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THE WHITE HOUSE

WASHINGTON

November 25, 1997

MEMORANDUM FOR THE VICE PRESIDENT

THROUGH: Don Gips
FROM: Jerry Mande
CC: Ron Klain
SUBJECT: Cancer Initiative

I. SUMMARY

This memorandum provides options for the two part Vice Presidential cancer initiative we discussed in your office last month. The first part would increase significantly the FY99 discretionary budget for cancer. The second part would add a reinvention component. As you suggested, I consulted with OMB staff, Hamilton Jordan, and Elaine Kamarck since our last discussion, and this memo reflects their comments:

II. DISCUSSION

As you will recall, last month I briefed you on options for a Vice Presidential cancer initiative. Specifically, I argued that to reach the goals you had established for the initiative we would need to achieve a significant increase in the cancer research budget. I proposed five cancer reduction goals and three options to reach those goals. The cost of the three options ranged from \$250 million to \$714 million in FY99. In following up on our meeting, I have refined the budget options and explored reinvention approaches.

As you requested, I have consulted with OMB staff to refine the budget options, and I have spoken to Hamilton Jordan and Elaine Kamarck about the budget and possible reinvention approaches. OMB staff provided me with important intelligence on the budget process and suggestions for developing a credible cancer initiative in the current budget climate. Hamilton Jordan and Elaine provided their views on increasing the budget and the role reinvention could play in the initiative.

OMB staff currently expect that NIH's budget, and therefore NCI's budget, will be flatlined in the FY99 passback to HHS. The opportunity to increase NCI's budget will occur during the allocation of \$5 billion Frank Raines is setting aside for Presidential priorities. Based on my discussions with OMB staff I have refined the budget options (discussed below).

I had a very good conversation with Hamilton Jordan. He is willing to devote 20 to 30 percent of his time to your effort. He supports reinvention, but his bottom line is a significant increase in the cancer budget. He believes you should set a personal goal of doubling NCI's budget by a date certain. On the reinvention side, he promised to send me some materials. Unfortunately, his 8 year old daughter has just been diagnosed with juvenile diabetes and he has been dealing with that. I had hoped to receive his materials by now, but I wanted to get this memo to you before Thanksgiving. I will incorporate his materials at a later date.

Elaine thought you could do a cancer initiative largely built on reinvention. She also understood my arguments in favor of a budget component. She would look for reinvention opportunities at FDA, but recognized it would be difficult to succeed without a confirmed FDA Commissioner. She also referred me to the NPR staff to help identify reinvention ideas and cuts elsewhere in the budget that would offset any major increase in NCI's budget. I have asked the NPR staff for help with budget and for reinvention ideas. However, based on my own experience and discussions with NPR staff, I do not believe that there is enough left to do at FDA to build a cancer initiative. As you will recall, FDA already made changes to its cancer drug approval process during the ReGo process and these changes were codified in FDA reform.

III. BUDGET OPTIONS

You will need to decide very soon whether and how much you would like to increase NCI's budget. The sooner we act the more likely we are to build consensus in the budget process. Based on preliminary conversations with OMB staff, I have modified the budget options I presented to you in October. Option 1 and 2 remain the same. Under option 1, you could advocate for a \$714 million increase that would largely implement Klausner's bypass budget. Option 2 is still a "lite" version of option 1. You could seek a \$425 million to translate scientific discovery into better patient care. Under a new option 3, you would advocate for an increase in NCI's budget equal to twice any increase NIH receives during the Presidential priorities process. For example, if NIH receives a 7 percent increase you would reallocate it so that NIH receives 6 percent and NCI receives 12 percent. You could also set a floor under this option to insure that NCI receives at least a 10 percent increase (or another level we determine is sufficient to meet your goals). Finally under a new option 4, NCI would receive double the NIH increase but without the floor. We could also still add Medicare reimbursement for clinical trials to shore up either option 3 or 4.

IV. NEXT STEPS ON REINVENTION

We have more time on the reinvention side. I will work with Hamilton Jordan, Elaine, the NPR staff, Rick Boxer (at Ron's request) and Ellen Sigal of Friends of Cancer Research (she has established a public-private partnership committee that will generate reinvention ideas) to establish a reinvention agenda to compliment your budget effort. We will aim to have reinvention options ready for your review by mid-January. Finally, we will continue to promote comprehensive tobacco legislation as an historic opportunity to increase cancer research as well

as to reduce teen smoking.

V. DECISION

_____ OPTION 1

Seek \$714 million in the FY99 budget to fund all five cancer reduction goals set forth in the previous memo (a variation of NCI's FY99 bypass budget).

_____ OPTION 2

Seek \$425 million in the FY99 budget to fund a "lite" version of the five goals focused on translating scientific discovery into better patient care (consistent with the "NCI Challenge" portion of the bypass budget).

_____ OPTION 3

Seek between \$250 million and \$425 million to fund a more modest cancer initiative by: (1) asking for twice the percentage of the NIH increase for NCI, and (2) setting a floor for the NCI increase.

_____ OPTION 4

Seek between \$150 million and \$425 million to fund a more modest cancer initiative, by championing twice the percentage of the NIH increase for NCI without setting a floor for the NCI increase, but looking for other possible Presidential priorities such as Medicare coverage of clinical trials to shore up this approach.

Attachment

THE WHITE HOUSE

WASHINGTON

October 20, 1997

MEMORANDUM FOR THE VICE PRESIDENT

THROUGH: Don Gips
FROM: Jerry Mande
CC: Ron Klain
SUBJECT: Cancer Initiative

I. SUMMARY

We are at a pivotal point in the fight against cancer. Your leadership would result in significant progress in this battle. Several factors have emerged to provide this opening. First, the current "war on cancer" has fallen short of public expectations. Second, the science has advanced to a point where additional investments in cancer research would likely result in important improvements in patient outcomes. Third, there is a renewed, visible, public interest in fighting cancer.

There is every reason to be confident of future success in the battle against cancer. Cancer is not one disease but many. Progress to date indicates we will eventually prevent or cure most cancers. We already have cures for childhood cancers, Hodgkin's lymphoma, and testicular cancers. But we have made only limited progress in the fight against most adult cancers, and we must take advantage of emerging science to do better.

To seize the opportunity, we need money. Specifically, we need \$714 million more in FY99 than was in the President's last request (\$2.442 billion for FY98) and a \$3.5 billion increase over 3 years. As outlined below, this investment would: 1) protect millions of people at risk of developing cancer; 2) greatly improve early detection and diagnoses of cancer; 3) speed the discovery and development of new cancer drugs and devices; 4) dramatically increase adult participation in clinical trials; and 5) provide all cancer patients and their care givers with easy access to the latest information on treating their disease.

Given budget constraints, you would need to begin now establishing support for such a program. You could signal your interest by giving a major policy speech this fall, and advocating for an increase in the FY99 budget request. Comprehensive tobacco legislation may one day provide substantial new funds for cancer research. However, a cancer initiative funded through tobacco legislation rather than the FY99 budget would be poorly received by the cancer community. The tobacco bill's fate is just too uncertain.

II. BACKGROUND

The “war on cancer” began in 1971, when President Nixon and the Congress enacted the *National Cancer Act* (NCI was established by FDR in 1937). While significant advances have been made over the past 25 years, especially in treating cancer in children, many experts and much of the public are troubled by the lack of progress. Children’s cure rates have approached 70-80%. Progress treating adult cancers, however, has been incremental and frustratingly slow. The science is thriving, but there is a sense that the nation does not have an effective national cancer program.

Each year, NCI publicly identifies key research opportunities and priority investments in its so-called “bypass budget.” The 1971 Act authorizes NCI’s director to submit an annual budget estimate directly to Congress after review “but without change” by the Secretary, the Director of NIH, and the National Cancer Advisory Board. The bypass budget is the holy grail of the cancer community.

III. PROPOSED VICE PRESIDENTIAL CANCER INITIATIVE

In his bypass budget for FY99, NCI Director Richard Klausner will request \$750 million more than the President’s FY98 request. I suggest you push for \$714 million of this increase to achieve the five outcomes outlined below (with projected first year/three year cost of each outcome).

A. Enhance cancer prevention research, protecting millions of people at risk of developing cancer. (\$121M/\$559M)

Clinical trials for evaluating cancer preventive strategies (such as drugs, vaccines, better diet, more exercise, reduced environmental exposures) involve large numbers of subjects and take years to complete. There is currently a waiting list of interventions that merit testing. More resources would enable researchers to test promising interventions, leading to the prevention of millions of cases of cancer.

With the additional funds, NCI hopes to invest in the following new clinical trials:

- 22,000 women in a trial to test selective estrogen-response modulators to prevent breast cancer.
- 20,000 men in a trial to test vitamin E and selenium to prevent prostate cancer.
- 5,000 subjects in a trial to test cyclooxygenase Type 2 inhibitors, and 5,000 subjects in a trial to test aspirin, calcium, and selenium, to prevent colorectal cancer.

B. Improve early detection and diagnosis to make cancers more treatable. (\$20M/\$176M)

It is well known that early detection and effective screening can save lives because cancers caught early are more treatable. There are currently a number of innovative detection and screening technologies waiting to be explored. Added resources would provide the means to explore these technologies and ready more technologies for the field.

With the additional funds, we hope to:

- develop blood tests for detecting breast, lung, prostate, and colon cancer;
- develop new breast, lung, and bowel imaging technologies to detect cancers at more curable stages.

C. Speed the rate of discovery of new interventions related to all phases of the fight against cancer. (\$220M/\$1,376M)

We need to expand our understanding of the basic cellular pathways involved in making a cell cancerous, and apply this understanding to cancer interventions. NCI can currently fund only 25% of the grant applications it receives. This level of funding slows the engine of discovery and in turn slows progress against cancer. Funding 40% of grants would significantly speed the discovery of new interventions while maintaining competition for funding that drives excellence.

With the additional funds, we hope to:

- ensure that 20 additional drugs per year will enter the clinic for the initial phases of human testing;
- triple the number of clinical trials of new approaches to prevent, diagnose, and treat cancer.

D. Improve patient outcomes through increasing patient participation in clinical trials. (\$335M/\$1,221M)

We could make an immediate difference in patient outcomes by increasing patient participation in NCI experimental treatment protocols or clinical trials. Today, 90% of children are treated according to an NCI experimental protocol, 70% participate in an NCI sponsored clinical trial, and the cure rate is 70-80%. In contrast, only 2% of adult patients are enrolled in NCI sponsored clinical trials. By increasing the percent of adults enrolled in clinical trials from 2% to 10%, we could develop five times as many effective treatment, detection, and prevention strategies each year.

With the additional funds, we hope to:

- increase from 20,000 to 100,000 the number of new patients enrolled in NCI-sponsored trials;
- create new training programs in cancer clinical research in each of 10 NCI cancer centers.

E. Increase the access of the American people to state-of-the-art information about cancer and cancer interventions. (\$18M/\$116M)

Patients and doctors often do not have the most up-to-date information on treatment protocols. Many experts believe that if all adults were treated with the optimal protocol mortality would drop 10-20%. The extensive use of personal computers and the success of the World Wide Web provide a powerful new means to make the latest discoveries widely known. With additional resources we could place state-of-the-art information at the finger tips of cancer care providers and families, increasing the percentage of patients receiving optimal care and decreasing mortality.

With the additional funds, we hope to:

- create a Cancer Informatics Infrastructure;
- create patient-friendly clinical trials website for comprehensive information about state-of-the-art treatments and the availability of clinical trials;
- develop the next generation of informatics tools that will provide tailored messages to specific patients relevant to their own particular circumstances.

IV. SPENDING BREAKDOWN

We need to invest in six key, underlying and interdependent areas to build the needed infrastructure to achieve these five outcomes.

FY99 Spending	3yr. Spending	Description
\$286 million	\$1.218 billion	Enhance the clinical trials network including prevention initiatives. (Outcomes A, D)
\$75 million	\$200 million	Increase support of clinical investigators. (Outcomes A, D)
\$20 million	\$75 million	Improve the informatics associated with clinical trials and with dissemination of information about clinical trials. (Outcomes A, D, E)
\$40 million	\$195 million	Increase training and education of new clinical investigators including minority initiatives. (Outcomes A, D)
\$93 million	\$560 million	Increase the number of NCI-sponsored cancer centers. (Outcomes A-E)
\$200 million	\$1.2 billion	Increase funding of investigator-initiated research. (Outcome C)
\$714 million	\$3.448 billion	TOTAL

V. CONCLUSION

In this budget climate I had hoped to be able to recommend to you a cancer initiative that costs little or no money, but I am convinced such an approach would not be credible. Cancer control advocates have observed the tactics of the AIDS activists and are seeking to replicate their successes. Cancer advocates are now pursuing a "show me the money" strategy. The Administration has already acted on low-cost opportunities like speeding FDA approval of cancer drugs. The top priorities for the cancer advocacy community -- increasing biomedical research and assuring that research findings are rapidly translated into the clinic -- involve a significant investment of funds.

There are several paths you could take to author a credible Vice Presidential cancer initiative. Which path we take will be determined by the amount of money we can include in the FY99 budget.

Option 1-- You could advocate a comprehensive cancer initiative as part of the FY99 budget. The price tag is substantial -- \$714 million or a 30 percent increase in NCI's budget over the President's FY98 request -- but these funds will buy significant progress in preventing, detecting, diagnosing, and treating cancer, and it will essentially implement the FY99 bypass budget which will guarantee widespread support from the cancer community.

Option 2 -- The second path is a more modest, "lite" version of the first path. You could seek a \$425 million increase in NCI's budget. This would buy a credible but scaled down version of the outcomes described in this memo. It would pay for the "NCI Challenge" portion of the bypass budget, which focuses on translating scientific discovery into better patient care. This approach is a very credible initiative, will still generate widespread support, but Rick Klausner and prominent members of Congress will be calling for more.

Option 3 -- The third path is more modest still. You could seek less than \$425 million but enough to have a credible initiative -- probably at least \$250 million. A \$250 million investment would increase NCI's budget 10%. A 10% increase should compare favorably to the Administration's FY98 request (a 2% increase) and Congress's expected FY98 appropriation (a 7% increase). Under this approach, we would fund one or more of the outcomes. In addition, we could shore up this approach by linking it to other initiatives the Administration is already pursuing. For example, if OMB approves, you could announce support for having Medicare cover the costs of its beneficiaries participating in clinical trials. This change, a priority of the cancer community, would substantially increase adult participation in NCI-sponsored clinical trials. You could also take ownership of the sharp increase in biomedical research that the President has said must be part of comprehensive tobacco legislation.

Finally, whichever path you choose the next step is the same. We must begin an

immediate and public dialogue with the cancer community so that they have an opportunity to shape the final plan within the budget level you choose. Their participation and support will be critical to achieving our goals. You will have an important opportunity to begin building that support on October 27, when you are scheduled to meet with the Friends of Cancer Research, the leading cancer research advocacy group.

VI. DECISION

_____ OPTION 1

Seek \$714 million in the FY99 budget to fund all five outcomes of the cancer initiative outlined above, and NCI's FY99 bypass budget.

_____ OPTION 2

Seek \$425 million in the FY99 budget to fund a "lite" version of the five outcomes and the "NCI Challenge" portion of the bypass budget.

_____ OPTION 3

Seek between \$250 million and \$425 million to fund a more modest cancer initiative, by championing one or more of the specific outcomes outlined above.

Remarks for Vice President Al Gore
“21st Century Research: Waging the War Against Cancer”
Announcement of New Cancer Research Increases
Thursday, January 29, 1998

This Tuesday night, in his State of the Union Address, President Clinton called on all Americans to strengthen our nation for the 21st Century -- to build the America that is within our reach. That means building a future that is healthier, and freer from disease. A future where scientists find cures for diabetes and Alzheimer's and AIDS -- and where we unlock the deepest secrets of human DNA. That is why we are creating, as a gift to the next millennium, a new 21st Century Research Fund for pathbreaking scientific inquiry.

Later today, at Genentech -- one of the leading biotechnology companies in America -- I will be unveiling many of the details of that fund, as well as another significant investment in research to create new jobs for the 21st Century. But this morning, I want to focus on one central part of our new research fund -- a special new commitment to preventing, detecting, treating, and ultimately curing cancer, one of the deadliest diseases of our times.

The statistics say it all: more than 40% of all Americans will be diagnosed with cancer during their lifetimes, and more than 20% will die from it.

Like so many of you here today, cancer has touched my family in a deep and indelible way. And like so many of you, I am committed to doing whatever I can to move us closer to a cure -- to waging and winning the war against cancer.

The truth is, we are making progress. Advances in detection, diagnosis, and treatment by our National Cancer Institute, our National Institutes of Health and other research institutions have helped drive down mortality rates. From 1991 to 1995, cancer mortality dropped 2.6% -- the first decline ever. Combination drug therapies have brought promising new treatments and cures for some cancers, such as Hodgkins disease and childhood leukemia.

Ms. Butler's remarkable story of recovery from breast and ovarian cancer shows how far we have come. And we are not only helping people live longer; the ground-breaking discoveries at N.I.H. are also improving the quality of life -- enabling many cancer patients to live normally, comfortably, and productively.

Of course, there is one thing each of us can do to prevent cancer, whether or not we wear a white labcoat -- and that is to join the fight against teen smoking in America. Lung cancer is now the number-one preventable cause of death in America -- and tobacco is the number-one cause of lung cancer.

That is why President Clinton and I are working so hard to cut off young people's access to tobacco -- to save the 3,000 young people who will start smoking each day, and the 1,000 of them who will die from it.

We've won a great many battles, but we know we can't stop until we win the war. That is why, even as we are balancing the budget and making tough cuts across the board, we must invest more in the war against cancer. We must give America's families new hope for a healthy future.

Today, I am pleased to announce the single largest increase in cancer research ever proposed in the long fight against this deadly disease -- a dramatic, 65% increase in new cancer research over the next five years. By the year 2003, this would give us an annual budget of nearly five billion dollars to help us roll back the ravages of cancer.

In addition, I am pleased to announce a three-year, \$750 million demonstration program that will cover the costs of Medicare beneficiaries who take part in certain high-quality, federally-funded clinical trials.

Right now, only three percent of cancer patients have access to clinical trials. And America's seniors -- who are ten times more likely to get cancer, but very rarely get the newest treatments -- deserve more access to the latest weapons in the war against cancer. We are determined to give it to them.

There has never been a better time to invest -- or better hope for the future. We are pushing ahead with new efforts at cancer imaging, to detect cancer earlier. We are learning more about the molecules in the body that betray the presence of tumors. And, as we speak, the first medicines ever developed to prevent breast cancer, prostate cancer, colon cancer and others are being tested in clinical trials.

It is my hope that we will soon reconvene here at the White House to celebrate the first preventive cancer medicines in the history of this terrible disease.

More than a quarter-century ago, Congress first declared war on cancer. As President Clinton said on Tuesday night, we want to become the first generation that finally wins that war. Our National Institutes of Health offer the best hope of doing so -- the greatest concentration of talent and resources committed to cancer research anywhere in the world.

The fact that we are fighting this war across party lines, with such a significant federal commitment, and with such remarkable scientific talent on our side, shows that the enemy is outmatched. Let today be the day we turned back the awful tide of cancer -- for the sake of our families, and for the future they deserve. Thank you.

Talking Points for Vice President Al Gore
Race for the Cure Navobs Reception
Friday, June 5, 1998

- Thank you all for what you do to make the Race for the Cure a reality. Tipper and I are looking forward to our sixth run in the race tomorrow.
- But I'm even more excited about the day when this race will end -- about the day when we find a cure for breast cancer -- a disease that claims the life of a woman every 12 minutes.
- This year, Tipper and I will be running with Jan Lavery Jones, the Mayor of Las Vegas, who has waged a personal courageous battle against this deadly killer.
- And I'm pleased that we'll be joined by the White House team. This year the team is calling itself, "Team Sally," in honor of our own Sally Katzen who is a true inspiration to all of us in drive and determination to beat this disease.

Talking Points for Vice President Al Gore
Race for the Cure Rally
Saturday, June 5, 1998

- Are you ready to run? Are you ready to Race for the Cure? Tipper and I are excited to be running again this year. We're excited that a record 50,000 runners have turned out today. And we're especially excited because every step we take brings us one step closer to a cure for breast cancer.
- Every twelve minutes another woman dies from breast cancer. What all of you are doing today has a real impact on the battle against this terrible disease. And you all deserve a great big round of applause.
- I want to say a special word of appreciation to all the relatives of breast cancer victims who are here today. For breast cancer is a silent stalker that destroys families and robs us of those that are dearest. Even for those that survive, the disease extracts a toll of suffering on those that are closest to them.
- Breast cancer doesn't have to be a death sentence. With early detection, more and more women are beating this disease.
- And in laboratories all across America and the world, there is a real race for the cure. For President Clinton and me, this is a national priority. That's why I'm proud that we're spending five times as much money searching for a cure than was the case when we first took office. There's still a whole lot more work to be done, but each passing day brings us closer and closer to the time when we will pass the finish line in the race for the cure.
- So let's get out there and start running -- and let's keep on going till we find the cure.

Talking Points for Vice President Al Gore
Race for the Cure
Sunday, September 13, 1998

I want to thank all of you for joining me in this year's Seattle Race for the Cure. I am proud to say I finished first among all the Vice Presidents.

I am glad the race is over. But I will be even more excited about the day when this entire race is over: the day when we find a cure for breast cancer.

Every twelve minutes another woman dies from breast cancer. What all of you are doing today has a real impact on the battle against this terrible disease. And you all deserve a great big round of applause.

I want to say a special word of appreciation to all the relatives of breast cancer victims who are here today. Breast cancer doesn't just strike individuals, it affects entire families. It robs us of those who are dearest to all of us. Even for those who survive, the disease extracts a toll of suffering on those who are closest to them.

Breast cancer doesn't have to be a death sentence. With early detection, more and more women are beating this disease. We need to work together to educate America, to help people understand how they can beat this terrible disease. We are privileged today to be joined by one very special woman named Camari (CAM-Ree) Ferguson who is doing all she can to spread the word and help educate others.

When she's not working as a cancer researcher at the University of Washington, Camari spends most of her time hiking, rock climbing, kayaking, and biking. To relax, she goes bungee jumping. Camree is also a person who spent her 34th birthday in surgery to remove a cancerous tumor from her breast. She met cancer on her own terms. While she was undergoing radiation and chemotherapy treatments, Camari rode her bike to and from work -- 46 miles roundtrip -- and challenged her friends to pledge money for every day she was able to ride. Camari was able to ride for 18 days and collect pledges totaling \$3,500. And I am proud to say that this morning, she donated the entire amount to the Seattle Race for the Cure.

Camari, you are an inspiration to me and to millions of Americans -- not just for the money you raised, but for the awareness you help raise every day by educating others about this disease. On behalf of the Clinton-Gore Administration, the Susan G. Komen Breast Cancer Foundation and the Seattle Race for the Cure, it is my pleasure to present you with the Kellogg's Complete You Can Make a Difference Award.

[Present Award]

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
Sunday, September, 13, 1998

Contact:
(202) 456-7035

**VICE PRESIDENT GORE
RUNS RACE FOR THE CURE**

Presents Award to Breast Cancer Survivor, Calling Her an Inspiration

Seattle, WA -- Joining thousands of Seattle and area residents, Vice President Gore ran today in this city's annual Race for the Cure.

"That was some run -- and I'm glad it's over!" Vice President Gore said. "But I'm even more excited about the day when this entire race will end -- the day when we find a cure for breast cancer."

This year, 86 U.S. cities will host Race for the Cure five-kilometer runs, with over 500,000 participants expected to run. Proceeds will fund both national breast cancer research efforts as well as local breast cancer initiatives like breast health education, screenings, and treatment.

Breast cancer is the leading cause of death, from all causes, of women between 35 and 54. An estimated 180,000 Americans will be diagnosed with breast cancer in 1998.

Under the Clinton Administration, funding for breast cancer research has nearly doubled. This year, the President proposed the largest increase ever in cancer research for the National Cancer Institute.

After today's race, the Vice President presented Kellogg's Complete You Can Make a Difference Award to Camari Ferguson, a breast cancer survivor who rode her bicycle for 18 days, collecting \$3,500 in pledges.

"Camari, you are an inspiration to me and to millions of Americans," Vice President Gore said. "Not just for the money you raised, but for the awareness you help raise every day by educating others about this disease."

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September 28, 1998 10:46 Eastern Time

SECTION: NATIONAL DESK, HEALTH AND MEDICAL WRITERS

LENGTH: 1349 words

HEADLINE: White House Fact Sheet on Cancer Research Efforts

CONTACT: White House Press Office, 202-456-2100

DATELINE: WASHINGTON, Sept. 28

BODY:

The following was released today by the White House:

PRESIDENT CLINTON AND VICE PRESIDENT GORE ANNOUNCE HISTORIC
EFFORTS TO RENEW THE WAR ON CANCER

September 26, 1998

Today, the President and Vice President launched a new series of initiatives to redouble our efforts in the war against cancer. The President outlined these new steps in his weekly radio address on cancer and the Vice President delivered the keynote speech to tens of thousands of Americans at the March to Conquer Cancer on the National Mall.

ADVANCING COMMITMENT TO HIGH QUALITY RESEARCH

Called on the Congress to pass the President's historic multi-year commitment to cancer research. Experts believe that we are at the cusp of important new breakthroughs in the war against cancer. Today, the President and Vice President called on Congress to pass the Administration's historic five-year, 65 percent increase in cancer research at the National Institutes of Health. This multi-year investment would ensure that our nation's scientists conduct more extensive and fruitful research than ever before, secure in the knowledge that the research will not be interrupted as the result of funding lapses.

Announced that Federal cancer research programs will fully integrate patients and advocates into research within a year. Cancer advocates and patients provide a unique and critical perspective on the cancer research agenda. Building on unprecedented efforts to integrate patients and advocates into the cancer research program at the Department of Defense and ongoing innovative efforts at NCI, the President and Vice President announced that by next year NCI will fully integrate patients and advocates into activities such as reviewing grant proposals and planning policy.

Issued nationwide challenge for new technological approaches to fight cancer. Winning the war against cancer requires innovative approaches to prevent, detect, treat, and one day cure this disease. Today, the Director of NCI announced a \$48 million competitive grant program for researchers to apply new technologies -- from areas such as computer science, engineering, military defense, and astronomy -- to prevent, detect, and treat cancer.

USING NEW PROGRESS IN GENETICS TO ADVANCE PREVENTION AND TREATMENT
FOR CANCER

Announced that in the first year of the Cancer Genome Anatomy Project

U.S. Newswire, September 28, 1998

(CGAP), scientists have identified twice as many genes and gene sequences as expected. In 1996, the Vice President unveiled the CGAP, a comprehensive effort to profile genes in precancerous and cancerous cells and by doing so, to unravel the genetics of cancer. The President and Vice President announced that in the first year of this historic effort, the project already has identified more than 300,000 DNA sequences and 12,000 new genes -- double what the NCI initially expected.

Issued historic challenge to scientists to use the CGAP to develop new diagnostic techniques for every major cancer in the next two years. Efforts to unravel the genetics of cancer should be used to make unprecedented progress in improving detection and treatment for cancer patients. The President and the Vice President issued a challenge to scientists to use new knowledge about genetics to develop new diagnostic strategies for every major cancer in the next two years, so that doctors can pinpoint cancers in their earliest and often most treatable stages.

Challenged Congress to pass bipartisan legislation preventing genetic discrimination. According to one report, 63 percent of Americans would not take a genetic test if their health insurers or employers could get access to the results. The President and Vice President renewed their call for Congress to pass bipartisan legislation, similar to legislation introduced by Rep. Slaughter and Senator Snowe, to prohibit health plans and employers from using genetic screening to discriminate against individuals.

SPUR RESEARCH BREAKTHROUGHS BY INCREASING THE NUMBER OF PATIENTS ENROLLED IN NEW NATIONAL CLINICAL TRIALS SYSTEM.

Directed NCI to fully implement its new computer-based clinical trials system for breast, prostate, and colon cancers by next spring. The President and Vice President directed NCI to fully implement a new system to make it easier for physicians to enroll patients in clinical trials.

Under the directive, NCI will complete this simplified system for breast, colon and prostate cancer by next spring and expedite the system for other cancers as well. This new system will ensure that physicians are informed about cutting-edge cancer clinical trials and will allow them to enroll patients on the spot. This effort will give tens of thousands of cancer patients improved access to cancer clinical trials. By increasing participation in these trials, the effort will accelerate test results and spur research breakthroughs.

Challenged Congress to pass a bipartisan initiative that authorizes coverage of cancer clinical trials for Medicare beneficiaries. Americans over the age of 65 make up half of all cancer patients, and are 10 times more likely to get cancer than younger Americans. Older Americans, however, frequently cannot participate in cutting-edge cancer clinical trials because Medicare does not pay for experimental treatments. The President and Vice President renewed the call on Congress to pass a proposal, similar to legislation supported by Senators Mack and Rockefeller, that authorizes coverage of clinical trials for Medicare beneficiaries without harming the Trust Fund.

NEW STEPS TO IMPROVE QUALITY OF CARE FOR CANCER PATIENTS AND SURVIVORS

Renewed call on Congress to pass a strong enforceable bipartisan patients' bill of rights to assure cancer patients of high-quality care. The President and Vice President urged Congress to stop delaying and pass a strong enforceable

U.S. Newswire, September 28, 1998

patients' bill of rights this year. The patients' bill of rights would provide many critical protections for patients with cancer including access to the specialists they need and continuity-of-care protections to prevent them from having to change care suddenly in the middle of treatment.

Unveiled groundbreaking research grants to examine how to prevent cancer recurrence, understand the lifelong impact of cancer treatment, and to improve the quality of life for cancer survivors. The Vice President announced that the NCI is releasing \$15 million in new cancer survivorship grants to fund top-of-the-line research to examine the impact of this disease on patients and their families. Specifically, researchers will examine the long-term effects of cancer treatments and the most effective ways to prevent recurrence of cancer and to improve the quality of life for cancer survivors and their families.

APPROVING NEW CUTTING-EDGE DRUGS FOR PATIENTS.

Announced that FDA has approved a record number of cancer drugs. In 1996, the President launched the FDA Initiative on Reinventing the Regulation of Cancer Drugs. Since that time, the FDA Division of Oncology Drug Products has approved more than twice as many new therapies as in the three years prior to the initiative.

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URGING CONGRESS TO PASS COMPREHENSIVE TOBACCO LEGISLATION

The President and Vice President are fighting against the leading cause of preventable cancer -- tobacco. Every day 3,000 children start smoking, and one thousand will die of a tobacco-related disease. Today the President and Vice President reminded Americans that they need a Congress that has the courage to pass comprehensive tobacco legislation to stop kids from smoking.

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September 27, 1998, Sunday, Home Edition

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HEADLINE: WHITE HOUSE PUSHES FIGHT AGAINST CANCER;

HEALTH: CLINTON, GORE URGE MORE SPENDING, NEW PROGRAMS. ANNOUNCEMENT COINCIDES
WITH RALLY IN WASHINGTON.

BYLINE: GERALDINE BAUM, TIMES STAFF WRITER

DATELINE: WASHINGTON

BODY:

With thousands of cancer patients, survivors and their families converging on the capital for a rally Saturday, President Clinton and Vice President Al Gore reaffirmed their commitment to conquering the disease with both new spending and administrative proposals.

In his regular Saturday radio address, Clinton spotlighted his push for unprecedented increases in cancer research, as well as the need for more breakthroughs in the search for cancer's cause and better care for those who suffer from its many forms.

"On this day, as Americans from all walks of life and all parts of our nation renew our national fight against cancer, we do well to remember that we are doing more than curing a disease," he said. "We are curing the ills the disease may cause, the stigmas, the myths, the barriers to quality care."

Clinton, whose mother died of cancer, said he was ordering wider access to "cutting-edge clinical trials" in hopes of spurring breakthroughs in cancer cures.

He also renewed his call for Congress to join the fight "against the leading cause of preventable cancer" by passing comprehensive legislation aimed at reducing teenage smoking. Such an effort stalled this year.

More than 1.2 million new cancer cases are diagnosed in this country annually and 564,800 Americans are expected to die of the disease at a rate of about 1,500 each day, according to estimates by the American Cancer Society.

Gore, addressing the crowd on the National Mall near the U.S. Capitol, listed specific initiatives by the administration, including:

* A 1999 budget proposal to increase spending for cancer research 65% over five years at the National Institutes of Health.

Los Angeles Times, September 27, 1998

* A new strategy to broaden input by cancer patients and their advocates in the setting of research priorities. This has been a prime goal of many in the cancer-fighting world and the administration's announcement was timed with Saturday's rally in mind.

* A challenge to Congress to pass a proposal authorizing coverage of the cost of clinical trials for Medicare beneficiaries. Although half of cancer patients are older than 65, they have no access to cutting-edge trials because the research is not a covered benefit of Medicare.

* A directive to the National Cancer Institute to allow doctors and patients to be informed of and enrolled in clinical trials through the Internet.

Gore also made a push for the Senate to move on the confirmation of Jane Henney, an oncologist whom the administration nominated to head the federal Food and Drug Administration. Her background could help speed FDA approval of new cancer drugs, some believe.

Gore spoke to the crowd of his great hope that his generation would be the one that "wins the war on cancer."

"Some people still say it is impossible to find a cure for cancer," Gore said. "A hundred years ago, people said exactly the same thing about smallpox."

In recent years Gore, who often publicly mentions his sister's death from lung cancer, has made initiatives targeting the disease a major part of his agenda.

Besides Gore, Saturday's rally featured speeches by prostate cancer survivors retired Gen. H. Norman Schwarzkopf and financier Michael Milken, whose foundation paid for much of the gathering.

Rally organizers made it clear they wanted to show the nation that the cancer community is united and wants to ensure that cancer research gets its fair share of the billions of dollars spent annually on medical research. "We've all learned from AIDS activists that sometimes you need to toot your own horn and shake the tree a little bit," Dr. Allen Lichter, president of the American Society of Clinical Oncology, said before the gathering on the Mall. "Don't expect this to be a one-time event where everyone will go home and say, 'That was nice.' "

GRAPHIC: PHOTO: A sign declaring: "No more cancer" towers over Mall at rally by cancer patients and supporters. PHOTOGRAPHER: Associated Press

LANGUAGE: English

LOAD-DATE: September 27, 1998

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
Tuesday, June 23, 1998

Contact:
(202) 456-7035

VICE PRESIDENT GORE ANNOUNCES NEW EFFORTS TO MAKE THE HEALTH CARE SYSTEM MORE RESPONSIVE TO FAMILIES

Tipper Gore Announces New Public/Private Network to Support Children of Patients with Serious Mental and Physical Illness

Nashville, TN -- Vice President Gore announced a new directive today to make the Federal Employees Health Benefit Program (FEHBP) more family-friendly, while Tipper Gore launched a new public-private partnership to help families cope with serious mental and physical illness.

"Tipper and I are pleased to be here today to talk about family-centered care -- an approach that relies on the partnership between providers, patients, and families to promote health and healing," the Vice President said on the second day of the Gores' seventh annual conference on policy issues of major concern to families and children. "Family-centered care acknowledges that the fundamental health care provider in America today is the family, and it is designed to unleash the healing power of the family."

The Vice President and Mrs. Gore moderated the "Family Re-Union 7: Families and Health," and each made announcements to help make health care more family-centered.

The Vice President:

- **Directed the FEHBP to Encourage Family Friendly Health Plans:** The FEHBP will hold a series of meetings with families over the next year to identify ways that its health plans can be more responsive to the needs of families, and it will publish these findings in its 1999 annual call letter to insurers as a condition for participation in the program.

Mrs. Gore met with children and their families to discuss their experiences coping with their parents' mental and physical illnesses and the effect of these illnesses on their children.

In her remarks, Mrs Gore:

- **Launched a public-private network to support children and patients with serious mental and physical illnesses:** A network of private and public groups will come together to support children of cancer and other seriously ill patients. In addition, the Substance Abuse and Mental Health Services Administration and the National Cancer Institute will form a partnership to bring together researchers and service providers to help support children.

“We don't give credit, particularly to children, for the empathy, the resilience, and the downright individual strength we see in families facing a medical crisis, whether the crisis affects a sibling, a parent, or a grandparent,” Mrs. Gore said. “And that is why I am pleased that the Federal Government, in partnership with families, scientists, caregivers, private foundations, and health and social services professionals, have joined together to help our children cope with their parents’ illnesses.”

The Vice President and Mrs. Gore heard reports from roundtable discussions addressing the following issues: principles of care for families with young children; family-centered elder care at home and in medical settings; successful community-based initiatives; strategies to give families the information they want; bringing families into the design of health care setting and medical training; creating responsive, flexible policy; and measuring success.

The day's activities followed on the heels of a discussion the day before with President Clinton, First Lady Hillary Rodham Clinton, Vice President Gore and Tipper Gore. The conference is co-sponsored by the Child and Family Policy Center at Vanderbilt University, and the Children, Youth & Family Consortium of the University of Minnesota.

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THE WHITE HOUSE

Office of the Vice President

For Immediate Release
Wednesday, June 17, 1998

Contact:
202-456-7035

**VICE PRESIDENT RELEASES HHS REPORT DOCUMENTING PROBLEMS AND
WAYS TO IMPROVE QUALITY HEALTH CARE**

Also Praises Formation of Planning Committee to Create Historical National Quality Forum

Washington, DC --Vice President Gore today released a new Department of Health and Human Services report documenting the quality problems in the health care system, and he announced the formation of a planning committee to create a historic national Quality Forum designed to identify a core set of quality measures that America's health plans would adopt.

"I am pleased to announce that private businesses, health consumer groups, professional organizations, labor unions, and employers are coming together to plan America's very first health care Quality Forum," Vice President Gore said. "The Quality Forum will, for the first time, ensure that consumers have a consistent set of standards so they can choose health plans based on quality -- not just cost."

"Providing higher quality medical attention means healthier patients, lower costs, and greater confidence in America's health care system," Vice President Gore added. "This new effort isn't the end of the road, but I believe the Quality Forum will be a significant and positive step forward."

Findings in the report include:

- **Under-use of services.** Early detection of breast cancer through mammograms can prevent up to 30% of breast cancer deaths each year. Thirty percent of women age 52 to 69 in surveyed managed care plans, however, had not received a mammogram in the previous two years.
- **Over-use of services.** Antibiotics are frequently over prescribed, contributing to resistance to antibiotics. Such resistance could cost as much as \$7.5 billion a year for more invasive and expensive health care interventions.
- **Misuse of services.** 180,000 people die each year due to preventable errors in hospitals.
- **Widespread variation of services.** Hospitals discharge rates and lengths of stay are 40 percent higher in the Northeast than in the West.

- more -

In addition, the Vice President praised the formation of a privately-funded planning committee to develop a national Quality Forum to address these issues by designing a comprehensive plan to ensure the widespread availability of comparative information to improve the quality of health care. The Quality Forum will aim to:

- Identify core sets of quality measures for standardized reporting by all sectors of the health care industry;
- Establish a framework and capacity for quality measurement and reporting;
- Support the focused development of quality measures that enhance and improve the ability to evaluate and improve care; and
- Ensure that comparative information on health care quality is valid, reliable, comprehensible, and widely available in the public domain.

This 21-member planning committee includes representatives of: public and private purchasers; consumers; health providers; health professionals; health plans; and the labor community. Gail Warden, the Chief Executive Officer of the Henry Ford Health Care System, will serve as Chair of the planning committee and James Tallon, President of the United Hospital Fund of New York, will serve as Executive Director.

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VICE PRESIDENT RELEASES HHS REPORT DOCUMENTING PROBLEMS AND WAYS TO IMPROVE QUALITY HEALTH CARE

Also Praises Formation of Planning Committee to Create Historical National Quality Forum

FACT SHEET

- The Vice President released a new Department of Health and Human Services report today that documents the astounding number of quality problems in the health care system and the great potential and need for improvement.
 - The report highlights findings that illustrate that there are 180,000 preventable hospital deaths each year.
 - The report documents that antibiotics are frequently over-prescribed, contributing to resistance to antibiotics that could cost as much as \$7.5 billion a year for more invasive and expensive health care interventions.
 - The report also showcases successful efforts that show the great potential to improve quality, provide better information, and even reduce costs, such as a program at the New York Department of Health that helped reduce mortality in heart bypass surgeries by 50 percent.
 - The report, however, underscores that the current system is duplicative in some areas and leaves major gaps in others, falling far short of providing purchasers, providers, consumers, and others information they need to purchase and provide quality health care.
- The Vice President also praised the formation of a privately-funded planning committee to develop a historic national Quality Forum to address these issues by designing a comprehensive plan to ensure the widespread availability of comparative information to improve the quality of health care.

Unveiled New Department of Health and Human Services Report That Underscores the Great Potential for Quality Improvement.

The report finds that:

- **While millions of Americans receive high quality health care, too often patients receive substandard care.**
 - **Under-use of services.** Early detection of breast cancer through mammograms can prevent up to 30% of breast cancer deaths each year. However, the report finds that 30% of woman age 52 to 69 in surveyed managed care plans had not received a mammogram in the previous two years.
 - **Over-use of services.** Another study found that antibiotics are frequently over prescribed, contributing to resistance to antibiotics. Such resistance could cost as much as \$7.5 billion a year for more invasive and expensive health care interventions.
 - **Misuse of services.** One study found that 180,000 people die each year due to preventable errors in hospitals.
 - **Widespread variation of services.** Hospitals discharge rates and lengths of stay are 40

percent higher in the Northeast than in the West.

- **There have been some successful efforts to improve quality care.** The HHS report documents the great potential for reporting and measuring health care services to improve the quality of care. For example:
 - The New York State Department of Health releases data on the quality of heart bypass surgeries at all hospitals in that state. Use of that data has helped reduce mortality in bypass cases by 50% in six years.
 - A Michigan hospital has reduced complications due to drug reactions in its cardiac care unit by 80%, and a hospital in Utah estimated that a 50% reduction in adverse drug reaction would save \$500,000 and reduce hospitalization by 450 days a year. So far, their efforts have achieved a 75% drop in adverse drug reactions to antibiotics.
- **The need for a Quality Forum.** While there have been some successful efforts to improve health outcomes and reduce costs, the current efforts are inadequate. For example, in some areas, such as chronic disease, little is being done to measure quality. In others, health plans are being overwhelmed by conflicting and redundant requests. Many consumers and public and private purchasers simply do not have the information they need to purchase health care on quality rather than simply on cost and benefits. Noting the weaknesses in the current system, the President endorsed the final recommendations of his Advisory Commission on Quality and Consumer Protection, which called for the creation of a Quality Forum to accomplish the following:
 - Identify core sets of quality measures for standardized reporting by all sectors of the health care industry;
 - Establish a framework and capacity for quality measurement and reporting;
 - Support the focused development of quality measures that enhance and improve the ability to evaluate and improve care; and
 - Ensure that comparative information on health care quality is valid, reliable, comprehensible, and widely available in the public domain.

The Forum will help eliminate duplicative and overlapping demands for information from health care providers and plans, and it will give consumers and other purchasers a common yardstick to make direct comparisons of health plans, hospitals, nursing homes, or physicians. Because purchasers will be speaking with a more unified and pragmatic voice on quality information needs, accreditors, plans, and providers will be able to be much more responsive. In so doing, it will help assure that health plans will compete on the basis of quality as well as cost and benefits.

Praised the Formation of Members of the Quality Forum Planning Committee. Today, the Vice President also applauded the formation of a 21-member planning committee to plan a national Quality Forum. This privately funded planning committee includes representatives of public and private purchasers, consumers, health providers, health professionals, health plans, and the labor community. Gail Warden, the CEO of the Henry Ford Health Care System, will serve as Chair of the planning committee and James Tallon, President of the United Hospital Fund of New York, will serve as Executive Director. Support for the planning process will come from private foundations committed to improving the quality of the nation's health care system.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

September 26, 1998

PRESIDENT CLINTON AND VICE PRESIDENT GORE
ANNOUNCE HISTORIC EFFORTS TO RENEW THE WAR ON CANCER

September 26, 1998

Today, the President and Vice President launched a new series of initiatives to redouble our efforts in the war against cancer. The President outlined these new steps in his weekly radio address on cancer and the Vice President delivered the keynote speech to tens of thousands of Americans at the March to Conquer Cancer on the National Mall.

ADVANCING COMMITMENT TO HIGH QUALITY RESEARCH

Called on the Congress to pass the President's historic multi-year commitment to cancer research. Experts believe that we are at the cusp of important new breakthroughs in the war against cancer. Today, the President and Vice President called on Congress to pass the Administration's historic five-year, 65 percent increase in cancer research at the National Institutes of Health. This multi-year investment would ensure that our nation's scientists conduct more extensive and fruitful research than ever before, secure in the knowledge that the research will not be interrupted as the result of funding lapses.

Announced that Federal cancer research programs will fully integrate patients and advocates into research within a year. Cancer advocates and patients provide a unique and critical perspective on the cancer research agenda. Building on unprecedented efforts to integrate patients and advocates into the cancer research program at the Department of Defense and ongoing innovative efforts at NCI, the President and Vice President announced that by next year NCI will fully integrate patients and advocates into activities such as reviewing grant proposals and planning policy.

Issued nationwide challenge for new technological approaches to fight cancer. Winning the war against cancer requires innovative approaches to prevent, detect, treat, and one day cure this disease. Today, the Director of NCI announced a \$48 million competitive grant program for researchers to apply new technologies -- from areas such as computer science, engineering, military defense, and astronomy -- to prevent, detect, and treat cancer.

USING NEW PROGRESS IN GENETICS TO ADVANCE PREVENTION AND TREATMENT FOR CANCER

Announced that in the first year of the Cancer Genome Anatomy Project (CGAP), scientists have identified twice as many genes and gene sequences as expected. In 1996, the Vice President unveiled the CGAP, a comprehensive effort to profile genes in precancerous and cancerous cells and by doing so, to unravel the genetics of cancer. The President and Vice President announced that in the first year of this historic effort, the project already has identified more than 300,000 DNA sequences and 12,000 new genes -- double what the NCI initially expected.

Issued historic challenge to scientists to use the CGAP to develop

new diagnostic techniques for every major cancer in the next two years. Efforts to unravel the genetics of cancer should be used to make unprecedented progress in improving detection and treatment for cancer patients. The President and the Vice President issued a challenge to scientists to use new knowledge about genetics to develop new diagnostic strategies for every major cancer in the next two years, so that doctors can pinpoint cancers in their earliest and often most treatable stages.

Challenged Congress to pass bipartisan legislation preventing genetic discrimination. According to one report, 63 percent of Americans would not take a genetic test if their health insurers or employers could get access to the results. The President and Vice President renewed their call for Congress to pass bipartisan legislation, similar to legislation introduced by Rep. Slaughter and Senator Snowe, to prohibit health plans and employers from using genetic screening to discriminate against individuals.

SPUR RESEARCH BREAKTHROUGHS BY INCREASING THE NUMBER OF PATIENTS ENROLLED IN NEW NATIONAL CLINICAL TRIALS SYSTEM.

Directed NCI to fully implement its new computer-based clinical trials system for breast, prostate, and colon cancers by next spring. The President and Vice President directed NCI to fully implement a new system to make it easier for physicians to enroll patients in clinical trials. Under the directive, NCI will complete this simplified system for breast, colon and prostate cancer by next spring and expedite the system for other cancers as well. This new system will ensure that physicians are informed about cutting-edge cancer clinical trials and will allow them to enroll patients on the spot. This effort will give tens of thousands of cancer patients improved access to cancer clinical trials. By increasing participation in these trials, the effort will accelerate test results and spur research breakthroughs.

Challenged Congress to pass a bipartisan initiative that authorizes coverage of cancer clinical trials for Medicare beneficiaries. Americans over the age of 65 make up half of all cancer patients, and are 10 times more likely to get cancer than younger Americans. Older Americans, however, frequently cannot participate in cutting-edge cancer clinical trials because Medicare does not pay for experimental treatments. The President and Vice President renewed the call on Congress to pass a proposal, similar to legislation supported by Senators Mack and Rockefeller, that authorizes coverage of clinical trials for Medicare beneficiaries without harming the Trust Fund.

NEW STEPS TO IMPROVE QUALITY OF CARE FOR CANCER PATIENTS AND SURVIVORS

Renewed call on Congress to pass a strong enforceable bipartisan patients' bill of rights to assure cancer patients of high-quality care. The President and Vice President urged Congress to stop delaying and pass a strong enforceable patients' bill of rights this year. The patients' bill of rights would provide many critical protections for patients with cancer including access to the specialists they need and continuity-of-care protections to prevent them from having to change care suddenly in the middle of treatment.

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30-30-30

REMARKS FOR VICE PRESIDENT AL GORE
MARCH TO CONQUER CANCER RECEPTION
September 25, 1998

A few weeks ago, a newspaper reported asked Dani [Danny] Grady why she chose to ride her bike across country to this historic March to conquer cancer. She said, "well, if I could raise awareness of cancer by eating Ben and Jerry's ice cream, I would. But this gives people something they can really hang on to." I think the same can be said about this entire weekend. The beauty of this March isn't just that tens of thousands of people are coming to Washington to conquer cancer. The beauty of this March is that people like Dani Grady and all of you here today have given America new hope to believe that we can conquer cancer once and for all. On behalf of a grateful nation, I want to thank all of you for that great gift.

Tomorrow's March will take place just a few hundred yards from the Vietnam Veterans Memorial on the Mall. When you visit that Memorial, you can't help but be moved by the names of all the young Americans we lost in that war. But then you realize: if we were going to build a monument to the half a million Americans we lose in just one year to cancer, we would need 10 of those walls. But like all of you here today, when I hear the word "cancer," I don't think of a number, I think of a face. As Tipper said, cancer has touched both of our families in a tragic and searing way. We have all seen what cancer does, and we are here today because we don't want to see it happen to anyone else.

President Clinton and I believe that with the right amount of research, detection, prevention, and treatment, we can and will find a cure for cancer in our lifetimes. That's why we've made it a priority. Today, there is more reason to be hopeful than ever before. Who would have imagined in 1992 that we would be just a few years away from a complete sequencing of the human genome? Who would have dreamed that we would actually be testing the first medicine ever developed to prevent breast cancer, colon cancer, and prostate cancer? Now, we must build on that progress. Tomorrow, I will be outlining the next steps we are taking to intensify our efforts and build on this important work. It's been more than a quarter-century since America first declared war on cancer. We want to be the first generation that finally wins that war.

Tonight, we pay tribute to the most important people in this fight: all of you -- survivors, scientists, families and friends who are working every day to find a cure. I know it's not easy. Ellen Stoval [STOWE-Vul] said that at times, organizing the logistics of this March "felt like nailing jello to the wall." But Tipper was right: in our great history, we find that our national agenda is set by the determined efforts of a few individuals. One hundred years ago, a group just like all of you worked to find a cure for smallpox. Sixty years ago, a group like this one worked to cure polio. People told them it would never happen. But they didn't give up -- and neither can any of you. We all know: as hard as this work is, it is nothing compared to what people who struggle with this disease go through every single day.

Just imagine waking up tomorrow morning and reading that not a single American died today from cancer. Imagine waking up and reading that not a single woman today was diagnosed with breast cancer. Imagine waking up in a world where not a single child has ever heard the word “chemotherapy.” Imagine waking up in a world where parents are reminded to take their kids to the doctor for a routine cancer immunization. Imagine picking up a book and reading about smallpox, polio, cancer, and other diseases of the past. And imagine how it would feel to read that the Department of Energy was busy converting unused, unneeded radiation machines into heat lamps to grow tomatoes.

That is the kind of future we are trying to imagine. That is the kind of future we are trying to create. Together, we will turn that hope into reality. Thank you.

REMARKS FOR VICE PRESIDENT AL GORE
MARCH TO CONQUER CANCER RALLY
Saturday, September 26, 1998

Every single one of us today has been inspired by our heroes. I'm lucky, because my hero lives under the same roof. Thank you, Tipper.

Today, I have some new heroes. Thank you Renee Cole, for working to save other women from cancer. Thank you Dani Grady, for riding your bike 4,000 miles to make a difference. Thank you Ellen Stoval, for believing that 100,000 people would come to Washington for a March to conquer cancer. And most of all, thank you -- all of you -- for showing America that we can meet, we can treat, and we can beat this horrible disease.

This isn't just a noon rally for cancer. This is high noon for cancer. It was more than a quarter-century ago that America first declared war on cancer. We are here today because we want to be the first generation that finally wins that war. I want to talk to you for a few minutes today about what we are doing to redouble our commitment to make it happen.

As any cancer survivor will tell you: the power to fight cancer comes from the heart and from the soul. But most of all, it comes from being able to imagine a day when you are cancer-free. I want to begin today by asking all of you to imagine a day when America is cancer-free.

Imagine waking up tomorrow morning and reading that not a single American died today from cancer. Imagine waking up in a world where not a single child has ever heard the word "chemotherapy." Imagine waking up in a world where children at the local kindergarten start the school year with a nap, a flu shot, and a routine cancer immunization. And imagine how it would feel to visit the Smithsonian and see a radiation machine next to an iron lung as a relic from the past.

Make no mistake about it: this dream can happen in our lifetime. But to get there, we have to continue to make cancer research a priority today. And it's time: because this disease has haunted this land and hurt our families for too many years.

We meet today in the shadow of the Washington Monument, a short walk from the Lincoln Memorial, and a stone's throw from the Memorial to FDR. Guess what they have in common? George Washington's mother, Franklin Roosevelt's daughter, and Abe Lincoln's great-granddaughter all died from this horrible disease. In America today, more than 40 percent of us will be diagnosed with cancer, and 20 percent of us will die from it. If you're wondering what that means, visit the Vietnam Memorial when this rally is over. If we were going to build a monument to all the Americans who die from cancer this year, it would take ten Vietnam Walls.

Like all of you, when I hear the word "cancer," I don't think of statistics, I see faces. I have spoken often about my family's tragic experience with this disease in the past. Tipper has had similar experiences. We have all seen what cancer does, and we are here today because we hope for a day when it doesn't happen to anyone else.

Thanks to your work, and the breathtaking advances in science, we are closer to a cure than we have ever been. From 1991 to 1995, cancer deaths actually dropped for the first time in history. As we meet here today, the first medicines to prevent prostate cancer, colon cancer, and breast cancer are being tested. You know, I have run the Race for the Cure more than five times, and I love that race. But one of the happiest days of my life will be the day that none of us has to run it again.

President Clinton and I have been proud to play a role in this progress. We have helped cancer patients keep health coverage when they change jobs. We have accelerated the approval of cancer drugs. We have increased funding for cancer research. We are working to end the most preventable form of cancer by stopping our kids from smoking. And today, we are taking unprecedented new steps to build on our progress to make cancer a relic of the past.

First, President Clinton and I have proposed the largest increase in cancer research in history. Somewhere in America today, a young researcher has an idea that will one day lead to a cure for cancer. It would be a tragedy if his idea was lost because we didn't fund his project. This March proves that Democrats and Republicans can come together to conquer cancer. We also need to do more to ensure that patients are involved when research decisions are made. Nobody knows more about this disease than cancer patients and advocates, and your voice must be heard. That's why, today, we are announcing that by next spring, the National Cancer Institute will ensure that patients have a full voice -- at every step of the way.

Second, we need to be sure these advances are used to improve treatment for people with cancer. We are just a few years away from the complete sequencing of all the genes in the human body. In 1996, I unveiled the Cancer Genome Project, a historic effort to unravel the genetics of cancer. I am proud to report that already, this project has more than doubled its original goals. Today, we issue a historic challenge to the scientific community: as we unlock the genetic code, let's make sure we develop new diagnostic techniques for every major kind of cancer by the year 2000 -- so we can catch it at its earliest and most preventable stage. History shows: if we crack the enemy's code, we win the war. We are going to win this war for America's families.

Third, let us do more to improve access for patients to cutting-edge clinical trials. We won't cure cancer if only three percent of America's cancer patients are enrolled in clinical trials. Today, we are directing the National Cancer Institute to speed up the process, to allow patients to be enrolled on the spot with no wait. We are also calling on Congress to pass our proposal to cover the patient care costs for Medicare beneficiaries enrolled in clinical trials. America's seniors make up more than half of all cancer patients. They deserve to have the latest weapons to fight it.

Fourth, we need to continue to improve quality breakthrough medications and treatments for cancer. Two years ago, we launched an historic effort to speed up the drug approval process while maintaining quality.

In just two years, we have more than doubled the number of approvals for new therapies. Today, we have a new weapon in the war against breast cancer. Just last night, the Food and Drug Administration approved a brand new, cutting-edge drug to treat breast cancer. This will help some of the 1.6 million women who are diagnosed with breast cancer each year. There is one more thing we can do to advance this fight. Congress should not go home until it confirms oncologist Jane Henney to be the first woman Commissioner in the history of the Food and Drug Administration.

Fifth, we need to make sure that these advances are used to improve the quality of life of cancer patients. As we crack the genetic code, it should be used to improve treatment, not increase discrimination. No person should have their health care or their job put at risk because they are genetically at risk for cancer. I urge Congress: pass our proposal to give all Americans the protection they deserve. At the same time, no American should feel like they can't go to their doctor because they're afraid of who will see their medical records. Privacy is a basic American value, and it must be upheld. I urge Congress: work with us to keep medical records private. And let's make sure that critical health decisions are made by doctors, not by bean counters in the back room. If you're in the middle of chemotherapy, you shouldn't be forced to stop treatment because your employer changes health plans. I urge Congress: give Americans the quality care they need, when they need it. Pass a strong Patients' Bill of Rights into law.

Some people say it's impossible to find a cure for cancer. But 100 years ago, they said the same thing about smallpox. Sixty years ago, they said the same thing about polio. They were wrong then -- and they are wrong today. The beauty of this March is not just that all of you have come together to conquer cancer. The beauty of this March is that your lives and your stories prove that yes, we can conquer cancer.

When people say that we can't make prevention work, we say, "YES WE CAN." When people say we can't find a cure, we say, "YES WE CAN." When people say we can't get people involved, we say, "YES WE CAN." When people say no we can't, we say, "YES WE CAN."

Can we save lives? [Yes we can]. Can we save families? [Yes we can]. Can we find a cure? [Yes we can]. Working together, marching together, fighting together, I know we will. Thank you.

2ND STORY of Level 1 printed in FULL format.

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The Washington Post

October 20, 1997, Monday, Final Edition

SECTION: STYLE; Pg. C03; THE RELIABLE SOURCE

LENGTH: 725 words

HEADLINE: The Reliable Source

BYLINE: Annie Groer; Ann Gerhart

BODY:

For Hamilton Jordan, the Campaign of His Life

By any measure, Hamilton Jordan has had a full life: chief of staff to President Carter (never mind those White House bad-boy tales of spitting amaretto in a local bar or ogling the "pyramids" of the Egyptian ambassador's wife); co-founder with his wife, Dorothy, of a camp for kids with cancer; and a partner with former U.N. ambassador Andrew Young in a firm aiding international business ventures.

But there's also been a dark side. In 1985, Jordan was diagnosed with non-Hodgkin's lymphoma. Ten years later he learned he had prostate cancer. Then came a skin cancer.

"It was a little one, but I still count it. That's three cancers by age 50. I'm lucky to be alive," said Jordan, now 53 and the father of three.

On Saturday, the man who helped an obscure Georgia governor and peanut farmer win the White House was here in Vienna, telling his own story to the Lymphoma Research Foundation of America.

Jordan knows all about federal funding. While the CIA got \$ 23 billion for "spying on people," he told The Source, the FAA got \$ 9 billion "so we can fly safely," and cancer got "about \$ 2 billion for research on a disease that will strike 40 percent of the people in this country."

Competition is fierce, he said, not just among maladies (AIDS vs. Alzheimer's, for example) but within the same disease.

"All the cancer groups should get together. They could do a lot more. But that's a hard thing to sell to groups that have their own staff and agenda," said Jordan. In addition to his speeches (where he emphasizes that all his cancers were found during regular exams), Jordan also counsels 10 or 15 people a week who call for moral support.

And what is his own prognosis? A realist if not a fatalist, Jordan cited such personal risk factors as Agent Orange exposure in Vietnam, too much sun as a lifeguard and numerous kin who died of cancer. "I fully expect a fourth and fifth and sixth cancer. Nothing would surprise me."

"I wanted a man who would read stories with me to my baby . . . [who would] sit around the dinner table without having to have the financial news on."

16TH STORY of Level 1 printed in FULL format.

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Asheville Citizen-Times (Asheville, NC)

October 20, 1996, Sunday

SECTION: Local; Pg. A1

LENGTH: 414 words

HEADLINE: FORMER CARTER AIDE URGES INCREASE IN CANCER RESEARCH TWO-TIME CANCER SURVIVOR JORDAN IS SPEAKER AT MEDICAL CONFERENCE IN ASHEVILLE

BYLINE: By Clarke Morrison STAFF WRITER

BODY:

Hamilton Jordan, former White House chief of staff and two-time cancer survivor, implored a group of doctors in Asheville Saturday to spread the message that more must be done to conquer the disease that strikes four in 10 Americans.

"Let your voices be heard about the epidemic of cancer," said Jordan, who served under President Jimmy Carter. "It's a huge problem and we're not doing enough about it. People don't realize that."

The Federal Aviation Administration spends nearly \$ 9 billion a year to make air travel safe, while the chances of dying in an airline accident are about one in 2 million, Jordan, 51, said at the eighth annual Western North Carolina Cancer Conference at the Grove Park Inn.

But the National Cancer Institute this year will spend just \$ 2.2 billion researching treatments for a disease one in two men and one in three women will contract during their lifetimes, he said. "That's absolutely crazy," he said.

Promising research that would have been automatically financed a decade ago is rejected today because of belt-tightening, discouraging bright young investigators from entering cancer research in the first place, Jordan told about 100 doctors, nurses and other health care professionals.

It's been 25 years since President Nixon declared war on cancer. Having survived two different cancers, lymphoma and prostate cancer, Jordan is somewhat of a beneficiary of that war, he said. But he said he's also a symbol of the limited success of that war. Powerful chemicals that managed to kill the lymphoma also ravaged his body.

Jordan said that while significant progress in cancer treatment has been made, twice as many people will be diagnosed with cancer this year as in 1971, and twice as many will die.

After Jordan was diagnosed in 1985 with lymphoma, which he believes was caused by exposure to Agent Orange when he worked as a civilian volunteer in Vietnam, he received some advice from a doctor friend that changed his life.

"He said, You have to take charge of your own medical care. Who has more at stake? You can learn enough to make logical decisions about your medical care."

Asheville Citizen-Times (Asheville, NC) October 20, 1996, Sunday

Jordan said he asked for a particular diagnostic procedure that the doctor declared obsolete.

"So I made a decision then and there to go somewhere else," he said.

Jordan also has a family history of prostate cancer, and believes his aggressive stance toward early detection saved his life when the disease struck him in 1995.

GRAPHIC: Photo of Hamilton Jordan appeared with article.

LANGUAGE: ENGLISH

LOAD-DATE: October 23, 1996



FOOD AND DRUG ADMINISTRATION

Ham Jordan

① Elaine - Carter's Campaign
Mgr.

② Ira Rosen - Primetime
Nov.

Fresh look

Tools - real ideas

- Rick Boxer - Steve Gleason
Urologist - Milwaukee
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8/14/97

FAX: 202-456-6027**TO:**

Jerry Mander

FROM:**ROBERT E. WITTES, M.D.****DIRECTOR****DIVISION OF CANCER TREATMENT, DIAGNOSIS &
AND CENTERS, NCI****NO. OF PAGES (INCLUDING THIS PAGE) BEING TRANSMITTED:****COMMENTS:**

This should provide what
you need. Let me know.

/B

Draft 8/14/97

III. SPECIFIC OUTCOMES

1. Enhance cancer prevention research to prevent millions of cancer cases

Clinical trials for evaluating cancer prevention strategies, such as drugs, vaccines, better diet, more exercise, and reduced environmental exposures, involve large numbers of subjects and take years to complete. There is currently a waiting list of interventions that merit testing. More resources would enable researchers to test promising interventions, eventually leading to the effective prevention of cancer. With additional funding NCI is prepared immediately to initiate planning for several large-scale prevention trials in populations at risk for developing several common cancers.

Specific Steps: The large-scale trials include the following (with estimated number of subjects and estimated total multiyear costs):

- Breast cancer: selective estrogen-response modulators in postmenopausal women (22,000 women; \$115M);
- Prostate cancer: vitamin E and selenium supplementation in men age 55 and older (20,000 men, \$115);
- Colorectal cancer: (1) cyclooxygenase Type 2 inhibitors in people from high-risk families (5000 subjects, \$66M), (2) aspirin, calcium, and selenium in people from high-risk families (5,000 subjects, \$66M);

2. Improve early detection and diagnosis to make cancers more treatable

Early detection and effective screening saves lives because cancers detected early are more treatable. There are currently a number of innovative detection and screening technologies waiting to be explored. Added resources would provide the means to explore these technologies and bring them to the clinic faster.

Specific Steps:

- Blood tests for cancer detection. NCI will initiate a new program focused on the development of highly improved molecular detection techniques for common cancers - techniques that are a quantum-level more sensitive and specific than those now available. Initial targets will be cancers of breast, lung, prostate, and colon. Choice of candidate molecular probes will be based in large part on the gene-discovery program of the Cancer Genome Anatomy Project and from relevant discoveries elsewhere (for example, secretory gene and protein databases from industry).
- Seeing smaller cancers more clearly. NCI will accelerate the development of novel image-processing and detector technologies for breast, lung, and bowel imaging, in order to enable the detection of smaller cancers at more curable stages.

3. Speed the discovery and testing of new interventions related to all phases of the fight against cancer

We need to expand our understanding of the basic cellular pathways involved in making a cell cancerous and apply this understanding to cancer interventions. NCI can currently fund only 25% of the grant applications it receives. This level of funding slows the engine of discovery, limits the translation of new ideas from the laboratory to the clinic, and slows progress against cancer.

Specific Steps:

- NCI will increase its funding rate from 25% of grant applications to 40%. This would significantly speed discoveries relating to the nature of cancer, and probably triple the number of clinical trials of new types of diagnostic, preventive and treatment interventions, while maintaining the stiff competition for funding that insures excellence.
- NCI will devote \$20M to speed the development process by which discoveries in the nation's universities and cancer centers are turned into drugs fit for testing in people. At this level of support, 20 additional drugs per year could enter the clinic for the initial phases of human testing.

4. Improve patient outcomes through increasing participation in clinical research

Cancer treatment will be improved only through much wider participation in clinical trials than is now the case. About 70% of children with cancer are entered onto clinical trials; this contrasts with about 2-3% for adults with cancer in the United States. This huge difference is one reason why progress in pediatric cancer has been so much faster than for adults. Wider participation in clinical trials would result in faster dissemination of state-of-the-art care to all segments of the US population and would allow new treatments to be developed faster. The essential features are (1) enhancing the size and scope of NCI's clinical trials network by extending participation to all physicians, HMOs, and managed-care organizations that are qualified and motivated to participate. (2) support for protected research for clinical investigators and training support to produce the next generation of clinical researchers. (3) Modernizing the informatics infrastructure for clinical trials. Goal is a bidirectional electronic superhighway for information about treatment protocols, clinical data on patients in trials, and research results to be easily accessed by all elements of the clinical trials network, while assuring confidentiality for patient data

Specific Steps:

- Increase the number of new patients yearly on NCI sponsored trials from about 20,000 to about 100,000 over a five-year period.
- Partial support for protected time for 10 clinical research in each of NCI's 45 clinical and comprehensive cancer centers; creation of new training programs in cancer clinical research in each of 10 NCI cancer centers.

- Creation of a Cancer Informatics Infrastructure, with comprehensive support for the clinical trials enterprise

5. Increase the access of the American people to state-of-the-art information about cancer and cancer interventions

Patients and doctors often do not have the most up-to-date information on treatment protocols. The extensive use of personal computers and the success of the World Wide Web provide a powerful new means to make the latest discoveries widely available. With additional resources we could place accurate and timely information at the finger tips of care providers and families, increasing the percentage of patients receiving optimal care and participating in clinical trials.

Specific Steps:

- Creation of a patient-friendly PDQ and a patient-oriented clinical trials website for comprehensive information about treatment state of the art and the availability of quality clinical trials for people with cancer
- Development of the next generation of informatics tools that will provide tailored messages to specific patients relevant to their own particular circumstances

IV. SPENDING BREAKDOWN

We need to invest in six key underlying and interdependent areas to build the infrastructure to achieve these five outcomes:

SUMMARY OF SPENDING

FY99	3 yr total	Description
\$286 M	\$1218M	Enhance the clinical trials network including prevention (Outcomes 1 and 4)
\$75 M	\$200 M	Increase support for clinical investigators (Outcome 4)
\$20 M	\$75 M	Improve informatics for clinical trials and dissemination of information about trials (Outcomes 1, 4, 5)
\$40 M	\$195 M	Increase training and education of new clinical investigators including minority initiatives (Outcomes 1, 4)
\$93 M	\$560 M	Increase the number of NCI cancer centers (Outcomes 1-5)
\$200M	\$1200M	Increase percent funded investigator-initiated grants

DETAILED DISTRIBUTION OF SPENDING ACROSS OUTCOMES (\$ in millions)

Investment Areas	FY 99	Outcome 1 '99	Outcome 2 '99	Outcome 3 '99	Outcome 4 '99	Outcome 5 '99	3-yr total
Clin Trials	286	46			240		1218
Investigator support	75	30			45		200
Informatics	20	5			10	5	75
Training	40	20			20		195
Centers	93	20	20	20	20	13	560
Grants	200			200			1200
TOTAL	714	121	20	220	335	18	3448

ASSUMPTIONS RELATING TO CLINICAL TRIALS COST PROJECTIONS

	'98	'99	'00	'01	'02	3-yr total 99-01
Rx accrual	20,000	40,000	60,000	80,000	100,000	
Rx cost	120M	240M	360M	480M	600M	1080M
Px breast		15M	15M	15M	10M	45M
Px prostate		15M	15M	15M	10M	45M
Px colon		16M	16M	16M	12M	45M
Total		286M	406M	526M	632M	1218M

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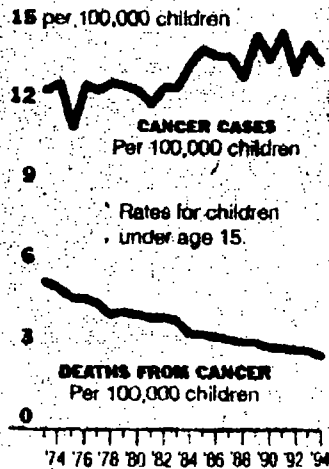
VOL. CXLVII . . . No. 50,930

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MONDAY, SEPTEMBER 29, 1997

U.S. Reshaping Cancer Strategy As Incidence in Children Rises

The rate of childhood cancer has been rising since the early 1970's, though the death rate has been dropping.



Source: National Cancer Institute

The New York Times

Increase May Be Tied to New Chemicals in Environment

By JOHN H. CUSHMAN Jr.

WASHINGTON, Sept. 26 — The rate of cancer among American children has been rising for decades. Although the reasons remain unclear, many experts suspect the increase may be partly the result of growing exposure to new chemicals in the environment.

That suspicion, while still unproved, is beginning to shape Federal research priorities and environmental strategies.

Depending on which types of cancer are counted, and in what age groups among the nation's youth, the rate of increase has amounted to nearly 1 percent a year, according to the National Cancer Institute.

Over a few decades, that has meant striking double-digit increases.

Childhood cancer is still far less common than cancer in adults, and its very rarity makes it especially hard to discern what might be causing the increase. Its creeping spread has also been masked by better news, as recent medical gains have made it much more likely that a child with cancer will survive.

But childhood cancer, even when its young victims are cured, can inflict wrenching costs on children and

Imports Swamp U.S. Food-Safety Efforts

By JEFF GERTH
and TIM WEINER

WASHINGTON, Sept. 28 — Since the 1980's, food imports to the United States have doubled. But Federal inspections of those imports by the Food and Drug Administration have dropped to less than what they were five years ago.

Now, public-health scientists say they are seeing more and more outbreaks of disease linked to imported food, particularly fresh fruit and vegetables.

These are known to have sicken thousands of Americans, those reported cases are a small fraction of the actual number of people made ill, according to scientists at the Centers for Disease Control and Prevention in Atlanta.

The scientists' list of outbreaks in the 1990's implicates imported foods — including raspberries from Guatemala and carrots from

TAINTED IMPORTS

A special report.

Peru; strawberries, scallions and cantaloupes from Mexico; coconut milk from Thailand; canned mushrooms from China; an Israeli snack food, and a multinational batch of alfalfa sprouts — in a variety of infectious diseases.

The increase in imports has strained the nation's food-safety system, said Dr. David A. Kessler, the Food and Drug Administration

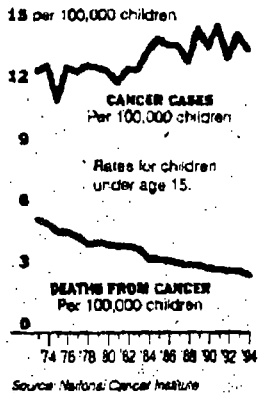
System Slowing For Immigrants To Be Citizens

By CELIA W. DUGGER

Sep-29-97 07:47A Urology Specialist, S.C. 414 527 3114 P.02

U.S. Reshaping Cancer Strategy As Incidence in Children Rises

The rate of childhood cancer has been rising since the early 1970's, though the death rate has been dropping.



The New York Times

System Slowing For Immigrants To Be Citizens

By CELIA W. DUGGER

In the midst of a vast movement of immigrants to citizenship that dwarfs those of earlier eras in its magnitude and diversity, the creaky, understaffed machinery of naturalization ground virtually to a halt last week in Brooklyn and Queens, national centers of immigration.

Even as 216,000 applicants in the New York metropolitan area are awaiting naturalization — more than the number who sought citizenship in the entire nation in 1991 and more than double the New York district's total just last year — the Federal courtroom in Brooklyn, where about 1,200 immigrants a week have been swearing allegiance to the United States, fell silent on Wednesday.

"Unfortunately, after that date, the number of eligible applicants for naturalization has been exhausted," an official from the Immigration and Naturalization Service informed the Federal court clerk in a letter, then expressed the hope that the ceremony would resume in a month or so.

In New York and other major metropolitan areas across the country, obsolete computer technology and stringent new procedures to screen out applicants with criminal records have slowed the troubled naturalization process, but it now appears that staff shortages are hobbling it even more.

Immigration officials say staffing levels have been eroded by high turn-

Continued on Page A13

Increase May Be Tied to New Chemicals in Environment

By JOHN H. CUSHMAN Jr.

WASHINGTON, Sept. 28 — The rate of cancer among American children has been rising for decades. Although the reasons remain unclear, many experts suspect the increase may be partly the result of growing exposure to new chemicals in the environment.

That suspicion, while still unproved, is beginning to shape Federal research priorities and environmental strategies.

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Over a few decades, that has meant striking double-digit increases.

Childhood cancer is still far less common than cancer in adults, and its very rarity makes it especially hard to discern what might be causing the increase. Its creeping spread has also been masked by better news, as recent medical gains have made it much more likely that a child with cancer will survive.

But childhood cancer, even when its young victims are cured, can inflict wrenching costs on children and their families, whether its toll is measured in financial, emotional or physical terms. Patients can suffer permanently from brain damage, stunted growth or secondary cancers later in life, partly as a result of radiation and chemical therapies.

And today, according to experts in the field, a newborn child faces a risk of about 1 in 800 of contracting cancer by age 10.

In the United States, cancer is diagnosed each year in an estimated 8,000 children below the age of 15. Cancer, although it kills fewer children than accidents do, is the most common form of fatal childhood disease, accounting for about 10 percent of all deaths in childhood.

The increases surprise even people who are predisposed to think the worst about the ill effects of chemical pollution.

"I had not realized that the numbers were going up that way," said Karen Florini, a lawyer specializing in health issues at the Environmental Defense Fund. "I think it indicates a very disturbing trend that we had better get to the bottom of."

Acute lymphoblastic leukemia in boys and girls increased 27 percent between 1973 and 1990; since then, the rate in boys has declined, but it is still rising in girls. Brain cancer, or glioma, increased nearly 40 percent from 1973 to 1994. These two forms of cancer account for most of the dis-

Continued on Page A13

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The increase in imports has strained the nation's food-safety system, said Dr. David A. Kessler, the Food and Drug Administration commissioner from 1980 through February 1997. "We built a system back 100 years ago that served us very well for a world without our borders," he said in an interview. "We didn't build a system for the global marketplace."

Most of the food imported to the United States is wholesome. Consumers, knowing that fresh produce is good for their health, can now buy reasonably priced fruits and vegetables imported from around the world, regardless of the season, and without ill effect.

But the illnesses that have been

Continued on Page A8



Nancy McGuffey for The New York Times

A parasite rarely seen in this country has been traced to raspberries from Guatemalan farms like the one where this woman works.

White House Fund-Raising Fell Far Short of Goals

By DON VAN NATA Jr.

WASHINGTON, Sept. 28 — The fund-raising telephone calls that have touched off a legal and political furor for President Clinton and Vice President Al Gore began as a multi-million-dollar plan that eventually fell far short of the ambitious goals established by White House aides and Democratic Party officials, according to documents obtained by The New York Times.

The fund-raising strategy was a financial disappointment simply because Mr. Clinton and Mr. Gore often

failed to follow the bluntly worded written instructions supplied by party financial officers. Attorney General Janet Reno is now considering whether the calls made from the White House warrant the appointment of an independent counsel.

From October 1994 to August 1996, top officials at the Democratic National Committee drew up hundreds of detailed scripts that pressed the President and Vice President to ask wealthy donors for contributions as high as \$500,000, the documents show. Yet Mr. Clinton and Mr. Gore rarely used those call sheets, preferring to speak in polite euphemisms to

fund-raisers said. "It was a real problem," said one fund-raising official who insisted on anonymity. "The contributors would give what they wanted, and it would always be less than we needed."

In November 1995, Marvin S. F. sen, then the Democratic National Committee's finance chairman, estimated that 20 telephone calls by Mr. Clinton and 15 calls by Mr. Gore would raise \$1.2 million within four weeks. Instead, they raised about \$300,000, according to charts used to track the calls and their results.

At that time, Mr. Gore raised a majority of the contributions. R

Revision of Cancer Strategy as Incidence in Children Rises

Continued From Page A1

ease in children.

Other forms of cancer, such as the form of bone cancer called osteogenic sarcoma and the kidney cancer known as Wilms' tumor, have also been rising, although the numbers of cases remain so small that the trends may not be statistically significant. The increases are big enough that better diagnosis and reporting of the diseases are unlikely to be the principal explanation, experts say: childhood cancer is such a serious ailment that it is usually detected.

Although the causes are not known and are probably many, some experts say, toxins in the air, food, dust, soil and drinking water are prime suspects.

So with the Clinton Administration putting a high priority on issues of children's health and the environment, and with Congress last year overwhelmingly approving new laws taking children's exposures into account when setting standards for pesticide residues in food and contaminants in drinking water, Federal authorities are moving to review the epidemiological data much more closely and to review environmental regulations that may help fight the trend.

At a meeting in Washington last week, a team assembled by the Environmental Protection Agency drafted a research plan that could steer millions of dollars toward better understanding the problem, beginning next year.

"The increases are too rapid to reflect genetic changes, and better diagnostic detection is not a likely explanation," said Dr. Philip J. Landrigan, a pediatrician who directs the division of environmental medicine at the Mount Sinai School of Medicine and who is the senior adviser to a new office of children's health at the E.P.A. "The strong probability exists that environmental factors are playing a role."

Not all environmental factors involve pollution. Dr. Landrigan said that changes in life style, especially diet, must also be considered and

may play some role. Viruses may be implicated in some cancers, but there is scant evidence.

Instead, he and many other experts are inclined to examine the estimated 75,000 new synthetic chemicals introduced in the last half century, the emissions from cars, the pesticides in foods and in neighborhoods, the runoffs in drinking water — the whole collection of chemicals out there, mostly untested for toxicity to humans, let alone for possible cancerous effects in children.

If their suspicions prove to be well founded — and that could take many years to determine — it could usher

A disturbing trend is likely to bring more Federal money for research.

in a new generation of tighter controls on pesticides, toxic wastes, and other chemicals based on the theory that it may take less of a carcinogen to afflict a child or a fetus, that their health may be affected by combinations of chemicals and that their needs ought to come first in dictating pollution controls.

But first, an expansion of federally supported research is likely.

"I'm talking about new research on air pollutants, water pollutants and pesticides and their effects on children," said Carol M. Browner, the administrator of the E.P.A., "and new testing guidelines that routinely incorporate children's issues into E.P.A.'s risk assessments. I'm talking about moving beyond the chemical-by-chemical approaches of the past, and instead looking at a child's total cumulative risk from all exposures to toxic chemicals."

She urged to pursue better interdisciplinary and collaborative studies of suspected environmental causes and mechanisms of childhood cancer, an initiative that was en-

dorsed at the agency's conference.

Industry representatives who attended the meeting, though, cautioned against the Government's moving too fast to react to such sketchy scientific information.

"It doesn't appear that anyone really knows yet what the causes are," said Nancy Doerrer, vice president for scientific and policy programs at the American Industrial Health Council, which represents a diverse group of manufacturing companies. "Yes, there may be some role for environmental causation for childhood cancer. But there is also a role for life style, and the prenatal vitamin supplementation during pregnancy also seems to be very important in preventing some cancers."

Ms. Doerrer said that the E.P.A. was acting properly by announcing that it would select a few major regulations for scientific review to determine whether they adequately protected children.

"But to take too much action without really studying the problem would be wrong," she said. "You are seeing lots of language being written into proposed regulations and legislation that is intended to protect susceptible populations. That seems to be the new buzzword."

The group also recommended developing a National Childhood Cancer Registry, which would contain information such as exposure histories and family health data, and for better techniques for screening chemicals suspected of making children sick.

A cancer registry, which would be a comprehensive database seeking to include information on practically every child with cancer in the country, would be "a difficult thing to accomplish," said Dr. Robert Ambler, chief medical officer at the Agency for Toxic Substances and Disease Registry, a Federal agency based in Atlanta. A first step might be to pool the data that already exist elsewhere, such as extensive information the agency has collected to track people exposed to cancer-causing chemicals at Superfund sites.

The childhood cancer registry would improve scientists' chances of

finding significant associations between exposures to harmful chemicals and the incidence of cancer, he said.

"Most studies of cancer in children have led to hypotheses, and in some cases have confirmed or furthered these hypotheses, but almost every study carries with it very important limitations," he said. "These intrinsic limitations make it difficult for scientists and policy makers to tell the public what these studies really mean in terms of real risks to children."

Already, using new legal authority, the E.P.A. is taking the risks to children into account in setting standards for food and water safety.

The Food Quality Protection Act, which became law last year, gave the E.P.A. 10 years to review its limits on pesticide residues on food. The agency is starting with what it thinks are the riskiest chemicals: the organophosphate, carbamate and organochlorine classes, as well as with other chemicals that may cause cancer in humans.

But Dr. Lynn R. Goldman, the assistant administrator for pesticides and toxic substances, said that although scientists have adequate information to screen most drugs, food additives and pesticides, they lack even basic toxicity data for most of the agency's list of about 3,000 industrial chemicals produced in the highest volumes each year, many of them found in consumer products and in the workplace.

"The problem with childhood cancer, of course, is that we really do not know what causes most of it," she said. "As we are working through screening the pesticides and tightening up the standards, we would hope that we are reducing the risks for children, but we really can't be sure."

Many studies have explored the possible role of environmental toxins in childhood cancer. Studies have cited possible links between cancer in children and their exposures to pesticides, their parent's exposures to chemicals at work and other factors.

In a study published in The American Journal of Public Health in Feb-

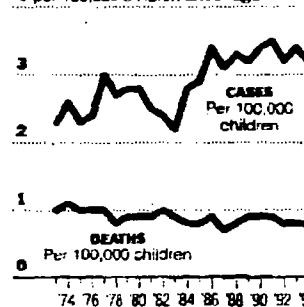
SNAPSHOT

The Most Common Cancers

Each year cancer is diagnosed in roughly 8,000 children under the age of 15. Three-quarters of the cases are either brain and other nervous system cancers or acute lymphocytic leukemia.

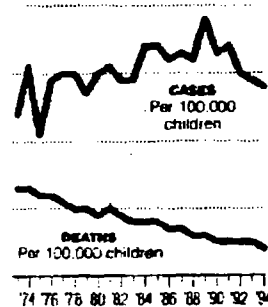
BRAIN AND OTHER NERVOUS SYSTEM CANCERS

4 per 100,000 children under age 15



ACUTE LYMPHOCYTIC LEUKEMIA

4 per 100,000 children under age 15



Percent changes are based on two-year averages from 1973-74 to 1993-94.

Source: National Cancer Institute

The New York Times

Tracking the most common form of fatal childhood disease.

In February 1995, researchers suggested that "use of home pesticides may be associated with some types of childhood cancer."

The study examined 252 children in whom cancer was diagnosed in the Denver area between 1976 and 1983 and 222 control subjects, and it interviewed their parents about household pesticide use. It found some evidence that yard treatments might be associated with soft tissue sarcomas, and that pest strips containing insecticide might be associated with leukemia.

But the researchers conceded that the measures of actual exposure in studies like this are crude, and called for further research to show "what

exposures, if any, are associated with which particular childhood cancers."

Another study, published in The Archives of Environmental Contamination and Toxicology in 1993, found associations between brain cancer in Missouri children and the use of pesticides in homes and yards. But here, too, the researchers conceded weaknesses, including small sample sizes, potentially inaccurate memories of pesticide use, and a lack of detailed verification of children's actual exposures to the pesticides.

Citizens said that there were many measures already known that may prevent cancers in children, just as in adults.

"Don't smoke, don't expose your kids to cigarette smoke, use sunscreen, don't expose kids to radon and asbestos," said Dr. Sophie Balk, a pediatrician at the Jacobi Medical Center, a public hospital in the Bronx. She attended the childhood cancer meeting as a member of the American Academy of Pediatrics' committee on environmental health.

Immigrants Are Struggling With an Understaffed System for Gaining U.S. Citizenship

Continued From Page A1

over among temporary workers hired for ing slints with no health benefits to handle the surge in

The naturalization process in Brooklyn

worn fedora and walks with a cannot read or write and finds that facts now slip y | his mind. He took the class for the first in March, when he applied for citizen-

=== COVER PAGE ===

TO: _____

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FROM: RICHARD & BARB BOXER

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TEL: 4143514771

COMMENT: ~~CONFIDENTIAL~~

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: (u) DATE: 09/17/13

UROLOGY SPECIALISTS, S.C.

Adult and Pediatric Urology

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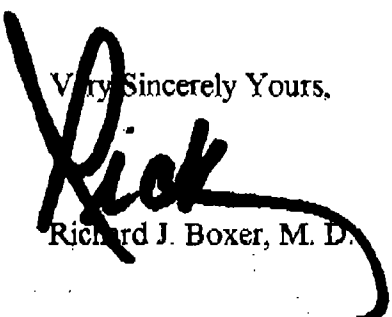
Dear Jerry:

It was a pleasure meeting with you on September 19, 1997. I believe we accomplished a great deal by discussing different options. I am enclosing with this letter the following:

1. A list of outstanding medical futurists who I think would be able to propose ideas of the future of cancer policy, and possibly the future of health care.
2. A proposal for a call to action-a way of capturing the imagination-of the American public to create an environment that the Vice President may use to mobilize and galvanize the great energy of Americans to end the plague of cancer.
3. A point-by-point discussion of your "five points" that you discussed with me on September, 19.

I look forward to discussing this memo with you.

Very Sincerely Yours,



Richard J. Boxer, M.D.

AN APPROACH TO NEW CANCER POLICY

A focus on childhood cancer as a method of challenging the American people to set the new goal of defeating cancer in the immediate future. The political and humanitarian interests of the Administration would intersect by capturing the imagination of Americans similar to the call to travel to the moon as Kennedy did 37 years ago.

The focus on childhood cancer has the following advantages:

1. The childhood cancers are well-studied and most of the patients are in clinical trials. Therefore, new treatments would be quickly translated into clinical use.
2. A marginal increase in the cure rate would have an enormous effect, given the long life expectancy of the child. This is in contra-distinction to the billions spent on the elderly with cancer who have a small increase in life even if cured.
3. The most fundamental discoveries in cancer research deal at the molecular and genetic level. These approaches intuitively would help in childhood cancers to a greater degree than in the adult cancers. Furthermore, the novel and ingenious genetic and molecular treatments for childhood cancers would have applicability to the adult cancers.
4. From a political point of view, nothing pulls at the emotions of the electorate more than childhood cancers. The advantage to the entire nation is that the increase resources brought to bare in the fight against childhood cancers helps everyone. Thus, the political will and the financial commitment would intersect. The nation's interests are served.

Jerry, your five points are well-taken. In fact, I read them after I returned from the National Cancer Advisory Board meeting of September 23-24. At that meeting, a number of your points were discussed and the following represents a reasonable summation:

1. Enhance cancer prevention research protecting millions of people at risk of developing cancer.
 - A. There is uniform agreement on this policy. However, the greatest impact would be on the prevention of the use of tobacco. The tobacco settlement (if it becomes settled), should include billions of dollars for biomedical research, and the majority of the money should go to prevention.
2. Improve early detection and diagnosis to make cancers more treatable.
 - A. Screening for cancers, except(?even?) mammography, is very controversial. The cost-benefit ratio is not yet accepted. Prostate cancer is a case in point. The PSA blood test has saved many lives, but has caused a great deal of consternation in the medical and public health fields. Money placed in the screening technology

field to improve the chances for accuracy (fewer false positives and negatives) is worth while.

3. Speed the rate of discovery of new interventions related to all phases of the fight against cancer.

A. This is an excellent idea. There is reason to believe that the Congress intends to double the NCI budget over the next 5 to 10 years. This would accomplish your stated goal. In fact, since there is a consensus already that the NCI budget will be doubled, all of your proposals stand a reasonable chance of being funded.

4. Improve the outcomes through increasing the patient participation in clinical trials

A. Clinical trials are both essential to the science of cancer research and to the more rapid effective treatments and cure of many cancers. Presently, about 2% of adults with cancer are treated in clinical trials. There are wide and varied approaches with across the board acceptance that this needs to be improved. The Friends of Cancer Research, all the advocacy groups for cancers (especially the Breast cancer groups) are pushing this very hard. There needs to be a fresh, concerted, sustained and well-focussed professional media campaign aimed at both consumers and providers to change attitudes toward clinical trials. However, experiments were tried in California and the results were provocative: the number of people wanting to join clinical trials overwhelmed the system. Thus, there must be funds set aside and mechanisms in place to handle the potential increased load. The frustration of having people wanting to enter clinical trials and then not being able to handle them, destroyed all the good will and potential good science that the experiment tried to improve.

5. Increase the access of the American people to the state-of-the-art information about cancer and cancer interventions.

A. This is also a great idea and is an on-going project of the NCI and HHS. The Vice President made an excellent point in his announcement of this several months ago. Further funding and public attention to the availability of this information would be beneficial.

THE FUTURE OF NATIONAL CANCER POLICY

Location: Aspen, Vail, Jackson Hole, Telluride, or Santa Fe

Duration: Two days with the second evening devoted to reporting directly to the Vice President with his direct input (a free interaction).

Timing: April 1998

Focus of Discussion: The future of national cancer policy will be the focus. The future of national health policy may be discussed in the framework of how it will impact cancer policy. The concept is to have policy experts from different disciplines discuss options without the encumbrances of either past or present policies, the concerns about resources, hidden or obvious agendas, the need for funding of personal or associated projects, or the political pressures often associated with high profile science. The chair will focus the discussions on the goals, then the methods to reach those goals. The discussion will include, but not be limited to the following:

1. Diagnosis
2. Treatment
3. Research
4. Education
5. Clinical Trials

At the conclusion of the meeting, a paper will be produced and submitted to the Vice President for further review. Future policy will be determined by the Vice President and the President. The paper will not be available to the press until and unless the President and Vice President release it.

Participants: (suggested, open for review, discussion, addition, subtraction)

(I suggest the group is limited to 12)

1. David Kindig, M. D., Ph.D. University of Wisconsin. Professor of Preventive Medicine and widely acclaimed to be a leader in health policy and education
2. Leland Kaiser. Telluride Institute. Nationally famous medical futurist
3. William Peck, M. D., Dean, University of Pennsylvania Medical School.
4. William Kelly, M. D., Dean, Washington University School of Medicine
5. Barry Coller, M.D. Chair, Dept. of Medicine, Mt. Sinai School of Medicine. Understands how biotechnology and medicine intersect
6. Richard Cooper, M. D., Former Dean, Medical College of Wisconsin and health policy and health education expert without an agenda

7. Richard Klausner, M. D., Director, National Cancer Institute
8. David Lawrence, M. D., C. E. O., Kaiser Permanente Medical Foundation, Oakland, CA
9. Robert Day, M. D., Ph.D, M. P. H. President Emeritus, Fred Hutchinson Cancer Center
10. Philip Sharp, M. D., Professor of Microbiology, Massachusetts Institute of Technology, founder, Biogen, Inc.
11. Donald May, M. D., London, Minister of Health
12. Steve Schroeder, M. D., President, Robert Wood Johnson Foundation, Princeton, N. J
13. William (Bill) Richardson, President, Kellogg Foundation, former Provost, Johns Hopkins University, former Dean, Pennsylvania State University
14. William (Bill) Foege, Ph.D, M.P.H., Emory University School of Public Health, former Director, C. D. C., possibly former director, Carter Center
15. Cliff Grobstein, U.C San Diego
16. , Ph.D., author, *Cancer Wars*, Professor of History, University of Illinois
17. ?John Bailor, M. D., University of Chicago, iconclast, and author of controversial critique of the National Cancer Program
18. Paul Calabresi, M. D., Brown University
19. Paul Ellwood, M. D., Founder, Jackson Hole Group, developed the idea of "managed care" as a physician in Minnesota.

This is an initial list and will be refined. As I indicated, I think there should be no more than 10 to 12 people.

I look forward to speaking about this in the near future.