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"LONG OVERDUE" EFFORTS BY STATES URGED TO HELP FUND COMMUNITY, REGIONAL CANCER CONTROL EFFORTS

David Goldenberg is batting two for two in lobbying efforts with state and federal governments so he can hardly be blamed for feeling that the legislatures of the other 49 states might be susceptible to the same approach, despite the Proposition 13 mentality presently afflicting them.

Goldenberg, executive director of the Ephraim McDowell Community Cancer Network in Kentucky, and his colleagues convinced their

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In Brief

AN ERA ENDS – LEE CLARK RETIRES AFTER 32 YEARS AS HEAD OF UT CENTER; LEMAISTRE SUCCEEDS HIM

R. LEE CLARK formally retired Aug. 1 as president of the Univ. of Texas System Cancer Center on his 32nd anniversary as head of the organization that includes M.D. Anderson Hospital & Tumor Institute. Clark is now president-emeritus and will work on a variety of projects at the center. He served as head of a Univ. of Texas institution longer than any other person in UT's 95-year history. Charles LeMaistre, chancellor of the UT system since 1971, succeeded Clark as President of the cancer center. LeMaistre received his MD at Cornell, was professor and chairman of preventive medicine at Emory, and was professor of medicine and associate dean at UT Southwestern Medical School in Dallas. . . . **TED KENNEDY** will deliver the keynote address at the First National Hospice Organization meeting Oct. 5-6 at the Shoreham American Hotel in Washington D.C. Advance registration is required. Contact Hospice Meeting, Lombardi Cancer Center, Georgetown Univ. Hospital, 3800 Reservoir Rd., Washington D.C. 20007. . . . **LITTON BIONETICS** has moved into its new $6 million, 88,000 square foot laboratory in Rockville, Md., tripling the company's capacity for its biological safety testing and evaluation. . . . **CANCER REHABILITATION** education program produced by the Cancer Center for Northeast Ohio is available for purchase or rent. Entitled "A Better Life," it describes the rehabilitation potentials and processes for cancer patients and their families. Contact Arthur Flynn, director of the Cancer Center Inc., 11001 Cedar Ave., Cleveland 44106, phone 216-420-7300. . . . **"PREVENTIVE MEDICINE"** latest issue (Vol. 7 No. 2, June) includes reports on U.S.-Japan conference on breast cancer and diet held last year. The conference noted that breast cancer, relatively infrequent in Japan, is rapidly increasing there along with increase in per capita fat intake. . . . **MICHIGAN CANCER** Foundation presented distinguished service awards for breast cancer research to Otto Muhlbock of the Netherlands Cancer Institute and Dan Moore of Hahnemann Medical College. The awards were presented at the 11th International Mammary Cancer meeting in Detroit.

STATES SHOULD PICK UP MAJOR SHARE OF CONTROL COSTS, GOVERNORS TOLD

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state legislature to appropriate $1 million a year to support cancer control efforts (*The Cancer Letter*, April 21). He also was instrumental in the Assn. of Community Cancer Centers' lobbying effort which resulted in addition of language to the National Cancer Act which will require NCI to support local and regionally initiated cancer control programs.

Now Goldenberg is out to convince other states to undertake coordinated, comprehensive efforts at cancer control, specifically, the delivery of cancer screening, cancer prevention, professional and public cancer education, and tumor documentation programs "to complement the National Cancer Institute's support of basic and applied research."

Goldenberg recently discussed the Kentucky Cancer Act at the Midwestern Governors' Conference and recommended that similar initiatives be undertaken by other states. He suggested that the Conference establish a cancer committee or task force to advise state governments on appropriate initiatives and efforts to combat cancer in their states and communities.

"Since about 85% of cancer patients are first seen at the local, community level, it is here where the major impact on cancer morbidity and mortality rates can be made," Goldenberg said.

The governors were interested, and Goldenberg was asked to repeat his presentation next year at the National Conference of Governors, where he will have the opportunity to sell all 50 state chief executives on his program. If he is only moderately successful, it could result in a major new source of support for the National Cancer Program.

Goldenberg pointed out to the Midwest governors that the "investment against cancer has been minimal in all areas but the federal government. Almost 70% of our total resources to combat cancer in 1977 derived from the National Cancer Institute, and amounted to about $816 million. State and local governments, in contrast, only contributed about 9%, or $102 million. . . . A very small portion of these federal dollars is for cancer programs related to improved care—what is called cancer control—amounting to almost $59 million or 7.2% of the entire NCI budget for 1977. Cancer control is concerned with the proper and rapid transfer of research and technological advances to the practice of medicine.

"Since about 85% of cancer patients are first seen and diagnosed at the community level, outside the major medical centers, it is here where the greatest cancer control needs lie. This is why our Congressional representative on the House Committee on Health & Environment, Dr. Tim Lee Carter, introduced an amendment to the National Cancer Act renewal bill to provide additional funds for community cancer control programs and networks, which will total another $45 million over the next three years.

"Although we are supposedly saving one of three cancer patients today, current knowledge and methods could permit us to save one of two cancer patients. I doubt whether overall cancer survival rates in many of our states are one in three, or 33%. Survival rates appear to be directly related to the stage of the cancer at the time of diagnosis; the more advanced the cancer, the lower the survival rate. If we compare the clinical stage at diagnosis at the Univ. of Kentucky hospital to the national average, we see that for most of the cancer sites included, the percentage of cases found to have localized cancer, and in turn the highest chance for survival, is lower than elsewhere. This is even true for cancer of the uterine cervix, where the Pap test is available for the detection of early, potentially curable cancer. I therefore estimate that in our state, and presumably in all the Midwestern states, cancer illness and deaths could be reduced by 25-50% if existing and new developing diagnostic and therapeutic measures were applied promptly.

"This is then the dictate of our challenge: Improving local community cancer detection, diagnosis, and therapy measures so that cancers are found and treated earlier.

"In a state like Kentucky, this can amount to 2,000–3,000 lives saved per year, which, in dollars, would represent $150 to 240 million saved per year in our Commonwealth. It was considerations and opportunities like these which induced our governor to support the introduction of a cancer bill for Kentucky. This cancer bill will provide an annual state budget of $1 million to support statewide cancer prevention, screening, public and professional education, and other programs aimed at reducing the morbidity and mortality of cancer in Kentucky.

"An important aspect of this legislation is the establishment of a Kentucky Cancer Commission to oversee and coordinate all statewide activities in cancer, especially the fostering of greater cooperation between federal and state agencies, the state universities, the health departments, the American Cancer Society, and our own Ephraim McDowell Community Cancer Network. Although the Ephraim McDowell Community Cancer Network is the youngest organized cancer program and center in Kentucky, having been formed in 1975, it is my prejudice that it represents a good example of what can be done to help people with cancer. . . . The organization and multitude of cancer programs provided by the network involve several hundred individuals, mostly in a volunteer capacity, throughout our Commonwealth.

"I am of the opinion that by working with other cancer agencies in our state through the Kentucky Cancer Commission, badly needed cancer screening and detection clinics and increased public awareness

and understanding about cancer can be achieved. One of the next steps of the network is to build a cancer center in Lexington as the hub of its regional control activities and to support the research in progress to improve cancer detection and therapy capabilities. In this regard, I am pleased to announce that the McDowell Network was just awarded a cancer center support grant from the National Cancer Institute, thus making it one of about 65 so designated centers in our nation.

"If we can accomplish our immediate goal of reversing the dismal statistic that about two-thirds of the cancer patients first seen at our medical center are at an advanced stage, beyond much chance of cure, then we will have made a meaningful impact on the state of the cancer problem in our Commonwealth. This can be done without any new advances or breakthroughs in cancer diagnosis or treatment. And yet, as a scientist research cancer my entire academic career, I am convinced that we are making steady, important advances.

"I firmly believe that such efforts in other states as in Kentucky are not only possible but are long overdue.

"I understand that legislative initiatives like the Kentucky Cancer Act are now underway in other states, and I thereby think it is timely to propose to this conference that it establish a cancer committee or task force to recommend and coordinate state activities and initiates against cancer.

"It is perhaps time now to recall that the reserve clause of the U.S. Constitutions provides that public health matters be reserved to the states, but over the past 40 years the states have been passive in promoting and protecting public health. The federal government, through the National Cancer Institute, should support fundamental and applied research on cancer, since the benefit could then be disseminated nationally, while the states should be prepared to invest in and develop local public health programs, and a cancer strategy must be the prime part of any overall public health system.

"The size and diversity of our nation makes a total cancer effort unfeasible without an energetic participation on the part of the states. An effective cancer control program must reach those who need attention most, at the local, community level, and this can be done best by the states and local communities themselves."

Goldenberg noted that since NCI was established in 1937, the federal government has spent over $7 billion on cancer research. "In this time, it is estimated that one million cancer patients have been saved, representing a cost of $7,000 per patient saved. This year it is estimated that 390,000 Americans will die of one of the more than 100 forms of cancer, and that the total cost (direct medical and hospital costs and indirect costs of lost wages, etc.) will amount to $30 billion in 1978 alone.

"In this year of congressional renewal of the National Cancer Act and the passage of Proposition 13 in California, there is much public concern about government accountability, including controversial evaluations of the progress of our fight against cancer under the National Cancer Program. . . .

"You have heard it stated frequently that cancer is the number one health concern of the American people, even though it is only the second leading cause of death in this country. Almost one fifth of all dealths in the U.S. are due to cancer. One of four Americans alive today will become afflicted with cancer, and two of every three families have been victimized by this dread disease. Each year cancer takes more lives in this country than we lost in all the battles of World War II. The public's attitude toward cancer has remained fairly constant over the years, as indicated by a recent Gallup Poll. This popular fear of cancer is justified by statistics. The estimate of newly diagnosed cases for 1978 is 700,000 excluding certain forms of skin and uterine cancer, and comes to over one million when all forms of cancer are included.

"These dismal figures certainly encourage public criticism of the progress that has been made since our all out war on cancer. Since 1972, the first year of funding under the National Cancer Act, about $4.7 billion have been spent through the Program. Advances in cancer detection, diagnosis and therapy have had an important effect in reducing the mortality rate in a few cancer types, such as the lymphomas, particularly Hodgkin's disease and reticulum cell sarcoma, thyroid cancer, childhood leukemia, uterine cancer, and to a lesser extent, in the colon and rectum cancers.

"These mortality trends depict a consistent downward trend in mortality among young adults, thus indicating that their tumors are probably more sensitive to currently available drugs and radiotherapy than the tumors occurring in the older age groups. The decreasing trend in death rate for cancer of the uterine cervix is directly attributable to the institution of an early cancer detection method, the Pap smear. The success of the Pap test is in its capability of detecting not only early stages of cancer, but abnormal changes in the cervix five-10 years before it may turn into cancer. This then allows for major opportunities for curative treatment of this frequent cancer, as has been the case. Looking at the differences between cure rates today and cure rates which existed in the 1930s, we estimate that perhaps one million people have been saved as a result of advances in our knowledge of cancer. If we compare a million lives saved to an investment of $7 billion over that length of time, we estimate that we have spent about $7,000 per life saved.

"How does this compare to the costs of each new cancer diagnosed and of each cancer death? What is the impact of cancer on our economy? We do not

have any hard figures, only reasonable estimates. The cost of all diseases in 1975 has been estimated at about $245 billion, which includes hospital and physician and other direct costs, and indirect—although very real—expenses, such as lost earning power and productivity due to premature death. Cancer makes up about 9% of this total cost, amounting to about $30 billion in 1978. The largest share of the cost is due to premature death, representing more than two-thirds of total cancer costs.

"A single, late-discovered cancer in a worker can cost an industrial plant more than $40,000.

The difference between a fatal cancer of the uterus and the same cancer found early and cured can about to more than $20,000. This is aside from the human misery involved, including disruption of the family and the many social and psychological burdens of prolonged, lethal disease.

"If we divide the nation's annual cancer cost of $30 billion by the relative cancer occurrence figures for each of your states, the cancer economic burden by state in 1978 ranges from a low of $90 million for North or South Dakota to $1.6 billion for Illinois. These are not exaggerations, since we have not included many hidden costs, such as free care by charity hospitals, physicians, family and friends; transportation costs; costs of extra household help; expenditures for retraining and re-education; special diets; special housing facilities, etc. These figures also do not consider the cultural impact on our society due to the loss of some of its most distinguished members, as well as many who died before they could realize their potentials.

"I have taken much effort to itemize the costs of cancer to you because the public and its leaders need such information in order to make rational decisions regarding the allocation of scarce resources among many competing needs within our society. I am of the conviction that not only can we afford a greater financial effort to control cancer, but we can ill afford not to do so," Goldenberg concluded.

UPTON, CALIFANO FORMALLY RECOGNIZE DETROIT AS 20TH COMPREHENSIVE CENTER

NCI formally announced last week the recognition of the Cancer Center of Metropolitan Detroit as the 20th comprehensive cancer center (*The Cancer Letter*, June 9). Director Arthur Upton said in announcing the recognition, "The achievements over the past six years in planning and developing a truly comprehensive cancer center in Michigan have been viewed by the National Cancer Institute with great satisfaction. We recognize that Dr. Michael J. Brennan, director of the Cancer Center of Metropolitan Detroit, is uniquely responsible for 25 years of extraordinary progress in cancer research, patient care, training and control activities now so visible in the Detroit area."

HEW Secretary Joseph Califano joined in making the announcement. "Such a designation means that the people of Michigan will have access to the finest techniques for the diagnosis, treatment and prevention of cancer that medical science can offer," Califano said. "There is still much to be learned about the collection of diseases known as cancer, but, in the meantime, we have a responsibility to see to it that the limited knowledge and techniques we now possess are made as widely available as possible through centers of excellence."

The Michigan Cancer Foundation, headed by Brennan, and Wayne State Univ. School of Medicine established the Cancer Center of Metropolitan Detroit through a formal affiliation in 1976. Robert Coye is dean of the School of Medicine at Wayne State. Vainutis Vaitkevicius, a cancer research clinician and chairman of the Dept. of Oncology at Wayne State, is the center's associate director for clinical programs.

The geographic area most directly benefitting from the development of the comprehensive cancer center is the tri-county metropolitan area (Wayne, Oakland and Macomb counties) with a population of 4.5 million. Outreach activities, especially in professional and public education, will extend into other communities in Michigan and nearby states.

The United Foundation of Detroit has contributed annually to the Michigan Cancer Foundation, and over the last decade local support has exceeded $2 million a year in operating funds. In addition, the community provided funds for the construction in 1971-72 of the Michigan Cancer Foundation's $6 million Meyer L. Prentis Cancer Laboratories.

Current annual NCI support of the foundation's research and cancer control projects, including its center support grant, totals $4.9 million. Research funding to Wayne State School of Medicine at present amounts to $1.4 million. In addition, a construction grant of $350,000 will be funded this summer for the Michigan Cancer Foundation. Since 1972 NCI has provided three quarters of a million dollars for alterations for both standard laboratories and biohazard containment laboratories.

Marvin Rich, vice president and scientific director of the Michigan Cancer Foundation, is the associate director for research of the comprehensive center. Research at the center emphasizes the basic science aspects of cancer with direct clinical relevance. A long-range breast cancer prognostic study directed by Brennan is trying to determine biological features of large numbers of human primary breast cancers, and the host factors which may be correlated with breast cancer development and spread.

This characterization includes immunological, cell surface, endocrinological, virological and physiological properties. The investigators are following breast cancer patients in the study to determine if patients in whom the disease recurs have characteristics

different from patients whose disease is cured by the primary treatment. This study is one of the largest interdisciplinary, interinstitutional studies of its kind, involving 12 major community hospitals, and laboratories at the cancer center and around the country. At the present time the program involves 33 private surgeons in the Detroit area with an input into the program of 500 breast cancers per year. This prognostic study is now being extended to prostatic and colon cancers.

Investigators at Michigan Cancer Foundation are also studying the role of viruses in causing cancer, interactions of viruses and hormones originating within the organism, and modification of genes by cancer-causing chemicals.

A broad, integrated research program on the immunological response to cancer cells is under the direction of Noel Rose at Wayne State. It includes a study of the antigens associated with human prostatic cancer.

The cancer center detection program has screening projects for breast, cervical and oral cancers, in cooperation with various local and state agencies. These include the American Cancer Society, the Oakland County Health Dept., 14 clinical demonstration hospitals, the Michigan State Dental Assn., the Visiting Nurse Assn. of Michigan, Vocational Rehabilitation Services of Michigan and the Michigan Dept. of Social Services.

The Breast Cancer Detection Program can provide clinical examinations for about 10,000 women annually and serves as a training resource for nurse examiners. The Oral Cancer Detection Program provides free cancer examinations to Detroit residents, and professional education activities to dentists, dental hygienists and speech pathologists.

In clinics for the screening of popuation groups at high risk of cervical cancer at various sites throughout the metropolitan area, more than 15,000 Pap tests have been given this year. The health departments of Detroit and Oakland County as well as ACS cooperate in this project.

The central focus for clinical activities of the new comprehensive cancer center is at Wayne State's newly merged Grace and Harper hospitals, now a single physical and operational unit in a new building. Also participating in comprehensive center studies are nearby Hutzel Hospital for gynecologic diagnosis and treatment and Children's Hospital for pediatric cancer management.

In the calendar year 1976 more than 3,000 new cancer patients were diagnosed or treated, and more than 4,000 patients received treatment for new or recurring cancers. The most common cases among new patients included cancers of the lung, breast, cervix, colon-rectum, prostate, and the body of the uterus. The average daily census of cancer inpatients and outpatients was from 300 to 350. In fiscal year 1977, 583 patients were entered into national cooperative treatment studies.

The center participates in five studies of the Southwest Oncology Group involving active coordination by pathologists, surgeons, radiotherapists and medical oncologists in the treatment of cervical cancer, gastrointestinal cancer and cancer of the liver. Principal clinical activities are in medical oncology, which in addition to the SWOG protocols consist of studies in patients with disseminated solid tumors including lung, ovarian, cervical, endometrial, head and neck, prostatic and bladder cancers, melanomas and tumors of connective tissue. More than 500 patients have been treated intensively with chemotherapy either alone or in combination with other drugs, radiotherapy, immunotherapy or surgery.

Since January 1969 the largest population-based cancer registry in this country (covering 50% of the population of Michigan) has been maintained by the foundation. It provides report summaries to NCI's National SEER Program (Surveillance, Epidemiology and End Results Reporting Program) and to the 24 hospitals participating directly in the registry program. Annual reports are furnished to all 85 hospitals where patient records are abstracted for the registry file.

More than a million dollars of NCI support to the foundation this year is for implementation of the first and largest community based cancer control program in the country. The Metropolitan Detroit Cancer Control Program is testing the hypothesis that a coordinated use of community resources will have a greater impact against cancer than a fragmented approach. Already existing resources are being coordinated, and in some cases expanded, to prevent, detect, diagnose and treat cancer of the breast, cervix, colon-rectum and head and neck, and to provide rehabilitation and continuing care to patients with these cancers. John Ingall is associate director for cancer control of the comprehensive center.

Examples of control projects are the designation of 14 clinical demonstration hospitals and the development of medical advisory panels (MAPS) organized by cancer site by methods of treatment, and the special situations of pain control, continuing care and rehabilitation. Pathology and continuing education MAPS also are in operation.

The MAP objective for the first two years of the community based cancer center program is to prepare criteria for the management of the four target site cancers. Through linkages with the clinical demonstration hospitals, the criteria documents will become the basic references for transmitting the most up to date new knowledge and accepted proactice.

Finally, the comprehensive cancer center requirement of training activities is met by the Cancer Center of Metropolitan Detroit through its NCI-funded clinical cancer education program for undergraduate medical students conducted in nine hospitals.

CREDIBILITY REQUIRES SELF POLICING, ETHICS CODE, AUDIT, NIELSEN SAYS

"We must commence a long but eminently feasible trek back to industry credibility," Donald Nielsen, chairman of the board of directors of the National Assn. of Life Science Industries, commented at the conclusion of the association's annual meeting.

Nielsen, who is president of Hazleton Laboratories Corp., offered some suggestions for regaining "credibility" lost as the result of revelations that a few private labs and pharmaceutical firms were careless or negligent in the conduct and interpretation of some tests and may have even deliberately manipulated some findings to achieve desired results.

"One of the reasons which prompts our government, with the encouragement and support of the Congress, to expand upon the scope and depth of its program of inspection of our laboratories," Nielsen said, "is the feeling that our industry is not capable of policing itself. In our judgment, this view derives basically from an extrapolation of instances of questionable practice. Somehow, the doubt which presently exists must be overcome with a confidence that our industry is capable of managing and policing itself.

"NALSI believes that one such step is the drafting of a code of ethics for its members and the administration of this code by members. We do not perceive that such a program necessarily will or should eliminate government inspection, but in time it should reduce the volume of inspection."

In addition to a code of ethics for the industry, Nielsen suggested that a program of voluntary, independent technical audit should be put into practice.

"Each company or laboratory represented here today routinely retains the services of an independent financial audit firm," Nielsen said. "The certified public accounting firms have developed worldwide recognition and reputation in the financial arena. This reputation includes both technical skills and discretion in dealing with confidential company matters. Many of these same independent accounting firms now have the basic capability to audit the non-technical records of laboratories to confirm that proper procedures have been followed. In time, we perceive that such procedural audits might be supplemented with technical audits. This might require the establishment of an industry or capability that does not now exist as such. We perceive this as a voluntary program, one which NALSI would nourish and develop and then offer to its members and to the industry for their voluntary use.

"Again, while such a program of independent audit would not, certainly in the short term, replace government inspection, it would go a long way toward convincing the public of the industry's determination to police its own house and in time should reduce the trend toward increasing inspection."

NCI CONTRACT AWARDS

Title: Research on etiology and epidemiology of cancer, continuation
Contractor: Univ. of Southern California, $290,000.

Title: Epidemiological studies in the etiology of cancer in veterans, continuation
Contractor: National Academy of Sciences, $65,400.

Title: Breast Cancer Detection Demonstration Project, renewal
Contractor: Univ. of Arizona, $229,925.

Title: Therapy of patients with colo-rectal cancer
Contractor: Univ. of Pittsburgh, $323,102.

Title: Studies of hormonal factors of the human and animal prostate, supplemental
Contractor: Southwest Foundation, $535,596.

Title: Maintenance of chimpanzees for research
Contractor: Albany Medical College, $150,027.

Title: Study of latent virus infections in cell cultures, continuation
Contractor: Southwest Foundation, $40,000.

Title: Phase I studies of new anticancer agents, continuations
Contractors: Memorial Hospital, New York, $29,712; Children's Hospital of Los Angeles, $28,949, and M.D. Anderson Hospital, $11,750.

Title: Correlation of epidemiologic and metabolic parameters
Contractors: Albert Einstein College, $110,365, and American Health Foundation, $77,206.

Title: Phase-out of statistical support for the gastrointestinal tumor study group clinical trials program
Contractor: Frontier Science & Technology Research Foundation, $127,485.

Title: Epidemiology of medullary and lobular breast cancer, continuation
Contractor: Memorial Hospital, New York, $84,750.

Title: Conduct a combined study of the possible association of dietary factors and non-contraceptive exogenous estrogens with breast cancer, continuation
Contractor: Univ. of Hawaii, $84,900.

The Cancer Letter —*Editor* JERRY D. BOYD

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