

The Public Health Service's Program In Cancer Control

LEWIS C. ROBBINS, M.D.

WHAT is cancer control? The Public Health Service's concern with this question led, in 1957, to the integration of the research resources of the National Cancer Institute with the resources for developing State and local programs of the Bureau of State Services. The result of this integration is the Cancer Control Branch, which is located in the Bureau and carries out the Public Health Service's cancer control responsibilities. The director of the National Cancer Institute is technical adviser to the Cancer Control Branch and focal point for all cancer activities in the Public Health Service.

The director of the institute and I, as chief of the Cancer Control Branch, in seeking an answer to the question, what is cancer control? thought that a more realistic understanding of cancer control would emerge if we turned to the medical practitioner for his definition. What did the private practitioner think was cancer control?

Therefore, soon after being assigned to the new Cancer Control Branch, I visited 32 practicing physicians who had served as advisers in community public health programs. Their frank and informal comments led to extensive discussions with groups of physicians throughout the United States during the next year and a half. Regional conferences were held with physicians representing 10 national medical

organizations, including the American Cancer Society, having major concerns in cancer control, and also with State medical societies and State health departments. In all, more than 250 physicians participated in the conferences. Cancer control was carefully scrutinized in small discussion groups which permitted a thorough explanation of the common viewpoint, and a better understanding of the term began to emerge for all the participants.

Because we wished to have continuing access to the practitioners' viewpoint and to insure a flow of advice and information on cancer control, a 14-member advisory committee was chosen to advise the Cancer Control Branch on a formal basis. Nine clinicians are on the advisory committee, and all its members are physicians with experience in cancer diagnosis, treatment, research, teaching, and administration of cancer programs.

Cancer Control

Cancer control, we were told, is, simply stated, the sum total of efforts to prevent cancer, to diagnose cancer early, and to treat cancer adequately. We learned that three factors limit cancer control.

- Cancer control is partial in that the knowledge of how to control cancer is incomplete. Present knowledge and methods do not permit 100 percent survival from cancer.

- Cancer control is local control, for if it is to reach people with cancer the potential must exist in the local community. There is no cancer control for those who are too far removed from services and facilities. Therefore, the local community has the responsibility for pro-

Dr. Robbins is chief of the Cancer Control Branch, Division of Chronic Diseases, Public Health Service. This paper was presented before the 4th National Cancer Conference in Minneapolis, Minn., September 13-15, 1960, and will be published in the proceedings of the conference.

viding services and resources for its cancer patient.

- Cancer control must reach the person with cancer. Optimum cancer control can be anticipated only by careful arrangement by all parties concerned: the patient, the private physician, and general community resources. Before the physician can reach maximum effectiveness, the cancer patient must be sufficiently well informed to play his part. For each patient, a minimum quality of good medical practice must exist: casefinding must be prompt and accurate, treatment must be appropriate and adequate, and followup must be diligent.

Can Cancer Be Prevented?

If primary prevention of cancer were possible, there would be no risk of late diagnosis, no necessity to use extremes of treatment to serve a greater good. There is a feeling today, however, as we learned in the discussions, that there are important possibilities in primary prevention even though final proof of their efficacy is lacking.

From the comments of our advisory committee and the regional conferences, we learned that there are many services which may supplement and assist the physician in the early diagnosis and treatment of cancer. However, since these supportive activities should help and not hinder the practitioner in his cancer control efforts, he has a major concern in their development.

The Cancer Control Program

Our first step in the development of a cancer control program has been to learn, with other voluntary and official agencies and through appropriate liaison with the medical profession, what supplementary aids to cancer control are desired by the medical practitioners. As a second step, we plan where possible to aid those cancer projects of official and voluntary agencies which can, with a little added support, make even greater contributions than heretofore.

The Cancer Control Branch has three major resources to help the clinician in his control efforts. These resources comprise a grant program for State health departments, community cancer demonstration project grants (first appropriated in fiscal year 1959 to develop projects

at the community level), and, finally, a staff of consultants who provide assistance in nursing, health education, and epidemiology.

The major activities of the Cancer Control Branch follow.

Grants to States for cancer control. Grants to State health agencies have been spent for various cancer control activities in the light of the States' special needs and interests. These include such activities as aid to tumor registers, public and professional education, and follow-up services. In 1960, the amount appropriated by Congress for these grants increased from \$2.25 million to \$3.5 million. The States' use of these funds is summarized in a booklet the Cancer Control Branch has published entitled "Cancer Services, Facilities, and Programs in the United States, 1960." We note from their programs that the State health agencies increasingly are making use of advisory committees similar to the Cancer Control Branch's to assist them in planning cancer control and in determining the allocation of grants.

Cancer registers. Various organizations have urged assistance for local tumor registers in order that those that seek approval of the American College of Surgeons may know their own cancer survival rates. The Cancer Control Branch is assisting a project of the American College of Surgeons which is designed to compile information on tumor patients. And the branch has helped State health agencies through State grants to assist tumor registers.

Education of physicians. The education of physicians is a responsibility of the entire medical profession, with voluntary and official agencies providing such technical assistance, when requested, as they may be able to offer. The Cancer Control Branch has been able to offer technical assistance in audiovisual aids to several medical groups, including the American Academy of General Practice.

Screening for cancer of the cervix. In cooperation with several Public Health Service hospitals, the Cancer Control Branch is helping to screen people eligible for public medical care for cancer of the cervix. At a minimum, the hospitals hope that every woman, before being discharged as an inpatient or outpatient, will be given the opportunity to have an examination to learn whether she is shedding malig-

nant cells from the cervix. For other Federal hospitals without pathologists, the Cancer Control Branch is promoting cytodiagnosis by having its laboratory, the Washington Cytology Unit, examine smears of exfoliated vaginal cells. The branch is also encouraging other Federal and State medical care programs to screen their beneficiaries for cancer of the cervix.

Community demonstration project grants. In 1959 Congress appropriated \$1.5 million to further the widespread application of existing knowledge of preventing and controlling cancer. The Cancer Control Branch's advisory committee makes recommendations on all applications for these grants. During the first year, 100 applications were received. Of the 82 requests on which action was completed, 49 grants totaling almost \$1.4 million were approved. Twenty-five projects were approved for community services and 24 for cytodiagnostic training. Grants are made to official health agencies and nonprofit organizations and institutions conducting or assisting community programs for the prevention and control of cancer. Guidelines for the use of these funds are available from the Public Health Service. The hope of the advisory committee is to encourage the development of projects that will help every community reach its theoretical potential in controlling cancer.

Primary prevention. The Public Health

Service joins every physician in his earnest endeavor to prevent cancer. Today, there are two important possibilities in primary prevention.

Cancer of the cervix, many believe, may be prevented in large part through treatment of chronic cervicitis. Better care for 6 weeks postpartum may reduce cervical cancer incidence.

The second possibility lies in the primary prevention of lung cancer. Few will disagree that the smoker has a higher risk of getting lung cancer than has the nonsmoker. Lung cancer is rare in the nonsmoker, but in the general population in the United States lung cancer is the leading cause of cancer death.

In line with the position of the Public Health Service on this matter, which is detailed in Surgeon General Leroy E. Burney's article, "Smoking and Lung Cancer" (*Journal of the American Medical Association*, November 28, 1959), the Cancer Control Branch is making efforts to keep physicians informed about developments in this field. The branch hopes to see physicians in every community determine, on the basis of all the evidence, what constitutes good practice when a patient asks, "Doctor, what about smoking?"

In these six major activities, in many minor ones, and in others to come, the Cancer Control Branch is and will be guided by the expressed needs of those controlling cancer, the medical practitioners.

The Accident Toll

According to the National Safety Council, accidents cost the American people \$100 billion from 1950 to 1960.

Fifty percent of all teenage deaths are now caused by accidents. . . . Every 2 years in the United States, almost as many Americans die from traffic accidents as the number of Japanese killed in Hiroshima. . . . There is growing evidence that as many as 50 percent of the drivers and pedestrians killed in traffic accidents had been drinking prior to the fatal accidents.—A. L. CHAPMAN, M.D., *chief, Division of Accident Prevention, Public Health Service, in a talk at the National Conference on Driving Simulation, Santa Monica, Calif., February 27-March 1, 1961.*

National Cancer Institute Exhibits

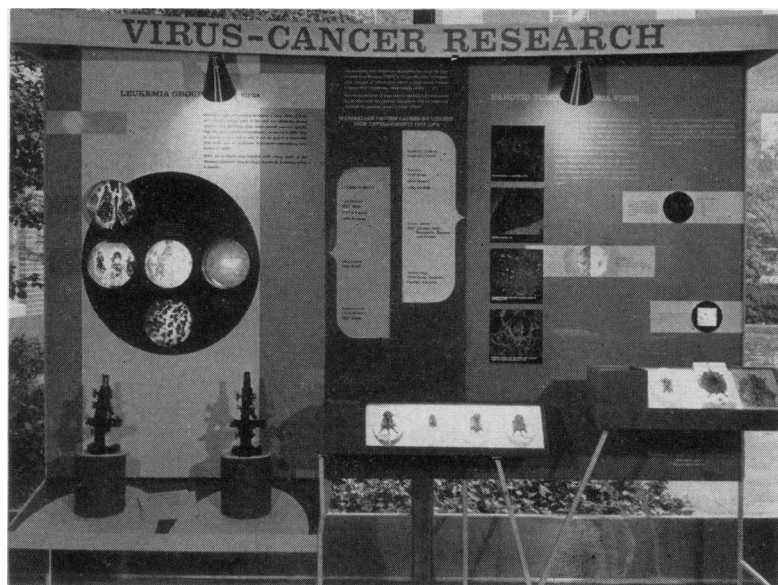
The National Cancer Institute has four new exhibits available for loan to professional groups. They were prepared especially for the Fourth National Cancer Conference held in Minneapolis, Minn., in September 1960.

In most instances, shipping costs for the exhibits will be borne by the National Cancer Institute. Prospective borrowers should write to the Information Officer, National Cancer Institute, Bethesda 14, Md., at least 2 months in advance, giving details of the meeting, such as expected attendance, type of audience, dates of meeting, location, and provision for labor to set up and dismantle.

CHANGING CONCEPTS CONCERNING CANCER (*lower left*). Prepared jointly by the National Cancer Institute and the American Cancer Society, this exhibit presents changing concepts in cancer research and control from three approaches—prevention, diagnosis, and treatment.

Specifications: 3 sections, requiring a 15-ft. backwall, 8-ft. height, and 1 outlet for 500 watts. Weight, crated, approximately 1,500 lbs.

VIRUS-CANCER RESEARCH (*upper right*). New developments in research on mammalian cancer caused



by viruses are summarized. Research at the National Cancer Institute on the Moloney leukemia virus and the polyoma virus is presented in detail.

Specifications: 3 panels, requiring a 10-ft. backwall, 8-ft. height, and 1 outlet for 1,000 watts. Weight, crated, approximately 700 lbs. If possible, borrower should provide two monocular microscopes for viewing slides supplied by the institute.

INTERNATIONAL ASPECTS OF CANCER (*not illustrated*). The national and international effort against cancer, a worldwide menace, is presented. Variations in occurrence of the disease by race, socioeconomic status, and geographic location are shown. A "push-button" device shows above or below average occurrence of cancer of the lung, stomach, esophagus, breast, cervix, and liver in various areas in the world.

Specifications: 3 panels, requiring a 10-ft. backwall, 8-ft. height, and 1 outlet for 500 watts. Weight, crated, approximately 600 lbs.

CANCER PUBLICATIONS AND JOURNALS (*not illustrated*). This display includes representative publications prepared by the National Cancer Institute and the American Cancer Society for lay and professional audiences, sample copies of cancer journals published in the United States, and selected foreign cancer journals.

Specifications: 4 sections, requiring a 12-ft. backwall, 8-ft. height, and 1 outlet for 300 watts. Weight, crated approximately 450 lbs.

