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U.S. NATIONAL CANCER INSTITUTE

ANNUAL REPORT

JULY 1, 1974 - JUNE 30, 1975

PART IV

DIVISION OF CANCER CONTROL AND REHABILITATION

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DIRECTOR'S REPORT

Cancer Control is mandated by the National Cancer Act of 1971 to ensure the rapid translation of existing information and the new leads emerging from research into community practice. Originally organized as a program in the OD-NCI, the National Cancer Institute elevated its cancer control efforts to a divisional status in 1974. Divisional status was approved in September 1974. The importance of Cancer Control in the National Cancer Program was re-emphasized in mid-1974 with the updating of the National Cancer Plan, which designated cancer control as its second major mission, the first being research.

In the 9 months of its existence, the new Division has:

- Continued to develop, implement and evaluate all cancer control and rehabilitation programs of the National Cancer Program to coordinate an assault on the incidence, morbidity and mortality from cancer.

- Reorganized into a Divisional structure allowing that the traditional intervention activities be supported by new functions which make possible an orderly system of identifying, field testing, demonstrating, evaluating, and promoting the latest cancer control knowledge.

- Administered funding through both grants and contracts.

- Established a Cancer Control Communications Network in all 17 Comprehensive Cancer Centers which provides every community in the nation with immediate access to up-to-date information on cancer.

- Taken the initiative to fund over 200 grants and contracts in every region of the nation to assure use of cancer control knowledge.

- Initiated a program in rehabilitation research. Except for research in rehabilitation, DCCR does not support research to develop new methods and techniques.

- Began an industrial program which monitors workers for prevention of the effects of exposure to carcinogens.

- Improved the early detection rate for women with breast cancer.

- Completed Pap tests on approximately 500,000 women, many of whom had never had a test.

Although Cancer Control is in its third year of operation as a program area of the National Cancer Institute, it is only in the past 2 years that funding levels have been sufficient enough to permit major program activities, and it is only during this fiscal year that a fully integrated organizational capability has existed. DCCR has committed its allocated FY 1975 budget of $50 million.

Despite this brief existence, the Division has received recognition for fulfilling its obligation to get research findings to communities and physicians. This year the Division received the Gerard B. Lambert Award for its sponsorship of professional education and demonstrations through the Cancer Control Treatment project. These programs, established for acute childhood leukemia and lymphoma, have been sending out specially trained doctors, nurses, and technicians to deliver knowledge to groups of doctors and hospital staffs through seminars, lectures, tumor clinics and special consultations. In the past year, cancer experts have served as "circuit riders" bringing information about new treatments and diagnostic procedures to doctors in small towns and cities.

Concern for reaching out into the community was also evident in the accelerated efforts of the Division to establish the new community-based cancer control programs, often referred to as the "saturation program." The program involves selected communities in producing a coordinated effort against cancer which includes public medical schools, cancer centers, private physicians, voluntary groups such as the American Cancer Society, and state and local health departments. These communities must have in operation a population-based cancer data system. The long-term mobilization of medical and lay capabilities and resources relies upon the use of new cancer control knowledge by the health community and the motivation of the public to adopt new health practices. Cost-sharing is a requirement of the saturation program, with communities participating on a 50-50 matching basis as their programs become fully operational. Final review of proposals occurred near the end of the fiscal year.

To support communities in their efforts to undertake effective cancer control projects, the Division funded 17 Cancer Control Communications Offices in the Comprehensive Cancer Centers. A primary feature of this program will enable the Cancer Centers to extend their reach until it meets the needs of all 50 states. The newly installed WATS system to the Cancer Centers will be of particular value to the public and health professionals, who are assured of a quick response to questions they may have about cancer.

Among the nearly 200 cancer control activities funded by the Division, the 27-city breast cancer detection projects jointly funded by DCCR and the ACS have produced the most vivid results to date. Through the use of mammography, thermography and clinical examination, 77 percent of the women found to have cancer were detected in the early stage. This compares favorably with the usual 50 percent early detection rate.

The Division continued to work closely with other health organizations, especially in screening projects. One such project, conducted with state health departments, had provided Pap tests for approximately 500,000 women by the end of the fiscal year. Data for evaluation purposes became available late in the fiscal year and will be analyzed to determine if the program is reaching those at greatest risk.

The Division is now directing control projects which demonstrate how to care for a patient's entire needs for cancer rehabilitation, including psychosocial rehabilitation and the training of professional personnel in rehabilitation techniques. The restoration of a cancer victim to as near normal a state as possible deals not only with the patient but with the institutions and individuals which influence his life. New at-home rehabilitation programs were funded in late fiscal year 1975 and a study of employer attitudes toward hiring or reinstating cancer patients was undertaken as a prelude to changing negative attitudes.

As a basic first step in preventing cancer, the Division encourages an extensive cancer education program. A contract was entered into with the National Clearinghouse for Smoking and Health in an attempt to learn why teenagers smoke and to discover more effective methods of discouraging them from smoking. A series of seminars with eight different industrial groups is exploring ways to minimize exposure to carcinogens.

Several major meetings were sponsored by DCCR during FY 1975. DCCR sponsored the meeting on "Cancer Control and the Behavioral Sciences" in San Antonio, Texas on January 20-22, 1975, which attracted dozens of specialists in oncology, psychiatry, psychology, sociology, etc. to explore behavioral considerations as they relate to cancer control. It was the first such conference convened to explore the state-of-the-art in behavior.

In December 1974, DCCR jointly sponsored with DCCP and ACS the workshop on "Persons at High Risk of Cancer: An Approach to Cancer Etiology and Control" in Key Biscayne, Florida. The workshop examined the state-of-the-art on risk factors for both cancer control and research. Proceedings of this workshop and of the behavioral meetings will be published shortly in monograph form for wide distribution. Additionally, the Third World Conference on Smoking and Health was held in New York City on June 2-5, 1975. This meeting was jointly sponsored by DCCR and ACS.