

SPEAK

Wednesday - March 9

106 Dirksen SOR

12:00 luncheon

aaci association of american cancer institutes

OFFICERS:

President

Albert F. LoBuglio, MD
Comprehensive Cancer Center
University of Alabama, Room 237
Birmingham, AL 35294-3300
Tel: 205-934-5077
Fax: 205-934-1608

Vice-President

John S. Kovach, MD
Mayo Comprehensive Cancer Center
Rochester, MN 55905
Tel: 507-284-4718
Fax: 507-284-1803

Secretary-Treasurer

Edwin A. Mirand, PhD, DSc
Roswell Park Cancer Institute
Buffalo, NY 14263
Tel: 716-845-3028
Fax: 716-845-8178

BOARD OF DIRECTORS:

Chairman

Joseph V. Simone, MD
Memorial Sloan-Kettering Cancer Center
New York, NY 10021
Tel: 212-639-5842
Fax: 212-717-3094

Robert C. Bast, Jr., MD
Duke Comprehensive Cancer Center
Durham, NC 27710
Tel: 919-684-3377
Fax: 919-684-5653

Nathan A. Berger, MD
Case Western Reserve University
Ireland Cancer Center
Cleveland, OH 44106
Tel: 216-844-8453
Fax: 216-844-3000

Paul A. Bunn, Jr., MD
University of Colorado Cancer Center
Denver, CO 80262
Tel: 303-270-3007
Fax: 303-270-3304

Charles A. Coltman, Jr., MD
Institute for Cancer Research and Care
San Antonio, TX 78229
Tel: 210-616-5580
Fax: 210-692-9823

Joseph S. Pagano, MD
UNC Lineberger Comprehensive Cancer Center
Chapel Hill, NC 27599-7295
Tel: 919-966-3036
Fax: 919-966-3015

Christopher T. Walsh, PhD
Dana Farber Cancer Institute
Boston, MA 02115
Tel: 617-632-2155
Fax: 617-632-2161

Max S. Wicha, MD
University of Michigan
Comprehensive Cancer Center
Ann Arbor, MI 48109-0752
Tel: 313-936-1831
Fax: 313-764-2566

January 6, 1994

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V

The Honorable Robert J. Dole
Minority Leader
United States Senate
S-230 - The Capitol
Washington, D. C. 20510

Dear Minority Leader Dole:

On behalf of the Association of American Cancer Institutes, I would like to extend to you an invitation to be the featured luncheon speaker at our annual meeting at Noon on Wednesday, March 9, 1994, in Room 106 Dirksen Senate Office Building. This meeting will be attended by cancer center directors from around the nation.

The Association of American Cancer Institutes represents 74 cancer research centers throughout the United States. For more than 25 years, this network of community cancer centers has been engaged in the front line battle in the war on cancer.

As you know, biomedical research in the United States has played a key role in setting the standards for quality health care. It is a role that the cancer centers want to continue as our nation moves ahead with reforming our health care system. Hearing your thoughts and comments on the role of biomedical research would not only be a great honor to us, but would also be of great benefit to our effort.

I appreciate your consideration, especially in light of your busy schedule. Hopefully, we will see you in March.

Sincerely,

Albert F. LoBuglio

Albert LoBuglio, M.D.
President

1-13-94 Interim letter



aaci association of american cancer institutes

March 8, 1994

TO: Senator Dole

FROM: Vicki *field*

RE: Remarks to Association of American Cancer Institutes

You are scheduled to deliver remarks to the directors of the American Cancer Institutes on March 9 at 12:00. About seventy people will be in the audience, most of whom are the directors of the cancer research centers throughout the U.S.

There are 74 cancer research centers in the country. The National Cancer Institute designates these centers to engage in basic cancer research. The cancer centers do not develop new cancer drugs, rather they test new drugs from the pharmaceutical manufacturers.

They would like you to speak for about ten minutes on your thoughts on health care reform. Specifically, they are concerned about federal funding for cancer research. The majority of the cancer centers are affiliated with state universities and, therefore, have a lot of federal grant support. They would like some assurances that health care reform will not negatively affect their funding. Senator Moynihan will also address the group.

Below are some key principles that address many of the concerns of the cancer center directors:

♦ Choice

If cancer patients are not allowed the choice to seek state-of-the-art cancer treatment, such treatment would be available only to affluent patients who could afford special insurance coverage. Also, if there is no cancer center within the alliance, as could be the case in the Administration's proposal, then those individuals would not have access to this type of specialty care.

♦ Price Controls

Although the cancer centers do not develop new drugs and therapies, they are the centers that perform the clinical tests on the efficacy of these treatments. The threat of price controls on pharmaceutical manufacturers and global budgets will significantly reduce the number of new pharmaceuticals in the market.

♦ Limits on Specialty Providers

The Administration bill creates a National Council on graduate medical education who are given authority to designate the number of residencies in each specialty each year. Their goal is to achieve a 55-45 split, between primary care and all other specialties. The creation of yet another National Board is just one more example of how decisions in the Clinton bill would be further removed from local institutions and individuals and be placed in the hands of federal bureaucrats.

♦ Innovation

One area of concern for the biotech and drug companies is the creation of an advisory council for breakthrough drugs that would review prices and make recommendations to the Secretary of Health and Human Services. The Secretary, under the Clinton plan, would have the authority to blacklist drugs that are deemed to be priced too high. The industry calls this price controls and says it will react by investing substantially less in research.

A survey of biotech companies released in February showed that 44 percent of cancer research has already been delayed or curtailed that would have directly affected lung, ovarian, and prostate cancer. According to the poll, 62 percent of the biotech companies predicted they would cut back further on cancer research if the Clinton bill became law.

♦ Standard Benefit Package

Any benefit package that does not include coverage for investigational therapies will essentially be the death knell for cancer center treatments.

♦ Funding

We appropriate about \$2 billion for cancer research each year. Over 500,000 Americans die of cancer each year in the U.S. We spend the same amount on AIDS, although that disease claims the lives of about 36,000 individuals.

NOTE: About \$51 million was appropriated for prostate cancer for FY 94.

♦ Incidence of Cancer

A white man of the baby boom generation has about twice the risk of developing cancer as his grandfather. And a white woman has about one and half times the risk of her grandmother.

Even when cancers caused by smoking and the aging of the population are disregarded cancer trends are still on the rise. This rise in cancer is occurring while rates of death from heart disease are rapidly falling. While Americans are becoming increasingly aware of the benefits of a healthy diet and exercise, environmental factors, outside of the individual's control, may be contributing to the rise in cancer rates -- another reason cited for more research funding.

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January 6, 1994

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I appreciate your consideration, especially in light of your busy schedule. Hopefully, we will see you in March.

Sincerely,

Albert F. LoBuglio

Albert LoBuglio, M.D.
President



aaci association of american cancer institutes



CHOICE

**IF CANCER PATIENTS ARE
NOT ALLOWED THE CHOICE
TO SEEK STATE-OF-THE-ART
CANCER TREATMENT, SUCH
TREATMENT WOULD BE
AVAILABLE ONLY TO
AFFLUENT PATIENTS WHO
COULD AFFORD SPECIAL
INSURANCE COVERAGE.**

**ALSO, IF THERE IS NO
CANCER CENTER WITHIN
THE ALLIANCE, AS COULD
BE THE CASE IN THE
ADMINISTRATION'S
PROPOSAL, THEN THOSE
INDIVIDUALS WOULD NOT
HAVE ACCESS TO THIS TYPE
OF SPECIALTY CARE.**



PRICE CONTROLS

**ALTHOUGH THE CANCER
CENTERS DO NOT DEVELOP
NEW DRUGS AND
THERAPIES, THEY ARE THE
CENTERS THAT PERFORM
THE CLINICAL TESTS ON
THE EFFICACY OF THESE
TREATMENTS. THE THREAT
OF PRICE CONTROLS ON**

**PHARMACEUTICAL
MANUFACTURERS AND
GLOBAL BUDGETS WILL
SIGNIFICANTLY REDUCE
THE NUMBER OF NEW
PHARMACEUTICALS IN THE
MARKET.**

◆ **LIMITS ON SPECIALTY
PROVIDERS**

**THE ADMINISTRATION BILL
CREATES A NATIONAL
COUNCIL ON GRADUATE
MEDICAL EDUCATION WHO
ARE GIVEN AUTHORITY TO
DESIGNATE THE NUMBER
OF RESIDENCIES IN EACH**

**SPECIALTY EACH YEAR.
THEIR GOAL IS TO ACHIEVE
A 55-45 SPLIT, BETWEEN
PRIMARY CARE AND ALL
OTHER SPECIALTIES. THE
CREATION OF YET ANOTHER
NATIONAL BOARD IN JUST
ONE MORE EXAMPLE OF
HOW DECISIONS IN THE
CLINTON BILL WOULD BE**

**FURTHER REMOVED FROM
LOCAL INSTITUTIONS AND
INDIVIDUALS AND BE
PLACED IN THE HANDS OF
FEDERAL BUREAUCRATS.**



INNOVATION

**ONE AREA OF CONCERN
FOR THE BIOTECH AND
DRUG COMPANIES IS THE
CREATION OF AN ADVISORY
COUNCIL FOR
BREAKTHROUGH DRUGS
THAT WOULD REVIEW
PRICES AND MAKE
RECOMMENDATIONS TO**

**THE SECRETARY OF HEALTH
AND HUMAN SERVICES.**

**THE SECRETARY, UNDER
THE CLINTON PLAN, WOULD
HAVE THE AUTHORITY TO
BLACKLIST DRUGS THAT
ARE DEEMED TO BE PRICED
TOO HIGH. THE INDUSTRY
CALLS THIS PRICE
CONTROLS AND SAYS IT**

**WILL REACT BY INVESTING
SUBSTANTIALLY LESS IN
RESEARCH.**

**A SURVEY OF BIOTECH
COMPANIES RELEASED IN
FEBRUARY SHOWED THAT
44 PERCENT OF CANCER
RESEARCH HAS ALREADY
BEEN DELAYED OR
CURTAILED THAT WOULD**

**HAVE DIRECTLY AFFECTED
LUNG, OVARIAN, AND
PROSTATE CANCER.**

**ACCORDING TO THE POLL,
62 PERCENT OF THE
BIOTECH COMPANIES
PREDICTED THEY WOULD
CUT BACK FURTHER ON
CANCER RESEARCH IF THE
CLINTON BILL BECAME LAW.**



STANDARD BENEFIT

PACKAGE

ANY BENEFIT PACKAGE

THAT DOES NOT INCLUDE

COVERAGE FOR

INVESTIGATIONAL

THERAPIES WILL

ESSENTIALLY BE THE

DEATH KNEEL FOR CANCER

CENTER TREATMENTS.

◆ **FUNDING**

**WE APPROPRIATE ABOUT \$2
BILLION FOR CANCER
RESEARCH EACH YEAR.**

**OVER 500,000 AMERICANS
DIE OF CANCER EACH YEAR
IN THE U.S. WE SPEND THE
SAME AMOUNT ON AIDS,
ALTHOUGH THAT DISEASE
CLAIMS THE LIVES OF**

ABOUT 36,000 INDIVIDUALS.

**NOTE: ABOUT \$51 MILLION
WAS APPROPRIATED FOR
PROSTATE CANCER FOR FY
94.**

◆ **INCIDENCE OF CANCER**
A WHITE MAN OF THE BABY
BOOM GENERATION HAS
ABOUT TWICE THE
RISK OF DEVELOPING
CANCER AS HIS
GRANDFATHER. AND A
WHITE
WOMAN HAS ABOUT ONE
AND HALF TIMES THE RISK

OF HER GRANDMOTHER.

**EVEN WHEN CANCERS
CAUSED BY SMOKING AND
THE AGING OF THE
POPULATION ARE
DISREGARDED CANCER
TRENDS ARE STILL ON THE
RISE. THIS RISE IN CANCER
IS OCCURRING WHILE**

**RATES OF DEATH FROM
HEART DISEASE ARE
RAPIDLY FALLING. WHILE
AMERICANS ARE BECOMING
INCREASINGLY AWARE OF
THE BENEFITS OF A
HEALTHY DIET AND
EXERCISE, ENVIRONMENTAL
FACTORS, OUTSIDE OF THE
INDIVIDUAL'S CONTROL,**

**MAY BE CONTRIBUTING TO
THE RISE IN CANCER RATES
-- ANOTHER REASON CITED
FOR MORE RESEARCH
FUNDING.**

March 8, 1994

TO: Senator Dole

FROM: Vicki

RE: Remarks to Association of American Cancer Institutes

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