PRESIDENT'S CANCER PANEL

National Cancer Program • National Cancer Institute

Chairman
Harold P. Freeman, M.D.
Harlem Hospital Center

Frances M. Visco, J.D.
National Breast Cancer Coalition

Paul Calabresi, M.D.
Brown University
Rhode Island Hospital

Executive Secretary
Maureen O. Wilson, Ph.D.
Assistant Director
National Cancer Institute
Building 31, Room 4B43
Bethesda, Maryland 20892

PHONE: 301-496-1148
FAX: 301-402-1508

October 26, 1995

Molly Brostrom
Senior Policy Analyst
Domestic Policy Council
The White House
Room 207 Old Executive Office Building
Washington, D.C. 20500

Dear Ms. Brostrom:

It gives me great pleasure to take this opportunity to respond to you regarding the President's Cancer Panel. I hope the following information will give you a better picture of Panel's statutory basis, its activities, and its plans for the future.

The National Cancer Act of 1971 (P.L. 92-218) was intended to enlarge the authorities of the National Cancer Institute (NCI) and the National Institutes of Health (NIH) to advance the national effort against cancer. In so doing, the Act instructed the Director of the NCI to "coordinate all the activities of the NIH relating to cancer with the National Cancer Program (NCP) and. . .plan and develop an expanded, intensified, research program encompassing the programs of the NCI, related programs of the other research institutes, and other Federal and non-Federal Programs." The Act, in effect, recognized that the coordinated efforts of the NCP extend beyond the Federal Government and created the President's Cancer Panel "to be comprised of three persons appointed by the President, who...are...well qualified to appraise the NCP," to oversee that effort. The responsibility for the Program is therefore a joint effort of coordination and evaluation shared by the Director of the NCI and the Panel, on behalf of the President.

Over the past 24 years, the Panel has reviewed many aspects of the NCP, including a multi-year examination of cancer centers across the United States which are considered some of the most visible beacons of the NCP. Here and in other efforts, the Panel has consistently recognized and taken a strong stand on extending the benefits of the knowledge we have gained through research to all Americans. The Panel has paid particular attention to those underserved populations facing

challenges of disparate access to health education and health care. Paradoxically, such disparities could be exacerbated by rapid advances in research technology. The Panel also confronted the issue of rapid access to experimental drugs through the establishment of the National Committee to Review Current Procedures for Approval of New Drugs for Cancer and AIDS which authored the 1989 "Lasagna Report". Issues of training and technology transfer prompted the Panel's recommendation for and the NCI's development of a new grant mechanism to support young investigators. More recently, the Special Commission on Breast Cancer was convened in 1992, under Panel auspices, to conduct a comprehensive review of the breast cancer epidemic and formulate recommendations for future directions; its report provided a resource for the current National Action Plan on Breast Cancer launched by Secretary Shalala.

The Panel holds a firm conviction that the NCP encompasses more than research. Indeed, the Panel participated with the Subcommittee of the National Cancer Advisory Board in the recent Congressionally directed evaluation of the progress made by the NCP contained in "Cancer at a Crossroads: A Report to Congress for the Nation." The 1992-1993 "Report of the Chairman to the President" corroborated many of the points made therein, but particularly emphasized the need for a **coordinated, cooperative, joint offensive against cancer** which addresses issues of continued research needs, population based behavioral and access concerns, and includes a broad spectrum of Federal and non-Federal participants in the NCP. As we approach the 25th anniversary of the National Cancer Act, it is the intent of the Panel to join with the Director of the NCI, in their shared responsibility for the NCP to clarify participation in, the goals of, and the allocation of responsibility for Program initiatives based the cumulative research and human experience of the past the past 24 years.

The Panel has long stated that **the "war on cancer," declared in 1971, cannot be won by NCI or in the research arena alone--it must finally be won in the neighborhoods of America where people live and die**. It must involve active and contributing participants from all disciplines and socioeconomic levels, from patient to health care purveyor, from bench scientist to corporate executive, from Federal agency to community support group. As we approach the 25th anniversary of the National Cancer Act, it is particularly fitting that the Panel join with the Director of the NCI to develop a blueprint for a reinvigorated NCP which we anticipate will be delivered by the Director of the NCI in a report before Congress in fulfillment of his responsibility to re-establish coordination of the Progam. It is likewise critical that such an effort have the visible support of the Executive Office and the Panel and the Director of the NCI look forward to working closely with the President in a renewed emphasis on the cancer effort as the national

priority envisioned by the National Cancer Act. The Panel, jointly with the Director of the NCI, has embarked upon a process through which all the stakeholders in cancer in this country can be brought together for this purpose and looks forward to sharing their ideas with the President and receiving his comments.

Sincerely,

Harold P. Freeman

Harold P. Freeman, M.D.
Chairman

Enclosures: Cancer at a Crossroads
1992-1993 Report of the Chairman
Report of the Special Commission on Breast Cancer
Report of the Lasagna Committee
Charter
Membership

cc: Secretary, DHHS
Director, NIH
Director, NCI
Ms. Visco
Dr. Calabresi

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

CHARTER

PRESIDENT'S CANCER PANEL

Purpose

The National Cancer Act of 1971 (Public Law 92-218) and the Health Research Extension Act of 1985 (Public Law 99-158) enlarged the authorities of the National Cancer Institute and the National Institutes of Health, in order to advance the national effort against cancer by conducting and supporting research with respect to the cause, diagnosis, prevention and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and also the families of cancer patients under Title IV, Part A, Public Health Service Act (42 U.S. Code 281 et seq). The statutory responsibility of the President's Cancer Panel is to appraise the National Cancer Program.

Authority

42 U.S. Code 285a-4; Section 415 of the Public Health Service Act, as amended. This Panel is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Function

The Panel shall monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President. Any delays or blockages in rapid execution of the Program shall immediately be brought to the attention of the President.

Structure

The President's Cancer Panel shall consist of three persons appointed by the President, who by virtue of their training, experience, and background are exceptionally qualified to appraise the National Cancer Program. At least two of the members of the Panel shall be distinguished scientists or physicians. Members shall be appointed for three-year terms. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term. A member may serve until the member's successor has taken office. If a vacancy occurs in the Panel, the President shall make an appointment to fill the vacancy not later than 90 days after the date the vacancy occurred. The President shall designate one of the members to serve as Chair for a term of one year. The Chair may serve until a successor has been appointed.

Management and support services shall be provided by the Office of the Assistant Director, National Cancer Institute.

Meetings

Meetings shall be held not less than four times a year, at the call of the Chair with the advance approval of a Government official who shall approve the agenda.

A Government official shall be present at all meetings. Meetings shall be open to the public except as determined otherwise by the Secretary; notice of all meetings shall be given to the public.

A transcript shall be kept of the proceedings of each meeting of the Panel, and the Chair shall make such transcript available to the public.

Compensation

Members who are not officers or employees of the United States shall receive for each day they are engaged in the performance of the duties of the Panel compensation at rates not to exceed the daily equivalent of the annual rate in effect for Executive Level IV of the General Schedule, including travel time; and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by Section 5703, Title 5, U.S.C., for persons in the Government service employed intermittently.

Annual Cost Estimate

Estimated annual cost for operating the Panel, including compensation and travel expenses for members, but excluding staff support, is $47,501. Estimate of annual person-years of staff support required is .8, at an estimated annual cost of $52,367.

Reports

The Panel shall submit to the President periodic progress reports on the National Cancer Program and shall submit to the President, the Secretary, and the Congress an annual evaluation of the efficacy of the Program and suggestions for improvements, and shall submit such other reports as the President shall direct.

In addition, an annual report shall be prepared not later than December 31 for submission to the Secretary through the Assistant Secretary for Health and the Director, National Institutes of Health, which shall contain, as a minimum, the Panel's functions, a list of members and their business addresses, the dates and places of meetings, and a summary of the Panel's activities and recommendations during the year. A copy of the report shall be provided to the Department Committee Management Officer.

Duration

Continuing (unless renewed by appropriate action prior to its expiration, the charter for the President's Cancer Panel will terminate May 31, 1996).

APPROVED:

JUN 27 1994
Date

Secretary

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

President's Cancer Panel

Harold P. Freeman, M.D.
Director of Surgery
Harlem Hospital Center
Room 11-104
506 Lennox Avenue
New York, New York 10037

Chairman, President's Cancer Panel
Appointment April 15, 1991 to
February 20, 1997

Frances M. Visco, Esq.
President
National Breast Cancer Coalition
200 South Broad Street
8th Floor
Philadelphia, Pennslyvania 19102

Member President's Cancer Panel
Appointment May 14, 1993 to
May 14, 1996

Paul Calabresi, M.D.
Professor & Chairman, Emeritus
Department of Medicine
Brown University - Aldrich 138
Rhode Island Hospital
593 Eddy Street
Providence, Rhode Island 02902

Member President's Cancer Panel
Appointment May 1, 1995 to
February 20, 1998

Maureen O. Wilson, Ph.D.
Assistant Director
National Cancer Institute
9000 Rockville Pike
Building 31 Room 4B43
Bethesda, Maryland 20892

Executive Secretary
President's Cancer Panel

OCT 27 1995

Molly - Per Email.

Meeting Nov. 2 3-4 p.m. visit office

NATIONAL CANCER INSTITUTE

SPECIAL CHR

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ETHICS OFFICE
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FACSIMILE TRANSMISSION

Page 1 of 2 pages

Date:

TO:	Ms. Carol H. Rasco	FAX:	(202) 456-2878
ATTN:		Office:	
FROM:	Dr. Maureen O. Wilson / Ms Mary Gasell		

Attached is the information you requested for the members of the President's Cancer Panel and Dr. Richard Klausner, Director National Cancer Institute who will all invited to the White House, November 2.

If please if NCI can be of further assistance in this matter.

Dr. Klausner's Sec'y → Martha Ferrell

President's Cancer Panel

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Director of Surgery
Harlem Hospital Center
Room 11-104
506 Lenox Avenue
New York, NY 10037

Chairman, President's Cancer Panel
Appointment April 15, 1991 to February 20, 1997
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215-731-1482 (Fran)

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Member President's Cancer Panel
Appointment May 1, 1995 - February 20, 1998
Secretary: Patti Jensen

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Fax: 401-444-8483

Richard D. Klausner, M.D.

Director

National Cancer Institute

31 Center Drive, MSC 2590

Building 31/Room 11A48

Bethesda, Maryland 20892-2590

Fax # - 301 - 402-0338

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-1995 09:53am

TO: Carol H. Rasco

FROM: Molly Brostrom
Domestic Policy Council

SUBJECT: cancer panel

Dr. Klausner is director of the National Cancer Institute (he's relatively new); his # is 301/496-5615.

I would be happy to call and discuss, set up a meeting if you don't have time... But I think he would appreciate a call from you as well -- during my conversation, he said something like "if Carol wants to call and talk further, I'd be glad to..." During your call, you can say that I will be the contact in setting things up, so that he doesn't think he always gets to talk to you.

In your call, I would say:

*We've talked about my conversation with him

*What has he learned about the Pres' Cancer Panel previous White House contact?

*We're intrigued by their plans for the National Cancer Program and any preparation for the 25th Anniversary, and would love to have a meeting to discuss.

Maybe you can get his thoughts on: Who should be part of this meeting -- just the Pres' Cancer Panel, or broader? (My initial instinct is that the first meeting be small, and maybe next year, have a bigger meeting as part of 25th Anniv events.)

Let me know. Original message attached.

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

19-Oct-1995 12:08pm

TO: Carol H. Rasco

FROM: Molly Brostrom
Domestic Policy Council

SUBJECT: Pres Cancer Panel

I spoke to Dr. Klausner. He is sending information, but we talked as well.

There is a President's Cancer Panel. It was established in the National Cancer Act of 1971. It is a 3-member panel; the Chair is Harold Freeman, a Surgeon at Harlem Hospital (Klausner thinks he's great). Their purpose is to report to the President on the "National Cancer Plan" and on issues that arise concerning cancer. They do the latter--they issue reports on overarching, nation-wide cancer issues, mostly from the policy perspective. According to Klausner, these reports are well-received and important.

The former purpose -- reporting on the "National Cancer Plan" -- is not being carried out becuase the NCP is not really in place. The NCP was also established in the 1971 Cancer Act, and its prupose was to provide oversight, integration, etc. to cancer activities occurring nation-wide. This never got off the ground, but in recent legislation, Congress requested that Klausner present a report on the status of the Plan and how to reinvigorate it -- given that 1996 is the 25th Anniversary of the War on Cancer. Klausner is meeting with Freeman tomorrow on developing the report and plan.

Klausner is not sure but will check on what contact the National Cancer Plan has had with the White House.

Assuming they've had little contact and given that next year's the 25th Anniv, the forum is probably a good idea. We can talk when you get back and I have more information.

Enjoy!

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

18-Oct-1995 04:48pm

TO: Molly Brostrom

FROM: Carol H. Rasco
Domestic Policy Council

SUBJECT: President's Cancer Panel

Alas, see attached message. Apparently Kevin Thurm called this person to call me in lieu of sending something in writing which Kevin had said he was going to do. I tried to call this Dr. Klausner, he's in meeting and then I am for all practical purposes out of office until Wednesday. SO, I told Dr. K's office I would call back on Wednesday but would you please call him saying you are returning call for me, see what you can learn.

In essence as I briefly mentioned this a.m., I understand there is a President's Cancer Panel which serves as a liaison between the National Cancer Program and the President. There is also a National Cancer Advisory Board but this President's Cancer Panel is apparently something different. My call to Kevin and therefore your visit with Dr. K is to learn:

Is there indeed a President's Panel?

What is purpose? How do they traditionally report to POTUS?

How many people?

It has been suggested to me that this group would perhaps welcome a chance to have a forum with me at the White House so they can feel they have reported more directly to POTUS? What does Dr. K think?

We would anticipate more than likely asking OSTP and perhaps NIH(?) to assist in hosting the forum....

Please explain we are in preliminary stages of looking at this, only trying to get info, don't need to have it discussed, etc.

You can then put on note to me as I will have computer with me (I get email but can't get into Word Perfect) and/or we can discuss when I return.

Many thanks.

Natl Cancer Act of '71 Estabs'd NCI, Adv Bd

Natl Cancer Plan - oversight, integr

Pres Cancer Panel: 3-member → was to rpt to Pres on Plan + issues that arise concerning

Head of NCI → devlp Plan → funded thru NCI

⇒ rpts ⇒ overarching, nation-wide policy perspective

- reports to Pres on status e.g. Breast Cancer → quite active

- 25th anniv ⇒ Congress requested that Klausner present rept on status of Plan + how to reinvigorate

Prob is no clear lines of resp ... + resources

Chair Harold Freeman Surgeon, Harlem Hosp.

Sense of need for more substance, coordination ⇒ rpts to Pres

⇒ 96 - 25th Anniv of War on Cancer

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

18-Oct-1995 02:34pm

TO: Carol H. Rasco

FROM: Patricia E. Romani
Domestic Policy Council

SUBJECT: Phone Call: Dr. Klausner: 301-496-5615

Dr. Klausner is Director of the National Cancer Institute and was calling to give CHR information regarding the Cancer Panel.
He had been asked to provide information from Mr. Harrellson via Sec. Shalala re. CHR's inquiry as to mission, etc.

Pat

11/2 Pres Cancer Panel

- Coord of natl initiatives
- Leg that reinvigorates
- What is tone of cancer country?

NCI: $2.2B

NCP: coordination of all pieces, theoretically
"aggregate of action, issues – public, private
Dir. of NCI directed to coordinate
Pres Cancer Panel – appt'd by Pres – independent of NCI
- directed to serve as liaison btwn NCP

- Concern abt need for coordination btwn pub/priv in H/S + leverage directive
- SENTAP – rpt on need for NCP
  - how to revitalize
  - NCP: should be multi-level org.
  - but need for leveraging, ↑ship
  - NCI dir to present rept next spring on NCP
  - ↓ should it just be NCI

= tobacco fight

- Fed'ly chartered foundation to house NCP
  - ~ to Nat'l Academy of Sciences

Freeman: disconnect btwn discovery + application
- disincentives to talk abt prog that doesn't exist –
  - leg of 40M measured – we won't make WAR on Cancer
- message needs to be culturally-sensitive

orthogonal

perception: war on cancer segment

Found. – New to look @ issues – call to arms
– catalyze, energize – board of educ, dissemination

Diff w/ Am Cancer Society
Nat'l Cancer Adv. Board → council to NCI
Pres' Nat'l Bioethics Commission
dozens of entities
→ no umbrella

What have we done?
incidence indy...

NCI barely able to fund
- 10% of rsrch proposals

Database to look @ how much being spent Administrative

Cancer → focalizing issue / bringing ppl together

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

07-Nov-1995 08:29am

TO: Molly Brostrom

FROM: Carol H. Rasco
Domestic Policy Council

SUBJECT: Hello!

Hope Chicago was terrific for you!

Please do a quick draft thank you to persons who came from Cancer Panel and Klausner....

Also we need a brief memo to POTUS, VPOTUS and then cc's to HRC and Tipper and Jack outlining we had the meeting, 25th anniversary, will continue to work with Panel, keep principals updated...Don't mention Foundation issue at moment.

THanks!

DEPARTMENT OF HEALTH & HUMAN SERVICES Chief of Staff

Washington D.C. 20201

CC: Molly B.
4 Let's talk this week sometime.

OCT 20 1995

FACSIMILE

Molly

DATE OCT 19 1995

CHR

TO: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER)

Carol Rasco
Assistant to the President
for Domestic Policy

ATTN: PAT ROMANI

456-2249

FROM: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

Kevin Thurm
Chief of Staff

690-6133

RECIPIENT'S FAX NUMBER: ( ) 456-2878

NUMBER OF PAGES TO SEND (INCLUDING COVER SHEET): 10

COMMENTS:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

OCT 19 1995

MEMORANDUM FOR CAROL RASCO

Subject: The President's Cancer Panel

The President's Cancer Panel was created through the National Cancer Act of 1971. The general purpose of the Panel is to monitor the National Cancer Program (NCP). The NCP represents the national effort involving federal, state and local governments and private industry to combat cancer.

The Panel consists of three persons appointed by the President who, by virtue of their training, experience and background are exceptionally qualified to appraise the NCP. Enclosed is a list of the current members of the Panel. President Clinton has appointed all three members. Dr. Freeman was reappointed from the previous administration.

The charter for the Panel specifies that members must meet four times a year; submit periodic progress reports on the NCP to the President; and, submit an annual report on the status of the NCP to the President, the Secretary and the Congress.

During President Clinton's Administration, the Panel has met at least four times annually. The Panel has also submitted three periodic reports to the President addressing the following concerns: The Human Genome Project and cancer research, (May 1995); the budget of the National Cancer Institute, (June 1995); and, progress in the area of leukemia research and treatments (July 1995).

Due to the absence of the Panel's executive secretary during 1992 and 1993, only one annual report on the NCP has been submitted to President Clinton. In March 1995, the Panel submitted a report covering 1992 and 1993. The Panel is scheduled to submit a report covering 1994 and 1995 in December of this year and then resume the annual reporting requirement with the 1996 report. Additionally, in September 1994, the President received a report from the Panel on breast cancer that was commissioned in 1992 by then Vice President Dan Quayle. Many of the recommendations contained in this report have already been incorporated in the Department's Breast Cancer Action Plan. For your information, the Executive Summary of Breast Cancer: A National Strategy, A Report to the Nation is enclosed. Also enclosed is a copy of the charter of the Panel.

Please let me know if you would like additional information or further assistance.

Kevin Thurm

Enclosures

INTERNAL USE ONLY -- NOT FOR EXTERNAL DISTRIBUTION

President's Cancer Panel

Harold P. Freeman, M.D.
Director of Surgery
Harlem Hospital Center
Room 11-104
506 Lennox Avenue
New York, NY 10037

Chairman, President's Cancer Panel
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Appointment May 14, 1993 May 14, 1996
Secretary: Bertha Adams

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215-731-1582 (Jean Sachs/Dev Director)
Fax: 215/731-1174

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Paul Calabresi, M.D.
Professor & Chairman, Emeritus
Department of Medicine
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Rhode Island Hospital
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Assistant Director
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9000 Rockville Pike
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Executive Secretary
President's Cancer Panel
Secretary: Nora Winfrey

Phone: 301-496-1148
Fax: 310-402-1508

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

CHARTER

PRESIDENT'S CANCER PANEL

Purpose

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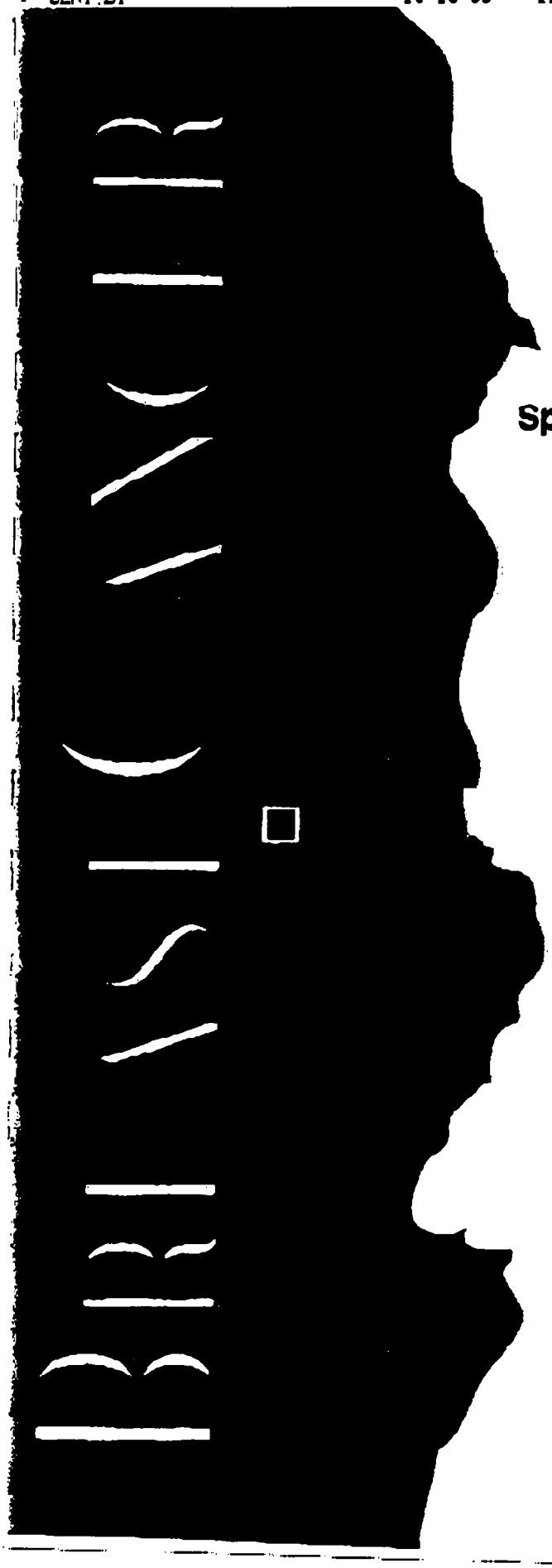
APPROVED:

JUN 27 1994
Date

Secretary



The President's Cancer Panel
Special Commission on Breast Cancer

NATIONAL INSTITUTES OF HEALTH
National Cancer Institute

EXECUTIVE SUMMARY

Overview

Breast cancer is a large and growing public health problem in the United States. During the decade of the 1990s, it is estimated that nearly 2 million women will have been diagnosed with the disease and that 460,000 women will have died of it. Between 1950 and 1989, the incidence of breast cancer increased by 53 percent. The magnitude of this problem and its constant increase over time understandably result in considerable anxiety among all women.

Some improvements in breast cancer detection and treatment have occurred over the past few decades. Yet even these modest improvements are not uniformly applied throughout the population. Most current therapies (surgery, radiation therapy, and chemotherapy) are non-specific in their effects and frequently diminish quality of life. Although women diagnosed with early-stage breast cancer have a 5-year survival rate of 93 percent, there is no period of time after which a woman who has been treated for breast cancer can be assured that it will not recur. At this time, there are no proven methods of preventing breast cancer.

Advances in basic science have raised the realistic hope that more specific methods can be developed to treat or prevent breast cancer.

Breast cancer advocates – women with breast cancer, their families, friends, and supporters – demand that breast cancer become a national priority. There is a widespread sense of urgency that more can and must be done to address the problem of breast cancer in this country. There is growing public demand for even greater levels of funding of a national breast cancer program and an outcry for the development of cure and prevention.

Recommendations

The goals of the President's Cancer Panel Special Commission on Breast Cancer recommended breast cancer program are:

1. To make substantial progress in developing effective methods to cure and to prevent breast cancer, and

2. To make current and future proven methods of early detection, treatment, and prevention universally available.

The National Institutes of Health and other involved federal agencies must receive research funding of no less than $500 million per year for this program until these goals are achieved.

Specific recommendations made by the commission are outlined below.

Causes and Prevention

- Research into breast cancer causes and prevention must receive high priority.
- Investigator-initiated inquiry should remain the mainstay of research funding.
- Genetic, hormonal, environmental, dietary, and other causes of breast cancer must be identified through basic and epidemiologic research; this knowledge is the foundation needed to develop effective preventive strategies.
- Knowledge gained through research must be translated into clinically effective methods of prevention, early detection, and treatment.

Earlier Detection and Diagnosis

- Early detection should be improved by further refining x-ray mammography, developing newer imaging methods using non-ionizing radiation, and identifying breast cancer biomarkers that can be detected in a blood test.
- Improved access to early detection must include prompt diagnostic work-up and treatment referral for patients in whom breast abnormalities are identified.

Treatment Strategies

- Women must be empowered to be active participants in their decisions about breast cancer screening and, if diagnosed with the disease, about their treatment options.
- Patients, their families, and breast cancer experts want and deserve less invasive, disfiguring, and toxic treatments than surgery, radiation, and chemotherapy.
- High priorities for new and more specific treatments include: therapy directed at hormones and hormone receptors, tumor growth factors or growth factor receptors; inhibitors of angiogenesis and metastasis; immunologic therapy; and gene therapy.
- Methods should be developed to overcome resistance to hormonal and chemotherapeutic agents.
- Diagnostic decisions, treatment options, and recommendations should be provided in an interdisciplinary setting.

Psychosocial Effects

- Current methods of psychosocial support should be available to all breast cancer patients and their families.
- More effective supportive care interventions for breast cancer patients and their families must be developed.

Access

- Current and future methods of early detection, treatment, and prevention should be universally available as soon as their efficacy is demonstrated.
- United States health care delivery system reforms must ensure the removal of financial barriers to access.

- Research is required to understand and remove the non-financial barriers to universal use of effective means of combating breast cancer.

Public Policy

- Federal regulations should limit the proliferation and use of unproven treatments, prognostic markers, prevention methods, and technologies, except within the confines of a well-defined clinical trial.
- Clinical testing of new detection, treatment, and prevention methods should be supported cooperatively by third-party payors, industry, academic centers, and the National Cancer Institute.
- Research costs for clinical trials should be carefully delineated and paid by industry or the National Cancer Institute, while patient care costs should be covered by third-party payors.
- The 1992 Mammography Quality Standards Act should be implemented immediately.
- Federal agencies should coordinate their breast cancer programs through an interagency breast cancer task force.

A Partnership of Breast Cancer Advocates and Breast Cancer Scientists

- This partnership must continue in a way that promotes the shared objective of finding effective prevention and cure of breast cancer.
- Breast cancer advocates should be integrated into decision-making regarding the optimal use of breast cancer research funding.

Information and Empowerment

- Women in the United States should be provided with accurate, up-to-date, and culturally sensitive information about the risks of breast cancer and how it is best detected.
- Women diagnosed with breast cancer should be provided with accurate, up-to-date, and culturally sensitive information about their treatment options.
- The National Cancer Institute should provide leadership in the development and distribution of culturally sensitive breast cancer educational materials and special materials for women with low levels of literacy.
- Women should be empowered both psychologically and financially to take responsibility for their own breast health, including adopting healthy lifestyles, practicing breast self-examination, following recommended guidelines for breast cancer screening, and immediately obtaining diagnostic and treatment services when breast abnormalities are observed.

Past investments in basic science and breast cancer research have brought us to a point where numerous opportunities exist to advance our ability to prevent and treat breast cancer. The enormity of the impact of breast cancer on the mental and physical well-being of women in the United States and their families requires that we as a society devote the resources needed to achieve the most rapid progress possible.

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October 18, 1995 Meeting with Carol Rasco

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