

# The Politics of Cancer

**To the Editor:** While conceding that *Politics of Cancer Revisited 1998* offers much valuable information, Dr Meyer's<sup>1</sup> review is replete with serious misunderstandings.

First, Meyer incorrectly charges that my book "declares political war between a basic preventive approach and a general patient care approach to the cancer problem." The book's fundamental thesis is that the cancer establishment—the National Cancer Institute (NCI) and the American Cancer Society (ACS)—is fixated on damage control in the form of diagnosis and treatment and on basic genetic research, with little interest in prevention.<sup>2</sup> The NCI currently allocates less than 3% of its budget to primary prevention, while the ACS allocates less than 0.2%. More critically, the cancer establishment has never provided Congress, regulatory agencies, and the public with scientific information on a wide range of avoidable and involuntary exposures to industrial and other carcinogens that have been incriminated in the increasing incidence of nonsmoking-related cancers since the 1950s. These concerns have been endorsed by a group of 65 leading public health experts, including past directors of federal agencies, who recommended drastic reforms of NCI policies, including parity of funding for outreach and prevention with all other programs combined.<sup>3</sup>

Second, Meyer misattributes my criticism of cancer establishment policies as exclusively due to conflicts of interest. However, the book emphasizes that the major determinant of cancer establishment policy is a professional mindset, which is compounded by conflicts of interest. The book documents a revolving door between the NCI and the drug industry. Dr Samuel Broder, the former NCI director, recently admitted "that the NCI has become what amounts to a government pharmaceutical company."<sup>4</sup> The ACS Foundation board is a veritable who's who of senior executives of pharmaceutical and other industries. Based on such information, *The Chronicle of Philanthropy*, the nation's leading charity watchdog, warned that the society is "more interested in accumulating wealth than saving lives."<sup>5</sup>

Third, Meyer incorrectly asserts that my book "knocks clinical trials, mammograms, and chemotherapeutic agents." However, a recent Inspector General's report warned that patients entering these trials are "often exposed to unsafe and unethical practices because no one policed the research to protect their interests, . . . that physicians and drug companies often recruited people for their research with misleading advertisements in buses and subways (and that) review boards in hospitals and medical schools . . . were riddled with potential conflicts of interest. . . ."<sup>6</sup>

Furthermore, studies have recently shown that only 1% of patients in oncology clinical trials have a complete response to treatment, and only 5% have any response at all, as measured by temporary shrinkage of tumor size. A recent article demands multinational review of all clinical trials and warns that "failure to submit a trial for publication is tantamount to fraud because of the bias introduced to medical practice."<sup>7</sup>

My criticisms of chemotherapy are directed to its routine use without

evidence of efficacy. However, my book emphasizes dramatic successes of chemotherapy, particularly for treating childhood and testicular cancer.

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1. Meyer RL, reviewer. Review of: Epstein SS. *The Politics of Cancer Revisited* 1998. *JAMA*. 2000;283:2304. [FULL TEXT](#) | [PDF](#)
2. Epstein SS. American Cancer Society: the world's wealthiest non-profit institution. *Int J Health Serv*. 1999;29:565-578. [MEDLINE](#)
3. Epstein SS. Evaluations of the National Cancer Program and proposed reforms. *Am J Ind Med*. 1993;24:109-133. [MEDLINE](#)
4. Fellers L. Taxol is one of the best cancer drugs ever discovered by the federal government: why is it beyond some patients' reach? *Washington Post Magazine*. May 31, 1998:10-27.
5. Hall H, Williams G. Professor vs cancer society. *Chronicle Philanthropy*. January 2, 1992:26.
6. Pear R. Report says clinical trials put patients' rights at risk. *New York Times*. May 30, 1998:A8.
7. Reynolds T. Multinational effort aims to record all clinical trials. *J Natl Cancer Inst*. 2000;92:681-683. [MEDLINE](#)

*This letter was shown to Dr Meyer, who declined to reply. — ED.*

## **Letters Information**

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**Letters Section Editors:** Stephen J. Lurie, MD, PhD, Contributing Editor; Phil B. Fontanarosa, MD, Deputy Editor.