

APR 20 1991

UNITED STATES SENATE
COMMITTEE ON LABOR AND HUMAN RESOURCES
WITNESS LIST
HEARING

20th ANNIVERSARY OF THE NATIONAL CANCER ACT

THURSDAY APRIL 25, 1991, 9:30 am., SD-430

PANEL I -- Cancer Survivors

The Honorable Thomas P. "Tip" O'Neill, Jr.
Former Speaker of the House

Mrs. Kathy Price
Ohio Resident

Ms. Elizabeth Manning
Mrs. Ann Manning (mother)

PANEL II -- The National Cancer Act: Before and After

Dr. Emil Frei
Physician-in-Chief,
Dana Farber Cancer Institute

Dr. Samuel Broder
Director, National Cancer Institute

PANEL III -- Cancer Research

Cancer, Poverty, and Race

Dr. Harold Freeman
Chair, President's Cancer Panel
Director of Surgery, Harlem Hospital Center
Professor of Clinical Surgery, Columbia University

Exciting New Developments

Dr. Lance Liotta
Chief, Laboratory of Pathology,
Division of Cancer Biology, Diagnosis, Centers
National Cancer Institute

Prevention of Cancer

Dr. Maureen Henderson
Professor Epidemiology and Medicine
Head of Cancer Prevention Program
Fred Hutchinson Cancer Research
Center, Seattle

from the office of

*Senator Edward M. Kennedy
of Massachusetts*

Statement of Senator Edward M. Kennedy at
the Senate Labor and Human Resources Committee Hearing
on the 20th Anniversary of the National Cancer Act

For Immediate Release

April 25, 1991

Contact: Lorrie McHugh

Kevin Winston

202/224-4781

Our hearing today marks the 20th anniversary of the National Cancer Act. That legislation, signed into law in 1971, and the amendments which followed, have led to an unprecedented explosion in the understanding of biology at the cellular level, including crucial information about the prevention of cancer and extraordinary improvements in care and treatment.

Before the National Cancer Act, there were no community clinical cancer programs, no national cancer information services for physicians and patients, and no community prevention and control programs. There were much smaller clinical trials, and fewer cancer researchers. Access to specialized care was limited. Only a few comprehensive cancer centers existed.

The expansion of basic research supported by the National Cancer Institute has shed light on cellular processes that were hardly envisioned when we introduced the National Cancer Act two decades ago. By the end of the first decade, the annual budget of the Institute had increased from under \$200 million to \$1 billion, or 30% of the budget of the entire NIH. Scientists supported and often trained by the Institute under the program expanded our knowledge of the genetic basis of disease and cell processes.

This deeper understanding led to the development of an entire biotechnology industry. Human proteins were synthesized from cloned genes.

When the deadly AIDS epidemic appeared on the scene, researchers were armed with knowledge and tools that led to the rapid identification of the virus, important diagnostic tests, and useful therapies.

Clinical research and epidemiology supported by the National Cancer Institute have broadened our understanding of the causes of cancer and given us vital means to prevent it. The knowledge that a third of all cancers are caused by tobacco use has clear implications for public policy and individual behavior. More than a quarter of adults use tobacco products, and most started when they were children. Many people are alive and well today because they benefitted from this new information and stopped smoking.

Cancer treatments and cancer cures have prolonged and saved lives and given us a generation of childhood cancer survivors including my own son. Today, cure rates for those under the age of 20 are 66%; they are 75% for those under 10. Two of our witnesses today are survivors of childhood cancer and will present their experiences.

As we will also hear this morning, too many Americans still do not benefit from the knowledge and resources that have become available in the past 20 years.

Dr. Freeman, the new Chairman of the President's Cancer Panel created by the Act, will describe his work on the relationship between poverty, race and cancer mortality. We need a much greater national effort to eliminate that shameful correlation and bring the benefits of the War on Cancer to all Americans,

The vision which inspired the National Cancer Act continues to inspire us today. But we will not realize its potential for the future unless we continue to support it.

In the past decade, the budget for cancer research has declined in real dollars. Although the budget of NIH has risen 27%, the budget of the

Cancer Institute has declined by 6%. The decline is even steeper, if the AIDS research funds of the Cancer Institute are not counted.

When the Act was passed in 1971 cancer was the disease that Americans most feared. Despite new health issues and concerns, it is still the number one fear today.

The War on Cancer is far from won. This is no time to lose our momentum or call a retreat.

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DATE: _____

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*To DIES
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PHIL AMORUSO	31/11A48
SAMUEL BRODER	31/11A48
BARBARA BYNUM	31/10A03
BRUCE CHABNER	BOY SCOUT BLDG
JOHN DONOVAN	31/4B59
MICHELLE EVANS	31/4A48
PETER GREENWALD	31/10A52
SU HUBBARD	82/102
DAN IHDE	31/11A48
JUDY KARP	31/4A48
WERNER KIRSTEN	427/9
THOMAS MAYS	31/4A51
ALAN RABSON	31/3A03
IRIS SCHNEIDER	31/11A48
ELLIOTT STONEHILL	31/4A32
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