January 1 to December 31, 1987

President's Cancer Panel

Report of the Chairman

U.S. Department of Health and Human Services

Public Health Service

National Institutes of Health

National Cancer Institute

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PANEL MEMBERS

Armand Hammer, M.D., Chairman (1981-1990)
Chairman of the Board
Occidental International Corporation
Suite 375
1747 Pennsylvania Avenue, N.W.
Washington, DC 20006

William P. Longmire, Jr., M.D. (1982-1988)
Distinguished Physician
Veterans Administration
VAMC, West LA
Wilshire and Sawtelle Boulevards
Los Angeles, CA 90073

John A. Montgomery, Ph.D. (1983-1989)
Senior Vice President and Director
Kettering-Meyer Laboratories
Southern Research Institute
P.O. Box 55305
2000 Ninth Avenue, South
Birmingham, AL 35255

President's Cancer Panel

National Cancer Program National Cancer Institute

Chairman:
Dr. Armand Hammer
Occidental Petroleum Corporation

Dr. John A. Montgomery
Southern Research Institute

Dr. William P. Longmire, Jr.
Center for the Health Sciences
University of California, Los Angeles

Executive Secretary:
Dr. Elliott H. Stonehill
National Cancer Institute
Bethesda, MD 20892
Phone: 301-496-1148

February 25, 1988

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

Section 415 (b) of the Health Research Extension Act of 1985 requires that, as Chairman of your President's Cancer Panel, I report to you annually on the National Cancer Program as operated by the National Cancer Institute. My report for 1987 is attached hereto.

The report is a positive one, and I am pleased to note that under your Administration real progress is being made in the fight against cancer. My colleagues on the Panel, Dr. John Montgomery and Dr. William Longmire, agree with me that as a result of the efforts of the National Cancer Institute cancer patients are benefitting in an unprecedented manner from research in basic cancer biology and the swift clinical translation of the most important advances.

Some of the highlights of my report cover advances in the field of biological response modifiers, particularly use of interleukin-2 and a relatively new discovery of certain hormones which involve production of white blood cells in the bone marrow, called the colony stimulating factors (CSFs).

I have reported to you previously on the remarkable work being done at the National Cancer Institute by Dr. Steven Rosenberg using interleukin-2 and lymphokine-activated killer cells (LAKs). This work has been expanded to six national cancer centers and the results have confirmed the effectiveness of this treatment in advanced cancer cases. Further expansion is being planned for this protocol.

Dr. Rosenberg has now developed a very exciting new treatment which uses interleukin-2 and tumor infiltrating lymphocytes (TILs). These are lymphocytes which are taken from a patient's own tumor and combined with interleukin-2 and the cancer drug cytoxan. This treatment has produced dramatic results in the first seven patients treated by Dr. Rosenberg. Two patients achieved complete regression of their tumors and four out of the other five had more than 50 percent reduction in the size of their tumors. I have every confidence that Dr. Rosenberg will continue to have excellent results with this new protocol.

One of the year's most important advances is the use of the colony stimulating factors. One of the CSFs, the factor called G-CSF, has been used in the treatment of advanced bladder cancer patients at Memorial Sloan-Kettering Cancer Center in New York. Used in combination with a drug treatment called M-VAC, the G-CSF was shown to have restored many of the immune cells of the patients to their original state after chemotherapy. As you know, we are limited in our use of chemotherapy because it so often destroys the cells of the immune system while destroying the cancer cells. However, the G-CSF brought those cells back into an effective state. This is a very encouraging development, and I believe that by reducing so effectively the toxic effects of chemotherapy, we will dramatically improve the survival of cancer patients.

Finally, I would call your attention to my suggestion that the Government provide matching funds to private funds which we will endeavor to raise over the next two years, up to $500 million. This is to be a bipartisan effort in the Congress, and I have already spoken to Jim Wright, Tony Coelho, Ted Stevens and Alan Simpson on the matter. We will endeavor to interest other members of both Parties. It is my firm belief that with sufficient funds we can conquer cancer just as we have conquered polio, diphtheria, small pox, tuberculosis and scarlet fever. I am willing to undertake a campaign for this purpose, and I feel we can succeed in this undertaking. Whatever we develop in cancer research may prove to be valuable in combatting AIDS, which also involves failure of the immune system.

Mr. President, it is a great privilege to serve as Chairman of your Cancer Panel. It is my hope, and that of my colleagues, that this report will prove useful to you and others in the Administration. I am always ready to assist you in any way possible as you carry out your tremendous responsibilities in leading the country towards peace and prosperity for all.

With warmest regards,

Respectfully,

Armand Hammer

AH:ec

Attachment

1987 CHAIRMAN'S REPORT TO THE PRESIDENT

During 1987 important discoveries in cancer research were made, and the President's Cancer Panel observed significant advances in treatments for cancer in the United States. The use of biologics in treatment has made remarkable strides; molecular genetics has advanced further into causation and control; research progress in drug development, virology and cell biology has advanced our ability to attack this dread disease, and additional national programs have been initiated to enhance cancer prevention and control.

Dr. William P. Longmire, Jr., and Dr. John A. Montgomery, my colleagues on the President's Cancer Panel, and Dr. Vincent T. DeVita, Jr., Director of the National Cancer Institute (NCI), accompanied me as I convened meetings of the Panel in Los Angeles, Pittsburgh, and Bethesda during 1987. We heard testimony regarding innovations in cancer treatments for skin cancer (melanoma), lung cancer, breast, colon and rectal cancers, and learned of discoveries relating to the role played by a cascade of genes (oncogenes) in these diseases.

The members of your Cancer Panel also attended the meetings of the National Cancer Advisory Board, where we reviewed the status of the National Cancer Program in all its aspects.

This report concerns the current status of the National Cancer Program as monitored by the President's Cancer Panel and describes some of the significant achievements of the year.

Cancer Treatment

The biologic attack on cancer continues to be vigorously pursued by the NCI, as I reported in 1985. As you know, at that time I related the exciting work of Dr. Steven Rosenberg using the adoptive immunotherapy procedure with LAK (lymphokine-activated "killer cells") and interleukin-2 (a naturally occurring substance called a "biological response modifier"), as well as work being done with monoclonal antibodies and another biological response modifier called TNF (tumor necrosis factor). There have been impressive new gains in these areas this year.

Approval was obtained from the Food and Drug Administration (FDA) in April to expand the clinical trials of two experimental therapies to a national level.

One program is the interleukin-2 (IL-2) plus the lymphokine-activated killer cells (LAK), and the other therapy is using IL-2 alone. Since FDA approval, over 100 patients have been treated at the following six cancer centers:

- City of Hope, Los Angeles, California
- Veterans Hospital, San Antonio, Texas
- Loyola Medical Center, Chicago, Illinois
- Montefiore Medical Center, New York, New York
- University of California San Francisco Medical School, San Francisco, California
- New England Medical Center, Boston, Massachusetts

Up to 30 percent of these patients, with advanced skin cancers and advanced kidney cancer, unresponsive to previously known therapies, have responded to the new treatments. At present, these national clinical trials have produced complete disappearance of cancer in 11 percent of the kidney cancer cases and 6 percent of the skin cancers, or melanomas. For this latter small group of patients, this response is the difference between normal life and death.

New trials will begin shortly at additional centers to pursue a new and even more effective treatment protocol with IL-2. Dr. Steven Rosenberg has discovered an enrichment technique to isolate, from the patient's tumor, white blood cells called tumor infiltrating lymphocytes (TIL) which, when reinjected into the patient with IL-2, has resulted in excellent responses in all of the last four patients treated. Initially this treatment was shown to cure leukemic mice.

Also this year, a highly effective drug therapy regimen for advanced bladder cancer has been effected by Dr. Allan Yagoda at Memorial Sloan-Kettering where 92 terminal patients have been treated. This common tumor has heretofore been unresponsive to treatment when it extends beyond the surface of the bladder. The treatment, called M-VAC, uses four drugs: methotrexate, vinblastine, adriamycin, and cis-platinum. About 40 percent of the patients have achieved complete remissions. A high priority national clinical trial has been established to test M-VAC use in conjunction with surgery in order to reduce mortality.

Unfortunately, lung cancer mortality continues to obscure signs of progress. It is responsible for 135,000, or 30 percent of all cancer deaths annually. Because it is so common and refractory to therapy, the NCI organized special lung cancer study groups over 10 years ago to examine the pathology, diagnosis, immunology, genetics, and treatment of lung cancers. Clinical trials were undertaken, and this year the results show that even in this devastating disease, those patients who had surgery followed by radiation and chemotherapy, showed a significant improvement in disease-free survival. However, 25 percent of the group not receiving drug therapy achieved the same overall survival rate. Smoking is the dominant cause of lung cancer today, despite the warnings in ads and the Surgeon General's efforts which have undoubtedly helped control the spread of smoking. The need for further intensive research on the disease is obvious.

A major problem today is the development of more effective treatment for patients with advanced, drug-resistant cancers. For example, while the majority of patients with ovarian, breast, head and neck, and small cell lung cancer respond to initial drug therapy, many relapse with drug-

resistant tumors. Other malignancies are poorly responsive to available chemotherapy.

During the past year, the tools of molecular biology and recombinant DNA technology (a genetic engineering means by which genes can be changed and duplicated) have taught us much about the underlying mechanisms of tumor cell resistance to drugs. A family of genes responsible for multidrug resistance of human tumor cells has been isolated. These genes code for a membrane protein called P170, which is believed to be a pump that moves toxic chemicals out of cells. Cancer cells appear to have adapted this pump to avoid the lethal effects of cancer drugs. The amount of P170 in drug-resistant cancer cell membranes is much greater than the amount in normal body cells.

The evolving understanding of drug resistance is having a major impact on strategies used to identify new anticancer drugs for clinical trials. This has led to drug-screening techniques using drug-resistant human cells, with high levels of P170, to select drugs that work in its presence.

In the past two years, the NCI Drug Development Program has undertaken fundamental new directions in terms of both the sources of new compounds and the test systems used to detect active drugs, redesigning the screening system to utilize human cancer cells grown in the laboratory as an alternative to mouse cancers. The Institute believes that these systems, not available a decade ago, have great promise in predicting drug effects on human tumors more accurately. The capacity of the new drug screening system will increase to enable testing of over 10,000 new compounds per year when it is fully implemented in February of 1988. The NCI has established this new screen at no new cost by phasing it in as the old system is eliminated.

Ipomeanol, a product of sweet potato mold, is an example of a highly specific drug currently under development. It has been identified as selectively active against human bronchoalveolar carcinoma, a human lung cancer, in experimental animals; under treatment these normally fatal malignancies regress entirely. An application to initiate clinical trials of ipomeanol was filed with the FDA in November of 1987.

Molecular Genetics: The Biologic Revolution and Control of Gene Regulation

At present we know that the regulation of gene expression, or the selective "turning on" and "turning off" of genes in a cell, is largely a response of the cell to its microenvironment. Most cancers are believed to occur when the control of genes that regulate cell growth breaks down; therefore, understanding the biological and chemical rules of gene regulation and modification is critical to treating, preventing, and controlling cancer. Because of its importance in the initiation and progression of cancer, researchers are studying the process of gene regulation at the most fundamental levels of DNA structure, that is deoxyribonucleic acid, the molecular basis of heredity in organisms. NCI researchers have utilized recombinant DNA techniques to construct artificial genes containing the necessary control signals to convert cancer cells to normal cells. Intensive efforts are directed toward methods to successfully integrate these genes into the appropriate cancer cells derived from patients.

With new knowledge of gene regulation, it is now possible to understand why some tumor viruses can cause cancerous development of certain cell types, and why cancers often result from chromosomal rearrangements. More than 90 percent of human malignancies involve some form of cytogenetic change, and research is currently focused on understanding these changes.

An example of understanding how gene regulation controls the cancer process is the new use of transgenic mouse models. Cloned foreign genes (nonmouse) are introduced into the germ lines of these animals, which then acquire the characteristics of the foreign genes. These transgenic mice are used to study human diseases induced by these genes, including AIDS. The success of transgenic mouse studies has implications for use in therapy that focuses on turning genes off and on in cells to prevent and treat certain forms of cancer.

Research supported by the NCI has recently uncovered another important component of the oncogene cascade, antioncogenes or suppressor genes, whose loss from cells appears to cause cancerous growth. Inheritable tumors such as retinoblastoma and Wilms' tumor have provided the first clear evidence of the existence of antioncogenes. Wilms' tumor cells return to their normal functioning when the missing suppressor gene is reinserted, using somatic cell hybridization genetics. The cloning of the retinoblastoma gene is a major breakthrough as it permits the study of all the structural and regulatory elements of an antioncogene. Recently this extraordinary advance was multiplied in importance by the discovery of similar recessive genes in common cancers like breast and lung cancer.

Biological Response Modifiers

Biological response modifiers (BRMs) offer some of the most exciting applications of recombinant DNA technology. BRMs are substances normally made by cells of the immune system in response to a foreign body or an infection. Examples of BRMs are antibodies, interleukins (discussed under Cancer Treatment above), and interferons and colony stimulating factors (CSFs). Using recombinant DNA technology, highly purified preparations of these, and other BRMs, are now being made in sufficient quantities for use in clinical trials.

One of the year's most important advances in biologics is the use of colony stimulating factors. CSFs are hormones involved in the production of blood elements in the bone marrow. Similar to growth factors that stimulate cancer cells to proliferate, CSFs regulate the division of normal bone marrow elements. CSFs protect animals from the side effects of drug and radiation treatments. This research has resulted in using CSFs to obtain effective cancer

treatment with reduced side effects and has been incorporated into the protocol with the M-VAC therapy for bladder cancer described above.

This year interferon was approved by the FDA for the treatment of hairy cell leukemia. It is also effective in chronic myelocytic leukemia and has promise for malignant melanoma and kidney cancer. Clinical trials are now under way with interferons in combination with tumor necrosis factor, with monoclonal antibodies, and with other therapeutic agents.

Acquired Immune Deficiency Syndrome (AIDS)

The continued spread of the AIDS epidemic warrants new and extensive epidemiologic studies to define risk factors important to the spread of the infection. The potential spread of AIDS to the heterosexual population, the increasing incidence of AIDS among women and children, the increase of AIDS-associated malignancies, and the possibility of other viruses acting as cofactors in determining the severity of the AIDS infection or the incidence of malignancies in AIDS patients, are all areas that need additional study.

The NCI has been a leader in the AIDS research effort since the recognition of the disease in 1981. Previous NCI work on cancer viruses permitted the rapid discovery of HIV, the virus which causes AIDS. The NCI experience in drug development led to the rapid recognition in this program of azidothymidine (AZT), a drug first synthesized in 1964, as a potential anti-AIDS drug.

AZT is effective in prolonging the lives of some AIDS patients and is now available by prescription for the majority of patients. It reduces the occurrence of life-threatening opportunistic infections and has been effective in treating the dementia frequently seen in AIDS patients.

Other agents are under study, including dideoxycytidine (DDC), which is in an early phase of patient testing. In cell culture, this compound is more potent against the AIDS virus than AZT. A pilot study combining AZT and DDC has been initiated by NCI.

Without the enzyme "reverse transcriptase," the AIDS virus cannot multiply. Scientists at the NCI's Frederick Cancer Research Facility have now cloned the reverse transcriptase gene of HIV. This important event has two immediately significant implications for AIDS drug development. First, the availability of large amounts of pure enzyme will enable a directed attack on the virus' reproductive machinery, and second, research efforts can now be directed toward rationally designed drugs that interact specifically with the target enzyme.

The recently discovered laboratory procedure that amplifies the HIV DNA up to 1,000,000 times provides an extremely sensitive and specific test for the virus and may permit its detection at levels far below those of currently utilized procedures. Its use may permit therapeutic intervention at much earlier stages of infection.

This year scientists have also developed a new drug treatment for Pneumocystis carinii pneumonia (PCP) in AIDS patients. PCP is the most commonly recognized life-threatening infection in AIDS patients. It occurs in 80 percent of patients and is responsible for over one-third of all deaths. The new treatment uses the anticancer drug trimetrexate in combination with its antidote, leucovorin, which protects the patient from the toxic effects of the drug. Trimetrexate proved to be a safe and effective therapy for PCP in a study conducted by scientists at the NCI.

A new human B-cell virus, HBLV, has been isolated recently from AIDS lymphoma patients. It is immunologically and genetically distinct from other known human leukemia viruses. Researchers are actively studying the distribution of this new virus, and its relationship to lymphomas in non-AIDS patients.

Prevention and Control of Cancer

I believe the current goal of 50 percent reduction in cancer deaths by the year 2000 is not enough. This would mean millions of people would die before then and thereafter. In view of the progress cancer research has made in enhancing the body's own immune system to fight cancer, I feel such a goal is too low, and we should set our sights much higher. So much progress has been made in the past few years that the means to achieve a much higher goal may be available, if we can only take advantage of them in an effective way.

Much of the improvement in survival in the past decade can be traced to widespread participation of cancer patients in clinical trials. Increased minority participation in clinical trials will lead to improved minority cure and survival rates. The Panel feels this effort must be rapidly and effectively implemented, with adequate financial support.

The following are some of the parameters that cancer researchers consider in their work:

- Smoking is directly responsible for 30 percent of all cancer deaths.
- Diet and nutrition may be related to 35 percent or more, of cancer deaths.
- Screening for breast and cervical cancer are effective in reducing mortality.
- Widespread application of state-of-the-art cancer treatment could reduce mortality rates.
- Gains in treatment are continuing unabated.

Since the passage of the National Cancer Act, the NCI has developed and supported an extensive national network to implement the National Cancer Program to achieve these goals. The network was completed in 1984. The major components include:

- Sixty designated cancer centers that serve as the regional foci for research, clinical studies, education, and cancer control. The centers support major research efforts of the nation's clinical and academic scientists.
- The Community Clinical Oncology Program (CCOP) maintains 50 programs across the country to conduct national clinical trials involving community physicians.

- The Clinical Cooperative Groups (CCG) that consist of 18 multi-institutional consortia of 5,000 clinical investigators, who conduct a variety of new cancer clinical trials with over 25,000 patients annually.
- The Cooperative Group Outreach (CGO) Program designed to upgrade the skills of community physicians and other health professionals by advanced training.
- The Surveillance, Epidemiology, and End Results (SEER) Program, which tracks cancer incidence, mortality and survival, and provides measures of overall program progress and direction for future prevention and control efforts.
- The Cancer Information System (CIS), which is a national toll-free telephone service, providing immediate answers to cancer-related questions from cancer patients, their families, the general public, and health professionals.
- Physician Data Query (PDQ), which is an online information system about cancer treatment and cancer research protocols for community-based doctors. It is accessible by computer through the National Library of Medicine, private information system vendors, and the Cancer Information System.

The Panel recognizes that although this basic network of resources is in place, an expansion is imperative to achieve our goals.

The members of the Panel encourage this increased support for national centers and clinical trials, while maintaining the support for basic research that led to the advances described above. By setting ambitious but achievable objectives and by promoting actions that can have an effect on cancer incidence and mortality, the NCI has set the standard for the nation in public health measures to control the disease that still kills one American almost every minute.

Conclusions

This year the NCI marked its 50th anniversary as an Institute of the National Institutes of Health, and also its 15th year since passage of the National Cancer Act. As Chairman of the President's Cancer Panel for the past six years, I have intensively studied the National Cancer Program as it is being promulgated from Bethesda, and as it is being received and implemented across the nation. My colleagues and I agree that as a result of the efforts of the National Cancer Institute cancer patients are benefitting in an unprecedented manner from research in basic cancer biology and the swift clinical translation of the most important advances. We agree that the biologic revolution fostered by the National Cancer Act has made the current progress possible.

The sophisticated techniques of molecular genetics have provided an understanding of gene regulation that has revolutionized the field of tumor biology. We now possess insight into the changes in the genetic makeup of cells that lead to malignancy.

Recombinant DNA technology has led to the development of new biological therapies on a scale that will make them available to a wide patient population, therapies such as monoclonal antibodies, colony stimulating factors, the interleukins, and others. Clinical successes with these biologicals continue to grow. Recombinant DNA technology also has paid dividends in the areas of cancer detection and diagnosis. On the economic level, the biological revolution has provided the foundation for the robust multibillion dollar biotechnology industry in the United States.

The nation's investment in cancer research continues to pay off in the clinical area, where combined modality treatments have improved survival for thousands of cancer patients. The NCI continues its excellent program for drug discovery and development, seeking new and improved agents for cancer therapy.

The NCI's network of programs for technology transfer mandated by the Cancer Act has produced extensive benefits in basic research, and in cancer prevention, control, and treatment. As the Institute continues to modify and strengthen the components of this network, the capacity to respond rapidly and effectively to new initiatives, to reduce cancer incidence, morbidity, and mortality, will grow, and the dividends to the American public can only increase.

We know that cancer can be controlled. Eliminating cancer requires continued vigorous basic research to understand fully the causes and to develop cures for all its multiple forms. Thus, I suggest that the Government provide matching funds to private funds which we will endeavor to raise over the next few years up to $500 million. This would be a bipartisan effort in the Congress. We should enlist all private groups and organizations in this effort which touches us all, directly or indirectly. Let us make our long-range goal the elimination of all cancers and not be satisfied with 50 percent reduction in cancer deaths by the year 2000. Cancer, after all, is a disease. Just as we conquered polio, diphtheria, small pox, tuberculosis, and scarlet fever, we can conquer cancer if we have the funds.

Armand Hammer
Chairman
President Cancer Panel
Feb 25, 1988

President's Cancer Panel

National Cancer Program National Cancer Institute

February 29, 1988

The Honorable George Bush
President of the Senate
The Capitol 212
Washington, DC 20510

Dear Mr. President:

As Chairman of the President's Cancer Panel, I have compiled the attached report to the President pursuant to Section 415 (b) of the Health Research Extension Act of 1985. This section also requires that the report be made available to the President of the Senate, and a copy is enclosed accordingly.

Copies of the report are also being sent to various members of the Congress with special interest in health-related matters.

As I noted in the letter to the President, the report is a positive one. I would like to call your attention to my suggestion that the Government provide matching funds to private funds which we will endeavor to raise over the next two years. The private effort would endeavor to raise $500 million, which we hope the Government would match. These funds would be separate from the National Cancer Institute budget as approved by the Congress each year. The private effort will be launched at a luncheon in New York March 1st. The projects to be supported by the additional funds are covered in the so-called By-Pass Budget prepared by the National Cancer Institute, a copy of which I enclose. I call your attention to page 5 of the budget for the specific projects to which such funds would be applied.

This is a very important effort involving the private sector and the Government in a cause that is vital to all Americans. I hope you will find this project worthy of your support.

With very best wishes,

Sincerely,

Armand Hammer

Chairman

Attachments

President's Cancer Panel

National Cancer Program National Cancer Institute

February 29, 1988

The Honorable Robert C. Byrd
Majority Leader
United States Senate
S-221 Capitol Building
Washington, DC 20510

Dear Senator Byrd:

As Chairman of the President's Cancer Panel, I have prepared the attached report to the President on the status of the National Cancer Program as operated by the National Cancer Institute. Because of the vital role you play in the Senate in health-related matters, I thought you would find the report of interest.

As noted in my transmittal letter to the President, the report is a positive one and progress against this dread disease is being made. To my mind, however, the progress is not fast enough, and I would like to call your attention to a suggestion I have made in the report that the Government provide matching funds to private funds which we will endeavor to raise over the next two years. The private effort would attempt to raise $500 million which we hope the Government would then match.

These funds would be separate from the National Cancer Institute budget as approved by the Congress each year. These funds would be used for many worthwhile projects which cannot be funded at present. For example, only 36 percent of approved research projects are being funded at present. We would like to raise this figure much higher. Also, we need to increase the number of clinical trials in the field of biologicals, put increased emphasis on technology transfer, and increase prevention activities by 65 percent.

A budget has been prepared by the NCI under the provisions of the National Cancer Act, which is known as the By-Pass Budget. The projects to be supported by the additional funds raised by private efforts and matched by the Government would be taken in large part from the recommendations of this budget, because full scientific justification exists for all these projects with the approval of the National Cancer Advisory Board, as well as the President's Cancer Panel and the Boards of Scientific Counselors of the NCI.

I enclose a copy of this budget for your information and call your attention to page 5 for specific projects to be funded.

The project which I am proposing is called "Stop Cancer" and will be launched at a luncheon in New York on Tuesday, March 1st. Approximately 475,000 people died last year from cancer, and this disease will strike one out of every four Americans. These figures are unacceptable. This project offers a real opportunity for private enterprise and the Government to work together in a cause which is of the utmost importance to all Americans. I hope we can count on your support for this effort.

With best wishes,

Sincerely,

Armand Hammer

Chairman

Attachments
1-report
2-budget

President's Cancer Panel

National Cancer Program National Cancer Institute

February 29, 1988

The Honorable Otis R. Bowen
Secretary
Department of Health and Human Services
Washington, DC 20201

Dear Mr. Secretary:

It was a great pleasure to meet you last Thursday in the Oval Office meeting with President Reagan.

As required by the Health Research Extension Act of 1985 (Section 415 b), I am formally submitting a copy of my report to the President to you in your capacity as Secretary of Health and Human Services.

I have also sent copies of the report to the President of the Senate and the Speaker of the House and to various members of the Congress with special interest in health-related matters.

As noted in my cover letter to the President, the report is a positive one. Under the Reagan administration much progress has been made in cancer research and treatment. However, much more could be done and it is for this purpose that I have made the recommendation that the Government provide matching funds to private funds which we will endeavor to raise over the next two years. The private effort would endeavor to raise $500 million, which we hope the Government would match. These funds would be separate from the NCI budget as approved by the Congress each year. This private effort will be launched at a luncheon in New York March 1st. I will keep you informed as this project develops.

This is a very important effort involving the private sector and the Government in a cause that is vital to all Americans. I hope you will find this project worthy of your support.

With best wishes,

Sincerely,

Armand Hammer

Chairman

Attachment

President's Cancer Panel

National Cancer Program National Cancer Institute

Executive Secretary
Dr. Elliott H. Stonehill
National Cancer Institute
Bethesda, MD 20892
Phone: 301-496-1148

February 29, 1988

The Honorable Jim Wright
Speaker of the House of Representatives
Capitol Building H-204
Washington, DC 20515

Dear Mr. Speaker:

As Chairman of the President's Cancer Panel, I have prepared the attached report to the President pursuant to Section 415 (b) of the Health Research Extension Act of 1985. This law also requires that the report be made available to the President of the Senate and the Speaker of the House, and a copy is enclosed accordingly.

Copies are also being sent to various members of the Congress with special interest in health-related matters.

As noted in my cover letter to the President, the report is a positive one. I have already spoken to you concerning my suggestion that the Government provide matching funds to private funds which we will endeavor to raise over the next two years. The private effort would endeavor to raise $500 million, which we hope the Government would match. These funds would be separate from the National Cancer Institute budget as approved by the Congress each year. The private effort will be launched at a luncheon in New York March 1st. Congressman Tony Coelho will be present, and I am sure he will report to you on the effort. The projects to be supported by the additional funds are covered in the so-called By-Pass Budget prepared by the National Cancer Institute, a copy of which I enclose. I call your attention to page 5 of the budget for the specific projects to which such funds would be applied.

I very much appreciate your cooperation in this matter and know that with your support we will have a much better chance of success.

With very best wishes,

Sincerely,

Armand Hammer

Chairman

Attachments
Report
By-Pass Budget

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