

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Cancer Detection Center
Medical School*

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Dec. 15, 1993.

Honorable H. Brian Neel, M.D.
Board of Regents Univ. of Minnesota
200 S.W. First Street, West 5
Rochester, MN 55905

Dear Brian,

I send you this letter and added information as you requested in our phone conversation today.

It is now nearly three years since Dr. Najarian invited me to become Director of the Cancer Detection Center (CDC) here at the University. The CDC had suffered from the failing health over several years of a former Director, Dr. Victor Gilbertsen, and the very short directorship of Dr. Donald Stewart before his death also. It has taken more than a year to grasp all the nuances and inter-relationships involved and to streamline the operation so that we have more modern methods of record keeping. At the present time, the CDC approaches the end of a successful calendar year in which the caliber of the examining personnel has been hugely enhanced, including a past Dean, Dr. Neal Gault, a past Chairman of the Department of Ob.-Gyn., Dr. Ronald Prem, and several others of exemplary expertise and repute.

During the present calendar year (to Dec. 10) CDC has examined 1,331 annual visitors and found among them 29 early, asymptomatic cancers (1 cancer

per 45.8 visits). Our clientele has for the most part come from many years back until April of this year when we had 40 new members, May with 41, and June with 40 new members. This was cut off by expulsion of the CDC from its Examining Area without prior consultation and without notification until a contractor had been hired to remove the lead from the walls and ceiling, after which it is scheduled to go over my objection to others. Although we examine catch-as-catch-can in 4 separate areas, we have had to turn patients away and see about 10 new ones a month.

The disastrous happenings in the Department of Surgery have stopped the subsidy available to keep the CDC operative, a subsidy which has over the years provided about 25% of the cost of operation. This has had to cease, and our closing date as of now is Feb. 1, 1994.

I owe much to the University of Minnesota, having gotten my start here after finishing Johns Hopkins in 1935, such a start that I was recruited 14 years later to be Chairman of the Dept. of Surgery at Downstate in N.Y. City. I took this position with the understanding that the CDC might prosper and that here we might presently develop also a program similar to the Executive Health Clinic at the Mayo Clinic. Four of CDC's examiners were frankly engaged for this very purpose, and have been disappointed that such a program has not yet developed. They have been for the moment examining in the CDC and hoping. (See some names above.)

As to academic as opposed to service activities, the present records of the CDC are such as to warrant publication shortly of statistics which should bear well on the cost-effectiveness of such a clinic, quite apart from the rewards of longevity with good health secondary to finding cancers early enough to promise 89% lifetime cancer-free living as opposed to the 50% five-year survival of cancers found only after becoming symptomatic, just as O.H.Wangensteen postulated in setting it up in 1948. In the second place, we have spent months in development of a research protocol on determination whether early large gut lesions bleed in continuous fashion or intermittently, a cardinal factor in clinical utilization of stool guaiaco reactions. The perturbations of moving out of the established Examining Area have blocked embarkation on this project, even though it has gone through the Committee on Use of Human Subjects in Research and been formally approved. by that Committee.

As part of my self-appointed project to save the CDC and facilitate the Executive Program, the members of CDC have as a body elected to stay on the job as long as possible and to participate in gathering statistics as to performance and costs sufficient to lead the Administration to consider underwriting these activities on the ground that they are potentially not only income producing for the U. Hospital and its staff members, but that it is a high-minded symbol of primary interest in the well-being of patients. This failure to be fully self-sustaining is largely due to failure of both Medicare and the

insurance companies to fund screening of asymptomatic persons.

The chief reason for the CDC being dependent financially is that all suspected cancers (and other ailments) are referred, either to the home physicians or, if they or the patients themselves ask to be taken care of in the Univ. Hospital , or by the Univ. staff, to the U. of Minn. Hospital and Clinic. In spite of this situation, the earnings of the Univ. Hospital and its staff in 1993 thus far amount to over \$200,000.00 from CDC patients electing care here . This number has been determined with provision of the names and hospital numbers of patients to the Business Office for search through Hospital records, and with personally gathered information from the physicians concerned. Altdhough \$200,000.00 is the approximate sum , the figures thus far are incomplete, some whole departments have not yet provided their data

Time is pressing, and in consideration for Mr. Gregory Hart, I am making an effort to reach him orally to assure him that our efforts are directed to doing everthing we possibly can to give him support in his monumental assisgnment and in addition to achieve the survival of the Cancer Detection Center and embryo Executive Health Program. I would add in remarks both to Mr. Hart and to the others suggested by you that plans are hatching to set up in association with the CDC an executive type of health maintenance clinic hopefully to be operated in collaboration with several clinical departments. The CDC now has an ace examining and support group with board-certified specialists in four separate

disciplines which could serve as the nidus for embarkation on this program, and we await only availability of dignified, efficient, centralized accommodations in the Medical Center. The ultimate aims would be:

1. To enhance the image of the U.H. in terms of PUBLIC SERVICE,
2. To draw a cluster of clientele of the caliber desired and with the full spectrum of diseases which the University so desperately needs,
3. To fulfill our earnestly implied and imposed obligation to the present clientele of the Cancer Detection Center. (These have a family cancer history which is phenomenal, i.e., only 4 of a random group of 45 persons having no first or second degree relatives with cancer. In 1993 CDC has found 29 early ASYMPTOMATIC cancers among 1,331 annual visits. That is one cancer for every 45 visits), and,
4. To do everything possible to aid and strengthen Mr. Hart's efforts to restore the University Hospital and Clinic to fiscal, public service, and scientific good health.

I am deeply appreciative of your readiness to advise and help.

Sincerely,



Clarence Dennis, M.D., Director
Cancer Detection Center