

THE

# CANCER LETTER

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## CCRAC CALLS FOR NEW COMP CENTER, COMMUNITY HOSPITAL CORE GRANTS FOR CONTROL DEVELOPMENT

The NCI Div. of Cancer Control & Rehabilitation Advisory Committee approved a new category of core grants for comprehensive cancer centers and qualifying community hospitals at the committee's recent meeting and also gave its "concept" approval to three other programs,  
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### In Brief

#### NCAB MEETING SET FOR OCT. 3-5; SECOND WORKSHOP ON TUMOR CELL CLONING JAN. 3-5

NATIONAL CANCER Advisory Board meeting postponed from September to keep members' fees from showing up on the FY 1979 payroll will be held Oct. 3-5. The maneuver won't save the government any money but will save the jobs of some NIH temporary employees who otherwise would have been laid off to meet the congressionally imposed personnel ceiling. The Board will make the final review of grants which cleared the June study sections, following five subcommittee meetings. The Subcommittee on Organ Site Programs will meet Oct. 2 at 7:30 p.m., Special Actions 8 a.m.-noon Oct. 3, and Environmental Carcinogenesis, Centers, and Construction all at 7:30 p.m. Oct. 3. . . . **SECOND WORKSHOP** on soft agar cloning methods for human tumor stem cells will be held at the Univ. of Arizona College of Medicine, Tucson, Jan. 3-5. Sydney Salmon will be workshop chairman, with Anne Hamburger, Daniel Von Hoff and Ronald Buick on the faculty. Contact Cancer Center Div., Univ. of Arizona, Health Sciences Center, Tucson 85724, phone 602-626-6044. . . . **STEPS NECESSARY** to start a community hospital oncology program are described in a slide-tape presentation produced by Adria Laboratories. The kit has been endorsed by the Assn. of Community Cancer Centers and the American College of Surgeons and consists of a cassette tape, carousel of slides, chairman's guide and audience brochure. Gale Katterhagen and his associates at Tacoma General Hospital are featured. Adria insists the program has no promotional overtones and is offering it at no charge. Contact Patrick McCarthy, P.O. Box 16529, Columbus, Ohio 43221, phone 614-889-1300. . . . **HAROLD RUSCH**, member of the NCI Div. of Cancer Control & Rehabilitation Advisory Committee, commenting on the division's support of OSHA cancer prevention programs (see inside): "This kind of program may help identify what's carcinogenic in people as opposed to what's carcinogenic in lab animals". . . . **ANTHONY MILLER**, director of epidemiology at the Univ. of Toronto, also a member of the DCCR committee, on the proposed reorganization which would create a new Div. of Cancer Prevention: "It would be disquieting to me to separate prevention from control. If you separate the application of prevention from control, what's left for control?"

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## CCRAC OKAYS RENEWAL OF ACOS CONTRACT FOR HOSPITAL ONCOLOGY ACCREDITATION

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including renewal of the contract with the American College of Surgeons.

DCCR has awarded grants to most of the 21 comprehensive centers which pay the salaries of directors of cancer control and some support staff. The new program would broaden those grants to include cancer control developmental money as well as make them available to community hospitals. With developmental funds, the centers and hospitals could initiate efforts which, theoretically, would put them in a better position to compete for regular cancer control grants.

Committee member Harold Rusch made the motion to approve the new program. Acting DCCR Director William Terry said the division might issue an RFA (request for applications) to implement the program.

DCCR pays \$176,000 a year to the American College of Surgeons to support its accreditation of hospital oncology programs. The government money amounts to 40% of the cost, with the balance picked up by the College and the American Cancer Society.

Donald Buell, DCCR program director for medical oncology/community activities, said ACOS "will be asked to play a greater role in developing the DCCR Community Hospital Oncology Program. In the first Clinical Oncology Program, fewer than 50% of the participating hospitals have ACOS accreditation. We will ask ACOS to be aware of new hospitals in CHOP and contact them for accreditation."

Buell said, "We will be looking at what the relationship of NCI and ACOS should be beyond the two years of the contract renewal. Support might be continued with a grant or perhaps a cooperative agreement."

Buell pointed out that merit reviews of the ACOS contract "were extremely positive."

Paul Engstrom, CCRAC liaison member with the review committees which participate in the merit review, said he endorsed renewal of the contract and that ACOS was working effectively in helping community hospitals upgrade their programs. "This is a very successful program with limited funding. It is having a wide impact around the country."

Charles Smart, director of the ACOS cancer department, said that the College program "tries to determine if the optimal atmosphere exists for treating cancer patients." Such an atmosphere should include a multidisciplinary committee, education programs, monitoring and "auditing on how they are doing. We feel every institution ought to know how it is doing compared to the national norm."

Smart said hospitals approved in the ACOS program treat about 50% of all new cancer patients in the U.S.

Committee member Gale Katterhagen commented, "I wonder about public funding for institutions that are not ACOS approved. The same could be said about comprehensive centers. Or if public funding is awarded, make it mandatory that they get the approval."

Buell pointed out that would put NCI in a regulatory position, but Katterhagen said, "I would be disappointed if a hospital at the end of three years in CHOP showed no interest in pursuing ACOS accreditation."

Rusch made the motion for approval and included the recommendation that ACOS be asked to upgrade tumor registries it requires as a condition of accreditation, to determine if some duplicate NCI's SEER program, and to look at the question of whether all accredited hospitals should have registries or "just those which can make use of it."

The committee approved the concept of a program for developing instruments for measuring psychosocial status and for renewal or recompetition of a data management support contract.

Margaret Sloan, chief of the DCCR Office of Liaison (with other agencies), reported on the inter-agency agreement with the Occupational Safety & Health Administration which has provided \$3.5 million of NCI funds for cancer prevention programs conducted by OSHA in FY 1979.

The entire program costs \$11 million and includes other disease prevention efforts, Sloan reported. Three separate activities of OSHA are involved:

- New directions grants for competency building of various types of nonprofit institutions, universities, and labor unions to develop educational materials and programs about occupational health hazards for workers. DCCR contributed \$2,285,000 for the cancer related aspects of those grants.

- An asbestos awareness program for current workers and their families modeled after the highly successful NCI Office of Cancer Communications asbestos alert which was aimed at the general public and former asbestos workers. NCI's contribution was \$715,000.

- The development of audiovisual materials for the education of state health and education officials, contractors and their employees to prevent asbestos exposure during the removal or containment of asbestos used in construction of schools and other buildings up to 1973. This is being done as part of asbestos removal and containment in New York City. NCI's contribution is \$500,000.

DCCR probably will fund the agreement at the same level in the 1980 fiscal year.

OSHA provided a description of existing projects in the new directions grants program:

### Labor Unions

Amalgamated Clothing & Textile Workers Union—  
The program provides occupational safety and health

training and technical services to textile workers who are exposed to a variety of dyes, asbestos products, solvents, tanning agents, and finishes—many of which are carcinogenic or potentially carcinogenic.

American Federation of State, County & Municipal Employees, AFL-CIO, District Council 37—Train safety committee workers from union locals to offer worksite occupational health and safety instruction to members, many of whom are exposed to asbestos, pesticides, or other toxic chemicals.

Building & Construction Trades Dept., AFL-CIO—Developing a comprehensive construction safety and health training and educational system aimed at the prevention of occupational disease resulting from work with various types of toxic chemical, physical and biological agents in the construction industry.

Central Labor Rehabilitation Council—A major effort to improve health and safety in the New York City work force. Workers in textiles, printing and materials handling will be included as primary concerns because of their exposure to dyes, solvents, and other toxic materials.

Communications Workers of America, AFL-CIO—Will design model educational programs in communications health and safety with particular emphasis on occupations with potentially harmful exposure to antimony, lead, radiation, and microwaves.

Food & Beverage Trades Dept., AFL-CIO—Provides health and safety education to workers in its 14 international unions concerning health hazards to which they are exposed, such as asbestos, hair dyes, pesticide dusts and residues, radiation, and cleaning compounds.

Graphic Arts International Union, AFL-CIO—Provides occupational health and safety training and technical support for its members exposed to toxic chemicals throughout the photoengraving, lithography, and bookbinding industries.

International Assn. of Heat & Frost Insulators & Asbestos Workers, AFL-CIO—Developing an educational program to provide workers in all the building trades with specific, practical information concerning asbestos hazards and their avoidance.

International Assn. of Machinists & Aerospace Workers—Designing educational programs for the aerospace, railroad, and automotive repair industries in order to develop worker awareness of the hazards of chemicals in work processes. A pilot education and medical screening project for asbestos workers in the Pascagoula shipyard is also planned.

International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers & Helpers, AFL-CIO Local 802—Developing training materials and shipyard industrial hygiene and safety evaluation guides for use of shipyard workers, many of whom are exposed to radiation and toxic materials.

International Brotherhood of Painters & Allied Trades, AFL-CIO—Developing training materials on hazard recognition, avoidance, and elimination for

glaziers and glassworkers who are exposed to toxic and carcinogenic substances (e.g., lead, arsenic, and organic solvents).

International Chemical Workers Union—Upgrading the expertise of its field staff in occupational safety and health, implementing a hazard alert system, and developing educational materials for chemical workers exposed to carcinogens, teratogens, and mutagens.

International Longshoremen's & Warehousemen's Union—Collects and analyzes data relevant to hazards to which its members are exposed, such as pharmaceuticals and other chemicals. Job health and safety training will then be conducted for the membership.

International Union of Electrical, Radio, & Machine Operators, AFL-CIO, Local 201—Workers in the five industries in the U.S. with the greatest worker exposure to carcinogens. This local union, the largest industrial local in New England, will educate workers on the specific hazards of their jobs, and will create awareness of the need for concern for health and safety generally.

Molders-Allied Industrial Workers OSHA Project—Training their staff intensively in safety and health, and to provide industrial hygiene technical services, with an emphasis on carcinogens, primarily for foundry workers.

Oil, Chemical & Atomic Workers International Union—Training persons to provide its districts with health and safety services for chemical workers. Additionally, medical doctors will visit OCAW chemical plants to provide medical surveillance for possible carcinogenesis resulting from chemical exposure. A slide-sound show on benzene hazards is being produced.

United Auto Workers—Training union regional representatives in identification and control of health hazards such as asbestos, benzene, and vinyl chloride to which UAW members are exposed.

United Rubber Workers—Members are exposed to a variety of hazardous chemicals, including carcinogens, mutagens, and teratogens. The URW is publishing training guides in chemical hazard recognition and is developing and conducting worker training courses. Plant surveys, air sampling, and the establishment of recordkeeping systems for exposed workers are also being provided.

United Slate, Tile and Composition Roofers, Damp & Waterproof Workers' Assn.—Developing a training and education program, especially in order to help employees recognize and avoid cancer and other health hazards from exposure to coal tars, pitch, asphalt, and various toxic particulates and fibers. Technical industrial hygiene services emphasizing carcinogens are also included in the program.

United Steelworkers of America—Training will be developed and conducted emphasizing carcinogens in the steel, aluminum, nonferrous metals, and automobile industries, and will be administered through

25 district safety and health coordinators. Technical industrial hygiene services are also included.

#### **Trade Associations**

National Assn. of Demolition Contractors—NADC will conduct training seminars for employers involved in all phases of demolition work. Special training is to be provided on increasing the awareness of hazards resulting from the demolition of structures containing extensive amounts of asbestos insulation. Training is to be provided on what to look for, and how to properly handle asbestos, as well as what protective measures are necessary. The majority of companies in this industry employ less than 20 workers.

National Asphalt Pavement Assn.—NAPA has developed safety and health bulletins and curriculum for workshops which will begin in the second year of the project. Among the topics covered in 1980 will be the hazards of exposure to benzene, asbestos, asphalt and tar. The training seminars will be conducted in at least four locations nationwide. NAPA will impact on 1,200-1,600 small employers with 36,000-48,000 workers.

New Jersey State Safety Council—NJSSC conducted a statewide conference on occupational cancer as part of their schedule of statewide training programs for hazardous industries. During the second year of developmental work the council will continue to develop a resource file on carcinogens and toxic substances for use by New Jersey employers. Training will also conduct training sessions (6-8 hours) and 'mini-conferences' (4-8 hours) on OSHA standards and methods of eliminating hazards.

Institute of Scrap Iron and Steel—ISIS has nearly completed work on three films involving hazardous operations in scrap yards (steel cutting, crane operations, and fork lift truck operations). ISIS expects to expend resources in FY 1980 devoted to developing hazard alert bulletins on the dangers of exposure to asbestos in automobile shredding and in ship-breaking operations. With additional funds, they will also develop a film or sound slide presentation on asbestos hazards at scrap plants.

#### **Educational Institutions (Labor Related)**

Univ. of Alabama—Offers training to workers in high risk industries with special emphasis on foundries and the building trades. Steward training in safety and health is an important component of the training.

Univ. of Arizona—Focuses on hazards such as asbestos in the building and construction trades. Focuses are on training for apprentices and American Indians and Mexican-Americans.

Univ. of California (Berkeley)—Includes a wide range of education and technical assistance services. The university will conduct two conferences on carcinogens for health and safety committees. All activities include a focus on cancer problems in the foundry, construction, and chemical industries and carcinogenic pesticides in agriculture.

UCLA—Special attention will be paid to the training needs of multi-cultural and multi-lingual labor force in the service area. Industries whose problems will probably be focused on are the building and trucking industries.

Colorado State Univ.—Provides training to building and construction trades personnel, especially apprentices, in the identification of hazards such as asbestos.

Cornell Univ.—Offering a general course in carcinogens. Specific emphases in other aspects of the program include the cancer inducing hazards of the auto, chemical and construction industries.

Univ. of Illinois—Expanding its current programs in which special assistance is given to Spanish speaking workers. Industry focuses include chemical, auto, steel, and electrical work.

Indiana Univ.—Serving the safety and health needs of workers in high risk industries in Indiana. These high risk industries include the steel, auto, foundry, and electrical industries among those with cancer problems that would be reached.

Michigan State Univ.—Focuses on high risk industries. Among those that present cancer problems are the blast furnace and basic steel; iron and steel foundry; metal forging and stamping; and metalworking machinery industries.

Univ. of Minnesota—Among the occupational groups reached by this program are asbestos, the chemical, foundry, auto, and building trades workers. Thus, among the exposures addressed are asbestos in various forms and various carcinogenic chemicals.

Ohio State Univ.—Adding materials specific to hazardous industries to those already available on particular hazards, including special attention to cancer causing substances.

West Virginia Univ.—Developing and delivering instructional materials and a resource center for high risk target groups, among them the steel, electrical, plastics, foundry, and metalworking industries and trades.

Univ. of Wisconsin—Offers a range of education, assistance and information services to employees, many of whom are in industries with carcinogen exposures. These include the trucking, chemical, foundry and construction industries.

#### **Educational Institutions (Other than Labor)**

Univ. of Cincinnati—Offering training clinics and seminars in a variety of topics, including occupational cancer, to employers and employees, especially those from small businesses.

Univ. of Houston—Offers training, information, and some technical assistance to workers and employers. Major industrial focuses have included chemicals, steelmaking, and the fabrication and processing of aluminum and other metals.

Middlesex County College—As a result of its location in New Jersey's "cancer alley," the college is offering courses on the causes of occupational

cancers with particular emphasis on the following carcinogens: asbestos, coke oven emissions, vinyl chloride, benzene, aromatic amines, arsenic, wood dusts and nickel.

Univ. of Missouri—Targets on high risk industries and small businesses. Among those with cancer problems are the metal products, chemical, plastics, electrical, and petroleum industries.

Univ. of North Carolina—Developing and delivering training aids and materials for workers and instructors from high risk industries within the geographic area served. Among those in which cancer problems have been noted are agriculture (pesticides) and construction (asbestos).

Rutgers Univ.—Focuses on high hazard industries and small businesses. One special emphasis will be the chemical industry.

Univ. of Tennessee—Developing a program to meet the needs of high risk industries, with particular attention paid to the needs of workers and employers from small businesses and of minority workers.

Central Washington Univ.—Occupational safety and health training for employers and employees is being developed, especially for the construction, wood products, agriculture, and metals reduction industries. Special efforts will also be directed to Spanish speaking workers.

Waukesha County Technical Institute—Offers both safety and industrial hygiene training. Among the industries with cancer problems are construction with its asbestos risk.

#### **Other Nonprofit Organizations**

Oregon Lung Assn.—Conducted one conference and is preparing training materials for future courses on protection from occupational exposures that result in lung damage. The industries chosen in almost all cases involve the use of carcinogens which affect the lungs, such as asbestos and berillium. Industries which have been identified include shipyards, metal reduction plants, and welding and painting shops.

The Philadelphia Area Project on Occupational Safety & Health—Two major components involve chemical industry hazards and hospital hazards. The chemical worker population is exposed to industrial inorganic and organic chemicals, plastics, paint, and other chemical products. Training for hospital workers includes the hazards of chemicals such as ozone, mercury, and phenolic compounds, and radiation hazards.

The National American Indian Safety Council—Has identified the five highest industries to which American Indians are exposed. Two of these, auto repair and construction, involve exposure to asbestos and other carcinogens. Training programs directed to workers and employers in those industries will include the recognition and control of cancer hazards. A third area which has been identified is agriculture—training to include carcinogenic hazards of pesticides.

The Chicago Area Committee on Occupational Safety & Health—Conducting courses and providing technical assistance to workers in the foundry industry. This effort would continue under a developmental grant and includes carcinogenic and other serious health hazards found in the industry.

The National Assn. of Farmworker Organizations—Identifying health and safety hazards to which migrant farmworkers are exposed and preparing materials for agencies which serve farmworkers. Local agency staff will be instructed in the hazards of pesticides. A portion of the project will also include instruction of personnel who operate a "hot line" to answer health and safety questions.

The Western Institute for Occupational/Environmental Science Inc.—Conducted training sessions, conferences, and provided technical assistance to individuals from labor, industry, professional societies and public interest groups on the hazards of asbestos. Under a developmental grant, efforts would continue to be directed to the hazards of asbestos, but other serious occupational health hazards will be selected for emphasis.

The Women's Occupational Health Resource Center—Found that 25 to 30% of working women are exposed to carcinogens. Efforts of the center will be directed to women exposed to such carcinogens as trichloroethylene (electronics workers), asbestos (textile workers), ozone (from duplicating and printing machines and in hospital work) and exposure to radiation among health care workers. The center is now forming a resource center of materials, delivering speeches at conferences and publishing a newsletter.

Pacific Studies Center—The target population is electronics workers. During the planning phase they will identify the most hazardous conditions in the industry, disseminate materials and conduct one workshop. If a developmental grant is received they will conduct a number of workshops. Electronics workers are exposed to a large number of carcinogens: lead, arsenic, organic solvents, benzene, TCE and others.

SER/Jobs for Progress—Developing occupational safety and health training materials for Spanish speaking workers in high risk industries in the Northwest: agriculture, construction, heavy metals manufacturing, and service industries. Prevention of exposure to carcinogens will be included in the materials related to the use of pesticides, the health hazards of metals reduction operations and the use of asbestos in construction.

Public Media Center—Developing educational materials and conducting workshops for three groups of workers: printers, culinary workers, and garment workers. The content of educational materials and workshops will include information about occupational cancer in general and to the extent that they are known, specific carcinogens that the three groups

are exposed to. Printers are exposed to a number of suspected carcinogens, such as solvents (benzene, toluene, xylene and certain dyes and pigments and ionizing radiation in electrostatic eliminators. Culinary workers are exposed to solvents in cleaning fluids, perchloroethylene, benzene and carbon tetrachloride as well as nonionizing radiation via microwaves.

## DO PRACTICING PHYSICIANS USE CANCER PREVENTION METHODS? CCRAC SAYS NO

Arlene Barro, program director for educational resources in the Div. of Cancer Control & Rehabilitation, noted in discussing prevention education needs at the CCRAC meeting that the Journal of the American Medical Assn. does not list any preventive oncology courses.

"What are, if any, the clear cut preventive measures that practicing physicians can use, that they need help with?" asked DCCR Acting Director William Terry.

"I expect there are hundreds, even thousands, of local cancer programs which never get into *JAMA*," committee member Gale Katterhagen said. "It stretches my imagination that the practicing physician doesn't already know what to do. Perhaps we should have a study on why he is not using that knowledge. I question NCI's role in it. I can't see spending money to say something that's already been said many times."

"Let's push this a little further," Terry said. "What are two, three, four things a physician can do in his office?"

"Get people to stop smoking," Katterhagen answered.

"Does the practicing physician have any effect on smoking behavior by telling patients to stop? My impression is that that is not effective," Terry said.

"I'm not saying it is," Katterhagen said. "I am saying physicians should explain various procedures to their patients. Self breast examinations. Mammography for certain women. Rectal examinations, particularly for men over 50."

"I'm not so sure it's clear to practicing physicians which things are cost effective," said committee member Glenn Sheline. "Pap smears, for instance, how often should they be done?"

"He knows Pap smears are cost effective," Katterhagen said.

"But not how often," Sheline insisted.

Paul Engstrom, DCCR review committee liaison, said that the physician "gets so many mixed messages on cancer as a preventable disease. It depends on the attitude the physician carries. The process should be improved for undergraduate medical students. It is not really taught in medical school that cancer is preventable, or that other chronic diseases are preventable. Prevention is limited to infectious diseases."

Katterhagen noted that insurance carriers frequently do not pay for examinations of asymptomatic persons. "One of the roles of NCI should be to inform other federal agencies and the Blues that preventive medicine is cost effective and should be reimbursable."

Committee member Sam Shapiro said he participated in a study of four Maryland communities in which physicians were questioned about their concerns on smoking and the extent to which they discussed smoking with their patients. "An overwhelming number said they discussed smoking with patients. But we asked parallel questions of people in the same communities, and the majority said their physicians did not discuss smoking with them. We need to learn what is going on."

"One of the things we have to teach medical students is how to assess evidence put in front of them," said committee consultant Anthony Miller. "They need to have the tools to evaluate."

"The public has been saturated with the message that smoking is bad for health," said committee member Harold Rusch. "Whether the physician's voice adds one way or another, there will always be a certain number of people who won't do anything about it."

Margaret Sloan, DCCR liaison chief, commented that American Cancer Society studies have developed evidence that physicians can have a strong, positive effect in getting people to stop smoking.

Committee consultant Anthony Mazzocchi argued that "the public would choose the right course if told the facts in the first place. People along the Texas coast fail to understand why an appropriate determination has not been made on the basis of data. There were two plants side by side. Employees at one have two times the stomach cancer, two times the brain cancer, four times the leukemia that the other has. Why was this never disclosed? The smoking question is not why don't people stop. The answer is there if you determine who quits and who doesn't. Who smokes are the poorest people in the worst jobs."

Mazzocchi said that workmen's compensation pays now for only 1% of "work caused disease. . . . I don't know of a single state health department in the U.S. that looks at the data. The health department in Texas is dominated by the oil industry. NCI should start dealing with this."

On the saccharin question, Mazzocchi argued, "Release the information and let people make their own decisions. Build systems based on the assumption that people can make judgments if they have the information."

"What judgment can the public make on such information as X number of rats exposed to a chemical developed Y number of tumors?" Terry asked.

Miller pointed out that FDA's proposal (shelved by Congress) was to withdraw saccharin as a pro-

cessed food additive "where people are exposed unwittingly, but permit them to pick it up at the drug store. That would give people a choice."

### ECOG CONTROL PARTICIPANTS OFFER PROGRAM SUGGESTIONS, CRITICISMS

The Eastern Cooperative Oncology Group report to the Div. of Cancer Control & Rehabilitation on the cancer control activities supported by its contract with DCCR (*The Cancer Letter*, Aug. 10) included suggestions and criticisms from some of the participants. Those follow:

Baystate Medical Center—"One better guage might be an endeavor to investigate where patients so treated originate from and the number of non-specialty, non-oriented community physicians who have referred patients for inclusion in such a study. Such an evaluation program might be most difficult to carry out on the data base...because...the original referring physician is not recorded in the process of forwarding data to the Statistical Office."

Brown/Roger Williams Program—"Approximately 70% of patients treated in this community are treated according to regimens contained in one arm of ECOG protocols for any particular disease."

Case Western Reserve—"The only drawback is the insufficient support granted the affiliate....Once an affiliate institution realizes the benefit of participating in a Cancer Control Program, they tend to shift a large load of their cancer activities in this avenue and hence get overwhelmed by the lack of personnel to cope with the load....many other community hospitals have requested participation in the ECOG Cancer Control Program but I am limited in our expansion due to lack of funds."

Jefferson—"The availability of the Cancer Control Program has also made the community hospitals participants in national research efforts. This is important to both the physicians and their communities in that they now have a sense of sharing and participation in stimulating and exciting treatment modalities."

Canfield Clinic (Northwestern affiliate)—"ECOG Cancer Control Program has brought to our small community what I believe is the most up to date current methodology and approach in cancer chemotherapy."

Columbus-Cuneo-Cabrini Medical Center (Northwestern affiliate)—"The Cancer Control Program has been the foundation of our Medical Oncology Program....We are able to extend a level of care comparable to most major cancer centers."

St. Mary's Hospital (affiliate of Univ. of Wisconsin)—"It has formalized the participation of the unit ...in the national main stream of clinical oncology."

Roswell Park—"It is the belief of this institution that the Eastern Cooperative Oncology Group Cancer Program is the best mechanism of Cancer Control encountered to date."

### CITIZENS COMMITTEE CHAIRMAN NOTES GRASS ROOTS SUPPORT FOR NCI FUNDS

Solomon Garb, chairman of the Citizens' Committee for the Conquest of Cancer, offered the following comments on the approval by Congress of \$1 billion for NCI in the 1980 fiscal year:

"The \$1 billion appropriation for NCI was indeed a stunning and welcome development. Six months ago, there was doubt whether NCI would get anything beyond last year's amount.

"I would like to call to your attention the outstanding efforts of many individuals and groups that made this year's results possible. Clearly, Sen. Birch Bayh did the most. Other congressmen and senators helped, and the hearings of Congressman Claude Pepper's Committee on Aging revealed the extent of progress to date.

"Outside of Congress, many groups helped. As you point out, the Assn. of Community Cancer Centers did a fine job. So did the Assn. of American Cancer Institutes and the American Cancer Society, especially through the superbly effective work of Mr. Polster.

"Outside of the Washington area, grass roots support increased. Persons associated with several cancer centers contacted their congressmen and senators. The National Cancer Petition collected over 100,000 signatures on petitions to increase support for NCI and maintain its independence. Citizens' Committee for the Conquest of Cancer continued its quiet mobilization of grass roots support. The ads which it placed in some key newspapers, written by Ann Landers, generated much support this year as well as last.

"Two new groups joined the effort to get better support for NCI this year. The City of Hope, in California, has hundreds of support groups, with tens of thousands of volunteers around the nation. This year, they received brief information sheets about the fiscal squeeze on NCI. Thousands contacted their representatives and had most helpful effects.

"The National Farmers Union took an active role in favor of the National Cancer Program. In addition to expressions of support, they told key congressmen and senators of their desire to see the cancer program move ahead more rapidly.

"The fight against cancer is a national effort. It is supported by the overwhelming majority of the American people. There are many other groups who would be happy to join us in support, if only they are asked. I hope your readers will ask some of them. Citizens' Committee can be called upon for information whenever needed.

"We have two goals between now and the next budget effort. The first is defeat of S988. Despite some good aspects, the bill in toto is anathema since it would destroy NCI's independence and budget bypass, returning the Cancer Program to the pre-1971

bureaucratic swamp. S988 should be withdrawn by its sponsor—whose son's life was saved by the cancer program. [Ed. note: Sen. Kennedy has withdrawn the bill.]

"Our second goal is the elimination of the red tape that slows the development of new, better anticancer drugs. This requires further study, to determine the best procedure.

"The \$1 billion appropriation is a victory, but it is only a step. It is a victory not only against cancer, but for America and the democratic system."

## NEW PUBLICATIONS

**Cancer Mortality: Environmental and Ethnic Factors,** a systematic derivation of the combinations of environmental, consumption and ethnic factors which explain the geographic variation in U.S. cancer death rates; by Dorothy Wellington, Eleanor MacDonald and Patricia Wolf, Univ. of Texas System Cancer Center; Academic Press, \$16.

**"Readability Testing in Cancer Communications,"** a simple formula used to assess the reading grade level required of the average reader to comprehend printed material; by NCI Office of Cancer Communications, Bethesda, Md. 20014, no charge.

**"International Survey of Distributions of Histologic Types of Breast Cancer,"** proceedings of a UICC workshop held to make an international comparison of incidence rates; UICC, 3, rue du Conseil-General, CH 1205, Geneva, Switzerland; 20 Swiss Francs plus postage and packaging.

**"The Cancer Patient: Social and Medical Aspects of Care,"** looks at the human and social side of the disease and how it affects the patient, family and those involved in care and treatment; by Barrie Casileth, Univ. of Pennsylvania; Lea & Febiger, 600 S. Washington Sq., Philadelphia 19106, \$12.50.

**"Cancer Screening: When Is It Worthwhile?"** attempts to provide practicing physicians and others with a rational set of criteria for judging the merits of cancer screening; edited by Deborah Hall and Martha Wood; Cancer Control Program, Sidney Farber Cancer Institute, 44 Binney St., Boston 02115, no charge.

**"Survival for Cancer of the Breast,"** 5th report published by NCI's SEER Program, covering period from 1950 to 1973; by Ardyce Asire, Evelyn Shambaugh, Max Myers and Lillian Axtell; HEW Publication No. (NIH) 78-1542; NCI Office of Cancer Communications, no charge.

**"Nutrition for the Head and Neck Cancer Patient: Overcoming Oral and Swallowing Difficulties,"** by Ernest and Isadora Rosenbaum, et al; Life, Mind &

Body Inc., 1515 Scott St., San Francisco 94115, no price listed.

**"Cancer of the Genitourinary Tract,"** Douglas Johnson and Melvin Samuels, M.D. Anderson, \$36; **"Nutritional Management of the Cancer Patient,"** Joy Wollard, M.D. Anderson, \$9.50; **"Mechanisms of Pain and Analgesic Compounds,"** Roland Beers and Edward Bassett, \$39.50; **"Proceedings of the Second World Congress in Pain, Montreal, 1978,"** John Bonica, John Liebeskind, and Denise Albe-Fessard, \$75; all published by Raven Press, 1140 Ave. of the Americas, New York 10036.

**"Hyperthermia as a Modality for Cancer Therapy: Selected Abstracts,"** published by NCI's International Cancer Research Data Bank Program as one of its **"Oncology Overviews,"** sent free to researchers in the subject area. Others may purchase copies from National Technical Information Service, 5285 Port Royal Rd., Springfield, Va. 22161, \$5.25 in U.S., \$10.50 elsewhere.

## NCI CONTRACT AWARDS

**Title:** Enzyme induction of chemical carcinogenesis relative to lung cancer incidence

**Contractor:** Weizmann Institute of Science, Rehovot, Israel, \$125,175.

**Title:** Breast Cancer Detection Demonstration Project, one year renewal

**Contractor:** Univ. of Arizona, \$391,011.

**Title:** Breast Cancer Detection Demonstration Project, six month extension

**Contractor:** Univ. of Cincinnati, \$97,181.

**Title:** Environmental occurrence of N-nitrosocompounds, continuation

**Contractor:** Massachusetts Institute of Technology, \$50,605.

**Title:** Comprehensive Cancer Center Communications Network, two year renewal

**Contractor:** Colorado Regional Cancer Center, \$411,302.

**Title:** Lung cancer control—detection and therapy—phase II, continuation

**Contractor:** Johns Hopkins Univ., \$1,621,421.

**Title:** Epidemiological studies in the etiology of cancer in veterans, continuation

**Contractor:** National Academy of Sciences, \$127,715.

**Title:** Production, purification and concentration of potentially oncogenic DNA viruses, continuation

**Contractor:** Life Sciences Inc., \$199,966.

## The Cancer Letter \_ Editor Jerry D. Boyd

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