

STATEMENT OF MRS. GRACE POWERS MONACO  
PRESIDENT, CANDLELIGHTERS, BEFORE THE  
SUBCOMMITTEE ON LABOR-HEW  
OF THE HOUSE COMMITTEE ON APPROPRIATIONS

APRIL 25, 1972

Last year in our testimony before this Subcommittee on the fiscal '72 budget, the Candlelighters which now comprise 22 groups in 19 states, set a goal for ourselves. As individuals whose children or other affected relatives are benefited from the cancer effort funded by this Subcommittee, the Candlelighters are in a position to keep you informed of the effect of your funding effort on the primary level. To inform you of what the results of your efforts have been and from this information to bring to your attention where increased funding levels, de novo funding or emphasis on special programs are required. Our testimony of the fiscal '73 budget marks our initial assay into the fulfillment of this goal and promise.

The forceful and lonely action taken by this Subcommittee on the fiscal '71 and '72 budgets for the cancer program made it the prime mover in establishing cancer conquest as a visible national priority. It is important that this Subcommittee insure that the priorities resulting from its handiwork and finally given national recognition in the Cancer Conquest legislation are not merely paper priorities.

Clinical Training. In our testimony on the fiscal '72 budget, the Candlelighters emphasized and this Subcommittee recognized that without an adequate training program to produce the personnel to implement the expanded cancer research base, the success of the cancer program is doubtful. The situation which prompted the Subcommittees' highlighting of the problem in its report accompanying the fiscal '72 budget was the

holdback by OMB of clinical training funds which you authorized in the fiscal '71 budget. We are happy to report that as a result of the spotlight you placed on this problem, OMB has been much more cooperative in releasing funds included in the 1972 budget, it is apparently permitting the release of funds up to the level authorized in the budget. Dr. Baker in his testimony before the Subcommittee indicated in response to questions that he could effectively use an additional 1½ million in fellowship and training grant moneys. We urge you to permit him to implement his program to the fullest by permitting him these additional funds.

Chemotherapy. We all hope that the day will soon arrive when virology and immunotherapy projects funded by this Subcommittee will permit the eradication of cancer. However, as realists, and this Subcommittees' intimate acquaintance with the cancer area qualifies it as the consummate realist, we all recognize that the day we are hoping for may be several generations away. In the interim, the only hope for the cancer victim lies in the chemotherapy program. Through this program comfortable survival for increased periods of time results with the possibility that some chemical combination may be discovered which could keep the disease in check on the same level as for example diabetes. The fruits of this committees increased funding in fiscal '71 and '72 are already seen in the most important of testing areas--the area of survival. When my daughter was diagnosed 4 years ago, the doctors gave 2 years as a median survival period. In her case, unfortunately, the 2 years was exactly the time that she had. However, the Candlelighters personal experience has proven to us that our children are now surviving comfortably for 3-4 years and in some of the intensive diagnostic centers, for example the very superior facility at our own National

Institutes of Health, the median is up to 5 years. Dr. Baker indicated to this committee in response to questions of how he could use the additional 100 million authorized by the enabling legislation but not included in the administration's budget, that he could productively employ 18.4 million additional in the chemotherapy area. Your past actions have indicated that you comprehend probably better than no other group the singular importance of the chemotherapy program, again we urge you to permit the full implementation of that program.

Cancer Control Program. This Subcommittee insisted during the consideration of and its report relating to the fiscal '72 budget, that the Regional Medical Program which had been phased out of the Public Health Service should be made a part of the National Cancer Institute. That has been done and that program is identified as the Cancer Control Program. Unfortunately the funding requested in the administration's budget request for this program is only 4 million dollars, far short of the amount appropriated to the program when it was under the auspices of the Public Health Service. The crisis in funding in this area is indicated by Dr. Baker's admission that he could productively employ another 26 million in this area. I have no idea why this program has been made a mere stepchild in the budget however, the importance of the Cancer Control Program to realistic success in the cancer effort can best be demonstrated by my reference to the testimony of Dr. Sanford Leikin, head of the hematology department at our own Children's Hospital here in Washington, which he presented to this Subcommittee 2 years ago on the fiscal '71 budget. The crisis in funding in this program is at the level it was two

year ago when this Subcommittee took its forceful step forward in reordering national priorities toward the cancer effort. The long range effect of inadequate funding of this program is evident from Dr. Leimin's statement which I summarize in pertinent part.

Children's in cooperation with 19 other institutions form the Children's Cancer Study Group A which coordinates and reports the results of the clinical application of drugs furnished by the Cancer Chemotherapy National Service Center for investigational purposes. This Study Group asks specific questions concerning the natural history and therapy of leukemia and solid tumors. Protocols are developed to answer these questions and are conducted in the various cooperating centers. This provides a method of learning about the best treatment and possible cures for patients in a much more rapid manner than could be obtained by a single or even several institutions. This also provides a forum for the exchange of information and consultation between these groups, and an improvement in the standardization of treatment. By focusing on these diseases the Children's Hospital acts as a center for the care of these patients in the Metropolitan Washington area. This large amount of patient material allows it to focus on these diseases to learn more about them and their treatment. Without adequate funding of the Cancer Control Program these study groups, Group A, B, Southwest in the Children's cancer area and the other study groups funded through NCI, cannot maintain their investigations and keep the records and file the reports that are necessary if the nationwide study is going to accomplish its purpose. Without adequate funding there would be no effective group action, only single institutions operating in a vacuum unable to make any real contribution to the nationwide cancer control effort. Further, Dr. Leikin emphasized that inadequate funding will also have a long range effect on the future availability of trained specialists; any reduction in the cancer investigations

results in a reduction of the experience which is available to trainees  
, medical staff, and nursing staff. Dr. Leikin concluded that:

I think that it is important to remember that clinical investigation, training, and good patient care go hand in hand, that one cannot survive without the other. If funds are curtailed for clinical investigation, the others will eventually suffer. If training is curtailed, young people with new ideas cannot be educated and stimulated to provide new areas of investigation and eventually control of cancer. It is necessary, therefore, to support all aspects of cancer work, with particular emphasis on clinical investigation and training. By doing this our understanding of cancer and new leads into treatment will be stimulated.

In summary, the Candlelighters thank the Subcommittee for the fruits of its past efforts and urge the Subcommittee to appropriate an additional 26 million to Cancer Control, 18.4 for chemotherapy, and 1.5 for clinical training,--a total of 45.9 million which Dr. Baker indicated could be effectively utilized.

*Respectfully  
Submitted*

*Gene P. Monaco*