

**The Conquer Uterine Cancer Program**

**EXTENSION OF REMARKS  
OF**

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**OF RHODE ISLAND**

**IN THE HOUSE OF REPRESENTATIVES**

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Mr. FOGARTY. Mr. Speaker, under leave to extend my remarks, I include an address which I delivered to the

Rhode Island Federation of Women's Club, at Providence, R.I., on December 7, 1961:

#### THE CONQUER UTERINE CANCER PROGRAM

It is a real pleasure for me to have been asked to address you on this occasion, on the anniversary of Pearl Harbor Day because I believe there is some significance in the campaign you have undertaken which coincides with the singlemindedness of the American people in the task of overcoming our adversary after that sneak attack. This same spirit I find in your expressed desire to face an enemy far more formidable than the one that was faced and defeated after Pearl Harbor. The lives of American women are at stake. Your task is to prevent these deaths by education and persuasion.

The partnership between the General Federation of Women's Clubs and the American Cancer Society in the promotion of health education spans the entire modern era of cancer research and control. That era began in 1937 with the adoption of the National Cancer Institute Act and the launching of the society's first nationwide educational campaign. It was from this partnership that the Women's Field Army emerged to provide a continuous program of education, to dispel ignorance and mystery, and bring about the control of cancer. Because of your efforts to promote the early detection of cancer of the uterus, you are credited with being a major factor in the 50-percent decrease in the death rate from that disease between 1936 and 1959 in spite of a steady rise in the national death rate for cancer as a whole. Much more remains to be done, however, for the sheer magnitude of the problem staggers the imagination.

Since 1945, this dread disease has taken the lives of well over 3½ million Americans, nearly 10 times as many as were lost during World War II. And each year, without respite and without mercy, it tags another quarter of a million human victims for destruction. Nevertheless, the campaign we have waged for so long a period against this disease is beginning to achieve results.

Although cancer today continues to be the second leading cause of death, there has been a steady increase over the past 25 years in the proportion of patients who survive 5 years or longer without evidence of disease. These are the people who may be regarded as cured. A study of this trend which the National Cancer Institute made in cooperation with the Connecticut State Health Department several years ago led to the conclusion that the credit goes mostly to better treatment, although early detection is, of course, extremely important. These improvements have been made not only in surgery and radiation, but also in the new field of drug treatment, or chemotherapy.

The discovery that viruses cause cancer in animals was more over 50 years ago. During more recent years research in this field has shown that many different kinds of cancer in animals are caused by viruses. This has led scientists to assume that it is probably only a matter of time until it can be demonstrated that at least some forms of cancer in man are likewise caused by viruses. Some scientists are strongly of the opinion that now is the time to advance research in this field with vigor, and many investigators are currently engaged in studying human cancers with the methods already so successfully used in work with animals.

In this connection I can say with confidence that we are getting very close to scientific proof that leukemia in human beings is a virus-caused disease. Very recently two investigators at the National Cancer Institute reported that they had extracted viruses from the blood of leukemic rats. When injected into other rats, these viruses caused leukemia sooner and in a higher percentage of animals than viruses recovered from other

tissues. The scientists are now using the same technique to see if they can find viruses in the blood of human leukemia victims. If they do, it will be one of the most important findings in the entire history of cancer research.

The implications of studying viruses in relation to human cancer are, I am told, very broad. For one thing, these investigations will greatly help medical science to understand the whole problem of the cause of cancer. For another thing, they are likely to lead to the prevention of at least some types of human cancer through some kind of immunization. In fact, some of the immunization methods recently developed have already made it possible to prevent some tumors in animals.

Research has given us some of the necessary weapons for our arsenal in the battle against cancer. A few of these weapons are imperfect as yet, and only serve to stun the enemy temporarily and postpone the ultimate fate of his victims. Other weapons, however, are potentially able to provide almost total victory against certain forms of the disease.

One such weapon is the "pap" smear. This is an examination, through the microscope, of fluid taken from the body, for the detection of cancer cells among the cells shed naturally by the uterus, or womb. The observation of abnormal cells warns the doctor that cancer may be present. Although cytologic examination cannot be used for the detection of cancer in general, it is the most powerful and most perfect weapon yet developed for conquering uterine cancer which takes the lives of 14,000 American women a year.

The "pap" smear, developed by Dr. George N. Papanicolaou who received generous support for his work from the American Cancer Society, can detect uterine cancer months, and even years, before ordinary symptoms appear. The significance of this lies in the fact that cervical cancer in this preinvasive stage is practically 100 percent curable.

Widespread availability of the "pap" smear test is due largely to the fact that National Cancer Institute scientists spent many years of research to demonstrate its reliability as a practical means of detecting early uterine cancer. This research began with the establishment of a study at Hot Springs, Ark., to evaluate the technique as an aid to diagnosis. In 1951 the project was moved to Memphis, Tenn., to learn whether the method was practical as a case-finding procedure in large populations.

Shortly thereafter, research projects were established in 10 other cities throughout the country, some of them administered directly by the Institute and others operated through grants to universities and medical schools. In each of these situations, the Institute cooperated directly with local health and medical groups and with individual physicians and pathologists.

Results of the Memphis project were fully satisfactory, from the standpoints both of public cooperation and the results obtained from the test. Among the first 108,000 women given the test there were some 800 cases of cancer detected and subsequently diagnosed microscopically. About half of these proved to be intraepithelial carcinoma in situ which has a cure rate approaching 100 percent, and fully 90 percent of them were totally unsuspected. The other 400 cases were invasive cancers in different stages, 30 percent of which were also unsuspected.

About a year later, 33,000 of these 108,000 women received a second cytologic examination. In this group another 83 cases of cancer were detected, of which 72 were preinvasive and 11 invasive. Thus, in terms of rate per thousand, there was a slight decrease for preinvasive cancer, from 3.6 de-

tected on the first examination to 2.2 on the second examination. For invasive cancer, however, there was a sharp drop, from 3.4 on the first examination to 0.3 on the second. In other words, the invasive cancer rate on the second screening was only one-tenth as high as on the first screening.

The National Cancer Institute's vigorous research program in this area has also been aimed at investigating other promising applications of the cytologic technique. For example, Institute scientists, together with the scientists of cooperating non-Government institutions, have been studying the possibility of employing cell examination to detect cancer in other parts of the body such as the lung, the stomach, the large intestine and the urinary tract. In these studies, one of the most promising leads at the present time appears to be from examination of the urine for cells that might indicate the presence of cancer of the bladder.

I have also been informed that one group of Institute scientists has discovered a technique for preparing human whole blood so that it can be examined for cancer cells. The technique appears to promise the possibility for detecting certain kinds of cancer which eluded discovery by other means. It may also be valuable for followups after a cancer operation to reveal whether metastasis, or the spread of cancer to other parts of the body, has occurred.

Methods of enlisting the cooperation of the medical and health professions, and winning public acceptance of the idea, were pursued along with research on the technique itself. Both the American Cancer Society and the Public Health Service have been working hard—and are still working—to introduce the "pap" smear technique in communities throughout the country. Your efforts in this campaign are a part of this whole effort which has been advanced to the point where more than 5 million women are expected to receive the examination this year. But the job is by no means finished. It has hardly gotten a good start.

The happy history of cooperation that has marked the relationship between the American Cancer Society and the General Federation of Women's Clubs made it logical that this partnership should be the instrument chosen to conduct a nationwide drive against uterine cancer. The program was officially launched on April 10 at a reception held at the Federation headquarters in Washington, D.C. On this occasion stimulating addresses were made by Mrs. Ozbirn and the ranking officers of the American Cancer Society. The effort got off to a solid start.

The new conquer uterine cancer program constitutes an extension of the Society's basic 10-point cytologic program which was launched some 3 years ago. Since then, in close cooperation with the medical profession, great progress has been made in encourage "pap" smears as part of regular checkups for women. Medical cooperation has also insured a suitable balance between medical resources and laboratory facilities and the increasing demands made upon them as the result of the program.

The main objective of the uterine cancer program is, of course, to induce more women to have "pap" smears regularly. A survey made for the society by the Gallup organization showed that 40 percent of the adult female population—some 23 million women—still did not know about this life-saving examination. Of women 65 and over—a group that accounts for 20 percent of new cases and 41 percent of the deaths each year—only 31 percent have even heard of the examination, as compared to 71 percent of women aged 35 to 50. This situation would seem particularly pertinent to the suggestion by Dr. John W. Cline, immediate past president of the American Cancer Society, that such federated club member try to persuade another woman,

preferably a nonmember, to have a physical and a "pap" smear.

The conquer uterine cancer program with the General Federation of Women's Clubs is regarded as a 1-year pilot phase of a continuing program to be expanded and extended in future years with other women's groups, and with women not in clubs. A distinguishing feature of the pilot program is that it introduces an element of incentive or even competition on a broad scale in an organized way. For federated clubs, the goal or incentive is to have all or as many members as possible go for a "pap" smear and checkup within the period of a year—as the first step toward a lifelong habit. Clubs with outstanding participation by members will receive certificates of award from the American Cancer Society.

I would like to point out that the coming year is a most appropriate time to bear down on your efforts in this life-saving campaign. Nineteen hundred and sixty-two will mark the 25th anniversary of one of the most important pieces of legislation ever enacted by the Congress. I have reference, of course, to the National Cancer Institute Act of 1937, which was signed into law by President Franklin D. Roosevelt on August 5 of that year.

Several months ago I suggested in a public address that steps be taken, both within and outside the Government, to observe this anniversary in an appropriate manner. I suggested that due note be taken of the progress made against cancer during this quarter-century, and of the task remaining before us for the conquest of this dread disease. I urged that we rededicate ourselves to the furtherance of this unfinished task by all possible means.

I am happy to say that the National Cancer Institute and the American Cancer Society, are cooperating to arrange a number of activities by which 1962 will be observed as cancer progress year. These activities are designed to encourage the scientific community in its research efforts, to give the public complete information about progress against cancer and the problems still to be resolved, and to emphasize the importance of each individual's participation in the total effort for the control of cancer.

The significance of Cancer Progress Year, and of the role of the American Cancer Society and the National Cancer Institute in promoting its observance, is recognized in a proposed joint resolution which I had the pleasure of introducing in the House of Representatives in the closing days of the last session. The House readily adopted the resolution, which requests the President to issue proclamations inviting the participation of the people of the United States, Government and private agencies, and all media of communication, in this important cancer information and education effort. This resolution will be introduced in the Senate when the new congressional session begins in January, and I am certain that it will be adopted as an expression of the continued support in the Congress of this vital movement.

My purpose in mentioning Cancer Progress Year is twofold: First, I want to call your attention to the magnitude and importance of the contribution to medical research, and to the health and welfare of the people of this Nation and the world over, which was made by the Congress in adopting the National Cancer Institute Act of 1937. This legislation, which inaugurated the modern era of medical research, is indeed a milestone on the highroad of human progress. Second, I wish to emphasize the urgency of the challenge that still confronts us for the ultimate conquest of cancer.

As we approach the anniversary of this important act, I hope that the American peo-

ple fully appreciate the wisdom and foresight shown by the Congress in establishing the National Cancer Institute in the late thirties. It was around that time that infectious diseases were being brought under better control and it was becoming obvious that the chronic and degenerative diseases were going to be the big problem of the future. Even in 1937 heart and circulatory diseases were the leading cause of death in this country, and it was only a year later that cancer moved into second place ahead of influenza and pneumonia. From then on, with the aid of sulfa drugs and later the antibiotics, deaths from infectious diseases steadily declined, and the proportion of our population liable to the threat of chronic diseases in later life began to grow.

The National Cancer Institute was the first unit of our medical research center at the National Institutes of Health in Bethesda, Md. It was therefore the nucleus of a whole new concept of responsibility for the conduct and support of medical research on a scale far beyond the resources of private philanthropy or commercial enterprise. These activities include not only research itself, but also the construction and equipping of laboratory buildings and hospitals, the training of scientists, and the development of public health programs for the control of our major killing and crippling diseases.

In taking special note, then, of the anniversary of the National Cancer Institute Act of 1937, we are really recognizing the inauguration of a whole new approach to medical research. As this new pattern has developed over the years, it has mobilized research manpower and facilities throughout this country, and even abroad, for the most thorough and comprehensive attack ever made on the diseases that afflict mankind.

Those who work professionally in the cancer field are confident that the knowledge we possess today, if fully applied to the control of cancer, could quickly improve the ratio of lives saved from 1 in 3 to 1 in 2. But the point here is that right now, the best we can possibly do is to save only half of the people who get cancer, and I am sure we all agree that that is not enough.

What about the other half? What is going to be their fate? The answer can come only from continued research and prompt application of new knowledge gained through research.

In the cell examination test for uterine cancer—the "pap" smear research has given us a very effective weapon against one form of cancer. It is a form of cancer that takes the lives of many women in their most productive years and at a time they are most needed by their families. Thus, the 14,000 fatal cases of uterine cancer a year not only cause suffering and loss of life to the victims themselves, but strike a serious blow to families and communities the country over.

The American Cancer Society and the General Federation of Women's Clubs have undertaken a huge and important task. This is a pilot project, which means that the success achieved with it will greatly influence the pattern of future educational campaigns enlisting the cooperation of other national organizations to carry this vital health message to women throughout the country. There is much at stake here apart from the lifesaving character of the effort itself. There is an opportunity for both the society and the federation to show the country how effectively a project like this can be carried out.

Here in Rhode Island we want to pick up our end of the load and make one of the best showings of any State. We know how to do these things and we do them well. More than that, of course, we are no less

concerned with the health and welfare of our people than any other region of the United States.

As I said, there is much at stake here. But there is nothing to risk, and nothing to lose. There is only the opportunity to work hard for an undisputed cause, and to enjoy the rewards of a well-directed effort to stamp out one of the greatest threats to women everywhere—the threat of uterine cancer.