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# Why We Are Still Losing the Winnable Cancer War

by Samuel S. Epstein, M.D.

**For more than** thirty years we in the United States have been losing the war on cancer because we've used the wrong "generals" and the wrong strategies. The war has been and continues to be waged using screening, diagnosis, treatment, and related research with the primary goal of "damage control." By contrast, cancer *prevention* through the reduction of avoidable exposures to carcinogens in the totality of the environment remains a minimal priority.

Ever since President Richard Nixon declared the "War on Cancer" in 1971 the country's primary generals—the federal National Cancer Institute (NCI) and the world's wealthiest nonprofit organization, the American Cancer Society (ACS)—have misled the nation. At first they promised a cure in time for the United States' 1976 bicentennial. Then in 1984, and again in 1986, the NCI declared that cancer mortality would be halved by 2000. In 1998 the NCI and ACS trumpeted that the nation had "turned the corner" in the war on cancer. Most recently, in 2003, NCI Director Andrew C. von Eschenbach pledged unrealistically to "eliminate the suffering and death from cancer by 2015." This pledge was shortly followed by a joint NCI and ACS claim that "considerable progress has been made in reducing the burden of cancer."

On June 3, 2004, a joint NCI and ACS *Annual Report to the Nation on the Status of Cancer, 1975–2001* stated that "cancer incidence and death rates are on the decline from 1991–2001, due to progress in prevention, early detection, and treatment." This report prompted a flurry of positive

headlines in national newspapers, such as "Cancer cases, death rates declining," supposedly by 7 to 8 percent from 1991 to 2001. But these decreases have largely resulted from the reduction of lung cancer cases and deaths due to decreased smoking by men and, to a lesser extent, women. Also, with few exceptions, the incidence rates of a wide range of non-smoking-related cancers continued to increase from 1991 to 2001. (These rates are based on statistics that are adjusted for the aging population.)

Confidence in the latest claim of the NCI and ACS of declining death rates was further shaken by the NCI's admission in a "Questions and Answers" release of "statistical uncertainties related to changes in data collection." These included discrepancies between the claim that death rates "are on the decline from 1991–2001" in contrast to their previous annual report that "death rates were stabilizing." Even more to the point is the alarming fact that death rates have remained virtually unchanged since 1975.

Today cancer strikes about 1.3 million people annually. Nearly one in two men and more than one in three women develop cancer in their lifetimes. This translates into approximately 56 percent more cancer in men and 22 percent more cancer in women over the course of just one generation. Cancer has become a "disease of mass destruction."

These trends have developed over the last three decades during which the NCI's annual budget has skyrocketed by about thirtyfold, now approaching \$5 billion. By one recent estimate, total public and private spending on cancer will have amounted to \$14 billion for 2004.

Paradoxically, it seems that the more money spent fighting cancer the more cancer is discovered in patients. Certainly, major funding is essential for early detection, treatment, and related research. But much less money would be needed if more cancers were prevented, resulting in less to treat. Representative John Conyers (Democrat, Michigan), the ranking minority member of the House Judiciary Committee, recently warned that "so much carnage is preventable. Preventable that is, if the NCI gets off the dime and does its job."

### The Cancer Establishment

The NCI is a federal agency funded by taxpayers while the ACS is a private, nonprofit "charity." However, despite their institutional independence, the NCI and ACS are joined at the hip. They are well dubbed the "cancer establishment."

The ACS powerfully and seemingly independently reinforces the NCI's strategies through well-orchestrated and aggressive public relations directed toward the public, the media, and Congress. This PR is underwritten by the multibillion-dollar cancer drug industry ("Big Pharma"), other industries that are major ACS donors, and public donations. In spite of its smaller size and budget, the ACS is the dominant partner in the cancer establishment—"the tail that wags the NCI dog."

The institutional relationship between the NCI and the ACS is reinforced nationally at the rank-and-file level. About half of ACS board members are surgeons, radiologists, oncologists, and basic scientists. Most are interlocked with the NCI, particularly with regard to funding for treatment and related research. And with the February 2002 appointment of ACS President-elect von Eschenback as NCI director, the relationship between ACS and the NCI became further consolidated.

### The Wrong Strategies

The cancer establishment's strategies are overwhelmingly imbalanced. They are fixated on damage control—screening, diagnosis, and treatment—and related research to the virtual exclusion of prevention. These current strategies reflect professional mindsets within the establishment's leadership—predominantly oncologists, surgeons,

### Incidence Rates of Non-Smoking Cancers

CANCER*	% CHANGE, 1975-2001	% CHANGE, 1991-2001
Melanoma	+137	+28
Liver	+100	+21
Kidney	+69	+13
Thyroid	+67	+48
Non-Hodgkin's Lymphoma (female)	+63	+8
Brain (childhood)	+61	+6
Testes	+46	+6
Breast (post-menopausal)	+37	+4
Acute Myeloid Leukemia	+15	+18
Multiple Myeloma	+8	-12
Colorectal	-13	-13

\* Prostate cancer omitted because of diagnostic uncertainties relating to the PSA test.

radiotherapists, and research scientists. Such biases are exacerbated by strong and pervasive conflicts of interest.

At the April 2004 annual meeting of the American Association of Cancer Research, Leland Hartwell, president of the Fred Hutchinson Cancer Research Center and 2001 Nobel laureate, admitted the facts plainly when he said, "Congress and the public are not paying [NCI] \$4.7 billion a year just to learn about cancer [through basic research]. They are paying to cure the disease." Hartwell further stressed that most resources for cancer research are spent on "promoting ineffective drugs" for terminal disease.

Hartwell wasn't the first establishment figure to admit these facts. As reported by the Associated Press on July 27, 2003, leading oncologists have questioned whether cancer "will ever be reliably and predictably cured." They also admitted that the biotech industry's new magic bullet, "targeted" drugs, have turned out to be "as powerless as old-line chemotherapy," increasing survival by a few months at best. In this connection, Memorial Sloan-Kettering's Leonard Saltz estimated that the price for new biotech drugs "has increased 500-fold in the last decade." Unchecked, these runaway costs could implode the entire health care system.

## Avoidable Causes of Childhood Cancer

### ENVIRONMENTAL

- Proximity of residence to nuclear energy plants.
- Proximity of residence to petrochemical industries.
- Exposure to carcinogenic pesticides from agricultural and urban spraying and uses in schools, including wood playground sets treated with chromated copper arsenate.
- Maternal or paternal exposures (preconception, conception, and post-conception) to occupational carcinogens.

### Domestic

- Drinking and cooking water contaminated with carcinogenic pesticides or other industrial pollutants.
- Exposure to carcinogenic pesticides from uses in the home and garden and pet flea collars.
- Contamination of infant and childhood food with carcinogenic pesticides.
- Nitrite preservatives in hot dogs (interacting with naturally occurring amines to form carcinogenic nitrosamines).
- Maternal or paternal carry home of occupational carcinogens.

### Medical

- Maternal X-radiation during late pregnancy.
- Ionizing radiation for treatment of scalp ringworm or enlarged tonsils.
- High-dose diagnostic X-radiation, particularly computerized tomography scans.
- Prescription drugs during pregnancy, such as DES and Dilantin.
- Pediatric prescription drugs, such as Lindane shampoos and Ritalin.

Hartwell also agreed with Clifton Leaf's March 22, 2004, *Fortune* article, "Why We're Losing the War on Cancer," which reports that cancer mortality rates have remained almost stable over the past five decades, during which time there have been major reductions in mortality from heart disease and stroke. Taken aback by Hartwell and Leaf's conclusions, von Eschenbach responded with an irrelevant stump speech: "You are transforming the world. You are saving lives. God bless you for it, and God continue to bless you in your work."

In this connection, it should be stressed that the standard criterion for the success of drug treatment is based on the shrinkage of tumor size by over 50 percent within six months, regardless of whether the patient's life is prolonged. In fact, some "successful" treatments actually shorten survival due to drug toxicity while successes, particularly with the recent

targeted drugs, are questionably based on brief increased survival in small trials.

When it comes to prevention, NCI and ACS strategies are fixated on faulty lifestyle, particularly smoking, to the virtual exclusion of a wide range of other avoidable causes of cancer. These include pervasive environmental contamination of air and water, hazardous waste sites, workplaces with carcinogenic industrial chemicals, contamination of food with carcinogenic pesticides, carcinogenic prescription drugs and high-dose diagnostic radiation, and carcinogenic ingredients in cosmetics, toiletries, and household products.

Arthur Andersen's silence regarding Enron's misconduct pales in comparison to the cancer establishment's silence regarding reckless misconduct by the petrochemical and other industries. The former caused a financial meltdown while the latter has resulted in the cancer epidemic.

In sharp contrast to inflationary expenditures on treatment, the NCI's prevention budget has been and remains parsimonious. For instance, an unchallenged published analysis of its \$2 billion 1992 budget revealed that less than 2.5 percent—not the 20 percent the NCI had claimed—was earmarked for research on avoidable causes of cancer. Furthermore, no funds were allocated toward making any such information available to the public.

In 1998 U.S. Representative David Obey (Democrat, Wisconsin) asked then-NCI Director Richard Klausner to back up the claim that 20 percent of NCI's \$2.5 billion budget was allocated toward research on environmental causes of cancer. Klausner simply increased his 20 percent figure to 40 percent without providing any supportive evidence. Another example of the NCI's frank misrepresentation of its prevention policies appears in the "Highlights" of its 2001 *Cancer Facts*. The opening sentence states, "Cancer prevention is a major component and current priority—to reduce suffering and death from cancer."

Sometimes NCI's false claims and indifference to avoidable causes of cancer extend to outright denial. For example, it holds that the causes of childhood cancer are largely unknown, in spite of substantial contrary evidence. The ACS takes a similar position. In the childhood cancer section of its 2003 *Cancer Facts & Figures*, no mention is made of any avoidable causes. (See chart at left.)

Indifference and denial can extend even to the outright suppression of information. At a 1996 San Francisco town hall meeting on breast cancer, chaired by U.S. Representative Nancy Pelosi (a California Democrat, now the House minority leader), Klausner insisted that "low-level diagnostic radiation does not demonstrate an increased risk." Actually, the NCI's long-term studies on patients with scoliosis (spinal curvature) showed that such radiation was responsible for 70 percent excess breast cancer mortality.

Perhaps the most egregious violation of the public's right to know concerns the belated release in 1997 of decade-old data predicting up to 210,000 thyroid cancers from exposure to radioactive fallout following the hydrogen bomb tests in Nevada during the 1950s. Had the public been warned in time, these cancers, whose incidence almost doubled since 1973, could have been readily prevented with thyroid medication. In a 1999 hearing, the Senate Committee on Governmental Affairs charged that the NCI investigation was "plagued by lack of public participation and openness" and that failure to "release this information (to the public) was a travesty."

As long as the NCI shirks its job of providing Congress and regulatory agencies with scientific evidence on avoidable causes of cancer, corrective legislative and regulatory action remains discouraging. Meanwhile, this silence also encourages petrochemical and other industries to continue manufacturing carcinogenic products and corporate polluters to continue contaminating the environment unchallenged.

Responding to growing criticism of its policies, the NCI now claims to allocate 12 percent of its budget toward "prevention and control" and to require its nationwide Comprehensive Cancer Centers to have a "prevention component." However, prevention continues to be narrowly defined in exclusionary terms of faulty lifestyle and screening, with no reference to environmental causes due to exposure to a wide range of industrial carcinogens.

The NCI goes even further by defining environmental causes of cancer as those other than genetic in origin. Commenting on the NCI's June 17, 2004, news release, "The Majority of Cancers Are Linked to Environment," Dr. Aaron Blair, NCI's leading epidemiologist, explained that "environmental" causes include all causes of cancer other than

genetic. Blair thus claimed that environmental causes are predominantly smoking, diet, alcohol, and obesity and that industrial pollutants of air, water, and the workplace account for 5 percent or less of all causes of cancer.

The ACS indifference to prevention extends to hostility, as reflected in a decades-long history of pro-industry bias and even collusion. Examples are legion. In 1978 the ACS in effect protected auto industry interests by refusing to support the Clean Air Act. In 1992 the ACS supported the Chlorine Institute's defense of the continued use of chlorinated pesticides, despite clear evidence of their carcinogenicity, persistence, and pervasive environmental contamination. In 1993, just before PBS aired a *Frontline* program warning of contamination of infant and children's food with carcinogenic pesticides, the ACS blanketed its forty-eight regional divisions and 3,000 local offices with false reassurances of safety crafted by the agribusiness industry. Then in its 2003 *Cancer Facts & Figures*, the ACS offered reassurance that carcinogenic exposures from dietary pesticides, "toxic wastes in dump sites," and radiation from "closely controlled" nuclear energy plants are all "at such low levels that risks are negligible."

The ACS pro-industry agenda is further exemplified by its lack of research on prevention. In spite of bloated contrary claims, less than 0.1 percent of its approximately \$800 million budget has been assigned to address "environmental carcinogenesis."

### Conflicts of Interest

The cancer establishment generals have longstanding conflicts of interest. A current case in point is the highly touted "anti-cancer" nutritional supplement, PC-SPES.

PC-SPES (*PC* for prostate cancer, and the Latin *spes* for hope) has been widely sold by International Medical Research (IMR) to prostate cancer patients, as well as to healthy men, to maintain "good prostate health without any adverse reaction." However, PC-SPES is laced with prescription drugs, including the potent carcinogen DES (diethylstilbestrol, a synthetic estrogen). Aside from the lack of any evidence of benefits, symptoms and prostate-specific antigen (PSA) levels in cancer patients are likely to have been dangerously masked by DES in the supplement.

In February 2004 more than twenty personal injury suits filed in Los Angeles County Superior Court alleged that IMR directors Richard Klausner and Michael Milken (the latter a securities felon turned philanthropist and founder and chair of the Prostate Cancer Foundation) systematically promoted PC-SPES. Other IMR directors include leading oncologists and scientists in the NCI's twenty plus nationwide Comprehensive Cancer Centers.

Conflicts of interest of the PC-SPES type aren't just matters of personal wrongdoing. The conflicts are deeply rooted in the NCI's institutional structure. Founded in 1937 and incorporated into the National Institutes of Health in 1941, the NCI was divorced from the NIH by the 1971 National Cancer Act. Far beyond a mere reshuffling of bureaucratic boxes, this action in effect politicized the NCI and effectively insulated it from the scientific and public health communities. The NCI director reports to the U.S. president through the Office of Management and Budget, bypassing the NIH and the Department of Health and Human Services.

Nixon created a three-member NCI executive President's Cancer Panel, naming as its first chair Benno C. Schmidt, an investment banker and senior drug company executive with close ties to the oil, steel, and chemical industries. Schmidt's successor in the 1980s was Armand Hammer, the late chair of Occidental Petroleum, one of the nation's largest manufacturers of industrial chemicals and infamous for its involvement in the Love Canal disaster. Not surprisingly, Schmidt and Hammer showed no interest in cancer prevention. Instead, they focused on the highly profitable development and marketing of cancer drugs.

The NCI's prototype Comprehensive Cancer Center, Memorial Sloan-Kettering, jointly funded by the ACS, represents another example of entrenched conflicts of interest. An analysis of the center's board reveals the predominant representation of cancer drug industries and close affiliations with oil and petrochemical industries. Dr. Samuel Broder, NCI director from 1989 to 1995, admitted the obvious in a 1988 *Washington Post* interview: "The NCI has become what amounts to a government pharmaceutical company." Broder left the NCI to take executive posts at IVAX and Celera Genomics, two major manufacturers of cancer drugs.

This revolving door between the NCI and industry—particularly industries indifferent or hostile to cancer prevention—has been and remains commonplace. The late Dr. Frank Rauscher, appointed NCI director by Nixon to spearhead his cancer war, resigned in 1976 to become the ACS senior vice president for research. He then moved on to become executive director of the Thermal Insulation Manufacturers Association, which promoted the unregulated use of carcinogenic fiberglass. Dr. Richard Adamson, the NCI's former director of research and policy on cancer causation, left the NCI in 1994 to head the National Soft Drinks Association, which vigorously promoted the use of artificial sweeteners, particularly the carcinogenic saccharin.

In a June 30, 2003, CNBC program, "Titans of Cancer" hosted by Maria Bartiromo, four cancer "titans" enthused about alleged breakthroughs in treatment with targeted biotech drugs while at the same time they ignored cancer prevention. Included on the program was Dr. Harold Varmus, president of Memorial Sloan-Kettering Cancer Center and a past recipient of major NCI research grants. In 1995 Varmus, then NIH director, struck down the "reasonable pricing clause" that protected against gross industry profiteering from cancer and other drugs developed with taxpayer dollars. Varmus' action also gave senior NCI and NIH staff free rein to consult with the drug industry. Another titan on the program—Dr. John Mendelsohn, president of NCI's University of Texas M. D. Anderson Comprehensive Cancer Center—has been embroiled in conflicts of interest over ImClone's targeted drug Erbitux.

Following the *Los Angeles Times* series of revelations on extensive private consulting by senior NCI scientists, some of whom have earned as much as \$300,000 or more per year since 1995, the House Energy and Commerce Committee and the Senate Appropriations Subcommittee convened hearings in December 2003 and January 2004. An illustrative case was that of Dr. Jeffrey Schlom, head of NCI's Laboratory of Tumor Immunology and Biology since 1982. Schlom built himself another substantial career as consultant on Taxol to Cytoclonal Pharmaceuticals and on colorectal and prostate cancer vaccines to Jenner Biotherapie.

Meanwhile, further conflicts of interest hearings and a General Accounting Office investigation are pending. Klausner, now director of global health

programs for the Bill and Melinda Gates Foundation, remains under congressional investigation for violating ethics rules. He allegedly accepted "lecture awards" from NCI's Comprehensive Cancer Centers while serving as NCI director more than two years ago. Congress is also investigating Klausner's questionable travel arrangements and business connections.

For all that, the NCI's conflicts of interest are dwarfed by those of the American Cancer Society. The ACS openly trumpets its financial ties to Big Pharma and polluting industries. Designated as "Excalibur" donors for their annual contributions of \$100,000 or more, these benefactors include such drug and biotech companies as Bristol-Myers Squibb, Pfizer, AstraZeneca, Eli Lilly, Amgen, Genentech, and Johnson and Johnson. Among polluting industries on the donor ledgers are more than ten major petrochemical and oil companies, including DuPont, Akzo Nobel, Pennzoil, British Petroleum, and Concho Oil.

A total of some 300 other industries and companies make similar contributions to the total annual ACS budget of about \$800 million, not counting government grants or income from about \$1 billion in reserves. The ACS honors these contributions with more than a wink and a nod. Such collusion between agency and industry is normally unthinkable. For example, one would never find the American Heart Association advocating low tar cigarettes. But the ACS continually crosses the line. Not surprisingly, a January 28, 1992, report in the *Chronicle of Philanthropy*, the nation's leading charity watchdog, has charged: "The ACS is more interested in accumulating wealth than saving lives."

### Privatizing the War

The most disturbing development in the cancer war has been its privatization by ACS and NCI generals. In 1998 the ACS created and funded the National Dialogue on Cancer (NDC), cochaired by former President George H. W. Bush and Barbara Bush. Members included cancer survivor groups, some 100 representatives of the cancer drug industry, and Shandwick International Public Relations. Dr. John Durant, executive president of the American Cancer Society for Clinical Oncology, charged that the hidden purpose of ACS was "protecting their own fund raising capacity...from competition from

survivor groups. It has always seemed to me that this was an issue of control by the ACS over the cancer agenda."

Without informing the NDC, the ACS then spun off a small legislative committee, the explicit aim of which was to increase NCI's autonomy and budget and to shift major control of cancer policy to the ACS—in other words, from the public purse to private hands. Shandwick International played a key role in managing the NDC and drafting the proposed legislation.

When news surfaced that R. J. Reynolds Tobacco Holdings was one of Shandwick's major clients, the ACS claimed prior ignorance and fired Shandwick. Astoundingly, the ACS next hired Edelman Public Relations Worldwide, another well-known tobacco public relations firm, to conduct a voter cancer education campaign for the 2000 presidential election.

Ever since von Eschenbach was appointed NCI director, the National Cancer Program has been effectively privatized. Von Eschenbach obtained George W. Bush's agreement to continue as vice chair of NDC, of which he was a main founder. The NDC since has been spun off as a nonprofit organization and renamed C-Change. The group then again hired Edelman as its PR firm, following Edelman's signed pledge that it would sever its relations with the tobacco industry. Edelman represents the Brown and Williamson Tobacco Company and the Altria Group, the parent company of Philip Morris, the largest cigarette maker in the United States. Edelman's clients also include Kraft and fast food and beverage companies now targeted by anti-obesity litigation.

In July 2003 it was discovered that Edelman, in violation of its pledge, was continuing to fight tobacco control programs from its Malaysian offices. Edelman executives apologized for this "oversight" and agreed once more to terminate its support of the tobacco industry. It further promised to donate this income to charity. Commenting on the ACS and NDC relationship with Edelman, Dr. Stanton Glantz, a prominent anti-smoking activist, commented, "It's like...Bush hiring al-Qaeda to do PR, because they have good connections to al-Jazeera."

Equally disturbing is the growing and secretive collaboration between the NCI and the C-Change organization. The latest example is the joint planning of a massive national tumor tissue bank for cancer

drug and genetic research. According to the Washington insider *Cancer Letter*, this project would cost up to \$1.2 billion to operate in addition to construction costs in the billions. This initiative would be privatized, ripe with conflicts of interest, and exempt from the public scrutiny required by the Federal Advisory Committee and Freedom of Information acts.

Behind the scenes, strong support for privatization of the cancer war comes from Michael Milken. As noted in the *Cancer Letter*, "Milken is the single most influential player in cancer politics within the last decade."

### How to Win the War

After all this time we don't need another thirty years of research on cellular mechanisms of cancer and treatment or more billions of dollars spent on illusory wonder drugs to start winning the war. The war must be fought with the right generals implementing the right strategies. This goal should be supported by an array of interlocking initiatives.

**The National Cancer Institute:** For over three decades, NCI generals have violated the mandates of the 1971 National Cancer Act and its amendments to "disseminate cancer information to the public" and to call for "an expanded and intensified research program for the prevention of cancer caused by occupational and environmental exposures to carcinogens." The highest priority should be directed toward drastically changing the NCI high command. Those responsible for prevention should be given at least the same authority as those responsible for damage control. Responsibility for prevention should also be extended to the twenty-member National Cancer Advisory Board, as the Cancer Act requires, and to presidents of NCI's Comprehensive Cancer Centers. NCI's generals, senior staff, and Cancer Center presidents involved in illegal activities or in flagrant conflicts of interest with the cancer drug industries should resign or face dismissal.

**The American Cancer Society:** The public and media should be fully informed of the ACS's hostile record on cancer prevention, beyond identifying the dangers of an unhealthy lifestyle. They should also be explicitly informed of flagrant conflicts of interest between the ACS and the cancer drug, petrochemical, and other industries as well as its close ties to the tobacco industry. Armed with this information,

the public would then be in a position to decide whether to continue giving funds to this charity or to donate instead to individuals, groups, and organizations with strong scientific and public health policy concerns on cancer prevention.

**Developing Grass-Roots National Support:** Cancer affects virtually every family in the nation. Still, the epidemic is likely to be met with passivity or even denial unless citizens are provided with practical information on how to reduce their own risks. The most realistic strategy for developing broad public support for cancer prevention will stress self-interest rather than abstractions or ideology. Preventing smoking, particularly prior to addiction in adolescence, is obviously important. Much less recognized, though, is the critical need for user-friendly information on avoidable causes of a wide spectrum of non-smoking cancers, incidence of which has escalated dramatically over recent decades.

The public's right to know about avoidable causes of cancer is the fundamental basis for building a national grass-roots coalition. The continuing failure of the NCI and the ACS to provide the public, Congress, and regulatory agencies with such information is a flagrant denial of this right. The right can be restored by empowering consumers, citizens, workers, and patients in a number of areas:

*Instituting explicit label warnings on carcinogenic ingredients and contaminants in food, cosmetics and toiletries, and household products.* Consumers then would be empowered to boycott mainstream companies selling unsafe products and reward smaller, "green" companies marketing safe alternatives. With increasing demand for the latter, economies of scale would reduce their higher prices.

*Utilizing the "Environmental Defense Scorecard."* Citizens have increasing opportunities for empowerment on an individual and community basis by plugging in their zip code on the scorecard's website, [www.scorecard.org](http://www.scorecard.org), in order to obtain basic information on toxic and carcinogenic pollutants to which they are exposed locally by local chemical industries and power plants. They can then organize, alert the media, and join with environmental groups to express their concerns to local and state health authorities, including state governors. Regardless of their politics, governors are generally sensitive to citizen lobbies in their states.

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Informing workers of potential high risks of cancers because of exposures to a wide range of occupational carcinogens can enable them to act to reduce such exposures both individually and through their unions and health and safety committees.

Advising patients to exercise their right to know by requesting full information on cancer and other risks of prescription drugs, as detailed in the "Precautions" section of the *Physicians Desk Reference*, empowers them to take charge of their own health. Thus, for the wide range of common prescription drugs carrying cancer risks, safe alternatives may be requested in accordance with legal as well as ethical requirements for informed consent. Made aware of the carcinogenic risks of high-dose X-ray procedures, particularly pediatric CT scans and fluoroscopy, patients can request dosage records for each examination, make informed decisions, and seek those (still few) informed radiologists and clinics practicing dose-reduction techniques.

**Publicizing the Failure of the Cancer War:**

An aggressive critique of the cancer generals and their unwinnable strategies is well overdue. For decades the mainstream media have mostly ignored the failed cancer policies and conflicts of interest of the cancer establishment. Activist citizen groups could generate a mounting series of reports, initially in smaller independent newspapers and radio stations nationwide, focusing on hot button topics—local or regional exposures to environmental carcinogens, "cancer clusters" in the vicinity of petrochemical and nuclear power plants, and escalating rates of cancers in children and retirees, together with the known or suspect causes of such cancers.

Key to such media activities should be emphasis on the escalating rates of nonsmoking cancers, along with the cancer establishment's refusal to prioritize the overdue need to reduce exposures to environmental carcinogens and to recognize the public's right to know about these avoidable exposures. It might be argued that regulatory agencies, or industry itself, should be primary targets for media attention. However, considering the multibillion-dollar cancer establishment's responsibility for and control of basic information about cancer prevention, primary emphasis should be directed at exposing the establishment's noninformation or, worse, willful misinformation.

**Legislative Initiatives:** In view of the NCI's exaggerated and inconsistent claims for its prevention budget, U.S. Representative Jan Schakowsky (Democrat, Illinois) recently asked the General Accounting Office to investigate the NCI's "fight against cancer." Specifically, she requested information on the dollar amounts spent on "funding for research on prevention" and "funding for outreach" to disseminate this information. Meanwhile, Congress is investigating conflicts of interest by NCI generals and scientists with particular reference to consulting with drug industries. This investigation should be extended by an order of magnitude to the NCI's institutional conflicts with the multi-billion dollar Big Pharma.

In response to congressional concerns about NCI policies, the National Academy of Sciences recently examined NCI's relationship with the NIH. In July 2003 the NAS reported that NCI's "special status" of independence from twenty-six other NIH bodies was problematic. It created "an unnecessary rift" between "the goals, mission and leadership of the NIH and those of NCI." In a startling statement that drew minimal media attention, the NAS emphasized, "Perhaps more important is the fact that the National Cancer Act has had little discernible effect on scientific and clinical progress for the diagnosis, treatment, or prevention of cancer."

The NAS report makes it clear that the NCI should be folded back into the NIH and integrated with the scientific community once again. But that is only the beginning of drastically needed reforms. Funding for cancer prevention should equal that of all other programs combined. Congress should direct the NCI to provide the public with all available information on avoidable and unknowing exposures to carcinogens in consumer products, prescription drugs, the workplace, and the environment.

Legislative initiatives should also be developed at the state and local levels. Since the 2002 midterm elections Congress has remained divided and gridlocked. Accordingly, leadership and innovative policies on domestic agendas is likely to shift further from the national to state, county, and city levels.

**The Bottom Line:** Citizens, the media, and Congress must belatedly recognize that, after spending thirty years and some \$50 billion, we are now further from winning the war on cancer than when it

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was first declared. Furthermore, we all must recognize, albeit belatedly, that the cancer epidemic can still be arrested and reversed. But this goal will never be achieved until we recruit new generals and develop new strategies making prevention at least as urgent as damage control. **☛**

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