

P.O. Box 15189 WASHINGTON, D.C. 20003 TELEPHONE 202-543-7665

**O'Neill Account, Kennedy Hearing, Create Climate  
On Capitol Hill For Increasing Cancer Funding**

The appearance of former House Speaker Thomas (Tip) O'Neill testifying before the Senate as a cancer survivor last week has propelled the movement to increase cancer appropriations to a level that has not been reached in years. Every year, prominent cancer researchers and clinicians tell Congress of their treatment and research successes. Cancer survivors, too, testify about the lifesaving treatments that are made possible.

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*In Brief***Bleyer To Chair Childrens Cancer Study Group;  
Fisher To Advise PCI; Penn. Awards Herberman**

ARCHIE BLEYER, chairman of the Div. of Pediatrics at M.D. Anderson Cancer Center, will be the new chairman of the Childrens Cancer Study Group when Denman Hammond steps down in November, 1992. Bleyer was named chairman elect at the group's recent meeting. CCSG headquarters will remain in Arcadia, CA, at Orion Medical Sciences, which Hammond will continue to head as president. Bleyer, 47, is a pediatric hematologist/oncologist; he joined M.D. Anderson in March, 1990, from Seattle Children's Hospital & Medical Center. Hammond has been CCSG chairman since 1968. . . . BERNARD FISHER, professor of surgery at Univ. of Pittsburgh Medical Center and chairman of the National Surgical Adjuvant Breast & Bowel Project, will serve in the newly created position of senior scientific advisor for clinical affairs with the Pittsburgh Cancer Institute. . . . RONALD HERBERMAN, director of the Pittsburgh Cancer Institute, received the Commonwealth of Pennsylvania 1991 Governor's Award for Excellence in the Sciences. . . . CHINESE SCIENTISTS involved in cancer research and treatment are visiting the U.S. this month under sponsorship of the American Cancer Society. The scientists will visit New York, Washington, Atlanta, Houston, and San Francisco. . . . CHEMOTHERAPY FOUNDATION conference on "Advances in Innovative Oncology: Biomodulation, Chemoimmunotherapy and Selected Phase 2 Drugs," will be held Nov. 7-8 at Holiday Inn Crowne Plaza in New York City. Contact Jaelyn Silverman, Mount Sinai School of Medicine, 212/241-6772 or 369-5440. . . . CORRECTION: Evaluation of the Community Clinical Oncology Program was carried out by Univ. of North Carolina, Arnold Kaluzny, PI. Univ. of Illinois is a subcontractor (*The Cancer Letter*, April 5, page 3). . . . REP. EDWARD ROYBAL, chairman, House Select Committee on Aging, introduced the "Comprehensive Preventive Health Program for Medicare Beneficiaries" (HR 1746), authorizing a package of preventive services.

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## Decline In Cancer Research Funding Is 'Wrong,' O'Neill Tells Congress

(Continued from page 1)

ible by federal spending on research. But this year, one of those cancer survivors happened to be a friend and former colleague of those with some control over the federal purse strings.

O'Neill, who discussed his colon cancer, said the death of his friend Rep. Silvio Conte (R-MA) of prostate cancer prompted him to return to Washington, where he spent his 35 year political career, 10 of those as the House speaker. "To see him get eaten up by cancer so quickly was unbelievable," O'Neill said. "It was an obligation to my friend Sil."

His testimony before the Senate Labor & Human Resources Committee received widespread media attention and generated some action on Capitol Hill:

►Sen. Ernest Hollings (D-SC) introduced a resolution commemorating the 20th anniversary of the National Cancer Act, signed in 1971.

►Cancer research groups, led by the National Coalition for Cancer Research, are mounting a letter writing campaign to urge Congress to add \$200 million to NCI appropriations above the President's FY 1992 request.

►Hollings and Sen. Brock Adams (D-WA) are working to create an add-on amendment to the HHS appropriations bill to provide additional funding for NCI. "We'll try to do the best we can to provide \$200 million," a aide to Hollings told **The Cancer Letter**.

The \$200 million increase is being promoted by the Coalition as the amount that would restore NCI's budget to its 1980 purchasing power. The President's FY 1992 budget for NCI is \$1.8 billion--\$800 million short, in NCI's professional needs assessment--and 6.2

percent below its 1980 level if measured in constant dollars.

Prior to O'Neill's hour-long testimony, several senators described how cancer had affected their own families. Sen. David Durenburger (R-MN) recalled that on the day of his son's birth 24 years ago, his wife was diagnosed with breast cancer; she died three and a half years later. Sen. Tom Harkin (D-IA) lost two sisters to breast cancer, and a brother is fighting cancer now. Adams lost his mother to breast cancer. And Sen. Edward Kennedy (D-MA) recalled his son Ted Jr.'s battle with cancer.

### 'No Time To Retreat'

Kennedy, chairman of the Senate Labor & Human Resources Committee, has been the strongest and most consistent supporter of the National Cancer Act throughout its history. Kennedy introduced the original legislation as recommended by the Yarborough Panel, after having taken over as chairman of the Senate Health Subcommittee after the defeat of Sen. Ralph Yarborough of Texas.

To secure President Nixon's support, Kennedy allowed his bill to be substituted for the Administration's bill, retaining everything but the name, permitting Nixon to claim credit for it without changing the substance. He negotiated a compromise with the House which then became the National Cancer Act of 1971, and he has defended it at every renewal.

"Before the National Cancer Act, there were no community clinical cancer programs, no national cancer information services for physicians and patients, and no community prevention and control programs," Kennedy said in his opening statement to the hearing. "There were much smaller clinical trials, and fewer cancer researchers. Access to specialized care was limited. Only a few comprehensive cancer centers existed.

"The expansion of basic research supported by the National Cancer Institute has shed light on cellular processes that were hardly envisioned when we introduced the National Cancer Act two decades ago. By the end of the first decade, the annual budget of the Institute had increased from under \$200 million to \$1 billion, or 30% of the budget of the entire NIH. Scientists supported and often trained by the Institute under the program expanded our knowledge of the genetic basis of disease and cell processes.

"This deeper understanding led to the development of an entire biotechnology industry. Human proteins were synthesized from cloned genes.

"When the deadly AIDS epidemic appeared on the scene, researchers were armed with knowledge and

## THE CANCER LETTER

*Editor: Kirsten Boyd Goldberg*

*Associate Editor: Lisa M. O'Rourke*

*Contributing Editor: Jerry D. Boyd*

*Editorial/Subscriptions Office*

**PO Box 15189, Washington, DC 20003**

**Tel: (202) 543-7665 Fax: (202) 543-6879**

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tools that led to the rapid identification of the virus, important diagnostic tests, and useful therapies.

"Clinical research and epidemiology supported by the National Cancer Institute have broadened our understanding of the causes of cancer and given us vital means to prevent it. The knowledge that a third of all cancers are caused by tobacco use has clear implications for public policy and individual behavior. More than a quarter of adults use tobacco products, and most started when they were children. Many people are alive and well today because they benefitted from this new information and stopped smoking.

"Cancer treatments and cancer cures have prolonged and saved lives and given us a generation of childhood cancer survivors including my own son Teddy. Today, cure rates for those under the age of 20 are 66 percent; they are 75 percent for those under 10.

"Too many Americans still do not benefit from the knowledge and resources that have become available in the past 20 years. We need a much greater national effort to bring the benefits of the war on cancer to all Americans.

"The vision which inspired the National Cancer Act continues to inspire us today. But we will not realize its potential for the future unless we continue to support it.

"In the past decade, the budget for cancer research has declined in real dollars. Although the budget of NIH has risen 27 percent, the budget of the Cancer Institute has declined by 6 percent. The decline is even steeper if the AIDS research funds of the Institute are not counted.

"When the Act was passed in 1971 cancer was the disease that Americans most feared. Despite new health issues and concerns, it is still the number one fear today. The War on Cancer is far from won. This is no time to lose our momentum or call a retreat."

#### **O'Neill Recounts Private Meeting**

O'Neill recounted how he arranged a private meeting of the House leadership in the early 1970s, when he was the majority leader, to add \$160 million for cancer research, more than doubling the Nixon administration's request.

The meeting came about through the efforts of Mary Lasker, of the Albert and Mary Lasker Foundation, who lobbied O'Neill, among many other members of Congress, to increase cancer funding.

"Mary came in and said the President had promised \$1 billion for cancer research, but we've only got \$100 million. There were no formal hearings," O'Neill said. "The Speaker [Carl Albert] agreed that the president had made a pledge and we were going to help him."

O'Neill, 78, said that he first felt some stomach

pains in 1987 at a Boston College-Notre Dame football game. A biopsy the next day revealed rectal cancer, and he underwent a colostomy. Soon after, some cancerous lumps "as big as olives" were discovered in his neck. Despite surgery and chemotherapy, the cancer has metastasized to the breastplate and collarbone. O'Neill said he is receiving chemotherapy treatment occasionally. He said he is "feeling good" and doing some writing.

Most of O'Neill's treatment has been at Brigham & Women's Hospital. "The doctors and nurses there are terrific," O'Neill said. He complained, however, that two of his nurses had been laid off because a research project they were participating in had been stopped for lack of federal funding. "That's just wrong. How are you going to train the people in the hospitals? It's an obligation of our government.

"We know the good the money has made. I'm delighted that 20 years ago I played a part in getting the funding."

The Cancer Act, O'Neill said, "was a national priority 20 years ago. Now the priorities have changed. Mary Lasker isn't around the Hill as much anymore." Although tremendous progress has been made, he said, "there is a tremendous gap out there and we just can't let it happen--it's wrong.

"The President has his own committee [the President's Cancer Panel] which recommended \$862 million more than the President did in his budget. I'm asking for an increase of a couple hundred million. I used to do it through a side door. I'm sure this great committee of yours can do it."

"Why is it that we don't get the focus and attention and support for adequate funding for cancer research?" Kennedy asked O'Neill.

The Cancer Act came up "with fanfare" 20 years ago, but since then, O'Neill said, "The enthusiasm and will of the American people has died and the will of Congress died. Other things attract attention; other diseases break out. If the American people knew that we are spending less money for cancer today than in 1980--that's a shocker--they wouldn't believe it."

Kennedy also asked O'Neill about the expense of treatment and coverage by health insurance. O'Neill said he, like all retired members of Congress, is fully covered by Blue Cross.

"So we've taken care of ourselves, but we've only talked about doing that for the American people," Kennedy said.

"Do you think the American people still feel--really deep down feel--that cancer is a national priority?" Kennedy asked.

"There's no question about it. Mary Lasker says one

American is killed every 62 seconds by cancer. It touches nearly everyone," O'Neill said.

"When an emergency arises we can always find the money," O'Neill said. "This is an emergency."

Harkin, chairman of the Senate Labor, HHS, Education Appropriations Subcommittee, the committee that oversees NIH appropriations, agreed that more funds are needed.

"We're way behind where we ought to be," Harkin said. "We're putting \$9 billion into NIH; that sounds like a lot of money. But in the last 27 months, we've spent more on the military than on all of biomedical research in the last century. I know we can win the war on cancer. We just need the resources."

Harkin also called for greater funding for cancer prevention and screening.

Sen. Howard Metzenbaum (D-OH) also showered praise on Lasker and called for greater research funding. He said that he would call Ann Landers to ask her to write an article urging Americans to support cancer research.

#### **'One Of The Noblest Accomplishments'**

Sen. Ernest Hollings (D-SC) last week introduced a resolution recognizing the 20th anniversary of the National Cancer Act. He was joined by Sens. Kennedy, Dodd, Adams, Shelby, Glenn, Jeffords, Pryor, Seymour, Breaux, and Pell.

"One of the proudest and noblest accomplishments of Congress during the 25 years I have served here was passage of the National Cancer Act in 1971," Hollings said in his statement introducing the resolution. "It is estimated that, as a direct result of that legislation and research funded by it, approximately 7 million Americans have survived bouts with cancer who otherwise would have died."

"These victories didn't just happen. They happened because government had the vision to sponsor the lion's share of this lifesaving research," Hollings continued. "I regret that in recent years, we have sacrificed this idea of purposeful, activist government advancing the national interest."

"Ten years ago, NIH was the premier biomedical research institute in the world. The nation's top medical talent competed for appointments to NIH research teams. Today, by contrast, NIH is plagued by an exodus of researchers."

Hollings blamed low salaries and stipends at NIH for the exodus, and blamed low grant funding rates of 20-25 percent, as compared to 50 percent a decade ago, as well as loss of cancer centers funding, for the decline.

"In the years ahead, the life the National Cancer Act saves may be your own--or my own," Hollings

concluded. "We each have an ongoing stake in this superb legislation."

#### **'Please Provide More Funding'**

Two other cancer survivors testified: Kathy Price, 34, diagnosed with acute myeloblastic leukemia at age 10 and today one of the longest living survivors of the disease; and Elizabeth Manning, 13, diagnosed with T cell lymphoma at age 8 who underwent autologous bone marrow transplantation. "Cancer research gave me the tools I needed to win, all of my treatments are direct results of research funded by the National Cancer Act," Manning said. "Please provide more research funding, so others might have the same chance that I had."

Emil (Tom) Frei, physician in chief of Dana-Farber Cancer Institute, discussed the history of the National Cancer Program. He reminded the committee that there was serious opposition to the Act; scientists were concerned that funding would support mediocre research and that money would be taken away from the other NIH institutes.

In fact, both of those fears were unfounded, and the NIH budget increased from \$1 billion in 1971 to \$3.5 billion in 1980, and nearly \$9 billion today, "proving that the best way to get a raise is to have your neighbor get a raise," Frei said.

"The major proportion of the resources of the National Cancer Act went to an expansion of funding for fundamental and clinical cancer research," Frei said. "This was recognition of the heterogeneity of such research, and the need to support creativity, since there was no assurance that the cure or prevention of cancer would reside necessarily within scientific disciplines and knowledge existent in 1972."

As for results, Frei listed several: use of chemotherapy in women with breast cancer has reduced the risk of recurrence and mortality in premenopausal patients by some 25 percent; tamoxifen can reduce risk of mortality by about 20 percent in postmenopausal patients with high risk breast cancer; quality of life improvements in organ-sparing treatments; chemotherapy increased cure rates for osteogenic sarcoma to 70 percent, and limb sparing procedures are now common practice; substantial increases in cure rates for childhood leukemia, childhood solid tumors, Hodgkins disease, and testicular cancer.

"It is difficult to believe that these results will not translate into a delayed fall in national mortality from cancer, though this has not as yet occurred," Frei said.

"Do you see lost opportunities in research because we're not providing enough resources?" Kennedy asked.

"Unquestionably," Frei said. "If the current level of funding continues, scientists will have a rate of approved grants of 10 to 20 percent, while it should be 30 to 40 percent."

"The opportunity for really important breakthroughs are out there?" Kennedy asked.

"We have created that opportunity," Frei said. "Now's the time not to retreat, not to stall, but to move forward."

"We are failing in a significant way," Kennedy said.

NCI Director Samuel Broder testified about recent progress in cancer research. "In 1971 could anyone have dreamed that in their lifetime we would be able to replace certain genes in a patient?" he said, describing the gene therapy experiments being conducted at NIH. Broder also listed areas that need work, such as the disproportionate share of cancer among minorities.

"Each director of NCI has wanted to be the last director, to be able to stand before this committee and say that no more needs to be done," Broder said.

Kennedy asked Broder to describe research that is included in the bypass budget that would not be funded under the President's budget, and asked, "What do you say to those who think the bypass budget is inflated?"

"I would defend to the death their right to say so, but it would be my professional judgement that they are wrong," Broder said. The bypass budget is developed through "very careful review" by scientists, peer reviewers, and the National Cancer Advisory Board, he said. The bypass budget would fund 50 percent of approved grants.

"We'll do what we can to get you the resources that are needed," Kennedy said.

Harold Freeman, the new chairman of the President's Cancer Panel, past president of the American Cancer Society, and director of surgery at Harlem Hospital Center in New York, testified that the war on cancer has not reached some Americans, mainly the poor. "Poverty explains for the most part why black Americans don't do as well against cancer," he said. He called for fighting the "war on the ground, in the neighborhoods where people live."

The five year survival rate of blacks is 38 percent, while it is 50 percent for whites. The problems faced by poor blacks as they related to health care "get beyond medicine."

Lance Liotta, chief of the Laboratory of Pathology in NCI's Div. of Cancer Biology, Diagnosis & Centers, testified about the work of his laboratory--"a protein, a gene and a drug"--as an example of the "explosion in cancer research."

Maureen Henderson, head of the cancer prevention research program at Fred Hutchinson Cancer Research Center, testified on advances in prevention research in smoking, nutrition, and cancer screening, and said she worried that the core group of scientists who established prevention research is not being adequately replaced by younger scientists.

#### Turning Support Into Dollars

The results of the Senate hearing may reverberate for a long while, those who work on behalf of cancer research funding told **The Cancer Letter**. "Senate and House members are really becoming more active and vocal," said John Grupenhoff, a consultant to the Assn. of American Cancer Institutes. Grupenhoff last July proposed the Senate hearing marking the 20th anniversary of the National Cancer Act. "We are beginning to see the elements of a strong congressional 'movement' developing here."

Grupenhoff said this is due in large measure to the work of the National Coalition for Cancer Research. "That group is maturing quickly, becoming more well coordinated. Albert Owens, president of the Coalition this year, works in a collegial way and he is pulling everybody into a team. I really don't think that this sort of effort has been mounted since the early '70s."

But to try to solidify the statements of support into cold cash, the Coalition is asking that those with any interest in the National Cancer Program write their congressman and other key members of Congress to urge them to support an increase for NCI of \$200 million.

The Coalition proposed that the funds be spent as follows: \$80 million for basic research, \$35 million for clinical research, \$20 million for intramural research at NCI, \$24 million for cancer centers, \$7 million for research training, and \$34 million for research in prevention, cause, and survivorship rehabilitation.

This proposal was contained in a short, glossy brochure the Coalition is distributing that is reminiscent of NCI's bypass budget, though on a much smaller scale.

The Coalition addresses the fact that the \$200 million is far short of the \$800 million increase the bypass budget requests:

"While the proposed \$200 million increase over the President's budget request will meet the immediate needs, a comprehensive approach to cancer will require full funding of the National Cancer Institute's bypass budget."

The Coalition said it "will not abandon the bypass budget recommendations, for over the long term, they are the only way to adequately address the magnitude of the problem of cancer in the U.S."

### Whom To Call, Write

Following are the names of key members of Congress to call or write:

House Subcommittee on Labor, HHS, Education Appropriations: Democrats--William Natcher (KY), Neal Smith (IO), David Obey (WI), Edward Roybal (CA), Louis Stokes (OH), Joseph Early (MA), Steny Hoyer (MD), Robert Mrazek (NY). Republicans--Carl Pursell (MI), John Porter (IL), Bill Young (FL), and Vin Weber (MN).

Senate Subcommittee on Labor, HHS, Education Appropriations: Democrats--Tom Harkin (IO), Robert Byrd (WVA), Ernest Hollings (SC), Quentin Burdick (ND), Daniel Inouye (HA), Dale Bumpers (AR), Harry Reid (NV), Brock Adams (WA). Republicans--Arlen Specter (PA), Mark Hatfield (OR), Ted Stevens (AK), Warren Rudman (NH), Thad Cochran (MS), Phil Gramm (TX), and Slade Gorton (WA).

Authorizing committees are also important. House Committee on Energy and Commerce, Health & the Environment Subcommittee: Democrats--Henry Waxman (CA), Gerry Sikorski (MN), Terry Bruce (IL), Roy Rowland (GA), Edolphus Towns (NY), Gerry Studds (MA), Peter Kostmayer (PA), James Scheuer (NY), Michael Synar (OK), Ron Wyden (OR), Ralph Hall (TX), Bill Richardson (NM), John Bryant (TX), John Dingell (MI). Republicans--Edward Madigan (IL), William Dannemeyer (CA), Thomas Bliley (VA), Michael Bilirakis (FL), Alex McMillan (NC), Dennis Hastert (IL), Clyde Holloway (LA), Norman Lent (NY).

Senate Committee on Labor & Human Resources: Democrats--Edward Kennedy (MA), Claiborne Pell (RI), Howard Metzenbaum (OH), Christopher Dodd (CN), Paul Simon (IL), Tom Harkin (IO), Brock Adams (WA), Barbara Mikulski (MD), Jeff Bingaman (NM), Paul Wellstone (MN). Republicans--Orrin Hatch (UT), Nancy Kassebaum (KN), James Jeffords (VT), Daniel Coats (IN), Strom Thurmond (SC), David Durenberger (MN), Thad Cochran (MS).

For addresses and phone numbers of members, call the Capitol switchboard at 202/224-3121 (Senate) or 202/225-3121 (House). The National Coalition for Cancer Research may be contacted at 426 C St. NE, Washington, DC 20002, phone 202/544-1880.

## Healy 'Concerned' About NCI Budget; Announces Study Of Women's Health

NIH Director Bernadine Healy said NCI has experienced a "definite erosion" in purchasing power since 1980, and that she is "concerned" about it.

In her first official press conference last week as NIH director, Healy said research opportunities in

cancer exist, especially basic research at the cellular level.

"The science has never been more exciting," she said. But, in response to a question from **The Cancer Letter** on the fall-off of NCI's purchasing power by 6 percent since 1980, Healy said, "I'm very concerned about that. I have talked to Dr. Broder [NCI Director Samuel Broder] about it. You have to put it in the context of the largest budget in history; NCI is the largest institute in terms of budget. But there has been a definite erosion through the 1980s.

"It's something we're going to have to pay serious attention to."

It was the most direct public statement Healy has made about the NCI budget since taking office.

### Healthy Women Study Planned

Also last week Healy announced a new initiative that she referred to as a "moonwalk" for women's health, "the most definitive, far reaching study of women's health ever undertaken."

The study will examine the major causes of morbidity and mortality in women: cancer, heart disease, stroke, and osteoporosis. The Healthy Women's Study, as it will be called, "will be the largest community based clinical prevention and intervention trial ever conducted," Healy said.

There will be three components to the study: a surveillance study obtaining longitudinal data in several hundred thousand women, a community based intervention study, and a randomized trial of prevention strategies. There will be investigations of diet modification and dietary supplements such as calcium and vitamins, smoking cessation, hormone replacement therapy, and exercise.

The study will be conducted by NCI, the National Heart, Lung & Blood Institute, the National Institute on Aging, the National Institute on Diabetes & Digestive & Kidney Diseases, the National Institute of Arthritis & Musculoskeletal & Skin Diseases, and the National Institute of Child Health & Human Development. It will be coordinated by the NIH Office of Research on Women's Health.

The study would cost about \$500 million total over the next 10 years, starting with \$26 million in the first year. Healy plans to raise the funds through her director's authority to tap 1 percent of the budget from any NIH account.

According to an NIH statement, planning of the study will take place over the next six to nine months by scientists in each of the institutes named. The final plan will be approved by the directors of each of the institutes involved, the director of the Office of Research on Women's Health, and Healy.

## Research Dollars Save Money, Lives, Scientists Tell Senate

Cancer researchers made the case last week for greater federal funding for NCI, testifying before the Senate Labor, HHS, Education Appropriations Subcommittee.

**Peter Fischinger**, vice president for research at the Medical Univ. of South Carolina, representing the International Council for Coordinating Cancer Research, discussed the importance of cancer prevention.

"The success of the future of our cancer research efforts and the ability to eradicate this disease in the U.S. and around the world is dependent upon a careful balance of research programs," Fischinger said in his prepared statement. "The research foundation for cancer prevention is drawn from all aspects of cancer research, particularly basic research, epidemiology, and cancer prevention and control. Cancer prevention and control programs should serve as the bridge between knowledge derived from basic and clinical research programs and its application to clinical and public health settings.

"Unfortunately, this balance of research priorities has not been supported as a public health priority, not in the U.S. nor around the globe. In fact, significant disparity exists with regard to funding of cancer prevention and all other cancer research programs. Today, the cancer prevention and control programs of the National Cancer Institute accounts for less than 4 percent of the total budget devoted to NCI. The area of cancer control has a direct bearing on our prevention efforts. Yet in the past decade this area was disproportionately cut, in terms of constant dollars, by 33 percent, and cancer centers which ought to be the pivotal points for delivery of prevention were reduced by over 14 percent. Further, this level of funding is less than half of what has been recommended in the 1992 bypass budget."

**Albert Owens**, director of the Johns Hopkins Oncology Center and chairman of the National Coalition for Cancer Research, testified that there is a "general public acceptance of the inevitability of cancer" which should not be surprising given the raw statistic that over 1 million Americans will be diagnosed with the disease this year.

"It should not surprise us then that in recent years, many of us in the cancer community have heard from you, your colleagues and the public that, 'we have spent millions of dollars on cancer research, but people are still dying. We are losing the war against cancer.'

"I would like to lend some perspective to this

perception. Cancer is not a disease; it is a term that describes over 200 different diseases. Have we made progress against this complex group of diseases? Unequivocally yes.

"We cure cancer every day. Because of the National Cancer Act and the public-private commitment that it embraced:

--the overall survival rate from cancer has increased from 39 percent to 52 percent.

--today there are over 7 million survivors of cancer.

--deaths from childhood cancers have decreased 36 percent since 1973.

--for persons under age 65, deaths from colorectal cancer have decreased 15 percent, by 25 percent for ovarian cancer, by 30 percent for bladder cancer, and by 40 percent for cervical cancer.

"In economic terms, the savings has been nothing short of spectacular and has significantly outpaced the investment. A 17 year total federal investment of \$56 million in testicular cancer has enabled a 91 percent cure rate with an increased life expectancy of 40 years and a savings of \$166 million annually. Advances in breast cancer, resulting from an \$11 million investment, have realized an annual savings of \$170 million. And, an NCI investment of \$11 million in the management of Dukes C colon cancer is saving \$136 million annually.

"Are we losing the war? I would say no. Do we have some distance to go yet? Most certainly yes."

**Bernard Weinstein**, director of the Comprehensive Cancer Center of Columbia Univ. and president of the American Assn. for Cancer Research, also highlighted the "fantastic benefits that can be achieved, both in terms of the relief of human suffering and the reduction of health care costs, in the areas of cancer prevention and treatment."

Weinstein said that, "There has been a revolution in cancer research over the past decade. For the first time we are beginning to understand the causes of cancer and to make inroads into new methods of prevention, diagnosis, and treatment. Although the war on cancer is not yet won, the battles are turning in our favor. Now, more than ever, we need a commitment to expand this highly successful research effort, both to prevent the deaths of millions of Americans from this tragic disease and to maintain this nation's leadership in health care and biotechnology."

**Jerome Yates**, director of clinical affairs at Roswell Park Cancer Institute and vice president of the Assn. of American Cancer Institutes, made the case for increased funding of the cancer centers program, which has decreased by 14 percent since 1980.

Yates reminded the committee that Congress has always endorsed the cancer centers program, and that the Institute of Medicine report in 1989 called for strengthening the core support for centers. But the funding recommendation in the report was not followed. "In fact, every year the cancer centers program is falling further and further behind in terms of constant dollar support," Yates said. An increase of \$200 million for NCI would provide an additional \$20 million for cancer centers, he said.

Fischinger, Owens, Weinstein and Yates expressed support for NCI's bypass budget, but said that at a minimum, the amount of \$200 million above the President's budget is urgently needed.

But LaSalle Leffall, past president of the American Cancer Society and chairman of the surgery department at Howard Univ., said ACS recommended full appropriation of NCI's bypass budget, \$2.612 billion, for FY92.

"This figure represents that portion of our national resources we believe should be devoted to the cancer battle in this country. The \$2.612 billion figure is a result of the scientific judgement and wisdom of the best cancer research minds in the world. We respect and, in general, trust their judgement. We would offer some small variations in priorities, such as devoting higher funds for research grants, training, and cancer centers, but we would prefer to discuss these minor alterations after they receive the full \$2.612 billion.

"Cancer centers, especially, must have significant additional funding than is projected in the President's budget," Leffall said. "Centers were once the stars in the National Cancer Program crown. Cancer centers are the National Cancer Program to the American people. They are where these people are helped. The President's budget asks for a statistically insignificant 2.4 percent increase in center funding. If this figure prevails, existing centers will not be fully funded; some will lose funding entirely."

Leffall said ACS also supports an appropriation of \$2 billion for the Centers for Disease Control, including an \$80 million increase in funding for the Breast & Cervical Cancer Mortality Prevention Program.

## **Clinical Research Grant Applications Are Topic Of Special ASCO Session**

"How to Prepare a Successful Clinical Research Grant Application" is the subject of a special meeting to be held at the American Society of Clinical Oncology annual meeting this month in Houston.

The meeting is sponsored by NCI's Div. of Cancer Treatment and Div. of Cancer Biology, Diagnosis &

Centers, and the NIH Div. of Research Grants.

The purpose of the meeting is to discuss how to obtain funding for clinical oncology research, said Michael Friedman, director of the Cancer Therapy Evaluation Program. "We have a genuine commitment to funding more clinical grants," Friedman said.

The special meeting will be held Sunday, May 19, 1-3:15 p.m. in Room 304 at the Convention Center.

## **NCI Offers Cancer Information By Fax With New CancerFax Service**

CancerFax is a new service of NCI's Office of Cancer Communications which provides treatment guidelines directly from the Physician Data Query database to physicians who do not have computer access to PDQ.

The service is free; users pay only the cost of the phone call to Bethesda. CancerFax offers PDQ's "Cancer Information File," which contains treatment statements providing current data on prognosis, staging and histologic classifications, therapies that constitute the standard of care by stage of disease (and/or other prognostic variables), and references to key literature for 79 different cancers.

The treatment guidelines also indicate when effective therapies do not exist and when clinical trials represent important therapeutic alternatives.

The "Cancer Information File" contains two types of summaries, both available on CancerFax: state of the art statements, which have been written to meet the information needs of physicians (varying in length from under 10 to nearly 30 pages); and patient statements that closely parallel the physician statements, but are written in language geared for patients, their families, and the general public (average of six pages).

NCI provided the following directions for using CancerFax. First, call the CancerFax computer at 301/402-5874 from a phone or fax machine. A voice will describe how to acquire the "Diagnosis List," an alphabetical list of the 79 cancers and a corresponding series of six digit code numbers. The list may be requested by entering the appropriate code number into the handset of the phone or fax. For most diagnoses, there are two code numbers--one for the physicians statement, another for patients.

Then, call CancerFax again. The voice will indicate the steps to select and receive printouts by fax. According to NCI, the system will confirm the selection, provide a chance to correct an error if a code number was misentered, and then fax the statement.