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OBAMA CANCER PLAN MUST PRIORITIZE PREVENTION, SAYS CANCER PREVENTION COALITION

CHICAGO, IL, January 23, 2009 --/WORLD-WIRE/-- President Barack Obama is the first President to develop a comprehensive cancer plan. While the plan reflects strong emphasis on oncology, the diagnosis and treatment of cancer, no reference is made to prevention. Yet, the more cancer that can be prevented, the less there is to treat.

President Obama's cancer plan should emphasize the many avoidable causes of cancer.

The plan defines and coordinates the responsibilities of four federal agencies: the National Cancer Institute (NCI), for research and clinical trials; the Centers for Disease Control and Prevention, for epidemiological follow up and support of cancer survivors; the Centers for Medicare & Medicaid Services, for funding cancer related care; and the FDA, for regulating cancer drugs.

In 1971, Congress passed the National Cancer Act which authorized the National Cancer Program, calling for "an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposures to carcinogens." Shortly afterwards, President Richard Nixon announced his "War Against Cancer," and authorized a \$200 million budget for the NCI. Since then, its budget has escalated by nearly 30-fold, to \$5.3 billion this year.

Meanwhile, the incidence of a wide range of cancers, other than those due to smoking, has escalated sharply from 1975 to 2005, when the latest NCI statistics were published. These include malignant melanoma (172%), Non-Hodgkin's lymphoma (79%), thyroid (116%), testes (60%), and childhood cancers (38%).

In November 2008, the NCI claimed that the incidence of new cancers has been falling from 1999 to 2005. However, this is contrary to its own latest statistics. These show increases of 45% for thyroid cancer, 18% for malignant melanoma, 18% for kidney cancer, 10% for childhood cancers, and 4% for testes cancer.

Disturbingly, the NCI has still failed to develop, let alone publicize, any listing or registry of avoidable exposures to a wide range of carcinogens. These include: some pharmaceuticals; high dose diagnostic radiation; occupational; environmental; and ingredients in consumer products - food, household products, and cosmetics and personal care products.

The NCI has also failed to respond, other than misleadingly or dismissively, to prior

Congressional requests for such information.

In March 1998, in a series of questions to then NCI Director Dr. Richard Klausner, Congressman David Obey requested information on NCI's policies and priorities. He asked, "Should the NCI develop a registry of avoidable carcinogens and make this information widely available to the public?" The answer was, and remains, no.

Klausner's responses made it clear that NCI persisted in indifference to cancer prevention, coupled with imbalanced emphasis on damage control - screening, diagnosis, treatment, and clinical trials.

Moreover, NCI's claims for the success of "innovative treatment" have been sharply criticized by distinguished oncologists. In 2004, Nobelist Leland Hartwell, President of the Fred Hutchinson Cancer Control Center, warned that "Congress and the public are not paying NCI \$4.7 billion a year," most of which is spent on "promoting ineffective drugs" for terminal disease.

It should be further emphasized that the costs of new biotech cancer drugs have increased more than 100-fold over the last decade. Furthermore, the U.S. spends five times more than the U.K. on chemotherapy per patient, although their survival rates are similar.

The Obama Cancer Plan is subject to Congressional authorization, and funding approval by the House and Senate Appropriations Committees. These committees will be in a position to require that major priority should be directed to cancer prevention rather than to oncology. Clearly, the more cancer is prevented, the less there is to treat. This will also be of major help in achieving Obama's goal "to lower health care costs."

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