | | 382,956 |
| Urinary System | | | | | | | 880,008 | | | | | 880,008 |
| France | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | 3 | | | 2 | 1 | | | | 1 | | 7 |
| Funding \$ | 1 | ,669,215 | | | 783,911 | <i>529,273</i> | | | | 442,901 | | 3,425,300 |
| Breast | | 337,216 | | | 264,598 | | | | | | | 601,814 |
| Cervix | | | | | 519,313 | | | | | 442,901 | | 962,214 |
| Hodgkin Lymphoma | | | | | | 179,953 | | | | | | 179,953 |
| Lung | | 451,746 | | | | | | | | | | 451,746 |
| Myeloma | | | | | | 174,660 | | | | | | 174,660 |
| Not Site Specific | | 880,253 | | | | | | | | | | 880,253 |
| Non-Hodgkin Lymphoma | | | | | | 174,660 | | | | | | 174,660 |
| Germany | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | | | | | | | | 1 | | | 1 |
| Funding \$ | | | | | | | | | 459,648 | | | 459,648 |
| Not Site Specific | | | | | | | | | 459,648 | | | 459,648 |
| | | | | | | | | | | | | continue |

Not Site Specific = research that lacks a focus on a particular type of cancer/cancer site (e.g., basic research on the role of a protein in cellular DNA damage in fruit flies; there is no cancer site focus; however, it is relevant to cancer research. Source: Research Analysis and Evaluation Branch.

Table 17 (cont'd). NCI Funding of Foreign Research Grants in FY2023

(This table reports extramural grants only; intramural grants and contracts are excluded.)

| Country/Cancer Site | | | | | | | | | | | | |
|-------------------------|--------|-----------|---------|-----------|----------|-------------|-----------|---------|---------|------------|---------|------------|
| Israel | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | | | | | 1 | | | | | | 1 |
| Funding \$ | | | | | | 191,085 | | | | | | 191,085 |
| Lung | | | | | | 191,085 | | | | | | 191,085 |
| Kenya | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | | | | | 1 | | 1 | | | | 2 |
| Funding \$ | | | | | | 250,000 | | 216,000 | | | | 466,000 |
| Colon, Rectum | | | | | | 250,000 | | | | | | 250,000 |
| Cervix | | | | | | | | 216,000 | | | | 216,000 |
| Rwanda | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | | | | | | | 1 | | | | 1 |
| Funding \$ | | | | | | | | 226,299 | | | | 226,299 |
| Cervix | | | | | | | | 226,299 | | | | 226,299 |
| South Africa | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | 1 | 2 | | | | | | 1 | | | | 4 |
| Funding \$ | 59,760 | 417,954 | | | | | | 216,000 | | | | 693,714 |
| Breast | | 279,659 | | | | | | | | | | 279,659 |
| Cervix | | 138,295 | | | | | | 216,000 | | | | 354,295 |
| Colon, Rectum | 59,760 | | | | | | | | | | | 59,760 |
| Switzerland | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | | | 1 | | | | | | | | 1 |
| Funding \$ | | | | 143,231 | | | | | | | | 143,231 |
| Not Site Specific | | | | | | | | | | | | 15,376 |
| Uganda | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | | | | | | | 1 | | | | 1 |
| Funding \$ | | | | | | | | 214,361 | | | | 214,361 |
| Cervix | | | | | | | | 214,361 | | | | 214,361 |
| United Kingdom | K43 | R01 | R03 | R21 | R37 | U01 | U10 | UG1 | U24 | UH3 | UM1 | Totals |
| Grants # | | 1 | | | | 1 | | | | | | 2 |
| Funding \$ | | 329,212 | | | | 302,725 | | | | | | 631,937 |
| Brain | | 164,606 | | | | | | | | | | 164,606 |
| Head and Neck | | 164,606 | | | | | | | | | | 164,606 |
| Kidney | | | | | | 302,725 | | | | | | 302,725 |
| Total Grants | 1 | 14 | 1 | 2 | 3 | 7 | 1 | 4 | 2 | 1 | 1 | 38 |
| Total \$ Per Grant Type | 59,760 | 5,121,509 | 127,338 | 389,724 1 | ,166,867 | 5,049,806 3 | 3,520,032 | 872,660 | 985,712 | 442,901 2, | 106,066 | 19,842,375 |

Not Site Specific = research that lacks a focus on a particular type of cancer/cancer site (e.g., basic research on the role of a protein in cellular DNA damage in fruit flies; there is no cancer site focus, however, it is relevant to cancer research. Source: Research Analysis and Evaluation Branch.

Table 18. Foreign Components of U.S. Domestic Research Grants in FY2023

(This table reports extramural grants only; contracts and intramural projects are excluded.)

| Country | | | | | | | | | | | | | | | | | | Mec | | | | | | | | | | | | | | | | | | Sub- |
|---------------------|-----|-----|-----|-----|-------|-------|------|-------|-------|-----|-----|-----|-----|-----|---------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-------|--------|-----|-----|-----|-----|-------|-----|-----|-----|-----|-------|
| oound y | D43 | DP2 | F30 | F31 | F32 F | 99 KC | 10 K | 01 KO | 7 K08 | K22 | K99 | P01 | P50 | R00 | R01 R03 | 3 R13 | R21 | R25 | R33 | R34 | R35 | R37 | R43 | R44 | R50 F | 56 R61 | T32 | U01 | U24 | U20 | C U54 | UG1 | UH2 | UH3 | UM1 | total |
| Argentina | | | | | | | | | | | | | | | 1 | | 1 | | | | | 1 | | 1 | | | | | | | | 1 | | | 1 | 6 |
| Armenia | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| Australia | | | | | | | | | | | | | | | 21 | 1 | | | | | | 2 | | | | | | 4 | 1 | | | | | | | 29 |
| Austria | | | | | | | | | 1 | | | 1 | | | 1 | | 1 | | | | 1 | | | | | | | | | | | | | | | 5 |
| Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | 1 |
| Belgium | | | | | | | | | | | | | | 1 | 8 | | | | | | | 1 | | | | | | | | | | | | | | 10 |
| Bolivia | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | 1 |
| Botswana | | | | | | | | | 2 | | | | | | 1 | | | | | | | | | | | | | 3 | | | 1 | 1 | | | | 8 |
| Brazil | | | | | | | | | | | | | 1 | | 5 | | | | | | | | | | | | | 1 | | | 1 | | | | 1 | 9 |
| Burkina | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| Cambodia | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| Cameroon | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | 1 | | | | | | | | 2 |
| Canada | | | 1 | 1 | | 1 | | 1 | | | | 2 | 2 | | 61 | 7 | 5 | 1 | 1 | | 2 | 4 | | 2 | | | | 7 | 3 | 3 | | 5 | | 1 | | 110 |
| Chile | | | | | | | | | | | | 1 | | | 1 | | | | | | | 1 | | | | | | | | | | | | | | 3 |
| China | | | | | | | | | | | | | | | 21 | | 1 | | | | | 2 | | 1 | | | | | | | | | | | | 25 |
| Colombia | 1 | | | | | | | | | | | | | | 1 | | | | | | | 1 | | 1 | | | | | | | | | | | | 4 |
| Congo | • | | | | | | | | | | | | | | • | | | | | | | | | | | | | | | | 1 | | | | | 1 |
| Costa Rica | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | · | | | | | 1 |
| Croatia | | | | | | | | | | | | | | | 1 | | | | | | | • | | | | | | | | | | | | | | 1 |
| Czech | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Republic | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | | | | 2 |
| Denmark | | | | 1 | | | | | | | | | | | 9 | | | | 1 | | | 1 | | | | | | 1 | 3 | | | | | | | 16 |
| Dominican | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | 1 |
| Republic Ecuador | | | | | | | | | | | | | | | 2 | | | | | | | 1 | | | | | | | | | | | | | | 3 |
| Egypt | | | | | | | | | | | | | | | 2 | 1 | | 1 | | | | • | | | | | | | | | | | | | | 4 |
| El Salvador | | | | | | | | | | | | | | | 3 | - 1 | | | | | | 1 | | 1 | | | | | | | | | | | | 5 |
| Eswatini | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ິນ |
| (Swaziland) | | | | | | | | | | | | | | | 1 | | | | | | | | | 1 | 1 | | | | | | | | | | | 3 |
| Ethiopia | | | | | | | | | | | | | | | 1 | 1 | | | | | | | | | | | | | | | | | | | | 2 |
| Finland | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | | | | 2 |
| France | | | | | | | | | | | 1 | 1 | | | 21 1 | | 1 | | | | 1 | 3 | 1 | | | 1 | | 4 | | | 1 | | | 1 | | 37 |
| Georgia | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| Germany | | 1 | | | 1 | | | | | 1 | 1 | 4 | | | 32 | | 3 | | 1 | | 1 | 6 | | 1 | 1 | | 1 | 6 | 2 | 1 | 3 | | | 1 | | 67 |
| Ghana | 1 | | | | | | | | | | | | | | 2 | 1 | 1 | | | | | | | | | | | 2 | | | | | | | | 7 |
| Guatemala | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | 1 |
| Haiti | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | 1 |
| Honduras | | | | | | | | | | | | | | | | | | | | | | 1 | | 2 | | | | | | | | | | | | 3 |
| Hong Kong | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | | | | 2 |
| Hungary | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | | | | 2 |
| Iceland | | | | | | | | | | | | | | | _ | | | | | | | | | | | | | 1 | | | | | | | | 1 |
| India | | | | | | | | | | | | | | | 5 | | 1 | | | | | | | | | | | | 1 | | | | | | | 11 |
| Indonesia | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | , | Ė | | | | | | | 1 |
| Ireland | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | 1 | | | | | | | | 2 |
| Israel | | | | 1 | | | | | 1 | | | | | | 9 | | 1 | | | | 1 | 1 | | | | | | 2 | | 1 | | | | | | 17 |
| Italy | | | | | | | | | | | | | | | 11 | | - 1 | | | | 1 | | | | | | | 1 | | - 1 | 2 | | 1 | | | 18 |
| | | | 1 | | | | | | | | | | | 2 | 13 | 1 | | | | | 1 | 1 | 1 | | | | | 1 | | | 1 | | ı | 1 | | 22 |
| Japan | | | ı | | | | | | | | | | | 2 | 7 | | 1 | | | 4 | | 1 | 1 | 2 | | | | | | | | 1 | | - 1 | 1 | |
| Kenya | | | | | | | | | | | | | | | 1 | 2 | ı | | | 1 | | | | 2 | | | | 3 | | | ວ | 1 | | | 1 | 23 |
| Laos | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |

continued

Table 18 (cont'd). Foreign Components of U.S. Domestic Research Grants in FY2023

(This table reports extramural grants only; contracts and intramural projects are excluded.)

| Countrie | _ | _ | _ | | | | | _ | | | _ | _ | _ | | _ | | | ıg M | | | | _ | _ | _ | | | _ | | | | _ | | | _ | _ | _ | | Sub- |
|--------------------|-----|-------|------|--------|------|-------|-----|-----|-----|-----|-----|-----|-------|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-------|------|-------|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Country | D43 | DP2 I | 30 F | 31 F32 | 2 F9 | 9 K00 | K01 | K07 | K08 | K22 | K99 | P01 | P50 F | 100 | R01 | R03 | R13 | R21 | R25 | R33 | R34 | R35 | R37 | R43 | R44 R | 50 F | 156 R | 61 1 | 32 l | 101 | U24 | U2C | U54 | UG1 | UH2 | UH3 | UM1 | total |
| Lebanon | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | 1 | | | | | 2 |
| Lithuania | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | 1 |
| Malawi | 1 | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | 1 | | | 3 | 1 | | | 1 | 8 |
| Malaysia | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | 1 |
| Mali | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | 2 |
| Mauritius | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | 1 |
| Mexico | | | | | | | | | | | | | | | 3 | | | | | | | | 1 | | | | | | | 3 | | | | | | | 1 | 8 |
| Mozambique | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | 2 |
| Netherlands | | 1 | | | | | | | | | | | | | 14 | | | | | | | | 3 | | | | | | | 8 | | | | | | 1 | | 27 |
| New Zealand | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | 1 |
| Nicaragua | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | 1 |
| Nigeria | 2 | | | | | | | | 1 | | | | | | 6 | | 1 | | | | | | | | | | | | | 7 | | | 1 | | | | | 18 |
| Norway | | | | | | | | | | | | | | | 4 | | | | | | | | | | | | | | | 2 | | | | | | 1 | | 7 |
| Panama | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | 1 |
| Paraguay | | | | | | | | | | | | | | | | | | | | | | | 1 | | 1 | | | | | | | | | | | | | 2 |
| Peru | 1 | | | | | | | | | | | | | | 1 | | | | | | | | 1 | | | | | | | 1 | | | | | | | | 4 |
| Poland | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | | | | | | 2 |
| Portugal | | | | | 1 | | | | | | | | | | 1 | | | | | | | | | | | | | 2 | | | | | | | | | | 4 |
| Russia | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | | | | | | 2 |
| Rwanda | | | | | | | | 1 | | | | | | | | | | 1 | | | | | | | | | | | | | | | 1 | | | | | 3 |
| Saudi Arabia | | | | | | | | | | | | | | | | 1 | | 1 | | | | | | | | | | | | | | | | | | | | 2 |
| Senegal | 1 | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | | 1 | | | | | 4 |
| Sierra Leone | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| Singapore | | | | | | | | | | | | | | | 8 | | - | | | | | | | | | | | | | | | | | | 1 | | | 9 |
| South Africa | 1 | | | | | | | | | | | | | | 8 | | 1 | | | | 1 | | | | | | | | | 1 | | | 4 | | | | 1 | 17 |
| South Korea | | | | | | | | | | | | | | | 4 | | - | | | | | | 3 | | | | | | | 1 | | | - | 1 | | | | 9 |
| Spain | | | | | | | | | | | | | | | 13 | | | 1 | | | | | | | | | | | | | 1 | | | | | 1 | | 17 |
| Sweden | | | 1 | | | 1 | | | | | | | | | 8 | | | · | | | | | | | | | | | | 4 | • | | | | | • | | 14 |
| Switzerland | | | | | | • | | | | | | 1 | | | 15 | 1 | | 1 | | | | | 1 | | 1 | | | | | • | | | 1 | | | | | 21 |
| Taiwan | | | | | | | | | | | | Ė | | | 2 | | | Ė | | | | | Ė | 1 | | | | | | | | | • | | | | | 5 |
| Tanzania United | | | | | | | | | | | | | | | 1 | _ | 1 | 1 | | | | | | • | | | | | | | | | 5 | | | | | 8 |
| Republic | | | | | | | | | | | | | | | - | | - | • | | | | | | | | | | | | | | | | | | | | |
| Thailand | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | 1 |
| Uganda | 2 | | | | | | | | | | | | | | 4 | | | | | 1 | | | | | | | | | | 8 | | | 7 | | | | 1 | 23 |
| United Kingdom | | | 1 | | | | 1 | | 2 | | 2 | 6 | | 1 | 35 | | 1 | 1 | | 1 | | | 6 | | 1 | | | | | 6 | 3 | | 1 | 1 | 1 | 2 | | 72 |
| Uruguay | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | 1 |
| Vietnam | | | | | | | | | | | | | | | 3 | | | | | | | | | | | | | | | 1 | | | | | | | | 4 |
| Zambia | 1 | | | | | | | | | | | | | | 1 | | 1 | | | | | | 1 | | | | | | | 5 | | | 1 | | | | | 10 |
| Zimbabwe | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | 1 | 4 |
| Totals* | 13 | 2 | 5 | 3 1 | 1 | 2 | 2 | 1 | 7 | 1 | 4 | 16 | 3 | 4 | 393 | 5 | 22 | 23 | 2 | 7 | 2 | 7 | 54 | 3 | 16 | 2 | 1 | 2 | 1 9 | 93 | 15 | 5 | 43 | 12 | 3 | 9 | 8 | 793 |

 $^{^*}$ Because many grants have multiple foreign contributors, the total count (793) is greater than the total number of grants (531). Source: Research Analysis and Evaluation Branch.

Appendix A: Activities of the National Cancer Advisory Board (NCAB)

Originally established as the National Advisory Cancer Council in 1937, the NCAB consists of 18 members who are appointed by the U.S. President and 12 nonvoting ex officio members. The NCAB advises, assists, consults with, and makes recommendations to the Secretary, HHS, and to the NCI Director with respect to the activities carried out by and through the Institute and on policies pertaining to these activities. The NCAB is authorized to recommend support for grants and cooperative agreements following technical and scientific peer review. The DEA Director serves as the Executive Secretary of the NCAB. In fulfilling its role as the locus for second-level review of all peer reviewed applications, the Board reviewed a total of 13,560 applications in FY2023 requesting \$5,340,328,772 in direct costs with appropriated funds. Additionally, the Board reviewed 7 FDA SBIR applications in FY2023.

The Board heard presentations, discussed, and provided advice on a variety of topics and NCI activities in FY2023, such as:

- NCI Director's Report
- Legislative Report
- Budget Overview
- Recognition of Retiring NCAB Members
- The NCI's Childhood Data Initiative
- Status of the Advanced Research Projects Agency for Health (ARPA-H)
- Future Directions for the Division of Cancer Control and Population Sciences
- Multiple Myeloma and Disparities
- Ad hoc Working Group Report on Strategic Approaches and Opportunities for Research on Cancer Among Racial and Ethnic Minorities and Underserved Populations
- Adapting NCI's Clinical Trials System to a Changed Clinical Research Environment

- Approval of Mission Statement: Review of CCR Scientific Directors
- Overview of the National Cancer Plan (NCP)
- Cancer Research Collaborations with the European Union
- Progress in Targeting KRAS through the Frederick RAS Initiative
- Collaborative Approaches to Accelerate Better Therapies for Patients with Rare Tumors
- Annual Delegations of Authority
- Ad Hoc Subcommittee on Global Cancer Research
- Ad Hoc Subcommittee on Population Science, Epidemiology, and Disparities
- Subcommittee on Clinical Investigations
- Subcommittee on Planning and Budget

As part of its mandate for oversight of NCI activities, the NCAB receives regular updates from the NCI Director, the NCI Office of Legislation and Congressional Activities, and the President's Cancer Panel.

Another major role of the Board is to monitor the overall advisory and oversight activities of the NCI as a whole. In that regard, it annually reviews the site visit outcomes of intramural review and the extramural RFA and RFP concepts acted on by the BSA. The NCAB also participates in the framing of the annual NCI Bypass Budget and considers the impact of actualized priorities as expressed by the allocation of the annual operating budget.

The full text of recent NCAB meeting summaries is available on the NCI website at: http://deainfo.nci.nih.gov/advisory/ncab/ncabmeetings.htm

Appendix B: Activities of the Board of Scientific Advisors (BSA)

The BSA provides scientific advice on a wide variety of matters concerning scientific program policy, progress, and future direction of NCI's extramural research programs, and concept review of extramural program initiatives.

In addition to approving a number of extramural program initiatives (see below), the BSA also heard presentations on the following in FY2023:

- NCI Director's Report
- Legislative Report
- The NCI Research Project Grants (RPGs) Budget and Beyond
- The NCI's Childhood Data Initiative
- Status of the Advanced Research Projects Agency for Health (ARPA-H)
- Recognition of Retiring BSA Members
- Future Directions for the Division of Cancer Control and Population Sciences
- Multiple Myeloma and Disparities
- Adapting NCI's Clinical Trials System to a Changed Clinical Research Environment
- Cancer Research Collaborations with the European Union
- Progress in Targeting KRAS through the Frederick RAS Initiative

RFA Concepts Approved

Division of Cancer Treatment and Diagnosis

 Targeting Fusion Oncoproteins in Childhood Cancers (TFCC) Network

RFA/Cooperative Agreements Approved

Division of Cancer Biology

 Cancer Immunoprevention Network (CIP-NET)

Division of Cancer Control and Population Sciences

- Addressing the Needs of Cancer Survivors in Primary Care
- Advancing Cancer Control Equity Research Through Transformative Solutions

Division of Cancer Prevention

 Discovery and Development of Natural Products for Cancer Interception and Prevention

Division of Cancer Treatment and Diagnosis

 Cancer Health Disparities and Minority Health (CHD-MH) SPORE Program

Office of the Director

 Translational Research Toward Development of Kaposi Sarcoma Herpesvirus (KSHV) Vaccine

RFA Re-Issuances Approved

Office of the Director

 Innovative Molecular Analysis Technologies Program (IMAT)

RFA/Cooperative Agreement Re-Issuances Approved

Division of Cancer Biology

NCI Human Tumor Atlas Network (HTAN)

Division of Cancer Treatment and Diagnosis

- Blood and Marrow Transplant Clinical Trials Network (BMTCTN)
- Cooperative Human Tissue Network (CHTN)
- NCI National Clinical Trials Network (NCTN)
- Pediatric Early Phase Clinical Trials Network (PEP-CTN)

Office of the Director

- SBIR Phase IIB Bridge Awards to Accelerate the Development of Cancer-Focused Technologies Toward Commercialization
- AIDS and Cancer Specimen Resource (ACSR)

RFP Concepts Approved

Office of the Director

• FY 2024 NCI Small Business Innovation Research (SBIR) Contract Topics (R43)

Program Announcements Approved

Division of Cancer Control and Population Sciences

- The Impacts of Climate Change Across the Cancer Control Continuum
- Understanding Expectancy in Cancer Symptom Management
- Population Approaches to Reducing Alcohol-Related Cancer Risk (Clinical Trial Optional)
- Improving Care and Outcomes for Cancer Survivors from Sexual and Gender Minority (SGM) Populations (R01, Clinical Trial Optional)

Division of Cancer Prevention

• Mechanisms That Impact Cancer Risk with Use of Incretin Mimetics

Office of the Director

 The NCI Pathway to Independence Award for Outstanding Early-Stage Postdoctoral Researchers (K99/R00)

Program Announcements Re-Issuance Approved

• Note: 20 PAR re-issuances were approved unanimously.

Appendix C: Activities of the Frederick National Laboratory Advisory Committee to the NCI (FNLAC)

Originally established as the NCI-Frederick Advisory Committee in 2011, the FNLAC consists of up to 16 members, including the Chair, appointed by the Director of NCI; non-voting ex officio members, including a representative from the National Cancer Advisory Board, the NCI Board of Scientific Advisors, and the NCI Board of Scientific Counselors. The National Cancer Institute facility in Frederick, Maryland, was established in 1972 as a governmentowned, contractor-operated (GOCO) facility. In 1975, the facility was designated as a Federally Funded Research and Development Center (FFRDC) to provide a unique national resource within the biomedical research community for the development of new technologies and the translation of basic science discoveries into novel agents for the prevention, diagnosis and treatment of cancer and AIDS. The FNLAC reviews the state of research (extramural and intramural) at the Frederick National Laboratory for Cancer Research (FNLCR) and makes recommendations for the best use of its capabilities and infrastructure. Specifically, the committee reviews major new projects proposed to be performed at FNLCR and advises the Director of NCI, Deputy Directors of NCI, and Associate Director of FNLCR about the intrinsic merit of the projects and about whether they should be performed at the FNLCR. In addition, the Committee periodically reviews the existing portfolio of projects at FNLCR, evaluates their productivity, and helps determine which of these projects should be transitioned to more conventional mechanisms of support (i.e., grants, contracts, cooperative agreements) and which should be considered for termination.

The Committee heard presentations, discussed, and provided advice on a variety of topics and NCI activities in FY2023, including the following:

- NCI Director's Remarks
- NCI Principal Deputy Director's Report
- Legislative Report
- Cryo-EM Training
- Patient-Derived Models Repository (PDMR)
- Frederick Technology Showcase
- RAS Working Group Report
- Establishment of NCI RAS Initiative Evaluation Team Ad hoc Working Group
- Frederick Updates
- FNLAC Ad hoc Working Group Report: NCI RAS Initiative Evaluation Team (RIET)
- Molecular Characterization Laboratory (MoCha)
- Molecular Pharmacodynamics of an Anti-Body Drug Conjugate (ADC): DS-8201a
- The Cancer Genomics Research Laboratory and Division of Cancer Epidemiology and Genetics (DCEG): A Great Partnership
- Update: RAS Initiative

Another major role of the committee is to monitor and evaluate contractor-initiated research within the span of a contract period. The Committee considers proposed research and provides advice as to whether the FNLCR is the best mechanism for carrying out these projects that it deems to be of merit and to be consistent with the mission of the National Cancer Institute and FNLCR.

The full text of recent FNLAC meeting summaries is available on the NCI website at: https://deainfo.nci.nih.gov/advisory/fac/fac.htm

Appendix D: List of Chartered Boards, Councils, and Committees

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^{*} Pending appointment.

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^{*} Pending Appointment

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| Executive Secretary | |
| • | National Cancer Institute, NIH |
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| Olivier Elemento, Ph.D. | |
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| Welkin E. Johnson, Ph.D. | |
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| Srinivas Sridhar, Ph.D. | |
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| Delia Tang, M.D | |
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| Ana I. Tergas, M.D., M.P.H. | City of Hope Comprehensive Cancer Center |
| David D. Tran, M.D., Ph.D | University of Southern California |
| Daniel R. Wahl, M.D., Ph.D | University of Michigan |
| Arun P. Wiita, M.D., Ph.D. | |
| Jennifer A. Woyach, M.D | Ohio State University |
| Gang Zhou, Ph.D. | Augusta University |

Scientific Review Officer



Appendix E: NCI Initial Review Group Consultants

1. Consultants Serving as Temporary Members on IRG Study Sections in FY2023

| A | | |
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| | Agoulnik Irina Ph D | Florida International University |
| | 9 , , | Cedars-Sinai Medical Center |
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| | Bagci, Ulas, Ph.D. | |
| | | Mayo Clinic, Arizona |
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| | | University of Florida |
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| | | Cedars-Sinai Medical Center |
| | | Rush University Medical Center |
| | | University of Alabama at Birmingham |
| | , , | Fred Hutchinson Cancer Center |
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| | | University of Pittsburgh |
| | | University of California, Los Angeles |
| | | Oregon Health and Science University |
| | | University of Pittsburgh |
| | | University of North Carolina at Chapel Hill |
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| | Bussard, Karen Marie, Ph.D. | Thomas Jefferson University |
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| | | University of Texas MD Anderson Cancer Center |
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| | | Cedars-Sinai Medical Center |
| | | Virginia Commonwealth University |
| | Dey, Mahua, M.D. | |
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| | 9 / / | University of Maryland, Baltimore |
| | | Washington University |
| | Duerksen-Hughes, Penelope J., Ph.D | Loma Linda University |
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| | Fayanju, Oluwadamilola M., M.D | University of Pennsylvania |
| | Fisher, Susan G., Ph.D | Northshore University Health System |
| | Fitzgerald-Bocarsly, Patricia, Ph.D | |
| | Flynn, Rachel L., Ph.D | Boston University Medical Campus |
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| | | Research Institute Nationwide Children's Hospital |
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| | | Temple University |
| | Graboyes, Evan Michael, M.D., M.P.H | Medical University of South Carolina |
| | Gronemeyer, Suzanne A., Ph.D. | St. Jude Children's Research Hospital |
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| п | II · n · · 1 nl n | Contract No. 11 Contract No. 1 |
| | Hearing, Patrick, Ph.D. | State University New York, Stony Brook |
| K | | |
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| | Kamata, Masakazu, Ph.D. | University of Alabama at Birmingham |
| | , | University of Alabama at Birmingham New York University |
| | Kapadia, Farzana, Ph.D., M.P.H | |
| | Kapadia, Farzana, Ph.D., M.P.H Kapur, Reuben, Ph.D | |
| | Kapadia, Farzana, Ph.D., M.P.H. Kapur, Reuben, Ph.D. Kaye, Erica Carmen, M.D., M.P.H. | |
| | Kapadia, Farzana, Ph.D., M.P.H Kapur, Reuben, Ph.D Kaye, Erica Carmen, M.D., M.P.H Kim, Harrison, Ph.D., M.B.A | New York University Indiana University School of Medicine St. Jude Children's Research Hospital University of Alabama at Birmingham |
| | Kapadia, Farzana, Ph.D., M.P.H. Kapur, Reuben, Ph.D. Kaye, Erica Carmen, M.D., M.P.H. Kim, Harrison, Ph.D., M.B.A. Kim, Joseph, M.D. | New York University Indiana University School of Medicine St. Jude Children's Research Hospital University of Alabama at Birmingham University of Kentucky |
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| L | Kapadia, Farzana, Ph.D., M.P.H | |
| L | Kapadia, Farzana, Ph.D., M.P.H. Kapur, Reuben, Ph.D. Kaye, Erica Carmen, M.D., M.P.H. Kim, Harrison, Ph.D., M.B.A. Kim, Joseph, M.D. Kinsey, Conan, M.D., Ph.D. Kitlinska, Joanna B., Ph.D. Koh, Andrew Y., M.D. | |
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| L | Kapadia, Farzana, Ph.D., M.P.H. Kapur, Reuben, Ph.D. Kaye, Erica Carmen, M.D., M.P.H. Kim, Harrison, Ph.D., M.B.A. Kim, Joseph, M.D. Kinsey, Conan, M.D., Ph.D. Kitlinska, Joanna B., Ph.D. Koh, Andrew Y., M.D. | New York University Indiana University School of Medicine St. Jude Children's Research Hospital University of Alabama at Birmingham University of Kentucky University of Utah Georgetown University University of Texas Southwestern Medical Center |
| L | Kapadia, Farzana, Ph.D., M.P.H. Kapur, Reuben, Ph.D. Kaye, Erica Carmen, M.D., M.P.H. Kim, Harrison, Ph.D., M.B.A. Kim, Joseph, M.D. Kinsey, Conan, M.D., Ph.D. Kitlinska, Joanna B., Ph.D. Koh, Andrew Y., M.D. Lee, Byron H., M.D., Ph.D. Lewis, Cecil M., Ph.D. Lewis-Thames, Marquita W., Ph.D. | |
| L | Kapadia, Farzana, Ph.D., M.P.H | |
| L | Kapadia, Farzana, Ph.D., M.P.H | |
| L | Kapadia, Farzana, Ph.D., M.P.H. Kapur, Reuben, Ph.D. Kaye, Erica Carmen, M.D., M.P.H. Kim, Harrison, Ph.D., M.B.A. Kim, Joseph, M.D. Kinsey, Conan, M.D., Ph.D. Kitlinska, Joanna B., Ph.D. Koh, Andrew Y., M.D. Lee, Byron H., M.D., Ph.D. Lewis, Cecil M., Ph.D. Lewis-Thames, Marquita W., Ph.D. Lisberg, Aaron Elliott, M.D. Loerzel, Victoria, Ph.D. Loughran, Thomas Patrick, M.D. | New York University Indiana University School of Medicine St. Jude Children's Research Hospital University of Alabama at Birmingham University of Kentucky University of Utah Georgetown University University of Texas Southwestern Medical Center University of Oklahoma Northwestern University at Chicago University of California, Los Angeles University of Central Florida University of Virginia |
| L | Kapadia, Farzana, Ph.D., M.P.H. Kapur, Reuben, Ph.D. Kaye, Erica Carmen, M.D., M.P.H. Kim, Harrison, Ph.D., M.B.A. Kim, Joseph, M.D. Kinsey, Conan, M.D., Ph.D. Kitlinska, Joanna B., Ph.D. Koh, Andrew Y., M.D. Lee, Byron H., M.D., Ph.D. Lewis, Cecil M., Ph.D. Lewis-Thames, Marquita W., Ph.D. Lisberg, Aaron Elliott, M.D. Loerzel, Victoria, Ph.D. Loughran, Thomas Patrick, M.D. | |
| L | Kapadia, Farzana, Ph.D., M.P.H. Kapur, Reuben, Ph.D. Kaye, Erica Carmen, M.D., M.P.H. Kim, Harrison, Ph.D., M.B.A. Kim, Joseph, M.D. Kinsey, Conan, M.D., Ph.D. Kitlinska, Joanna B., Ph.D. Koh, Andrew Y., M.D. Lee, Byron H., M.D., Ph.D. Lewis, Cecil M., Ph.D. Lewis-Thames, Marquita W., Ph.D. Lisberg, Aaron Elliott, M.D. Loerzel, Victoria, Ph.D. Loughran, Thomas Patrick, M.D. Lowe, Devin B., Ph.D. | |
| L | Kapadia, Farzana, Ph.D., M.P.H. Kapur, Reuben, Ph.D. Kaye, Erica Carmen, M.D., M.P.H. Kim, Harrison, Ph.D., M.B.A. Kim, Joseph, M.D. Kinsey, Conan, M.D., Ph.D. Kitlinska, Joanna B., Ph.D. Koh, Andrew Y., M.D. Lee, Byron H., M.D., Ph.D. Lewis, Cecil M., Ph.D. Lewis-Thames, Marquita W., Ph.D. Lisberg, Aaron Elliott, M.D. Loerzel, Victoria, Ph.D. Loughran, Thomas Patrick, M.D. Lowe, Devin B., Ph.D. | New York University Indiana University School of Medicine St. Jude Children's Research Hospital University of Alabama at Birmingham University of Kentucky University of Utah Georgetown University University of Texas Southwestern Medical Center University of Oklahoma Northwestern University at Chicago University of California, Los Angeles University of Central Florida University of Virginia |

| | Maziarz, Richard Thomas, M.D | |
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| N | Nencka, Andrew S., Ph.D. | Medical College of Wisconsin |
| 0 | · | |
| P | Payton, Jacqueline E., M.D., Ph.D Penalva, Luiz Otavio, Ph.D | San Diego State University Washington University University of Texas Health Science Center University of Nebraska Medical Center |
| R | Ramos, Katherine, M.O.T.H., Ph.D | |
| S | Saracino, Rebecca, Ph.D. Skapek, Stephen X., M.D. Sridhar, Srinivas, Ph.D. Stevens, Courtney Joyce, Ph.D. Su, Min-Ying L., Ph.D. | |
| T | | Beckman Research Institute of City of Hope Cincinnati Children's Hospital Medical Center |
| U V | Ubil, Eric S., Ph.D., M.B.A | University of Alabama at Birmingham |
| V | - · · · · · · · · · · · · · · · · · · · | |
| W | Wahl, Geoffrey Myles, Ph.D. Wallner, Lauren P., Ph.D. Wang, Jean Y.J., Ph.D. | |

| | Wang, Zhenghe, Ph.D | . University of Texas Southwestern Medical Center |
|---|-------------------------|---|
| | Wong, Sandra L., M.D. | Dartmouth College |
| X | Xi, Yaguang, M.D., Ph.D | University of Georgia |
| Y | | , , , , |
| I | Yu, Xue-Zhong, M.D | |
| Z | 71 1:11 WD | H 1 1 H 2 1 M 1: 10 |
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Total number of Reviewers: 115

Total number of times reviewers served: 141

2. Consultants Serving as *Ad hoc* Committee Members on IRG Site Visit Teams in FY2023

| A | | |
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| | Abdel Mohsen, Mohamed, Ph.D. | |
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| | | Memorial Sloan Kettering Cancer Center |
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| B | | |
| | Baker, Suzanne J., Ph.D | St. Jude Children's Research Hospital |
| | Bandera, Elisa V., M.D., Ph.D. | Rutgers, The State University of New Jersey |
| | Baskin, Monica L., Ph.D. | University of Pittsburgh |
| | | University of Texas MD Anderson Cancer Center |
| | Berrier, Donna, M.P.A. | Medical University of South Carolina |
| | Bhargava, Rohit, Ph.D | University of Illinois at Urbana-Champaign |
| | Borad, Mitesh, M.D. | Mayo Clinic, Arizona |
| | Brem, Steven, M.D. | University of Pennsylvania |
| | Buatti, John M., M.D | University of Iowa |
| | Byers, Stephen W., Ph.D. | |
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| C | Comments of the M.D. M.D.I. | II.: |
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| | * ' | Indiana University-Purdue University Indianapolis |
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| | Conejo-Garcia, Jose R., M.D., Ph.D | |
| D | | |
| | Darr, David, M.B.A | |
| | • | Stanford University |
| | | University of Maryland, Baltimore |
| | | University of Southern California |
| | | Ohio State University |
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| E | | |
| | | |
| | · | University of Maryland, Baltimore |
| | Epplein, Meira, Ph.D. | |

| F | |
|---|--|
| • | Fox, Jay William, Ph.D |
| | Fridley, Brooke L., Ph.D |
| | Fuemmeler, Bernard F., Ph.D., M.P.H |
| • | |
| G | Conseq Chaiden M.D. Dl. D. |
| | Ganesan, Shridar, M.D., Ph.D |
| | Gillespie, Theresa W., Ph.D., B.S.N. Emory University |
| | Goldsmith, Kelly C., M.D. Emory University |
| | Guttridge, Denis C., Ph.D |
| | |
| Н | |
| | Hardy, Jerry Lee |
| | Haura, Eric B., M.D. Moffitt Cancer Center |
| | Hawkins, William G., M.D |
| | Henry, Michael D., Ph.D |
| | Hesiop, Heien E., M.D Baylor College of Medicine |
| J | |
| | Jensen, Roy A., M.D |
| | Jim, Heather S.L., Ph.D. Moffitt Cancer Center |
| | Johnson, Candace S., Ph.D |
| | Jones, Richard J., M.D |
| K | |
| | Kane, Madeleine A., M.D., Ph.D |
| | Kim, Sungjune, M.D., Ph.D. Moffitt Cancer Center |
| | Knudsen, Erik, Ph.D |
| | Knutson, Keith L., Ph.D |
| | Koong, Albert, M.D., Ph.D |
| L | |
| | Law, Wendy, Ph.DFred Hutchinson Cancer Center |
| | Leach, Steven D., M.D |
| | Lee, Kelvin P., M.D Indiana University-Purdue University at Indianapolis |
| | Li, Christopher I., M.D., Ph.D., M.P.HFred Hutchinson Cancer Center |
| | Li, Li, M.D., Ph.D |
| | Liu, Chen, M.D., Ph.D |
| | Long, Qi, Ph.D |
| | Lynch, Thomas James, M.D |
| M | |
| | Malkas, Linda H., Ph.DBeckman Research Institute of City of Hope |
| | Matkowskyj, Kristina A., M.D., Ph.D |
| | McNeil, Ann S., B.S.N |
| | McPherson, John D., Ph.D |
| | Mercurio, Anne Marie |
| | Mesa, Ruben A., M.D |
| | Miller, Christopher Ryan, M.D., Ph.D |

| | Moore, Jonni S., PH.D. Mori, Motomi, Ph.D., M.B.A. Moscat, Jorge, Ph.D. Mule, James J., Ph.D. | |
|---|--|--|
| N | Neuhausen, Susan L., Ph.D Newby, Joshua | P.H. University of MinnesotaBeckman Research Institute of City of HopeBaylor College of MedicineUniversity of Miami School of Medicine |
| 0 | | University of North Carolina at Chapel HillUniversity of Utah |
| P | | |
| | , , | Oregon Health and Science University |
| | | Johns Hopkins University |
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| | | University of Massachusetts Medical School, Worcester |
| | | Baruch S. Blumberg Institute |
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| | | Baylor College of Medicine |
| | | Indiana University-Purdue University at Indianapolis |
| | Pounardjian, John, M.B.A | |
| R | | |
| | Ramalingam, Suresh S., M.B.B.S. | Emory University |
| | , | University of Kentucky |
| | 9 , | |
| | Ray, Ratna B., Ph.D | |
| | Reddy, Pavan, M.D | University of Michigan at Ann Arbor |
| | Repasky, Elizabeth A., Ph.D | Roswell Park Cancer Institute |
| | Rogers, Laura Q., M.D., M.P.H | University of Alabama at Birmingham |
| | Rothlin, Carla, Ph.D. | |
| | Ryeom, Sandra, Ph.D | |
| S | | |
| 3 | Saenger Vyonne Margaret M.D. | Albert Einstein College of Medicine |
| | 0 / | Fred Hutchinson Cancer Center |
| | | St. Jude Children's Research Hospital |
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| | Shumate, Kate Taylor, M.P.A. Shyr, Yu, Ph.D Simon, Melissa A., M.D., M.P.H. Singh, Anurag Kishor, M.D. Stapleton, Jerod Lynn, Ph.D. Strom, Carla Stukenberg, P. Todd, Ph.D. Sun, Duxin, Ph.D. | |
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| | Sussman, Andrew Louis, Ph.DUniv | |
| T U | Tosteson, Tor D., Sc.D Tseng, George C., Sc.D | |
| | Ulrich, Cornelia M., Ph.D | University of Utah |
| v | Vahdat, Linda Theresa, M.D Von Mehren, Margaret, M.D | |
| VV | Watanabe-Galloway, Shinobu, Ph.D. Weiner, George J., M.D. Weiner, Louis M., M.D. Weissman, Bernard E., Ph.D. Welch, Danny R., Ph.D. Wiley, Patti, M.B.A. Wong, Melissa H., Ph.D. | |
| Y | Yuan, Jian-Min, M.D., Ph.D., M.P.H | University of Pittsburgh |
| Z | Zafirovski, Aleksandar, M.B.AZahrbock, CaryZarour, Hassane M., M.DZhou, Wei, Ph.D. | National Coalition for Cancer SurvivorshipUniversity of Pittsburgh |

Total number of Reviewers: 138

Total number of times reviewers served: 165

3. Consultants Serving on Special Emphasis Panels (SEPs) in FY2023

A

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| Abdi, Salahadin, M.D., Ph.D | University of Texas MD Anderson Cancer Center |
| | Children's Hospital of Philadelphia |
| Aberle, Denise R., M.D. | University of California, Los Angeles |
| Abhyankar, Vinay V., Ph.D | |
| Ablordeppey, Seth Y., Ph.D | Florida Agricultural and Mechanical University |
| Abounader, Roger, M.D., Ph.D. | |
| Abraham, George N., M.D. | University of Rochester |
| Abrams, Donald I., M.D. | |
| Abrams, Julian, M.D. | |
| Acevedo, Andrea, Ph.D | Tufts University, Medford |
| Acharya, Bibhav, M.D | |
| Adams, Swann Arp, Ph.D | University of South Carolina at Columbia |
| Adamson, Amy L., Ph.D | University of North Carolina at Greensboro |
| Addicott, Merideth A., Ph.D | Wake Forest University Health Sciences |
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| Adedimeji, Adebola, Ph.D., M.P.H | Albert Einstein College of Medicine |
| Adegboyega, Adebola O., Ph.D | University of Kentucky |
| Adekola, Kehinde, M.B.B.S. | |
| Adhikary, Amitava, Ph.D. | |
| Adibi, Ali, Ph.D. | Georgia Institute of Technology |
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| Agarwal, Seema, Ph.D. | Georgetown University |
| Aguirre, Andrew James, M.D., Ph.D | Dana-Farber Cancer Institute |
| Ahn, Jeonghyun, Ph.D | University of Miami School of Medicine |
| Ahn, Jiyoung, Ph.D | |
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| Ainslie, Kristy M., Ph.D. | University of North Carolina at Chapel Hill |
| , , | Virginia Commonwealth University |
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| | |
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| Albelda, Steven Mark, M.D | University of Pennsylvania |
| | Boise State University |
| | Duke University |
| | Vanderbilt University Medical Center |
| | New York University School of Medicine |
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| Mayondrakis Coorgins Ph.D. | University of Texas, Arlington |
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| | Beckman Research Institute of City of Hope |
| Arnold, Connie L., Ph.D | Louisiana State University Health Science |
| | Center, Shreveport |
| Artemov, Dmitri, Ph.D. | Johns Hopkins University |
| | |
| Arun, Gayatri, Ph.D | Envisagenics, Inc. |
| Arvanitis, Konstantinos-Costas, Ph.D | Georgia Institute of Technology |
| Aryal, Santosh, Ph.D | University of Texas, Tyler |
| Asare, Matthew, Ph.D | Baylor University |
| Asgary, Ramin, M.D., M.P.H | George Washington University |
| Ashammakhi, Nureddin, M.D., Ph.D | University of California, Los Angeles |
| A -1 D1 - D | |
| Asning, Kimiin Tam, Ph.D | Beckman Research Institute of City of Hope |
| | Beckman Research Institute of City of Hope |
| Ashktorab, Hassan, Ph.D | |
| Ashktorab, Hassan, Ph.DAshley, David M., Ph.D., M.B.B.S | |
| Ashktorab, Hassan, Ph.D | |
| Ashktorab, Hassan, Ph.DAshley, David M., Ph.D., M.B.B.SAshpole, Nicole M., Ph.DAskelson, Natoshia M., Ph.D., M.P.H | |
| Ashktorab, Hassan, Ph.D. Ashley, David M., Ph.D., M.B.B.S. Ashpole, Nicole M., Ph.D. Askelson, Natoshia M., Ph.D., M.P.H. Aslanidi, George V., Ph.D. | |
| Ashktorab, Hassan, Ph.D. Ashley, David M., Ph.D., M.B.B.S. Ashpole, Nicole M., Ph.D. Askelson, Natoshia M., Ph.D., M.P.H. Aslanidi, George V., Ph.D. Asmann, Yan W., Ph.D. | |

| | Astsaturov. Igor. M.D., Ph.D. | Fox Chase Cancer Center |
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| | The second secon | University of Alabama at Birmingham |
| | | Georgetown University |
| | | University of California, Davis |
| | | Roswell Park Cancer Institute |
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| | Au, Kin Fai, Ph.D | University of Michigan at Ann Arbor |
| | Auci, Dominick, Ph.D. | Therapyx, Inc. |
| | Aune, Gregory J., M.D., Ph.D. | University of Texas Health Science Center |
| | Auner, Gregory W., Ph.D. | |
| | Avril, Stefanie, M.D | Case Western Reserve University |
| | Azam, Mohammad, Ph.D | Cincinnati Children's Hospital Medical Center |
| | Azhdarinia, Ali, Ph.D | University of Texas Health Science Center, Houston |
| | Azmi, Asfar S., Ph.D. | Wayne State University |
| | Azuma, Mizuki, Ph.D | |
| В | | |
| D | Pachae Bahart M. M.D. Dh.D. | University of Torres Southwestern Medical Contan |
| | | University of Texas Southwestern Medical Center |
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| | | Virginia Commonwealth University |
| | | University of Maryland, Baltimore |
| | | Mayo Clinic, Arizona |
| | | Kansas City Veterans Administration Medical Center |
| | | University of Texas MD Anderson Cancer Center |
| | Baranda, Joaquina C., M.D. | University of Kansas Medical Center |
| | Barash, Yoseph, Ph.D. | University of Pennsylvania |
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| | Barbi, Joseph, Ph.D | Roswell Park Cancer Institute |
| | | Baylor College of Medicine |
| | Barbolina, Maria V., Ph.D | |
| | Barnes, Frank S., Ph.D. | |
| | Barrett, Michael T., Ph.D. | Mayo Clinic, Arizona |
| | Barrington-Trimis, Jessica Louise, Ph.D | University of Southern California |
| | Barroso, Margarida, Ph.D. | Albany Medical College |

| Barrott Jared James Ph D | Brigham Young University |
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| | Translational Genomics Research Institute |
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| | University of Nebraska Medical Center |
| | Fred Hutchinson Cancer Center |
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| Bertenshaw, Greg, Ph.D | Biomarker Strategies, LLC |
| Bethea, Traci N., M.P.A., Ph.D | Georgetown University |
| | University of Utah |
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| Bhakta, Nickhill Hitesh, M.D., M.P.H | St. Jude Children's Research Hospital |
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| | Icahn School of Medicine at Mount Sinai |
| | Icahn School of Medicine at Mount Sinai |

| Bigatti, Silvia M., Ph.D. | Indiana University-Purdue University at Indianapolis |
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| | Beckman Research Institute of City of Hope |
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| Billadeau, Daniel D., Ph.D | |
| Billings, Douglas W., Ph.D. | Isa Associates, Inc. |
| Birken, Sarah Abigail, Ph.D | Wake Forest University Health Sciences |
| Birtwistle, Marc R., Ph.D | |
| Bishop, Justin A., M.D. | University of Texas Southwestern Medical Center |
| Bissler, John J., M.D. | University of Tennessee Health Science Center |
| Bitler, Benjamin G., Ph.D | University of Colorado, Denver |
| Bjornsti, Mary-Ann, Ph.D | University of Alabama at Birmingham |
| Black, Joshua Cranston, Ph.D | University of Colorado, Denver |
| Blackburn, Jessica S., Ph.D | University of Kentucky |
| Blaes, Anne H., M.D. | |
| Blain Christen, Jennifer M., Ph.D | Arizona State University-Tempe Campus |
| Blair, Cindy Kay, Ph.D., M.P.H | University of New Mexico Health Science Center |
| Blenman, Kim R.M., Ph.D | |
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| Blobe, Gerard C., M.D., Ph.D. | |
| Block, Timothy M., Ph.D. | Baruch S. Blumberg Institute |
| Bock, Beth C., Ph.D | Miriam Hospital |
| Bocklage, Therese Jeanne, M.D | University of Kentucky |
| , , , | University of Arkansas for Medical Sciences |
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| Boise, Lawrence H., Ph.D. | Emory University |
| Boise, Lawrence H., Ph.D. Boland, Genevieve Marie, M.D., Ph.D. | Emory University Massachusetts General Hospital |
| Boise, Lawrence H., Ph.D Boland, Genevieve Marie, M.D., Ph.D Bold, Richard J., M.D., M.B.A | Emory UniversityMassachusetts General HospitalUniversity of California, Davis |
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| Boise, Lawrence H., Ph.D | |
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| Li, Li, M.D., Ph.D | |

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| Liu, Hao, Ph.D | |
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| Liu, Yu-Tsueng, M.D., Ph.D | Diagnologix, LLC |
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| | University of Utah |
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| Nadiminty, Nagalakshmi, Ph.D | University of Toledo Health Science Campus |
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| Nakshatri, Harikrishna, Ph.DInd | liana University-Purdue University at Indianapolis |
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| | Van Dyk, Linda F., Ph.D | University of Colorado Health Science Center, Denver |
| | Van Gerwen, Maaike, M.D., Ph.D | Icahn School of Medicine at Mount Sinai |
| | Van Landeghem, Laurianne Chantal | , Ph.DNorth Carolina State University Raleigh |
| | VanWyk, Jill, M.D | University of Colorado, Denver |
| | Varadarajan, Navin, Ph.D | University of Houston |
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| | Vijayvergia, Namrata, M.D., M.B.B.S | Fox Chase Cancer Center |

| | Vilarinho, Silvia, M.D., Ph.D. | Yale University |
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| | Villanueva, Augusto, M.D., Ph.D. | Icahn School of Medicine at Mount Sinai |
| | Vinci, Christine, Ph.D | |
| | Visconte, Valeria, Ph.D. | |
| | Viswanathan, Srinivas Raghavan, M.D., Ph.1 | D Dana-Farber Cancer Institute |
| | Vlashi, Erina, Ph.D. | University of California, Los Angeles |
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| | Wang, Shaopeng, Ph.D. | Arizona State University-Tempe Campus |
| | Wang, Shizhen Emily, Ph.D. | |
| | Wang, Tza-Huei Jeff, Ph.D | Johns Hopkins University |
| | Wang, Victoria, M.D., Ph.D. | |
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| Wang, Xiaofei, Ph.D. | Duke University |
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| - | University of Colorado, Denver |
| Ward, Jeffrey P., M.D., Ph.D | |
| Ware, Carl F., Ph.D. | Sanford Burnham Prebys Medical Discovery Institute |
| Warfel, Noel Andrew, Ph.D | University of Arizona |
| Warner, Jeremy Lyle, M.D | Rhode Island Hospital |
| Warren, Christopher L., Ph.D | Proteovista, LLC |
| Warren Andersen, Shaneda, Ph.D | University of Wisconsin-Madison |
| Wasik, Mariusz A., M.D | Fox Chase Cancer Center |
| Watabe, Kounosuke, Ph.D | Wake Forest University Health Sciences |
| Watkins, Simon C., Ph.D. | University of Pittsburgh |
| Watson, Mark A., M.D., Ph.D. | |
| Wattenberg, Brian W., Ph.D | Virginia Commonwealth University |
| | Wake Forest University Health Sciences |
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| Williams, Donna L., Dr.PH., M.P.H | Louisiana State University Health Sciences Center |
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| Williams, John Charles, Ph.D | Beckman Research Institute of City of Hope |
| Williams, Noelle Sevilir, Ph.D | University of Texas Southwestern Medical Center |
| Williamson, Stephen K., M.D | University of Kansas Medical Center |
| Willman, Cheryl L., M.D | |
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| | Zahrbock, Cary, M.O.T.H., O.T.H | National Coalition for Cancer Survivorship |
| | Zaika, Alexander I., Ph.D | University of Miami School of Medicine |
| | | University of Texas Southwestern Medical Center |
| | Zamarin, Dmitriy, M.D., Ph.D. | Icahn School of Medicine at Mount Sinai |
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| Zhou, Xianghong Jasmine, Ph.D | University of California, Los Angeles |
| Zhou, Xiaobo, Ph.D | University of Texas Health Science Center Houston |
| Zhu, Cheng, Ph.D | Georgia Institute of Technology |
| Zhu, Hong, Ph.D. | |
| | Ohio State University |
| Zhu, Liqin, Ph.D | St. Jude Children's Research Hospital |
| Zhu, Qianqian, Ph.D | Roswell Park Cancer Institute |
| Zhu, Shizhen, M.D., Ph.D. | Mayo Clinic, Rochester |
| Zhu, Timothy C., Ph.D | University of Pennsylvania |
| Zhu, Yong, Ph.D. | |
| Zhu, Yuan, Ph.D. | Children's Research Institute |
| Zhu, Yuwen, Ph.D. | University of Colorado, Denver |
| | Hackensack University Medical Center |
| Zinkel, Sandra S., M.D., Ph.D. | Vanderbilt University |
| Zipfel, Warren R., Ph.D. | |
| Zlotta, Alexandre, M.D | Sinai Health System |
| Zullig, Leah L., Ph.D., M.P.H. | |
| Zylberberg, Claudia, Ph.D. | Akron Biotechnology, LLC |
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Total number of Reviewers: 2,363 Total number of times reviewers served: 3,032

Appendix F: NCI Grant Mechanisms and Descriptions

Below is a brief description of different NIH funding mechanisms. Additional information on grants, contracts, and extramural policy notices may be found by viewing the NCI DEA webpage on Grants Guidelines and Descriptions at https://deainfo.nci.nih.gov/flash/awards.htm.

| C Series: Research Construction Programs | | |
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| C 06 | Research Facilities Construction Grants To provide matching Federal funds, up to 75 percent, for construction or major remodeling to create new research facilities, which in addition to basic research laboratories may include, under certain circumstances, animal facilities and/or limited clinical facilities where they are an integral part of an overall research effort. | |
|) Series: l | nstitutional Training and Director Program Projects | |
| D43 | International Training Grants in Epidemiology To improve and expand epidemiologic research and the utilization of epidemiology in clinical trials and prevention research in foreign countries through support of training programs for foreign health professionals, technicians, and other health care workers. | |
| DP1 | NIH Director's Pioneer Award (NDPA) To support individuals who have the potential to make extraordinary contributions to medical research. The NIH Director's Pioneer Award is not renewable. | |
| DP2 | NIH Director's New Innovator Awards To support highly innovative research projects by new investigators in all areas of biomedical and behavioral research. | |
| Series: Fellowship Programs | | |
| F30 | Ruth L. Kirschstein National Research Service Award (NRSA) for Individual Predoctoral M.D./Ph.D. Degree Fellows To provide predoctoral individuals with supervised research training in specified health and health-related areas leading toward a research degree (e.g., Ph.D.). | |
| F31 | Ruth L. Kirschstein National Research Service Award for Predoctoral Individuals To provide predoctoral research training to individuals to broaden their scientific background and extend their potential for research in specified health-related areas. | |
| F32 | Ruth L. Kirschstein National Research Service Award for Individual Postdoctoral Fellows To provide postdoctoral research training to individuals to broaden their scientific background and extend their potential for research in specified health-related areas. | |
| F33 | Ruth L. Kirschstein National Research Service Award for Senior Fellows To provide opportunities for experienced scientists to make major changes in the direction of research careers, broaden scientific backgrounds, acquire new research capabilities, enlarge command of an allied research field, or take time from regular professional responsibilities to increase capabilities to engage in health-related research. | |

| F99/ K00 | The NCI Predoctoral to Postdoctoral Fellow Transition Award To encourage and retain outstanding graduate students who have demonstrated potential and interest in pursuing careers as independent cancer researchers. |
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| eries: C | Career Development Programs |
| K01 | The Howard Temin Award (no longer supported through use of the K01 by the NCI; see the K99/R00) A previously used NCI-specific variant of the NIH Mentored Research Scientist Development Award that was designed to provide research scientists with an additional period of sponsored research experience as a way to gain expertise in a research are new to the applicant or in an area that would demonstrably enhance the applicant scientific career. |
| K01 | Mentored Career Development Award for Underrepresented Minorities To support scientists committed to research who are in need of both advanced research training and additional experience. |
| K05 | Established Investigator Award in Cancer Prevention, Control, Behavioral, and Population Research To support scientists qualified to pursue independent research that would extend the research program of the sponsoring institution or to direct an essential part of the program. |
| K07 | Cancer Prevention, Control, Behavioral, and Population Sciences Career Development Award To support the postdoctoral career development of investigators who are committed to academic research careers in cancer prevention, control, behavioral, epidemiological and/or the population sciences. It supports up to 5 years of combined didactic and supervised (i.e., mentored) research experiences to acquire the methodological and theoretical research skills needed to become an independent scientist. The very broad nature of the prevention, control, and population sciences makes it applicable to those individuals doctorally trained in the basic sciences, medicine, behavioral sciences, and or public health. The K07 award has been expanded from a scope limited to "prevention oncology" to include the entire spectrum of fields that are of vital importance to cancer prevention and control, such as nutrition, epidemiology, and behavioral sciences. |
| K08 | Mentored Clinical Scientists Development Award To provide the opportunity for promising medical scientists with demonstrated aptitude to develop into independent investigators, or for faculty members to pursue research is categorical areas applicable to the awarding unit, and to aid in filling the academic faculty gap in specific shortage areas within U.S. health professions institutions. |

| K08 | Mentored Clinical Scientists Development Award—Minorities in Clinical Oncology A specialized type of Mentored Clinical Scientist Developmental Award (K08) that supports the development of outstanding clinical research scientists, with this type being reserved for qualified individuals from underrepresented minority groups. Both types of K08 awards support periods of specialized study for clinically trained professionals who are committed to careers in research and who have the potential to develop into independent investigators. The K08 awards for Minorities in Clinical Oncology are distinct and important because they provide opportunities for promising medical scientists with demonstrated aptitudes who belong to underrepresented minority groups to develop into independent investigators, or for faculty members who belong to underrepresented minority groups to pursue research aspects of categorical areas applicable to the awarding unit(s), and aid in filling the academic faculty gaps in these shortage areas within U.S. health professions institutions. |
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| K12 | Institutional Clinical Oncology Research Career Development Award To support a newly trained clinician appointed by an institution for development of independent research skills and experience in a fundamental science within the framework of an interdisciplinary research and development program. |
| K18 | The Career Enhancement Award Provides either full-time or part-time support for experienced scientists who would like to broaden their scientific capabilities or to make changes in their research careers by acquiring new research skills or knowledge. Career enhancement experiences supported by this award should usually last no more than 1 year. |
| K22 | The NCI Transition Career Development Award for Underrepresented Minorities To provide support to outstanding newly trained basic or clinical investigators to develop their independent research skills through a two-phase program: an initial period involving an intramural appointment at the NIH and a final period of support at an extramural institution. The award is intended to facilitate the establishment of a record of independent research by the investigator to sustain or promote a successful research career. |
| K22 | The NCI Scholars Program To provide an opportunity for outstanding new investigators to begin their independent research careers, first within the special environment of the NCI and then at an institution of their choice. Specifically, this program provides necessary resources to initiate an independent research program of 3 to 4 years at the NCI, followed by an extramural funding mechanism (K22) to support their research program for 2 years at the extramural institution to which they are recruited. |
| K23 | Mentored Patient-Oriented Research Career Development Award To provide support for the career development of investigators who have made a commitment to focus their research endeavors on patient-oriented research. This mechanism provides support for a 3-year minimum up to a 5-year period of supervised study and research for clinically trained professionals who have the potential to develop into productive clinical investigators. |

K23 Mentored Patient-Oriented Research Career Development Award for Underrepresented Minorities To support the career development of investigators who have made a commitment to focus their research on patient-oriented research. This mechanism provides support for a period of supervised study and research for clinically trained professionals who have the potential to develop into productive clinical investigators in patient-oriented research. **K24** Mid-Career Investigator Award in Patient-Oriented Research To provide support for clinicians to allow them protected time to devote to patientoriented research and to act as mentors for beginning clinical investigators. The target candidates are outstanding clinical scientists engaged in patient-oriented research who are within 15 years of their specialty training, who can demonstrate the need for a period of intensive research focus as a means of enhancing their clinical research careers, and who are committed to mentoring the next generation of clinical investigators in patientoriented research. **K25 Mentored Quantitative Research Career Development Award** This award allows an independent scientist in a highly technical field of research to identify an appropriate mentor with extensive experience in cancer research and to receive the necessary training and career development required to become involved in multidisciplinary cancer research. **K99/** NIH Pathway to Independence (PI) Award **R00** The Pathway to Independence Award, which is part of the NIH Roadmap Initiative but is known as the Howard Temin Award within the NCI, will provide up to 5 years of support consisting of two phases. The initial phase will provide 1 to 2 years of mentored support for highly promising postdoctoral research scientists. This phase will be followed by up to 3 years of independent support contingent on securing an independent research position. Award recipients will be expected to compete successfully for independent R01 support from the NIH during the career transition award period. The PI Award is limited to postdoctoral trainees within 5 years of completion of their training who propose research relevant to the mission of one or more of the participating NIH Institutes and Centers. L Series: Loan Repayment Program L30 **Loan Repayment Program for Clinical Researchers** To provide for the repayment of the educational loan debt of qualified health professionals involved in clinical research. Qualified health professionals who contractually agree to conduct qualified clinical research are eligible to apply for this program. L32 Loan Repayment Program for Clinical Researchers From Disadvantaged Backgrounds To provide for the repayment of the educational loan debt of qualified health professionals from disadvantaged backgrounds involved in clinical research. Qualified health professionals from disadvantaged backgrounds who contractually agree to conduct qualified clinical research are eligible to apply for this program. **Loan Repayment Program for Pediatric Research** L40 To provide for the repayment of the educational loan debt of qualified health professionals involved in research directly related to diseases, disorders, and other conditions in children. Qualified health professionals who contractually agree to conduct qualified pediatric research are eligible to apply for this program.

| L50 | Loan Repayment Program for Contraception and Infertility Research |
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| LOU | To provide for the repayment of the educational loan debt of qualified health professionals |
| | (including graduate students) who contractually agree to commit to conduct qualified |
| | contraception and/or infertility research. |
| L60 | Loan Repayment Program for Health Disparities Research |
| | To provide for the repayment of the educational loan debt of qualified health professionals |
| | involved in minority health and health disparities research, for the purposes of improving minority health and reducing health disparities. Qualified health professionals who |
| | contractually agree to conduct qualified minority health disparities research or other |
| | health disparities research are eligible to apply for this program. |
| P Series: R | lesearch Program Projects and Centers |
| P01 | Research Program Projects |
| | To support multidisciplinary or multifaceted research programs that have a focused theme. |
| | Each component project should be directly related to and contribute to the common |
| | theme. |
| P20 | Exploratory Grants |
| | To support planning for new programs, expansion or modification of existing resources, and feasibility studies to explore various approaches to the development of interdisciplinary |
| | programs that offer potential solutions to problems of special significance to the mission |
| | of the NIH. These exploratory studies may lead to specialized or comprehensive centers. |
| P30 | Center Core Grants |
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| | To support shared use of resources and facilities for categorical research by investigators |
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| R Series: I | Research Projects | | |
|-------------|--|--|--|
| R01 | Research Project Grants are awarded to institutions to allow a Principal Investigator to pursue a scientific focus or objective in his or her area of interest and competence. Institutional sponsorship assures the NIH that the institution will provide facilities necessary to conduct the research and will be accountable for the grant funds. Applications are accepted for health-related research and development in all areas within the scope of the NIH's mission. | | |
| R03 | Small Research Grants Small grants provide research support, specifically limited in time and amount, for activities, such as pilot projects, testing of new techniques, or feasibility studies of innovative, high-risk research, which would provide a basis for more extended research. | | |
| R13 | Conferences The NIH provides funding for conferences to coordinate, exchange, and disseminate information related to its program interests. Generally, such awards are limited to participation with other organizations in supporting conferences rather than provision of sole support. Costs eligible for support include salaries, consultant services, equipment rental, travel, supplies, conference services, and publications. Prospective applicants are encouraged to inquire in advance concerning possible interest on the part of an awarding Institute/Center (IC) and to obtain more information on application procedures and costs. | | |
| R15 | The NIH Academic Research Enhancement Awards (AREA) To enhance the research environment of educational institutions that have not been traditional recipients of NIH research funds, this award provides limited funds to those institutions' faculty members to develop new research projects or expand ongoing research activities in health sciences and to encourage students to participate in the research activity. As funds are anticipated to continue to be available each year, the NIH is now inviting applications for AREA grants through a standing, ongoing Program Announcement. | | |
| R21 | Exploratory/Developmental Grants To encourage the development of new research activities in categorical program areas (Support generally is restricted in the level of support and duration.) | | |
| R24 | Resource-Related Research Projects To support research projects that will enhance the capability of resources to serve biomedical research. | | |
| R25E | Cancer Education Grant Program (CEGP) A flexible, curriculum-driven program aimed at developing and sustaining innovative educational approaches that ultimately will have an impact on reducing cancer incidence, mortality, and morbidity, as well as on improving the quality of life of cancer patients. The CEGP accepts investigator-initiated grant applications that pursue a wide spectrum of objectives, ranging from short courses to the development of new curricula in academic institutions; to national forums and seminar series; to hands-on workshop experiences for the continuing education of health care professionals, biomedical researchers, and the lay community; and to structured short-term research experiences designed to motivate high school, college, medical, dental, and other health professional students to pursue careers in cancer research. Education grants can focus on education activities before, during, and after the completion of a doctoral-level degree, as long as they address a need that is not fulfilled adequately by any other grant mechanism available at the NIH and are dedicated to areas of particular concern to the National Cancer Program. | | |

R25T Cancer Education and Career Development Program

To support the development and implementation of curriculum-dependent, teamoriented programs to train predoctoral and postdoctoral candidates in cancer research team settings that are highly interdisciplinary and collaborative. This specialized program is particularly applicable to the behavioral, prevention, control, nutrition, and population sciences but should also be considered by other areas of research (e.g., imaging, pathology) that will require sustained leadership, dedicated faculty time, specialized curriculum development and implementation, interdisciplinary research environments, and more than one mentor per program participant to achieve their education and research career development objectives.

R33 Exploratory/Developmental Grants, Phase II

To provide a second phase for support of innovative exploratory and developmental research activities initiated under the R21 mechanism. Although only R21 awardees are generally eligible to apply for R33 support, specific program initiatives may establish eligibility criteria under which applications could be accepted from applicants who demonstrate program competency equivalent to that expected under R33.

R35 Outstanding Investigator Award (OIA)

To provide long-term support to experienced investigators with outstanding records of cancer research productivity who propose to conduct exceptional research. The OIA is intended to allow investigators the opportunity to take greater risks, be more adventurous in their lines of inquiry, or take the time to develop new techniques. The OIA would allow an Institution to submit an application nominating an established Program Director/Principal Investigator (PD/ PI) for a 7-year grant.

R37 Method to Extend Research in Time (MERIT) Award

To provide longer-term grant support to Early-Stage Investigators (ESIs). By providing such an opportunity for longer term support to ESIs, the NCI intends to give them flexibility and opportunity for creativity and innovation, and additional time to successfully launch their careers and to become more established before having to submit renewal applications. The objective of the NCI's ESI MERIT Award is to allow eligible investigators the opportunity to obtain up to 7 years of support in two segments, with the first being an initial 5-year award and the second being based on an opportunity for an extension of up to 2 additional years, based on an expedited NCI review of the accomplishments during the initial funding segment. Investigators may not apply for an ESI MERIT award. ESIs who have submitted a single-Principal Investigator (PI) R01 application that received a score within the NCI payline are eligible for consideration for the award. NCI program staff members will identify eligible candidate applications for the ESI MERIT Award and submit them to the members of the National Cancer Advisory Board (NCAB) for consideration. If recommended by the NCAB and approved by NCI leadership, the ESI R01 will be converted to an ESI MERIT (R37) for the initial 5-year funding segment.

R38 Stimulating Access to Research in Residency (StARR) To recruit and retain outstanding, postdoctoral-level health professionals who have demonstrated potential and interest in pursuing careers as clinician-investigators. To address the growing need for this critical component of the research workforce, this funding opportunity seeks applications from institutional programs that can provide outstanding mentored research opportunities for Resident-Investigators and foster their ability to transition to individual career development research awards. The program will support institutions to provide support for up to 2 years of research conducted by Resident-Investigators in structured programs for clinician-investigators with defined program milestones. **R50 Research Specialist Award** To encourage the development of stable research career opportunities for exceptional scientists who want to pursue research within the context of an existing cancer research program, but not serve as independent investigators. These scientists, such as researchers within a research program, core facility managers, and data scientists, are vital to sustaining the biomedical research enterprise. The award is intended to provide desirable salaries and sufficient autonomy so that individuals are not solely dependent on grants held by Principal Investigators for career continuity. **R55** James A. Shannon Director's Award To provide a limited award to investigators to further develop, test, and refine research techniques; perform secondary analysis of available data sets; test the feasibility of innovative and creative approaches; and conduct other discrete projects that can demonstrate their research capabilities and lend additional weight to their already meritorious applications. Essentially replaced in FY2005 by the R56 award. **R56** High-Priority, Short-Term Project Award Begun in FY2005, this grant provides funds for 1 or 2-year high-priority new or competing renewal R01 applications that fall just outside the limits of funding of the participating NIH Institutes and Centers (ICs); recipients of R56 awards will be selected by IC staff from R01 applications that fall at or near the payline margins. **R61** Phase 1 Exploratory/Developmental Grant The R61 award mechanism for exploratory/developmental projects. The R61 mechanism is suitable for projects that are at their inception, conceptual, or idea-based phase. In this phase, the technical feasibility of the proposed technology or methodology should not yet have been established. Preliminary data are not required but are accepted if available. If preliminary data are sufficient to suggest the feasibility of the approach is established, then consideration should be given to submitting to the companion R33. RL1 **Linked Research Project Grant**

programs that offer linked awards.

To support a discrete, specified, circumscribed project that is administratively linked to another project or projects and to be performed by the named investigator(s) in an area representing his or her specific interest and competencies. An RL1 award may only be disaggregated from U54 applications, and organizations may not apply for an RL1, Linked Research Project Grant. The RL1 activity code is used in lieu of the R01 for those

Small Business Innovation Research (SBIR) (R43/44) and Small Business Technology Transfer (STTR) (R41/42) Programs

The NIH welcomes grant applications from small businesses in any biomedical or behavioral research

area as described in the solicitations below. Support under the SBIR program is normally provided for 6 months/\$100,000 for Phase I and 2 years/\$500,000 for Phase II. Applicants may propose longer periods of time and greater amounts of funds necessary for completion of the project.

| STTR Grants, Phase I To support cooperative research and development (R&D) projects between small business concerns and research institutions, limited in time and amount, to establish the technical merit and feasibility of ideas that have potential for commercialization. | | | |
|--|--|--|--|
| STTR Grants, Phase II To support in-depth development of cooperative R&D projects between small business concerns and research institutions, limited in time and amount, whose feasibility has been established in Phase I and that have potential for commercial products or services. | | | |
| SBIR Grants, Phase I To support projects, limited in time and amount, to establish the technical merit an feasibility of R&D ideas that may ultimately lead to commercial products or services. | | | |
| SBIR Grants, Phase II To support in-depth development of R&D ideas whose feasibility has been established in Phase I and that are likely to result in commercial products or services. | | | |
| Research-Related Programs | | | |
| Research Enhancement Award Individual investigator-initiated research projects aimed at developing researchers at minority-serving institutions (MSIs) to a stage where they can transition successfully to other extramural support (R01 or equivalent). | | | |
| Pilot Research Project Individual investigator-initiated pilot research projects for faculty at MSIs to generate preliminary data for a more ambitious research project. | | | |
| Lasker Clinical Research Scholar Program This program will support the research activities during the early-stage careers of independent clinical researchers. | | | |
| Minority Biomedical Research Support (MBRS) To strengthen the biomedical research and research training capability of ethnic minority institutions and thus establish a more favorable milieu for increasing the involvement of minority faculty and students in biomedical research. | | | |
| | | | |

S07 Biomedical Research Support Grants (NCRR BRSG)

As an example of this funding mechanism, the NIH issued a Request for Applications (RFA) in FY2004 to provide short-term interim support for institutional activities that will strengthen oversight of human subjects research at institutions that receive significant NIH support for clinical research. Although there is considerable flexibility in the types of activities that could be supported under the BRSG program, that RFA emphasized the importance of efforts to enhance the protection of research subjects by means that would be sustained by the recipient institution after the award period ends. Awardees also are required to collaborate with other institutions conducting human subjects research and are not currently funded under this program, and to share educational resources, computer technologies, best practices, etc. Although all NIH components supporting clinical research (including the NCI) are providing support for this program, it is administered by the National Center for Research Resources (NCRR).

S10 Biomedical Research Support Shared Instrumentation Grants (NCRR SIG)

The National Center for Research Resources (NCRR) initiated its competitive Shared Instrumentation Grant (SIG) Program in FY1982. Shared Instrumentation Grants provide support for expensive state-of-the-art instruments utilized in both basic and clinical research. This program is designed to meet the special problems of acquisition and updating of expensive shared-use instruments that are not generally available through other NIH funding mechanisms, such as the regular research project, program project, or center grant programs. Applications for funds to design or to advance the design of new instruments are not accepted. The objective of the program is to make available to institutions with a high concentration of NIH-supported biomedical investigators expensive research instruments that can only be justified on a shared-use basis and for which meritorious research projects are described.

S21 Research and Institutional Resources Health Disparities Endowment Grants—Capacity Building

To strengthen the research and training infrastructure of the institution, while addressing current and emerging needs in minority health and other health disparities research.

T Series: Training Programs

T15 Continuing Education Training Grants

To assist professional schools and other public and nonprofit institutions in the establishment, expansion, or improvement of programs of continuing professional education, especially for programs of extensive continuation, extension, or refresher education dealing with new developments in the science and technology of the profession.

T32 NIH National Research Service Award—Institutional Research Training Grants

To enable institutions to make National Research Service Awards to individuals selected by them for predoctoral and postdoctoral research training in specified shortage areas.

T34 Undergraduate NRSA Institutional Research Training Grants

To enhance the undergraduate research training of individuals from groups underrepresented in biomedical, behavioral, clinical, and social sciences through Institutional National Research Service Award Training Grants in preparation for research doctorate degree programs.

| Series: | Cooperative Agreements | | | |
|---------|---|--|--|--|
| U01 | Research Projects—Cooperative Agreements | | | |
| | To support a discrete, specified, circumscribed project to be performed by the name investigators in an area representing their specific interests and competencies. | | | |
| U10 | Cooperative Clinical Research—Cooperative Agreements To support clinical evaluation of various methods of therapy and/or prevention in specific disease areas. These represent cooperative programs between participating institutions are Principal Investigators and are usually conducted under established protocols. | | | |
| U13 | Conference—Cooperative Agreements To coordinate, exchange, and disseminate information related to its program interests, a NIH Institute or Center can use this type of award to provide funding and direction for appropriate scientific conferences. These cooperative agreements allow the NCI to partner with one or more outside organizations to support international, national, or regions meetings, conferences, and workshops that are of value in promoting the goals of the National Cancer Program. | | | |
| U19 | Research Program—Cooperative Agreements | | | |
| | To support a research program of multiple projects directed toward a specific major objective, basic theme, or program goal, requiring a broadly based, multidisciplinary, are often long-term approach. | | | |
| U2C | Resource-Related Research Multicomponent Projects and Centers Cooperative | | | |
| | Agreements To support multicomponent research resource projects and centers that will enhance the capability of resources to serve biomedical research. Substantial Federal programmat staff involvement is intended to assist investigators during performance of the research activities, as defined in the terms and conditions of the award. | | | |
| U24 | Resource-Related Research Projects—Cooperative Agreements | | | |
| | To support research projects contributing to improvement of the capability of resourc to serve biomedical research. | | | |
| U42 | Animal (Mammalian and Nonmammalian) Model, and Animal and Biological Materials Resource Cooperative Agreements | | | |
| | To develop and support animal (mammalian and nonmammalian) models or animal biological materials resources available to all qualified investigators without regard to the scientific disciplines or disease orientations of their research activities or specifically directed to a categorical program. Nonmammalian resources include nonmammalian vertebrates invertebrates, cell systems, and nonbiological systems. | | | |
| U43 | Small Business Innovation Research (SBIR) Cooperative Agreements—Phase I To support projects, limited in time and amount, to establish the technical merit ar feasibility of R&D ideas that may ultimately lead to commercial products or services. | | | |
| U44 | Small Business Innovation Research (SBIR) Cooperative Agreements—Phase II To support in-depth development of R&D ideas whose feasibility has been established Phase I and that are likely to result in commercial products or services. | | | |

U54 Specialized Center—Cooperative Agreements

To support any part of the full range of research and development from very basic to clinical; may involve ancillary supportive activities such as protracted patient care necessary to the primary research or R&D effort. The spectrum of activities comprises a multidisciplinary attack on a specific disease entity or biomedical problem area. These differ from program projects in that they are usually developed in response to an announcement of the programmatic needs of an Institute or Division and subsequently receive continual attention from its staff. Centers also may serve as regional or national resources for special research purposes, with assistance from staff of the funding component in identifying appropriate priority needs.

U56 Exploratory Grants—Cooperative Agreements

To support planning for new programs, expansion, or modification of existing resources, and feasibility studies to explore various approaches to the development of interdisciplinary programs that offer potential solutions to problems of special significance to the mission of the NIH. These exploratory studies may lead to specialized or comprehensive centers. Substantial Federal programmatic staff involvement is intended to assist investigators during performance of the research activities, as defined in the terms and conditions of award.

UE5 Research Education Cooperative Agreements Program

The NIH Research Education Cooperative Agreements Program (UE5) supports research education activities in the mission areas of the NIH. The overarching goal of the NCI's UE5 program is to support educational activities that complement and/or enhance the training of a workforce to meet the nation's biomedical, behavioral, and clinical cancer research needs.

UG1 Clinical Research Cooperative Agreements—Single Project

To support single project applications conducting clinical evaluation of various methods of therapy and/or prevention (in specific disease areas). Substantial Federal programmatic staff involvement is intended to assist investigators during performance of the research activities, as defined in the terms and conditions of the award. NOTE: The UG1 is the single-component companion to the U10, which is used for multi-project applications only.

UG3 Phase 1 Exploratory/Developmental Cooperative Agreement

As part of a biphasic approach to funding exploratory and/or developmental research, the UG3 provides support for the first phase of the award. This activity code is used in lieu of the UH2 activity code when larger budgets and/or project periods are required to establish feasibility for the project.

UH2/ Exploratory/Developmental Cooperative Agreement Phase I/II

UH3

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

The UH3 provides a second phase for the support for innovative exploratory and development research activities initiated under the UH2 mechanism. Although only UH2 awardees are generally eligible to apply for UH3 support, specific program initiatives may establish eligibility criteria under which applications could be accepted from applicants demonstrating progress equivalent to that expected under the UH2.

UM1 Research Project with Complex Structure Cooperative Agreement

To support cooperative agreements involving large-scale research activities with complicated structures that cannot be appropriately categorized into an available single-component activity code (e.g., clinical networks, research programs, or consortia). The components represent a variety of supporting functions and are not independent of each component. Substantial Federal programmatic staff involvement is intended to assist investigators during performance of the research activities, as defined in the terms and conditions of the award. The performance period may extend up to 7 years but only through the established deviation request process. ICs desiring to use this activity code for programs greater than 5 years must receive OPERA prior approval through the deviation request process.



Appendix G: Glossary of Acronyms

| AA | Assessment and Authorization | DCLG | Director's Consumer Liaison Group |
|-------|---|--------------|---------------------------------------|
| ACD | Advisory Committee to the Director | | (now NCRA) |
| ACRWH | Advisory Committee on Research | DCP | Division of Cancer Prevention |
| | on Women's Health | DCTD | Division of Cancer Treatment and |
| AHRQ | Agency for Healthcare Research | | Diagnosis |
| | and Quality | DEA | Division of Extramural Activities |
| AIDS | Acquired Immune Deficiency | DEAIS | DEA Information System |
| | Syndrome | DF0 | Designated Federal Official |
| AISB | Applied Information Systems Branch | DOC | Division, Office, and Center |
| ARA | Awaiting Receipt of Application | DPDU | DEA Processing and Distribution Unit |
| AREA | Academic Research Enhancement | DRR | Division of Receipt and Referral |
| | Award | ECB | Electronic Council Book |
| AT0 | Authorization to Operate | eCPS | electronic Contract Proposal |
| BRSG | Biomedical Research Support Grant | | Submission |
| BSA | Board of Scientific Advisors | EDRN | Early Detection Research Network |
| BSC | Board of Scientific Counselors | EPMC | Extramural Program Management |
| CBIIT | NCI Center for Biomedical Informatics | | Committee |
| | and Information Technology | eRA | electronic Research Administration |
| CCG | Center for Cancer Genomics | ESI | Early-Stage Investigator |
| CCR | Center for Cancer Research | eTUG | eRA Technical Users Group |
| CCSG | Cancer Center Support Grant | FACA | Federal Advisory Committee Act |
| CCT | Center for Cancer Training | FDA | U.S. Food and Drug Administration |
| CD | Career Development | FFRDC | Federally Funded Research and |
| CDC | Centers for Disease Control | | Development Center |
| | and Prevention | FLARE | Fiscal Linked Analysis of Research |
| CEGP | Cancer Education Grant Program | | Emphasis |
| CGCHR | Center for Global Cancer Health | FNLAC | Frederick National Laboratory |
| | Research | | Advisory Committee |
| CIT | Center for Information Technology | FNLCR | Frederick National Laboratory for |
| CMM | Committee Management Module | | Cancer Research |
| CMO | Committee Management Office | FOA | Funding Opportunity Announcement |
| CoC | Council of Councils | FOIA | Freedom of Information Act |
| CRCHD | Center to Reduce Cancer Health | FY | Fiscal Year |
| | Disparities | GOCO | Government-owned, contractor- |
| CSR | Center for Scientific Review | | operated |
| CSSI | Center for Strategic Scientific Initiatives | HHS | U.S. Department of Health and |
| CTAC | Clinical Trials and Translational | | Human Services |
| | Research Advisory Committee | IC | Institute/Center |
| DAP | Digital Analytics Program | IITAG | Informatics and IT Advisory Group |
| DCB | Division of Cancer Biology | IMAT | Innovative Molecular and Cellular |
| DCCPS | Division of Cancer Control and | | Analysis Technologies |
| | Population Sciences | IMPAC | Information for Management, Planning, |
| DCEG | Division of Cancer Epidemiology and | | Analysis, and Coordination |
| | Genetics | IRG | Initial Review Group |

| IRM | Information Resources Management | PAR | Reviewed Program Announcement |
|---------|--|--------|--------------------------------------|
| IT | Information Technology | PCP | President's Cancer Panel |
| LOI | Letter of Intent | PCRB | Program Coordination and Referral |
| LRP | Loan Repayment Program | | Branch |
| MBRS | Minority Biomedical Research Support | PHS | Public Health Service |
| MERIT | Method to Extend Research in Time | Pl | Principal Investigator |
| MSI | Minority-Serving Institution | PRESTO | Program Review and Extramural Staff |
| NCAB | National Cancer Advisory Board | | Training Office |
| NCI | National Cancer Institute | RAEB | Research Analysis and Evaluation |
| NCRA | NCI Council of Research Advocates | TUTED | Branch |
| | (replaces DCLG) | R&D | Research and Development |
| NCRR | National Center for Research Resources | RFA | Request for Applications |
| NDPA | NIH Director Pioneer Award | RFP | Request for Proposals |
| NEES | NIH Enterprise Ethics System | RIO | Research Integrity Officer |
| NExTRAC | - | RO | Referral Officer |
| | Research Advisory Council | RPG | Research Project Grant |
| NIAAA | National Institute on Alcohol Abuse | RPRB | Research Programs Review Branch |
| | and Alcoholism | RTCRB | Research Technology and Contracts |
| NIAID | National Institute of Allergy and | | Review Branch |
| | Infectious Diseases | RTRB | Resources and Training Review Branch |
| NIBIB | National Institute of Biomedical | SA | Staff Assistant |
| | Imaging and Bioengineering | SAM | System for Award Management |
| NIDA | National Institute on Drug Abuse | SBIR | Small Business Innovation Research |
| NIGMS | National Institute of General Medical | SBIRDC | SBIR Development Center |
| | Sciences | SEER | Surveillance, Epidemiology, and End |
| NIH | National Institutes of Health | | Results |
| NIMHD | National Institute on Minority Health | SEP | Special Emphasis Panel |
| | and Health Disparities | SIC | Special Interest Category |
| NOF0 | Notice of Funding Opportunity | SIG | Shared Instrumentation Grant |
| NRSA | National Research Service Award | SPL | Scientific Program Leadership |
| OBF | Office of Budget and Finance | SPORE | Specialized Program of Research |
| 0CPL | Office of Communications and Public | | Excellence |
| | Liaison | SPRS | Secure Payee Registration System |
| OD | Office of the Director | SRB | Special Review Branch |
| 0EA | Office of Extramural Applications | SREA | Scientific Review and Evaluation |
| 0ER | Office of Extramural Research | | Activities |
| OFACP | Office of Federal Advisory Committee | SR0 | Scientific Review Officer (formerly |
| | Policy | | Scientific Review Administrator) |
| OHAM | Office of HIV and AIDS Malignancy | STTR | Small Business Technology Transfer |
| OIA | Outstanding Investigator Award | | Research |
| OPERA | Office of Policy for Extramural | T&E | Training and Education |
| | Research Administration | TEAG | Trans-NCI Extramural Awareness |
| ORRPC | Office of Referral, Review, and | | Group |
| | Program Coordination | TEP | Technical Evaluation Panel |
| PA | Program Announcement | | |



Appendix H: Cancer Information Sources on the Internet

NCI Website

The National Cancer Institute maintains a number of websites containing information about the Institute and its programs. All NCI websites, including those designed to provide cancer-related information to the general public and physicians, can be reached from the NCI home page at https://www.cancer.gov.

DEA Websites

The following websites are maintained by the DEA to provide detailed information to researchers and the public about NCI funding opportunities and Advisory Boards and groups. Links to the individual DEA Web pages via the DEA home page are listed below.

Funding Opportunities/Policies

https://deainfo.nci.nih.gov/funding.htm

Comprehensive information about external funding opportunities for cancer research; lists of active PAs and RFAs; recently cleared concepts; grant policies and guidelines; downloadable application forms.

https://deais.nci.nih.gov/foastatus/?nt=P Active PAs, with links to detailed descriptions.

https://deais.nci.nih.gov/foastatus

Active RFAs, with links to detailed descriptions.

https://deainfo.nci.nih.gov/grantspolicies/index.htm Links to full-text NCI and NIH policies related to grants and grant review (e.g., Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research and Instructions to Reviewers for Evaluating Research Involving Human Subjects in Grant and Cooperative Agreement Applications).

https://grants.nih.gov/policy/early-investigators/index.htm

New and Early Stage Investigator Policies.

https://www.cancer.gov/grants-training/training The Center for Cancer Training (CCT). https://www.cancer.gov/about-nci/organization/oga Office of Grants Administration (OGA) manages all NCI business-related activities associated with negotiation, award, and administration of NCI grants and cooperative agreements.

Advisory Boards and Groups

https://deainfo.nci.nih.gov/advisory/index.htm Links to the home page of each NCI Advisory Board, Committee, Group, etc.

https://deainfo.nci.nih.gov/advisory/pcp/index.htm President's Cancer Panel Charter; meeting agendas, meeting minutes, annual reports.

https://deainfo.nci.nih.gov/advisory/ncab/ncab.htm National Cancer Advisory Board Charter; members of subcommittees, meeting agendas.

https://deainfo.nci.nih.gov/advisory/ncab/ncab-meetings.htm

NCAB meeting information (agenda, minutes, and presentations).

https://deainfo.nci.nih.gov/advisory/bsa/bsa.htm Board of Scientific Advisors Charter; members of subcommittees, meeting agendas.

https://deainfo.nci.nih.gov/advisory/bsa/bsameetings.htm

BSA meeting information (agenda, minutes, and presentations).

https://deainfo.nci.nih.gov/advisory/fac/fac.htm NCI Frederick National Laboratory Advisory Committee Charter, functional statement, members, meeting information, and subcommittees.

https://deainfo.nci.nih.gov/advisory/bsc/index.htm Board of Scientific Counselors Charter; functional statement, and members.

https://deainfo.nci.nih.gov/advisory/ctac/ctac.htm Clinical Trials and Translational Research Advisory Committee Charter, members, minutes, and agendas.

https://deainfo.nci.nih.gov/advisory/ncra/ncra.htm

NCI Council of Research Advocates (NCRA) Charter, functional statement, members, and meeting information.

https://deainfo.nci.nih.gov/advisory/irg/irg.htm

NCI Initial Review Group (IRG) Charter, functional statement, and members.

https://deainfo.nci.nih.gov/advisory/sep/sep.htm

Special Emphasis Panel Charter, functional statement, and rosters of most recent review meetings.

https://gsspubssl.nci.nih.gov/presentations

NCI Advisory Board Presentations since 2011.

Other NIH Websites

https://www.nih.gov

NIH Home page.

https://grants.nih.gov/grants/how-to-apply-

application-guide.html

Grants & Funding—Applying electronically.

https://grants.nih.gov/policy/index.htm

Grants & Funding—Grants policies and guidance.

https://grants.nih.gov/funding/index.htm

Grants & Funding—Funding opportunities and notices.

https://researchtraining.nih.gov

Extramural training mechanisms.

https://projectreporter.nih.gov/reporter.cfm

Research Portfolio Online Reporting Tools.

| An electronic version of this do | cument can be viewed a https://deainfo.nci.nih.g | and downloaded from the Internet at <u>lov</u> . |
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