

MEDICINE AND PUBLIC AFFAIRS

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"Progress" in Cancer Research—Don't Say It Isn't So

Acknowledging that what follows is akin to a playwright reviewing his own production, your correspondent will now recount a journalistic excursion through the minefields of medical orthodoxy.

I recently wrote an article in the Columbia University *Journalism Review* (January/February, 1975), "A Critical Look at Cancer Coverage," reprinted in the *Washington Post* (January 19), the thrust of it being that the lay press is unduly gullible in reporting "progress" in cancer treatment. The basis for this contention was that cancer survival rates, as reported by the National Cancer Institute (NCI), have shown little improvement over the past two decades or so, and that the frequent claims of markedly improved survival rates ignore or blur the fact that most of the changes occurred before 1950, and can probably be attributed to lower mortality from operations. Furthermore, it was pointed out, though there has been improvement in the survival rates for some kinds of cancer, the types that account for 78 per cent of the incidence of the disease have experienced very little change; in fact, the NCI statistics show an actual decline in survival rates for cancers that account for approximately 13 per cent of incidence.

All of which, it was observed, is in regrettable contrast to the American Cancer Society's (ACS) statement, as contained in a widely distributed pamphlet, that "Cancer is one of the most curable of the major diseases in this country."

The article noted that these questionable claims of success, employed as they are for justifying large appropriations under the National Cancer Act, are reminiscent of the "light-at-the-end-of-the-tunnel" thesis of Vietnam war days. Finally, it was stated that, although cures remain elusive, many provocative leads concerning prevention of cancers that are related to environmental origins have lately emerged, but that the overwhelming proportion of funds for cancer research remains devoted to the quest for cures. That summarizes the article.

Now, your correspondent disavows any claim of originality for the above observations and conclusions, all of which, in one form or another, have been stated on many occasions by properly certified specialists in the employ of established institutions. For example, James Watson, the Nobel laureate of *Double Helix* fame, has repeatedly assailed the so-called War on Cancer as scientifically bankrupt, therapeutically ineffective, and wasteful. And two years ago, in a collection of essays celebrating the 75th anniversary of the Roswell Park Memorial Institute, Thomas L. Dao, of the Institute's Department of Breast Surgery, wrote, "Despite improved surgical techniques, advanced methods in radiotherapies, and widespread use of chemotherapies, breast cancer mortality has not changed in the last 70 years."

Thus, inside the cancer establishment, there has been

no dearth of doubt and controversy concerning various aspects of efforts to deal with cancer. With occasional exceptions, however, little of this has seeped out to the lay public, which gets most of its cancer news from that voluntary Ministry of Information, the cautiously but eternally optimistic American Cancer Society, of annual checkup and check renown.

In a kind of absent-minded fashion, I, too, shared the impression of slow, but important and continuing, progress, until, that is, a government health economist introduced himself to me and proceeded to provide me with a crash course in cancer statistics. The gist of his instruction was eventually embodied in the *Journalism Review* article, but caution dictated a quest for commentary from some of the very institutions that produce the optimistic reports. So, off I went to obtain the counsel of one of the venerable figures of cancer statistics, who, I naturally hoped, would explain away the grim findings.

After I stated the purpose of my visit, he said he would speak frankly and I could make whatever journalistic use I pleased of his remarks, but only on the condition that he was not to be identified as the source. The reason, he said, was that "there is an awful lot of conservatism in this place, and although it's possible to argue inside, it doesn't do any good to discuss some of these things in public."

Nonattribution assured, he said that he had become convinced, on the basis of his studies, that the official statistics provided an unduly optimistic picture; it was his estimate, he continued, that there has been little change in survival rates since 1945. Explaining why a contrary impression had been conveyed to the public, he said there was no deliberate attempt to mislead; rather, there has been an understandable effort to brighten up an essentially gloomy situation by emphasizing encouraging developments. In some respects, he conceded, the lack of progress is "one of the best kept secrets," but it really isn't a secret, he added, since anyone can get the information if he wants to go out and look for it.

I noted, as I had in the *Review* article, that Frank J. Rauscher, Jr., director of NCI, had recently written that "The five-year survival rate for cancer patients in the 1930's was about one in five. Today the figure is one in three."

Asked to comment on that, the statistician remarked wryly about the many uses to which statistics can be put. The statement, he explained, was both true and misleading, since it failed to note that most of the improvement had occurred over 20 years ago, and since then there had been relatively little.

A visit to NCI encountered a situation in which the bright side was readily discussed on an attributable basis, but when we came to less cheerful matters, there was an insistence on anonymity. A senior staff member there simply observed, "It just doesn't pay to rock the boat." A visit

to a major cancer research unit at a private hospital drew the remark, "The official line is that we're making a lot of progress."

Now, your correspondent cannot claim an exhaustive search for commentary on the NCI statistics and their apparent conflict with the generally optimistic reports that routinely emanate from the ACS and other organizations, but he did make the rounds of some of the major institutions that project optimism. Rather than search still further, the article was published, and both the ACS and the NCI were invited to append commentaries. They did provide some very curious stuff.

To accompany the *Washington Post* reprint of the article, William S. Gray, chief of NCI's education and technical reports branch, wrote that substantial progress has been made in some areas though not in others, though he added that the latter include "some of the major forms of cancer in terms of incidence." These include colon, rectum, lung and bronchus, female breast, uterine corpus, ovary, bladder and thyroid, all of which, he said, "show only small improvement in three-year survival."

"Under the direction of NCI," he continued, "the National Cancer Program is attempting to improve all the areas of science and clinical medicine which can reduce the human burden of cancer. Research in cancer prevention, earlier detection and diagnosis, improved treatments and rehabilitation is a major national commitment which cannot logically be compared to the war in Vietnam."

The ACS comment, which was written for the March/April issue of the *Journalism Review* by ACS science editor Alan C. Davis, was considerably more combative. "The writer's thesis," he stated, "is that there is only slight progress in cancer control, that new ideas are ignored in research and that cancer research and control are ruled by a complex bureaucracy that condemns dissenters as 'faint-hearted, misguided, or worse.'" —which your correspondent accepts as a fair summary. "Unable to speak with scientific authority," Davis continues, "the author relies on anonymous opinions quoted as coming from individuals identified only as a 'health economist who is well-versed on cancer statistics,' 'one of the most eminent of cancer statisticians,' 'some statisticians,'...Could the author not find one critic willing to be identified by name?" (No — outside those who have previously spoken out on the subject, such as Watson.)

"This is puzzling because cancer research is filled with stubborn, able, passionate men who speak their minds

candidly, complain angrily, and generally make the life of an administrator difficult. At grant time, they fight vigorously and articulately for what they believe. Did the author really find only cynical, disillusioned and timid types?"

Davis then addressed himself to the statement that there has been little improvement in survival rates for cancers that account for 78 per cent of the incidence of the disease. He then listed nine types of cancer, which together account for about 20 per cent of incidence, and notes that these have experienced significant survival improvements "from the 1940s to the 1960s." Back to the numbers game!

As for the ACS statement that "Cancer is one of the most curable of the major diseases in this country":

"What are the facts?" he states. "Consider the other major death-dealing diseases among which cancer rates second: heart disease, stroke, influenza and pneumonia, diseases of early infancy, diabetes, cirrhosis of the liver, arteriosclerosis, emphysema, nephritis and nephrosis. Cancer is indeed one of the most curable diseases in the country."

He concludes with, "What are Mr. Greenberg and his 'faint-hearted' anonymous authorities seeking? Does the suggested parallel between the reporting of the cancer war and the early army bulletins from Vietnam mean that we should immediately withdraw from the war on cancer? Is he simply saying, 'My friends and I can solve the cancer problem faster than you, so let us run things.' If the unidentified internationally acclaimed scientist has answers, we pray he will report them now rather than offer a doleful lament."

It is, of course, unseemly for a writer to take on critics in the fashion that I have employed here. But the niceties of protocol are minor in comparison to the substance of the matter. The vast and ill conceived undertaking that was created by the National Cancer Act of 1971 has inevitably spawned a monolithic bureaucracy with a heavily supported public-relations apparatus that is simply misleading the American public on a dreadfully serious subject. That the intentions are sound and humane is no excuse for the snow job that is being performed by these tax-subsidized institutions.

Within the scientific and medical professions, there are many persons, as noted before, who hold serious doubts about the wisdom of the present cancer program. But something is very seriously wrong if persons of established reputations and high positions insist on anonymity when speaking on critical matters in their own fields of expertise.