



BEFORE IT STARTS CAMPAIGN

*How to Win the Losing War
Against Cancer*

**STRATEGY MEETING,
WASHINGTON, D.C. 4/28/03**

THE STRATEGY MEETING*

The Cancer Prevention Coalition (CPC) has convened a meeting of leading scientists, and representatives of physician, consumer, environmental, environmental justice, the Congressional Black Caucus, labor, and socially responsible business to an **invitation-only** April 28 conference in Washington, D.C. The goal of this meeting is to develop a complex of broadly based collaborative strategies for implementing the Stop Cancer Before It Starts Campaign. This Campaign, launched in February 2003, is based on a CPC report on preventable causes of cancer, reviewed, sponsored and endorsed by some 100 leading cancer prevention scientists and representatives of leading activist groups. The purpose of the 4/28 meeting is to follow up on this report with the next logical steps to implement strategies for a national cancer prevention campaign.

BACKGROUND

Since passage of the 1971 National Cancer Act, the incidence of cancer has escalated to epidemic proportions, now striking about 1.3 million and killing about 550,000 annually. Nearly one in two men and more than one in three women now develop cancer in their lifetimes. While smoking is unquestionably the single largest cause of cancer, the incidence rates of lung and other smoking-related cancers in men have declined sharply; these rates are “age-adjusted” to exclude the influence of longevity. In striking contrast, there have been major increases in rates of predominantly non-smoking adult cancers, which are disproportionately higher among African- Americans, and also of childhood cancers.

Nevertheless, the cancer establishment, the National Cancer Institute (NCI) and American Cancer Society (ACS) have repeatedly made long-standing assurances of major progress in the war against cancer. Illustratively, NCI's 1998 *Report Card* claimed a recent “reversal of an almost 20-year trend of increasing cancer cases;” this “reversal,” however, was minimal and artifactual. Against this background, the February 2003 “pledge” by NCI Director Andrew von Eschenbach to "eliminate the suffering and death due to cancer . . . and to do it by 2015" is disingenuous.

* It may be noted that in July 2002, Friends of the Earth (FoE) accepted the Cancer Prevention Coalition's invitation to sponsor and endorse the Campaign. However, FoE convened its own meeting on March 7, 2003, without any reference to the Campaign. We regret any confusion that may have resulted from this unilateral and premature initiative. FoE has been invited to the April 28 Campaign meeting, in accordance with its collaborative objectives.

The escalating incidence of cancer does not reflect lack of resources. Since 1971, NCI's budget has increased approximately 30-fold, reaching \$4.6 billion this year. Paradoxically, NCI's escalating budget over the last three decades is paralleled by the escalating incidence of cancer.

Apart from basic research, the cancer establishment's mindset remains fixated on "secondary" prevention or damage control—screening, diagnosis, chemoprevention (the use of drugs or nutrients in efforts to reduce risks from prior avoidable carcinogenic exposures)—and treatment; this mindset is compounded by interlocking relations between the NCI and ACS and the cancer drug industry. This is coupled with indifference to primary prevention, preventing a wide range of avoidable industrial causes of cancer, other than predominantly faulty lifestyle, smoking, inactivity, and fatty diet. This exclusionary claim remains based on a scientifically discredited 1981 report by British epidemiologists, Drs. Richard Doll and Richard Peto. They “guesstimated” that lifestyle factors are responsible for up to 90% of all cancers, with the balance arbitrarily assigned to environmental and occupational causes. However, following recent damaging revelations on conflicts of interest, Doll admitted, in June 2002, that environmental exposures are major causes of cancer.

In spite of Doll's recent admission, his longstanding emphasis on lifestyle factors as the predominant cause of cancer has been strongly supported by a World Health Organization (WHO) April 3, 2003 report. The report warns that “cancer rates are set to increase by 15% . . . by 2020.” In a detailed press release accompanying the report, it was further stated that, “Researchers will demonstrate that successful behavioral changes in tobacco, alcohol, and diet will prevent far more cancers than the elimination of toxins such as industrial pollution, car exhaust and dioxins.” It may be noted that the report was co-edited by Dr. Paul Kleihues, Director of the WHO's International Agency for Research on Cancer (IARC). Dr. Kleihues has recently been charged with lack of transparency in his Agency's activities, with particular regard to industry influence.

The indifference of the ACS to primary prevention extends to hostility, compounded by conflicts of interest with the giant cancer drug and other industries. Not surprisingly, *The Chronicle of Philanthropy*, the nation's leading charity watchdog, has charged that the ACS is

“more interested in accumulating wealth than in saving lives.” These considerations are particularly critical in view of the increasing domination of NCI policies by the ACS.

In 1992, NCI claimed that funding for prevention research was \$350 million, 17% of its approximately \$2 billion budget; this claim manipulatively included funding for "secondary" prevention. However, independent estimates, unchallenged by NCI, were under \$50 million, 2.5% of its budget. In NCI's \$3.7 billion 2001 budget, 12%, was allocated to “Cancer Prevention and Control,” without any reference to primary prevention. ACS “Environmental Research” 1998 funding was \$330,000, less than 0.1% of its \$678 million revenues, apart from \$873 million assets.

The U.S. cancer establishment conducts minimal research on avoidable exposures. These include: a wide range of petrochemical, ionizing radiation and other industrial carcinogens contaminating the totality of the environment—air, water, soil and the workplace; carcinogenic contaminants and ingredients in consumer products; and carcinogenic prescription drugs and “low dose” radiation diagnostic procedures. More critically, the NCI and ACS have failed to warn the public, media, Congress and regulatory agencies of such avoidable exposures to industrial and other carcinogens incriminated in rodent tests and/or epidemiological studies. The ACS goes further by trivializing such risks. In its *Cancer Facts and Figures 2000*, the ACS dismissively reassures that carcinogenic exposures from dietary pesticides, “toxic wastes in dump sites,” ionizing radiation from “closely controlled” nuclear power plants, and non-ionizing radiation, are all “at such low levels that the risks are negligible.” These concerns are heightened by the February 2002 appointment of NCI Director Dr. Andrew von Eschenbach, past President-Elect of the ACS, who advocates privatization of national cancer policy by shifting its major control from the NCI to the ACS.

This failure to warn the public of avoidable cancer risks is in stark contrast to NCI's prodigious stream of press releases, briefings, and media reports claiming the latest miracle drugs and breakthroughs in treatment. These claims are also in striking contrast with increasing cancer mortality rates, by 2% for whites and 9% for African Americans, from 1973 to 1999. This silence also violates National Cancer Act amendments, calling for “an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposure to carcinogens.”

The decades-long silence of the cancer establishment on a wide range of avoidable causes of cancer, other than personal lifestyle, has tacitly encouraged powerful industries manufacturing carcinogenic products, and corporate polluters. Such misconduct has been characterized “white collar crime” by Rep. John Conyers’ 1979 and 1984 Bills, imposing criminal penalties for economically motivated corporate misconduct with adverse public health or environmental consequences. By its silence on avoidable causes of cancer, the cancer establishment is complicit in these adverse consequences, and thus bears heavy responsibility for the current cancer epidemic.

National cancer policies are now threatened more than ever before by the cancer establishment’s indifference to primary prevention, and its silence on avoidable causes of cancer, other than personal lifestyle. As seriously, this silence denies citizens' their democratic Right-to-Know and empowerment to reduce their own cancer risks, and rejects environmental justice by sacrificing public health to powerful corporate interests.

This silence has facilitated, and is further compounded by, strategies of the current Administration’s Office of Management and Budget to trivialize the significance of avoidable carcinogenic exposures and effectively deregulate them.

The war against cancer can only be waged by collaborative strategies based on primary prevention, rather than on “secondary” prevention or damage control. As importantly, this war must be waged by leadership accountable to the public rather than special interests.

STRATEGIES

As proposed in its report, the Campaign is based on a series of interlocking and mutually reinforcing strategies. These include:

- Developing grass-roots national support based on Right-to-Know, empowerment, and environmental justice
- Publicizing a critique of the cancer establishment
- Legislative initiatives
- State initiatives

- Expansion of the Campaign's support base

A. DEVELOPING GRASS-ROOTS NATIONAL SUPPORT

The most realistic strategy for developing grass-roots national support, a prerequisite for the Campaign's success, is that based on self-interest, rather than abstractions or ideology. Cancer is thus unique in this regard as it impacts on virtually every family in the nation. However, the devastating impact of cancer is likely to be met with passivity or even denial, unless the public is provided with practical information on how to reduce their own risks. Of obvious importance is the prevention of smoking, particularly prior to addiction in late adolescence. Less well-recognized, however, is the critical need for user-friendly information on avoidable cause of a wide range of non-smoking cancers whose incidence has dramatically escalated over recent decades.

Right-to-Know

The public's Right-to-Know of avoidable cancer risks is fundamental to the Campaign, and is the basis for building a national grass-roots coalition. The continuing failure of the NCI and ACS to provide the public and also Congress and regulatory agencies with such information is a flagrant denial of this right. Information on such denial should be focused on three target groups, each affording practical methods of empowerment, as follows:

1. *Consumers*: Consumers have the right to be provided with information and explicit label warnings on carcinogenic ingredients and contaminants in their food, cosmetics and toiletries, and household products. This will enable consumers to boycott mainstream companies selling unsafe products, and reward smaller non-mainstream companies marketing safe alternatives.

With increasing demand for the latter, economies of scale will reduce their higher prices, and thus gradually reflect environmental justice concerns.

2. *Patients*: Patients should be advised to exercise their Right-to-Know by requesting full information on cancer, and other risks of prescription drugs, particularly as detailed in the Precautions section of the *Physicians Desk Reference* (PDR). For the wide range of common prescription drugs posing cancer risks, safer alternatives should be requested, in accordance with legal and ethical requirements for informed patient consent. Patients should also be made aware of the carcinogenic risks of high-dose X-ray procedures, particularly pediatric CT scans, and fluoroscopy. Patients should then seek those currently few radiologists and clinics practicing dose-reduction techniques, and request dosage records for each examination.

3. *Citizens*: Citizens have increasing opportunities for empowerment on an individual or community basis. By plugging in their zip codes into the Environmental Defense Scorecard (www.scorecard.org), citizens can obtain basic information on toxic and carcinogenic pollutants to which they are exposed. They can then organize to alert the media, and join with regional or national environmental groups to publicize their concerns to local and state health authorities, and to their state Governors.

4. *Workers*: Workers are at particularly high risk for cancers because of exposures, at work or in the course of work, to a wide range of occupational carcinogens. For example, two of the fastest rising cancers in the U.S., melanoma of the skin and non-Hodgkin's Lymphoma, are associated with sunlight exposure in those who work outdoors, and pesticide and solvent exposures, respectively. Workers can act to reduce these exposures through their unions and health and safety committees if they are empowered by knowledge of the risks and their right to have a say

in reducing their exposures. Continued and increased emphasis on primary prevention of carcinogenic exposures at work is essential to any cancer prevention campaign.

It should be stressed that the long-standing denial of citizens' Right-to-Know impacts disproportionately on low-income African-Americans, raising serious concerns on environmental justice. These population groups are at particularly high risk of cancer in view of their common discriminatory location near petrochemical plants, hazardous waste sites, municipal incinerators, and nuclear reactors. The NCI and ACS should be pressured to conduct epidemiological cluster analyses to investigate concerns on excess cancer rates in these locations. Critical to the credibility of such investigations would be involvement in their design and monitoring by independent epidemiologists, nominated by minority groups, funded by the cancer establishment.

National Grass-Roots Offices

Over the past three years, the Cancer Prevention Coalition (CPC) has developed a national network of some 100 grass-roots offices. These are provided with information on a wide range of aspects of cancer prevention and public policy, and are encouraged to make this available to their local communities and the media. Contact between the local offices and Chicago-based parent organization is further maintained by bimonthly hourly conference calls, each presenting information on topics, such as food irradiation or carcinogenic prescription drugs, followed by a question and answer period. These contacts are now being expanded.

B. PUBLICIZING A CRITIQUE OF THE CANCER ESTABLISHMENT

A critique of the cancer establishment is well overdue. It is essential to interest the mainstream media in a close examination of the cancer establishment's policies that have gone largely unchallenged, and should have been justifiably criticized, for decades. Conceivably, this could be reversed, provided there was substantial Foundation funding for expensive ads and a

national PR campaign. More realistically, however, would be a mounting series of articles and reports, coordinated and authored by the Campaign endorsers and others, formerly acting individually, in smaller independent newspapers and radio stations nationwide. These should be focused on hot button topics such as local or regional exposures to environmental carcinogens, concerns of cancer clusters, the escalating rates of cancers in childhood and retirees, and the known causes of such cancers.

Key to all such media activities would be emphasis on the escalating rates of non-smoking cancers, which cannot be explained away by longevity; the minimal priority and funding of the NCI and ACS for research and public information on the prevention of avoidable exposures to carcinogens; and the cancer establishment's denial of the public's fundamental democratic Right-to-Know of such avoidable exposures. It should be emphasized that NCI's silence and minimal priorities on avoidable causes of cancer violates Amendments to the National Cancer Program, calling for "an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposures to carcinogens."

It might be argued that regulatory agencies, or industry itself, should be targets of our prevention campaign. However, given the responsibility and control of fundamental information on cancer prevention by the multibillion dollar funded cancer establishment, primary emphasis must be its responsibility for non-information and, more seriously, misinformation. An egregious example of the latter is the reassurance by the ACS, in its *Cancer Facts and Figures 2002*, that cancer risks from dietary pesticides, "toxic wastes in dump sites," ionizing radiation from "closely controlled" nuclear plants, and non-ionizing radiation, are "all at such low levels that the risks are negligible."

C. LEGISLATIVE INITIATIVES

Such initiatives should be based on the scientific data detailed in the Campaign report. Responsibility should also be shared among national environmental, consumer, and health groups, particularly those with substantial Congressional expertise. These groups should develop and nurture a cadre of supporters on Capitol Hill for a bevy of bipartisan investigative and legislative initiatives, and as spokespersons in the media and press events.

Congressional committees have the authority to initiate investigations and direct relevant agencies to conduct them. Such investigations will confirm: NCI's minimal budgetary allocations for prevention, contrary to its insistence otherwise; the ineffectiveness of present policies on cancer prevention; and the practical feasibility of primary prevention. The optimal strategy would be to create multiple investigations to develop a drumbeat for prevention. Also, irrespective of their Committees, individual members can initiate any such investigations.

An overdue initiative would be joining with the International POPs Elimination Network of Non-Governmental Organization (NGO's) in obtaining support of implementary Senate legislation for endorsing the May 2001 Stockholm Convention. This treaty mandates the global elimination of 12 organochlorine petrochemicals (in the first instance), which are readily disseminated worldwide and which bioaccumulate in the food chain. So far, 24 nations have endorsed the Convention, nearly half of the 50 needed to ratify it. U.S. ratification would virtually ensure its enactment.

Recent Developments

Two recent initiatives have been developed in support of CPC's Stop Cancer Campaign. Rep. Jan Schakowsky (D-IL), Member of the Committee on Energy and Commerce, has

requested the General Accounting Office (GAO) to investigate NCI's claimed funding for primary cancer prevention with requests for the following information:

"1. Funding for Research on Prevention: For programs whose primary objective is focused on prevention, rather than research in which prevention is incidental to other primary objectives.

a. Intramural

b. Extramural: by grants and contracts

2. Funding for Outreach: Providing the public, and also Congress and regulatory agencies, with a scientifically documented comprehensive registry of avoidable causes of cancer, and avoidable exposures to carcinogens in: air, water, the workplace, and consumer products (food, cosmetics and toiletries, and household products); prescription drugs; and diagnostic radiation."

This request for a GAO investigation has been supported by Rep. Donna Christian-Christensen (D-V.I.), Member of the House Committee on Resources, and Chair of the Congressional Black Caucus Health Brain Trust. Rep. Christensen will be attending the Campaign meeting.

Rep. John Conyers, Jr. (D-MI), Dean of the Congressional Black Caucus and Ranking Member of the House Judiciary Committee, has expressed strong concerns on the indifference of the NCI to cancer prevention, and on the disproportionate impact of cancer in minority communities.

D. STATE INITIATIVES

Political, and a wide range of other, initiatives should be developed at the state and local levels. Since the 2002 mid-term elections, Congress remains divided and grid locked.

Accordingly, leadership and innovative policies on domestic agendas is likely to shift further from the national to state, county, and city levels. The short- and long-term impacts of this shift

are likely to exceed any marginal Congressional domestic initiatives. Priority should thus be directed to working with state governors who are likely to be particularly sensitive to broadly based grass-roots domestic concerns, of which the escalating and avoidable incidence of cancer is surely a major priority. It should be noted that Democratic governors now control 24 states, an increase from 21. These include 13 of the largest states representing 53% of the population, including Pennsylvania, Illinois and Michigan, and also Republican strongholds like Kansas and Wyoming.

Toxics Use Reduction

Of immediate priority is implementing state-level toxics reduction. With the active cooperation of environmental groups and socially responsible business, all states should be pressed to enact the equivalent of the Massachusetts 1989 Toxics Use Reduction Act. This Act requires statewide industries to disclose the chemicals they use, what they are doing to reduce use of toxic chemicals, and what they could be doing to reduce their emissions through reduction of pollution at its source. Since passage of the Act, the most toxic environmental emissions in the state decreased by 73%, from 20.6 to 5.5 million pounds, by improving and redesigning manufacturing processes and products.

Additionally, 25 non-compliant states will be urged to stop exempting pesticides from taxes. City and county actions on cancer prevention, such as toxics-free procurement, should also be implemented. Media training should be organized for local activist groups in order to provide high profile coverage in numerous media outlets.

The Minnesota Initiative

On April 8, 2003, consumer and environmental groups in the state of Minnesota have enthusiastically agreed to initiate a Stop Cancer Campaign, in collaboration with CPC. Certainly

the logistics of organizing such a statewide campaign offer benefits of ease of communication and integration and cohesiveness, and may well create a unique model for developing a practical basis for national strategies. The Minnesota initiative is also further facilitated by the state's well-developed strong reputation and track record for social and human rights concerns. The importance of this initiative cannot be overstressed.

E. EXPANSION OF THE CAMPAIGN'S SUPPORT BASE

While representatives of a wide range of groups and individual activists have sponsored or endorsed the Campaign, the membership and outreach of each group should be expanded by its own representatives. It is anticipated that individual Campaign groups will also develop initiatives primarily reflecting their own agendas, including adverse public health effects other than carcinogenic. It should, however, be recognized that most carcinogens are intertwined with, and also induce other chronic toxic effects of growing concern. These include: hormonal (endocrine disruptive), multiple chemical sensitivity, and immunological disorders, for which there are no incidence data comparable to those for cancer. Cancer thus represents a uniquely quantifiable sentinel indicator for other adverse public health impacts of poorly regulated industrial technologies and products.

Note: The Cancer Prevention Coalition's Stop Cancer Campaign report, with detailed citations and endorsements, is available on the Coalition website www.preventcancer.com.