

THE **CANCER** LETTER

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NCAB Hears Good News: FY 92 Budget Allows NCI To Increase Levels Of Most Programs

When NCI Director Samuel Broder has had to brief his advisory board members on the Institute's budget in the past, he has sometimes pleaded, "I'm only the messenger. Don't shoot me." This week, Broder for the first time did not have to dodge the allegorical bullets of advisors frustrated

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In Brief

Raub To Leave NIH For Science Office; Douros Dead At 60; 'NEJM' To Publish Aspirin Study

WILLIAM RAUB, NIH deputy director who served for nearly two years as acting NIH director, will leave soon to take a position at the White House Office of Science & Technology Policy. Raub will be a special assistant for health affairs, reporting to **D.A. Henderson**, deputy director for life sciences. . . . **JOHN DOUROS**, who was chief of NCI's Natural Products Branch in the Div. of Cancer Treatment from 1972-82, died earlier this month from chronic lymphocytic leukemia. He was 60. Douros left NCI in 1982 to join Bristol-Myers, where he became vice president of drug licensing. He retired in 1989 and moved to Winston-Salem, NC. Douros received his doctorate in bacteriology from Pennsylvania State Univ. and was a strong advocate for emphasis on natural products in the search for new anticancer agents. . . . **"NEW ENGLAND Journal of Medicine"** will report next month on an analysis by the American Cancer Society's Epidemiology and Statistics Dept. of data from its CPS-2 study. The data suggest that regular use of aspirin at low doses may reduce colon cancer mortality up to 40 percent in men and women. . . . **HELENE BROWN**, member of the American Cancer Society Board of Directors and a leader in cancer public education, received the National Public Education Ruby Award Pin from the National Public Education Committee when it met in Atlanta this month. . . . **UNIV. OF CALIFORNIA** (Los Angeles) School of Medicine/Jonsson Comprehensive Cancer Center made key appointments: **Dennis Slamon** was named hematology/oncology chief and director of medical oncology. **John Glaspy** was named medical director of UCLA's outpatient treatment center. **Frederick Eilber** is new chief of surgical oncology. **Carmack Holmes** was named executive vice chairman of the Dept. of Surgery. **Peter Rosen**, formerly with USC and Norris Comprehensive Cancer Center, joined UCLA as prof. of medicine. **Rodney Withers**, director of the Institute of Oncology, New South Wales, will return to UCLA as chief of the Experimental Radiation Oncology Program. **Y.S. Fu**, left Univ. of California (San Diego) to head UCLA's Surgical Pathology Program.

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'Phenomenal Anniversary Present' From Congress: 16% Budget Increase

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by the lack of substantial budget increases in the past decade. The news he relayed to the National Cancer Advisory Board was nearly all good: If President Bush signs the new version of the Labor, HHS, Education Appropriations bill--as he is expected to this week--NCI will have a \$1.989 billion budget for fiscal year 1992, a \$276 million increase over the last fiscal year, which is \$160 million over the Administration's request.

"This is an astonishing event," Broder said. "It shows the message of the National Cancer Program and the cancer community was heard. It is an act of faith on the part of Congress to make these allocations at a time of extraordinary funding problems nationwide. They have given us an opportunity that is very symbolic."

Noting that Dec. 23 marks the 20th anniversary of the signing of the National Cancer Act, Broder said, "This has been a phenomenal anniversary present from Congress to NCI."

The House last week failed (by 12 votes) to override Bush's veto of the original appropriations bill that contained the controversial provision overturning the prohibition against use of federal funds for clinics that advise patients on abortion. The House and Senate then passed a new bill that did not contain the provision, but left the budget amounts agreed upon in conference intact.

The 16 percent increase--the largest increase in any one year since 1976--allows Broder to provide much-needed boosts to nearly every NCI budget mechanism. "We will have the opportunity to grow in certain ways," he told the Board's Planning & Budget Committee. "We will not simply have to repartition

what remaining resources we have. We will have new initiatives." The areas that lost the most ground in the last decade--cancer centers, cooperative groups, and cancer prevention and control--"will see new resources," he said.

Congress used a little budgetary slight-of-hand in providing increases to NIH without overspending the amount available for domestic health by delaying the availability of \$400 million of NIH funds until Sept. 30, 1992. NCI's portion of that delayed availability amount is \$223 million. The money can't be spent until that day, but won't be available after that day.

"Sept. 30, 1992 will be a very busy day for our budget office," Broder said. Here is how NCI plans to apportion the FY92 appropriations:

►Research project grants overall total: \$904.9 million, a \$113.3 million increase over FY91, or 14.3 percent. Competing grants: \$284 million, \$87 million over FY91, 44 percent increase. NCI plans to fund 2,254 noncompeting grants and more than 1,000 competing grants, for a "success rate" of 32 percent.

Broder said NCI is still "in negotiation with NIH" to come up with a final figure on competing grants, though it will still represent "the largest number of new and competing grants funded in the history of NCI."

►Cancer centers: \$125.4 million, a \$14.9 million increase over FY91, or 13.5 percent. In addition, NCI will be able to fund its new Specialized Programs of Research Excellence awards with \$17.5 million in new funding. With the addition of SPORES, overall funding for the centers program will increase 29 percent.

►Research career program: \$13.2 million, \$2.7 million over FY91, 25.9 percent.

►Cancer Education program: \$6.6 million, \$3.5 million over FY91, or 113.7 percent increase.

►Clinical Cooperative Groups: \$77.9 million, which represents \$17 million more than the FY91 level, or a 28 percent increase.

►Other grants is one of two areas to suffer a decrease, with a total budget of \$11.8 million, a decrease of \$1.5 million, an 11 percent drop.

►National Research Service Awards: \$37.2 million, a \$32,000 decrease which was mandated by Congress.

►Research and development contracts: \$208.8 million, a \$28.7 million increase over FY91, or 15.9 percent.

►Intramural research: \$366 million, a \$40 million, or 12 percent, increase over FY91.

►Research management and support: \$98 million, a \$14 million or 17 percent increase.

►Cancer prevention and control: \$109.2 million, a

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increase of \$23.8 million, or 28 percent, over FY91.

►Construction: \$12 million, an increase of \$4.6 million, or 63 percent over last year's level.

These numbers do not reflect cuts due to HHS-wide reductions in travel, salaries and expenses.

NCAB member John Durant said he was concerned that the delayed availability will result in gaps between the time an investigator's grant expires and the renewal is funded.

"We'll do the best we can," Broder said. "We will honor all commitments to the type 5s, with a 4 percent inflationary increase." One possibility is to delay funding of some type 1 grants.

"I'm not enough of an accountant to know how we're going to deal with this problem, but I have faith in the administrative staff that they will solve the problem," Broder said.

ACS May Combine Delegates, Board; New Executive VP Could Be An MD

The American Cancer Society has taken initial steps toward organizational and policy changes which, if adopted, could significantly alter the shape of the Society and modify some of its strategies.

These developments occurred at the meeting of the ACS Board of Directors and House of Delegates in Atlanta earlier this month:

►The House of Delegates, consisting of two volunteers from each division (one professional, one lay), voted itself out of existence. If the plan is given final approval at the November, 1992 meetings, the House will be combined with the Board of Directors. The combined membership would be somewhat smaller than the two present bodies and would meet twice a year instead of three times, the present practice. The Executive Committee would meet four times a year.

►The search committee looking for an executive vice president to replace William Tipping who resigned in September (**The Cancer Letter**, Sept. 20 and 27), has decided not to arbitrarily exclude any candidate because of profession or occupation. That opens the door to appointment of a physician, which some Board members feel could upset the balance of lay/physician management that has worked well for years.

►In line with new President Walter Lawrence's declaration that he hopes he will be remembered as the "research president," the Research and Clinical Investigation Committee adopted a series of long range plans including establishing a "pay if" category of unfunded grant applications which would be funded if additional money becomes available.

►The Board's Communications Committee spent half a day debating whether to relax the Society's prohibition of using ACS funds to pay for advertising. No decision was reached, but the committee agreed to establish an ad hoc committee of experts to study the issue.

ACS staff, which in general supported combining the House of Delegates with the Board, view it as a move to streamline the organization and reduce costs. They also hope it will help keep staff and Board members close to the grass roots volunteers, the foundation of the Society.

Some delegates and a few Board members felt the change might have the opposite effect. Fewer meetings of the Board and more meetings of the Executive Committee will place more power in the hands of fewer people, they fear. They also think that combining delegates with the Board dilutes the influence of the state divisions.

Robert Gadberry, who served as interim executive vice president after Lane Adams retired, chairs the search committee looking for Tipping's replacement.

Citing "26 years of stability in the Adams regime," Gadberry told the Board that establishing responsible, stable leadership was the primary goal of the committee.

There is general agreement among committee members, Gadberry said, that "all candidates from within the family--ACS staff members and volunteers--will get special consideration." Also, "No one will be arbitrarily excluded because of profession or occupation."

Gadberry said that three applications had already been received, "and we are assured that many more are in the mail." Committee members have received suggestions of potential prospects, including some national figures, "maybe some political figures."

The Research and Clinical Investigation Committee approved 331 research and clinical investigation, personnel for research, special institutional, and special purpose grants totaling \$42,122,742. The committee identified 67 additional grants totaling \$11.2 million which will be awarded if funds become available.

The committee reported to the Board that, "In view of the potentially available funds for grants and awards, the committee recommends that staff, in consultation with the chairman of this committee, be authorized to extend the 'pay if additional funds become available' category in order to utilize such funds. Any such application of funds is to be made in priority score sequence."

The committee also approved special institutional grants of \$1 million each for Emory Univ. and the Univ. of Hawaii if funds designated for those purposes are raised by the respective divisions.

The Board approved the committee's recommendations.

The committee approved the following activities for 1992-93:

--Sponsor an ACS lecture on cancer epidemiology and prevention at the annual meeting of the American Assn. for Cancer Research. The lecturer should be invited to speak to the Board of Directors.

--Develop with the Communications Committee periodic videos and other graphic materials for units and divisions regarding what is new in research, "indicating differences between the Society and look alike organizations." Also in cooperation with Communications, initiate a quarterly Research Dept. newsletter to be sent to the divisions, units, and Board members.

--Continue to explore ways to promote the research program and the recruitment of scientists at the level of the unit, division, and the national Board of Directors.

--Continue to develop and enhance the Society's research program management system.

--On alternate years hold the American Cancer Society Research Professors Conference focusing on their recent scientific accomplishments.

--On alternate years hold the American Cancer Society Mary Lasker Conference focusing on new areas of research related to the Society's priorities.

--Continue to assist in division fund raising projects by participating in division annual meetings and by meeting major donors, and at the national level by participating in Excalibur and other donor programs as suggested by the Income Dept.

--Increase publicity among the general public about the Society's research program by continued participation in the Science Writers Seminar and having interviews with the media and writing articles about the program.

--Develop a document describing the Society's contributions to and involvement in breast cancer research.

--Sponsor the Advisory Committee on Technology Transfer of Behavioral Research.

--Fund two psychosocial and behavioral special institutional grants.

--Consider a clinical trial (a potential contract) on preventing malignant familial polyps with salicylates, as a followup to the recent CPS-2 study conducted by the Society's Epidemiology and Statistics Dept.

--Together with the California Div., conduct a major symposium celebrating the 10th anniversary of the national Society's psychosocial and behavioral research program.

The committee also submitted plans for epidemiology and statistics in 1992-93:

--Perform analytical epidemiologic research regarding cancer causation, primarily using the existing CPS-2 and CPS-2 data bases.

--Extend the CPS-2 data base through a questionnaire survey of a selected sample of study participants.

--Continue CPS-2 mortality followup through computer linkage with the National Death Index followed by acquisition and nosologic coding of death certificates.

--Extend cancer surveillance activities to include risk factor measurements in addition to mortality, incidence, and survival, using various sources, and serving the needs of the Society's Measures of Success.

--Conduct collaborative research in molecular epidemiology using pathology material archived from past Society studies regarding smoking, occupation, and tissue damage.

--Develop an epidemiologic fellowship program through which postdoctorate research workers may participate in epidemiologic studies at the Society's national headquarters.

--Consider development of an intramural evaluation and behavioral research unit to evaluate new behavioral research initiatives and to facilitate technology transfer of such research to the Society's program applications.

ACS is facing a dilemma over the question of paid advertising. The Society historically has relied on public service announcements (PSAs), which includes space (print media) and time (TV, radio) contributed at no cost by those media, using materials developed either by ACS staff or commercial firms at low cost or no cost.

The media are becoming more reluctant to contribute time and space, however. When they do, the air time is more likely to be in off hours, with considerably less impact. The Society has been able to obtain a limited number of sponsored ads, in which corporations and other entities pay for time or space.

Some members of the Communications Committee feel that neither the dwindling number of PSAs or reasonable expectation of sponsored ads can stand up to the massive advertising and promotion campaigns of the tobacco industry. They think that paid advertising may be the only answer.

The committee's discussion was summarized in its report to the Board:

"It was recognized that in the majority of divisions, and in national media markets, PSAs are enjoying less and less play, and in a time when the Society is becoming more and more sophisticated at identifying target markets and audiences, PSAs offer a decreasingly effective tool for focusing our messages. Proponents of paid advertising also noted that the Society is in greater competition for public attention than ever before, and the prominence and repetition of our message is vital.

"It was agreed that paid advertising policies, if they were to be relaxed, should be replaced with specific new guidelines and controls, and that paid advertising should never be viewed as a substitute for aggressive public relations, corporate and station sponsored programs, and continued use of public service.

"Committee members voicing concerns over relaxation of the policies noted that the cost of mounting effective campaigns could be a problem for many divisions and units, and that expensive television campaigns could rarely be an option for our approach to the national media. These committee members further voiced concerns that a move toward Society paid advertising could also cause media outlets to close the door on further donations of PSA time, and that the new policies could give ammunition to Society critics.

"It was agreed that an expert committee should be formed to determine whether the relaxation of the prohibition on paid advertising could add to our communications productivity and flexibility.

"It was further agreed that this evaluation should be part of an overall review of the Society's effectiveness in creating and placing Public Service Advertising, in the context of the strategic plan and Society priorities."

ACS To Support New Program For Training Cytotechnologists

The American Cancer Society has approved a new program to expand the training of cytotechnologists in response to an increasingly critical shortage of qualified persons in that field.

The Society will earmark \$250,000 to support the program in its first year (1992-93 fiscal year), including \$10,000 for administrative costs; \$80,000 for new cytotechnology training programs in underserved areas; and \$160,000 for expansion of existing programs.

Priority will be given to applicants able to

demonstrate a commitment of substantial and sustained financial support from their sponsoring institutions. Special consideration will be given to applications from consortia of cooperating institutions within a geographic area. A prospective evaluation process will be developed in the initial stages, with defined and required endpoints such as number of additional students enrolled and progress toward accreditation (for new programs).

Erwin Fleming, chairman of the ACS Medical and Scientific Committee, said the program is a "first effort in a new direction." The grants will be "one time seed money" for each school, funding 24 new seats each year for five years.

The new program was recommended by the Professional Education Ad Hoc Committee on Cytotechnology Training of the ACS Professional Education Committee. Donald Beerline chaired the ad hoc group, which was formed last year in response to a report by former ACS President Robert Hutter on the issues surrounding the acute shortage of trained cytopathology technologists.

A survey conducted by the American Society of Clinical Pathology showed that in 1988, the vacancy rate in the field was 13.6 percent. That grew to 27.3 percent in 1990, with from 1,350 to 1,650 vacancies out of a total nationwide number of cytotechnology positions of 5,000 to 6,000.

"The shortage is expected to worsen with implementation of the 1988 Clinical Laboratory Improvement Act," Beerline's report said. That Act includes workload limits, requirements for review of slides in the case of proficiency testing failure, and increased demand for cytotechnology trained inspectors. Moreover, current estimates are that 50 million American women receive a Pap test annually, and since the U.S. population continues to grow each year, this figure can be expected to climb as well.

"In addition to the effects of continuing American Cancer Society efforts to promote cervical cancer screening, particularly among previously underserved populations, the demand for cytotechnologists is expected to continue to increase as a result of changes in Medicare and Medicaid and private insurance reimbursement policies and the expansion of cervical cancer detection services through the grants recently awarded under the Cervical and Breast Cancer Mortality Prevention Act.

"Another related factor is the recommendation by the Society and other organizations that women's physicians should use their own professional judgment to determine the frequency with which Pap smears should be performed. Lastly, the HPV epidemic is

responsible for increasing incidence of cervical dysplasia and an increase in the number of cervical Pap smears performed as well.

"Although there has been substantial growth in enrollment in cytotechnology training programs from a 1989 low (131 graduates to 275 in 1991), the number of new cytotechnologists currently being produced is roughly adequate only to compensate for turnover; the vacancies are not being filled.

"Some have suggested automated slide preparation and reading systems as a solution to the problem, but our conclusion is that it will be a number of years before these systems are in widespread use due to the difficulties of the approval process and cost, and the heavy demand for judgment in the cytopathology field. Further, similar to the experience with automation in the clinical laboratory, we anticipate that there will remain a significant need for cytotechnologists."

ACS Concludes Laetrile Organization Doesn't Amount To Much Anymore

An organization called the "Committee for Freedom of Choice in Cancer Therapy," a name later changed to "Committee for Freedom of Choice in Medicine (CFCM)," made a lot of noise in the 1970s in support of laetrile and other questionable therapies and in attacks on "the medical establishment."

The American Cancer Society's Committee on Questionable Methods of Cancer Management recently reviewed material on CFCM and concluded that the organization doesn't amount to much these days and, in fact, probably greatly overstated its membership claims in the past.

A summary of the committee's report on CFCM follows:

After study of the literature and other available information, the American Cancer Society has found no evidence that the methods of cancer treatment promoted by the Committee for Freedom of Choice in Medicine (CFCM) result in objective benefit in the treatment of cancer in humans. Lacking such evidence, the American Cancer Society strongly urges individuals with cancer not to seek treatment based on the recommendations of CFCM or its leaders.

CFCM is the political arm of several interlocking corporations promoting and/or marketing questionable remedies for cancer and other serious diseases. . . During the 1970s, it fought for legalization of laetrile and claimed to have many members. Today it appears to be a small organization whose principal activities are speeches and press conferences by its leaders, protests to government agencies, and publication of a

small circulation newsletter.

CFCM. . . is one of several interlocking organizations involved in the promotion and/or sale of amygdalin (laetrile) and other questionable treatments. It was organized by Robert W. Bradford, who also founded the Robert Bradford Research Institute, the Robert W. Bradford Foundation, American Biologics-Mexico (a hospital in Tijuana), and two pharmaceutical firms, American Biologics and Choice Metabolics. All except the hospital are located in Chula Vista, CA.

Bradford is a graduate of San Jose State Univ. and worked from 1963 to 1976 as an electronics engineer for the Stanford Univ. Linear Accelerator Center. He reportedly has received two honorary degrees, a "cultural doctorate in nutritional science in 1983 from World Univ., and a "doctor of biochemistry" degree in 1984 from Medicina Alternativa, an "international holistic medical group" in Sri Lanka. Although these degrees have no academic standing, CFCM and Bradford Research Institute (BRI) publications identify him as "Dr. Bradford" or "Robert Bradford, D.Sc."

Michael Culbert, CFCM's board chairman, is also vice president and public relations director of American Biologics. A former newspaperman and freelance writer, he edits the committee's official publication, "The Choice." He has written a number of books extolling "alternative therapies" such as "vitamin B17" and laetrile and castigating the "medical establishment." He has a B.A. degree from the Univ. of Wichita and an "honorary D.Sc. degree from Medicina Alternativa.

Robert Bradford's wife, Carole, is CFCM secretary treasurer, executive officer of American Biologics-Mexico, chief executive officer of Choice Metabolics, and director of the Bradford Research Institute.

Bruce Halstead, M.D., CFCM's vice president, has operated the Halstead Preventive Medicine Clinic in Colton, CA. He has been a leading promoter of laetrile, chelation therapy, and many other questionable practices.

Rodrigo Rodriguez, M.D., CFCM's international vice president, is cofounder and director of American Biologics-Mexico, which opened in 1979. It is described in its brochures as "North America's most advanced holistic medical center." It claims to offer "new hope for sufferers of cancer, heart disease, MS, allergies, all forms of metabolic dysfunction." Ads for the hospital appear regularly in chiropractic and health food publications. In 1988, about 75 percent of its patients were said to be treated for cancer. Treatments listed in its current brochure include cellular ("live cell") therapy, injectable laetrile,

"oxidative therapies," "aggressive DMSO therapy," "homeopathically refined herbal poultices," enzyme treatments, "bioelectrical therapy," gerovital, vaccines and biologicals, large doses of vitamins and minerals, EDTA chelation therapy, "natural interferons and interleukin-2," colonic therapy, and "detoxification." Some standard treatment modalities are also offered.

The Committee for Freedom of Choice in Cancer Therapy claimed a membership of 40,000 in 1976. In 1989, Culbert said that had dwindled to about 5,000. Tax returns filed with the California Registry of Trusts reported a gross income of \$119,352 in 1976, declining each year to \$11,148 in 1982.

In 1977, Robert Bradford and three others were convicted of conspiring to smuggle laetrile. Bradford was fined \$40,000, the others lesser amounts.

In 1980, a few days after the Mayo Clinic began its clinical trial of laetrile, CFCCT sought a temporary restraining order. The suit charged that the amygdalin used for the test was "degraded" and would yield negative results that "would likely terminate both future testing and future use of laetrile." The court ruled that the plaintiffs lacked standing to sue.

In 1984, federal authorities in Texas seized a shipment of products that included injectable pangamic acid marketed by American Biologics. The shipment was destroyed under court order.

In 1985, Bruce Halstead was convicted of 24 counts of cancer fraud and grand theft for selling an herbal tea called ADS to 10 patients with cancer and other serious diseases for \$125 to \$150 per quart. Although Halstead maintained that ADS was a "nutritional supplement," analysis showed it to be 99.4 percent water and a brownish sludge composed mainly of coliform bacteria. Following the trial, which lasted five months, Los Angeles County Deputy District Attorney Hyatt Seligman called him "a crook selling swamp water." He was fined \$10,000 and sentenced to four years in prison, but is still practicing while appealing his conviction.

The ACS Committee on Questionable Methods of Cancer Management, at its meeting earlier this month:

--Acknowledged an article, "The Prevalence of Questionable Cancer Treatments," authored by B.J. Kennedy and Irving Lerner, which describes major conclusions from two ACS studies. It will be published in "CA--A Cancer Journal for Clinicians."

--Reviewed a draft of a publication on questionable methods of cancer management. The booklet will be a comprehensive primer which could be utilized by the media, health professionals, and interested patients. The committee will produce this publication and

another document specifically for use by health professionals in collaboration with the American Society of Clinical Oncology.

--Approved the final draft of a slide set on questionable methods of cancer management. The slide set will be comprehensive and will include information pertaining to all methods for which there are active statements. The committee recommended that the slide set be used in continuing education courses conducted for health professionals through hospitals, health professional societies, and health professional schools.

--Recommended that the information from the surveys on "The prevalence of Unproven Cancer Treatment in the United States" and "Unproven Cancer Treatment: A Pilot Study of Physicians," be evaluated to see if it meets the criteria for presentation at the next Science Writers Seminar.

--Reviewed a status report of the Emprise Inc. database on unproven and untested cancer remedies. Objective of the database is to provide complete and unbiased information for physicians to use in discussion with patients who inquire about those therapies. The committee will ask Grace Powers Monaco to make a presentation at the next committee meeting in order to initiate discussion regarding future opportunities for collaboration regarding databases on questionable methods of cancer management.

DeCosse: Screening For Colorectal Cancer Could Save 6,000 A Year

D.F. Ransohoff and C.A. Lang concluded in an article published earlier this year in the "New England Journal of Medicine" that screening for colorectal cancer is not justified. Jerome DeCosse, professor of surgery at New York Hospital-Cornell Medical Center, took exception. "NEJM" has accepted a letter from DeCosse, coauthored with Judith Jacobson, responding to the article.

The letter follows:

"Drs. Ransohoff and Lang conclude that colorectal cancer screening of asymptomatic persons is not justified because it has not been shown to reduce mortality. This benefit of breast cancer screening required several decades to become apparent. The issue now is whether, until the results of screening trials are available, the indirect evidence is strong enough to support a public policy of screening for colorectal cancer.

"The authors speculate that three clinical trials of fecal occult blood test screening now in progress in

Europe will demonstrate a 10 to 30 percent reduction in mortality from screening. The methodology of the three trials is similar enough to permit their interim findings to be examined collectively. Between 1982 and 1989, 98,193 persons were screened in the three trials; colorectal cancers detected in this group were compared with those in an unscreened group of 99,803 persons. A total of 312 invasive colorectal cancers were found in the screened group, while 180 invasive colorectal cancers were diagnosed in the comparison group.

"Of the cancers diagnosed in the screened group, 60 percent were Dukes stage A or B, compared to 45 percent in the unscreened group. If five year survival rates in these cancer patients are similar to those found in other populations, the diagnosed cancer patients in the screened group have the prospect of an 11 percent advantage over the unscreened patients. It also seems reasonable to assume that additional late stage cancers remain to be diagnosed in the unscreened group. As Ransohoff and Lang point out, lead time bias has little relevance to colorectal cancer. Late recurrence of a Dukes stage A cancer is particularly rare.

"Drs. Ransohoff and Lang describe a 10 percent gain as small. However, in the United States a 10 percent reduction in colorectal cancer mortality amounts to preventing 6,000 deaths a year. We believe that the effort to save these lives is justified."

NCI Plans Conference On DES Exposure's Late Effects, Risk

NCI's Div. of Cancer Treatment is planning a conference on the problem of malignancy in children exposed in utero to diethylstilbestrol, or DES, the drug used in the 1950s to enhance fertility.

Two national groups, the DES Cancer Network, Rochester, NY, and DES Action, met with NCI Director Samuel Broder in September to discuss the need for more research on the epidemiology of DES effects and treatment for patients with malignancies of the female reproductive system.

DCT Director Bruce Chabner told his division's Board of Scientific Counselors recently that, "There is an increased incidence of clear cell carcinoma of the vagina in daughters born to DES mothers, and anecdotal evidence that malformations of the genitourinary tract and infertility may also be problems in children of DES mothers."

The groups were concerned that "a number of cases of late recurrence of clear cell carcinoma have been observed in the last few years, and that other

malignancies, including adenocarcinoma of the cervix, have also been reported in DES daughters," Chabner said. "They were particularly disturbed that no effective national registry exists to document the incidence of these complications and to determine the outcome of current treatment for DES induced malignancy."

DCT will coordinate a conference in the spring to discuss these issues.

NCI Advisory Group, Other Cancer Meetings For Dec., Jan., Future

Cellular Responses to Environmental DNA Damage--Dec. 1-6, Banff, Alberta, Canada. Contact American Assn. for Cancer Research, Public Ledger Bldg. Suite 816, 6th & Chestnut Sts., Philadelphia, PA 19106, phone 215/440-9300.

American Endocurietherapy Society Midwinter Meeting--Dec. 3-6, Las Vegas, NV. Contact AES, 1101 Market St., Philadelphia, PA 19107, phone 215/574-3158.

Clinical Oncological Society of Australia Annual Meeting--Dec. 4-6, Sydney, Australia. Contact L. Wright, GPO Box 4708, Sydney NSW, Australia.

San Antonio Breast Cancer Symposium--Dec. 6-7, San Antonio, TX. Contact Lois Dunnington, 512/567-4745.

Cancer Management Course--Dec. 6-7, Chicago. Contact Dr. Penfield Faber, American College of Surgeons, Cancer Dept., 55 E. Erie St., Chicago, IL 60611, phone 312/664-4050.

Data Monitoring in Cancer Clinical Trials--Dec. 8-12, Leuven, Belgium. Contact European School of Oncology, Via Venezian 18, 20133 Milan, Italy.

American Society for Cell Biology Annual Meeting--Dec. 8-12, Boston, MA. Contact ASCB, phone 301/530-7153.

President's Cancer Panel--Dec. 9, Houston, TX, M.D. Anderson Cancer Center. Topic: Breast cancer research.

NIH Consensus Development Conference on Acoustic Neuroma--Dec. 11-13, NIH Masur Auditorium, Bethesda, MD. Contact Prospect Associates, 1801 Rockville Pike, Suite 500, Rockville, MD 20852, phone 301/468-MEET.

European Conference on Pain Research--Dec. 12-13, Brussels, Belgium. Contact M. Staquet, Rue Heger-Bordet, 1, B-1000 Brussels, Belgium, phone 322/539-2805.

Antisense Strategies--Jan. 12-15, Philadelphia. Contact New York Academy of Sciences, 2 East 63rd St., New York, NY 10021, phone 212/838-0230.

Spectrums of Cancer Therapy--Jan. 29-31, Tampa, FL. Contact St. Joseph's Cancer Institute, 813/870-4991.

Cutaneous Malignancies: 1992 Skin Cancer Update--Jan. 31-Feb. 2, La Jolla, CA. Contact Susan Buntjer, Conference Coordinator, Scripps Clinic & Research Fdn., phone 619/554-8556.

Imaging in the Health Sciences--Jan. 31-Feb. 2, Houston, TX. Contact Jeff Rasco, Conference Services, M.D. Anderson Cancer Center, phone 713/792-2222.

Future Meetings

Advances in Cancer Treatment Research & Autologous Bone Marrow Transplantation Symposium--March 18-20, New York City. Contact Office of Continuing Medical Education, Montefiore Medical Education, phone 212/920-6674.

ACS National Conference on Gynecological Cancers--April 2-4, Orlando, FL. Contact Andy Cannon, American Cancer Society, phone 404/329-7604.