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GAINS AGAINST CANCER SINCE 1950 ARE OVERSTATED, CONGRESS IS TOLD

By PHILIP M. BOFFEY, Special to the New York Times

WASHINGTON, April 15— Gains in treating cancer over the last three decades have been small and overstated by Federal health officials, according to a detailed analysis completed by a Congressional investigative agency.

For a majority of the 12 most common tumors there was little or no improvement from 1950 to 1982 in the rate at which patients survived their disease, the agency, the General Accounting Office, concluded in a 131-page report to Congress.

"Progress has been made," the report said, but "not as great as that reported" by the National Cancer Institute. Interpretation Questioned

The G.A.O. did not challenge the data on changing survival rates as reported by the cancer institute, but rather questioned their interpretation. It charged that unacknowledged factors, such as the earlier detection of certain cancers and changes in the way data were compiled, "artificially inflate the amount of 'true' progress."

"For a majority of the cancers we examined," the report said, "the actual improvements have been small or have been overestimated by the published rates."

Dr. Vincent T. DeVita Jr., director of the National Cancer Institute, called the report "offensive," saying it ignored what he termed the "enormous progress" made by scientists in understanding the cancer cell and how it becomes malignant. Such advances, many occurring in recent years, have not yet affected the overall survival statistics, but in the future they are bound to have an impact, he said. Agency Report Criticized

Dr. DeVita also criticized the G.A.O. for focusing on statistics alone as the only measure of progress against cancer and for not stressing that improved treatment had saved countless lives.

"I think there are literally hundreds of thousands of people alive today who wouldn't be here if new treatments introduced over the past 15 to 20 years were not available," Dr. DeVita said in a telephone interview.

The report concluded that there had been "dramatic improvement" in the percentage of patients surviving for five years after detection of leukemia or non-Hodgkins lymphoma, two types of blood cancer, although most such patients continue to die early.

But it found only "slight improvement" in survival rates for the three most common cancers, namely lung cancer, breast cancer and colon and rectal cancers. The G.A.O. judged that statistical distortions made the progress in breast cancer seem better than it really was, but did not affect the figures for lung or colorectal cancers.

The study, requested by Representative Ted Weiss, Democrat of Manhattan, appears to be the first comprehensive effort by a Government agency to evaluate the validity of assertions by the cancer institute that great progress has been made in curing or extending the lives of cancer victims. The issue has potential political importance in allocating money to fight cancer as opposed to other diseases and, within the cancer budget, on how much money will be allocated to treatment programs as opposed to prevention efforts.

The Congressional agency described its findings as "the most comprehensive evidence to date on what actually occurred in the area of cancer patient survival from 1950 to 1982." Its report appears to endorse the concerns of medical critics who have suggested that the Federal Government's progress reports are exaggerated.

In a written rebuttal to the report, included as an appendix, the Department of Health and Human Services

charged that the report "must be considered opinion, not fact" and complained that its tone was "negative" and "counterproductive."

The Congressional agency said its conclusions were derived in large part from group interviews with experts at the nation's leading cancer centers. It said the tone of its report was judged "fair and objective" by a majority of independent reviewers from leading cancer centers. 'Serious Questions' Seen

"G.A.O.'s findings raise serious questions about the performance over the past several years of the \$1 billion-a-year national cancer program," said Mr. Weiss, who had requested the study as chairman of the House Subcommittee on Intergovernmental Relations and Human Resources.

"While it is heartening that cancer patient survival has improved for some cancer patients, we have apparently not done nearly as well in treating cancer as Government officials have led us to believe," Mr. Weiss said. "Neither Congressional policy-makers nor the public is well served by unwarranted expectations that we have turned the corner on this group of devastating diseases."

The study was requested by Mr. Weiss to help resolve a debate among cancer experts as to how much progress has been made in treating and curing cancer patients. Federal health officials and many private cancer experts contend that new treatments are saving many lives and that progress in curing some types of cancer has been remarkable. But some prominent medical critics contend that the gains have come slowly and that much of the presumed progress is a "statistical mirage."

The study concentrated on the official survival rates published by the institute, which measure the percentage of patients still alive five years after their disease was first diagnosed. The study sought to determine how much progress had been made in increasing survival rates from 1950 to 1982, the earliest and latest years for which data were available when the agency investigation started in early 1986. Scope of Agency Study

The agency examined the statistics for any cancer that was among the 10 most common in either 1950 or 1982, a total of 12 types of cancer in all. It sought to determine whether reported increases in survival rates were due to "true" progress in treating cancer or simply reflected changes in the way the rates are measured and cancer is detected or classified.

Such changes include the fact that some cancers are now being detected at an earlier stage than previously. That gives doctors a better chance to eradicate them. But it also makes it more likely that, even if a patient received no treatment at all, he would be more likely to survive five years from the time of detection.

Other factors that could distort the statistics, the report said, include changes in the type of tumor being counted as cancer, changes in the precision by which the severity of cancer is classified, and changes in the overall health of patients resulting from the fact that better educated, healthier people tend to participate in screening programs and get treatment.

The agency made no attempt to quantify the effect of such factors but judged from the subjective opinions of experts that they played a role in inflating the impression of progress. The agency conducted its own review of the scientific literature and interviewed two groups of experts in each type of cancer at leading cancer centers, such as Memorial Sloan-Kettering in New York and the Mayo Clinic in Minnesota.

Dr. DeVita of the cancer institute complained that the expert groups consulted by the agency were not necessarily competent to analyze the "extremely complex" factors affecting statistics and said that in some cases, they might even have been swayed by the prejudices of individual doctors who are skeptical of progress.

The agency urged that the Federal Government include in future statistical reports "a description of the potential sources of bias likely to cloud the interpretation of survival rates." The Health and Human Services Department said it would comply. 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. BLADDER CANCER Reported 5-year survival rate for 1950... 53% Reported 5-year survival rate for 1982... 77% Changes in treatment... Improved surgery, detection and use of radiation; new chemotherapy too recent to affect data. G.A.O. Conclusion... Moderate improvement BREAST CANCER Reported 5-year survival rate for 1950... 60% Reported 5-year survival rate for 1982... 75%

* Changes in treatment... New chemotherapy and hormone treatments, used with surgery, are too recent to affect data. G.A.O. Conclusion... Slight improvement. CERVICAL CANCER Reported 5-year survival rate for 1950... 59% Reported 5-year survival rate for 1982... 67% Changes in treatment... Earlier detection; improved surgical

procedure has helped small proportion of patients. G.A.O. Conclusion... Slight improvement. COLON CANCER Reported 5-year survival rate for 1950...41% Reported 5-year survival rate for 1982... 53% Changes in treatment... No changes in technique, but surgery can be performed on more patients because of other medical advances. G.A.O. Conclusion... Slight improvement. RECTAL CANCER Reported 5-year survival rate for 1950... 40% Reported 5-year survival rate for 1982... 50% Changes in treatment... Increased use of radiation and chemotherapy with surgery is too recent to affect data. G.A.O. Conclusion... Slight improvement. ENDOMETRIAL CANCER Reported 5-year survival rate for 1950... 72% Reported 5-year survival rate for 1982... 87% Changes in treatment... Combined surgery and radiation, but extent of adoption is unknown; earlier detection benefits a small proportion of patients. G.A.O. Conclusion... Moderate improvement where new combined therapy was used. HEAD AND NECK CANCER Reported 5-year survival rate for 1950... 45%** Reported 5-year survival rate for 1982... 54% Changes in treatment... Improvements in surgical procedures. G.A.O. Conclusion... Slight improvement. LEUKEMIAS Reported 5-year survival rate for 1950... 10% Reported 5-year survival rate for 1982... 33% Changes in treatment... Chemotherapy for acute leukemias. G.A.O. Conclusion... Dramatic improvement for acute leukemias, slight or no improvement for chronic leukemias. LUNG CANCER Reported 5-year survival rate for 1950... 6% Reported 5-year survival rate for 1982... 12% Changes in treatment... Chemotherapy for small-cell lung cancer. G.A.O. Conclusion... Slight improvement for small-cell carcinoma patients, no change for other lung cancers. NON-HODGKIN'S LYMPHOMA Reported 5-year survival rate for 1950... 31%** Reported 5-year survival rate for 1982... 48% Changes in treatment... Chemotherapy and radiation. G.A.O. Conclusion... Dramatic improvement. PROSTATE CANCER Reported 5-year survival rate for 1950... 43% Reported 5-year survival rate for 1982... 71% Changes in treatment... Improved selection of therapies and use of radiation. G.A.O. Conclusion... Moderate improvement. STOMACH CANCER Reported 5-year survival rate for 1950... 12% Reported 5-year survival rate for 1982... 16% Changes in treatment... None. G.A.O. Conclusion... No improvement. * Rates for whites only; reporting on other races was inconsistent over study period. **Rates for 1960. (Source: General Accounting Office)

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