Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: Cancer Survivors Attending the President's Announcement (1 page)	n.d.	b(6)
002. fax	Darren Peters to Jordan re: poltical (4 pages)	10/26/1996	Personal Misfile
003. memo	Mary Dixon to Elizabeth Drye re: here is briefing memo [partial] (1 page)	10/26/1996	b(6)
004. memo	From: Sarah Farnsworth re: Sunday sequence [partial] (1 page)	10/25/1996	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Elizabeth Drye
OA/Box Number: 10455

FOLDER TITLE:
Speech - OCS [Office of Cancer Survivorship]

Racheal Carter
2014-0046-S
rc1444

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]

PRESIDENT CLINTON ANNOUNCES NEW CANCER INITIATIVES

Sunday, October 27, 1996

In honor of National Breast Cancer Awareness month and the 25th anniversary of the National Cancer Act, President Clinton today will announce three important new initiatives that will build on his Administration's efforts to fight breast cancer and to address the needs of cancer survivors.

The new initiatives being announced by the President are: (1) a $30 million increase in funding for new research into the genetic basis of breast cancer, through a collaborative initiative between the Departments of Defense and Health and Human Services; (2) the opening of a breast cancer web page site, a recommendation of the National Action Plan on Breast Cancer, a public-private partnership created under the Clinton Administration; and (3) the new Office of Cancer Survivorship in the National Cancer Institute, which will research issues relating to the physical, psychological, and economic well-being of the growing number of cancer survivors in this country.

Prior to his announcement in the Rose Garden, President Clinton will meet in the Oval Office with five cancer survivors and their families and sign a pink ribbon, the symbol of the nation's fight against breast cancer. They will be joined by Susan Blumenthal, Deputy Assistant Secretary in charge of the Office of Women's Health at the Department of Health and Human Services; Steven Joseph, Assistant Secretary for Defense for Health Affairs, Rick Klausner, Director of the National Cancer Institute, Ellen Stovall, Executive Director of the National Coalition for Cancer Survivorship; and Elizabeth Clark, Director of the National Coalition for Cancer Survivorship.

Biographies of the survivors are attached. The speaking program in the Rose Garden is as follows: Remarks by Susan Blumenthal, Deputy Assistant Secretary in charge of the Office of Women's Health at the Department of Health and Human Services; Remarks by Jane Reese-Coulbourne of Alexandria, Virginia, a cancer survivor; and Remarks by the President.

Over the past 25 years, the United States has made great strides in reducing cancer rates and increasing cancer survival. For example, 25 years ago, only one in 10 children survived childhood cancer and leukemia. Today, seven out of 10 children who get cancer are cured. Still, nearly 1.4 million people will be diagnosed with cancer this year, and over forty percent of Americans will have the disease over their lifetime. And, while the President will note today that death rates from breast cancer have fallen seven years in a row, studies estimate that the disease will be diagnosed in about 1.5 million American women and claim nearly half a million lives in this decade.

$30 MILLION IN FUNDING FOR BREAST CANCER GENETIC RESEARCH

President Clinton will announce a $30 million increase in funding for new research into the genetic basis of breast cancer, through a collaborative effort between the Departments of Defense and Health and Human Services. This represents a major increase in funding devoted to genetic breast cancer research over FY 1996. Of the $30 million, $20 million is being directed from within DOD's FY 1997 general breast cancer research funding to focus specifically on breast cancer genetic

research; $10 million is being directed from within NIH's biomedical research funds, also to focus on breast cancer genetic research.

The Clinton Administration has responded to the significant threat posed by breast cancer with increased efforts in research, prevention and treatment. Since the Administration has taken office, funding for these activities has increased more than 95 percent, from $276 million in FY 1993 to an estimated $541 million in FY 1997 at the Department of Health and Human Services alone. This investment has yielded promising results, including the recent identification of two genes, BRCA1 and BRCA2, which researchers say may account for five to 10 percent of the breast cancers diagnosed each year. Researchers estimate that more than half of the women who inherit these genes will be diagnosed with breast cancer by age 50, and more than 85 percent will have a diagnosis of breast cancer by age 70. This new research initiative, a collaboration between the Department of Defense and the National Institutes of Health, will focus on a broad range of investigations related to the role of genes in the development of breast cancer. The Administration's objective is to move rapidly toward the goal of identifying high-risk women and preventing breast cancer before it strikes.

NATIONAL ACTION PLAN ON BREAST CANCER GOES ON-LINE

President Clinton today announced that the National Action Plan on Breast Cancer (NAPBC) will take its resources on-line. The launch of the web site coincides with the three year anniversary of the creation of the National Action Plan on Breast Cancer, which catalyzes and supports innovative research and outreach projects on breast cancer, with a special emphasis on the development of public-private partnerships. The web site, coordinated by the Department of Health and Human Services in partnership with the private sector, provides answers to frequently asked questions about breast cancer and serves as a gateway to information on breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences and meetings, publications, and other resources. The web site location: http://www.napbc.org

NEW EFFORTS PART OF A COMPREHENSIVE STRATEGY TO FIGHT BREAST CANCER

These new efforts are part of the Administration's comprehensive strategy to fight breast cancer in this country. For example, on October 1, 1996 the Administration announced the expansion of the National Breast and Cervical Cancer Early Detection program to all 50 states, with $102 million in federal funding for the upcoming year. The program, run by the Centers for Disease Control and Prevention, provides screening services for low income and medically underserved women. In March 1996, the FDA proposed regulations to implement the Mammography Quality Standards Act (MQSA), to ensure that mammography facilities meet high quality standards for equipment and personnel. First Lady Hillary Rodham Clinton also launched a campaign urging older women to get mammograms and promoting Medicare's coverage of mammography. In addition, the Department of Health and Human Services, the Central Intelligence Agency, and the Department of Defense have created a unique partnership to transfer defense and imaging technologies to improve early detection of breast cancer.

LAUNCHING OF THE OFFICE OF CANCER SURVIVORSHIP

President Clinton also today unveiled the new Office of Cancer Survivorship at the National Cancer Institute. Recent success of cancer prevention, early detection, and treatment efforts has created a new need: research into the physical, psychological, and economic well-being of the growing number of cancer survivors. The Office of Cancer Survivorship will support research covering the range of issues facing survivors of cancer, including: long term medical and psychological effects; factors that predispose survivors to second malignancies; reproductive problems following cancer treatment; and their unique insurance and employment issues.

Today, more than 10 million Americans are cancer survivors. Seven million of these individuals are long-term survivors who were diagnosed with cancer more than five years ago. About 135,000 of these survivors are under the age of 15, and one in every 1,000 Americans between the ages of 20 and 40 is a survivor of childhood cancer. The number of breast cancer survivors is also growing, largely due to improved mammography screening and more effective treatment. The death rate from breast cancer has gone down seven years in a row. According to provisional statistics released earlier this month by the National Center for Health Statistics, there was a 7.7 percent reduction in age-adjusted breast cancer mortality from 1989 to 1995.

A fact sheet on the Clinton Administration's cancer-related initiatives is attached.

-30-30-30-

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	re: Cancer Survivors Attending the President's Announcement (1 page)	n.d.	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Elizabeth Drye
OA/Box Number: 10455

FOLDER TITLE:
Speech - OCS [Office of Cancer Survivorship]

2014-0046-S
rc1444

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]

Clinton Administration Cancer-Related Initiatives

Since taking office, the Clinton Administration has devoted increased resources to the prevention, detection, and treatment of cancer. The following are examples of new initiatives launched by the Administration to reduce cancer rates and increase cancer survival in this country:

- **Developed a National Action Plan on Breast Cancer.** The Clinton Administration has established a National Action Plan on Breast Cancer (NAPBC), which supports innovative research and outreach projects on breast cancer, with a special emphasis on the development of public-private partnerships. On October 27, 1996, President Clinton announced the new NAPBC web site, coordinated by the Department of Health and Human Services, in partnership with the private sector. The web site provides answers to frequently asked questions about breast cancer, information on breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences and meetings, publications, and other resources.

- **Created the Office of Cancer Survivorship.** Recognizing the need for research into the physical, psychological, and economic well-being of the growing number of cancer survivors, on October 27, 1996, President Clinton unveiled the new Office of Cancer Survivorship at the National Cancer Institute. The Office of Cancer Survivorship will support research covering the range of issues facing survivors of cancer, including: long term medical and psychological effects; factors that predispose survivors to second malignancies; reproductive problems following cancer treatment; and their unique insurance and employment issues.

- **Increased spending on cancer by $400 million.** In FY 1997, the National Cancer Institute was funded at $2.38 billion, a $400 million increase over FY 1993. Since the Clinton Administration has taken office, funding for breast cancer research, prevention and treatment has increased by more than 95 percent in HHS alone, from about $276 million in FY 1993 to an estimated $541 million in FY 1997.

- **Accelerated approval of and expanded access to cancer drugs.** The Food and Drug Administration (FDA) has taken several steps to speed approval of cancer drugs and provide patients access to promising therapies not yet approved. For example, the FDA is using tumor shrinkage as a "surrogate marker" for effectiveness, cutting years off drug development time and months off of FDA review. This year the FDA approved *topotecan*, the first member of a promising new class of anti-tumor drugs that provides new hope to ovarian cancer patients and others. The FDA has given patients more of a voice in the drug review process by placing patient representatives on all cancer drug advisory committees. FDA is also working with other countries and manufacturers to make promising drugs approved in other countries available to patients in the United States.

- **Launched the Medicare mammography campaign.** The Clinton Administration has made it a priority to educate older women about the importance of detecting breast cancer early and to inform them about Medicare coverage of mammography services. Both the President and the First Lady have appeared in TV public service announcements encouraging older women to get mammography screenings.

- **Worked to ensure quality mammography facilities.** In March 1996, the FDA proposed regulations to implement the Mammography Quality Standards Act (MQSA). The rules will ensure that the roughly 10,000 mammography facilities nationwide accredited by the FDA meet high quality standards for equipment and personnel.

- **Proposed expanding Medicare coverage for mammograms.** In his balanced budget proposal, President Clinton proposes to expand Medicare coverage to include: annual mammograms for beneficiaries age 50 and over with no copayment or deductible requirement; and procedures for early detection of colorectal screening.

- **Launched National Breast and Cervical Cancer Early Detection Program.** The Centers for Disease Control's (CDC) National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammography screening to uninsured, low-income, elderly, and minority women. The program, which has been operating in an increasing number of states over the past six years, has provided screening tests to almost one million medically underserved women. In October, 1996, the program went nationwide, with funding for all 50 states.

- **Adapted imaging technologies from the defense, space and intelligence communities to detect cancer and other diseases earlier and with greater accuracy.** The Department of Health and Human Services has been working with the Departments of Defense, the CIA, NASA, and other public and private entities to explore ways in which imaging technologies from other fields may be applied to the early detection of breast cancer.

- **Signed the Kassebaum-Kennedy legislation into law, ending pre-existing condition exclusions.** As a result of this legislation, no American will live in fear of losing their coverage just because they have a pre-existing condition. This legislation is particularly helpful for the millions of cancer victims who will no longer face the dilemma of hesitating to go to a new and better job for fear of losing their health insurance.

- **Protected children from tobacco.** President Clinton announced in August 1996, measures to eliminate easy access to tobacco products by children and to restrict advertising that makes tobacco appealing to kids. More Americans die every year from smoking related diseases than from AIDS, car accidents, murders, and suicides combined. Each day, almost 3,000 children start smoking and nearly 1,000 of them die earlier as a result. Tobacco use is responsible for over 30 percent of American cancer deaths and over 90 percent of lung cancer (NIH report: President's Cancer Panel, Report of the Chairman, Sept. 1996).

-30-30-30-

Fax Transmittal

Office of Cancer Communications
Office of the Associate Director

NATIONAL CANCER INSTITUTE

Building 31, Room 10A31
Bethesda, Maryland 20892

301-496-6631
Fax 301-402-4945

Date 10/25/96

To Elizabeth Drye

Fax Number 202-456-7028

From John Bucklow

Cover Sheet plus 3 Pages Transmitted

Message All the Q + A's

National Cancer Institute Questions and Answers

Cancer Survivorship Office

Q. Why are you creating this office?

A: Because of advances in cancer research over the past 25 years, more cancer patients are surviving. There are now more than 10 million cancer survivors and 7 million of them have survived more than five years. The improved treatments for cancers that affect children and young adults have been particularly successful, so that today 1 of every 1,000 Americans (about 100,000 people) between ages 20 and 40 (about 100,000 people) is a cancer survivor. There are 135,000 cancer survivors under age 15. These survivors face long-term medical and psychosocial effects that stem from their cancer and its treatment. Some face second cancers years later. Some have reproductive problems stemming from cancer or cancer treatments. Nearly all have insurance and employment issues that are unique to cancer survivors. None of these issues has been studied adequately, and the need for research on these problems and issues has become increasingly urgent as the number of survivors has increased.

Q. Isn't NCI a research agency -- why are you doing outreach to survivors?

A. The National Cancer Institute is a research agency, and the new Office of Cancer Survivorship is a research office. In addition, the NCI has strong and definitive legislative mandates to conduct outreach and communications programs. These mandates originated in the National Cancer Act of 1971 and have been strengthened in subsequent revisions of the Act.

Q. When will the office open?

A. The Office of Cancer Survivorship will officially open November 1, 1996, and will be headed by Anna T. Meadows, M.D. The following week, on November 4 and 5, NCI has invited experts from the scientific community, as well as members of advocacy groups representing survivors, to participate in a meeting to help set a research agenda for cancer survivorship.

Q. What kind of research will be supported?

A. The kinds of projects to be supported include research on 1) long-term medical and psychological effects of cancer treatments; 2) factors that predispose survivors to second cancers; 3) reproductive problems following cancer treatment; and 4) insurance and employment issues unique to cancer survivors.

Q. Is this a way to appease survivors who are so politically powerful in this country?

A. The Office of Cancer Survivorship was not created to appease cancer survivors, but because of the need for research in this area to find answers that will help survivors. See the answer to the first question above. Cancer survivors are obviously concerned about the issues and will work with the Office of Cancer Survivorship in developing a specific research agenda.

Q. Where will the Office be located?

A. The Office of Cancer Survivorship will be located within the NCI's Division of Cancer Treatment, Diagnosis and Centers.

Q. How will the Office be staffed?

A. Dr. Meadows will be the Director of the Office of Cancer Survivorship, through an institutional personnel agreement. She will spend about half-time at NCI, but will be accessible to the Office every day of the week. Support staff will be added as necessary. She will continue part-time her duties at Children's Hospital of Philadelphia.

Q. What are your anticipated expenditures for the Office of Cancer Survivorship?

A. Research on cancer survivorship is now a high priority for the National Cancer Institute and the Institute plans to fund all of the outstanding research proposals in this field that it receives this year, using several million dollars of funds that are part of the increased appropriation to NCI in fiscal year 1997.

Q. What are the administrative costs associated with the new office?

A. Following the November 4 and 5 meeting, there will be discussions on the appropriate infrastructure (number and type of staff, administrative costs) that will be necessary to support the research agenda.

Breast Cancer Genes

Q. Where are these research funds coming from?

A. The National Cancer Institute now spends about $40 million a year on breast cancer genetics. The source of the new funding announced by the President is not known to NCI.

Q. What type of research are you already doing on the two breast cancer genes?

A. Identifying these genes is only the beginning. Researchers now have begun to take the next step and answer basic questions such as: What roles do BRCA1 and BRCA2 play in

normal breast and ovary cells? How do they act to protect normal breast and ovarian cells from becoming malignant? How do they interact with hormonal and environmental factors to influence which cancers will develop and when? In addition to studying these biological questions, scientists also are focussing on issues of great concern to women and their families. These include: How can we best identify cancers in at-risk individuals as early as possible, when the chances for cure are greatest? How can we prevent cancer from occurring in those found to carry cancer susceptibility genes? Strategies that successfully prevent cancers in these high-risk individuals should also be effective at preventing breast cancer in women with the standard, lifetime risk for the disease. An additional benefit that arises from the progress in the genetics of cancer comes from the understanding that certain of the same mutations also occur in people who have not inherited the mutation but whose gene is altered by exposure to cancer-producing agents in their environment. Hereditary cancers are teaching us about non-hereditary cancers.

Q. When was the BRCA2 discovered?

A. BRCA2 was isolated in 1995.

Q. What is the risk of developing breast cancer if you inherit either of these genes (BRCA1 and BRCA2)? Could you inherit both?

A. About 10 percent of the 184,000 new cases of breast cancer each year are related to alterations in BRCA1 and BRCA2. Alterations in the two genes, BRCA1 and BRCA2, are responsible for up to 90 percent of breast (and ovarian) cancers in high-risk families. Women with altered versions of these genes have a 70 to 90 percent risk of developing breast cancer over their lifetimes, and an increased risk of ovarian cancer. In families with BRCA2 alterations, men also have an increased risk of breast cancer.

It is theoretically possible for an individual to inherit alterations in both BRCA1 and BRCA2, although the probability of that happening is quite low.

690-6889

DEPARTMENT OF HEALTH & HUMAN SERVICES

Amy Busch
Special Assistant in Public Affairs
Phone: (202) 690-6889 Fax: (202) 690-5673

Elizabeth Dye

DPC

459 7628 Phone:

: Total number of pages sent: 12

ments:

Elizabeth —

Here are the final Materials - Mary Dixon has them on disk. Dole new stats and numbers for funding — pls forward to speechwriters. I didn't add the "ribbon" piece — Mary Dixon can stick it as appropriate -

Thanks - Amy

PRESIDENT CLINTON ANNOUNCES NEW CANCER INITIATIVES

Over the past 25 years, the nation has made great strides in reducing cancer rates and increasing cancer survival. For example, 25 years ago, only one in 10 children survived childhood cancer and leukemia. Today, seven out of 10 children who get cancer are cured. Still, nearly 1.4 million people will be diagnosed with cancer this year, and over forty percent of Americans will have the disease over their lifetime. And, while the President noted today that death rates from breast cancer have fallen seven years in a row, studies estimate that the disease will be diagnosed in about 1.5 million American women and claim nearly half a million lives in this decade.

Today, in honor of National Breast Cancer Awareness month and the 25th anniversary of the National Cancer Act, President Clinton announced three new initiatives to fight breast cancer and to address the needs of cancer survivors. The President announced $30 million in new funding for research into the hereditary causes of breast cancer, through a collaborative initiative between the Departments of Defense and Health and Human Services. The President also announced that the National Action Plan on Breast Cancer, a public-private partnership created under the Clinton Administration, is taking its informational resources on-line. Finally, President Clinton unveiled the new Office of Cancer Survivorship in the National Cancer Institute, which will research issues relating to the physical, psychological, and economic well-being of the growing number of cancer survivors in this country.

NEW RESOURCES FOR BREAST CANCER GENETIC RESEARCH

Today, President Clinton also announced $30 million in new funding for research into the hereditary causes of breast cancer, through a collaborative effort between the Departments of Defense and Health and Human Services. This represents a 50 percent increase in funding devoted to genetic breast cancer research in the past year.

The Clinton Administration has responded to the significant threat posed by breast cancer with increased efforts in research, prevention and treatment. Since the Administration has taken office, funding for these activities has increased almost 92 percent, from $276 million in FY 1993 to an estimated $531 million in FY 1997 at the Department of Health and Human Services alone. This investment has yielded promising results, including the recent identification of two genes, BRCA1 and BRCA2, which researchers say may account for five to 10 percent of the breast cancers diagnosed each year. Researchers estimate that more than half of the women who inherit these genes will be diagnosed with breast cancer by age 50, and more than 85 percent will have a diagnosis of breast cancer by age 70. This new research initiative, a collaboration between the Department of Defense and the National Institutes of Health, will focus on a broad range of investigations related to the role of genes in the development of breast cancer. The Administration's objective is to move rapidly toward the goal of identifying high-risk women and preventing breast cancer before it strikes.

NATIONAL ACTION PLAN ON BREAST CANCER GOES ON-LINE

The President announced today that the National Action Plan on Breast Cancer (NAPBC) will take its resources on-line. The launch of the web site coincides with the three year anniversary of the creation of the National Action Plan on Breast Cancer, which catalyzes and supports innovative research and outreach projects on breast cancer, with a special emphasis on the development of public-private partnerships. The web site, coordinated by the Department of Health and Human Services in partnership with the private sector, provides answers to frequently asked questions about breast cancer and serves as a gateway to information on breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences and meetings, publications, and other resources.

These new efforts are part of the Administration's comprehensive strategy to fight breast cancer in this country. For example, on October 1, 1996 the Administration announced the expansion of the National Breast and Cervical Cancer Early Detection program to all 50 states, with $102 million in federal funding for the upcoming year. The program, run by the Centers for Disease Control and Prevention, provides screening services for low income and medically underserved women. In March 1996, the FDA proposed regulations to implement the Mammography Quality Standards Act (MQSA), to ensure that mammography facilities meet high quality standards for equipment and personnel. First Lady Hillary Rodham Clinton also launched a campaign urging older women to get mammograms and promoting Medicare's coverage of mammography. In addition, the Department of Health and Human Services, the Central Intelligence Agency, and the Department of Defense have created a unique partnership to transfer defense and imaging technologies to improve early detection of breast cancer.

LAUNCHING OF THE OFFICE OF CANCER SURVIVORSHIP

President Clinton also unveiled the new Office of Cancer Survivorship at the National Cancer Institute. Recent success of cancer prevention, early detection, and treatment efforts has created a new need: research into the physical, psychological, and economic well-being of the growing number of cancer survivors. The Office of Cancer Survivorship will support research covering the range of issues facing survivors of cancer, including: long term medical and psychological effects; factors that predispose survivors to second malignancies; reproductive problems following cancer treatment; and their unique insurance and employment issues.

Today, more than 10 million Americans are cancer survivors. Seven million of these individuals are long-term survivors who were diagnosed with cancer more than five years ago. About 135,000 of these survivors are under the age of 15, and one in every 1,000 Americans between the ages of 20 and 40 is a survivor of childhood cancer. The number of breast cancer survivors is also growing, largely due to improved mammography screening and more effective treatment. The death rate from breast cancer has gone down seven years in a row. According to provisional statistics released earlier this month by the National Center for Health Statistics, there was a 7.7 percent reduction in age-adjusted breast cancer mortality from 1990 to 1995.

Clinton Administration Cancer-Related Initiatives

Since taking office, the Clinton Administration has devoted increased resources to the prevention, detection, and treatment of cancer. The following are examples of new initiatives launched by the Administration to reduce cancer rates and increase cancer survival in this country:

- **Developed a National Action Plan on Breast Cancer.** The Clinton Administration has established a National Action Plan on Breast Cancer (NAPBC), which supports innovative research and outreach projects on breast cancer, with a special emphasis on the development of public-private partnerships. On October 27, 1996, President Clinton announced the new NAPBC web site, coordinated by the Department of Health and Human Services, in partnership with the private sector. The web site provides answers to frequently asked questions about breast cancer, information on breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences and meetings, publications, and other resources.

- **Helped identify and funded research on new breast cancer genes.** Breast cancer is the most commonly diagnosed cancer in American women, who face a one-in-eight lifetime risk of developing the disease. The National Institutes of Health (NIH)-funded discovery of two breast cancer genes -- BRCA1 and BRCA2 -- holds great promise for the development of new prevention strategies. On October 27, President Clinton announced new funding for research on these two genes.

- **Created the Office of Cancer Survivorship.** Recognizing the need for research into the physical, psychological, and economic well-being of the growing number of cancer survivors, on October 27, 1996, President Clinton unveiled the new Office of Cancer Survivorship at the National Cancer Institute. The Office of Cancer Survivorship will support research covering the range of issues facing survivors of cancer, including: long term medical and psychological effects; factors that predispose survivors to second malignancies; reproductive problems following cancer treatment; and their unique insurance and employment issues.

- **Increased spending on cancer by $400 million.** In FY 1997, the National Cancer Institute was funded at $2.38 billion, a $400 million increase over FY 1993. Since the Clinton Administration has taken office, funding for breast cancer research, prevention and treatment has increased by 92 percent, from about $276 million in FY 1993 to an estimated $531 million in FY 1997.

- **Accelerated approval of and expanded access to cancer drugs.** The Food and Drug Administration (FDA) has taken several steps to speed approval of cancer drugs and provide patients access to promising therapies not yet approved. For example, the FDA is using tumor shrinkage as a "surrogate marker" for effectiveness, cutting years off drug development time and months off of FDA review. This year the FDA approved *topotecan*, the first member of a promising new class of anti-tumor drugs that provides new hope to ovarian cancer patients and others. The FDA has given patients more of a voice in the drug review process by placing patient representatives on all cancer drug advisory committees. FDA is also working with other countries and manufacturers to make promising drugs approved in other countries available to patients in the United States.

- **Launched the Medicare mammography campaign.** The Clinton Administration has made it priority to educate older women about the importance of detecting breast cancer early and to inform them about Medicare coverage of mammography services. Both the President and the First Lady have appeared in TV public service announcements encouraging older women to get mammography screenings.

- **Worked to ensure quality mammography facilities.** In March 1996, the FDA proposed regulations to implement the Mammography Quality Standards Act (MQSA). The rules will ensure that the roughly 10,000 mammography facilities nationwide accredited by the FDA meet high quality standards for equipment and personnel.

- **Proposed expanding Medicare coverage for ~~prevention of cancer.~~** mammograms In his balanced budget proposal, President Clinton proposes to expand Medicare coverage to include: annual mammograms for beneficiaries age 50 and over with no copayment or deductible requirement; and procedures for early detection of colorectal screening.

- **Launched National Breast and Cervical Cancer Early Detection Program.** The Centers for Disease Control's (CDC) National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammography screening to uninsured, low-income, elderly, and minority women. The program, which has been operating in an increasing number of states over the past six years, has provided screening tests to almost one million medically underserved women. In October, 1996, the program went nationwide, with funding for all 50 states.

- **Adapted imaging technologies from the defense, space and intelligence communities to detect cancer and other diseases earlier and with greater accuracy.** The Department of Health and Human Services has been working with the Departments of Defense, the CIA, NASA, and other public and private entities to explore ways in which imaging technologies from other fields may be applied to the early detection of breast cancer.

- **Signed the Kassebaum-Kennedy legislation into law, ending pre-existing condition exclusions.** As a result of this legislation, no American will live in fear of losing their coverage just because they have a pre-existing condition. This legislation is particularly helpful for the millions of cancer victims who will no longer face the dilemma of hesitating to go to a new and better job for fear of losing their health insurance.

- **Protected children from tobacco.** President Clinton announced in August 1996, measures to eliminate easy access to tobacco products by children and to restrict advertising that makes tobacco appealing to kids. More Americans die every year from smoking related diseases than from AIDS, car accidents, murders, and suicides combined. Each day, almost 3,000 children start smoking and nearly 1,000 of them die earlier as a result.

smoking is responsible for 30 % of all cancers, one smoker related.

Tobacco use causes over 30 percent of American cancer deaths and over 90 % of lung cancers

Questions and Answers on Breast Cancer

President Clinton's Announcement

Q: What did President Clinton announce today?

A: Today, in honor of National Breast Cancer Awareness month and the 25th anniversary of the National Cancer Act, President Clinton announced three new initiatives to fight breast cancer and to address the needs of cancer survivors. The President announced $30 million in new funding for research into the hereditary causes of breast cancer through a collaborative initiative between the Departments of Defense and Health and Human Services. The President also announced that the National Action Plan on Breast Cancer, a public-private partnership created under the Clinton Administration, is taking its informational resources on-line. Finally, President Clinton unveiled the new Office of Cancer Survivorship in the National Cancer Institute, which will research issues relating to the physical, psychological, and economic well-being of the growing number of cancer survivors in this country.

Breast Cancer

Q: What is the risk of developing breast cancer?

A: The lifetime risk of developing breast cancer today is one in every eight women, up from one in every 20 women just two decades ago. In 1995 alone, approximately 182,000 new cases of breast cancer were diagnosed in women and 46,000 died from the disease. Studies estimate that breast cancer will be diagnosed in 1.5 million American women in this decade and that breast cancer will claim nearly half a million lives.

Q: What is the risk of dying from breast cancer?

A: The chances of surviving breast cancer have improved markedly in recent years. The death rate from breast cancer has gone down seven years in a row. According to figures released earlier this month by the National Center for Health Statistics, from 1989 to 1995, there was a 7.7 percent reduction in age-adjusted breast cancer mortality.

National Action Plan on Breast Cancer

Q: What is the NAPBC?

A: The National Action Plan on Breast Cancer is a key element of the Clinton Administration's strong commitment to fighting breast cancer, serving as a catalyst for national efforts in the battle against breast cancer and coordinating activities of government and non-government organizations, agencies, and individuals. The NAPBC is working to improve access to information about breast cancer for consumers, scientists and practitioners; to expand the scope of research on breast cancer; and to ensure that consumers are involved in the development of national research, education, and service delivery programs. The NAPBC has awarded over $9 million in grants for 99 innovative research and outreach projects with a special emphasis on the development of public-private partnerships.

The NAPBC is co-chaired by Susan J. Blumenthal, M.D., M.P.A., Deputy Assistant Secretary for Health (Women's Health) and Assistant Surgeon General, Department of Health and Human Services, and Fran M. Visco, Esq., President of the National Breast Cancer Coalition.

NAPBC Web Site

Q: What is the purpose of the NAPBC Web site?

A: The NAPBC Web Site provides an exciting forum for learning about the National Action Plan on Breast Cancer and gaining easy access to the most up-to-date sources of breast cancer information on the World Wide Web. The purpose of the Web site is to help educate people about breast cancer and about the national strategy to combat this deadly disease.

Q: What can people find on the Web site?

A: The NAPBC web site provides answers on frequently asked questions about breast cancer, as well as information on the NAPBC, breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences, publications, and government and private resources.

Q. What are some of the unique features about the Web site?

A: The NAPBC Web site links people to a variety of information sources from all over the world in the areas of breast cancer and breast health. For example, browsers will have access to breast cancer clearinghouses maintained by universities around the country. Browsers will also have access to Mediconsult, which provides access to on-line support groups, conferences and educational materials, and to a home page for men with breast cancer, which includes news and drug information.

National Cancer Institute

Cancer Survivorship Office

Q: Why are you creating this office?

A: Because of advances in cancer research over the past 25 years, more cancer patients are surviving. There are now more than 10 million cancer survivors in this country. The improved treatments for cancers that affect children and young adults have been particularly successful, so that today 1 of every 1,000 Americans between the ages of 20 and 40 (about 100,000 people) is a cancer survivor. In addition, 25 years ago, only one in 10 children survived childhood cancer and leukemia. Today, seven out of 10 children who get cancer are cured. These survivors face long-term medical, psychological, and economic effects that stem from their cancer and its treatment. Some face second cancer years later. Some have reproductive problems stemming from their cancer or cancer treatments. Nearly all have insurance and employment issues that are unique to cancer survivors. None of these issues has been studied adequately, and the need for research on these problems and issues has become increasingly urgent as the number of survivors has increased.

Q: What kind of research will the office support?

A: In general, the kinds of projects to be supported include research on 1) long-term medical and psychosocial effects of cancer treatment; 2) factors that predispose survivors to second cancers; 3) reproductive problems following cancer treatment; and 4) insurance and employment issues unique to cancer survivors. On November 4 and 5, Dr. Anna Meadows, director of the Office of Cancer Survivorship, will hold a meeting of experts and cancer advocates. Participants will recommend a specific research agenda for the office.

Q: Where will this office be located?

A: The Office of Cancer Survivorship will be located within the NCI's Division of Cancer Treatment, Diagnosis, and Centers.

Q: How will the office be staffed?

A: Dr. Anna Meadows will be the Director of the Office of Cancer Survivorship, through an institutional personnel agreement. Support staff will be added as necessary.

Q: What are your anticipated expenditures for the Office of Cancer Survivorship?

A: Research on cancer survivorship is now a high priority for the National Cancer Institute, and the Institute plans to fund all of the outstanding research proposals in this field that it receives this year, using several million dollars of funds that are part of the increased appropriation for NCI in fiscal year 1997.

Q: What are the administrative costs associated with the new office?

A: Following the November 4 and 5 meeting, there will be discussions on the appropriate infrastructure (number and type of staff, administrative costs) that will be necessary to support the research agenda.

Q: Isn't NCI a research agency? Why are you doing outreach to survivors?

A: The National Cancer Institute is a research agency, and the new Office of Cancer Survivorship is a research office. In addition, the NCI has strong and definitive legislative mandates to conduct outreach and communications programs. These mandates originated in the National Cancer Act of 1971 and have been strengthened in subsequent revisions of the Act.

Q: Isn't this just an election year gimmick to get the vote of the 10 million cancer survivors? To appeal to special interests?

A: No. The Office of Cancer Survivorship was created because of the need for research to find answers that will help survivors. There are now more than 10 million cancer survivors in the United States. These survivors face long-term medical, psychological, and economic effects that stem from their cancer and its treatment. None of these issues has been studied adequately, and the need for research on these problems and issues has become increasingly urgent as the number of survivors has increased. Cancer survivors are obviously concerned about these issues and will work with the Office of Cancer Survivorship in developing a specific research agenda.

Breast Cancer Gene Research

Q: Where are these research funds coming from?

A: The National Cancer Institute now spends about $40 million a year on breast cancer genetic research. The new $30 million in funding will come under a collaborative initiative between the Department of Defense to the National Institutes of Health. This represents a 50 percent increase in funding devoted to genetic breast cancer research in the past year.

Q: What type of research are you already doing on the two breast cancer genes?

A: Identifying these genes in 1994 and 1995 was only the beginning. Researchers now have begun to take the next step and answer basic questions such as: What roles do BRCA1 and BRCA2 play in the development of breast and ovarian cancer? How can we best identify cancers in at-risk individuals as early as possible, when the chances for cures are greatest? How can we prevent cancer from occurring in those found to carry cancer susceptibility genes? How do they interact with hormonal and environmental factors to influence which cancers will develop and when?

Finding strategies that successfully prevent cancers in these high-risk individuals should also help prevent breast cancer in women with the standard, lifetime risk for the disease. The new funding for research on these two breast cancer genes will help us make progress towards finding new prevention and treatment strategies.

Q: What is the risk of developing breast cancer if you inherit either of these genes (BRCA1 and BRCA2)? Could you inherit both?

A: About 10 percent of the 184,000 new cases of breast cancer each year are related to alterations in BRCA1 and BRCA2. Alterations in these two genes, BRCA1 and BRCA2, are responsible for up to 90 percent of breast (and ovarian) cancers in high risk families. Women with altered versions of these genes have a 70 to 90 percent risk of developing breast cancer in their lifetimes, and an increased risk of ovarian cancer. In families with BRCA2 alterations, men also have an increased risk of breast cancer.

It is theoretically possible for an individual to inherit alterations in both BRCA1 and BRCA2, although the probability of that happening is quite low.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Monday, Oct. 28, 1996

Contact: HHS Press Office
(202) 690-6343
PHS Office on
Women's Health
(202) 690-7650

President Clinton Announces National Action Plan on Breast Cancer Internet Web Site

On Sunday, October 27, President Clinton launched the National Action Plan on Breast Cancer (NAPBC) Internet web site. The web site, developed through a public/private partnership and coordinated by the Department of Health and Human Services Office on Women's Health, is designed to serve as a gateway to information on breast cancer research, treatment, and prevention.

The NAPBC web site provides answers on frequently asked questions about breast cancer, as well as information on the NAPBC, breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences, publications, and government and private resources.

"This web site provides an important avenue to deliver the latest information on breast cancer to a wide audience," said Secretary Shalala. "Now, more Americans will have ready access to information that can help to save lives."

The launch of the web site coincides with the three year anniversary of the creation of the National Action Plan on Breast Cancer. In October 1993, the National Breast Cancer Coalition presented a 2.6 million signature petition to President Clinton calling for a coordinated national strategy to combat breast cancer through public/private partnerships. In response, President Clinton asked Secretary Shalala to serve as the Administration's lead in coordinating a breast cancer research, treatment and prevention strategy. In December 1993, Secretary Shalala convened a conference to establish the National Action Plan on Breast Cancer.

- More -

While provisional data from the National Center for Health Statistics shows that death rates from breast cancer have fallen 7.7% since 1990, studies show that breast cancer will still claim nearly half a million lives in this decade. The Clinton Administration has responded to the significant threat posed by breast cancer with increased efforts in research, prevention and treatment. Since the Administration has taken office, funding for these efforts has increased 92 percent, from $276 million in FY 1993 to an estimated $531 million in FY 1997.

The National Action Plan on Breast Cancer is a key element of the Clinton Administration's strong commitment to fighting breast cancer, serving as a catalyst for national efforts in the battle against breast cancer and coordinating activities of government and non-government organizations, agencies, and individuals. The NAPBC is working to improve access to information about breast cancer for consumers, scientists and practitioners; to expand the scope of research on breast cancer; and to ensure that consumers are involved in the development of national research, education, and service delivery programs. The NAPBC has awarded over $9 million in grants for 99 innovative research and outreach projects with a special emphasis on the development of public-private partnerships.

The NAPBC is co-chaired by Susan J. Blumenthal, M.D., M.P.A., Deputy Assistant Secretary for Health (Women's Health) and Assistant Surgeon General, Department of Health and Human Services, and Fran M. Visco, Esq., President of the National Breast Cancer Coalition.

"With the needs of consumers in mind, we designed a web site that is easy to navigate," Visco explained. We hope that many people will use this site as a resource to learn about breast cancer and the many resources available to them."

"Reducing the suffering and death from breast cancer in the United States is a critical national health priority. Using new information technologies to bring state-of-the-art information to women and their health care providers is an essential element in our national efforts to raise awareness about the disease and to provide women with the knowledge they need to make informed health care decisions," added Dr. Blumenthal.

The NAPBC web site is available in both English and Spanish. The web site address is: http://www. napbc.org

###

Note: HHS press releases are available on the World Wide Web at: http://www.dhhs.gov.

PODESTA
associates, inc.

0

Reid Dershem
393-1010
879-9320

I am particularly gratified that the entire cancer community -- doctors and researchers, survivors and their families – have come together under the banner of "Friends of Cancer Research" to mark the 25th anniversary of the National Cancer Act with a public awareness campaign to remind us all about why we invest in cancer research: to save lives and reduce suffering. **[Please acknowledge Ellen Sigal, Chair of Friends of Cancer Research and a member of the National Cancer Advisory Board, at this point.]**

(Reason: Friends of Cancer Research is a unique one-time collaboration of all the major cancer groups, and the President would be saluting their efforts.)

Ellen Stovall

Anna Meadows Director, Office of Cancer

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. fax	Darren Peters to Jordan re: poltical (4 pages)	10/26/1996	Personal Misfile

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Elizabeth Drye
OA/Box Number: 10455

FOLDER TITLE:
Speech - OCS [Office of Cancer Survivorship]

2014-0046-S
rc1444

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]

and US flags; easel; stanchions in front of stage; 180 chairs; Colonnade closed to non-manifested guests/staff; roped off area by C9 for helo dept; cutaway on north side; announce from Colonnade.

RESERVED SEATING
- Non-stage participants from Oval Office
- Fran Visco, President/Director, NBCC
- Schraibman Family (3)
- Anna Meadows, Director, Office of Cancer Survivorship
- Sherry Lansing, CEO, Friends of Cancer Research
- Ellen Sigal, Chair, Friends of Cancer Research, and National Cancer Advisory Board
- Bernard Rapoport, Chairman, University of Texas Board of Regents, Friends of CR
- Clara Powell, NBCC (Md)
- Coulbourne Family (3)
- tbd

Distribution:

TO: Betsy Myers
TO: Kim B. Widdess
TO: Barbara D. Woolley
TO: Lisa Jordan Tamagni
TO: Jeremy M. Gaines
TO: Anne M. Edwards
TO: Paul K. Engskov
TO: Kathy McKiernan
TO: Karin J. Abramson
TO: Karin Kullman
TO: Nancy V. Hernreich
TO: Laura A. Graham
TO: Rebecca A. Cameron
TO: Stephanie Streett
TO: Betty Currie
TO: Mary A. Dixon
TO: Jennifer L. Klein
TO: Mary Ellen Glynn
TO: Elizabeth E. Drye
TO: Nancy-Ann E. Min
TO: Ann M. Cattalini
TO: Anne E. McGuire
TO: Tracy B. LaBrecque
TO: Robyn G. Dickey
TO: Kenneth Mills
TO: Jennifer L. Klein
TO: Nicole R. Rabner
TO: Lisa Ross

CLINTON ADMINISTRATION CANCER-RELATED INITIATIVES

- **Passed the Kassebaum-Kennedy legislation into law, ending preexisting condition exclusions.** As a result of this legislation, no American will live in fear of losing their coverage just because they have a pre-existing condition. This legislation is particularly helpful for the millions of cancer victims who will no longer face the dilemma of hesitating to go to a new and better job for fear of losing their health insurance.

- **Reduced easy access to tobacco by children.** Issued a regulation to eliminate easy access to tobacco products by children and to prohibit companies from advertising to make tobacco appealing to kids. More Americans die every year from smoking related diseases than from AIDS, car accidents, murders, and suicides combined. Each day 3,000 children start smoking and 1,000 of them die earlier as a result.

- **Accelerated approval of cancer drugs.** FDA has taken several steps to speed approval of cancer drugs and provide patient access to promising therapies not yet approved. For example, FDA is using tumor shrinkage as a "surrogate marker" for effectiveness, cutting years off of drug development time and months off of FDA review.

- **Worked to expand access to drugs approved abroad.** FDA is working with other countries and manufacturers to make promising drugs approved in other countries available to patients in the United States.

- **Increased spending on cancer by $400 million.** In FY97, the National Cancer Institute was funded at $2.38 billion, a $400 million increase over FY93.

- **Increased funding for breast cancer at NIH by 79 percent, since 1993.** The Clinton Administration has established a national plan on breast cancer to mobilize government agencies and the private sector to fight this disease.

- **Discovery of two breast cancer genes.** Breast cancer is the most commonly diagnosed cancer in American women, who face a one-in-eight lifetime risk of developing the disease. The NIH-funded discovery of two breast cancer genes -- BRCA1 and BRCA2 holds great promise for the development of new prevention strategies.

- **Proposed expanding the Medicare coverage for prevention of cancer.** The new benefits include: annual mammograms for beneficiaries age 50 and over, waiver of cost-sharing for mammography, and procedures for early detection of colorectal screening.

- **Launched the Medicare mammography campaign** to educate older women about the importance of detecting breast cancer early and to inform them about Medicare coverage of mammography services.

- **Launched National Breast and Cervical Cancer Early Detection Program.** Offers free or low-cost mammography screening to the uninsured, low-income, elderly, and minority women. As of September 1995, the early detection program provided nearly 800,000 screening exams to medically underserved women.

- **Adapted imaging technologies from the defense, space, and intelligence communities to detect cancer and other diseases earlier and with greater accuracy.**

- **Given patients more of a voice in the drug review process.** FDA is placing patient representatives on all cancer drug advisory committee.

EXECUTIVE OFFICE OF THE PRESIDE
N T EXECUTIVE OFFICE OF THE PRESIDE
N T

26-Oct-1996 06:53pm

TO: Elizabeth E. Drye

FROM: Mary A. Dixon
Office of Public Liaison

SUBJECT: here is briefing memo

OCTOBER 26, 1996

ANNOUNCEMENT OF BREAST CANCER RESEARCH
AND CANCER SURVIVORS INITIATIVES

DATE: SUNDAY, OCTOBER 27, 1996
LOCATION: ROSE GARDEN
TIME: 1:10 P.M..
FROM: ALEXIS HERMAN
BETSY MYERS

I. PURPOSE

You will announce in the Rose Garden three initiatives that will advance cancer research and education:

(1) The creation of a $30 million collaborative effort between the Department of Defense and the National Institutes of Health for genetic breast cancer research. This represents a 50 percent increase in funding devoted to genetic breast cancer research over FY 1996. Of the $30 million, $20 million is being directed from within DOD's FY 1997 general breast cancer research funding to focus specifically on breast cancer genetic research; $10 million is being directed from within NIH's biomedical research funds, also to focus on breast cancer research. This new research initiative will focus on a broad range of investigations related to the role of genes in the development of breast cancer.

(2) The launching of the National Action Plan on Breast Cancer (NAPBC) web page site (http://www.napbc.org). The launch of the web site coincides with the three year anniversary of the creation of the National Action Plan on Breast Cancer. The site, coordinated by the Department of Health and Human Services in partnership with the private sector, is designed to serve as an information clearinghouse on breast cancer treatment,

research and prevention.

(3) The opening of the Office of Cancer Survivorship at the National Cancer Institute. The Office will support research covering a range of issues facing survivors of cancer, including: long-term medical, psychological and financial effects; factors that predispose survivors to second malignancies; reproductive problems following cancer treatment; and their unique insurance and employment issues.

Previous to the announcement in the Rose Garden, you will meet in the Oval office: five cancer survivors and their

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. memo	Mary Dixon to Elizabeth Drye re: here is briefing memo [partial] (1 page)	10/26/1996	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Elizabeth Drye
OA/Box Number: 10455

FOLDER TITLE:
Speech - OCS [Office of Cancer Survivorship]

2014-0046-S
rc1444

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]

families, officials in charge of cancer initiatives and two members of the National Coalition for Cancer Survivorship. After greeting the Oval office visitors, you will sign the National Coalition for Cancer Survivorship Ribbon of Hope. Mrs. Clinton was the first to sign the ribbon. More than 10,000 cancer survivors and those whose lives have been touched by cancer have signed the ribbon world-wide.

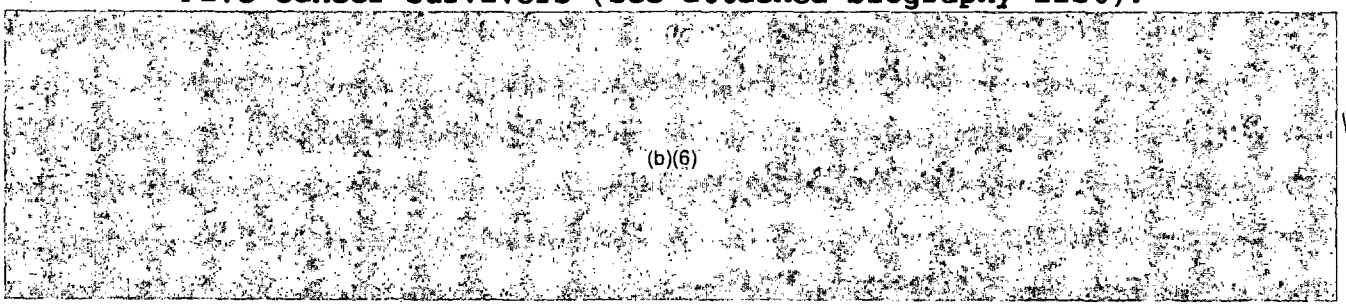
II. BACKGROUND

Today's announcement comes as we celebrate National Breast Cancer Awareness Month and the 25th anniversary of the National Cancer Act. The announcement also follows four years of many cancer research and education accomplishments. Some of the accomplishments include: increased funding for breast cancer research, prevention and treatment by more than 95 percent, from about $276 million in FY 1993 to an estimated $541 million in FY 1997; increased funding at the National Cancer Institute by $400 million since FY 1993; accelerated approval of and expanded access to cancer drugs; helped identify and funded research on new breast cancer genes; and developed the National Action Plan on Breast Cancer, which supports innovative research and outreach projects on breast cancer with a special emphasis on the development of public-private partnerships.

The audience in the Rose Garden will consist of representatives from the National Breast Cancer Coalition, the National Coalition for Cancer Survivorship, Friends of Cancer Research, women's groups, health care organizations, cancer centers and cancer survivors.

III. PARTICIPANTS

POTUS
Dr. Susan Blumenthal, Deputy Assistant Secretary for Health and Human Services, Office of Women's Health
Dr. Richard Klausner, Director, National Cancer Institute
Dr. Steven Joseph, Assistant Secretary of Defense for Health
Five cancer survivors (see attached biography list):



[003]

Erin Schraibman, Rockville, MD, 9, child cancer survivor.

(In addition, in the Oval, there will be: Alexis Herman, Betsy Myers, Harold Varmus, Director of the National Institutes of Health; Ellen Stovall, executive director of the National Coalition for Cancer Survivorship; Elizabeth Clark, director of the National Coalition for Cancer Survivorship; Mary Garbe, wife of Patrick Garbe; William Coulbourne, husband of Jane Reese-Coulbourne; and Sandra and Julian Schraibman, the parents of Erin, and Jessica Schraibman, sister of Erin.)

IV. PRESS PLAN

Open with extensive specialty and regional press outreach.

V. SEQUENCE OF EVENTS

Susan Blumenthal opens (2 to 3 minutes)
Jane Resse-Coulbourne introduces POTUS (2 minutes)
POTUS (5 minutes) At end of speech hands signed ribbon to Erin Schraibman.

VI. REMARKS

To be provided by speech writers.

Attachments: Biographies of the participating cancer survivors.
Fact sheet on the announcements.
Clinton Administration Cancer-Related Initiatives

Draft 10/26/96 7:00pm

PRESIDENT WILLIAM J. CLINTON
ANNOUNCEMENT OF NEW CANCER INITIATIVES
THE ROSE GARDEN
OCTOBER 27, 1996

I want to thank all of you for joining me on a Sunday afternoon to discuss three important new steps we are taking in the war against cancer. I also want to thank Sec. Shalala and Dr. Susan Blumenthal, my Deputy Assistant Secretary for Women's Health, for their tireless service on behalf of women throughout America. I especially want to thank Jane Reese-Coulbourne for her courage and her dedication to find a cure for breast cancer. Finally, I want to thank all of the advocates here today who are fighting the battle against cancer every day, for all of us.

I believe that America is only as strong as our families are healthy. And nothing is more devastating to a family than when someone is diagnosed with a life-threatening disease like cancer. I know this from my personal experience: my step-father died of cancer, and I lost my mother, Virginia, to breast cancer just under three years ago. Vice President Gore's sister died of cancer. And this year alone, nearly 1.4 million American men, women and children will be diagnosed with cancer. I don't think there is a family in America that has not been touched by this disease.

Since I took office, this Administration has mounted a comprehensive campaign to prevent and treat cancer. We have been relentless in our efforts to get tobacco out of our children's lives forever. We have increased spending on cancer research, treatment and prevention by $400 million. We have accelerated FDA approval of cancer drugs and made it easier for patients to obtain promising therapies before they are formally approved. And NASA, the CIA and the Department of Defense have joined forces to use cutting edge imaging technology for early detection of cancer to help save lives.

In the battle against breast cancer, we have increased funding for research and prevention by nearly 80% since 1993. We launched a public awareness campaign to encourage older women to use Medicare to have mammograms. And my balanced budget goes even further -- it will guarantee free annual mammograms to Medicare beneficiaries, removing financial barriers that prevent some women from obtaining this vitally important test.

These efforts of scientists, doctors, women and men across the country are producing results. The survival rate for cancer has gone up -- 7 out of 10 children with cancer survive it -- that's up from 1 out of 10 twenty-five years ago. The death rate for breast cancer has gone down every year in the last seven -- it has dropped by nearly 8% since 1990. Just last week, the NIH announced a milestone in the Human Genome Project, which is identifying the location and function of nearly every human gene. We have now mapped out 20% of all human genes -- and anyone can access that map on the Internet. Soon, we will know the

genes that contribute to cancer and our genetic predisposition to inherit it -- and possibly prevent it before it strikes.

This is the 25th anniversary of the National Cancer Act, and in those 25 years we have come a long way. But as far as we have come, we still have far to go. This month is also Breast Cancer Awareness Month, a time to remember the terrible toll breast cancer has taken, to assess our progress and to redouble our efforts to find a cure.

More and more, we understand that early detection and timely access to information and resources can make all the difference in a woman's battle against breast cancer. That is why I am pleased to announce the National Action Plan on Breast Cancer Website on the Internet. This easily accessible website -- the address is right here -- will answer women and their families' questions about breast cancer, early detection, new treatments, clinical trials, advocacy groups, and much more.

Over the last two years, scientists have made significant breakthroughs in their understanding of the genetic causes of breast cancer. The remarkable discovery of two genes that indicate susceptibility to breast cancer is giving new hope to women everywhere. Last month I signed a budget that reflects our priorities and devotes substantial resources to cancer research. Today, I am announcing that we will expand our genetic breast cancer research program by $30 million out of that new budget. These funds will go to researchers at hospitals, universities and labs across the country. And with this single step -- which will represent a [major] [50%] increase in breast cancer genetic research -- we will be that much closer to finding a cure for breast cancer.

Just a few moments ago in the Oval Office, I signed the Ribbon of Hope. This yellow ribbon, which is already over 750 feet long, has been signed by more than 10,000 cancer survivors around the world. It symbolizes the spirit of hope that has sustained so many people in their struggles against cancer. My wife Hillary was the first person to sign the Ribbon, and I was honored to place my own signature alongside those of so many courageous people.

More than 10 million Americans are cancer survivors. Many have special psychological, physical and health care counseling needs that we are only beginning to understand -- some face employment discrimination; some can't get health insurance. I am proud to have passed landmark legislation to guarantee that cancer survivors will no longer live in fear of losing their health care coverage because they have a pre-existing condition. And today, we take another step to help cancer survivors -- the creation of the Office Cancer Survivorship. This office will support much needed research that will help cancer survivors deal with the problems they face even after their cancer is cured.

We can win the fight against breast cancer . . . and all cancers. With the measures I am announcing today -- a new breast cancer website, $30 million in breast cancer genetic research and a new Office of Cancer Survivorship -- we take three important steps to save lives and bring us closer to a cure.

And now, I would like to present the section of the Cancer Survivors Ribbon that I signed a few moments ago to Erin Schraibman [shrayb-man].

Thank you and God bless you all.

PRESIDENT CLINTON ANNOUNCES NEW CANCER INITIATIVES

Sunday, October 27, 1996

In honor of National Breast Cancer Awareness month and the 25th anniversary of the National Cancer Act, President Clinton today will announce three important new initiatives that will build on his Administration's efforts to fight breast cancer and to address the needs of cancer survivors.

The new initiatives being announced by the President are: (1) a $30 million increase in funding for new research into the genetic basis of breast cancer, through a collaborative initiative between the Departments of Defense and Health and Human Services; (2) the opening of a breast cancer web page site, a recommendation of the National Action Plan on Breast Cancer, a public-private partnership created under the Clinton Administration; and (3) the new Office of Cancer Survivorship in the National Cancer Institute, which will research issues relating to the physical, psychological, and economic well-being of the growing number of cancer survivors in this country.

Prior to his announcement in the Rose Garden, President Clinton will meet in the Oval Office with five cancer survivors and their families and sign a ribbon, the symbol of the nation's fight against breast cancer. They will be joined by Susan Blumenthal, Deputy Assistant Secretary in charge of the Office of Women's Health at the Department of Health and Human Services; Steven Joseph, Assistant Secretary for Defense for Health Affairs, Rick Klausner, Director of the National Cancer Institute, Ellen Stovall, Executive Director of the National Coalition for Cancer Survivorship; and Elizabeth Clark, Director of the National Coalition for Cancer Survivorship.

Biographies of the survivors are attached. The speaking program in the Rose Garden is as follows: Remarks by Susan Blumenthal, Deputy Assistant Secretary in charge of the Office of Women's Health at the Department of Health and Human Services; Remarks by Jane Reese-Coulbourne of Alexandria, Virginia, a cancer survivor; and Remarks by the President.

Over the past 25 years, the United States has made great strides in reducing cancer rates and increasing cancer survival. For example, 25 years ago, only one in 10 children survived childhood cancer and leukemia. Today, seven out of 10 children who get cancer are cured. Still, nearly 1.4 million people will be diagnosed with cancer this year, and over forty percent of Americans will have the disease over their lifetime. And, while the President will note today that death rates from breast cancer have fallen seven years in a row, studies estimate that the disease will be diagnosed in about 1.5 million American women and claim nearly half a million lives in this decade.

$30 MILLION IN FUNDING FOR BREAST CANCER GENETIC RESEARCH

President Clinton will announce a $30 million increase in funding for new research into the genetic basis of breast cancer, through a collaborative effort between the Departments of Defense and Health and Human Services. This represents a 50 percent increase in funding devoted to genetic breast cancer research over FY 1996. Of the $30 million, $20 million is being directed from within DOD's FY97 general breast cancer research funding to focus specifically on breast cancer genetic research; $10

million is being directed from within NIH's biomedical research funds, also to focus on breast cancer genetic research.

The Clinton Administration has responded to the significant threat posed by breast cancer with increased efforts in research, prevention and treatment. Since the Administration has taken office, funding for these activities has increased more than 95 percent, from $276 million in FY 1993 to an estimated $541 million in FY 1997 at the Department of Health and Human Services alone. This investment has yielded promising results, including the recent identification of two genes, BRCA1 and BRCA2, which researchers say may account for five to 10 percent of the breast cancers diagnosed each year. Researchers estimate that more than half of the women who inherit these genes will be diagnosed with breast cancer by age 50, and more than 85 percent will have a diagnosis of breast cancer by age 70. This new research initiative, a collaboration between the Department of Defense and the National Institutes of Health, will focus on a broad range of investigations related to the role of genes in the development of breast cancer. The Administration's objective is to move rapidly toward the goal of identifying high-risk women and preventing breast cancer before it strikes.

NATIONAL ACTION PLAN ON BREAST CANCER GOES ON-LINE

President Clinton today announced that the National Action Plan on Breast Cancer (NAPBC) will take its resources on-line The launch of the web site coincides with the three year anniversary of the creation of the National Action Plan on Breast Cancer, which catalyzes and supports innovative research and outreach projects on breast cancer, with a special emphasis on the development of public-private partnerships The web site, coordinated by the Department of Health and Human Services in partnership with the private sector, provides answers to frequently asked questions about breast cancer and serves as a gateway to information on breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences and meetings, publications, and other resources. The web site location http://www.napbc.org

NEW EFFORTS PART OF A COMPREHENSIVE STRATEGY TO FIGHT BREAST CANCER

These new efforts are part of the Administration's comprehensive strategy to fight breast cancer in this country. For example, on October 1, 1996 the Administration announced the expansion of the National Breast and Cervical Cancer Early Detection program to all 50 states, with $102 million in federal funding for the upcoming year. The program, run by the Centers for Disease Control and Prevention, provides screening services for low income and medically underserved women. In March 1996, the FDA proposed regulations to implement the Mammography Quality Standards Act (MQSA), to ensure that mammography facilities meet high quality standards for equipment and personnel. First Lady Hillary Rodham Clinton also launched a campaign urging older women to get mammograms and promoting Medicare's coverage of mammography. In addition, the Department of Health and Human Services, the Central Intelligence Agency, and the Department of Defense have created a unique partnership to transfer defense and imaging technologies to improve early detection of breast cancer.

LAUNCHING OF THE OFFICE OF CANCER SURVIVORSHIP

President Clinton also today ~~unveiled the new~~ announced that November 6th the National Cancer Institute will open a new Office of Cancer Survivorship at the National

PODESTA
associates, inc.

Speech

I am particularly gratified that the entire cancer community -- doctors and researchers, survivors and their families -- have come together under the banner of "Friends of Cancer Research" to mark the 25th anniversary of the National Cancer Act with a public awareness campaign to remind us all about why we invest in cancer research: to save lives and reduce suffering. **[Please acknowledge Ellen Sigal, Chair of Friends of Cancer Research and a member of the National Cancer Advisory Board, at this point.]**

(Reason: Friends of Cancer Research is a unique one-time collaboration of all the major cancer groups, and the President would be saluting their efforts.)

Anticipated Expenditures for Office of Cancer Survivorship

Q. What are your anticipated expenditures for the Office of Cancer Survivorship?

A. Research on cancer survivorship is now a high priority for the National Cancer Institute and the institute plans to fund all of the outstanding research proposals in this field that it receives this year, using several million dollars of funds that are part of the increased appropriation to NCI in fiscal year 1997.

Q. What kind of research will be supported?

A. Dr. Anna Meadows, director of the Office of Cancer Survivorship, will hold a meeting of experts and cancer advocates November 4 and 5. Participants will recommend a research agenda for the office. In general, the kinds of projects to be supported include research on 1) long-term medical and psychosocial effects of cancer treatment; 2) factors that predispose survivors to second cancers; 3) reproductive problems following cancer treatment; and 4) insurance and employment issues unique to cancer survivors.

September 24, 1996

MEMORANDUM FOR DON BAER

FROM: Elizabeth Drye
Debbie Fine

SUBJECT: Potential Cancer Event

This memo provides further background for a potential POTUS event celebrating the 25th Anniversary of the National Cancer Act (NCA). It assumes the President will announce the National Cancer Institute's (NCI's) new Office of Cancer Survivorship (OCS) and perhaps report on progress implementing the FDA cancer initiative he announced in March. The memo summarizes the history of the NCA; describes the OCS; lists three potential event sites; and provides an update on FDA's cancer imitative. It also discusses a third possible component for the event -- the announcement of a new National Cancer Policy Board at the National Academy of Sciences.

National Cancer Institute and National Cancer Act

President Roosevelt signed the National Cancer Institute Act in 1937, establishing the NCI. The law mandated the new institute "provide for, foster, and aid in coordinating research relating to cancer."

President Nixon signed the NCA on December 23, 1971. His statement on the bill, attached, notes that he had called for the legislation in his January '71 State of the Union address. In July of '71 Congress also approved his request to dramatically increase NCI's budget by $100 million to $337.5 million (NCI's budget is now over $2 billion). The NCA, among other things:

- made the NCI Director a presidential appointee and expanded the Director's mandate;
- established two advisory boards appointed by the President;
- initiated the **National Cancer Program**, calling on NCI's Director to "plan and develop an expanded, intensified, and coordinated cancer research program encompassing . . . NCI research, related programs of other research institutes, and other Federal and non-Federal programs;
- authorized the first cancer centers; and
- required NCI to submit its budget directly to the President.

Nixon noted in his statement that these provisions "place the full weight of the Presidency behind the national cancer program . . . the President will be able to take personal command of the Federal effort to conquer cancer."

Office of Cancer Survivorship (OCS)

NCI is establishing the OCS to conduct research on the full range of concerns affecting this country's 7-10 million cancer survivors. This new emphasis on cancer survival is an indicator of the progress we have made in the last 25 years. The center will conduct research on, for example:

- long term medical and psychological effects of cancer treatment;
- factors that predispose cancer survivors to the development of second malignancies;
- reproductive and fertility problems following treatment; and
- genetic factors that increase the risks of any of the above.

NCI has chosen the new OCS director, Anna T. Meadows, M.D., and has announced her selection. She is currently Director of the Oncology program at the Children's Hospital in Philadelphia (bio attached). NCI has not yet defined a research agenda for the office or opened its doors. NCI is convening a meeting of experts in November to help set the research agenda. We're checking with NCI to see if the President could announce a date for the opening.

Possible Sites

Attached are one-page descriptions of each of three possible sites.

1) The Children's Hospital of Philadelphia -- probably the most promising. The new OCS Director currently runs the Oncology program there. The Hospital placed second among all pediatric hospitals in U.S. News and World Report's 1995 physician's rating.

2) The University of PA Cancer Center -- a 23-year old NCI-designated "comprehensive cancer center," 1 of 27 nationwide.

3) The Fox Chase Cancer Center -- a 22 year old facility, and also 1 of 27 comprehensive cancer centers.

Update on FDA Oncology Initiative

In March, 1996, the President announced that FDA would take four steps to speed development and availability of cancer drugs. We can report some, although not dramatic, progress in each of these areas.

1) FDA is speeding approval of cancer drugs by using tumor shrinkage as a surrogate endpoint. **FDA has approved 2 new drugs under this program since March** -- Taxotere, for breast cancer, and Camaptosar, for colo-rectal cancer. (The drugs were on an accelerated-approval schedule prior to the March announcement).

2) FDA pledged to expand access to experimental cancer drugs approved in other countries

by encouraging manufacturers to seek U.S. approval. **FDA has contacted 25 countries to identify promising drugs. FDA is reviewing drugs identified by 14 countries.** FDA has not yet actually increased access to drugs through this program.

3) FDA committed to place patient representatives on all advisory committees reviewing cancer drugs. **FDA has fully met this commitment.**

4) FDA pledged to expand investigational new drug (IND) exemptions to reduce paperwork for doctors. **FDA has increased the number of IND exemptions awarded by 50%.**

Possible Announcement of National Cancer Policy Board

The National Academy of Sciences (NAS) is establishing a National Cancer Policy Board. The Board will be non-political and broader in focus than the two existing, Presidentially appointed cancer boards -- the President's Cancer Panel, and the National Cancer Advisory Board. The new board will implement the National Cancer Act's intent that this country have a National Cancer Program, not just an NCI-based cancer agenda. The Board will look at our research program and at policy issues, such as the control of tobacco and environmental toxins, and will bring together public and private concerns. NAS is planing to appoint the chair by Nov. 1, name the members by Dec. 15, and hold the first meeting in January. Like other NAS boards, it is expected to be permanent.

Please let us know if we should explore announcing the National Cancer Policy Board further.

Attachments

NCI is a research institution. Why is NCI setting up an advocacy office for survivors?

Isn't this just an election year gimmick to get the vote of the 10 million cancer survivors? To appeal to special interests?

Fax Transmittal

Office of Cancer Communications
Office of the Associate Director

NATIONAL CANCER INSTITUTE

Building 31, Room 10A31
Bethesda, Maryland 20892

301-496-6631
Fax 301-402-4945

Date 10/24/96

To Elizabeth Drye

Fax Number (202) 456-7028

From John Burklow

Cover Sheet plus 2 Pages Transmitted

Message

The document on survivorship you requested.

I will be glad to send this to you as an email attachment.

John Burklow

Elizabeth—
I caught the typo in the title right after I faxed it—
sorry!

Cancer Survivorship: A Review of Progress with an Eye to the Future

Twenty-five years ago the National Cancer Act became law, signifying a commitment on the part of the Nation to eradicate cancer through research. As we move toward the beginning of the 21st Century, we can look back on the progress of the last 25 years and look forward to a future where the burden of cancer continues to decrease.

Among the more significant research findings over the past 25 years is our understanding that certain individuals inherit genes that significantly increase their risk of cancer. Following the discovery of the first such gene, which predisposes some children to a rare eye tumor, more than 20 such genes have been found in the last 10 years. Some are more common than previously suspected. For example, the BRCA1 gene that predisposes some individuals to breast and ovarian cancer is mutated in about 1% of individuals in some ethnic groups. For some of these cancer genes, early testing can lead to effective interventions. An additional benefit that arises from the progress in the genetics of cancer comes from the understanding that certain of the same mutations also occur in people who have not inherited the mutation but whose gene is altered by exposure to cancer-producing agents in their environment. Hereditary cancers are teaching us about non-hereditary cancers. These advances in molecular medicine have created extraordinary new opportunities. We are poised on the threshold of the ability to read the precise molecular fingerprint of a cancer cell. Building upon the Human Genome Project, the National Cancer Institute has recently announced the Cancer Genome Anatomy Project aimed at harnessing the knowledge of genes to create new approaches to the prevention, detection, diagnosis, and choice of treatment for the many diseases we call cancer.

Although cancer remains among the worst fears of Americans, it is becoming increasingly clear that cancer is not the "death sentence" that once it was. More than 10 million Americans are cancer survivors, with 7 million of these being long-term survivors, having had cancer diagnosed more than five years ago. Most Americans have had friends or family members die of cancer, but increasingly these friends and relatives are surviving.

America's youth have received the most benefit from the Nation's investment in cancer research. Twenty-five years ago, only 1 in 10 children survived childhood cancer and leukemia. Today, 7

out of 10 children who get cancer are cured. Just 20 years ago, testicular cancer was the number-one cancer killer among young men. Now, about 90% of men who get testicular cancer, even with advanced disease, are cured. These improvements in cancer survival among America's youth have produced an estimated 135,000 cancer survivors under the age of 15. One in every 1,000 Americans between the ages of 20 and 40 is a survivor of a childhood cancer. And for every survivor there is a circle of family members who benefit in the most tangible of ways from the Nation's progress in reducing the burden of cancer – they have their child, their grandchild, their sister or brother, their father or mother because cancer can be survived.

America's women have also benefitted from the increase in cancer survivorship. For the first time, the overall breast cancer death rate in U. S. women is falling 5% overall, and 15% in younger women. This is largely attributed to improved mammography screening and more effective treatment. Finding breast cancer early is the key to survival. The majority of breast cancers are now diagnosed while the cancer is in its early stage and the five-year relative survival rate for localized breast cancer is now 96%. The five-year survival rate for all breast cancer has risen from 74% 20 years ago to 84% in 1992. Other types of cancers are more successfully treated if detected early. For cervical cancers, the five-year relative survival rate is 91% for localized disease, but unfortunately only about half of cervical cancers are discovered early. Uterine cancer has an 83% five-year survival rate if discovered early and for colorectal cancer in women the figure is 91% if discovered early.

The research priorities of the past 25 years have focused on cancer prevention, early detection, and treatment. The efforts to meet these challenges must and will continue. But we must also recognize that recovering from cancer and living as a cancer survivor are in themselves challenging. For this reason, Dr. Richard D. Klausner, Director of the National Cancer Institute, has established within the NCI the Office of Cancer Survivorship. For years, NCI has helped survivors, not only through the research it sponsors, but through its outreach and communications programs. For example, NCI's Cancer Information Service is touching and helping survivors in every area of the country, in every city, and in every town. Each year NCI responds to calls for help from 437,000 survivors or their family members, and distributes more than 10 million publications to survivors to help them cope with their illness and the other issues they must face.

PDQ, the NCI comprehensive cancer information database, will expand this communications effort by adding information, with input from survivors, to help health professionals deal with issues of supportive care and survivorship.

But more is needed. ~~The~~ Today we announce the new Office of Cancer Survivorship will explore the physical, psychological, and economic well-being of individuals who are cancer survivors. Dr. Klausner has named Dr. Anna T. Meadows to head this office. Dr. Meadows has engaged in research related to cancer survival and has the enthusiasm and experience to bring the issues of survivorship into focus.

The Office of Cancer Survivorship will support research covering the entire spectrum of cancers facing cancer survivors, including:

- long-term medical and psychosocial effects of cancer treatment
- factors that predispose survivors to second malignancies
- reproductive problems following cancer treatment
- insurance and employment issues unique to cancer survivors

As a first step, the NCI has invited experts from the scientific community, as well as advocacy groups representing survivors, to participate in a meeting on November 4 and 5, 1996, to discuss and help set a research agenda for cancer survivorship. The Office will then utilize existing mechanisms within the NCI to implement its research agenda.

In establishing the Office of Cancer Survivorship, Dr. Klausner has recognized the growing number of cancer survivors and the need for a "home" within the NCI for research related to survivorship. The overall goal of the NCI is to reduce the burden of cancer on all Americans. This new office will be a part of reaching this overall goal by exploring, on a national level, the important issues facing cancer survivors and their care givers through excellent scientific research.

October 24, 1996

E X E C U T I V E O F F I C E O F T H E P R E S I D E
N T
E X E C U T I V E O F F I C E O F T H E P R E S I D E
N T

25-Oct-1996 04:56pm

TO: (See Below)

FROM: Sarah Farnsworth
Scheduling and Advance

SUBJECT: sunday sequence

FINAL WHSO LAYOUT
a/o 10/25/96; SFarnsworth

ANNOUNCEMENT OF BREAST CANCER RESEARCH &
CANCER SURVIVORS INITIATIVES
Sunday, October 27, 1996
Rose Garden (Rain Site: East Room) Max. 180/Open Press

12:15 p.m. IN PLACE TIME. East Visitor Gate opens for guest arrival a. Guests proceed to the East Garden to hold. List coordinator: Kim

12:15 p.m. Stage participants, Oval Office participants arrive at the NW Gate and hold in the Roosevelt Room. Contact: Barbara Woolley, Sondra Seba * Refer to separate list.

12:40 p.m. (Approx. time) Guests are seated in the Rose Garden by Social Aides.
* Refer to separate reserved seating list

12:45 p.m.-12:55 p.m. EVENT BRIEFING - Oval Office
Participants: Alexis Herman, Betsy Myers

1:00 p.m.-
1:10 p.m. GREET STAGE PARTICIPANTS & SIGN RIBBON OF HOPE
Oval Office/WH Photo Only
- Approx. 10 participants. * Refer to separate list.
- After greeting the participants, The President will sign the "Ribbon of Hope" and take a group photo.
- After greeting, non-stage participants are escorted to seats.

1:10 p.m. ANNOUNCEMENT
Rose Garden/Open Press

- THE PRESIDENT is announced and proceeds to Colonnade steps.

- Susan Blumenthal delivers remarks and introduces Jane Reese-Coulbourne (Alexandria, VA), breast cancer survivor.

- Ms. Coulbourne delivers brief remarks and

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. memo	From: Sarah Farnsworth re: Sunday sequence [partial] (1 page)	10/25/1996	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Elizabeth Drye
OA/Box Number: 10455

FOLDER TITLE:
Speech - OCS [Office of Cancer Survivorship]

2014-0046-S
rc1444

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]

introduces the President.

- THE PRESIDENT makes remarks and presents the "Ribbon of Hope" to Erin Schraibman (Rockville, MD), 9 year old cancer survivor.

NOTE: The WEB site address will be on an easel tbd.
Contact: A. Edwards

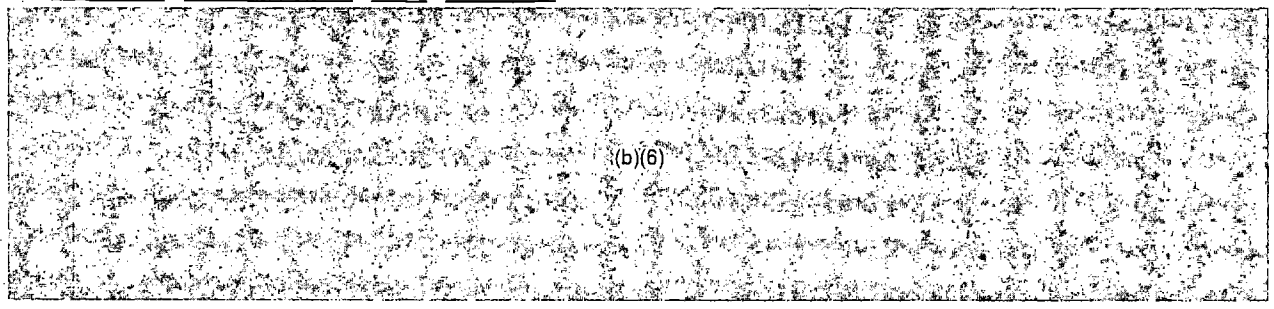
- Following remarks, THE PRESIDENT exits stage right and works ropeline.

1:40 p.m. THE PRESIDENT returns to the Oval Office before proceeding to the South Lawn for helicopter departure.

GUEST NOTE: Guests will have the option to watch the helicopter departure from a roped off area near C9 or depart via SW Gate.
USHERS NOTE: roped off area needed.

OVAL OFFICE PARTICIPANTS (** stage participants)
- THE PRESIDENT**
- Susan Blumenthal, Deputy Asst. Sec. for Health**
- Rick Klausner, Director, National Cancer Institute**
- Dr. Varmus, NIH
- tbd rep for Dept of Defense**
- Ellen Stovall, Executive Director, National Coalition for Cancer Survivorship (NCCS)
- Elizabeth Clark, Director of NCCS

Cancer Survivors and Family



[004]

SET UP NOTES: No stage in front of Colonnade steps. "stage participants" will stand on toe marks on steps; Blue Goose; POTUS

25th Anniversary of National Cancer Act

Twenty-five years ago, the United States declared war on cancer and enacted the National Cancer Act of 1971. It was clear then that cancer's toll on our society would continue to rise without a concerted effort to control the disease.

Link to Human Genome Project

~~Today,~~ The National Cancer Institute ~~is launching~~ is undertaking a new initiative, called the *Cancer Genome Anatomy Project*, which could lead to deploying in the 21st century a new generation of cancer diagnostic tools that will revolutionize our ability to detect cancer earlier, diagnose it more accurately and treat it more effectively. Most importantly, our persistent efforts over the years are paying off. Research *has* identified genes that make cancers grow, as well as the genes that prevent cancer's growth.

Over the past quarter century, scientists have discovered the causes of many cancers. We have proven that cancer can be curable. Today, more than 10 million of our family members, friends, neighbors and co-workers owe their lives to cancer research. Seven million of them are long-term survivors.

Our Children Benefit Most

Cancer survivors are alive today because the years of research in prevention, diagnosis and treatment methods have given doctors better information and more accurate tools to deal with the disease. America's youth have received the greatest benefit from this country's investment in cancer research. Thanks to scientists' dedicated efforts and vision, most cases of childhood leukemia are now curable. Death rates from children's cancers have declined by more than 62 percent. This was only a dream 25 years ago.

Cancer research has also brought dramatic improvements in the survival rate of adults. The death rate for testicular cancer, for example, has declined 66 percent and five-year survival is now 95 percent. Today, most Hodgkin's disease patients can be cured. Cancer death rates are falling for major cancers.

Fresh Troops in the War on Cancer

Bringing the latest in cancer treatment to the community hospitals and physicians is critical to improving cancer survival. But more needs to be done to give the public the information they need to make healthy choices -- choices about diet and exercise and good habits that can lessen the likelihood of cancer. The best way to do that is to recruit a larger, more diverse army of soldiers, particularly those civic leaders who have the influence and opportunity to spread the word throughout their communities.

(Policy Board)

The President can announce a new [National Cancer Institute] initiative to bring teachers, librarians, employers, insurance companies, cancer patients and their families together with the scientists, doctors and nurses to form a National Cancer Coalition. The purpose of the Coalition will be to make the results of research far more accessible to our citizens, increasing the return on their investment, while improving the quality of their lives.

We *are* making good progress in the war on cancer. The advanced molecular tools we are designing for use in the 21st century will improve our efforts to ultimately defeat this terrible disease. But attacking the environmental and behavioral causes of cancer requires greater public cooperation and participation. To accomplish that, we must stretch out beyond our laboratories and reach all those places where we live and work and learn.

-- Rachel Levinson/Jeff Smith
OSTP -- 456-6130
(with input from the National Cancer Institute)

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

February 1, 1994 to December 31, 1995

President's Cancer Panel

Report of the Chairman

NATIONAL INSTITUTES OF HEALTH
National Cancer Institute