

The War on Cancer: A Critical Assessment

Studying changes in patient survival and other factors, the General Accounting Office has made these assessments of improvements in the treatment of 12 cancers. Survival data for some cancers reflect earlier detection and other factors as well as changes in treatment.

Cancer Type	Reported 5-year survival rate*		Changes in Treatment	G.A.O. Conclusion
	1950	1982		
Bladder	53%	77%	Improved surgery, detection and use of radiation; new chemotherapy too recent to affect data.	Moderate improvement.
Breast	50	75	New chemotherapy and hormone treatments, used with surgery, are too recent to affect data.	Slight improvement.
Cervical	59	67	Earlier detection; improved surgical procedure has helped small proportion of patients.	Slight improvement.
Colon	41	53	No changes in technique, but surgery can be performed on more patients because of other medical advances.	Slight improvement.
Rectal	40	50	Increased use of radiation and chemotherapy with surgery is too recent to affect data.	Slight improvement.
Endometrial	72	87	Combined surgery and radiation, but extent of adoption is unknown; earlier detection benefits a small proportion of patients.	Moderate improvement where new combined therapy was used.
Head and neck	45†	54	Improvements in surgical procedures.	Slight improvement.
Leukemias	10	33	Chemotherapy for acute leukemias.	Dramatic improvement for acute leukemias, slight or no improvement for chronic leukemias.
Lung	6	12	Chemotherapy for small-cell lung cancer.	Slight improvement for small-cell carcinoma patients, no change for other lung cancers.
Non-Hodgkin's lymphoma	31†	48	Chemotherapy and radiation.	Dramatic improvement.
Prostate	43	71	Improved selection of therapies and use of radiation.	Moderate improvement.
Stomach	12	16	None.	No improvement.

* Rates for whites only; reporting on other races was inconsistent over study period.

† Rates for 1960.

Source: General Accounting Office