

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Amy Manela to Neera Tanden re: phone number (partial) (1 page)	07/27/1998	P6/b(6)
002. list	Revised Good Housekeeping Invitation List (partial) (2 pages)	08/13/1998	P6/b(6)
003. list	Good Housekeeping Invitation List (partial) (2 pages)	08/12/1998	P6/b(6)
004. list	New Revised Good Housekeeping Invitation List (partial) (2 pages)	08/13/1998	P6/b(6)
005. fax	Carole Anikis to Neera Tanden re: phone number (partial) (1 page)	07/17/1998	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Eric Morse (Events)
OA/Box Number: 21192

FOLDER TITLE:

Colon Cancer Event 9/10/1998 [2]

2011-0619-S

rc295

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

American
Digestive
Health
Foundation



Facsimile Cover Sheet

ADHF, 7910 Woodmont Ave., Suite 700, Bethesda, MD 20814

To: *Neera Tanden*

Company:

Phone: **202-456-6275**

Fax: **202-456-2878**

From: *Amy Manela*

Company: American Digestive Health Foundation

Phone: (301)941-2628

Fax: (301)652-3890

Date: July 27, 1998

Pages including this 5
cover page:

Next steps ...

- ☐ *Urgent reply or action needed!!!*
- ☐ *Respond at your convenience*
- ☐ *For your information*
- ☐ *In response to your request*

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American Digestive Health Foundation

*American Gastroenterological Association • American Society for Gastrointestinal Endoscopy • American Association for the Study of Liver Diseases
Working Together for Better Digestive Health*

To: Neera Tanden
From: Amy Manela
Subject: Questions Pending Re: Colorectal Cancer Event
Date: July 27, 1998

Since we have not been able to connect by phone, here are my questions about next steps:

- Who is going to call *Good Housekeeping* (ASAP) about running any size version of the print PSA
- Do you want to pursue one of the airlines airing the TV PSA, which could also fulfill our need for an initial private sector effort? If so, I have contacts with American Airlines and Bernard Levin has a contact with Continental.
- Did you or Mrs. Clinton's speechwriters review the proposed statement for physicians, to be delivered by Mrs. Clinton?
- Have you given any further thought to inviting high profile individuals like celebrities or sports figures to attend/participate in the event?
- I would like to find out how many people may attend from the Roundtable member organizations?

Do you want to have a meeting this week to discuss the event? You mentioned July 31. If that is a good date for you, can you meet in the morning?

If you call me and receive a voice mail message, please dial 0 and asked to have me paged. Also, you can call me at home usually after 3:00 p.m. at [REDACTED] Thanks
Neera.

LOO

To: Neera Tanden
From: Amy Manela
Subject: Proposal for White House Event on Colorectal Cancer
Date: July 24, 1998

Following is the proposal outlining announcements and media activities surrounding First Lady Hillary Clinton's event focusing on colorectal cancer (CRC), which is scheduled for September 10, 1998, 2:00pm, in the East Room:

Proposed Announcements:

- Results of General Public Awareness Survey
- PSA Campaign Launch
- Inauguration of the National Colorectal Cancer Roundtable
- Invitation to Hillary Clinton to serve as honorary chair of the Roundtable
- Formation of Private Sector Partnership
- Colorectal Cancer Awareness Month

The National Colorectal Cancer Roundtable would like to offer its assistance in preparing any or all of the materials for the above announcements. In addition, the Roundtable would like to conduct the following activities in conjunction with the event:

1. Develop a press kit to be used by all member organizations of the Roundtable.
Contents may include:

- Press release about First Lady Hillary Rodham Clinton's commitment, including the PSAs, the Roundtable, private sector partnership and designation of CRC awareness month
- Press release on survey results
- Fact sheet on PSA campaign
- Fact sheet on Roundtable
- Fact sheet on private sector partnership
- Fact sheet on colorectal cancer

(We assume the White House press office will distribute materials to press corps/national media)

2. Promote and distribute the public service announcement

Television PSA

- 1,100 videotapes will be mailed to every broadcast outlet that uses national PSAs including networks (ABC, NBC, CBS, Fox, Warner, United Paramount) and 37 national cable networks (CNN, A&E, Discovery, Learning Channel, etc.)
- National Association of Broadcasters closed circuit feed (October '98)
- Satellite feed via PSA Channel to 700 stations across the country (October '98)

White House Event on CRC
Page 2

Radio PSA

- Mailing of PSA to 4,000 radio stations nationwide

Print PSA

- Seeking opportunity to place print PSA in *Good Housekeeping's* October '98 issue, which will focus on colorectal cancer
- Mailing of print PSA to 6,000 daily and weekly newspapers, as well as men's, women's and health magazine. Timing of receipt of PSA by mail is projected to be:
 - East coast: three days after event
 - Midwest: five days after event
 - West coast: seven days after event

Supplemental Efforts to Promote PSAs

- Statistics on CRC prevalence by state will be developed and provided to public service directors
- Promote the PSAs via Roundtable member organizations' newsletters, websites and meetings
- Mobilize National CRC Roundtable members to pursue placement with their local media outlets
- Exhibit the PSAs at the National Broadcast Association for Community Affairs Conference (October '98)
- Feature PSA campaign on the front page of *Broadcaster Café*, a 1,100 circulation trade publication distributed to TV public service directors
- Secure placement with a major airline to run the PSA during an in-flight news or health feature*

3. Conduct Controlled Media Activities in Conjunction with the Event

Video News Release/B-roll package

We will develop a 90-second news feature focusing on the launch of the new PSA, as well as the lack of awareness about primary and secondary prevention, as supported by survey results released at the event. If possible, we will also include footage from the White House event. Distribution will include satellite feed and mailing to news departments nationwide.

*Perhaps an airline such as American or United would consider airing the PSA at no charge, which would provide a private sector partnership

White House Event on CRC
Page 3

Satellite Media Tour

We will schedule a satellite media tour (in Washington, DC) with 10-15 news departments nationwide, featuring a White House spokesperson or Roundtable Chairman Bernard Levin, MD, to be aired live or taped the day of the event.

Audio Release

To extend reach, we could produce an audio news release, featuring a designated spokesperson, to discuss survey results and PSA release.

4. Additional Activities Scheduled

Special Message to Physicians

If Hillary Rodham Clinton videotapes a special message to physicians (see attached), the Roundtable will promote and distribute the message via member organizations' newsletters, websites, annual/regional/local meetings

Syndicated Column Focusing on CRC

If Hillary Rodham Clinton agrees to focus one of her syndicated columns on colorectal and cancer in women, the Roundtable will distribute reprints (with permission) as follows:

- Via the Society for the Advancement of Women's Health Research member organizations' newsletters, websites, annual/regional/local meetings
- Via the NIH Office of Research on Women's Health
- Via Roundtable member organizations' newsletters, websites, annual/regional/local meetings

5. Confirmed Media Activities

The White House confirmed that interview opportunities are being sought with both the "Today" show on NBC and *Good Housekeeping* magazine.

Good Housekeeping

TO: NEERA TANDEN

FAX: FROM: DEBBIE PIKE

TELEPHONE: 212-649-2235

PAGES TO FOLLOW: 8

MESSAGE:

Good Housekeeping • 959 8th Ave. • New York, NY • 10019 • Fax: (212) 265-3307



Good Housekeeping

959 EIGHTH AVENUE, NEW YORK, NY 10019 * (212) 649-2200 * FAX (212) 265-3307

August 13, 1998

TO: Neera Tanden
FROM: Deborah Pike
RE: **REVISED GOOD HOUSEKEEPING INVITATION LIST**

Neera, please replace yesterday's list with this one. I've added the addresses I wasn't able to pass on yesterday, and made one substitution. Please let me know if there's any more room, because there are other people we'd love to invite. Look forward to talking with you soon.

1. Jose Guillem, M.D.
Associate Attending Surgeon
Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, NY 10021
2. Sidney J. Winawer, M.D.
Chair, Cancer Prevention and Control Program
Memorial Sloan-Kettering Cancer Center
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New York, NY 10021
3. Robert J. Mayer, M.D.
Director, Center for Gastrointestinal Oncology
Dana Farber Cancer Institute
44 Binney Street
Boston, MA 02115
4. LaSalle D. Leffall, Jr., M.D.
Charles R. Drew Professor of Surgery
Howard University Hospital
2041 Georgia Avenue, NW
Washington, DC 20060
5. Gregory N. Larkin, M.D.
Director, Corporate Health Services
Eli Lilly and Company
Drop code 2111
Indianapolis, Indiana 46285



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Corporate Communications Spokesperson
Eli Lilly and Company
Drop code 1027
Indianapolis, Indiana 46285

7. John H. Bond, M.D.
Chief, Gastroenterology Section
VA Medical Center
1 Veterans Drive
Minneapolis, MN 55417

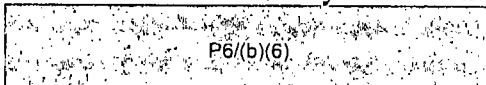
8. Randall W. Burt, M.D.
Chief, Division of Gastroenterology and Professor of Medicine
University of Utah Health Sciences Center
50 North Medical Drive, Rm. 4R118
Salt Lake City, UT 84132

9. Bernard Levin, M.D.
Vice President, Cancer Prevention
Division of Cancer Prevention
University of Texas, MD Anderson Cancer Center
1515 Holcombe Blvd., Box 203
Houston, TX 77030-4095

10. Michael D. Moseson, M.D.
Managing Partner
Colon & Rectal Surgical Associates, of L.I.
60 Cutter Mill Road
Great Neck, NY 11021

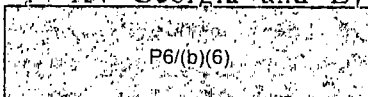
11. Marla Seiden
President
Seiden Communications
P.O. Box 358
New Hyde Park, NY 11040

12-13. Elizabeth Ely and Jonathan Greenburg



[002]

14-15. Georgia and Lynne Patterson



16. Kathy Hochhauser

P6/(b)(6)

17-18. Tripp and Chelsie Sherer

P6/(b)(6)

19. Maxine Paetro

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Gastroenterologist
Litchfield Center Gastroenterology
447 Litchfield Street
Torrington, CT 06790

21. Ellen Levine
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959 Eighth Avenue
New York, NY 10019

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25. Diane Salvatore
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New York, NY 10019

26. Patricia Haegle
Publisher
Good Housekeeping
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New York, NY 10019

27. Cathleen Black
President, Hearst Magazines
959 Eighth Avenue
New York, NY 10019

28. Jurate Kazickas
Washington, Correspondent
Good Housekeeping
15 East 92nd Street
New York, NY 10128

29. Sharyn Lenhart, M.D.
President
American Medical Women's Association
801 North Fairfax Street
Suite 400
Alexandria, VA 22314

30. Phyllis Greenberger
Executive Director
Society for the Advancement of Women's Health Research
1828 L Street, NW
Suite 625
Washington, DC 20036

31. Mary Wooley
Research! America
908 King Street
Suite 400 East
Alexandria, VA 22314

32. Sherrye Henry
Assistant Administrator, Women's Business Ownership Department
U.S. Department of Small Business Administration
409 Third Street, SW
Washington, DC 20416

33. Jane Tollinger
Executive Vice President
Lifetime Television
309 West 49th Street
New York, NY 10019

34-35. Jill Lesko, Media Director
Andrea Alstrup, VP Marketing
Johnson & Johnson
410 George Street
New Brunswick, NJ 08901

36. Kaki Hinton
Director of Advertising
Warner-Lambert
201 Tabor Road
Morris Plains, NJ 07950

37. Charlie Greenberg
Media Director
American Home Products
5 Giralda Farms
Madison, NJ 07940

38. Gary Balkema
President
Bayer Corporation
36 Columbia Road
P.O. Box 1910
Morristown, NJ 07962-1910

39. Leo Hoffmann
Marketing Director
Bristol Myers Squibb
P.O. Box 4000
Princeton, NJ 08543

40. Alan S. Clark
President, Global Marketing
Eli Lilly
Lilly Corporate Center
Indianapolis, Indiana 46285

41. Ed Mathers
Vice President, Consumer Marketing
Glaxo Wellcome
5 Moore Drive
P.O. Box 13398
Research Triangle Park, NC 27709

42-43. Doug Randall, Director of Allegra Marketing
Allan Mills, Director of Advertising
Hoechst Marion Rousell
1026 Marion Drive
P.O. Box 9627
Kansas City, MO 64134

44-45. Mike Marino, President
Lorraine Pastore, Executive Vice President/Management Director
Medicus Communications
1675 Broadway
New York, NY 10019

46. Stacey McHugh
Media Director
Novartis
59 Route 10
East Hanover, NJ 07396

47. Karen L. Katen
President, U.S. Pharmaceuticals
Pfizer
235 E. 42nd St.
New York, NY 10017

48. Richard Zahn
President
Schering-Plough Pharmaceuticals
1 Giralda Farms
Madison NJ 07940

49-50. Warren Siddall, Director, Advertising Services
Karen Schade, Senior Manager, Advertising Services
SmithKline Beecham Consumer Healthcare
100 Beecham Drive
Pittsburgh, PA 15205

*51. Annmarie Kerwin
Reporter
ADVERTISING AGE
220 E. 42nd St.
New York, NY 10017

*52. Lisa Granatstein
Reporter
MEDIaweek
1515 Broadway
New York, NY 10036

*53. Tamara Jones
Reporter
The Washington Post
11206 Longwood Grove Drive
Reston, VA 22094

* indicates a member of the press

54. Kurt Graetzer
Executive Vice President
International Dairy Foods Association
1250 H Street, N.W.
Suite 900
Washington, D.C. 20005

55. Bonnie Barest
Executive Director of Media Services
Publicis/Bloom
304 East 45th Street
New York, NY 10017

56. Neil Ascher
Senior Vice President/Associate Media Director
DMB&B
1675 Broadway
New York, NY 10019

57. Beth Gordon
Managing Director
Media Edge
1180 Avenue of the Americas
New York, NY 10036

58. Roberta Garfinkle
Senior Vice President/Director of Print Media
McCann/Erikson
750 Third Avenue
New York, NY 10017

59. K. Robert Brink
Executive Vice President
Hearst Magazines
959 Eighth Avenue
New York, NY 10019

60. Audrey Siegal
Vice President/Director of Print Services
Jordan McGrath Case & Partners
110 Fifth Avenue
New York, NY 10011

Good Housekeeping

959 EIGHTH AVENUE, NEW YORK, NY 10019 * 212-649-2200 * FAX 212-265-3307

August 12, 1998

TO: Neera Tanden
FROM: Deborah Pike
RE: GOOD HOUSEKEEPING INVITATION LIST

Neera, there may be some overlap with your list. Please let me know if there is, because there are other people we'd love to invite. Also, there are a few addresses we need to fill in tomorrow morning; I hope this is O.K. with you. I'll fax them over first thing.

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43-44. Doug Randall, Director of Allegra Marketing
Allan Mills, Director of Advertising
Hoechst Marion Rousell
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P.O. Box 9627
Kansas City, MO 64134

45-46. Mike Marino, President
Lorraine Pastore, Executive Vice President/Management Director
Medicus Communications
1675 Broadway
New York, NY 10019

47. Stacey McHugh
Media Director
Novartis
59 Route 10
East Hanover, NJ 07396

48. Karen L. Katen
President, U.S. Pharmaceuticals
Pfizer
235 E. 42nd St.
New York, NY 10017

49. Richard Zahn
President
Schering-Plough Pharmaceuticals
1 Giralda Farms
Madison NJ 07940

50-51. Warren Siddall, Director, Advertising Services
Karen Schade, Senior Manager, Advertising Services
SmithKline Beecham Consumer Healthcare
100 Beecham Drive
Pittsburgh, PA 15205

*52. Annmarie Kerwin
Reporter
ADVERTISING AGE
220 E. 42nd St.
New York, NY 10017

*53. Lisa Granatstein
Reporter
MEDIaweek
1515 Broadway
New York, NY 10036

*54. Tamara Jones
Reporter
The Washington Post
11206 Longwood Grove Drive
Reston, VA 22094

* indicates a member of the press

ADDRESSES/TITLES TK TOMORROW A.M.:

55. Kurt Graetzer
Milk Processors Education Board

56. Bonnie Barest
Publicis Bloom

57. Ed Ascher
DMB&B

58. Beth Gordon
Media Edge

59. Roberta Garfinkle
McCann Erikson

60. Audrey Siegal
Jordan McGrath

Good Housekeeping

TO: NEERA TANDEN

FAX: FROM: DEBBIE PIKE

TELEPHONE: 212-649-2235

PAGES TO FOLLOW: 8

MESSAGE:

Neera - This is updated from the
list I sent earlier today. I
apologize for the confusion. Please
call me when you have a minute.

Thanks!

Debbie

Good Housekeeping • 959 8th Ave. • New York, NY • 10019 • Fax: (212) 265-3307



Good Housekeeping

959 EIGHTH AVENUE, NEW YORK, NY 10019 * (212) 649-2200 * FAX (212) 265-3307

August 13, 1998

TO: Neera Tanden

FROM: Deborah Pike

RE: **NEW REVISED GOOD HOUSEKEEPING INVITATION LIST**

Neera, please replace yesterday's list--and the one I sent earlier today-- with this one. I've added the addresses I wasn't able to pass on yesterday, and made several substitutions. Please let me know if there's any more room, because there are other people we'd love to invite. Look forward to talking with you soon.

1. Jose Guillem, M.D.

Associate Attending Surgeon

Memorial Sloan-Kettering Cancer Center

1275 York Avenue

New York, NY 10021

2. Sidney J. Winawer, M.D.

Chair, Cancer Prevention and Control Program

Memorial Sloan-Kettering Cancer Center

1275 York Avenue

New York, NY 10021

3. Robert J. Mayer, M.D.

Director, Center for Gastrointestinal Oncology

Dana Farber Cancer Institute

44 Binney Street

Boston, MA 02115

4. LaSalle D. Leffall, Jr., M.D.

Charles R. Drew Professor of Surgery

Howard University Hospital

2041 Georgia Avenue, NW

Washington, DC 20060

5. Gregory N. Larkin, M.D.

Director, Corporate Health Services

Eli Lilly and Company

Drop code 2111



Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. list	New Revised Good Housekeeping Invitation List (partial) (2 pages)	08/13/1998	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Eric Morse (Events)
OA/Box Number: 21192

FOLDER TITLE:

Colon Cancer Event 9/10/1998 [2]

2011-0619-S

rc295

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Indianapolis, Indiana 46285

6. Fritz Frommeyer
Corporate Communications Spokesperson
Eli Lilly and Company
Drop code 1027
Indianapolis, Indiana 46285

7. John H. Bond, M.D.
Chief, Gastroenterology Section
VA Medical Center
1 Veterans Drive
Minneapolis, MN 55417

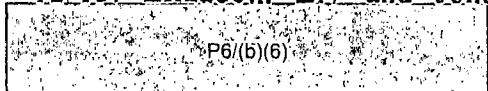
8. Randall W. Burt, M.D.
Chief, Division of Gastroenterology and Professor of Medicine
University of Utah Health Sciences Center
50 North Medical Drive, Rm. 4R118
Salt Lake City, UT 84132

9. Bernard Levin, M.D.
Vice President, Cancer Prevention
Division of Cancer Prevention
University of Texas, MD Anderson Cancer Center
1515 Holcombe Blvd., Box 203
Houston, TX 77030-4095

10. Michael D. Moseson, M.D.
Managing Partner
Colon & Rectal Surgical Associates of L.I.
60 Cutter Mill Road
Great Neck, NY 11021

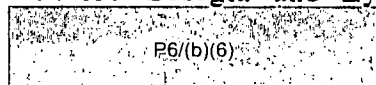
11. Marla Seiden
President
Seiden Communications
P.O. Box 358
New Hyde Park, NY 11040

12-13. Elizabeth Ely and Jonathan Greenburg



[004]

14-15. Georgia and Lynne Patterson



16. Kathy Hochhauser

P6(b)(6)

17-18. Tripp and Chelsie Sherer

P6(b)(6)

19. Maxine Pactro

P6(b)(6)

20. William X. Coll, M.D.
Gastroenterologist
Litchfield Center Gastroenterology
447 Litchfield Street
Torrington, CT 06790

21. Ellen Levine
Editor in Chief
Good Housekeeping
959 Eighth Avenue
New York, NY 10019

22. Deborah Pike
Health Editor
Good Housekeeping
959 Eighth Avenue
New York, NY 10019

23. Evelyn Renold
Deputy Editor
Good Housekeeping
959 Eighth Avenue
New York, NY 10019

24. Joanna Powell
Entertainment Editor
Good Housekeeping
959 Eighth Avenue
New York, NY 10019

25. Diane Salvatore
Executive Editor
Good Housekeeping
959 Eighth Avenue
New York, NY 10019

26. Patricia Haegle
Publisher
Good Housekeeping
959 Eighth Avenue
New York, NY 10019

27. Cathleen Black
President, Hearst Magazines
959 Eighth Avenue
New York, NY 10019

28. Jurate Kazickas
Washington Correspondent
Good Housekeeping
15 East 92nd Street
New York, NY 10128

29. Sharyn Lenhart, M.D.
President
American Medical Women's Association
801 North Fairfax Street
Suite 400
Alexandria, VA 22314

30. Phyllis Greenberger
Executive Director
Society for the Advancement of Women's Health Research
1828 L Street, NW
Suite 625
Washington, DC 20036

31. Mary Wooley
Research! America
908 King Street
Suite 400 East
Alexandria, VA 22314

32. Sherrye Henry
Assistant Administrator, Women's Business Ownership Department
U.S. Department of Small Business Administration
409 Third Street, SW
Washington, DC 20416

33. Jane Tollinger
Executive Vice President
Lifetime Television
309 West 49th Street
New York, NY 10019

34. Jill Lesko, Media Director
Johnson & Johnson
410 George Street
New Brunswick, NJ 08901

35. Kaki Hinton
Director of Advertising
Warner-Lambert
201 Tabor Road
Morris Plains, NJ 07950

36. Charlie Greenberg
Media Director
American Home Products
5 Giralda Farms
Madison, NJ 07940

37. Gary Balkema
President
Bayer Corporation
36 Columbia Road
P.O. Box 1910
Morristown, NJ 07962-1910

38. Leo Hoffmann
Marketing Director
Bristol Myers Squibb
P.O. Box 4000
Princeton, NJ 08543

39. Alan S. Clark
President, Global Marketing
Eli Lilly
Lilly Corporate Center
Indianapolis, Indiana 46285

40. Ed Mathers
Vice President, Consumer Marketing
Glaxo Wellcome
5 Moore Drive
P.O. Box 13398
Research Triangle Park, NC 27709

41-42. Doug Randall, Director of Allegra Marketing
Allan Mills, Director of Advertising
Hoechst Marion Rousell
1026 Marion Drive
P.O. Box 9627
Kansas City, MO 64134

43-44. Mike Marino, President
Lorraine Pastore, Executive Vice President/Management Director
Medicus Communications
1675 Broadway
New York, NY 10019

45. Stacey McHugh
Media Director
Novartis
59 Route 10
East Hanover, NJ 07396

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President, U.S. Pharmaceuticals
Pfizer
235 E. 42nd St.
New York, NY 10017

47. Richard Zahn
President
Schering-Plough Pharmaceuticals
1 Giralda Farms
Madison NJ 07940

48. Warren Siddall, Director, Advertising Services
SmithKline Beecham Consumer Healthcare
100 Beecham Drive
Pittsburgh, PA 15205

*49. Ira Teinowitz
Washington Bureau Chief
ADVERTISING AGE
814 National Press Building
Washington, D.C. 20045-1801

*50. Lisa Granatstein
Reporter
MEDIaweek
1515 Broadway
New York, NY 10036

*51. Tamara Jones
Reporter
The Washington Post
11206 Longwood Grove Drive
Reston, VA 22094

* indicates a member of the press

52. Kurt Graetzer
Executive Vice President
International Dairy Foods Association
1250 H Street, N.W.
Suite 900
Washington, D.C. 20005

53. Bonnie Barest
Executive Director of Media Services
Publicis/Bloom
304 East 45th Street
New York, NY 10017

54. Neil Ascher

Senior Vice President/Associate Media Director
DMB&B
1675 Broadway
New York, NY 10019

55. Beth Gordon
Managing Director
Media Edge
1180 Avenue of the Americas
New York, NY 10036

56. Roberta Garfinkle
Senior Vice President/Director of Print Media
McCann/Erikson
750 Third Avenue
New York, NY 10017

57. K. Robert Brink
Executive Vice President
Hearst Magazines
959 Eighth Avenue
New York, NY 10019

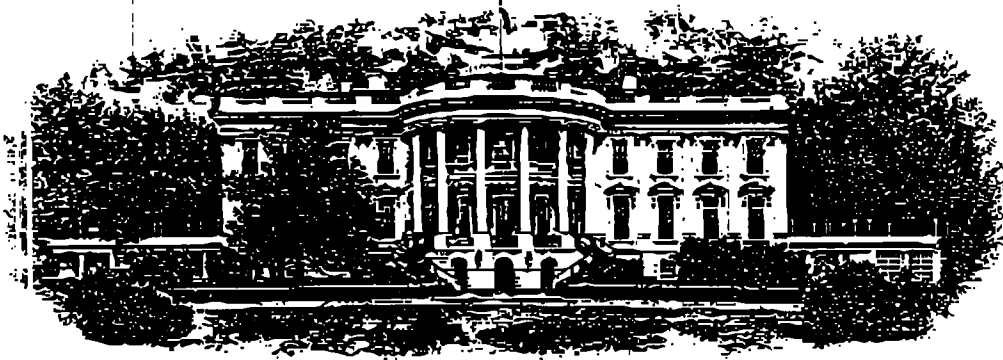
58. Audrey Siegal
Vice President/Director of Print Services
Jordan McGrath Case & Partners
110 Fifth Avenue
New York, NY 10011

59. Frank Bennack
President and Chief Executive Officer
Hearst Corporation
959 Eighth Avenue
New York, NY 10019

60. Gilbert Maurer
Executive Vice President
Hearst Corporation
959 Eighth Avenue
New York, NY 10019

 *** ACTIVITY REPORT ***

ST. TIME	CONNECTION TEL/ID	SENDER NAME	NO.	MODE	PGS.	RESULT
08/12 12:46	901131205208200		2690	TRANSMIT ECM	13	OK 05'47
08/12 13:34			7979	AUTO RX ECM	5	OK 04'47
08/12 13:47	901131205208200		2691	TRANSMIT ECM	12	OK 05'38
08/12 13:56	2023830097		7980	AUTO RX G3	5	OK 03'09
08/12 14:49	202 546 7105		7981	AUTO RX ECM	4	OK 02'31
08/12 15:00	62223		2692	TRANSMIT ECM	4	NG 01'02
					4	
08/12 15:04	62223		2692	TRANSMIT ECM	3	OK 01'03
08/12 15:32			7982	AUTO RX ECM	15	OK 06'16
08/12 15:58			7983	AUTO RX ECM	3	OK 01'23
08/12 18:28	901131205208200		2693	TRANSMIT ECM	5	OK 02'42
08/12 18:39	97346625660		2694	TRANSMIT	0	NG 00'00
					0	#018
08/12 18:48			7984	AUTO RX ECM	8	OK 01'23
08/12 18:54	212 226 3307		7985	AUTO RX ECM	8	OK 02'23
08/12 19:07	901131205208200		2695	TRANSMIT ECM	2	OK 00'58
08/12 19:16			7986	AUTO RX ECM	2	OK 00'40
08/12 20:11	WATCH		7987	AUTO RX ECM	7	OK 04'01
	202 622 1829					
08/12 22:27			7988	AUTO RX G3	1	OK 00'42
08/13 00:02			7989	AUTO RX ECM	3	OK 00'54
08/13 00:36			7990	AUTO RX ECM	3	OK 00'53
08/13 07:37	202 6222633		7991	AUTO RX ECM	2	OK 00'47
08/13 07:41	202 6222633		7992	AUTO RX ECM	2	OK 00'47
08/13 07:44			7993	AUTO RX ECM	4	OK 03'34
08/13 07:51			7994	AUTO RX ECM	7	OK 02'55
08/13 08:06	WATCH		7995	AUTO RX ECM	5	OK 02'39
	202 622 1829					
08/13 09:50	65557		2696	TRANSMIT ECM	7	OK 02'18
08/13 10:03			7996	AUTO RX ECM	1	OK 00'46
08/13 10:07	482 1268		7997	AUTO RX G3	2	OK 01'55
08/13 10:15	2026462948		7998	AUTO RX ECM	5	OK 01'58
08/13 11:51	703 749 0040		7999	AUTO RX G3	7	OK 05'23
08/13 12:27			8000	AUTO RX ECM	2	OK 00'49
08/13 12:33	DOMESTIC POLICY		8001	AUTO RX ECM	4	OK 01'36
	202 456 5581					
08/13 13:04	DOMESTIC POLICY		8002	AUTO RX ECM	7	OK 02'36
	202 456 5581					
08/13 13:27			8003	AUTO RX G3	2	OK 02'33
08/13 13:36	+2028331808		8004	AUTO RX ECM	30	OK 05'06
08/13 14:17	212 226 3307		8005	AUTO RX ECM	9	OK 02'37
08/13 15:07	90113225082162		2698	TRANSMIT ECM	9	OK 03'24
08/13 15:11	910113225082162		2697	TRANSMIT	0	NG 00'00
					0	#018
08/13 15:23	202 2058087		8006	AUTO RX ECM	3	OK 01'39
08/13 15:48			8007	AUTO RX ECM	15	OK 02'02
08/13 15:52	212 226 3307		8008	AUTO RX ECM	9	OK 02'55



The White House
Office of Public Liaison

Barbara Woolley
Associate Director
Phone (202) 456-2930
Fax (202) 456-6218

Number of Pages (including cover): 15

Date: 8/13/98

To: Veera Tanden

Fax

Number: 62878

Office

Number: _____

Comments: _____

American
Digestive
Health
Foundation



Facsimile Cover Sheet

ADHF, 7910 Woodmont Ave., Suite 700, Bethesda, MD 20814

To: Neera Tanden

Company:

Phone:

Fax: 202-456-2878

From: Amy Manela

Company: American Digestive Health Foundation

Phone: (301)941-2628

Fax: (301)652-3890

Date: July 31, 1998

**Pages including this 2
cover page:**

Here is our suggested agenda for Monday's conference call. We know that you and Barbara have your own agenda. Looking forward to taking next steps.

- ☐ ***Urgent reply or action needed!!!***
- ☐ ***Respond at your convenience***
- ☐ ***For your information***
- ☐ ***In response to your request***

**White House Event on Colorectal Cancer
Conference Call
August 3, 1998
3:00 p.m. EST**

AGENDA

PSA Status

- Approval of broadcast versions Approval of print PSA
- Distribution

Private Sector Partnership

- Airline, Microsoft, AAFP, CNN, Time/Warner

Event

- Survey
- Announcements
- Speakers
- Celebrities/High Profile Individuals
- Press kit
- B-Roll
- Media Activities
- Invitees

Ancillary Activities

- Special Message to Medical Professionals
- Syndicated Column

**FIRST LADY HILLARY RODHAM CLINTON
VIDEOTAPE REMARKS FOR
30 SECOND COLON CANCER PSA
JULY 21, 1998**

We're all busy. But if you're 50 and older, you should make time to get tested for colon cancer. It kills over 50,000 people a year -- and strikes women nearly as often as men.

But you can beat colon cancer if its detected early.

People have all sorts of reasons for not getting tested: they may be too embarrassed or have no symptoms or family history. But, there is one powerful reason to get screened for colon cancer: It can save your life.

So, please get tested.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. fax	Carole Anikis to Neera Tanden re: phone number (partial) (1 page)	07/17/1998	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Eric Morse (Events)
OA/Box Number: 21192

FOLDER TITLE:

Colon Cancer Event 9/10/1998 [2]

2011-0619-S

rc295

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1** National Security Classified Information [(a)(1) of the PRA]
- P2** Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3** Release would violate a Federal statute [(a)(3) of the PRA]
- P4** Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5** Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6** Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1)** National security classified information [(b)(1) of the FOIA]
- b(2)** Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3)** Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4)** Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6)** Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7)** Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8)** Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9)** Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

American
Digestive
Health
Foundation



Facsimile Cover Sheet

ADHF, 7910 Woodmont Ave., Suite 700, Bethesda, MD 20814

To: Neera Tanden

From: Carole Anikis

Company: American Digestive Health Foundation

Phone: (301)941-2626

Fax: (301)654-5920

Email canikis@gastro.org

Date: July 17, 1998

**Pages including 1
this cover page:**

Neera:

If you need to get in touch with me this weekend, my home phone number is

P6/(b)(6)

Amy will be away, but I'll know her number.

[006]

American
Digestive
Health
Foundation



Facsimile Cover Sheet

ADHF, 7910 Woodmont Ave., Suite 700, Bethesda, MD 20814

To: Neera Tanden
Michael O'Mary

From: Carole Anikis
Company: American Digestive Health Foundation
Phone: (301)941-2626
Fax: (301)654-5920
Email canikis@gastro.org

Date: July 17, 1998

Pages including 3
this cover page:

Colon cancer PSA scripts.

Hillary Clinton Colon Cancer PSA #1

30-second Script

Fade up on a medium wide shot of Hillary Clinton sitting at her desk. Family portraits are on the credenza behind her.

MRS. CLINTON:

We're all busy. But those of us 50 and older should **MAKE TIME** to get tested for colon cancer. It's the second leading cancer killer... and **WOMEN** get it nearly as often as men.

Camera starts slow zoom in to medium close up.

However, colon cancer is curable... **EVEN PREVENTABLE** when detected early.

People say they're embarrassed or too busy... or that they have no obvious symptoms or a family history. **BUT SCREENING SAVES LIVES.**

So **PLEASE...** get tested for colon cancer.

Dissolve to graphic with toll free phone number.

[Production Note: Monologue must be no longer than 27 seconds to allow time for closing graphic with toll free phone number]

Hillary Clinton Colon Cancer PSA #2

15-second Script

Medium wide shot of Hillary Clinton at her desk. Family portraits are in the background. She feels like a good friend telling us something that might be hard to hear, yet must be discussed.

Mrs. Clinton: *(addressing camera)*

Colon cancer is the SECOND LEADING cancer killer... and WOMEN get it nearly as often as men.

Camera starts slow zoom in to medium close up.

But colon cancer is curable... EVEN PREVENTABLE when detected early.
So if you're 50 or older... PLEASE, get tested for colon cancer.

Dissolve to graphic with toll free phone number.

[Production Note: Monologue must be no longer than 13 seconds to allow it to serve as a 15-second PSA with a closing graphic.]

American
Digestive
Health
Foundation



Facsimile Cover Sheet

ADHF, 7910 Woodmont Ave., Suite 700, Bethesda, MD 20814

To: Neera Tanden

From: Carole Anikis

Company: American Digestive Health Foundation

Phone: (301)941-2626

Fax: (301)654-5920

Email canikis@gastro.org

Date: July 16, 1998

**Pages including
this cover page: 5**

Neera:

Attached are the two draft versions of the :30 PSA, along with the treatment, for Mrs. Clinton's review and selection. As we discussed, the drafts have been sent to our Roundtable Task Force for review, so there could be some minor wordsmithing to come. We should have a final version by tomorrow. As we also discussed, the setups in front of each PSA – the tennis court scene and the calendar page-flipping – would be filmed separately.

Let us know what you think.

Treatment:

Colon cancer effects about 150,- 160 thousand Americans annually and kills 56,000. Yet it is one of the most curable or preventable of all cancers. The key is early detection.

Why do people put off getting a test that could save their life? What's their excuse?

This is the theme of our proposed TV and radio PSA campaign featuring First Lady Hillary Rodham Clinton... that *no excuse* is worth the risk.

The following message points are included:

Colon cancer is the second leading cause of cancer deaths

Colon cancer affects women and men equally.

Colon cancer often exists without presenting symptoms

Colon cancer is preventable and curable when the disease is detected early

Don't be embarrassed to talk about the subject

Find out if you're at risk

Make the time to get tested

Early screening can save your life and that of your loved ones

The story technique allows for both a dramatic portrayal of the target population, as well as the power of a well-known and respected personality.

The result is a memorable spot that presents a real-life scenario millions can relate to, and an easy-to-understand message presented by someone with authority.

White House Private Sector Partnership Suggestions

Microsoft

Time-Warner, CNN, ABC/Disney

AT&T, MCI, Sprint

Kodak

Nike, Reebok

Memill Lynch, Century 21

General Motors, Ford

AFL-CIO

Delta, United, Continental (other airlines)

Hush Puppies, Lifestride (shoe retailers)

General Mills, Kraft, Nabisco (other food companies)

Wal-Mart, K-Mart, Target, Sears, JC Penney, Montgomery Ward (other retailers)

Safeway, Food Lion, Giant (other supermarket chains)

General Electric, Sunbeam, Whirlpool, Amana

Prudential, John Hancock, Aetna (other insurance companies)

Marriott, Hilton, Hyatt (other hotel chains)

Hillary Clinton Colon Cancer PSA #1
30-second Script

Fade up on a close up of the pages of a day planner being turned. The pages are turned in one direction then in the other, as an unseen woman tries to find a spot for a new appointment. But the pages are packed... there isn't a single available hour. We hear an off-camera sigh as the woman realizes that her search for an available spot is in vain.

Cut to medium shot of Hillary Clinton sitting at her desk. Family portraits are on the credenza behind her. She closes the day planner and speaks to the camera.

MRS. CLINTON:

We're all busy. But those of us 50 and older ^{should} ~~must~~ make time to get tested for colon cancer.

She stands up. Camera zooms out to medium wide shot as Mrs. Clinton walks to the front of the desk and sits on its front corner with day planner in hand.

People don't like to talk about it, but colon cancer is the second leading cancer killer... and women get it just as often as men.

^{almost as often as}
Camera starts slow zoom in to medium close up.

^{when colon cancer is detected early, it's}
However, colon cancer is curable, and even preventable when detected early.

Subtly waves day planner in hand.

~~What's your excuse?~~ Embarrassed or too busy? No obvious symptoms or family history?
Screening saves lives. ~~Get tested for colon cancer.~~

Fade to black.

~~Just to~~ If you're over 50, talk to your Dr.
^{about screening for colon cancer}
We all have to take time for prevention.

Need
some
reference
to detection
& survival
rates.

Ms. Wooley
Ms. Tanden
Page 2

3. background details on our plans for a spokesperson and public service announcement relationship with baseball star Eric Davis, whose battle with colorectal cancer mesmerized countless sports fans over the past year;

4. and a collection of print educational materials we have been disseminating.

I look forward to joining forces with the others who attended our meeting, and returning to visit with you again next month. If I can fill in any details in the meantime, please let me know.

Very Truly Yours,

A handwritten signature in cursive script that reads "Tom Fise".

Thomas F. Fise
Executive Director

enclosures

cc: Sarkis J. Chobanian, M.D., FACP, ACG President
Martha M. Kendrick, Esquire, Patton Boggs, ACG Counsel

A PROPOSAL FOR
ERIC DAVIS
TO SERVE AS NATIONAL SPOKESPERSON FOR
COLORECTAL CANCER SCREENING PUBLIC EDUCATION
PROGRAM
OF THE AMERICAN COLLEGE OF GASTROENTEROLOGY

The life challenges which you have encountered, and the bravery you and your family demonstrated in the face of adversity have had a profound effect on millions of Americans, and have done much to advance general awareness about America's #2 cancer killer, colorectal cancer.

With your experience you are keenly aware that colorectal cancer deaths frequently can be avoided with early detection. Unfortunately, many Americans are not aware of this important fact, and/or have difficulty in overcoming some natural reluctance that serves as a major impediment to screening. This lack of knowledge or commitment contributes to the lethal toll of colorectal cancer. We hope you may be willing to work with the American College of Gastroenterology in advancing public education about colorectal cancer, and as we seek to promote screening for ourselves and our loved ones by prevention and early detection.

Background on the American College of Gastroenterology

The American College of Gastroenterology is an organization of 7,000 physicians involved in the diagnosis and treatment of digestive diseases and conditions. As such, our members are those who are most frequently involved in the prevention, diagnosis and non-surgical treatment of colorectal cancers. The College is a non-profit charitable organization. We dedicate a significant portion of our resources to support of research on colorectal cancer and other GI conditions. We encourage both public awareness about digestive conditions and their treatments, as well as providing advocacy with public health policymakers for better digestive health. We support and encourage federal support for research and education about colorectal cancer and other GI conditions.

The American College of Gastroenterology Has Already Made a Major Commitment to Colorectal Cancer Screening and Education

(1) Colorectal Cancer Screening

In 1993, the College made a commitment to advocacy for a national Medicare benefit for colorectal cancer screening. We were troubled by the tremendous anomaly that on one hand, the American Cancer Society and many others were recommending that all Americans over the age of fifty have regular colorectal cancer screening tests, but on the other hand, if a Medicare patient approached his/her physician to be tested, not only was the test not paid for, but the patient had to execute a Medicare waiver which made it appear that the test may not have been necessary. The College made a major commitment of time and resources to educating legislators, and working with leaders in both parties, most notably Reps. Ben Cardin (D-MD), Bill Thomas (R-CA), Bill Archer (R-TX), Michael Bilirakis (R-FL), and Senator Edward Kennedy (D-MA), we were successful--in August, 1997 Congress enacted and the President signed a national Medicare colorectal cancer screening benefit. Since the new law took effect as of January 1, 1998, all Medicare beneficiaries now are entitled to an annual fecal occult blood test, a flexible sigmoidoscopy once every four years, and high risk patients are entitled to receive a screening colonoscopy once every two years, as well as other follow-up tests and treatment as indicated.

(2) Public Education

The College's efforts extend beyond advocating colorectal cancer screening in the legislative arena. We have been actively involved in educating the public through a program of television and radio public service announcements, print advertisements, transit advertising, involvement in health fairs, and other innovative efforts to enhance public attention on this issue. Since the enactment of the new Medicare benefit, we are concentrating on making certain that primary care physicians know about the new benefit. We are very active in a program to place our informational brochure, "Medicare Now Covers A Test That Could Save Your Life," in physician office waiting rooms throughout the country--over 600,000 copies have been placed since January, 1998.

Over the past few years, we have been very fortunate to have enlisted the support of a number of key public figures in these efforts, including:

President Ronald Reagan
Former HHS Secretary Louis Sullivan
Senator Charles Grassley (IA)
Senator Mitch McConnell (KY)
Rep. Henry Bonilla (TX)
Rep. Norman Sisisky (VA)

Rep. Tom Coburn (OK)

Rep. Karen Thurman (FL)

Rep. Rick Lazio (NY)

Dr. LaSalle Leffall, Retired Chief of Surgery at Howard University and Past

President of: American Cancer Society

United Way

American College of Surgeons

How Can You Contribute to This Effort? What Would You Be Asked to Do?

The College would very much like to have you involved in these efforts to the greatest extent to which you feel comfortable, and which your time permits. Our television, radio and print public service announcement program has been very successful, and the first step that we would suggest would be preparing a 30-second PSA, together with radio and print messages which we would circulate and promote. Beyond that, you might consider whether you would be willing to appear before Congress to testify on the need for screening, research and education about colorectal cancer, and perhaps some well-selected media communications on these same topics. We believe that the College shares with you a commitment to informing people about colorectal cancer, and how they can minimize its potential impact on themselves and their families. We are very flexible, and certain that working together, we could identify involvements that would respect your other commitments, but nonetheless have a meaningful impact in this critical area.

Conclusion

We have included a collection of some of the background materials we have prepared, as well as other initiatives in which we have been involved. Mr. Thomas Fise, the College's Executive Director, will initiate a follow-up contact with your office next week, to answer any questions you may have, and in the hopes that you may make your self available to support our efforts.

Eric Davis
Public Service Announcement
Colon Cancer
"Back in the Game"

:30 seconds

I'm Eric Davis. Colon cancer took me out of the game for part of the baseball season last year.

[Walking along a wall of head shots of well known individuals who've faced colon cancer.]

I'm not alone -- it's America's number 2 cancer killer. Behind that statistic are some of the faces of people whose lives have been touched by colon cancer.

African-Americans are twice as likely to die from colorectal cancer as other Americans--mainly because fewer are screened regularly and so cancers are detected later. Virtually all colorectal cancer deaths could be avoided with regular screening and removal of precancerous polyps. Fortunately, beginning in 1998, colorectal cancer screening is now covered for Medicare beneficiaries.

If you're over 50, see your doctor. Take the time to screen for colon cancer -- so it won't take you out the game.

Letter of Introduction to TV Stations for Public Service Announcement

Dear :

Last year my baseball season was shortened when I learned that I had colon cancer. If it hadn't been detected then, it could have shortened my life. I'm back in the game now. I hope that my victory over colon cancer will help others by raising awareness of the importance of screening and early detection.

Working with a national physician organization, the American College of Gastroenterology, I have produced a television public service announcement, and I urge your station to join me in my campaign to educate the public about colon cancer by airing this important message.

Because colon cancer is not often discussed, few people realize that it is the second leading cancer killer in the United States -- more than either breast or prostate, only lung cancer claims more lives. This year, 130,000 new cases will be detected and 55,000 Americans will die from this disease. With routine screening, we can prevent colon cancer by removing pre-cancerous growths (or polyps.) With early detection we can diagnose cancers before they have a chance to spread. This is a powerful prevention message, one I hope your station will help deliver to the public.

My partner in this educational effort is the American College of Gastroenterology, a not-for-profit physician organization dedicated to educating Americans about the importance of colon cancer screening. I urge your station to join us by helping to get the word out about colon cancer screening by broadcasting this public service announcement. By working together, I believe we can be effective in spreading this lifesaving message. Please let me know if your station will broadcast these messages. Thank you for your help.

Sincerely,

Eric Davis
Baltimore Orioles



AMERICA'S #2 CANCER KILLER: COLORECTAL CANCER YOU CAN PREVENT IT

Colorectal cancer is the second most common cancer killer in the United States, causing an estimated 55,000 deaths each year. More than 138,000 new cases of colorectal cancer are diagnosed each year. It has been estimated that each married couple has a 1 in 10 chance that either the husband or wife will develop colorectal cancer in their lifetime. No one is immune to the risk of colorectal cancer. President Ronald Reagan was found to have colon cancer in 1985 which was cured with surgery.

WHAT EVERYONE SHOULD KNOW

Most colon cancers arise from polyps, abnormal growths on the wall of the colon that become cancerous over time. If polyps are identified at an early stage, they can be removed before they become cancerous.

The complications of colorectal cancer can be reduced or even prevented with the simple step of regular screening. The screening program recommended by the American Cancer Society and the American College of Gastroenterology includes an annual fecal occult blood test and a screening flexible sigmoidoscopy every five years for all Americans over the age of 50. Those individuals with a high risk for colorectal cancer because of prior cancer, family history of cancer, or a history of chronic digestive conditions that predispose them to cancer, should undergo regular surveillance known as colonoscopy. A recent study in the *New England Journal of Medicine* found that more than 90 percent of deaths associated with colorectal cancer could be avoided through early detection.

FACTS ABOUT COLON CANCER

Who is at risk for colorectal cancer?

- Women are just as likely as men to develop colorectal cancer.
- Colorectal cancer is most common after the age of 50, but the chances of colon cancer increase after the age of 40.
- Close relatives of a person who has had colorectal cancer before the age of 55, or persons with one of several chronic digestive conditions, have a higher than average risk of developing colorectal cancer.

What are possible symptoms of colorectal cancer?

Most early cancers produce NO SYMPTOMS! This is why screening for colorectal cancer is so important. Some possible symptoms, listed below, certainly do not always indicate the presence of colorectal cancer, but should prompt a visit with your physician and a check-up:

- New onset of abdominal pain
- Blood in or on the stool
- A change in typical bowel habits, constipation, diarrhea
- A change in stool caliber or shape

How can you protect yourself and your family from colorectal cancer?

- See your doctor about regular screening.

COLORECTAL CANCER SCREENING RECOMMENDATIONS

When should people be screened for colorectal cancer?

- Any man or woman over the age of 50 should be screened for colorectal cancer by their physician. Several tests are recommended:
- An annual fecal occult blood test, which checks for microscopic traces of blood in the stool
- A flexible sigmoidoscopy once every 4-5 years to detect colorectal cancer at its earliest and most treatable stage
- Colonoscopy is recommended for high risk individuals of any age with prior history of colorectal cancer, a strong family history of the disease, or predisposing chronic digestive condition such as inflammatory bowel disease

CONGRESS RECENTLY ENACTED A COLORECTAL CANCER SCREENING BENEFIT FOR MEDICARE BEGINNING JANUARY 1, 1998

American College of Gastroenterology 4900 B South 31st Street Arlington VA 22206 <http://www.acg.gi.org>

NEW MEDICARE COLORECTAL CANCER SCREENING BENEFIT BECOMES EFFECTIVE JANUARY 1, 1998



NEW MEDICARE BENEFIT FOR COLORECTAL CANCER SCREENING

Beginning January 1, 1998, all Medicare beneficiaries are entitled to regular colorectal cancer screening -- new Medicare rules provide reimbursement for the first time!

What you need to know:

Congress passed a new law which directed Medicare to pay for three tests for colorectal cancer screening which have been shown to detect polyps and cancers early:

Fecal occult blood tests will be paid for **annually** (when ordered by the patient's attending physician) for all patients.

Flexible sigmoidoscopy will be paid for **once every four years for average risk patients**

Screening colonoscopy will be paid for **once every two years for high risk patients**

Are you a high risk patient?

Medicare says you are a high risk patient if you have:

- a close relative (sibling, parent, or child) who has had colorectal cancer or adenomatous polyps; or
- a family history of familial adenomatous polyposis; or
- a family history of hereditary nonpolyposis colorectal cancer; or
- a personal history of adenomatous polyps; or
- or a personal history of colorectal cancer; or
- inflammatory bowel disease including Crohn's disease or ulcerative colitis

The final rule by the U.S. Department of Health & Human Services describing the colorectal cancer screening benefit also addresses the possible use of barium x-ray as a potential alternative to the endoscopic examinations for average and high risk patients.

FOR MORE INFORMATION

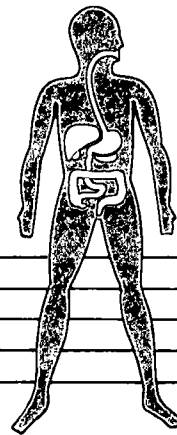
The American College of Gastroenterology
Digestive Disease Specialists Committed to Quality in Patient Care
4900 B South 31st Street, Arlington, VA 22206
703/820-7400 fax: 703/931-4520
<http://www.acg.gi.org>

The ACG was formed in 1932 to advance the scientific study and medical treatment of disorders of the gastrointestinal tract. The College promotes the highest standards in medical education and is guided by its commitment to meeting the needs of clinical gastroenterology practitioners.

Consumers can get more information on GI diseases through the following ACG-sponsored programs:

- **1-800-978-7666** GI Health Hotline (free brochures on GI conditions, such as ulcers, gallstones & liver disease)
- **1-800-HRT-BURN** Heartburn Hotline (free brochure and video on heartburn and GERD)

Digestive Disease National Coalition



507 Capitol Court, N.E., Suite 200, Washington, D.C. 20002
(202) 544-7497 (202) 546-7105 - Fax

EXECUTIVE COMMITTEE

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DIGESTIVE DISEASES AND BIOMEDICAL RESEARCH/PUBLIC EDUCATION FUNDING

The Digestive Disease National Coalition (DDNC) is a voluntary organization comprised of 22 patient and professional societies concerned with the many diseases of the digestive tract. The Coalition promotes federal investment in biomedical research and disease prevention programs, represents the digestive disease community in the public policy arena, and serves as a resource for patient education information. Digestive diseases include such disorders as inflammatory bowel disease, viral hepatitis, irritable bowel syndrome, and colorectal cancer.

MEMBERS

American Association for the
Study of Liver Disease
American Celiac Society
-Dietary Support Coalition
American College of
Gastroenterology
American Gastroenterological
Association
American Liver Foundation
American Society for
Gastrointestinal Endoscopy
American Society of Adults
with Pseudo-Obstruction, Inc.
Center for Ulcer Research and
Education Foundation
Crohn's & Colitis Foundation
of America
Federated Societies of Gastroenterology
and Hepatology
Gluten Intolerance Group
Hemochromatosis Foundation
Hepatitis Foundation International
International Foundation for
Functional Gastrointestinal Disorders
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Pennsylvania Society of
Gastroenterology
Society of Gastroenterology
Nurses and Associates, Inc.
United Ostomy Association
Wound, Ostomy and
Continence Nurses Society

ADMINISTRATION

Health & Medicine Counsel of
Washington
DALE P. DIRKS

Founder & President Emeritus
Suzanne Rosenthal

- * The social and economic impact of digestive diseases is enormous. Digestive disorders consistently rank among the leading causes of hospitalization, surgery, and disability in the U.S.
- * Twenty million Americans are treated for a chronic digestive disease each year.
- * Each day an estimated 200,000 people miss work because of digestive health problems, resulting in annual costs of \$56 billion in lost wages, reduced productivity, health care expenditures, and disability payments.
- * Millions of Americans suffering from a variety of digestive disorders are pinning their hopes for a better life -- or even life itself -- on advances made through biomedical research supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).
- * Public awareness and prevention campaigns conducted by the Centers for Disease Control and Prevention (CDC) encouraging screening for colorectal cancer have the potential to dramatically reduce the incidence of mortality from the second leading cause of cancer death in the U.S.

- 1) *The DDNC recommends a 15% increase in NIDDK's budget for fiscal year 1999 (an increase of \$131 million over FY98), bringing NIDDK's total appropriation to \$1 billion.*
- 2) *The DDNC recommends an FY99 appropriation of \$5 million for CDC's National Colorectal Cancer Screening Public Awareness Program (an increase of \$2.5 million over FY98).*

Colorectal Cancer: The Importance of Early Detection

AT-A-GLANCE

1998



Photo courtesy of the Winship Cancer Center of Emory University

"We now have clearer insight into the natural history of colorectal cancer, better understanding of its biologic features, and clinical skills with which to intervene and make a difference for many people. Colorectal cancer screening has come of age."

Sidney J. Winawer, MD, Memorial Sloan-Kettering Cancer Center, New York
Reprinted by permission of *The New England Journal of Medicine*, Massachusetts Medical Society



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



Colorectal Cancer

How Common Is Colorectal Cancer?

Colorectal cancer is the second leading cause of cancer-related death in the United States. In 1998, there will be an estimated 56,500 deaths from colorectal cancer. When skin cancer is excluded, colorectal cancer is the third most commonly diagnosed cancer for both men and women in the United States. Approximately 131,600 new cases will be diagnosed during 1998. For men, colorectal cancer follows prostate and lung cancers in frequency; for women, it follows breast and lung cancers.

Who Is at Risk?

A person begins to have an increased risk of developing colorectal cancer after the age of 40, and

this risk generally increases with advancing age. Men are more likely than women to develop colorectal cancer. African Americans are more likely than whites to be diagnosed with this disease and are more likely to die of it.

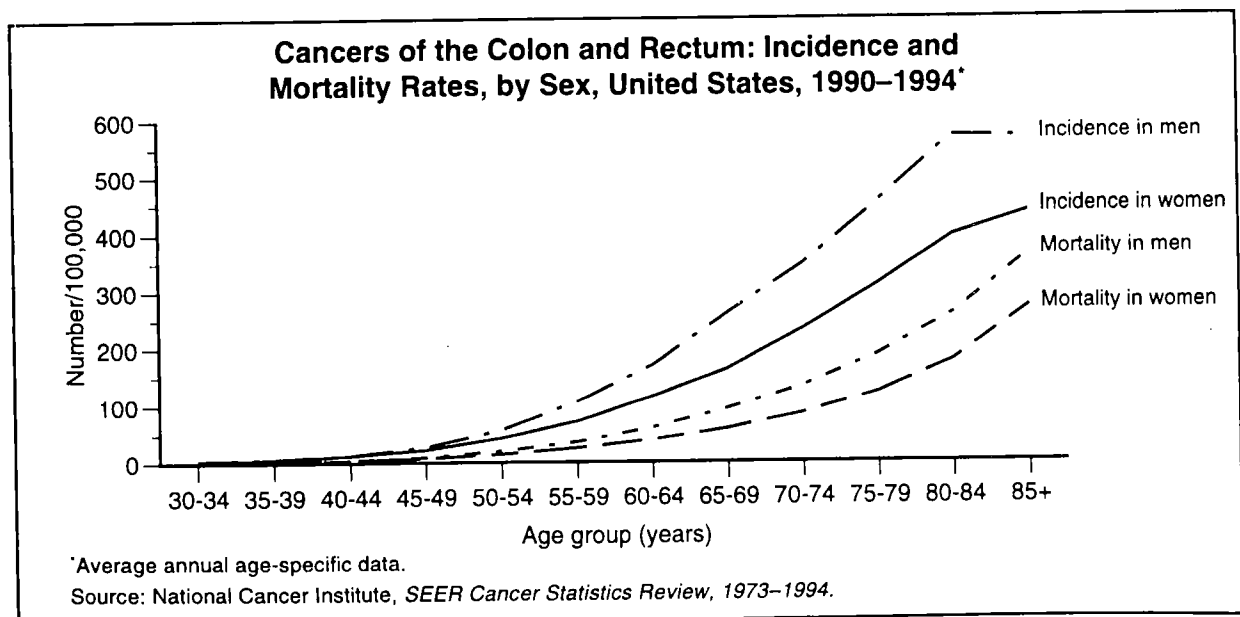
Other major risk factors include having inflammatory bowel disease, a family history of colorectal cancer or colorectal polyps, and certain hereditary syndromes. Additional conditions contributing to increased risk for colorectal cancer include a history of colorectal cancer or polyps or of ovarian, endometrial, or breast cancers. Lack of regular physical activity, low fruit and vegetable intake, a diet low in fiber and high in fat, obesity, and alcohol consumption are possible additional risk factors.

Early Detection—A Key to Survival

Survival is greatly enhanced when colorectal cancer is detected early and appropriate treatment provided. Death rates vary significantly by stage at diagnosis. When colorectal cancer is diagnosed at a localized stage, death rates are low: only 8% of patients diagnosed at this stage will die within 5 years. Unfortunately, only 37% of colorectal cancers are diagnosed at this localized stage. Once the disease has progressed to a regional stage, 36% of patients will die within 5 years. When the disease is diagnosed at an advanced stage (has spread to distant sites), death rates are high: 93% of patients will die within

5 years. For African Americans, 5-year relative survival rates are lower than those for whites, and a smaller proportion of cases are diagnosed at an early stage.

Cancerous and precancerous polyps may be present in the colon for years before invasive cancer develops. Colorectal cancer can actually be prevented by removing precancerous polyps. Reducing the number of deaths from colorectal cancer depends on detecting and removing precancerous and cancerous colorectal polyps, as well as detecting and treating invasive cancer in its earliest stages.



Types of Screening

Two currently available tests have been shown to be beneficial in screening for colorectal cancer:

- **Fecal occult blood testing (FOBT)** is a chemical test for blood in a stool sample. A positive test can indicate bleeding from a precancerous growth or from colorectal cancer. A drawback of this test is that FOBT has the potential for false-positive and false-negative results. Studies have found that colorectal cancer screening by FOBT is beneficial. A randomized control trial in the United States showed a 33% reduction in colorectal cancer mortality in the group chosen to undergo annual screening by FOBT. Two European trials have also shown benefits from the use of FOBT for screening.
- **Flexible sigmoidoscopy** is the use of a hollow, lighted tube to visually inspect the wall of the rectum and the lower sections of the colon. The

60-centimeter flexible scope can detect about 65%–75% of polyps and 40%–65% of colorectal cancers.

Three other tests for colorectal cancer are commonly used in clinical practice, although no direct evidence, as yet, supports their efficacy in reducing morbidity and mortality. Colonoscopy can be used to visually inspect the entire colon and allows for the detection, removal, and biopsy of polyps during a single medical procedure. The double-contrast barium enema (DCBE) procedure uses barium sulfate, air, and X-ray technology for examining the interior wall of the colon. Colonoscopy and DCBE are also used as follow-up diagnostic tools when the results of another screening test are positive. Digital rectal examination (DRE) is the most commonly used screening test for colorectal cancer but can detect only those tumors within about 10 centimeters of the anus.

Guidelines for Screening

Because of recent evidence that screening reduces deaths from colorectal cancer, new guidelines have been released recommending screening of all people at average risk beginning at age 50.

- **U.S. Preventive Services Task Force:** On the basis of a systematic and rigorous review of new data, this independent, expert advisory panel convened by the U.S. Public Health Service has concluded that sufficient evidence now exists to recommend colorectal cancer screening. The task force recommends that clinicians include colorectal cancer screening, using periodic flexible sigmoidoscopy and/or annual FOBT, in regular health examinations for all persons aged 50 and older.
- **American Cancer Society:** For persons aged 50 and older and at average risk for colorectal cancer, the American Cancer Society recommends screening by one of the two following methods: annual FOBT, along with flexible sigmoidoscopy every 5 years; or a total colon examination, either by colonoscopy every 10 years or DCBE every 5–10 years. A DRE should be conducted along with sigmoidoscopy or total colon examination. The organization provides separate guidelines for screening persons at increased risk.
- **Interdisciplinary Task Force:** An interdisciplinary task force, originally convened by the federal Agency for Health Care Policy and Research and

supported by five major gastroenterological societies, has released guidelines similar to those established by the American Cancer Society. Extensive documentation and rationale accompany these recommendations for colorectal cancer screening.

These three guidelines all emphasize the health benefits derived from colorectal cancer screening—finding and removing precancerous and cancerous polyps and thus preventing the development of cancer, or detecting cancer at an early, more treatable stage.

Underuse of Screening

Results from recent studies and the new guidelines highlight the need to increase screening for colorectal cancer. Currently, screening for colorectal cancer lags far behind screening for other cancers, perhaps because the effectiveness of colorectal cancer screening has only recently been documented. Findings from CDC's state-based Behavioral Risk Factor Surveillance System indicated that in 1995, only 38% of adults over age 50 had ever had a sigmoidoscopy for screening or diagnostic purposes, and 29% of respondents reported having had one within the past 5 years. In the 1992 National Health Interview Survey, 48% of adults aged 50 and over reported ever having had an FOBT, and 17% reported having had one for screening in the preceding year.

CDC Program Activities

CDC is building coalitions to develop a national strategy to educate health care providers and the public about colorectal cancer screening guidelines and the availability of screening procedures. CDC is also supporting investigations to determine clinical and consumer barriers to screening.

- CDC is collaborating with the American Cancer Society in establishing a national coalition of public, private, and voluntary organizations to educate health care providers and the public about the importance of colorectal cancer screening. Partners include state health departments, professional digestive disease organizations (such as the American Digestive Health Foundation and the Digestive Disease National Coalition), medical societies, federal agencies, consumers, cancer survivors, managed care organizations, private industry, health educators, and the medical media.
- In 1997, CDC and the American Cancer Society hosted two National Colorectal Cancer Roundtables of potential partners to discuss strategies for identifying barriers to screening, assessing current public awareness of and interest in screening, and developing and disseminating health messages to promote screening.
- In 1997, CDC hosted two meetings for CDC staff, state health department representatives, and other partners to share current and future plans for colorectal cancer initiatives and to identify challenges and opportunities in developing state-based colorectal cancer efforts.
- CDC is providing support for two multiyear studies, one with Kaiser Permanente Medical Care Program of Northern California and another with the Imperial Cancer Research Fund in Great Britain, to determine patients' interest and participation in sigmoidoscopy screening.
- CDC is working with The HMO Group to validate self-reported history of colorectal cancer screening by comparing responses to a telephone survey to information recorded on medical charts for a sample of adults aged 50 and older.
- CDC is working with the American Cancer Society to plan a national survey of primary care physicians to determine their knowledge and attitudes about colorectal cancer screening and their perceptions of barriers to this screening.
- CDC is providing support for a 3-year program at the University of North Carolina Prevention Center to develop standards for performing and reporting results of sigmoidoscopies.

Colorectal Cancer Screening Guidelines Available on the Internet:

U.S. Preventive Services Task Force
<http://158.72.20.10/pubs/guidecps/default.htm>

American Cancer Society
<http://www.cancer.org>

Interdisciplinary Task Force
<http://www.gastro.org/colcancer>

**For more information or additional copies of this document, please contact the
Centers for Disease Control and Prevention,
National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-64,
4770 Buford Highway NE, Atlanta, GA 30341-3717, (770) 488-4751.
cancerinfo@cdc.gov
<http://www.cdc.gov/nccdphp/dcp>**

NATIONAL COLORECTAL CANCER ROUNDTABLE

July 23-24, 1997
Atlanta, Georgia

Agenda

JULY 23, 1997

6:30 - 7:00 **Reception**

7:00 - **Dinner**

JULY 24, 1997

7:30 - 8:30 **Continental Breakfast**

8:30 - 9:00 **Welcome, Roundtable Charge** Stephen Wyatt, DMD, MPH (CDC)
 Bernard Levin, MD for Harmon Eyre, MD (ACS)

9:00 - 9:30 **Participants Introduction**

9:30 - 10:00 **Colorectal Cancer: Overview, Challenges, and Opportunities**
 Disease Burden Marion Nadel, PhD
 Screening Tests and Cost Effectiveness John Bond, MD

10:00 - 10:15 **Break**

10:15 - 12:00 **Colorectal Cancer: Overview, Challenges, and Opportunities (Cont.)**
 Screening Guidelines Bernard Levin, MD
 Screening Prevalence Marion Nadel, PhD
 Legislative Update Robert Smith, PhD
 Current ACS/CDC Colorectal Cancer Activities Marion Nadel, PhD
 Robert Smith, PhD
 John Lisco, MPH
 Mammography Success Story Robert Smith, PhD

12:00 - 1:00 **Working Lunch**
 Presiding Robert Smith, PhD

1:00 - 2:00 **Discussion of National Colorectal Cancer Roundtable Next Steps**
 a. Priority issues/activities for the National Colorectal Cancer Roundtable
 b. Organizational roles
 c. Requisites of a successful initiative

2:00 - 2:15 **Break**

2:15 - 3:45 **Discussion (Cont.)**
 d. Commitment/on-going participation
 e. Additional partners/groups/individuals to involve
 f. Development of working groups and specific roles
 g. ACS/CDC roles

3:45 - 4:15 **Closing Remarks**
 Summary of discussion Bernard Levin, MD
 Next Meeting Date(s)

4:15 **Adjourn**

NATIONAL COLORECTAL CANCER ROUNDTABLE

Participant List

*July 24, 1997
Atlanta, Georgia*

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Colorectal Cancer

Problem

Colorectal cancer is the third most commonly diagnosed cancer for both men and women in the United States, and the second leading cause of cancer-related deaths. In 1997, 54,900 Americans will die from colorectal cancer; approximately 131,200 new cases will be diagnosed. The risk of developing colorectal cancer increases with advancing age. Men are more likely than women to develop colorectal cancer. African Americans are more likely than whites to be diagnosed with it and are more likely to die of the disease; incidence and mortality trends indicate that the gap between whites and African-Americans is widening. When colorectal cancer is detected and treated early, survival is greatly enhanced. Results from recent studies showing that screening can reduce mortality from colorectal cancer have led several scientific organizations to release new screening guidelines. However, the 1992 National Health Interview Survey indicated that for persons aged 50 or older, usage rates for proven colorectal cancer screening tools such as Fecal Occult Blood Testing (FOBT) and screening sigmoidoscopy were low (about 26 % and 9% respectively). Currently, only 37 percent of colorectal cancers are diagnosed while the disease is still in a localized stage. These statistics underscore the need for greater efforts to educate health care providers about colorectal cancer screening guidelines and to inform the public, especially the targeted older population, about the availability and advisability of screening.

Current Efforts

With \$2.5 million in FY 1997, CDC is engaged in a broad spectrum of colorectal cancer early detection activities, including: collaborating with the American Cancer Society for the establishment of a national coalition of public, private, and voluntary organizations to educate medical providers and the public about the importance of colorectal cancer screening; partnering with State health departments to identify colorectal cancer screening issues that affect them; identifying barriers and determinants of patient compliance with screening; determining knowledge, attitudes, and practices of patients and providers related to colorectal cancer: working with managed care organizations to promote colorectal cancer screening as a Health Plan Employer Data and Information Set (HEDIS) test set measure; developing health communication messages for older Americans on the benefits of FOBT screening; and promoting quality standards for performing and reporting sigmoidoscopy results.

Opportunities

Increasing the utilization of proven colorectal cancer screening tests is contingent upon the capacity of state and federal health agencies, professional, and voluntary partners, to build the public health infrastructure to assure that these critical screening tests are provided to at-risk individuals. This infrastructure, supported by a solid research base, includes the following essential elements: coalition building, public and professional education, quality assurance, surveillance, and evaluation. Based upon experience gained from the implementation of the National Breast and Cervical Cancer Early Detection Program, CDC proposes a phased-in approach: In Year 1, with \$10 million (\$12.5 million total) in new resources, CDC would support capacity-building efforts in 15-20 states. Year 2 appropriations of \$22.5 million would support an additional 15-20 states. In Year 3, with a total appropriation of \$32.5 million, the remaining states would be supported for infrastructure development efforts.

This infrastructure-building effort would serve to increase the utilization of proven screening tools for colorectal cancer among the entire population for whom screening is appropriate. This would include efforts to promote the use of the recently enacted Medicare screening benefit. With this comprehensive approach, CDC will assist State Health Departments in effectively addressing the barriers and current infrastructure limitations that impede access to these proven prevention tools.

1. What is the overall rate of screening for colorectal cancer? Do screening rates appear to vary among certain groups, education or income levels, geographic areas, or between men and women?

According to the Centers for Disease Control and Prevention's (CDC) 1995 Behavioral Risk Factor Surveillance System (BRFSS) survey, only 38 percent of American adults aged 50 and older reported ever having had a proctoscopic examination for screening and/or diagnostic purposes, and only 29 percent reported having had one within the past 5 years. However, the number of adults who have had screening proctoscopy is probably lower because these data include those tests done for diagnostic purposes (41 percent of those reporting having had a sigmoidoscopy did so because of health problems).

In summary, males were more likely than females to report ever having had a proctoscopic examination (43 percent to 33 percent, respectively) and to have had such an exam within the past 5 years (35 percent to 24 percent, respectively). Higher income was associated with greater percentages of reported use of proctoscopy, and higher levels of education also reflected higher utilization of this screening method. Whites were more likely than blacks, Hispanics, or other racial groups to report ever having had a proctoscopic exam.

[See attachment for a breakdown of the results of the BRFSS survey by gender, race, income, and education along with state-specific information showing which States are "at or above median" or "below median" percentages for reporting ever having a proctoscopic examination.]

CDC's 1992 National Health Interview Survey (NHIS) results indicated that 48 percent of adults aged 50 and older reported ever having had a fecal occult blood test (FOBT) and 17 percent reported having had one in the preceding year. Twenty-six percent of the population aged 50 and older reported FOBT screening within the past 3 years.

Responses to the 1992 NHIS survey also revealed that the use of colorectal cancer screening was lower among Hispanics than among non-Hispanics. In addition, overall survey responses showed that those living above the poverty level were about twice as likely to report participation in screening as those living below it. Likewise, increased education was an important factor in getting screened, and those living in urban areas were more likely to report being screened than those living in rural areas.

2. What are the major barriers to regular screening? How does the lack of insurance, or lack of coverage for colorectal cancer screening, play a role?

Many of the barriers to participation in colorectal cancer screening are similar to those observed for other cancers.

- **Lack of Physician Recommendation:** As seen with mammography screening programs during the last 1-2 decades, the lack of a physician recommendation can be a major barrier to screening participation. Physicians may be reluctant to discuss colorectal cancer screening with patients because of the perception that patients are not interested. Patients may not ask because they may not know enough about colorectal cancer and the importance of early detection.
- **Embarrassment:** A major constraint on participation in screening may be colorectal cancer's perceived status as the "silent cancer ... down there" and the absence of discourse, both public and private, on this topic. Many people find it embarrassing and unpleasant to talk about the colon and rectum. Hence, the importance of public and provider education to raise awareness and promote interaction about colorectal cancer between individuals over age 50 and their providers, spouses, and peers.

- **Cost:** If costs for screening are not covered by health care plans and must be paid out-of-pocket, the cost may be a barrier to screening. Based on 1997 Medicare national average allowances, costs for various screenings can range from about \$4.00 for FOBT to approximately \$80 for a flexible sigmoidoscopy, to over \$400 for diagnostic colonoscopy (excluding costs of office visits and other attendant medical costs). As of January 1998, Medicare coverage of colorectal cancer screening is included as a benefit through the Balanced Budget Act of 1997. For eligible individuals aged 50 and older, Medicare will cover annual FOBT screening, flexible sigmoidoscopy every 4 years, and colonoscopy for high-risk individuals every 2 years. (Under certain conditions, Medicare will also pay for double contrast barium enema (DCBE) as a screening test for colorectal cancer as an alternative to a flexible sigmoidoscopy examination.)

Data about the type of coverage provided and percentages of HMO's or other health insurance plans that cover colorectal cancer screening are not available. Efforts to obtain this type of information are under way by various federal agencies.

Other factors that may hinder participation in colorectal cancer screening include lack of access to screening, the specific screening regimens and dietary restrictions, the

time required to participate in screening, and fear or denial regarding the tests or a potential diagnosis. The design and implementation of innovative strategies to address multiple barriers are essential if the use of screening services is to be increased.

3. To what extent are Americans aware of their individual risk for CRC and the need for regular screening? Are they receiving misinformation, or simply no information at all on this subject?

According to findings from the 1992 NHIS, almost 17 percent of persons aged 50+ had never heard of FOBT, and more than 32 percent had never heard of proctoscopy. CDC is supporting several studies to determine people's knowledge about colorectal cancer, as well as their attitudes and behaviors regarding screening for this disease. This additional research is necessary for developing effective health communication messages to raise public awareness about the importance of early detection for colorectal cancer. Because new screening guidelines have been released during the last several years, full-scale educational efforts have not yet occurred. (For a summary of the guidelines, see attached 1998 Colorectal Cancer At-A-Glance.)

4. Do most health care providers encourage their older patients to engage in regular screening for colorectal cancer?

In 1989, the American Cancer Society (ACS) conducted a national survey of the attitudes of physicians toward ACS screening guidelines and the observance of the guidelines in their practice. For each survey, telephone interviews were conducted with approximately 1,000 practicing primary care physicians. The only screening test not widely used was the proctoscopic exam.

While 64 percent of respondents agreed completely with the ACS guidelines for proctoscopy (every 3 to 5 years in patients aged 50 and older), only 23 percent reported following or exceeding the guidelines in their practice. Reasons given for disagreement with the guidelines included not being convinced that the procedure is needed in the absence of symptoms, low yield, high cost, patient discomfort, and difficulty in getting patients to comply. Only 54 percent of physicians advised patients aged 50 or older to have a proctoscopic exam if they had a negative FOBT.

In the 1989 ACS survey, physicians reported following the ACS guidelines for FOBT more than following the proctoscopy guidelines. For the FOBT, 88 percent of physicians reported

that they agreed completely with the ACS guidelines of testing once each year in patients aged 50 and older. Fifty-six percent of physicians reported that they followed or exceeded the ACS guidelines for FOBT screening with all of their patients.

Another large national survey of physicians was conducted in 1989-1990 to assess agreement with recommended screening intervals for eight cancer screening procedures (Czaja et al. 1994). Eighty-three percent of physicians reported that they would recommend annual FOBT screening for patients aged 50 and older with no known risk factors for colorectal cancer. For flexible sigmoidoscopy, 62 percent of physicians recommended the procedure "every 2 years or less frequently" with the rest of the respondents either recommending the procedure "annually/between 1 and 2 years" or "never" (percentages for each category not reported).

These previous national surveys were conducted before published evidence from case-control studies indicated that sigmoidoscopy reduced colorectal cancer mortality. They were also conducted before the publication of recent colorectal cancer screening guidelines by the U.S. Preventive Services Task Force, the American Gastroenterological Association, and the ACS.

If not, how can we educate physicians about this issue?

CDC is currently collaborating with the ACS to conduct a new survey that will provide updated and more detailed information about physicians' colorectal cancer screening knowledge, attitudes, and practices, which may have been affected by the recent evidence of screening efficacy and the release of guidelines recommending screening. In addition, because of the recent rapid growth in the proportion of care received in managed care settings, the survey will provide valuable information on the relationship of practice setting (primary care providers, managed care, etc.) to physicians' screening knowledge, attitudes, and practices.

The CDC is also collaborating with the ACS to establish a National Colorectal Cancer Roundtable--a national coalition of public, private, and voluntary organizations--to educate medical providers and the public about the importance of colorectal cancer screening. Other partners include state health departments, professional digestive disease organizations (such as the American Digestive Health Foundation and the Digestive Disease National Coalition), medical societies, federal agencies, consumers, managed care organizations, private industry, and health educators. Some educational materials are currently available from a variety of organizations, and additional study results will enable the Roundtable to design specific communication messages and

campaigns to further facilitate educating the public and providers. Specific workgroups will be dealing with development of health education messages, as well as strategies for increasing provider knowledge about colorectal cancer screening (i.e., additional medical school training, special training of physicians assistants or other medical staff to perform flexible sigmoidoscopy/colonoscopy). In addition, CDC is working with managed care organizations to promote colorectal cancer screening as a Health Plan Employer Data and Information Set (HEDIS) test set measure. CDC is also collaborating with the Health Care Financing Administration to promote Medicare's new 1998 colorectal cancer screening benefits to Medicare beneficiaries.

We also need to ensure that primary care physicians are aware of the screening guidelines for colorectal cancer and are recommending that their patients have these important tests. When patients can discuss the need for screening and its benefits, as well as receive a personal invitation for screening, they are more likely to participate. In addition to the Roundtable coalition activities, many of the individual member groups of the Roundtable (American Digestive Health Foundation, American College of Gastroenterology, and others) are addressing the professional education needs of physicians.

CDC has identified colorectal cancer early detection as a priority area and is providing leadership in developing a national strategy to educate health care providers and the public about colorectal cancer screening guidelines and the availability of screening procedures. CDC is building partnerships to strengthen the network of public and private organizations concerned with promoting screening and supporting investigations to determine clinical and consumer barriers to screening.

5. What current Administration programs promote education, screening and early detection of CRC? Are any new efforts being planned to address these issues?

Although CDC had no appropriations specifically for colorectal cancer prior to FY 1997, the agency used available resources to initiate fundamental activities related to colorectal cancer early detection. FY 1997 and 1998 appropriations of \$2.5 million have allowed CDC to engage in a broad spectrum of colorectal cancer early detection activities.

Partnerships

- During 1997, CDC and ACS hosted two National Colorectal Cancer Roundtable meetings of partners to discuss strategies for identifying barriers to screening, assessing current public awareness of and interest in screening, and developing and disseminating health

messages to promote screening. During 1998 the Roundtable will establish specific workgroups to address education needs and health messages for both patients and health care providers, as well as health care system and policy issues. The recommendations that come out of these Workgroups will direct the activities of the Roundtable and its member organizations in 1999 and beyond.

- CDC hosted two meetings to provide forums for CDC staff, state health department representatives, and other partners to share current and future plans for colorectal cancer initiatives and to identify challenges and opportunities in developing state-based colorectal cancer efforts. CDC will continue leadership in this capacity by hosting additional forums in 1998.
- CDC is working with the Health Care Financing Administration to promote Medicare's new 1998 colorectal cancer screening benefits.
- During 1998, CDC plans to provide resources averaging \$300,000 to no more than five states to address comprehensive cancer control issues, including those related to colorectal cancer.

CDC is also providing support for various research activities related to colorectal cancer early detection, some of which are multiyear projects:

- CDC is providing support for two multi-year studies, one with Kaiser Permanente Medical Care Program of Northern California and another with the Imperial Cancer Research Fund in Great Britain, to determine patients' interest and participation in sigmoidoscopy screening.
- CDC is collaborating with the Mount Sinai School of Medicine, New York, to conduct a study of attitudes, beliefs, and practices related to colorectal cancer.
- CDC is providing support to the Memorial Hospital of Rhode Island to identify sociocultural and psychological influences affecting Hispanics' beliefs, attitudes, and practices associated with cancer prevention, including colorectal cancer screening. In addition, the study will assess providers' perceptions of Hispanic patients regarding cancer prevention and screening.
- CDC is providing support to the National Coalition of Health and Human Services Organizations (COSSMHO) to develop a National Hispanic Colorectal Cancer Outreach and Education Project, addressing the need for increased awareness of and screening for colorectal cancer among Hispanics.
- CDC is collaborating with the Group Health Cooperative of

Puget Sound on a study of preventive services for older women. The study includes surveys of female members aged 50 or older and providers to determine their knowledge, attitudes, and practices related to screening for colorectal cancer.

- CDC is collaborating with the National Cancer Institute to strengthen and expand the colorectal cancer screening questions that will be included in supplements to the National Health Interview Survey.
- CDC is working with The HMO Group to validate self-reported history of colorectal cancer screening by comparing responses to a telephone survey to information recorded on medical charts for a sample of adults aged 50 and older.
- CDC is working with the ACS to plan a national survey of primary care physicians to determine their knowledge, attitudes, and perceptions of barriers to colorectal cancer screening.
- In 1993, the National Cancer Institute (NCI) initiated a 15-year randomized control trial of screening for prostate, lung, colorectal, and ovarian cancers (PLCO). CDC is collaborating with NCI to enhance recruitment of African American males for participation in this trial.

The focus of the colorectal screening in the PLCO trial is flexible sigmoidoscopy.

- CDC is providing support for a 3-year program at the University of North Carolina Prevention Center to develop standards for performing and reporting results of sigmoidoscopies.

As new data from colorectal cancer studies are analyzed, CDC will direct efforts to translate the knowledge into effective public health practices for educating health care providers and the public about colorectal cancer, the benefits of screening, and other related prevention opportunities.

6. Where do gaps exist in our effort to educate Americans and prevent colorectal cancer?

◆ Professional training and education are needed for health care providers: Before launching a major health education initiative to promote colorectal cancer screening, the public health infrastructure must be ready to ensure that providers possess the technological expertise to deliver high quality screening. Providers must receive appropriate training to perform the screening tests, and they must be educated about the guidelines and recommendations for screening. Assurance that those screened will receive appropriate diagnostic follow-up and

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treatment, if necessary, is another area of concern.

- ◆ Raising public awareness about the importance of early detection: Because guidelines recommending screening have only been released over the last several years, some education gaps result from the time delay inherent in conducting necessary research about barriers to screening prior to developing public health communication messages. As noted previously, CDC is involved in supporting various studies to determine barriers to screening, identifying determinants of compliance with screening, and developing appropriate health communications messages to raise public (and provider) knowledge and awareness.
- ◆ Tailoring messages for specific groups: More information about the knowledge, attitudes, and practices of minority groups regarding colorectal cancer screening is needed in order to develop culturally sensitive and linguistically appropriate messages.

Are there additional specific steps Congress can take to improve our success in this endeavor?

CDC considers the development and implementation of an effective national colorectal cancer screening program to be contingent upon the capacity of state and federal health agencies, and professional and voluntary partners to build the public health

infrastructure to support the delivery of these critical screening tests to underserved men and women. This infrastructure must be supported by a solid research base and should include the following essential elements: coalition building, public and professional education, quality assurance, surveillance, and evaluation. An infrastructure-building effort would serve to increase the utilization of proven screening tools for colorectal cancer among the entire population for whom screening is appropriate. This would include efforts to promote the use of the recently enacted Medicare screening benefit.

With additional appropriations, CDC could initiate the process for building the necessary infrastructure for educating providers and the public, and, in a comprehensive approach, assist State Health Departments to effectively address the barriers and current infrastructure limitations that impede access to these proven prevention tools.

With additional funding, CDC would also propose a phased-in approach to developing and implementing a national screening program, based upon experience gained from the implementation of the National Breast and Cervical Cancer Early Detection Program. This approach would provide several years of infrastructure development time and would include a public awareness and education campaign. In Year 1, CDC would support capacity-building efforts in 15-20 states; in Year 2, an additional 15-20 states would receive support for infrastructure

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American Cancer Society Guidelines for Screening and Surveillance for Early Detection of Colorectal Polyps and Cancer: Update 1997

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NATIONAL
Colorectal
Cancer
ROUNDTABLE

September 10, 1998

**PHOTOCOPY
PRESERVATION**



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Centers for Disease Control
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Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
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American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
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on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

**HILLARY RODHAM CLINTON HOSTS WHITE HOUSE EVENT TO
PROMOTE PREVENTION, EARLY DETECTION OF
COLORECTAL CANCER**

*First Lady Joins National Colorectal Cancer Roundtable In Urging
Americans Over 50 to Get Tested*

WASHINGTON, DC (September 10, 1998) - Today at the White House, First Lady Hillary Rodham Clinton announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Joining Mrs. Clinton at the event were Secretary of the Department of Health and Human Services Donna Shalala, co-anchor of NBC's "Today" show Katie Couric, National Colorectal Cancer Roundtable Chair Bernard Levin, MD, and *Good Housekeeping* Editor-in-Chief Ellen Levine. More than 50,000 Americans die each year from colorectal cancer, which is preventable and even curable when detected early. Men and women over the age of 50 are at risk for developing this disease.

In urging age 50 and older Americans to be screened for colorectal cancer, Mrs. Clinton said, "You can prevent colon cancer, even beat it. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival." Dr. Levin, echoing Mrs. Clinton's comments, said, "widespread screening for colorectal cancer could reduce the death rate from this killer by over 50 percent. There is no other disease about which we can make this claim."

To underscore their efforts, Mrs. Clinton, who at the event was made Honorary Chair of the National Colorectal Cancer Roundtable, unveiled survey results and several new initiatives to help spread the word about the importance of colorectal cancer prevention and early detection.

Results of National Survey

Results of a national colorectal cancer awareness survey, commissioned by the Roundtable (a coalition of medical professional, consumer advocacy, and voluntary organizations) and conducted by the Gallup Organization, were released at the White House event (see news release on survey results). The survey found that nearly 50 percent of people over age 50 – the age group considered at highest risk for developing colorectal cancer – have never been screened for the disease. Of those people, most reported that no medical professional had ever recommended a screening test for colorectal cancer.

Public Service Announcements

Dr. Levin unveiled a new public service announcement (PSA) campaign, sponsored by the Roundtable and featuring the First Lady. In the television, print, and radio PSAs, shown during the event, Mrs. Clinton urges all Americans over the age of 50 to be screened for colorectal cancer, a test that could save their lives. The print PSA will appear in the January issue of Good Housekeeping.

The PSAs will be distributed nationally via satellite broadcast and mailings to public service directors across the country. The PSAs also will receive additional distribution and visibility through the grassroots efforts of the National Colorectal Cancer Roundtable members (see Roundtable fact sheet for list of members).

Colorectal Cancer Chat Room

As a member of the Roundtable, the American Digestive Health FoundationSM's Digestive Health Initiative[®] debuted its Internet chat room on colorectal cancer located at www.gastro.org/adhf.html. This public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for the disease to engage in live, real time discussions of the many issues related to colorectal cancer.

Each month, the chat room will feature a guest expert, beginning with actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. On September 11th, from 1 p.m. – 2 p.m. EDT, Ms. Barrie will appear in the chat room live to discuss her personal experience as a colorectal cancer survivor. In addition, Ms. Barrie will respond to questions posted on the chat room's message board during the month of September.

Private Sector Partnerships

In its efforts to spread the word about the importance of colorectal cancer prevention and early detection, the Roundtable sought and secured partnerships with members of private industry, which were announced at the White House event. In her remarks, Mrs. Clinton recognized the following companies for the activities they will undertake to raise awareness about the importance of colon cancer prevention and screening among their employees and customers (see Private Sector Partnerships fact sheet for details on individual company activities):

- American Airlines
- American Greetings Corporation / National Association of Chain Drugstores
- Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.
- Bristol Myers Squibb Oncology / Better Health Foundation
- Eli Lilly and Company
- General Motors Corporation
- Kellogg Company
- National Association of Chain Drugstores
- Olympus America Inc.
- Zeneca Pharmaceuticals

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STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

**SURVEY SHOWS NEARLY HALF OF AMERICANS AT RISK FOR
COLON CANCER ARE NOT BEING SCREENED**

Large Number Report That Physicians Are Not Recommending Tests

WASHINGTON, DC (September 10, 1998) - Survey results released today at a White House event on new efforts to promote colorectal cancer prevention reveal that nearly half of all adults aged 50 and older –the age group considered at highest risk for developing colorectal cancer –have not been screened for the disease. The White House event was hosted by First Lady Hillary Rodham Clinton, who announced her support for raising awareness of colorectal cancer and unveiled new efforts to promote the prevention and early detection of the disease. Colorectal cancer, also known as colon cancer, kills more than 50,000 Americans each year, even though it is preventable and curable when detected early.

The survey, conducted for the National Colorectal Cancer Roundtable by the Gallup Organization, underscores the need for new national initiatives promoting colorectal cancer prevention and early detection. One of the most alarming findings is that most of the 47 percent of people over 50 not being screened for colorectal cancer reported that no medical professional had ever recommended screening.

"Physicians must make testing for colorectal cancer a part of their medical practices," said Roundtable Chair Bernard Levin, MD, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston. "I have spent too much of my professional career delivering bad news to people whose lives and health could have been saved if they had been screened for this preventable disease."

Although colorectal cancer occurs with almost equal frequency in men and women, the survey found that women aged 50 and older are less likely than men in this same age group to undergo screening (49 percent of women reported not having been screened versus 36 percent of men). Dramatic differences were also seen between whites and non-whites. Among survey

respondents, 44 percent of whites reported not having had any of the three tests - fecal occult blood tests, flexible sigmoidoscopy, barium x-ray - compared to 56 percent of non-whites.

The majority of adults surveyed seem to believe that early detection can save lives; however, when asked what they could do to help prevent colorectal cancer, fewer than half cited regular screening tests. Even fewer mentioned dietary changes, such as eating a high-fiber diet (21 percent), or general references to diet (20 percent). A sizable minority (22 percent) could not name anything a person might do to help prevent colorectal cancer.

Asked to estimate their own chances for developing colorectal cancer, one in five adults (20 percent) believe they are very likely to develop cancer of the colon or rectum. Another 35 percent say it is somewhat likely they will develop the disease. A small proportion – one percent – reported they already have colon or rectal cancer. Sixteen percent could not estimate their chances of getting colorectal cancer.

The Gallup Organization conducted telephone interviews from August 11 through August 23, 1998, with a national sample of 1,062 adults aged 50 or older, to examine the knowledge and experience of adults with testing for colorectal cancer.

###

The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy, and voluntary organizations committed to raising awareness about the prevention and early detection of colorectal cancer.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The Facts About Colorectal Cancer

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
Association

American Medical Association

American Medical
Women's Association

American Society of Colon
and Rectal Surgeons

American Society for
Gastrointestinal Endoscopy

Association of State and
Territorial Directors of Health
Promotion and Public Health
Education

Digestive Diseases
National Coalition

Collaborative Group of the
Americas on Inherited Colorectal
Cancer

Memorial Sloan-Kettering
Cancer Center

National Cancer Institute

National Caucus and Center
on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

What is Colorectal Cancer?

- Almost all cases of colorectal cancer, also referred to as colon cancer, begin with the development of benign colonic polyps.
- Polyps form when cells lining the colon grow, divide and reproduce in an unhealthy, disorderly way, producing a growth.
- These polyps can be cancerous, invading the colon wall and surrounding blood vessels, and spreading to other parts of the body.
- Colorectal cancer frequently begins without symptoms.

What Causes Colorectal Cancer?

- The exact causes of colorectal cancer are unknown, but the disease appears to be caused by both inherited and lifestyle factors.
- Diets high in fat and low in fruits and vegetables – such as those that include red meat, fried foods and high-fat dairy products – may increase the risk of colorectal cancer.
- Lifestyle factors –such as cigarette smoking, a sedentary lifestyle, and obesity – also may increase the risk of developing the disease.
- Genetic factors may determine a person's susceptibility to the disease, whereas dietary and other lifestyle factors may determine which at-risk individuals actually go on to develop the disease.

How Common is Colorectal Cancer?

- Colorectal cancer is the second leading cancer killer in the United States, and the third most common cancer overall.
- This year, more than 50,000 Americans will die from colorectal cancer and approximately 131,600 new cases will be diagnosed.
- Eighty to 90 million Americans (approximately 25 percent of the US population) are considered at risk because of age or other factors.
- More women over the age of 75 die from colorectal cancer than from breast cancer.

Who Is At Risk?

- Men and women aged 50 and older are at almost equal risk of developing colorectal cancer.
- Those who have a personal or family history of colorectal neoplasia (cancer or polyps) are at high risk of developing the disease.
- Anyone who has a personal history of inflammatory bowel disease, such as ulcerative colitis or Crohn's disease, is also at high risk.
- Although the incidence of colorectal cancer appears to be the same among all racial groups, survival rates seem to be lower for African-Americans.

How Can You Prevent Colorectal Cancer?

- Know your family history.
- See your doctor for yearly screenings if you are aged 50 or older.
- Maintain a diet low in animal fat and high in fruits, vegetables and fiber.
- Exercise regularly.
- Prevent obesity.
- Avoid cigarette smoking.

What You Need To Know ...

- Early detection saves lives – colorectal cancer is preventable, even curable when detected early.
- If colorectal cancer is found early enough, the patient has more than a 90 percent chance of survival.
- Colorectal cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers.
- Several screening methods can be used to detect polyps before they become cancerous, such as fecal occult blood test, colonoscopy, flexible sigmoidoscopy and barium x-ray. These tests also can detect cancer in its early stages.

###

BERNARD LEVIN, MD
Gastroenterologist

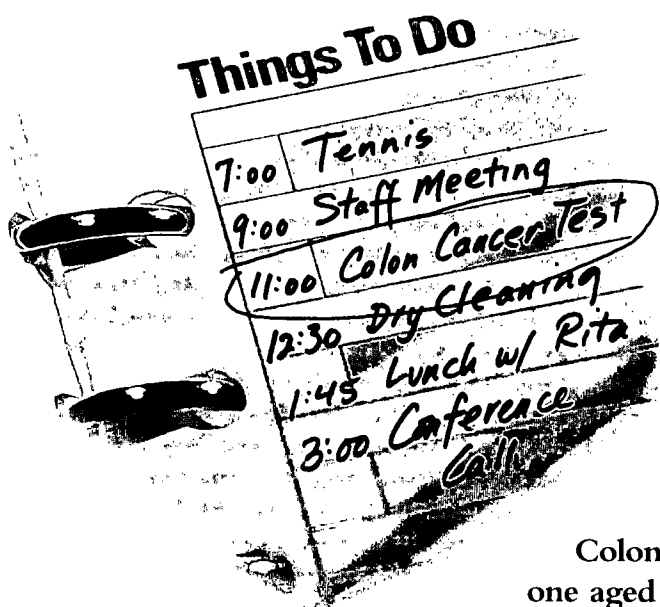
Bernard Levin, MD, currently is professor of medicine and vice president for cancer prevention at University of Texas M.D. Anderson Cancer Center in Houston, Texas. Prior to his fourteen years at M.D. Anderson, Dr. Levin was associate professor of medicine and attending physician at University of Chicago Hospital and Clinics.

For the American Digestive Health FoundationSM (ADHFSM), Dr. Levin serves as co-chair of the Digestive Health Initiative[®]'s Colorectal Cancer Education Campaign. He also is chair of the American Cancer Society's National Advisory Task Force on Colorectal Cancer and recently was appointed as chair of the National Colorectal Cancer Roundtable.

Affiliated with a number of professional organizations, Dr. Levin is a member of the American Gastroenterological Association and a fellow of the American College of Physicians. He participates as a consultant to the National Cancer Institute.

Dr. Levin has written extensively for distinguished medical publications including *Journal of the National Cancer Institute*, *Gastroenterology*, the *International Journal of Cancer*, *Cancer* and *Science*.

A graduate of the University of Witwatersrand in Johannesburg, South Africa, Dr. Levin completed fellowships in gastroenterology and biochemistry in pathology at the University of Chicago.



“I feel fine.”
“My schedule is too hectic.”
“I’m only 50.”

**MAKE THE TIME TO GET
 A TEST THAT COULD SAVE
 YOUR LIFE.**

Colon cancer is the second-leading cancer killer and everyone aged 50 and older is at risk. More than 50,000 Americans will die from colon cancer and 131,600 new cases will be diagnosed this year.

Colon cancer is an equal-opportunity disease that affects both women and men. This silent killer frequently begins without symptoms and those with a family history are at even greater risk.

THE GOOD NEWS IS:

Colon cancer is preventable—even curable when detected early. In fact, if cancer is found early enough, the patient has more than a 90 percent chance of survival.

Colon cancer screenings are safe and effective and are now covered by Medicare and an increasing number of other health providers. There’s even a test that can be used in the privacy of your own home.

Talk to your doctor about getting tested.



“You can prevent colon cancer, even beat it.”

• HILLARY RODHAM CLINTON •



SPONSORED BY THE NATIONAL COLORECTAL CANCER ROUNDTABLE

FOR MORE INFORMATION, CALL THE AMERICAN CANCER SOCIETY

AT 1-800-ACS-2345



The National Colorectal Cancer Roundtable
1599 Clifton Road NE
Atlanta, GA 30329-4251

Dear Public Service Director:

Imagine having a disease that rarely produces symptoms but is the second most deadly cancer in the United States. Colorectal cancer is a silent killer that affects women and men with almost equal frequency and everyone over the age of 50 is at risk. This year, more than 50,000 Americans will die from colorectal cancer and nearly 131,600 new cases will be diagnosed.

The good news is that colorectal cancer is preventable, and even curable when detected early. Widespread screening for the disease could reduce the death rate by more than 50 percent. There is no other disease about which we can make this claim.

First Lady Hillary Rodham Clinton has joined the National Colorectal Cancer Roundtable in raising awareness about colorectal cancer and in urging everyone over the age of 50 to get screened. As an important source of public information, we need your help in spreading the word about this deadly disease and the benefits of screening. We hope that you will air this PSA as frequently as possible. I would appreciate anything you can do to schedule it when viewers over 50 are likely to be watching.

Sincerely,

Bernard Levin, M.D.
Chairman, National Colorectal Cancer Roundtable
Vice President for Cancer Prevention
M.D. Anderson Cancer Center

TV PSAs

:60/:30/:15

"Hillary Rodham Clinton on Colon Cancer"

MEMBERS OF THE NATIONAL COLORECTAL CANCER ROUNDTABLE

Agency for Healthcare Policy & Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
American Gastroenterological Association
American Medical Association
American Medical Women's Association
American Society for Gastrointestinal Endoscopy
American Society of Colon and Rectal Surgeons
Association of State & Territorial Directors of Health
Promotion & Public Health Education
Centers for Disease Control & Prevention
Collaborative Group of the Americas on Inherited
Colorectal Cancer
Digestive Diseases National Coalition
Memorial Sloan-Kettering Cancer Center
National Cancer Institute
National Caucus & Center on Black Aged, Inc.
STOP Colorectal Cancer Foundation
University of Minnesota Cancer Center
University of Texas M.D. Anderson Cancer Center



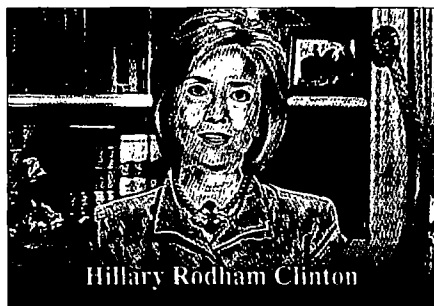
1ST WOMAN: Okay, who's up for lunch?
2ND WOMAN: Oh, sorry. I've got to take my husband to the doctor.
3RD WOMAN: Is everything okay?



2ND WOMAN: Oh yeah. It's just a colon cancer test.
4TH WOMAN: But he's so young. Only fifty-two.



3RD WOMAN: I'm supposed to get screened too, but I don't have the time...



HILLARY RODHAM CLINTON: Colon cancer kills over 50,000 people a year and strikes women nearly as often as men.



But you can beat it if it's detected early. So if you're fifty or older please get tested. It can save your life.

MAKE THE TIME TO GET A TEST
THAT COULD SAVE YOUR LIFE.

Call the American Cancer Society
1-800-ACS-2345



ANNCR: Call 1-800-ACS-2345.



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Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

Colorectal Cancer Public Service Announcements Featuring First Lady Hillary Rodham Clinton

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

American College of Physicians

American College of Radiology

American Digestive
Health Foundation

American Gastroenterological
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American Medical Association

American Medical
Women's Association

American Society of Colon
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American Society for
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Association of State and
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Memorial Sloan-Kettering
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on Black Aged, Inc.

STOP Colorectal Cancer
Foundation

University of Minnesota
Cancer Center

University of Texas
M.D. Anderson Cancer Center

WHAT: Television, print, and radio public service announcements (PSAs) on the importance of screening to prevent and detect colorectal cancer. Television and radio PSAs are available in :15, :30 and :60 formats. The print PSA is available in a variety of dimensions.

WHO: The PSAs feature First Lady Hillary Rodham Clinton urging all Americans over the age of 50 to see their doctors about getting screened for colorectal cancer. The PSAs are sponsored by the National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy, and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer (see Roundtable fact sheet).

WHY: 50,000 Americans die every year from colorectal cancer, the second leading cancer killer, and the disease affects women nearly as often as men. Everyone aged 50 and older is at risk for developing colorectal cancer, and those with a family history are at even greater risk. However, colorectal cancer is preventable, even curable, when detected early. In fact, widespread screening for colorectal cancer could reduce the death rate by over 50 percent. There is no other disease about which we can make this claim. Everyone 50 and older should see his or her doctor about getting screened for colorectal cancer.

WHERE: The television PSAs will be available via satellite broadcast on the following days:

Thursday, September 10th
7:30pm to 7:45pm EDT
Satellite GE1, Transponder 1
Downlink 3720
Audio on 6.2 and 6.8

Friday, September 11th
1:00pm to 1:15pm EDT
Satellite Telestar 4, Transponder 23
Downlink 4160
Audio on 6.2 and 6.8

The PSAs will be widely distributed to television, radio and print public service directors across the country. A nationally distributed trade publication for television PSA directors will feature Mrs. Clinton's PSAs in the September issue, and the PSAs also will be distributed through the grassroots efforts of the member organizations of the National Colorectal Cancer Roundtable.

For copies of the television, radio or print PSAs, contact Bill Goodwill at (703) 426-0881.

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1599 Clifton Rd., NE
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Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

**Roundtable Member Organization Launches
Chat Room on Colorectal Cancer
www.gastro.org/adhf.html**

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
American College of Physicians
American College of Radiology
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Memorial Sloan-Kettering
Cancer Center
National Cancer Institute
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on Black Aged, Inc.
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University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

On September 10th, 1998, the American Digestive Health FoundationSM's (ADHFSM) Digestive Health Initiative[®] (DHI[®]) will debut its Internet chat room on colorectal cancer. Located at www.gastro.org/adhf.html, this public to public chat room will allow consumers, colorectal cancer patients, family members, survivors, and people at high risk for developing the disease to engage in live, real-time discussions of the many issues related to colorectal cancer. At this same electronic location, the DHI also will offer a colorectal cancer message board, on which participants can post questions, answers, information about resources, and topics for discussion concerning this disease.

In addition to the address above, the chat room can be accessed through the home pages of the three ADHF member societies:

- American Gastroenterological Association: www.gastro.org
- American Society for Gastrointestinal Endoscopy: www.asge.org
- American Association for the Study of Liver Diseases:
www.hepar-sfgh.ucsf.edu

"Guest of the Month" Feature

Each month, the DHI colorectal cancer chat room will feature a guest expert. These guest experts, drawn from the medical, patient support, and cancer survivor communities, will be scheduled to appear live in the chat room to discuss their personal and professional experiences with colorectal cancer. Throughout the month, the guest experts will also respond to questions and topics of discussion posted on the message board.

September's live guest will be actress and colorectal cancer survivor Barbara Barrie, co-star of the NBC sitcom "Suddenly Susan" and author of the 1997 book *Second Act: Life After Colostomy and Other Adventures*. Ms. Barrie will participate live in the chat room on September 11th from 1 p.m. to 2 p.m. EDT to discuss her personal experience and will respond to inquiries on the message board during the month of September. Dr. Bernard Levin, vice president for Cancer Prevention at the M.D. Anderson Cancer Center in Houston and chair of the National Colorectal Cancer Roundtable, also

will be available during the last two weeks of September to respond to message board questions and comments.

See the opening page of the chat room for information on future guest experts.

The American Digestive Health Foundation is a cooperative effort of the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy, and the American Association for the Study of Liver Diseases. The ADHF promotes digestive health for all Americans by supporting educational initiatives and research into the causes, prevention, diagnosis, treatment and cure of digestive and liver diseases. The ADHF funds basic research, clinical research, and investigations into prevention strategies, and has established four interdependent initiatives to advance its digestive health agenda.

#

* National Colorectal Cancer Roundtable member.



c/o American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329-4251
Phone: 404-329-7631
Fax: 404-248-1780
Email: nccr@cancer.org

The National Colorectal Cancer Roundtable

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research

Alliance of Community
Health Plans

American Academy of
Family Physicians

American College of
Gastroenterology

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Foundation

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The National Colorectal Cancer Roundtable is a coalition of medical professional, consumer advocacy and voluntary organizations, committed to raising awareness about the prevention and early detection of colorectal cancer. The Roundtable's ongoing mission is to reduce the incidence of and mortality from this disease by achieving screening rates for colorectal cancer that are equivalent to screening rates for other cancers (currently four out of five people*).

Colorectal cancer is the second leading cancer killer in the US, causing the deaths of more than 50,000 Americans every year. Men and women over the age of 50, and those with a family history of colorectal cancer, are most at risk for developing this disease.

To advance its major objectives, the Roundtable has set the following goals:

- Develop a national strategic plan for the early detection and control of colorectal cancer.
- Advocate for key policy issues that will help reduce colorectal cancer rates.
- Identify research needs and potential barriers to reducing colorectal cancer rates, and recommend solutions.
- Develop and sustain partnerships to enhance efforts in the prevention and early detection of colorectal cancer.
- Monitor progress in disease reduction efforts and participation in screening.
- Produce periodic reports on the current state of colorectal cancer control, and progress towards national objectives.

For more information on the National Colorectal Cancer Roundtable, call Dr. Gabriel Feldman at the American Cancer Society, (404) 329-7504.

#

* Breast and cervical cancers.

Member Organizations of the National Colorectal Cancer Roundtable

Agency for Healthcare Policy and Research
Alliance of Community Health Plans
American Academy of Family Physicians
American Cancer Society
American College of Gastroenterology
American College of Physicians
American College of Radiology
American Digestive Health FoundationSM
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National Colorectal Cancer Roundtable Private Industry Partnerships Promoting Awareness of Colorectal Cancer Prevention and Detection

Founding Organizations:

American Cancer Society
Centers for Disease Control
and Prevention

Member Organizations:

Agency for Healthcare
Policy and Research
Alliance of Community
Health Plans
American Academy of
Family Physicians
American College of
Gastroenterology
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STOP Colorectal Cancer
Foundation
University of Minnesota
Cancer Center
University of Texas
M.D. Anderson Cancer Center

The National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy and voluntary organizations, has developed partnerships with private industry to raise awareness of the importance of colorectal cancer prevention and early detection. These national companies, with their powerful reach, have committed to activities that will educate hundreds of thousands of Americans over the age of 50 about the importance of getting screened for colorectal cancer, the nation's second leading cancer killer.

American Airlines

American Airlines will publish First Lady Hillary Rodham Clinton's public service announcement on colon cancer in its in-flight magazine, *American Way*, reaching approximately two million air travelers in the US and around the world. In addition, American Airlines' in-house medical staff will provide free colorectal cancer screening cards to more than 200,000 employees, spouses and retirees.

American Greetings Corporation / National Association of Chain Drugstores

American Greetings will create a prescription insert reflecting National Colorectal Cancer Roundtable messages about prevention and early detection. The National Association of Chain Drugstores will distribute the insert to its 30,000 chain pharmacies and 90,000 chain pharmacists. Beginning in early 1999, individuals having prescriptions filled at participating drugstores and pharmacies will receive the insert in their prescription bags.

Beckman Coulter, Inc. / SmithKline Diagnostics, Inc.

Beckman Coulter/SKD will publish First Lady Hillary Rodham Clinton's public service announcement on colorectal cancer through the company intranet and in-house publication, *Beckman Coulter Life*, reaching more than 10,000 employees worldwide. SKD-trained representatives and an in-house support staff of 50 will promote the message about screening for colorectal cancer by making themselves, and SKD's Basic TrainingTM Patient Education Program, available to National Colorectal Cancer Roundtable participants and partners.

Bristol-Myers Squibb Oncology / Better Health Foundation

Bristol-Myers Squibb Oncology has provided an initial \$100,000 grant to the Better Health Foundation to develop a colorectal cancer workplace awareness program that companies nationwide can adopt at no cost. Bristol-Myers Squibb Oncology will initiate the program at all of its work sites.

Eli Lilly and Company

Eli Lilly will conduct a new employee education campaign to increase awareness about the prevention of colon cancer through regular screenings. The campaign will reach more than 31,000 Lilly employees worldwide and their families using the public service materials developed by the National Colorectal Cancer Roundtable, as well as educational materials created by the company's employee health services department in cooperation with corporate communications. Lilly will inform employees through a number of venues, including publications and its in-house television network.

General Motors Corporation

General Motors will publish an article on the importance of colorectal cancer prevention and early detection in its newsletter, *Feelin' Good*, which is distributed to 1.5 million employees, retirees, and families. The article will encourage employees to access the audio-tapes General Motors has in its Audio Health Library on colorectal cancer risk factors, early detection guidelines, signs and symptoms, and treatment, and will encourage enrollees in the corporation's wellness program to discuss any colorectal cancer questions or symptoms with registered nurses available through a toll-free number. The article also will contain information on how readers can access General Motors' web site information on the prevention and early detection of colorectal cancer, and will encourage employees to read the information on the disease contained in their wellness program self-care manuals.

Kellogg Company

Kellogg will promote colorectal cancer prevention and early detection messages to a variety of audiences, including: consumers via five million packages of Kellogg's All Bran and Bran Buds; 5,000 hospital health care sites; 5,000 health care professionals; 500 retailers; and to its thousands of employees and retirees through its publication, *The Kellogg News*. In addition, Kellogg Company will provide in-store consumer education messages in 12,000 stores, as well as information on the Internet generating approximately five million "hits" per month.

Olympus America Inc.

Olympus America will sponsor and videotape a "Colorectal Cancer Education –What Everyone Needs to Know" program which will be open to employees, family members and the general public. Olympus will initiate a direct mailing to the administrators of retirement communities across the country, offering copies of the videotaped program at no cost, and will show the videotaped program at the five Olympus Service Center branches in Atlanta, Cleveland, Chicago, Dallas, and Long Beach.

The program will be held at Olympus America headquarters in Melville, NY, or at a local medical university, and will be repeated at Olympus' repair and distribution facility in San Jose, CA. A panel of leading experts will speak about the problem of colorectal cancer, as well as solutions, including preventive measures, nutrition, and screening. The program will be promoted through a direct mail piece and internal *Olympus Bulletin*.

Zeneca Pharmaceuticals

Zeneca will offer to all employees over the age of 40 a new educational session on nutrition and its role in colorectal cancer, as well as a new session on the importance of screening women for colorectal cancer. In addition, a new work-site guide for detection/screening for colorectal cancer will be issued for customer use.

###

**COLORECTAL CANCER IS
AMERICA'S #2 CANCER KILLER**

YOU CAN PREVENT IT

The American College of Gastroenterology
Digestive Disease Specialists Committed to Quality in Patient Care



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A Patient Education Brochure



AMERICA'S #2
CANCER KILLER...

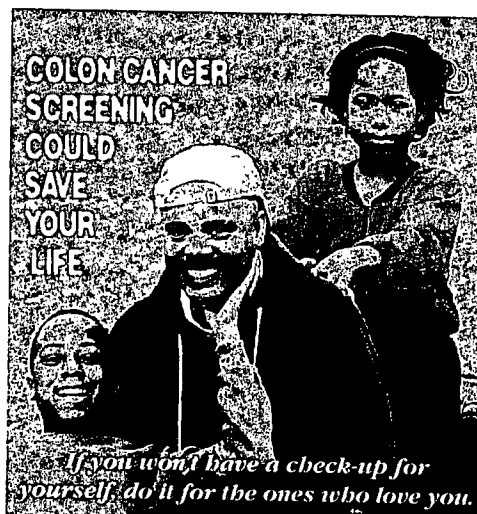
colon cancer

...YOU CAN
PREVENT IT

Now Medicare Covers A Test That Could Save Your Life

WHAT YOU SHOULD KNOW ABOUT...

New Medicare Colorectal
Cancer Screening Benefit
Screening For Your Family



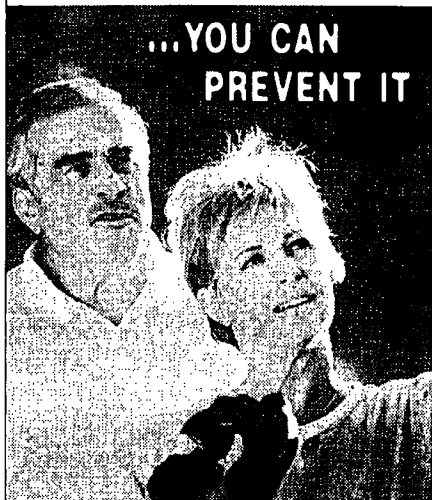
American College of Gastroenterology
Digestive Disease Specialists Committed to Quality in Patient Care



AMERICA'S #2
CANCER KILLER...

colon cancer

...YOU CAN
PREVENT IT



If you won't have a *check-up*
for yourself, do it for the
ones who *LOVE* you.



Colon cancer strikes just as hard in both women and men. With screening you can prevent it. Research shows that removing pre-cancerous growths in the colon can lower the risk that you'll be a casualty of colon cancer by as much as 90%. The basic annual exam is one you do at home. Every three to five years you see the doctor for a quick, simple exam with little or no discomfort.

Colon cancer screening could save your life. Or the life of someone you love. If you're over 50, see your doctor, or to learn more
call 1-800-978-7666.



**American College
of Gastroenterology**

Digestive Disease Specialists Committed
to Quality in Patient Care

A public service message brought to you by this
publication and the American College of Gastroenterology



AMERICA'S #2
CANCER KILLER...

colon cancer

...YOU CAN PREVENT IT

If you won't have a *check-up* for yourself,
do it for the ones who *LOVE* you.

Colon cancer strikes just as hard in both women and men. With screening you can prevent it. Research shows that removing pre-cancerous growths in the colon can lower the risk that you'll be a casualty of colon cancer by as much as 90%. The basic annual exam is one you do at home. Every three to five years you see the doctor for a quick, simple exam with little or no discomfort.

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If you're over 50, see your doctor or to learn more **call 1-800-978-7666.**



American College of Gastroenterology

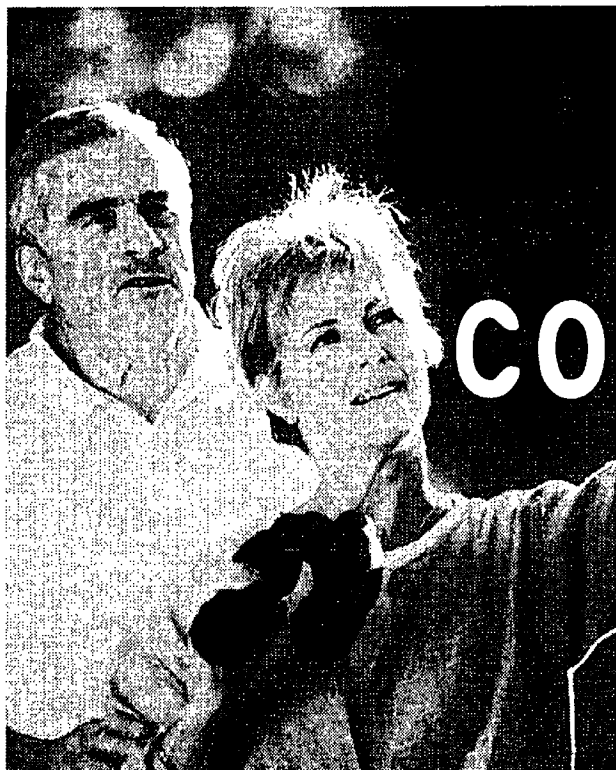
Digestive Disease Specialists Committed to Quality in Patient Care

A public service message brought to you by this publication and the American College of Gastroenterology

This PSA could save a life.

**55,000 Americans will die this year
from colon cancer. YOU can prevent it.**

For additional copies or more information,
call the American College of Gastroenterology
703-820-7400



AMERICA'S #2
CANCER KILLER...

colon cancer

...YOU CAN
PREVENT IT



If **you** won't have a *check-up* for yourself,
do it for the ones who *LOVE* you.

Colon cancer strikes just as hard in both women and men.

With screening you can prevent it. Research shows that removing pre-cancerous growths in the colon can lower the risk that you'll be a casualty of colon cancer by as much as 90%. The basic annual exam is one you do at home. Every three to five years you see the doctor for a quick, simple exam with little or no discomfort.

Colon cancer screening could save your life. Or the life of someone you love. If you're over 50, see your doctor, or to learn more
call 1-800-978-7666.



American College of Gastroenterology

Digestive Disease Specialists Committed to Quality in Patient Care

A public service message brought to you by this publication and the American College of Gastroenterology



AMERICA'S #2 CANCER KILLER: COLORECTAL CANCER YOU CAN PREVENT IT

Colorectal cancer is the second most common cancer killer in the United States, causing an estimated 55,000 deaths each year. More than 138,000 new cases of colorectal cancer are diagnosed each year. It has been estimated that each married couple has a 1 in 10 chance that either the husband or wife will develop colorectal cancer in their lifetime. No one is immune to the risk of colorectal cancer. President Ronald Reagan was found to have colon cancer in 1985 which was cured with surgery.

WHAT EVERYONE SHOULD KNOW

Most colon cancers arise from polyps, abnormal growths on the wall of the colon that become cancerous over time. If polyps are identified at an early stage, they can be removed before they become cancerous.

The complications of colorectal cancer can be reduced or even prevented with the simple step of regular screening. The screening program recommended by the American Cancer Society and the American College of Gastroenterology includes an annual fecal occult blood test and a screening flexible sigmoidoscopy every five years for all Americans over the age of 50. Those individuals with a high risk for colorectal cancer because of prior cancer, family history of cancer, or a history of chronic digestive conditions that predispose them to cancer, should undergo regular surveillance known as colonoscopy. A recent study in the *New England Journal of Medicine* found that more than 90 percent of deaths associated with colorectal cancer could be avoided through early detection.

FACTS ABOUT COLON CANCER

Who is at risk for colorectal cancer?

- Women are just as likely as men to develop colorectal cancer.
- Colorectal cancer is most common after the age of 50, but the chances of colon cancer increase after the age of 40.
- Close relatives of a person who has had colorectal cancer before the age of 55, or persons with one of several chronic digestive conditions, have a higher than average risk of developing colorectal cancer.

What are possible symptoms of colorectal cancer?

Most early cancers produce NO SYMPTOMS! This is why screening for colorectal cancer is so important. Some possible symptoms, listed below, certainly do not always indicate the presence of colorectal cancer, but should prompt a visit with your physician and a check-up:

- New onset of abdominal pain
- Blood in or on the stool
- A change in typical bowel habits, constipation, diarrhea
- A change in stool caliber or shape

How can you protect yourself and your family from colorectal cancer?

- See your doctor about regular screening.

COLORECTAL CANCER SCREENING RECOMMENDATIONS

When should people be screened for colorectal cancer?

- Any man or woman over the age of 50 should be screened for colorectal cancer by their physician. Several tests are recommended:
- An annual fecal occult blood test, which checks for microscopic traces of blood in the stool
- A flexible sigmoidoscopy once every 4-5 years to detect colorectal cancer at its earliest and most treatable stage
- Colonoscopy is recommended for high risk individuals of any age with prior history of colorectal cancer, a strong family history of the disease, or predisposing chronic digestive condition such as inflammatory bowel disease

**CONGRESS RECENTLY ENACTED A COLORECTAL CANCER SCREENING BENEFIT FOR MEDICARE
BEGINNING JANUARY 1, 1998**

American College of Gastroenterology 4900 B South 31st Street Arlington VA 22206 <http://www.acg.gi.org>

NEW MEDICARE COLORECTAL CANCER SCREENING BENEFIT BECOMES EFFECTIVE JANUARY 1, 1998



NEW MEDICARE BENEFIT FOR COLORECTAL CANCER SCREENING

Beginning January 1, 1998, all Medicare beneficiaries are entitled to regular colorectal cancer screening -- new Medicare rules provide reimbursement for the first time!

What you need to know:

Congress passed a new law which directed Medicare to pay for three tests for colorectal cancer screening which have been shown to detect polyps and cancers early:

Fecal occult blood tests will be paid for **annually** (when ordered by the patient's attending physician) for all patients.

Flexible sigmoidoscopy will be paid for **once every four years for average risk patients**

Screening colonoscopy will be paid for **once every two years for high risk patients**

Are you a high risk patient?

Medicare says you are a high risk patient if you have:

- a close relative (sibling, parent, or child) who has had colorectal cancer or adenomatous polyps; or
- a family history of familial adenomatous polyposis; or
- a family history of hereditary nonpolyposis colorectal cancer; or
- a personal history of adenomatous polyps; or
- or a personal history of colorectal cancer; or
- inflammatory bowel disease including Crohn's disease or ulcerative colitis

The final rule by the U.S. Department of Health & Human Services describing the colorectal cancer screening benefit also addresses the possible use of barium x-ray as a potential alternative to the endoscopic examinations for average and high risk patients.

FOR MORE INFORMATION

The American College of Gastroenterology
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703/820-7400 fax: 703/931-4520
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The ACG was formed in 1932 to advance the scientific study and medical treatment of disorders of the gastrointestinal tract. The College promotes the highest standards in medical education and is guided by its commitment to meeting the needs of clinical gastroenterology practitioners.

Consumers can get more information on GI diseases through the following ACG-sponsored programs:

- **1-800-978-7666** GI Health Hotline (free brochures on GI conditions, such as ulcers, gallstones & liver disease)
- **1-800-HRT-BURN** Heartburn Hotline (free brochure and video on heartburn and GERD)

AMERICA'S #2

CANCER KILLER...

**colon
cancer**

...YOU CAN

PREVENT IT



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If **YOU** won't
have a *check-up* for
yourself, do it for the
ones who **LOVE** you.



*Colon cancer screening could save your life.
Or the life of someone you love. If you're over
50, see your doctor, or to learn more call*
1-800-978-7666.