

5. Larson, K. A., and Shannon, S. C.: Decreasing the incidence of osteoporosis-related injuries through diet and exercise. *Public Health Rep* 99: 609-613, November-December 1984.

6. Carey, M. I.: Peer health advisor program to reduce the health risks of university students. *Public Health Rep* 99: 614-620, November-December 1984.

LETTERS TO THE EDITOR

Less "Good News" and More Accurate News Is Needed for Cancer Prevention

Dr. Vincent T. DeVita, Jr.'s, editorial, "Cancer Prevention Awareness Program: Targeting Black Americans" (May-June 1985), discusses the National Cancer Institute's plan to spread the "good news" to "counteract and dispel the negative myths and misconceptions about cancer."

This should be right in line with the recent paper entitled "The Will Rogers phenomenon: stage migration and new diagnostic techniques as a source of misleading statistics for survival in cancer" (1). It is certainly right in line with the previous "good news" from NCI's "Decade of discovery: the answers in cancer research, 1971-1981." Lung cancer was omitted from this publication's index.

Quite similarly, "What black Americans should know about cancer" (NIH Publication No. 82-1635) offered to dispel a number of myths. This publication gave the answer to the chances of surviving cancer by explaining that "Today the chances of surviving cancer are better than ever. For example, the 5-year survival rate for patients with cancer of the uterus has risen to 81 percent, breast 68 percent, prostate 63 percent, bladder 61 percent, colon 49 percent, and rectum 45 percent." The leading cancer site (lung) in black males (also in white males) is omitted. Nor is it mentioned that the 5-year relative survival rate for lung cancer is still 10 percent or less, not significantly changed in the past 30 years (2).

Dr. DeVita, in observing the outlook that many blacks have on cancer, notes "blacks are not informed about those cancers that have sharply increased in mortality: prostate, esophageal, and colon-rectal." It is to be noted that lung cancer data in males exceed by a considerable margin the combined total of deaths in males due to prostatic, esophageal, and colon-rectal cancer. Since 1950, the lung cancer rate has grown three times faster in black men than in white men and is now 40 percent higher in black men. It appears that less "good news" and more accurate news will be of more value "in teaching people what they can do every day to control their own cancer risk."

James H. Lutschg, MD
Baton Rouge Clinic
Baton Rouge, LA

References

1. Feinstein, A. R., Sosin, D. M., and Wells, C. K.: The Will Rogers phenomenon: stage migration and new diagnostic techniques as a source of misleading statistics for survival in cancer. *N Engl J Med* 312: 1604-1608, 1985.
2. Lutschg, J. H.: Why Uncle Sam is still smoking. *NY State J Med* 83: 1278-1279 (1983).

Lung Cancer Rates Are Alarming and Are NCI's Greatest Challenge

The point of my editorial, "Cancer Prevention Awareness Program: Targeting Black Americans" (*Public Health Reports*, May-June 1985), was to announce the National Cancer Institute's initiative on behalf of black Americans toward reducing the disparities between black and white cancer incidence and mortality. Omission of lung cancer rates does not convey the point of decreased significance of this disease.

Lung cancer rates are indeed increasing at an alarming rate and are by far our greatest challenge. The relationship between lung cancer and cigarette smoking is clearly documented, and yet, across cultures, tobacco use continues to proliferate except for the recent drop in white males.

Since it has been calculated that tobacco use and diet may contribute to almost 70 percent of cancer deaths, this campaign, which is directed toward high risk groups (including black Americans), emphasizes tobacco and diet messages. A number of groups and organizations, including the National Council of Negro Women, the National Medical Association, American Cancer Society, and the National Football League, are engaged with the National Cancer Institute in these efforts.

The "good news" approach of the Cancer Prevention Awareness Program is intended to present cancer information in a more publicly acceptable manner. This positive method of information presentation was based on extensive market research related to cancer and cancer prevention. This approach disseminates accurate information and is expected to have a secondary effect of dispelling myths and misconceptions. It is the mission and mandate of the National Cancer Institute to translate research findings in a manner which is concise and clear to the public.

Through combining forces with community organizations and the dissemination of more accurate news, using a positive approach, we hope to improve the cancer incidence and survival statistics for black Americans and ensure that they share the benefit of new knowledge regarding cancer prevention and control.

Vincent T. DeVita, Jr., MD
Director
National Cancer Institute