Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	Report re: Kellogg Company's summary of commitment (partial) (1 page)	09/03/1998	P6/b(6)
002. list	New Revised Good Housekeeping Invitation list (partial) (1 page)	09/03/1998	P6/b(6)
003. list	American Digestive Health Foundation Event Attendees list (partial) (10 pages)	08/12/1998	P6/b(6)
004. memo	Dale Dirks to Gabe Feldman re: Colorectal Cancer Survivors (3 pages)	08/12/1998	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 [3]

2011-0619-S
rc296

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: September 8, 1998
Pages including this cover page: 7

Neera:

Here's the final of the partnership fact sheet and a draft of Dr. Levin's remarks.

National Colorectal Cancer Roundtable Private Industry Partnerships
Promoting Awareness of Colorectal Cancer Prevention and Detection

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 U.S. 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, every person having a prescription filled at member drugstores will receive the insert in his or her prescription bag.

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 Training™ 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 will also 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 worksite guide for detection/screening for colorectal cancer will be issued for customer use.

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: September 9, 1998
Pages including this cover page: 2

Here is the updated list of Roundtable members.

For Immediate Release Contact: Carole Anikis (301) 941-2626

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 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, Texas. "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.

-more-

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.

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DRAFT DRAFT

Private Industry Partnerships
Promote Awareness of Colorectal Cancer Prevention and Detection

The National Colorectal Cancer Roundtable, a coalition of medical professional, consumer advocacy and voluntary organizations, has formed partnerships with members of private industry to raise awareness of the importance of colorectal cancer prevention and early detection. These national companies have committed to activities that will educate 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' in-house medical staff will provide free colorectal cancer screening cards to more than 200,000 employees, spouses and retirees. In addition, American Airlines will publish First Lady Hillary Rodham Clinton's public service announcement on colon cancer testing in its in-flight magazine, *American Way*, reaching approximately two million air travelers in the U.S. and around the world.

Kellogg Company

Kellogg will promote colorectal cancer prevention and early detection messages to a variety of audiences, including: its thousands of employees and retirees through its publication, *The Kellogg News*; to company consumers via five million packages of Kellogg's All Bran and Bran Buds; to 5,000 hospital health care sites; to 5,000 health care professionals; and to 500 retailers. 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 a "Colorectal Cancer Education – What Everyone Needs to Know" program which will be open to employees, family members and the general public. 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 (preventive measure, nutrition, screening). The program will be announced through a direct mail piece and internal *Olympus Bulletin*.

The program will be videotaped and shown at the five Olympus Service Center branches in Atlanta, Cleveland, Chicago, Dallas and Long Beach. In addition, Olympus will initiate a direct mailing to the administrators of retirement communities across the country, offering copies of the videotaped program at no cost.

Zeneca Pharmaceuticals

In the fall of 1998, Zeneca will offer to all employees over the age of 40 a new educational session on nutrition and its role in colorectal cancer. In early 1999, a new session on the importance of screening women for colorectal cancer will be offered to employees. In addition, in 1999, a new worksite guide for detection/screening for colorectal cancer will be issued for customer use.

Beckman Coulter, Inc./SmithKline Diagnostics, Inc.

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

Bristol-Myers Squibb Oncology

Bristol-Myers Squibb Oncology has provided an initial $100,000 grant for 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.

General Motors Corporation (

It appears that General Motors will do the following, but I'm not sure:

General Motors will publish an article (?) in its newsletter, [insert name], distributed to XXX employees? retirees? focusing on colorectal cancer prevention and early detection. 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. The article will remind enrollees in GM's wellness program that they can discuss questions or symptoms with registered nurses available through a toll-free number. The article will also contain information on how wellness program enrollees can access web site information on the prevention and early detection of colorectal cancer, and encourage them to read their program self-care book.

Eli Lilly and Company

Eli Lilly launched a colon cancer prevention and screening program in 1996, available to health plan members over the age of 40. Eli Lilly will recommit and increase efforts to encourage employee participation in the program through employee communications using both publications and broadcast services.

White House Event on Colorectal Cancer

September 10, 1998
3:00 p.m. EDT
East Room

Speakers:

- First Lady Hillary Rodham Clinton
- Katie Couric
- Bernard Levin, MD, chair, National Colorectal Cancer Roundtable (pending)
- Ellen Levine
- ~~Patient~~

Outline of 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 (pending)
- Formation of Private Sector Partnership
- Colorectal Cancer Awareness Month (pending)
- Launch of the CRC Chat Room
- CDC announcement

National Colorectal Cancer Roundtable Media Outreach Activities

The National Colorectal Cancer Roundtable will develop the following materials for the above announcements:

- Press release about First Lady Hillary Rodham Clinton's commitment, including the PSAs, the Roundtable, private sector partnership, chat room and designation of CRC awareness month (pending)
- 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
- Fact sheet on chat room

The White House will approve some or all materials, depending upon requirements.

American Digestive Health Foundation

Facsimile Cover Sheet

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

To: Neera Tanden
Barbara Woolley

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

Date: September 4, 1998
Pages including this cover page: 4

Here are summaries of the industry commitment forms that I have.

Promote and distribute the broadcast and print public service announcements via:
The National Colorectal Cancer Roundtable will edit the final PSAs and manage distribution via the following outlets:

- Satellite broadcast
- Mailings
- Roundtable member organizations' newsletters, websites, annual meetings, local media contacts
- An exhibit at the National Broadcast Association for Community Affairs Conference (October '98)
- A feature on the front page of *Broadcaster Café*, a 1,100 circulation trade publication distributed to TV public service directors
- Possible placement during an in-flight video or in a travel magazine with a major airline

Conduct Media Activities in Conjunction with the Event
The National Colorectal Cancer Roundtable will undertake the following additional media activities:

B-roll package
We will develop a B-roll package 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 to news departments nationwide.

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

Radio Media Tour
To extend reach, we will schedule interviews with 10 – 15 radio stations featuring John Bond, MD* to discuss survey results and PSA release.

*Chair, ADHF Colorectal Cancer Education Campaign, interviewed for *Good Housekeeping* article.

American Digestive Health Foundation

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Barbara Woolley

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

Date: September 4, 1998
Pages including this cover page: 4

Following are commitments forms for Kellogg's, General Motors and American Airlines.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	Report re: Kellogg Company's summary of commitment (partial) (1 page)	09/03/1998	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 [3]

2011-0619-S
rc296

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]
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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]

National Colorectal Cancer Roundtable's private sector partnership program.
Summary of Commitment

Name of company:
Kellogg Company – Battle Creek, Michigan

Summary of commitment/activity:
Kellogg is committed to increasing the awareness on colon cancer prevention and the role that diet plays in helping to achieve a healthy lifestyle. In this regard, Kellogg will promote the colon cancer message to:

- **Thousands of employees and retirees in 12,000 copies of *The Kellogg News*.**
- **Consumers via 5 million packages of Kellogg's All-Bran and Kellogg's Bran Buds.**
  - **In-store consumer education messages in 12,000 stores.**
  - **Provide information on the Internet which generates about 5 million hits per month.**
- **6,000 hospital health care sites.**
- **5,000 health care professionals.**
- **500 retailers.**

Time Frame during which commitment/activity will be implemented:
Fourth quarter 1998 through first quarter 1999.

Location:
North America

Company representative attending White House event:
Celeste A. Clark, Vice President, Worldwide Nutrition Marketing
Social Security Number: P6/(b)(6) [001]

Work address/telephone number:
One Kellogg Square
Battle Creek, Michigan 49016
616-961-2831

If applicable, will you provide a visual for the event? If yes, please describe:
Package of Kellogg's All-Bran cereal with message on the importance of prevention.

Thank you for participating in the National Colorectal Cancer Roundtable's private sector partnership program. As you know, First Lady Hillary Rodham Clinton plans to announce your commitment during a White House event to raise awareness about colorectal cancer prevention. The event is scheduled for September 10th at 3:00 p.m. EDT in the East Room. Please note that, though we are asking for a time/frame for completion of the activity, we do not expect activities to take place by September 10th.

Both the White House and the Roundtable plan to incorporate a summary of your commitment in press materials. To streamline efforts, please provide the following information and fax this form to Karen Podoff at 301-654-5920 by September 1st. Thank you.

Name of company:

General Motors Corporation

Summary of commitment/activity:

1) Special LifeSteps (GM's Wellness and Health Promotion Program) focus on importance of obtaining age and gender specific recommended cancer screening services in our Newsletter 1st Quarter '99. We will highlight colorectal cancer.

2) Use Newsletter article to advertise our Audio Health Library (accessible by phone) and four tapes in particular about Colorectal Cancer (Risk Factors, Early Detection Guidelines, Sign and Symptoms, Treatment). Also, encourage enrollees to discuss questions or symptoms with LifeSteps Personal Health Advisor Registered Nurses (available through a toll-free 1-800 phone number which is available to all employees and retirees).

Time frame during which commitment/activity will be implemented:

1 - 1st Quarter 1999 # 2 - 1st Quarter 1999 # 3 - Ongoing
4 - Ongoing

Location (nationwide/regional, etc.):

1 - 4: To all active and retired employees and their families.

Company representative attending White House event:

Name: Deborah Dingell
Work address/telephone number: General Motors Industry-Government Relations
1660 L Street NW
Washington, D.C., 20036
(202) 775-5068

If applicable, will you provide a visual for the event? If yes, please describe:

3). Encourage enrollees to access the LifeSteps Web page to read up to the minute information on Colorectal Cancer and its early detection.
4). Encourage enrollees to read their LifeSteps Self-Care book pages on cancer prevention, risk factors, etc.

American Airlines

September 3, 1998

VIA FAX

Karen Podoff
Carole Anikis

FAX: 301-654-5920 2 Pages

RE: AMR Activities in Support of the National Colorectal Cancer Roundtable

Dear Ms. Podoff:

Per your request, this letter outlines American Airlines' support of the National Colorectal Cancer Roundtable efforts:

Name of company: American Airlines

Summary of Commitment/Activity:

1. American Airlines' in-house medical staff will provide free colorectal cancer screening cards to over 200,000 AMR employees, spouses and retirees.

2. American Airlines will advertise the program *pro bono* in *American Way* magazine for one month. This information will be viewed by approximately 2 million air travelers in the United States and around the world during this one month period. We request the printed public service announcement cover 1/3 page, and be a square ad. We can provide the mechanical specifications to you in more detail when needed.

3. The company representative attending the White House event will be Dr. Nestor Kowalsky, AMR's Central Regional Medical Director:

Nestor Kowalsky, M.D.
Central Regional Medical Director, American Airlines
American Airlines Medical Department
O'Hare Airport
GEM Building - First Floor
Chicago, Illinois 60666
Phone: 773-686-4192

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: Aug 12, 1998
Pages including this cover page: 2

Neera:

Following our discussion about the importance of having a physician speak at the September 10th event, attached is a summary of brief messages that Bernard Levin could deliver. Neera, one of our main messages ahs always been and continues to be "talk to your doctor." We feel very strongly that it would be inappropriate to hold this event without representation from a physician. Also, we do not think the decision for a physician to speak should be contingent upon Good Housekeeping speaking.

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

White House Event Messages
Bernard Levin, MD

The National Colorectal Cancer Roundtable is a coalition of public and private organizations dedicated to raising awareness about the vital importance of the prevention of and screening for colorectal cancer.

Colorectal cancer is unique among cancers in that, if it is detected early enough, the patient has more than a 90 percent chance of survival. 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. This is why we are here today, and why we are so grateful to the First Lady for using her influence to bring this issue to the attention of the American people.

The Roundtable's long-term goal is to reduce the unnecessary suffering and death associated with this disease by doubling, over the next three years, the number of people getting screened. We are especially interested in urging people with a family history of colorectal cancer to take the time to get tested – it could save your life.

Colorectal cancer is not a "man's disease" as so many women erroneously and tragically assume. Colorectal cancer affects men and women almost equally.

There is finally consensus among medical professionals about when and how people should be screened for colorectal cancer. Both the American Cancer Society and a consortium of the leading GI societies have recently published guidelines on screening.

Our main message continues to be: talk to your doctor about getting tested for colorectal cancer. Whether your physician is a general practitioner, family doctor, gynecologist, or gastroenterologist, ask him or her about getting tested for colorectal cancer.

I have spent much of my professional career delivering bad news to people whose lives and health could have been saved if they had been screened for colorectal cancer. I have sat by the bedsides of too many patients with advanced colorectal cancer and have sympathized with too many family members who have lost loved ones to this disease. I now want to focus on letting the American public know how important it is to be screened for colorectal cancer.

For Immediate Release Contact: Carole Anikis (301) 941-2626

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 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 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.

Health and Human Services Initiatives

Secretary of Health and Human Services (HHS) Donna Shalala announced at the event that HHS will provide $10 million in grants for research into colorectal and pancreatic cancers. [need more info here]

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 television PSA will be/has already been broadcast by the NBC network, and the print version will appear in the January issue of *Good Housekeeping*.

-more-

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

Colorectal Cancer Chat Room

As a member of the Roundtable, the American Digestive Health Foundation℠'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 1pm – 2pm 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 communications 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:

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

Details on individual company activities are provided in the Private Sector Partnerships fact sheet.

###

Neera

Draft, not for publication

GOOD HOUSEKEEPING

959 EIGHTH AVENUE, NEW YORK, NY 10019

Contact: Michelle Goldstein (212) 849-8257

Colon cancer is the only form of cancer that's truly preventable. So why are tens of thousands of American men and women dying each year? The reason is simple – not enough people are routinely screened for the disease. Many fear testing may be embarrassing or uncomfortable, and doctors don't tell patients to get screened.

Good Housekeeping magazine has joined forces with First Lady Hillary Rodham Clinton and the Today Show's Katie Couric to launch a national colon cancer awareness campaign. Together, these influential voices will announce the formation of a unified effort to raise public awareness of this preventable disease.

WHO: **First Lady Hillary Rodham Clinton**
Ellen Levine, Editor in Chief, *Good Housekeeping* magazine
Katie Couric, Anchor, Today Show
Bernard Levin, MD, Chairman, National Colorectal Cancer Roundtable
Colon Cancer Survivor - TBA

WHAT: White House event to introduce the Colon Cancer Prevention Initiative
Announcements include:
Results of a new survey on Americans' awareness of colon cancer screening
New Initiative to raise awareness:
Print and broadcast public service announcements
National Colorectal Roundtable
Public/Private Partnerships
Centers for Disease Control and Prevention and U. S. Department of Health and Human Services programs

WHEN: **Thursday, September 10, 1998**
3:00 PM

WHERE: **The White House**
East Room

RECEPTION TO FOLLOW

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

September 3, 1998

TO: Neera Tanden
FROM: Deborah Pike
RE: **NEW REVISED** GOOD HOUSEKEEPING INVITATION LIST WITH TELEPHONE NUMBERS

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
212-639-8278

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
212-639-7675

3. Robert J. Mayer, M.D.
Director, Center for Gastrointestinal Oncology
Dana Farber Cancer Institute
44 Binney Street
Boston, MA 02115
617-632-3474

4. LaSalle D. Leffall, Jr., M.D.
Charles R. Drew Professor of Surgery
Howard University Hospital
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Washington, DC 20060
202-865-6237

A PUBLICATION OF HEARST COMMUNICATIONS, INC., A UNIT OF THE HEARST CORPORATION

5. Gregory N. Larkin, M.D.
Director, Corporate Health Services
Eli Lilly and Company
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317-276-3253

6. Fritz Frommeyer
Corporate Communications Spokesperson
Eli Lilly and Company
Drop code 1027
Indianapolis, Indiana 46285
317-276-3253

7. John H. Bond, M.D.
Chief, Gastroenterology Section
VA Medical Center
1 Veterans Drive
Minneapolis, MN 55417
612-725-4100

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
801-581-7802

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
713-792-3900

10. Michael D. Moseson, M.D.
Managing Partner
Colon & Rectal Surgical Associates of L.I.
60 Cutter Mill Road
Great Neck, NY 11021
516-437-6199

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. list	New Revised Good Housekeeping Invitation list (partial) (1 page)	09/03/1998	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 [3]

2011-0619-S
rc296

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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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]
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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]

11. Marla Seiden
President
Seiden Communications
P.O. Box 358
New Hyde Park, NY 11040
516-437-6199

12-13. Elizabeth Ely and Jonathan Greenburg
P6/(b)(6) [002]

14-15. Georgia and Lynne Patterson
P6/(b)(6)

16. Kathy Hochhauser
P6/(b)(6)
w: 508-626-9128
h: P6/(b)(6)

17-18. Tripp and Chelsie Sherer
P6/(b)(6)
w: 803-324-4040
h: P6/(b)(6)

19. Maxine Paetro
P6/(b)(6)
w: 212-210-1170
h: P6/(b)(6)

20. William X. Coll, M.D.
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23. Evelyn Renold
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24. Joanna Powell
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29. Sharyn Lenhart, M.D.
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New York, NY 10036
212-764-7300

*57. Tamara Jones
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Reston, VA 22094
703-518-4419

* indicates a member of the press

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President and Chief Executive Officer
Hearst Corporation
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New York, NY 10019
212-649-2120

59. Gilbert Maurer
Executive Vice President
Hearst Corporation
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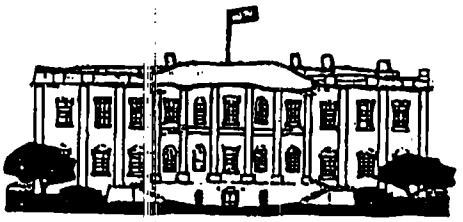
New York, NY 10019
212-649-2580

60. Karen Best
Senior Manager
Bristol-Myers Squibb
777 Scudders Mill Rd.
Plainsboro, NJ 08536
609-897-3099



THE WHITE HOUSE

OFFICE OF CAPRICIA PENAVIC MARSHALL

SOCIAL SECRETARY

The White House

TELEPHONE NUMBER: (202) 456-7136 **FAX NUMBER: (202) 456-6771**

NUMBER OF PAGES, INCLUDING THIS PAGE_____

DATE_____ **TO:** Nora

FAX NUMBER:_____ **FROM:** Susan

MESSAGE: _____

_____

_____

_____

○

Mrs. Clinton

requests the pleasure of your company

at a ceremony to be held at

The White House

on Thursday, September 10, 1998

at three o'clock

Reception to follow

Announcing

The Coverdell Cancer Prevention Initiative

September 3, 1998

MEMORANDUM FOR GENE SPERLING

FROM: **Bob Shireman**

SUBJECT: **Expanding the Work-Study Waiver to Math Tutoring**

I met today with Mike Cohen, Carol Rasco, David Rowe of OMB, John Hine of NSF, and Judy Wurtzel of Education.

Education and NSF are suggesting that, as part of a larger Middle School Math Inititiative, the Secretary expand the America Reads work-study waiver so that it includes math. I think it is a good idea. It could again start with a steering committee of college presidents -- with some polytechnic universities involved -- and they would encourage America Reads colleges to add a middle school math component, and encourage colleges not in America Reads to join this effort.

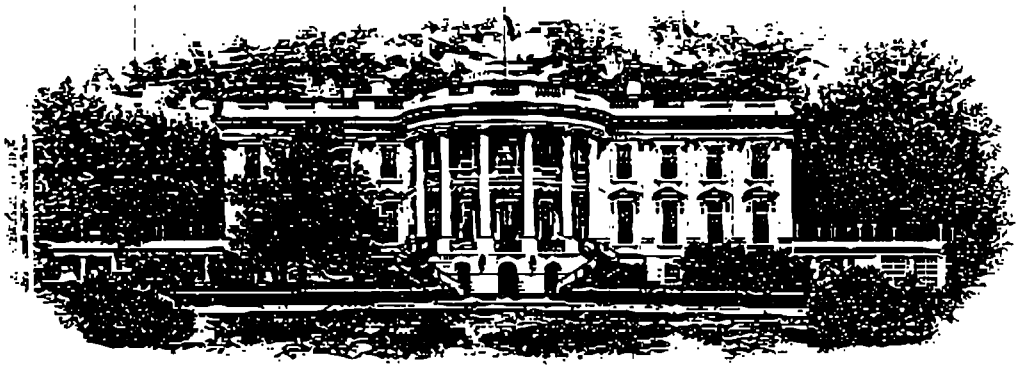
Because the Higher Education Act reauthorization may make it more difficult to make this regulatory change quickly and easily, **Education would like to take this action *by the end of the month*, before HEA is signed**.

- Bob Corrigan, the chair of the America Reads steering committee, loves the idea (the CSU system proposed something similar).
- This gives colleges a reason to link with middle schools, which could fit with our High Hopes effort.
- Some additional colleges, and different *departments* of colleges, would join our efforts by adding math.
- This is a good way to continue to encourage *more* work-study to be used for community service.
- This would also remind people of the success of the America Reads work-study effort.

Possible POTUS announcement? This definitely has potential for a good POTUS announcement. If you give your okay to the concept, Education will begin to sound out college presidents who could participate in an announcement.

Some of the America Reads college presidents will be here for the Reading Summit on September 18-19. That would be one opportunity for an event or radio address.

cc: memo from Judy Wurtzel



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:

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. list	American Digestive Health Foundation Event Attendees list (partial) (10 pages)	08/12/1998	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 [3]

2011-0619-S
rc296

RESTRICTION CODES

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

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

American Digestive Health Foundation
White House September 10th Event Attendees

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September 10th Event Attendees/Page 2

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Barbara Barrie
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Kenny Raff
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SS#:

Robert Fletcher, MD
Harvard Medical School
Boston, MA
Phone: P6/(b)(6)
SS#:

Josh Cooper, MD
American College of Radiology
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Phone: 703/648-8900
SS#:

AMERICAN CANCER SOCIETY
INVITEES TO THE WHITE HOUSE - CRC EVENT - SEPT 10, 1998

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P6/(b)(6) (United Ostomy Association)

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Ted Chiappelli, PhD
Behavioral Scientist
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Mr. Clint Clampitt
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Ms. Linda Hay Crawford
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AMERICAN CANCER SOCIETY
INVITEES TO THE WHITE HOUSE - CRC EVENT - SEPT 10, 1998

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Mr. Dale Dirks
DDNC Washington Representative
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Ms. Pamela Dougherty
Legislative Assistant
National Government Relations Office
American Cancer Society
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P6/(b)(6) (United Ostomy Association)

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AMERICAN CANCER SOCIETY
INVITEES TO THE WHITE HOUSE - CRC EVENT - SEPT 10, 1998

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National Caucus and Center on Black Aged, Inc.
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Ms. Sandra Kappert
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AMERICAN CANCER SOCIETY
INVITEES TO THE WHITE HOUSE - CRC EVENT - SEPT 10, 1998

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P6/(b)(6)

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P6/(b)(6)

P6/(b)(6)

(Crown's and Colitis Foundation of America)

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P6/(b)(6)

Clinical Professor and Chief
Division of Colon and Rectal Surgery
University of Minnesota
and
Associate Director of Clinical Research
and Programs
University of Minnesota Cancer Center

Nancy Schlossberg, BSN, RN, CGRN
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SS# later

(Society of Gastroenterology Nurses and Associates, Inc.)

AMERICAN CANCER SOCIETY
INVITEES TO THE WHITE HOUSE - CRC EVENT - SEPT 10, 1998

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Centers for Disease Control and Prevention (CDC)
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AMERICAN CANCER SOCIETY
INVITEES TO THE WHITE HOUSE - CRC EVENT - SEPT 10, 1998

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33 Invitees
WH Invitee List @ 8/12/98
/cjc

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. memo	Dale Dirks to Gabe Feldman re: Colorectal Cancer Survivors (3 pages)	08/12/1998	P6/b(6)

COLLECTION:
Clinton Presidential Records
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FOLDER TITLE:
Colon Cancer Event 9/10/1998 [3]

2011-0619-S
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RESTRICTION CODES

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AMERICAN COLLEGE OF GASTROENTEROLOGY

4900 B South 31st Street, Arlington, Virginia 22206-1656, (703) 820-7400, FAX (703) 931-4520

June 12, 1998

Ms. Neera Tanden
Associate Director for Domestic Policy
The White House
Washington, DC 20500

Ms. Barbara Wooley
Office of Public Liaison
The White House
Washington, DC 20500

Dear Neera and Barbara:

I want to thank you for inviting me to participate as the College's representative in our conversation today relating to colorectal cancer, and Mrs. Clinton's interest with respect to raising public awareness. Enlisting the Clintons' interest and active involvement would undoubtedly be the most positive thing that could happen in terms of raising recognition among both patients and physicians about the "right thing to do" that could virtually eliminate America's #2 cancer killer.

Relative to Neera's request for more specific information relative to our conversation on the inconsistency between on the one hand implementing a new Medicare CRC benefit, and then proposing to cut physician reimbursement of the basic test by 28%, AND to cut the facility payment by 16%, I have enclosed excerpts from both pending rules, related tables and a brief narrative description we have prepared. Since a significant part of the motivation to be screened needs to come from primary care physicians, most of whom are not recommending screening, it doesn't make sense to have screening reimbursement cut to the point that it is a losing proposition in physician practices.

With respect to raising public awareness and central message points, I am enclosing the following items, which may be of interest:

1. a copy of the public service announcement the College did with former President Reagan in the late 1980's--unfortunately, with his deteriorating condition we are unable to use it any longer;

2. a copy of our current public service announcement, "It Matters," which includes a potential for a local message from a member of Congress which we used quite successfully last year, although the approaching elections complicate this approach this year;

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

Tim Byers, MD, MPH
Bernard Levin, MD
David Rothenberger, MD
Gerald D. Dodd, MD
Robert A. Smith, PhD

TO: The First Lady

FROM: Neera Tanden

DATE: April 9, 1998

RE: Colorectal Cancer

Colorectal cancer is the second leading cause of cancer-related death in the United States. Approximately 130,000 new cases of colorectal cancer are diagnosed each year, with roughly 55,000 ending in death. For both men and women, it is the third most common cancer in frequency.

Survival of colorectal cancer depends heavily on early detection. When diagnosed at the localized (early) stage, only 8% of those patients will die within 5 years. However, only 37% of all colorectal cancer cases are diagnosed at this stage. When the disease is diagnosed at an advanced stage the death rate is a staggering 93% within 5 years.

The risk of developing colorectal cancer increases greatly after the age of 40. Men are more likely than women to develop the disease, as are African Americans over other racial groups. Major risk factors include having inflammatory bowel disease, a family history of colorectal cancer, and certain hereditary syndromes. A growing number of studies suggest that diet is also a major risk factor in the development of colorectal cancer: high fat and low fiber diets seems to promote a high rate of polyps and cancer.

The statistics mentioned above indicate how critical early detection is to survival, yet the nature of the cancer makes it especially difficult to detect. Most colorectal cancers are "silent" tumors; they grow slowly and often do not produce any noticeable symptoms until they reach a large size. The earliest sign of colon cancer is usually bleeding. Fortunately, two currently available tests have been shown to be beneficial in screening for colorectal cancer. First, fecal occult blood testing (FOBT) is a chemical test for blood in the stool sample. A positive test can indicate bleeding from a precancerous growth or from colorectal cancer. Studies have found that colorectal cancer screening by FOBT is effective, reducing colorectal cancer mortality by 33% in those who underwent annual screening by FOBT in one study. The other popular screening method is flexible sigmoidoscopy, which uses a hollow, lighted tube to visually inspect the wall of the rectum and lower sections of the colon. The 60-centimeter flexible scope can detect about 65%-75% of polyps and 40-65% of colorectal cancers. Recent studies show that removing polyps can reduce a person's risk of colon cancer by as much as 90%. The CDC recommends an increase in screening for colorectal cancers, especially for those individuals over the age of 50.

Under the 1997 Balanced Budget Act the President signed, Medicare covers Fecal Occult Blood Tests, flexible sigmoidoscopy and screening colonoscopy for high-risk individuals. The Secretary of HHS was also given authority to allow Medicare coverage of other screening tests/procedures, or modifications thereof as they become available. Nevertheless, screening for colorectal cancer

lags far behind screening for other cancers, perhaps because the effectiveness of colorectal screening has only recently been documented. Another possibility is that screenings have been unaffordable for many without the Medicare coverage. Given the fact that less than half of the adult population over 50 has ever had an FOBT, and only 38% have had a sigmoidoscopy, increased awareness is crucial.

According to the National Cancer Institute and the Center For Disease Control and Prevention, the federal government appropriated roughly $99 million for colorectal cancer research and $2.5 million for prevention in 1997. In comparison, the government allocated $332.9 million on breast cancer research and $145 million on breast cancer prevention and $123.3 million on lung cancer research in 1997.

Two institutions that deal specifically with colorectal cancer are the David J. Jagelman Foundation in Cleveland and the National Institute of Diabetes, Digestive and Kidney Diseases, which is part of the National Institute of Health.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Chief of Staff
Washington, D.C. 20201

FACSIMILE

DATE: Aug 20, 1998

TO: Chris Jennings, DPC Neera Tanden, First Lady's Office

FAX#: 456-5562

FROM: Elizabeth Summy
DeputyChief of Staff

Phone: 202/690-7431 Fax: 202/401-5783

COMMENTS:

Here is the colorectal cancer info. Please consider it a draft. We need to ~~[illegible]~~ clarify a few points on the grants.

Have a great vacation!

1. **Pages [including this cover]**

DRAFT

FL - Sept 10

Colon Cancer
Possible Announcements from the National Cancer Institute

Screening: Research has proven that the fecal occult blood stool test, either annually or biennially, reduces mortality in people ages 50 to 80. Colorectal cancer is one of only three cancers where screening has been proven to reduce the death rate. The National Cancer Institute has research ongoing to see if screening use of flexible sigmoidoscopy also reduces deaths. Earlier evidence suggests that it does. In the future, a virtual colonoscopy would allow doctors to fly through a colon, searching for polyps and abnormalities without having to insert a scope in a patient's rectum. This technique is being studied and is not ready for application.

There is an urgent need to improve screening rates. When colorectal cancer is detected in an early, localized stage, the 5-year survival rate is 92%, but only 37% of colorectal cancers are detected that early. In 1992, only 30% of Americans over age 50 had a blood stool test in the past two years, and only 33% had a proctoscopic exam that year. A survey by the VA Medical Center in Durham, N.C., in 1995 found that respondents who had never been screened would forfeit a month of life to avoid a sigmoidoscopic (proctoscopic) exam.

New Finding: On September 4, NCI grantees at Johns Hopkins will publish a potentially landmark paper showing that mutations in the so-called APC gene are found in virtually all cases of colorectal cancer. The paper opens the door for followup work to determine how tests for the APC gene might be used to improve the early diagnosis of colorectal cancer. This is the first report of a "common genetic denominator" in colorectal cancer, meaning that there must be a mutation in the gene for colorectal cancer to occur. The September 10 event is close enough after the announcement of this finding that it could be referenced prominently as part of the progress being made against this disease.

Grants: The National Cancer Institute is awarding a nearly $10 million, 5-year grant to the Fred Hutchinson Cancer Center in Seattle this week, and the announcement of this grant can easily be held until Sept. 10. The grant supports several basic research projects related to colorectal cancer and pancreatic cancer. The outcome of the studies could have impact on prevention and treatment of colorectal cancer. The chief investigator is Dr. John D. Potter.

Also, the National Cancer Institute's Epidemiology and Genetics Program has just completed awarding a group of seven grants, worth about $4 million the first year. Six of the grants establish family registries in colorectal cancer and a seventh sets up an informatics center to track all of the data. Collectively, they will provide great insight into risk factors, both genetic and environmental, that are associated with colorectal cancer. The informatics center has just been established and the registries are just now beginning to collect family information. This has not been announced yet, and could be announced Sept. 10.

Finally, NCI's Epidemiology and Genetics Program just issued a request for grant applications to scientists all over the country to identify and evaluate the interactions of genetic and epidemiologic risk factors leading to cancer susceptibility. Colorectal cancer is included. NCI will commit $5 million a year for 5 years to the effort. This can be announced also.

(J)

FL - Sept 10

DRAFT

National Cancer Institute
Research Accomplishments and Background
Colorectal Cancer

- Colorectal cancer incidence dropped 2.3 percent per year from 1990 to 1995.
- Men showed the largest drops in incidence, 3.3% per year for white men and 2.5% for Asian and Pacific Islander men.
- White women had a 1.8% per year drop in incidence for this time period.
- Death rates for colorectal cancers dropped 0.9% per year during 1973 to 1990 and 1.5% per year from 1990 to 1995. Over the last 20 years, death rates have dropped 25 percent for women and 13 percent for men.
- The drops in colorectal cancer are not well understood. The use of fecal occult blood testing and sigmoidoscopy screening tests is low, signalling that factors other than screening are at play.
- An estimated 131,600 Americans will be diagnosed with colorectal cancer during 1998, 64,600 in men and 67,000 in women. It is the fourth most common cancer, accounting for 11% of new cancer diagnoses annually.
- About 56,000 Americans will die as a result of colon cancer this year.
- An estimated 1.2 million Americans currently are living with colorectal cancer, 599,000 men and 637,000 women; at least ½ were diagnosed at age 72 or older.

Accomplishments:

- Studies have shown that lifestyle factors may cause colorectal cancers, and that a diet high in fruits, vegetables and fiber and low in fat may reduce risk.
- Increased use of flexible sigmoidoscopy and colonoscopy, procedures that use lighted tools that illuminate the inside of the intestines, have made it simpler for doctors to remove abnormal growths before they turn into cancer.
- Researchers are developing 'virtual colonoscopy,' in which doctors use three-dimensional computer graphics to view the entire colon in less than 2 minutes, without the need for inserting a sigmoidoscope or colonoscopy.
- Doctors have found new drugs that work with fluorouracil (5-FU) to treat colorectal cancer better than 5-FU alone. Until the mid-1970s, 5-FU was the mainstay of drug treatment for these cancers.
- New surgical techniques have reduced to a small fraction the number of colorectal cancer patients needing permanent colostomy bags. Many post-surgery patients can now rely on simpler surgical 'flaps' on the side of the abdomen in place of colostomy bags.
- Doctors can now routinely test for genes in relatives of people who have rare inherited syndromes predisposing to colorectal cancer. Researchers are looking for similar tests for the more common colorectal cancers.

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Centers for Disease Control and Prevention

Colorectal Cancer: The Importance of Early Detection

Colorectal cancer is the second leading cause of cancer-related death in the United States. In 1998, approximately 131,600 new cases of colorectal cancer will be diagnosed, and an estimated 56,500 deaths will be caused by the disease. Although scientific evidence has proven that screening for colorectal cancer, along with appropriate treatment, can save lives, screening usage rates are low. Findings from the Centers for Disease Control and Prevention's (CDC) 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 a fecal occult blood test, and only 17% reported having had one for screening in the preceding year. These low rates of screening usage point to the fact that health care providers and the public have not yet grasped the importance of early detection.

The CDC provides 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 as part of a comprehensive approach to cancer prevention and control. CDC focuses on a three-pronged approach to developing a colorectal cancer early detection program involving:

- research--to establish the foundation for a science-based early detection program
- education--to increase the awareness of the importance of early detection
- partnerships--to support this critical public health priority

- **Research studies and special projects**
  CDC provides support for a number of studies to determine barriers to screening and determinants of participation in screening, as well as research to develop standards for performing and reporting results of sigmoidoscopies. CDC will use findings from these studies to translate research into effective public health education and communication strategies for raising provider and public awareness about the need for colorectal cancer screening.
  - CDC provides 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 works 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 works with the ACS and National Cancer Institute (NCI) to plan a national survey of primary care physicians to determine their knowledge, attitudes, and perceptions of barriers to colorectal cancer screening. In addition, CDC's National Center for Chronic Disease Prevention and Health Promotion is collaborating with CDC's National Center for Health Statistics and the NCI to strengthen and expand the colorectal cancer screening questions that will be included in supplements to the National Health Interview Survey.
  - CDC collaborates with the Mount Sinai School of Medicine, New York, to conduct a study of attitudes, beliefs, and practices related to colorectal cancer. Similarly, CDC is providing support for 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 provides support for a 3-year program at the University of North Carolina Prevention Center to develop standards for performing and reporting results of sigmoidoscopies.

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- In 1993, the NCI initiated a 15-year randomized control trial of screening for prostate, lung, colorectal, and ovarian cancers (PLCO). CDC collaborates with NCI to enhance recruitment of African American males for participation in this trial. The focus of the colorectal cancer screening in the PLCO trial is flexible sigmoidoscopy.
- CDC collaborates 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 of providers to determine their knowledge, attitudes, and practices related to screening for colorectal cancer.

- **Education Efforts**
  - CDC is working with the Health Care Financing Administration (HCFA) to promote Medicare's new 1998 colorectal cancer screening benefits and to encourage eligible beneficiaries to take advantage of this potentially life-saving screening test. These efforts are part of CDC's larger communication initiative to promote colorectal cancer screening among Americans aged 50 and older. On the basis of extensive literature review, research, and qualitative testing, CDC is planning a targeted public education campaign to promote screening for colorectal cancer. This campaign is tentatively scheduled to begin in late winter 1998-1999.
  - Through the National Organizations Partnership for Cancer Control among Priority Populations, CDC provides support to the National Coalition of Hispanic 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.

- **Partnerships**

  In addition to its collaboration with HCFA to promote Medicare coverage for colorectal cancer screening, CDC is building other partnerships to strengthen the network of public and private organizations concerned with promoting colorectal cancer early detection:
  - The CDC and the American Cancer Society (ACS) have collaborated to establish the **National Colorectal Cancer Roundtable**--a coalition of public, private, and voluntary organizations--to educate health care providers and the public about the importance of colorectal cancer screening. The ultimate goal of the Roundtable is to increase use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate. The Roundtable has established specific workgroups to make recommendations for addressing education needs and health messages for both patients and health care providers, as well as health care system and policy issues.
  - During fiscal year 1999, CDC plans to provide support for up to five states to promote colorectal cancer early detection as part of a comprehensive cancer control approach.

The development and implementation of an effective national colorectal cancer screening program is contingent upon the capacity of state health departments, in collaboration with governmental, 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 national program must be supported by a solid research base and should include the following essential elements: public and professional education, coalition building, quality assurance, surveillance, and evaluation. With additional resources, CDC could lay the foundation for a national colorectal cancer screening program by supporting state health departments to effectively address the barriers that impede the implementation of a national early detection program for colorectal cancer and provide access to screening services for underserved populations.

For more information, contact Louise Galaska, MPH, Acting Director,
CDC's Division of Cancer Prevention and Control
(770) 488-4226

DRAFT

** CENTERS FOR DISEASE CONTROL AND PREVENTION **

National Colorectal Cancer Roundtable

The Centers for Disease Control and Prevention (CDC) is collaborating with the American Cancer Society (ACS) to establish a **National Colorectal Cancer Roundtable**. The Roundtable is a national coalition of public, private, and voluntary organizations whose mission is to identify barriers to screening for colorectal cancer, assess current public awareness of and interest in screening, and develop and disseminate health messages. The ultimate goal of the Roundtable is to increase the use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate. In addition to CDC and ACS, members of the Roundtable include:

** federal agencies (National Cancer Institute, Agency for Health Care Policy and Research, and Health Care Financing Administration),

** New York State Health Department

** professional digestive disease organizations (American Digestive Health Foundation, Digestive Disease National Coalition, Stop Colon/Rectal Cancer Foundation),

** medical societies (American Medical Association, National Medical Association, American Academy of Family Physicians, American College of Physicians, American Medical Women's Association, American College of Radiology, American Society of Colorectal Surgeons),

** consumers (American Association of Retired Persons, National Caucus and Center on Black Aged),

** cancer survivors (to be added),

** managed care organizations (The HMO Group, American Association of Health Plans), and

** health educators (Association of State and Territorial Directors of Health Promotion and Public Health Education).

The Roundtable has established three specific workgroups, focusing on Provider Education, Public Education, and Health Policy, to address education needs and health messages for both consumers and health care providers, as well as health care system and policy issues. Each workgroup will be charged with developing a set of recommendations that will be integrated with those of the other workgroups into a *national colorectal cancer strategic plan.*

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In addition to involving many Roundtable members, the workgroups will include other organizations and experts currently being identified, such as the United Ostomy Association, Crohn's and Colitis Foundation of America, Kaiser Permanente, National Committee for Quality Assurance, American College of Gynecology, American College of Gastroenterology, M.D. Anderson Cancer Center, and Industries Coalition Against Cancer. Other organizations and individuals will be invited to join, or to consult with, the workgroups as needed.

Many challenges and needs have already been noted by the **National Colorectal Cancer Roundtable**, including identifying "best practices" for colorectal cancer programs, emphasizing the importance of follow-up and treatment, and determining where colorectal cancer activities correlate with other comprehensive cancer control and chronic disease priorities. There is clearly a need to elevate colorectal cancer as an important health focus among the public, health care providers, and policymakers. The potential public health benefits from establishing a national colorectal cancer early detection program are widely recognized.

Collaborations with state health departments are critical in advancing effective public health programs. A number of states, in fact, have already taken steps to incorporate colorectal cancer activities in their cancer control plans. The development and implementation of an effective national colorectal cancer screening program is contingent upon the capacity of state health departments, in collaboration with governmental, professional, and voluntary partners, to build a public health foundation to support the delivery of these critical screening tests to underserved men and women.

Combating this major cancer killer requires a concerted national effort. **Roundtable** Workgroups are focusing on the development of a national colorectal cancer strategic plan for increasing use of screening; a number of state health departments and other partners are planning and implementing colorectal cancer activities. These combined efforts are critical for establishing the foundation for an effective national colorectal cancer screening program.

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6

II. Background on Differential Reimbursement for Part B Physician Fees for Hospital Outpatient-Based vs. Office-Based Services & ACG's Key Objectives

ACG is very concerned that HCFA took the initials step toward differentiating physician fees for office-based procedures from those performed on an outpatient basis at either an ambulatory surgery center ("ASC") or in a hospital outpatient facility when the agency published separate facility/non-facility fee reimbursement rates in its 1998 Medicare physician fee schedule. While the differences are small this year, if left unattended, more widespread reduction in the RBRVS professional fee for services done in the ACS or hospital will ensue.

ACG believes that the Final 1998 Medicare Physician Fee Schedule Rule, published by HCFA in October, 1997 **irrationally establishes different practice expense relative value units (RVUs) and therefore, differing reimbursements for certain endoscopic procedures depending on whether such procedures are provided in a facility or non-facility setting.** HCFA has now published a new practice expense rule in which it reiterates this ill-conceived approach. HCFA has relied upon the BBA's "down-payment" provision (and its reference to the original June, 1997 practice expense proposal) to justify the bifurcated approach. We think the overall intent of BBA was to critique the June, 1997 rule, not to endorse it. We definitely do not think Congress intended a complete restructuring of the Medicare Fee Schedule on such an untested, bifurcated framework.

Congress' decision to delay implementation of resource-based practice expense RVUs reflects the concern that HCFA could not generate reliable practice expense data prior to the original January 1, 1998 implementation deadline. ACG believes that HCFA should have used the additional one-year period granted by Congress to further develop practice expense data so that practice expense RVUs, once implemented, will reflect accurate practice expenses for all providers. No bifurcation of the fee schedule into facility and non-facility categories should legitimately be implemented. Doing so would be detrimental to both patients and physicians.

The Differentiation of Non-Facility vs. Facility Under Both Practice Expense RVUs and Total RVUs is Inappropriate

HCFA inappropriately and prematurely re-structured the Medicare physician fee schedule in establishing differing levels of physician Part B reimbursement depending upon where the procedure was performed. From the beginning of the Medicare physician fee schedule through the 1997 fee schedule (published in the *Federal Register* on November 22, 1996), with very rare exceptions, HCFA has observed a policy of a single fee for each CPT code, regardless of the site of service.

On June 18, 1997, HCFA published in the *Federal Register* its proposal to establish a new method for computing practice expenses. As part of the proposal first articulated in this publication for practice expenses, HCFA added separate computations for practice expenses for in-office and out-of-office services, increasing the number of columns for each CPT code from 4 (in the November 22, 1996 rulemaking) to 8 (in the June 18, 1997 practice expenses proposal). For the first time, this bifurcation approach resulted in two distinct composite RVUs per code--one labeled "Total In Office," and the second labeled, "Total Out-of-Office."

We believe this is inappropriate to carry this bifurcation forward in light of the absence of any explicit legislative directive to fundamentally change the Medicare physician fee schedule, and in light of the explicit Congressional decision to delay implementation of any new methodology for practice expenses until January 1, 1999.

The future Medicare physician fee schedule should be exactly the same as for the 1997 Medicare physician fee schedule, *i.e.*, a single value for the practice expense RVUs for each code, and a single total RVUs for each code. The differentiation of non-facility vs. facility under both practice expense RVUs and total RVUs is inappropriate. HCFA's decision to impose the facility/non-facility differentiation now undercuts the validity and fairness of the entire fee schedule.

The incongruity of HCFA's process and the lack of validity is apparent when we examine what the agency has promulgated. Some codes remain unchanged from 1997--with identical facility and non-facility values. Codes that have smaller reimbursement levels have differentials/reductions between facility/non-facility payments that are twice as large as for other services with double the level of reimbursement.

As Published, this Bifurcated Approach is Clearly Inequitable...

Obviously HCFA's approach is not sufficiently coherent to form the basis for reimbursement under the Medicare program. Consistent with all other years, a single office/ASC/ outpatient physician professional fee without regard to site-of-service is needed, and **should have been set at the higher of the two published amounts (excluding any reduction arising from the anticipatory bifurcation.)**

Legislative Technical Correction Needed to Redress this Unfair Scheme...It Will Almost Certainly Be Necessary For Congress to Intervene to Establish That It Does Not Favor A Complete Restructuring Of the Medicare Fee Schedule in The Untested, Incentive-Laden, Bifurcated Framework

The fees as they should have been published are provided in Table 1 below. A technical correction should be added to any 1998 Budget Reconciliation legislation **instructing HCFA to adopt the consolidated fee approach for those and other bifurcated services, and directing HCFA to make adjustments to fees retroactive to January 1, 1998.** The corrected unified fees should be utilized in place of the bifurcated fees for purposes of all future adjustments, as if those had originally been published as the 1998 Medicare fees.

Congress must ensure that these key points are incorporated into any comprehensive legislation or voluntary initiatives dealing with patient rights.

CPT/Description	Single Value which should be Instated - Total RVUs	"Differential for Facility Site" which should be Excised - Total RVUs
43200/ Esophagus endoscopy	3.89	3.60
43202/Esophagus endoscopy, biopsy	4.61	4.28
43234/ Upper GI endoscopy, exam	4.88	4.52
43235/Upper GI endoscopy, diagnosis	5.75	5.31
43239/Upper GI endoscopy, biopsy	6.46	5.98
44385/Endoscopy of bowel pouch	4.49	4.16
44388/Colon endoscopy	6.93	6.42
44389/Colonoscopy w/ biopsy	7.58	7.02
44391/Colonoscopy for bleeding	10.11	9.60
44392/ Colonoscopy & polypectomy	9.68	8.72
44393/Colonoscopy, lesion removal	10.95	10.86
44394/Colonoscpopy w/ snare	10.29	10.00
45330/Sigmoidoscopy diagnostic	2.31	2.14
45331/Sigmoidoscopy and biopsy	3.02	2.80
45333/ Sigmoidoscopy & polypectomy	4.46	4.38
45378/Diagnostic colonoscopy	8.22	8.16
45378/53/Diagnostic colonoscopy	2.31	2.14
45379/Colonoscopy	10.50	10.36
45380/Colonoscopy and biopsy	9.20	8.82
45385/Colonoscopy lesion removal	12.54	11.73

NATIONAL SCIENCE AND TECHNOLOGY COUNCIL (NSTC)
Executive Office of the President
17th Street and Pennsylvania Avenue, NW
435 Old Executive Office Building
Washington, DC 20502
Phone: 202-456-6130
Fax: 202-456-6027

NSTC/COS
Interagency Working Group on the Children's Initiative
MEETING CONFIRMATION

Distribution	Phone/Fax Numbers
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Norman Anderson, NIH	(301) 402-1146/(301) 402-1150
Bennett Bertenthal, NSF	(703) 306-1700/(703) 306-0495
Betty Chemers, DOJ	(202) 307-3677/(202) 514-6382
David Stevenson, DOEd	(202) 401-0593/(202) 401-9027
William Farland, EPA	(202) 564-3322/(202) 565-0090
Jennifer Klein, DPC	(202) 456-2599/(202) 456-2878
Ann Segal, DHHS/ASPE	(202) 690-7858/(202) 690-7383
Philip Smith, DHHS/HIS	(301) 443-4297/(301) 594-6213
Phyllis Zucker, DHHS/PHS	(202) 401-0749/(202) 205-9478
Lloyd Kolbe, DHHS/CDC	(770) 488-3254/(770) 488-3110
Helen Howerton, DHHS/ACF	(202) 205-3604/(202) 205-3598
cc: Dalton Paxton, DHHS/PHS	(202) 205-5829/(202) 205-9478
cc: Kinney Zalesne, DOJ	(202) 514-2927/(202)
cc: Christy Visher, DOJ	(202) 307-0694/(202) 307-6394
cc: Timothy Strickland, USDA	(202) 205-5952/(202)
cc: Steven Isakowitz, OMB	(202) 395-3935/(202) 395-4652

FROM: Judy Auerbach

NUMBER OF PAGES (INCLUDING COVER SHEET): 1

The first meeting of the Interagency Working Group on the Children's Initiative is scheduled for Wednesday, July 22, 1998, in Conference Room 180 (1st floor) of the Old Executive Office Building (17th Street and Pennsylvania Avenue, NW) from 9 to 11 a.m. Please email your **name** as it appears on your driver's license or photo ID, **date of birth** and **social security number** to dcoleman@ostp.eop.gov. **Security clearance is required for building access.**

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 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.

Camera starts slow zoom in to medium close up.

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.

Hillary Clinton Colon Cancer PSA #2
30-second Script

Fade up on a group of four women in their fifties as they are coming off a tennis court, rackets and towels in hand. They are the picture of what we all would like to be... energetic and fit. Close up of Woman #1 as we enter their conversation in mid stream...

Woman #1: *(Energetic and cheerful)*
OK, who's up for lunch?

Woman #2: *(shaking head no)*
I have to take Tim to the doctor.

Woman #3: *(concerned)*
Is everything OK?

Woman #2: *(at ease)*
Yeah, it's just a colon cancer test.

Woman #4:
But he's so young, only 52.

Woman #1: *(confused)*
My doctor even told ME to get screened, but I thought only men get it.

Woman #3:
I'm supposed to get screened too but I don't have the time.

Fade to white, then fade to a medium wide shot of Hillary Clinton sitting on the couch in her family room. Family portraits are in the background. She is relaxed, yet somewhat firm. She feels like a good friend telling us something that might be hard to hear, yet must be discussed.

Mrs. Clinton: *(addressing camera)*
These excuses could cost you your life.

Camera starts slow zoom in.

Colon cancer is the second leading cancer killer... and women get it as often as men. But it's curable or even preventable when detected early. If you are 50 or older, get tested for colon cancer.

Zoom is complete. Mrs. Clinton on medium close up.

No More Excuses.

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

Merrill 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)

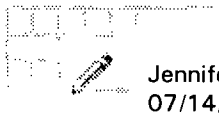
Wal-Mart, K-Mart, Target, Sears, JC Penney, Montgomery Ward (other retailers)

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)



Jennifer L. Klein
07/14/98 10:39:04 AM

Record Type: Record

To: Nicole R. Rabner/WHO/EOP

cc: Neera Tanden/WHO/EOP
Subject: FYI

Neera is working on three memos for us to send to the First Lady -- children's health update, patient bill of rights update, at risk youth/violence update. She is also setting up a meeting with Sandy Battle, Janey and Carol to check on DC charter schools, ie, are there other things, including giving them additional funding, that we should be doing in the next several weeks.

I have an appointment to talk to Jack Lew about tax strategy this afternoon. I felt last night as I thought about it that we need to go to the source.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of the Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
200 Independence Avenue, Room 738G
Washington, DC 20201

FACSIMILE TRANSMITTAL SHEET

TO: See List Below

FROM: Christina Coll

ORGANIZATION:

DATE: July 16, 1998

FAX NUMBER: See List Below

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER: See List Below

RE: Senior Staff Planning Committee Meeting

☐ URGENT ☑ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

SSPC co-chairs	Telephone #	Fax #
Richard Jackson	770-488-7000	770-488-7015
Ramona Trovato	202-260-7778	202-260-4103
SSPC members		
Bill Modzeleski	202-260-3954	202-260-7767
Fred Siskin	202-219-6197	202-219-9216
Lois Schiffer	202-514-1442	202-514-4231
Heather Stockwell	301-903-5926	301-903-3445
Karen Hinton	202-708-0685	202-708-3106
Brian E. Burke	202-720-7173	202-720-4732
Donald R. Trilling	202-366-4220	202-366-7618
Claudia Abendroth	202-395-4708	202-395-5836
Brad Campbell	202-456-6224	202-456-6546
Pamela Gilbert	301-504-0550	301-504-0121
Jean Lambrew	202-456-5377	202-456-7431
Nichol Rabner	202-456-6266	202-456-2878
Maria Hanratty	202-395-6982	202-395-6853

Judith Auerbach	202-456-6139	202-456-6027
Phil Ellis	202-622-2342	202-622-2563
Bill Dinkelacker	202-622-1285	202-622-1294
PIWG co-chairs		
Jerry Clifford	214-665-2100	214-665-6648
Barry Johnson	404-639-0700	404-639-0744
RDNWG co-chairs		
Bill Farland	202-260-7316	202-401-2492
Ken Olden	919-541-3201	919-541-2260
Asthma co-chairs		
Stephen Redd	202-205-8829	770-488-3507
Bob Axelrad	202-564-9315	202-565-2071
Unintentional Injuries co-chairs		
Pamela Gilbert	301-504-0550	301-504-0121
Ricardo Martinez	202-366-1836	202-366-2106
Mark Rosenberg	770-488-4696	770-488-1670
Cancer co-chairs		
Susan Sieber	301-496-5946	301-402-3256
Steve Galson	202-260-7778	202-260-4103
Developmental Disorders co-chairs		
Carole Kimmel	202-564-3307	202-565-0078
Duane Alexander	301-496-3454	301-402-1104
Sue Swenson	202-690-6590	202-401-9507

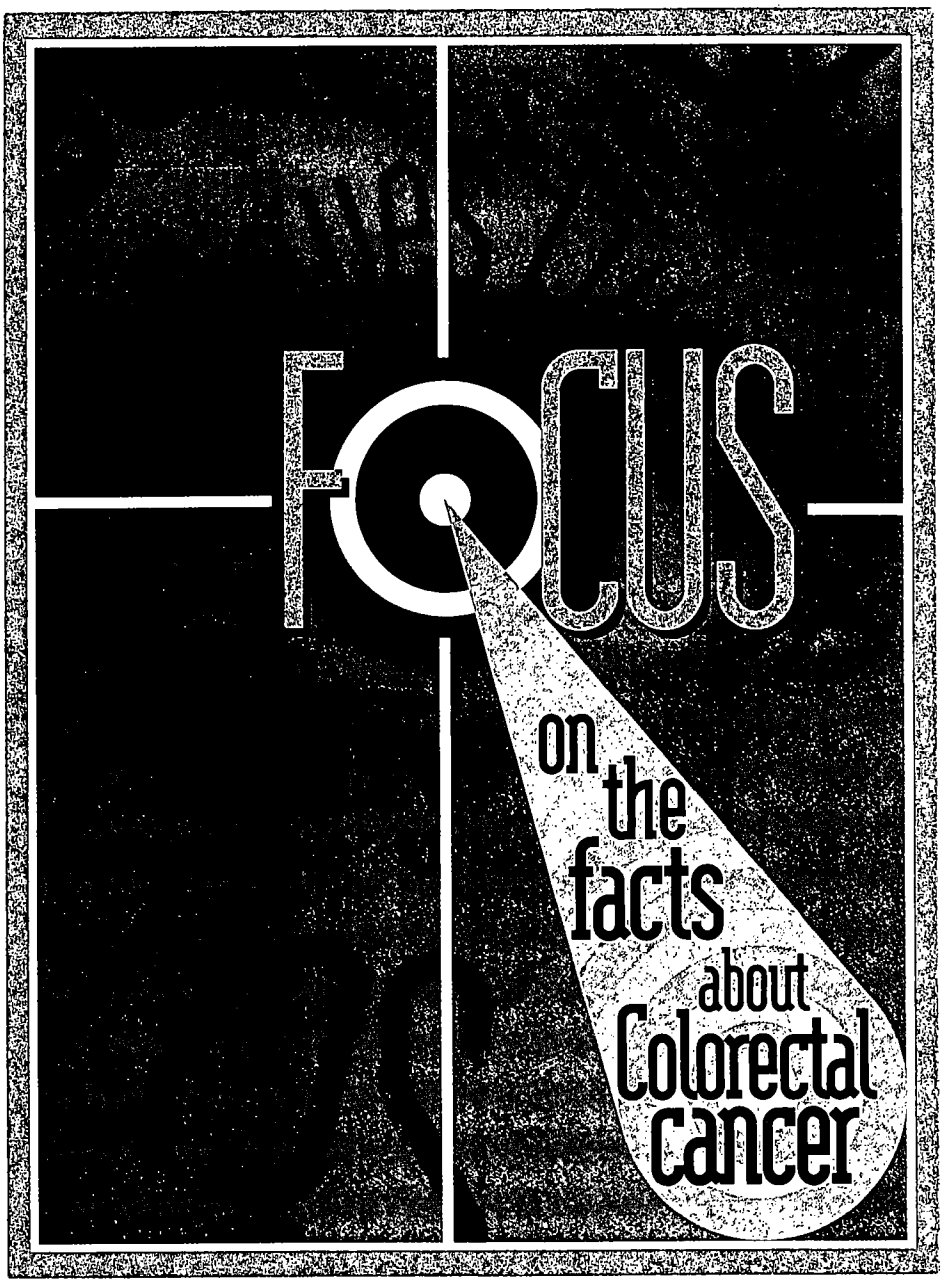
Message:
Attached is the draft agenda for the Senior Staff Planning Committee Meeting on Wednesday, July 29, at 10:00 AM. You are all encouraged to attend. If for some reason you are unable to attend, we will have conference lines so you can participate in the meeting. The call-in number for the conference lines is 202/260-7280, code 5233#.

For any questions regarding this fax, please contact Christina Coll by e-mail ccoll@osophs.dhhs.gov or phone (202) 260-2325.

DRAFT AGENDA
Senior Staff Planning Subcommittee Meeting

DATE: July 29, 1998
TIME: 10:00 A.M. - 12:00 P.M.
LOCATION: Environmental Protection Agency
401 M Street, SW
913 West Tower (Office of Children's Health Protection)
Call-in Number: 202-260-7280, code 5233#

10:00-10:10	Welcome and Introductions	Dick Jackson
10:10-10:20	Overview of meeting	Ramona Trovato
	Objective of meeting: Obtain status reports from subcommittees and priority area work groups and discuss FY2000 budget initiatives	
	Desired outcome of meeting: Reach consensus on FY2000 budget initiatives	
10:20-10:40	Asthma Work Group	Co-chairs
10:40-10:50	Childhood Cancer Work Group	Co-chairs
10:50-11:00	Developmental Disorders Work Group	Co-chairs
11:00-11:10	Unintentional Injuries Work Group	Co-chairs
11:10-11:20	Research and Data Needs Subcommittee	Co-chairs
11:20-11:30	Program Implementation Subcommittee	Co-chairs
11:30-11:45	FY2000 Budget Discussion	Dick Jackson
11:45-12:00	Next Steps/Action Items	Ramona Trovato
	October Task Force Meeting	



The American Digestive Health Foundation℠, a cooperative effort of the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy, and the American Association for the Study of Liver Diseases, 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 Digestive Health Initiative® Colorectal Cancer Education Campaign is made possible by unrestricted educational grants from Astra Merck, Inc., SmithKline Diagnostics, Inc., and Olympus America Inc.

AMERICAN
DIGESTIVE
HEALTH
FOUNDATION℠

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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, Director, Digestive Health Initiative®
Subject: DHI National Colorectal Cancer Summit
Date: July 14, 1998

We are excited about the opportunity to work with Mrs. Clinton on a public service announcement and special event to raise awareness about colorectal cancer (CRC) prevention.

As promised, enclosed is a videotape and press kit from an important DHI event, The National Summit on Colorectal Cancer, which was held this past January. It demonstrates the range of topics and speakers which could be considered for a White House event and highlights media coverage as well as segments from "person-on-the-street" interviews.

The purpose of the summit was to:

- celebrate the new Medicare benefit for colorectal cancer screening,
- mobilize a variety of organizations committed to raising awareness about CRC prevention,
- roll out our new managed care package and
- generate media coverage about the disease and how it is preventable and curable when detected early.

Our summit speakers represented scientific leadership, National Cancer Institute, Centers for Disease Control and Prevention, American Cancer Society, managed care, a cost-effectiveness perspective as well as Barbara Barrie, actress and author who shared her personal experience with CRC.

I will send you a draft of the public service announcement as well as an event proposal in the near future. We are brainstorming about the private sector partnership component.

Talk to you soon.

7910 Woodmont Avenue, 7th Floor • Bethesda, Maryland 20814-3015 • (301) 654-2635 Fax (301) 654-1140

QUESTIONS & ANSWERS

Dr. Dan Talks To You About Colorectal Cancer

American Digestive Health Foundation℠ Fact Sheet

The American Digestive Health Foundation℠ (ADHF℠), a cooperative effort of the American Gastroenterological Association (AGA), the American Society for Gastrointestinal Endoscopy (ASGE) and the American Association for the Study of Liver Diseases (AASLD), 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.

The Digestive Health Initiative®

The Digestive Health Initiative® (DHI®) is an education and outreach program to increase awareness among consumers and the larger healthcare community about the prevention, early detection and treatment of various digestive health disorders. These educational and outreach activities currently consist of the Ulcer Education Campaign, Colorectal Cancer Education Campaign and Viral Hepatitis Education Campaign. Future campaigns are under development and will be launched over the next several years.

During the 1997-98 year, the ADHF will provide approximately $3.2 million in research funding for the following three initiatives.

Basic Research Initiative

The Basic Research Initiative supports and promotes award programs that provide funding to researchers at all stages of career development to further basic and clinical research into the causes, prevention, diagnosis, treatment and cure of digestive and liver diseases.

Clinical/Outcomes Research Initiative

Clinical research is the vital link between basic science and improved medical care. The Clinical/Outcomes Research Initiative connects advances in basic science with new treatment techniques and therapies at the patient's bedside to assure that prescribed treatments are necessary, effective and affordable.

Endoscopy/Technology Research Initiative

Technology provides the tools and procedures which link benchside discovery to bedside practice. The Endoscopy/Technology Research Initiative complements the other ADHF initiatives to support gastrointestinal medical products and procedures.

In addition to these four initiatives, the ADHF is co-sponsor of the Digestive Health News and Information Center (DHNIC), which provides information and resources to members of the news media on a range of digestive health issues, as well as access to clinical, scientific and academic experts in the fields of gastroenterology, gastrointestinal endoscopy and liver disease. The DHNIC is a cooperative effort of the ADHF, the AGA, the ASGE and the AASLD.

The Digestive Health Initiative® Colorectal Education Campaign is made possible by unrestricted educational grants from Astra Merck, Inc., SmithKline Diagnostics, Inc., and Olympus America Inc.

FOCUS on the facts about Colorectal cancer

Background

Treating Colorectal Cancer

Although many people may believe colorectal cancer is difficult to treat, it actually is one of the most curable cancers when detected at an early stage. Screening and surveillance procedures are crucial for identifying polyps early—before the polyps produce symptoms. Treatment of colorectal cancer typically depends on the stage in which the colorectal polyps or cancer are found. Early detection can cut colorectal cancer deaths by one half.

Early Stages

Most colorectal polyps are removed easily during colonoscopy without the need for surgery. Treatment of early-stage cancer usually requires surgery to remove the portion of the colon containing the malignant tumor. Unfortunately, if these tumors are not detected early through screening/surveillance, and they spread beyond the bowel, the chance for a surgical cure is less than 40 percent. Many people believe that surgery means a permanent colostomy will be required for the patient. However, it is important to realize that a colostomy is required in only a few of the cases where the cancer is located at the very end of the bowel in the rectum. Sadly, this misconception, or fear, may cause people to delay or avoid screening and diagnosis until their cancers are far advanced. After curative surgery, additional treatment may involve radiation and/or chemotherapy to eradicate residual tumor cells.

Advanced Stages

In addition to surgery, later stages of the disease often require radiation therapy and/or chemotherapy.

Statistics

- Colorectal cancer is the second leading cause of cancer deaths, behind lung cancer, in the United States.
- This year, more than 56,500 Americans will die from colorectal cancer.
- In 1998, an estimated 131,600 men and women will develop colorectal cancer.
- Eighty to 90 million Americans (approximately 25 percent of the U.S. population) are considered at risk because of age or other factors.
- Approximately 80 percent of all colorectal cancers occur among people at average risk (50 years and older).
- Despite the perception that it is a man's disease, colorectal cancer affects women and men with almost equal frequency.

Characteristics

Most cases of colorectal cancer begin with the development of benign polyps in the colon and rectum. These polyps, for reasons still unknown, often become cancerous, yet rarely produce symptoms. The exact cause of the disease is unknown, but it appears to be caused by both inherited and environmental factors. Some data suggest diets high in fat increase the chances of developing the disease, while diets containing adequate amounts of fruit, vegetables and fiber appear to reduce the risk. Lifestyle factors–such as cigarette smoking, sedentary lifestyle and obesity–also may increase the risk of developing the disease. Men and women develop colorectal cancer in almost equal numbers, despite a general misconception that colorectal cancer is a male disease. Everyone age 50 and older is considered at average risk for the disease. High-risk groups

Background continued...

include those with a family history of colorectal neoplasia (cancer or polyps), and a personal history of colorectal neoplasia or an inflammatory bowel disease, such as ulcerative colitis or Crohn's disease.

As with all cancers, colorectal cancer progresses in stages. In its earliest stages, this disease is one of the most preventable and curable cancers, with predictions of a 95 percent chance for a five-year survival in stage I, as opposed to only a three percent chance in stage IV.

Preventing Colorectal Cancer

Primary Prevention

Modifying dietary and lifestyle risk factors may reduce the risk of polyps and colorectal cancer. Dietary recommendations include a balanced diet containing adequate amounts of vegetables, fruits and fiber, and avoiding consumption of excess calories, especially those from fat in animals. Lifestyle recommendations involve preventing obesity, avoiding tobacco and maintaining daily physical activity.

Secondary Prevention

Colorectal cancer, unlike many other types of cancer, exists in a readily detectable, easily curable state for a long time (up to 10 years). Through the many safe and accurate tests available, there is a good chance it can be detected early, reducing the number of deaths from the disease.

Screening

Recent guidelines issued by a consortium of gastrointestinal societies, the American Cancer Society and the United States Preventive Services Task Force recommend that everyone age 50 and older (the age group considered at average risk) undergo routine screening. Routine screening consists of a fecal occult blood test (FOBT) every year and a flexible sigmoidoscopy every five years. Those who are at greater risk due to personal or family history should discuss screening options with their physicians.

Screening Procedures

Fecal occult (hidden) blood test: The test, which can be done at home upon physician recommendation, screens for invisible amounts of blood by testing small samples of stool for three consecutive days.

Flexible sigmoidoscopy: An endoscope – a thin, flexible tube with a light on the end–is used to examine the inner lining of the rectum and the last two feet of the colon, where the majority of cancers and polyps develop. The test usually is performed in a doctor's office and does not require the use of any anesthesia.

Colonoscopy: Highly accurate and safe, this test is similar to a flexible sigmoidoscopy, but it provides a view of the entire colon and allows the physician to perform a biopsy or polypectomy at a single setting. The procedure typically is performed in a hospital or doctor's office, and the patient is given a sedative to alleviate any discomfort.

Barium enema: With this procedure, barium and air are introduced into the large bowel by means of a tube that is inserted into the rectum. X-rays then are taken to identify any abnormalities. Sedation is not required and the procedure is safe and usually performed in a hospital.

FOCUS on the facts about Colorectal cancer

Check It Out

Colorectal Cancer Screening Saves Lives

Although highly treatable if detected early, colorectal cancer is the second leading cause of death by cancer in the United States, accounting for 131,600 new cases and approximately 56,500 deaths each year.

The National Cancer Institute estimates 80-90 million people are at risk of developing colorectal cancer because of age or other factors. Talk to your doctor about colorectal cancer screening if:

- ☑ You are age 50 or older (men and women are equally at risk)
- ☑ You or a family member has a history of colorectal cancer
- ☑ You or a family member has suffered from a chronic inflammatory bowel disease, such as ulcerative colitis and Crohn's disease

Regardless of whether you fall into a risk group, there are many easy dietary and lifestyle preventive measures you can take to reduce your chance of developing colorectal cancer:

- ☑ Maintain a diet low in animal fat and high in fiber
- ☑ Exercise regularly
- ☑ Prevent obesity
- ☑ Avoid cigarette smoking
- ☑ Learn more about colorectal cancer

To receive a free brochure on colorectal cancer, call the Digestive Health Initiative information line at 1-800-668-5237

The American Digestive Health Foundation℠ (ADHF℠), a cooperative effort of the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy, and the American Association for the Study of Liver Diseases 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 Digestive Health Initiative® Colorectal Education Campaign is made possible by unrestricted educational grants from Astra Merck, Inc., SmithKline Diagnostics, Inc., and Olympus America Inc.

Resources

Ask the Medical Experts

Digestive Health Initiative® (DHI®) Colorectal Cancer Education Campaign Chair
John Bond, MD
Professor of Medicine, University of Minnesota Medical Center
Chief, Gastroenterology Section,
Veterans Administration Medical Center in Minneapolis

DHI® Colorectal Cancer Education Campaign Vice Chair
Bernard Levin, MD
Vice President and Betty B. Marcus Chair in Cancer Prevention,
Division of Cancer Prevention, Professor of Medicine, University of
Texas M.D. Anderson Cancer Center
Chairman, National Advisory Committee on Colorectal Cancer,
American Cancer Society

Chair of the DHI®
Emmet Keeffe, MD
Medical Director, Liver Transplant Program
Chief, Clinical Gastroenterology, Stanford University Medical Center

Chair of the American Digestive Health Foundation℠
Martin Brotman, MD
President and Chief Executive Officer, California Pacific Medical Center
Clinical Professor of Medicine, University of California,
San Francisco Medical Center

Additional Information

Digestive Health Initiative®
Consumer Information Line
1-800-668-5237

National Cancer Institute
Cancer Information Service
1-800-4-CANCER (422-6237)

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Crohn's and Colitis Foundation of America
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424 Bradford St.
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The American Digestive Health Foundation℠ (ADHF℠), a cooperative effort of the American Gastroenterological Association, the American Society for Gastrointestinal Endoscopy, and the American Association for the Study of Liver Diseases 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.

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For Immediate Release

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New Medicare Benefit Provides First-Ever Reimbursement for Colorectal Cancer Screening

Washington, DC, January 13, 1998 – Beginning January 1, 1998, 37.3 million Americans became eligible for the first-ever Medicare reimbursement for colorectal cancer screening. This could be the milestone that places colorectal cancer screening on the map and dramatically lowers the incidence and mortality of the second leading cancer killer.

The American Digestive Health Foundation℠ (ADHF℠), in collaboration with the American Cancer Society, will host a groundbreaking summit in Washington, DC, on January 13 to discuss the important new benefit provided by Medicare for colorectal cancer screening. Preeminent leaders in the field of colorectal cancer will outline how early screening could prevent up to half of the 56,500 deaths every year in the United States.

"Colorectal cancer is one of the most preventable cancers because tests are available that can detect a polyp at an early stage before it develops into cancer," said John Bond, MD, University of Minnesota Professor of Medicine and Chair of the ADHF Colorectal Cancer Education Campaign. "It's amazing that we have the technology to remove precancerous polyps, yet so few people get screened for them."

The emphasis on colorectal cancer screening has intensified during the past year since new screening guidelines were unveiled by a consortium of gastrointestinal societies and the American Cancer Society. The screening recommendations for those aged 50 and older include a fecal occult blood test (FOBT) every year and a flexible sigmoidoscopy every five years. Those who are at greater risk due to personal or family histories should discuss screening options with their physicians.

"It was only 10 years ago that public awareness of breast cancer screening was abysmal, and now it's common practice," said Bernard Levin, MD, University of Texas MD Anderson Cancer Center Vice President for Cancer Prevention and Co-chair of this campaign. "Like breast cancer, it's time to recognize that colorectal cancer screening could drastically cut the mortality rate by as much as one-half."

Men and women develop colorectal cancer in almost equal numbers, despite a general

misconception that colorectal cancer is a male disease. Everyone aged 50 and older is considered at average risk for the disease. High-risk groups include those with a family history of colorectal neoplasia (cancer or polyps), and a personal history of colorectal neoplasia inflammatory bowel disease, such as ulcerative colitis or Crohn's disease.

The summit is being broadcast live to state health departments and hospitals throughout the country including in New York, Illinois, Michigan, Florida and Pennsylvania. ADHF is providing a toll-free number (1-800-668-5237) for consumers to call for a free brochure about colorectal cancer screening.

Speakers at the event include:

- Barbara Barrie, actress, author and colorectal cancer survivor (currently stars in NBC's sitcom "Suddenly Susan")
- John Bond, MD, Chair, ADHF Colorectal Cancer Education Campaign
- Robert A. Smith, PhD, American Cancer Society
- John D. Lisco, MPH, CHES, Centers for Disease Control and Prevention
- Grant Bagley, MD, JD, Health Care Financing Administration
- Otis Brawley, MD, National Cancer Institute
- Robert Fletcher, MD, Harvard Pilgrim Health Care
- Sidney Winawer, MD, Memorial Sloan-Kettering Cancer Center
- David A. Lieberman, MD, The Oregon Health Sciences University

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FOCUS on the facts about Colorectal cancer

"Widespread adoption of current screening recommendations would reduce the death rate of this, the second most common cancer killer of Americans, by over 50 percent."

***John Bond, MD**, Chair,*
Digestive Health Initiative®,
Colorectal Cancer Education Campaign

"The new Medicare legislation should enable us to save many lives now being lost to colorectal cancer. We must endeavor to make screening a top priority for the public and the medical profession."

***Bernard Levin, MD**, Co-chair,*
Digestive Health Initiative®,
Colorectal Cancer Education Campaign

"Screening for colorectal cancer makes sense in the managed care environment. It works and the cost per year of life saved compares favorably with other things we now do for patients."

Robert Fletcher, MD,
Harvard-Pilgrim Health Care

"Cancer prevention not only saves lives, but has an enormous impact on cost estimates. As the cost of cancer care increases, it will be more expensive not to screen than to screen the population. The cost of screening is comparable or less than other forms of accepted medical therapy."

David Lieberman, MD,
Portland VA Medical Center

"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

"You can decide to lose weight in 1998. You can vow to firm up those flabby arms, spend more time with the kids or stop putting up with mischief from creeps who want to steal your heart and then leave it out in the rain. Do all that and more. But first, give yourself a present. Get a colonoscopy. Or a flexible sigmoid exam."

***Jacquelyn Mitchard**, syndicated columnist*

"I've faced a lot of opponents in my life, but colon cancer is one of the most challenging. I never thought this would be a disease that I had to worry about. If this can happen to me, then a lot of you are at-risk, particularly if you are over 50. The good news is that there are tools out there to prevent colon cancer."

Eric Davis,
Baltimore Orioles Outfielder

"Colorectal cancer is a devastating and deadly disease, but it is treatable if detected early. That's why we need to work harder to raise the profile of the disease and the importance of screening."

Barbara Barrie,
colorectal cancer survivor, actress and author

"Progress in breast cancer control has been extraordinary during the past 10 years, and now a majority of women aged 40 and older have had at least one mammogram, and a growing proportion participate in periodic screening. We believe that there is an opportunity with colorectal cancer to build on lessons learned during the efforts of the past decade towards progress in breast cancer control."

Robert A. Smith, PhD,
American Cancer Society

"Educating health care providers about screening guidelines and informing the public about the availability and advisability of screening are essential strategies in reducing deaths from colorectal cancer. The Centers for Disease Control and Prevention (CDC) has identified colorectal cancer, the second leading cause of cancer-related deaths in the United States, as a priority area for early detection and prevention activities. In collaboration with the American Cancer Society, CDC is providing leadership to develop a national coalition for strengthening the network of public and private organizations promoting colorectal cancer screening."

John Lisco, MPH, CHES,
Centers for Disease Control and Prevention

7" x 3 1/8 " PSA

50 or over? Feel fine? No obvious symptoms?

Three good reasons to get tested for colorectal cancer immediately.

If you're 50 or older, you could be developing colorectal cancer and not even know it. That's the bad news. The good news is, it's preventable and curable – if detected early.

I'm Dr. Dan, gastroenterologist and spokesperson for the American Digestive Health Foundation,℠ and I'm here to remind every man and woman 50 or older to talk with your doctor and get tested for colorectal cancer as soon as possible. For more information, call **1-800-668-5237**. For more information on cancer, call the American Cancer Society at **1-800-227-2345**.

American Digestive Health Foundation

℠
Digestive Health Initiative

4 1/2" x 4 1/2 " PSA

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