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BACKING DOWN ON FORWARD FUNDING? HHS NOW SAYS IT WON'T MAKE MULTIPLE YEAR AWARDS UNTIL SEPTEMBER

The Administration is showing signs of backing down under pressure from Congress and the scientific community on the

(Continued to page 2)

In Brief

AACR LECTURES LISTED; WINN HEADS COMMUNITY ONCOLOGY AT MDA; HENDERSON ACS GRANT RENEWED

AACR AWARD lectures which will be presented at the 76th annual meeting in Houston: 25th G.H.A. Clowes Memorial Lecture by Judah Folkman, Harvard Medical School, "How is Blood Vessel Growth Regulated in Normal Neoplastic Tissue?"; Ninth Richard and Hinda Rosenthal Award Lecture by Jeffrey Schlom, NCI, "Monoclonal Antibodies Reactive with Tumor Antigens and Oncogene Products in the Management of Human Carcinomas; Sixth Rhoads Memorial Award Lecture by Lance Liotta, NCI, "Tumor Invasion and Metastases: Role of the Extracellular Matrix"; and Fourth Caine Memorial Award Lecture by Federico Arcamone, Farmitalia Carlo Erba, Milan. Isaiah Fidler's presidential address will be "Macrophages and Metastasis: A Biological Approach to Cancer Therapy".... **RODGER WINN**, chief of medical oncology at St. Barnabas Hospital, Livingston, N.J., and principal investigator for the Essex County Community Clinical Oncology Program, has moved to Houston where he is chief of the new Community Oncology Program at M.D. Anderson Hospital. Winn has been asked to develop a community oncology referral service, hopes eventually to form a regional network of community oncology programs affiliated with MDA along the lines of the North Central Cancer Treatment Group organized by Mayo Comprehensive Cancer Center Director Charles Moertel .... **BRIAN HENDERSON**, director of the Univ. of Southern California Comprehensive Cancer Center, has received a five year renewal of his grant from the American Cancer Society for cancer cause and prevention research. The special institutional award which will total $1 million was announced by Frank Rauscher, ACS senior vice president for research. During the first four years of the program, Henderson and his team completed a study which showed a need for more careful classification of mesothelioma (which, contrary to previous theory, often may not be associated with exposure to asbestos); found that a type of kidney cancer is associated with heavy use of certain over the counter analgesics; found that men who did not move around a lot on the job were at increased risk for colon cancer but not for rectal cancer; and reported that an increased risk of lung cancer in women cosmetologists thought to be caused by on the job exposure was instead associated with smoking.

WAXMAN, OTHER CONGRESSMEN DEMAND NIH ABANDON GRANT FORWARD FUNDING

(Continued from page 1)
issue of multiple year funding (forward funding) of NIH grants. The plan devised by the White House to slash the number of new and competing renewal NIH grants this year without resorting to illegal impounding has itself been declared illegal by the General Accounting Office (**The Cancer Letter**, March 29). Last week, Administration officials indicated no grants would be forward funded now until September, extending for two more months the moratorium to which it had previously agreed.

This leaves many NCI grants on hold as Director Vincent DeVita waits for the outcome of the battle between Congress and the Administration.

NIH Director James Wyngaarden said that House Health Appropriations Chairman William Natcher "asked us to hold off forward funding until September." to hold off forward funding until

DeVita and other NIH institute directors testified before the House Health & Environment Subcommittee in a formally correct but obviously unenthusiastic defense of the Administration's plan to put three years' money into some grants this year, thus cutting down the overall number of grants while keeping the money constant for this year.

DeVita testified that if the Administration's plan prevails, NCI will award 135 multiple year grants in FY 1985. Part of the result will be the loss of one c00cer center grant in FY 1985.

Subcommittee Chairman Henry Waxman (D.-Calif.) suggested, and Administration witnesses confirmed, that the outcome would be unfair because the first round of FY 1985 grants were awarded at a payline of 170, but the second and third rounds would be awarded at a 158 cutoff. It means, said Waxman, one gets a grant based on "when they (applications) arrive in the mail rather than on scientific merit."

Waxman has won 150 cosponsors to H.J. Res. 136 which would bar the Administration from forward funding and return NIH to a 6,500 project grant level for FY 1985 instead of the Administration's 5,000.

The impact of scientists' lobbying was apparent when Rep. Doug Walgren (D.-Penn.) said he received 104 letters from researchers protesting forward funding. With 150 out of 435 congressmen cosponsoring the resolution, the odds for defeating forward funding are good but far from certain, so more letters might be important. The Senate has a companion measure. Walgren called the Administration proposal a "blatant and indefensible attempt...to circumvent Congressional intent."

Rep. Ron Wyden (D.Ore.) said OMB is trying to ignore an existing appropriations law signed by the President.

Rep. Bill Richardson (D.-N.M.) said Univ. of New Mexico Medicine chairman Ralph Williamson was slated for a grant when he was told it wouldn't be renewed. His program faces dismantlement and his young investigators are discouraged. Richardson opined that the President is illegally impounding appropriations.

Thomas Ryan, president of the American Heart Assn., said he has two children in medicine and he doesn't have to read the newspapers to know that young people are leaving biomedical research.

Waxman calculated that total defense related research will rise to a record $39 billion in FY 86, nearly eight times the entire budget spent on health research. Then he said, "The elimination of human illness and disease has as much to do with achieving world peace as does reducing the competition for missiles and warheads."

Waxman attacked the Administration's priorities by saying, "A strong national defense depends on the physical and mental health of its people no less than the technical superiority of its defense weaponry." He added, "Our progress in health research should not be compromised because this Administration cannot control the greed of its military contractors."

Rep. Thomas Bliley Jr. (R.-Va.) said he favored biomedical research but cuts are needed because of the national debt. He left the hearing immediately after his opening statement. Waxman had said earlier that the health of the nation shouldn't be a partisan issue, and until recently it wasn't. "Early this year the House Republican Research Committee released a report outlining policy initiatives for the first 100 days of the new Congress, and singled out basic research as an investment that would pay huge practical dividends. They pointed out that the medical cures of the 21st century will depend on our commitment to health research in 1985, but the advice of our House Republican colleagues isn't being heard by David Stockman or President Reagan."

The American Assn. for Cancer Research added its considerable weight and prestige to the fight against reduced cancer research funding and the Administration's attempt to end the National Cancer Program. In a letter to all members of the House and Senate HHS Appropriations Subcommittees, AACR President Isaiah Fidler said:

"The American Assn. for Cancer research, the oldest organization of oncologists, is concerned with the unprecedented reductions in the 1985 budget for NIH in general and the National Cancer Institute in particular. During the last few years, we have witnessed accelerating advances in many fields of

cancer research. To disrupt this progress now by reducing federal support will be detrimental.

"The AACR Board of Directors also believes that it is mandatory to renew the National Cancer Act.. We urge you to consider these matters and to act in a responsible fashion to allow the Unite States to continue leading the world in areas of cancer research and treatment."

The resoultion by the AACR Board stated:

"The American Assn. for Cancer Research strongly suupports renewal of the National Cancer Act which retains the three special authorities mentioned below, and which assures the continued independence of the National Cancer Institute:

"1. Authority of the NCI director to submit the NCI budget directly to the White House, bypassing all levels of bureaucracy between NCI and the President.

"2. Presidential appointment of the director of NCI and the members of the National Cancer Advisory Board.

"3. Establishment of the President's Cancer Panel."

B.J. KENNEDY RECEIVES ACCC AWARD, SAYS MORE MEDICAL ONCOLOGISTS NEEDED

B.J. Kennedy, director of medical oncology at the Univ. of Minnesota, was introduced by former student John Yarbro as the father of the discipline. Kennedy established the first academic program in medical oncology and has been a national and international leader in the education of medical oncologists ever since.

Another honor was added to those Kennedy has earned when the Assn. of Community Cancer Centers presented him with its annual award for outstanding achievement in community cancer care. The award was made at the recent national ACCC meeting in Washington.

Prior to the award luncheon, Kennedy participated in a panel with Irvin Fleming, professor of surgical oncology at the Univ. of Tennessee Center for Health Services, and William Powers, chairman of the Radiation Oncology Center at Harper Grace Hospital. The panel topic was "Stemming the Tide," and Kennedy took issue with those who contend medical schools are turning out too many medical oncologists.

Kennedy said that by the end of 1985, there will be 3,500 board certified medical oncologists in the U.S. A 1977 survey had estimated that by 1985 there would be only 3,165 certified medical oncologists while the best estimate on the number needed was 3,665. When the number required is based on a 60 hour week with 60 per cent of their time spent in oncology, the number needed in 1985 is 4,582, and in 1990, 4,749, Kennedy said.

"That doesn't seem to me to be a glut," Kennedy said.

He acknowledged that those figures do not take into account the number of physicians not certified in medical oncology who do administer chemotherapy, nor the fact that more primary care physicians are caring for cancer patients.

The American Society of Clinical Oncology's Committee on Accreditation of Medical Oncology Training Programs has accredited 49 medical oncology only programs and 105 combined oncology-hematology programs. Three will be discontinued, Kennedy said.

"Programs that offer only clinical training ought to be dissolved," Kennedy continued. "It cannot be a good training program without some research. Also, we should eliminate programs where medical oncology is the only subspecialty training. Trainees ought to be associated with other subspecialty trainees."

Medical oncology training programs should be dedicated to research, giving trainees the opportunity to learn to design research studies, or at least how they are designed, Kennedy said. Trainees also should learn how to evaluate investigational methods and interpretation of data, and should develop competence in critical assessment of therapies.

Medical oncology training programs should be three years, Kennedy maintained. "With the mounting knowledge we are seeing in this field, it is not possible to train a good medical oncologist in two years."

The impact of 12 years of medical oncology (since the American Board of Medical Specialists recognized it) has been, Kennedy said, provision of oncology expertise to communities, improvement in survival rates, developing and expanding oncology education, and development of qualified investigators.

Fleming noted that surgeons have been in a "highly competitive atmosphere for 20 years. We've learned to live with it. But with radiotherapists and medical oncologists, it's something new for them."

The Society of Surgical Oncology has 787 members, and there are probably less than 1,000 surgical oncologists in the country, Fleming said. The bulk of cancer surgery is performed by general surgeons. "I don't think any surgical oncologist thinks its our role to take care of all cancer patients. We're still trying to define our role."

There are only eight training programs in surgical oncology certified by the Society of Surgical Oncology, Fleming said—at Memorial Sloan-Kettering, Roswell Park Memorial Institute, Ohio State Univ., Univ. of Medicine & Dentistry of New Jersey, M.D. Anderson Hospital & Tumor

Institute, Medical College of Virginia, Tulane Medical Center and Univ. of Miami School of Medicine. They turn out less than 50 surgical oncologists a year.

By 1990, there will be a surplus of general surgeons of 13,400, Fleming said. More of them will move to smaller communities as a result. A positive impact of overcrowding, Fleming noted, has been that from 1971 to 1980, the number of noncertified surgeons doing surgery has dropped from 21,000 to 11,000.

Powers, a member of the National Cancer Advisory Board, was introduced by Yarbro as "one of the most vigorous and active fighters in the revolution" which led to establishing radiotherapy as a certified specialty. Among the comments suitable for print culled from his highly entertaining presentation:

*"NCI is a group of very dedicated individuals. Government workers in general are dedicated."

*"Radiation therapists do not accept self referrals. We now treat only cancer patients. When I started, half of those we treated had benign disease. When we stopped that, we gave up a lucrative part of our practice."

*Of the 910,000 new patients with invasive cancer in 1985, 455,000 will receive radiation therapy. A radiation therapist can handle 175 new patients a year, which means the need exists for 2,600 in that field. The American Society of Therapeutic Radiation Oncologists has an active membership of about 1,900. In Michigan, 12 of 73 radiation therapists are not members of ASTRO, indicating that nationwide, the number is close to matching the need. "Training programs are cranking them out rapidly, and we'll possibly overshoot. Two hundred and five radiation therapists presently are seeking jobs."

Solutions to the problem of oversupply, Powers suggested, in addition to stealing patients or buying them from surgeons (in Turkey, surgeons sell patients to trainees, "in the finest tradition of surgeons"), include:

--"Charge exhorbitant tuition; raise the standards on boards (as soon as you pass them yourself); or close the program."

—"There's the New York City technique of modifying the dose sufficient to achieve tumor regression but making sure of recurrence and tolerance of a second course."

—"And the California technique, in treating breast cancer, of irradiating the chest in the first course, the nodal area in the second, and charging for two treatments."

Reducing the number of trainees means "we'll lose our slave labor. We might have to go back to work and do our own research."

HOW TO RAISE MONEY FOR YOUR CANCER PROGRAM: YOU WILL HAVE TO ASK FOR IT

"I used to be a physician, and director of a cancer center. Whether I wanted to or not, I've become a fund raiser. Sometimes I feel like a beggar and I don't like it."

John Trombold, director of the Scripps Memorial Hospital Cancer Center in La Jolla, thus opened his presentation, "Procure or Perish," at the recent national meeting of the Assn. of Community Cancer Centers. If he doesn't enjoy feeling like a beggar, Trombold gave the impression that he didn't really mind fund raising and that it might even be fun.

"Why should we be involved in fund raising?" Trombold asked. "If we don't learn how to raise money, and become financially independent, some of us won't survive. We've got to quit looking to Washington."

Trombold described the various successful fund raising efforts his center has initiated, along with some that weren't so successful.

"The word 'endowment' is rarely heard at ACCC meetings. It can be very important. We received a half million dollar endowment from a physician who was retiring. (Other contributions eventually increased the endowment to $1 million). We get two thirds of our entire budget, $100,000 a year, from the endowment fund. We're trying to raise $1 million for improvements. We try to raise an equal amount to add to our endowment, to match the money for bricks and mortar. We're expanding at Scripps while others are cutting back because we obtain financial support on our own.

"In 1983, $65 billion was given in philanthropy, $9 billion to health, and 83 per cent came from living human beings. The money is there, but people have to be asked.

"It's a big advantage, when we sit down with our administrator to talk budget, to have that $100,000. We don't get what I call the whiny administrator syndrome: 'Oh, god, we can't do that.' The first thing they teach in hospital administrator college is if you slow it down, drag it out, eventually they'll forget about it. We have our $1 million and I can go in and pound on the table. If they threaten to lay off our social worker, I'll go raise the money to pay her. We can't have a cancer program without one."

Scripps Hospital has a fund raising foundation, and the cancer program gets $150,000 a year from it. "But it's a mixed blessing," Trombold said. "We can't get at it easily. They're bricks and mortar oriented. They can see giving you a piece of equipment but not a hospice."

Trombold suggested that cancer program executives

interested in raising money should take some courses in fund raising, taught in several universities and possibly in some community colleges.

Trombold referred to a survey which found that persons who give $1 million or more to health institutions do so for one or more of four major reasons:

1. Belief in the mission of the institution. "They like to support exciting ideas."

2. They served on the board or on an important committee. "That's why we've established an advisory committee. You need their input, you get identity with the community, and they can help you raise money. We select members on the basis of the three Ws--wealth, wisdom, and work."

3. Respect for the fiscal responsibility of your institution. "Few will give to the Titanic."

4. "Most important is the leverage or influence of the solicitor."

Trombold encouraged the audience to ask for memorial contributions. "With all due respect to the American Cancer Society, if you don't ask, it will go to them. That's not all bad, because they need money, too."

In asking for contributions, "don't say 'no' for anyone. Give them a chance to say 'yes.'.. Don't sell your needs. Ask them to share in your dreams."

Trombold continued, "You have to learn to listen. What they want to do, what their dreams are. Take them through your facility, get them interested. You don't make a pickle by sprinkling it with vinegar. You have to soak it. It takes time."

Trombold said he uses "the rule of sevens. Thank them seven times. A letter from the president, another from the chairman of the board, a handwritten note from the vice president, a letter from the treasurer with the official receipt of the donation. If it is for a scholarship, then have the recipient write. They should get an invitation to the groundbreaking, with a handwritten note added, 'This wouldn't have been possible without you.' Studies show that if you do all this, people will give three times the original amount if properly thanked."

Merle Brodie, assistant director of the Scripps Cancer Center, described various projects and events the center uses to raise money:

*Endowments. One physician donated his interest in a Texas oil well which pays royalties to the center.

*Educational projects. "If they are creative, they can raise money."

*Symposia. The two annual symposia the center holds each October for physicians and nurses has raised a net profit since 1977 of $143,000. "We never expected it would make money; it just happened." The money comes from registration fees and corporate underwriting.

*Oncology nursing educational materials, including audio and video tapes. The center has made $50,000 on the tape it produced titled "Both Ends of the Stethescope," the story of a young physician who died of cancer.

*Special events. The most successful and visible event Scripps sponsors is an annual tennis tournament in which players pay $125 to participate. Corporate underwriting, a luncheon, gifts, individual contributions and a pro-am in which players pay $500 to team with a local tennis professional, all are expected to clear $50,000 this year. Another special event is a raffle in which $10 'donations" qualify participants for donated gifts, including trips. Brodie said the center expects to make $20,000 on the raffle this year.

*However, "Beware of special events. You need some criteria for what you want to do." Brodie mentioned a golf tournament the center sponsored with the help of a member of the San Diego Padres baseball team. The event turned sour "because we didn't have control," and individuals brought in to run it turned in "outrageous expenses." The center did not lose any money but the baseball player did.

*Grant proposals. Not the most successful of Scripps' efforts. One was an unsuccessful attempt to get a Community Clinical Oncology Program award from NCI. "We spent the most money on that of anything we have tried and got nothing out of it." The center did get a grant from the hospital foundation for prevention and early detection. "We got first year funding and than were asked to find our own money."

*Gifts in kind. The local water color society donated enough paintings to place one in every room of the oncology unit. An auxiliary unit provided music casette players for every room.

*Mailings to former patients. A recent mailing of 20,000 brought in 450 gifts totaling $18,000, which was "not considered a real successful mailing."

*Memorials. "We don't solicit them on an active basis. We can always count on some, and get about $10,000 a year. We could raise more with a little effort."

Brodie concluded, "Fund raising seems scary when you start. You become a professional by making mistakes. It can be a lot of fun."

Trombold said fund raising is very competitive in the San Diego area, with the Univ. of California Cancer Center and the Scripps Clinic and Research Foundation there ("How would you like to have another institution just down the street with the same name you have?").

Trombold returned to the problem he has with his own hospital's foundation. "You should insist on drawing the line. Tell them you are going to raise some money, but that you have to get at it, you want

an accounting, and above all, you want the interest. We're having a lot of trouble over this."

Brodie said she spends about 35-40 per cent of her time on fund raising, but Trombold added, "I want her to be a full time fund raiser. That's a good investment of money."

FDA COMMITTEE RECOMMENDS APPROVAL OF LEUPROLIDE, DENIES TWO OTHERS

The Food & Drug Administration's Oncologic Drugs Advisory Committee recommended approval of Abbott Laboratories' new drug application for leuprolide for treatment of metastatic prostate cancer.

The committee, meeting last week, recommended against two other NDAs, one for mitoxantrone in the treatment of advanced breast cancer, the other for epirubicin, also for treating advanced breast cancer.

FDA staff had recommended approval of leuprolide (which Abbott will market under the trade name, Lupron), but suggested it be limited to second line therapy. The drug was compared with diethylstilbesterol in clinical trials and found to produce markedly less nausea and vomiting and less cardiovascular toxicity.

"To me, this is just as good as estrogen," committee member Charles Moertel argued. His view prevailed, and the committee voted 6-1 to approve leuprolide for use when surgical orchiectomy and DES are not appropriate or desired. Richard McHugh voted against it "entirely due to my concern about use of historical controls" in the study.

Both mitoxantrone, by Lederle Laboratories, and epirubicin, by Adria Laboratories, were presented as alternatives to adriamycin as single agents and in combinations. Significant reductions in cardiovascular toxicity was claimed for the two new agents, with equivalent therapeutic results.

Studies supporting the two NDAs involved too few patients and are of too short duration to prove equivalence, committee members felt. Survival data were not available, and some members indicated that they were not convinced the new agents were significantly less toxic than adriamycin.

The vote against approving mitoxantrone was six opposed, with John Holcenberg abstaining and committee Chairman Martin Abeloff not voting. The vote against epirubicin was unanimous.

ACS PRESIDENT SEES THREAT TO NCI PROGRAMS, URGES ANTITOBACCO EFFORTS

Predictions of "beating cancer by the Year 2000" are threatened by possible cutbacks in NCI's budget, American Cancer Society President Robert McKenna said this week in opening the 27th annual ACS Science Writers' Seminar in San Diego.

McKenna was critical of the proposed cuts, and described ACS' plans to fight "the single most preventable cause of cancer...cigarette smoking." He also expressed the Society's concern over the cost of mammography and "of special importance to me, the issues surrounding reemployment of cancer patients."

McKenna, clinical professor of surgery at the Univ. of Southern California, mentioned ACS' guidelines regarding nutrition: "We advise avoiding obesity, cutting down on fat intake, eating more high fiber foods, utilizing natural sources of vitamins A and C, eating more cruciferous vegetables, limiting the use of alcohol, and limiting consumption of salt cured, traditionally smoked or nitrate cured foods. We are following up the introduction of these guidelines with consumer programs to encourage their widespread adoption in American households. A dietary approach to cancer risk reduction is reasonable, easy, inexpensive and makes very good sense.

"The single most preventable cause of cancer is, as we all know, cigarette smoking. Cigarette smoking continues to be the spoiler in our annual statistical reports on cancer incidence and survival. This year has a special, grim significance for those of us concerned with the smoking issue. This is the first year in history that more women will die of lung cancer than any other form of cancer.

"At least 75 per cent of all lung cancer cases in women are self inflicted because they are directly linked to cigarette smoking. This means that a staggering number of women's deaths predicted for 1985—about 29,000—could have been prevented. Smoking has become the major health problem facing women in the 1980s.

"The cigarette companies maintain that advertising does not encourage the adoption of the cigarette habit. But at the same time, tobacco industry leaders publicly acknowledge that women are a top target for cigarette sales. New brands have been developed which are marketed exclusively to women. Professional women's tennis, fashion events, and cultural programs all receive self serving sponsorship of cigarette companies.

"The American Cancer Society will aggressively pursue the following four steps to eliminate the glamorization and undue promotion of cigarettes to women and to that other favorite target group of the tobacco industry: teenagers. We are calling for:

"1. A congressional hearing on cigarette advertising and marketing practices directed toward young people.

"2. The Federal Trade Commission to institute regulations limiting cigarette advertising to printed messages, without pictures or symbols.

"3. The Federal Trade Commission to address new regulations to prohibit cigarette promotions

directed to youthful audiences, and to require appropriate warnings in all advertising, publicity, and promotional messages relating to sponsorship of events.

"4. Finally, the American Cancer Society will approach organizations accepting cigarette company sponsorship to seek the voluntary relinquishing of such sponsorship.

"I should add two other important related issues that call for immediate action. One is the need for some control over the dangerous and increasing use of smokeless tobacco products—snuff and chewing tobacco—by our youngsters. The other, the continued government practice of offering discounted cigarettes to military personnel and its relationship to adoption of the deadly smoking habit by these young men and women. By charging so much less for cigarettes sold at PXs, the federal government is actually subsidizing cigarette addiction.

"We urge women to take responsibility for their bodies and their lives as they have in so many other ways. Women must refuse to become victims of manipulative advertising and of the physiological and psychological addiction of cigarette smoking.

"We continue to urge all physicians, especially those who treat women who smoke, to make renewed efforts to encourage them to stop. It is our responsibility as physicians to raise the question of smoking as part of every history and physical examination we do. We must urge our colleagues and friends who smoke to quit, too.

"And it is time for the women's organizations, health collectives and consumer groups to speak out against the shameful manipulation of young women by cigarette manufacturers and against smoking in general. The women's magazines, trusted and read by so many millions of women for their editorial material on health, must join us in this effort.

"It's time for all concerned segments of this nation to join the American Cancer Society in its commitment to a smoke free young America by the year 2000. It's time because American society cannot tolerate the dreadful social cost and ultimate financial cost of cigarette marketing success.

"I must raise another problem of cost, the one of the high cost of mammography. Mammography is the single greatest opportunity to reduce mortality and severity of treatment in the second most deadly women's cancer: cancer of the breast. We know that mammography can find lesions at the earliest possible stage, at the stage when lesser forms of surgery can be used and the cure rate approaches 100 per cent.

"In this country, those who are financially able to afford to follow the ACS guidelines for detection of breast cancer in asymptomatic women are in the middle or upper segments of society. This is not good enough. This cost problem is a challenge to health care providers and those who provide third party insurance for health care. It is another challenge to women's organizations to join us and exert pressure, to initiate much needed dialogue, to help talk down the high cost of mammography.

"We have all heard predictions of beating cancer by the end of the century. These optimistic statements are made by reputable sources because of the expectation of continued dramatic increase in the arsenal of weapons against cancer, as well as new information as to its cause. All of this is the product, the important payoff, of funds and years invested in basic biomedical research.

"But these promises are threatened by possible ceilings or cutbacks in the National Cancer Institute's research program. The American Cancer Society has committed $78 million this year for research. However, in the event of cutbacks, there is no way the private sector can pick up the cancer research slack. Although we are sensitive to the important issue of government cost control, we must ask if this nation really wants to slow the momentum that is currently behind the cancer control program?

"Basic to all cancer control programs is the emphasis on early detection. We at the American Cancer Society believe that the burden of early detection and also of cancer prevention rests primarily with the doctor who first sees the patient, the primary care physician. The Society will redouble its efforts this year to involve them in our professional education and cancer detection programs.

"Besides providing factual information and educational opportunities, we must persuade the primary care physician to carry out new or special procedures in the detection, diagnosis and treatment of cancer. We will actively encourage the cultivation of very important attitudes in the primary physician, attitudes which recognize the significance of their role in effecting cancer control, and attitudes which encourage a hopeful outlook, a belief in the curability of cancer and the importance of preventive strategies and early detection.

"Finally, I would like to mention a concern that is of special importance to me. It is of the issues surrounding the reemployment of cancer patients. Pockets of prejudice and ignorance about cancer remain in our society. There are many cruel myths about workers with a history of cancer. To cite a few: some people think that cancer patients will not do their fair share of work, or that their turnover and absentee rates will be higher, or that they will eventually die from their cancer.

We know that these are truly myths and that many

people living with cancer enjoy full and productive years, even if not cured. Actually, cancer patients represent a significant and growing figure in the workplace. While cancer often occurs in people over 65, many younger persons have had the disease. Many of the childhood cancers are now curable and these children are growing up, entering college or joining the workforce. In adults, women with breast cancer, young men with testis cancer, as well as young people with Hodgkin's disease have been cured, or will be soon, and expect secure and rewarding employment.

"We have found that employers discriminate against cancer patients in ways ranging from demotion, denial of advancement, or by forcing the patient to give up group health insurance where rates will rise because of cancer treatments.

"The American Cancer Society until now has focused on providing its divisions and units with comprehensive information on job discrimination, insurance problems and legal remedies available to those who can prove discrimination. We will lend the Society's support to actions such as legislation sought by Congressman Mario Biaggi of New York, to prevent this type of discrimination.

"However, legal remedies are not the only way to approach this issue. We must commit our energies and resources to change, change in attitudes and change in behavior. This will entail educating insurance companies about cancer treatment and cancer survwvival. And it will mean asking physicians, especially oncologists, to lend their powerful influence in support of legislative and educational programs aimed at eliminating discrimination problems.

"There are no simple solutions to the employment problems facing peoplle with a history of cancer. A person's capabilities and potential for productivity after cancer, of course, depend on a range of variables. The American Cancer Society will do its utmost to inform and advise, to give employers and insurers a sound, humane and factual basis on which to make their decisions in regard to cancer patients.

"I would like to add my own feelings of enthusiasm and optimism for the research advances of today. I look forward eagerly to the translation of the greater knowledge acquired in the basic research areas—biologic response modification, molecular biology, epidemiology, tumor virology, immunology, among others—into preventive and therapeutic applications in the 1990s. . .

"In just the past few years, there have been reports of an unravelling of the mystery of cancer. We read and hear of tangible, realistic avenues of approach to the group of disorders we call cancer. Much of the new information indicates that cancer will be controlled in the near future through a combination of approaches—traditional basic research, new and innovative approaches to health care, and an emphasis on a variety of approaches in cancer prevention.

"Of course, the emphasis on prevention is not new. But traditionally, this emphasis has been on external causes of cancer--toxic wastes, occupational exposures to carcinogenic substances. What is now clear is that the most significant causal agents of some of the major cancers are personal ones, the most important two being smoking and diet."

NEW PUBLICATIONS

"Seminars in Oncology Nursing," edited by Connie Yarbro. A new quarterly journal published by Grune & Stratton. Annual subscription, $50 institutional, $35 individual, outside U.S. and Canada, $55. Grune & Stratton, Promotion Dept., 6277 Sea Harbor Dr., Orlando, Fla. 32821.

"Diet and Cancer," by William Creasey. Lea & Febiger, 600 Washington Square, Philadelphia 19106, $14.50 paperback ($19.25 in Canada).

"Psychosocial Stress and Cancer," edited by Cary Cooper. John Wiley & Sons, One Wiley Dr., Somerset, N.J. 08873, $29.95.

"Chemical Carcinogens," edited by Charles Searle. Published by the American Chemical Society, 1155 16th St. NW, Washington D.C. 20036, $129.95 U.S. and Canada, $155.95 elsewhere.

"Chronic Myelogenous Leukemia." Leukemia Society of America, 733 Third Ave., New York 10017, free (booklet).

The following are available from Raven Press, 1140 Avenue of the Americas, New York 10036:

"Cancer of the Respiratory Tract: Predisposing Factors," edited by Mark Mass, David Kaufman, Jill Siegfried, Vernon Steele and Stephen Nesnow, $75.50.

"Thymic Factor Therapy," edited by N.A. Byrom and J.R. Hobbs, $45.

"Acquired Immunodeficiency Syndrome," edited by John Gallin and Anthony Fauci, $49.

The Cancer Letter _Editor Jerry D. Boyd

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