1960

**Association of Cancer Institute Directors (ACID), 1960**

Office of the President

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November 3, 1960

Memorandum

To: Members of the Association of Cancer Institute Directors

Subject: Minutes of August Meeting and Proposal for January, 1961

Meeting Date

Enclosed is a copy of the minutes of August 31 meeting of our Association for your review.

At the August meeting it was agreed to hold the next meeting at this institution in January, 1961. It is proposed for your consideration that the date be scheduled for Friday, January 20, 1961 in order that those who wish to go on to the Mexico City meeting of the American College of Surgeons, January 23-26, may conveniently do so.

Please indicate on the form below whether you can be present, detach it and return to me.

R. Lee Clark, Jr., M. D.
Secretary

I expect to be able to attend [ ] the meeting on January 20, 1961 in Houston.

I shall be unable to attend [ ]

Remarks:

__________________________________________________________________________

Name
ASSOCIATION OF CANCER INSTITUTE DIRECTORS

Minutes of Meeting

August 31, 1960
Roswell Park Memorial Institute
Buffalo, New York

The business meeting of the Association of Cancer Institute Directors began at 9:30 a.m. with the following members present:

R. Lee Clark, Jr. The University of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas
Sidney Farber Children's Hospital, Boston, Massachusetts
J. R. Heller Memorial-Sloan-Kettering Cancer Center, New York, New York
George Moore Roswell Park Memorial Institute, Buffalo, New York
W. Bradford Patterson Pondville Hospital, Walpole, Massachusetts
Harold P. Rusch University Hospital - McArdle Memorial Laboratory for Cancer Research, Madison, Wisconsin
William L. Simpson Detroit Institute for Cancer Research, Detroit, Michigan
Joseph G. Strawitz The American Oncologic Hospital, Philadelphia, Pennsylvania

The first item of business was a discussion of cancer institutes over the world. An attempt was made to define just what a cancer institute should be as compared to a cancer center.

The problem relating to the quasi-scientific groups or organizations which term themselves cancer centers was presented and it was decided to review all of the possible "cancer institutes" in the world to obtain a comprehensive list from which a program evaluation could be made. Specific institutions discussed were Ellis Fischel, Columbia,
Missouri; the Argonne National Laboratory, Chicago; the Ben May Hospital, Chicago; Oklahoma Medical Research Institute at Oklahoma City; the Noble Foundation at Ardmore, Oklahoma; the Brookhaven National Laboratory at Upton, Long Island, the Penrose Hospital at Colorado Springs; the Skin and Cancer Hospital of Philadelphia; the Barnard Free Skin and Cancer Hospital, St. Louis. Cancer institutes in Canada and Europe were discussed in general. Each member of the group was urged to check informally on any institution in which he is interested, and Dr. George Moore offered to make an effort to obtain a reliable list of cancer institutes in the world. Doctor Moore felt that, particularly, he could obtain information on those in Japan; Doctor Rusch, those in India; and Doctor Clark those in South America.

The second item of business centered around the pending federal appropriation for cancer centers and cancer research facilities construction. The Senate and the House had just concurred on a total appropriation for the National Cancer Institute of $111,000,000, of which $5,000,000, in non-matched funds is earmarked for construction of cancer research facilities. Of an appropriation for clinical research centers, $6,000,000 is designated for cancer centers. The philosophy behind these appropriations was discussed and the possibility of the various institutions participating in them was considered. It was decided that there should be no joint effort at the present time, but that each institution should present its own needs through appropriate channels. Doctors Farber and Heller contributed much to this discussion from their first-hand knowledge of the discussions relative to obtaining the appropriations.

The third order of business was a presentation by each representative of his institution's needs. This was very interesting to all concerned. It showed the similarity of the objectives, programs and financing of the cancer institutes. It was concluded that each institution would prepare a report similar to that submitted by Dr. George Moore, so that an adequate comparison could be made. In his report, Doctor Moore projected his budget for a five-year period. The individual presentations will not be included in these minutes, but will be made available to the group when all of the reports have been accumulated by the President. It was stressed that all information relative to each institution could be made freely available to the members only if regarded by all institutions as being confidential in nature. It was unanimously agreed that the information would be for personal knowledge and would not be reproduced or distributed except by direct permission.

Individual reports were made by Doctors Heller, Farber and Rusch concerning their individual activities in the cancer field, and the new director of the American Oncologic Hospital in Philadelphia, Doctor Strawitz, presented an outline of that institution's present program and planning, which was of much interest.
It is planned to invite directors of other institutions, who are not now members of the Association, to attend future meetings as guests to outline their programs and plans for the future.

The last item of business was the decision to hold the next meeting of the Association in January, 1961 at The University of Texas M. D. Anderson Hospital and Tumor Institute in Houston.

In the afternoon, informal discussions were held with the department heads at Roswell Park. Doctors Holland (Medicine), Nichol (Experimental Therapeutics), Pressman (Biochemistry) and Levin (Epidemiology) presented their departmental activities, particularly their progress in research.

Following a brief tour of the Institute and its laboratories, the meeting was adjourned.

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Secretary
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Missouri; the Argonne National Laboratory, Chicago; the Ben May Hospital, Chicago; Oklahoma Medical Research Institute at Oklahoma City; the Noble Foundation at Ardmore, Oklahoma; the Brookhaven National Laboratory at Upton, Long Island, the Penrose Hospital at Colorado Springs; the Skin and Cancer Hospital of Philadelphia; the Barnard Free Skin and Cancer Hospital, St. Louis. Cancer institutes in Canada and Europe were discussed in general. Each member of the group was urged to check informally on any institution in which he is interested, and Dr. George Moore offered to make an effort to obtain a reliable list of cancer institutes in the world. Doctor Moore felt that, particularly, he could obtain information on those in Japan; Doctor Rusch, those in India; and Doctor Clark those in South America.

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R. Lee Clark, Jr., M. D.
Secretary
Dr. George E. Moore  
Roswell Park Memorial Institute  
Buffalo 3, New York

Dear Doctor Moore:

At the request of Doctor Clark, I am pleased to enclose the following:


"Experience with Mammography in a Tumor Institution, Evaluation of 1000 Studies". Egan, Robert L. Radiology, December, 1960. (to be published)

Very truly yours,

Betty Michalek  
Administrative Secretary

Encls.
R. Lee Clark, Jr., M.D.
Director
M. D. Anderson Hospital
University of Texas Medical Center
Houston, Texas

Dear Lee:

Attached is a letter from Frederick Urbach, M. D. who apparently is in charge of The Skin and Cancer Hospital of Philadelphia. I think that we should at least consider such units which have interests in cancer research even though they don't cover the whole spectrum of cancer therapy and research.

The Dean of the Medical School at Omaha has written me concerning the Eppley Institute for Research in Cancer and Allied Diseases which he indicates is to be expanded. I thought you might know something about it.

It was nice to see you in San Francisco.

Sincerely yours,

George E. Moore, M. D.

GEM:ns

Enc. Don't forget to forward the illustrated copy of Dr. Egan's manuscript on Breast x-ray!

Also you were going to send me the work on the anti-hormone (ovariectomy) effect of TSPA. - George
October 10, 1960

George E. Moore, M.D., Ph.D.
Director
Roswell Park Memorial Institute
Buffalo 3, New York

Dear George:

Thank you very much for your kind letter concerning our conference. I believe that we will be sure to get the money for it but are still undecided about the exact date; since it now appears that the International Cancer Congress will be held in Moscow in 1962, about the same time as our planned Conference.

I recently had occasion to talk to Tim Talbot, and he suggested that I write to you to clarify somewhat our interests in cancer research. I have, of course, been aware of the Association of Cancer Research Institutes, and it is with this organization in mind that Tim suggested I write to you.

We can probably best state our position in the following fashion: Our hospital is, as far as clinical material is concerned, an institution limited for the most extent to patients with skin diseases. We have, however, an active Tumor Clinic which treats about 300 or more patients with skin cancer per year. Our facilities for treating these patients encompass all modalities, including surgery, radiation, local destruction, and chemotherapy. We do not, however, treat patients with cancer other than that of the skin -- although we take care of our own patients as far as metastatic disease is concerned.

On the other hand, almost our entire research effort is in the field of cancer research. You are, of course, aware of my personal interests in the field of tissue oxygen tension, ultraviolet carcinogenesis, and experimental cutaneous skin cancer. In addition, our Pathology Department is actively investigating the relationship of Bowen's disease to internal cancer, and working on skin arsenic levels and a number of histochemical approaches in the cancer field. We are in the process of developing a tissue culture unit which will probably concern itself with the utilization of skin organ cultures for possible use in the screening of known carcinogens and attempt to better define some of the biological phenomena resulting from the interaction of carcinogen and the cutaneous organ.
I think it is easiest to sum up this description of our interests by stating that we have presently pending before the Public Health Service an application for a Training Grant which will be handled by the National Cancer Institute, and it appears that Ralph Maeder and his group are very interested in expanding the field of cutaneous oncology. I would state, therefore, that although our clinical material is limited by the fact that we operate as a dermatological unit, our clinical and research interests are to a very large degree in the field of cancer research.

We should be most interested in participating and being allowed to join the Association of Cancer Research Institutes. And I believe that our work, at least from our point of view, is sufficiently intensely associated with cancer research that this group might consider us seriously. I should be very happy to hear your comments and, of course, if any further information is required I should be only too happy to send it to you.

We have high hopes of being able to build a new building in the near future which will be even better suited for this purpose than our present one. In addition to a full-time Staff of five medical investigators, we now also have the full-time services of a Ph.D., biochemist, immunologist, and biophysicist.

I am happy to hear that your building program is going along so well, and hope to see you in the not too distant future. Certainly, I shall see you at the Dermatologic Meeting in Chicago, and I am pleased to hear that you will be our guest speaker there.

With my very best regards to yourself, Lori, and all the Staff,

Sincerely yours,

Frederick Urbach, M.D.
Associate Professor of Dermatology
Office of Education

September 12, 1960

Henry T. Randall, M.D.
Clinical Director
Memorial Center
For Cancer and Allied Diseases
444 East 60th Street
New York 21, New York

Dear Tom:

Thank you very much for your letter of September 2, 1960. I talked with Lee Clark about the "Society of Directors of Cancer Institutes". He informs me that certainly it is the purpose of this organization to have us all grow closer together and to consider the problems of postgraduate education, how best to handle grants and so forth. I am sure that I will be seeing you in Minneapolis, but I wanted to send you this little note of appreciation for your friendship and co-operative spirit.

With kind regards,

Murray M. Copeland, M.D.
Assistant Director

cc: Dr. R. Lee Clark, Jr., Director
Memorial Center
For Cancer and Allied Diseases
444 East 68th Street, New York 21, N. Y.

September 2, 1960

Dr. Murray M. Copeland
Assistant Director
M.D. Anderson Hospital and
Tumor Institute
Houston 25, Texas

Dear Murray:

Many thanks for your letter. I had heard that you were going down to
the M.D. Anderson, and of course, Art Holleb told me of his talk with
you. We certainly are more than glad to give you and Lee any and all
information that will be of help to you, and more than that. I think it
would benefit us all if the Centers that are particularly interested
in training in cancer kept in touch with each other and exchanged ideas,
presented our opinions to various Boards, etc.

Something of this plan seemed to be evolving in the "Society of Direc-
tors of Cancer Institutes" of which I was a temporary member of
during the past year. I spoke about our training programs here at a
meeting of this group, and discussed some of the problems. Perhaps
informally you and Art Holleb can keep up the postgraduate education
phase of interest until we see how things evolve with that group,
where problems and interests are probably headed in the direction of
basic research, and how best to handle grants, etc.

I will be in Minneapolis on the 13th and 14th and will look forward
to seeing you then.

Sincerely yours,

Henry T. Randall, M.D.
Clinical Director

HTR: jm
August 27, 1960

R. Lee Clark, Jr., M.D.
Director & Surgeon in Chief
University of Texas
M.D. Anderson Hosp. Tumor Inst.
Houston 25, Texas

Dear Doctor Clark:

Many thanks for your letter of July 14, 1960 and your invitation to attend the meeting of the Association of Cancer Institute Directors as the representative of the American Oncologic Hospital.

I consider it a privilege to be invited to your third meeting and will be looking forward to seeing you in Buffalo on August 31, 1960.

Sincerely yours,

Joseph G. Strawitz, M.D.

JGS/tam
Dear Dr. Clark:

Thank you for your letter of 12 July regarding the meeting of the Association of Cancer Institute Directors to be held at Roswell Park Memorial Institute in Buffalo, New York, on 31 August. It arrived while I was travelling in Europe, and I have just now returned.

Much as I should like to represent the Sloan-Kettering Institute at this meeting of Cancer Institute Directors, it conflicts with a commitment on the same day which I cannot possibly escape. I regret that this will prevent me from coming to Buffalo.

Yours sincerely,

Frank L. Horsfall, Jr., M.D.
President and Director

Dr. R. Lee Clark, Jr.
Director
M.D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston 25, Texas
Dear Lee:

We were informed that Dr. Heller and Dr. Farber would attend the meeting of ACID. It is my understanding that Dr. Horsfall will also attend. Drs. Simpson and Patterson have indicated that they will attend. Yesterday Dr. Rusch sent a letter indicating that he also would be at the meeting.

I think it would be a good idea to put consideration of a publication representing ACID on the agenda. Perhaps it would be well to send out an agenda to the members as a reminder of the meeting. I presume such an agenda should include:

1. Discussion of present legislation affecting cancer research;
2. Discussion of proposed legislation;
3. Discussion of the 1962 International Cancer Congress;
4. Proposed publication entitled "Collective Papers of American Cancer Institutes";
5. Highlights of the Roswell Park Research Program.

Sincerely yours,

George E. Moore, M.D.
August 17, 1960

Dr. R. Lee Clark, Jr.
Director & Surgeon-in-Chief
M.D. Anderson Hospital and
Tumor Institute
Texas Medical Center
Houston 25, Texas

Dear Lee:

Thank you for your letter of July 11 re the next meeting of the Association of Cancer Institute Directors. This letter was waiting for me on my return from vacation.

I understand that both Rod Heller and Frank Horsfall will probably attend the meeting on August 31, so we will be most ably represented. Unfortunately, I have a conflict and won’t be able to make it.

Very sincerely yours,

Henry T. Randall, M.D.
Clinical Director

HTR: f
August 15, 1960

Dr. George E. Moore  
Roswell Park Memorial Institute  
Buffalo 3, New York

Dear George:

I have just heard from Kenneth Endicott who advises he will not be able to attend the August 31 meeting. Doctors Heller and Farber have both signified their intention of attending and I will attend. Several others will probably be present but I have not yet heard from them. Because of the shortness of time, perhaps it would be best if you sent the remainder of the group a telegram request.

Unless you advise otherwise, I will continue to plan on attending on the date as determined.

Sincerely yours,

R. Lee Clark, Jr., M. D.  
Director and Surgeon-in-Chief

RLCjr/dp
R. Lee Clark, Jr., M.D.
Director
The University of Texas M. D. Anderson
Hospital and Tumor Institute
Houston 25, Texas
(do not)
I  (do) plan to attend the Association of Cancer Institute Directors meeting to be held at 9:00 a.m., February 4, 1960, in the conference room of Building T-19, Bethesda, Maryland.

Name  T. R. Talbot, Jr.
Address  7701 Burholme Ave

Philad. 11, Pa.

(do not)
I    (do) plan to attend the Association of Cancer Institute Directors meeting to be held at 9:00 a.m., February 4, 1960, in the conference room of Building T-19, Bethesda, Maryland.

Name  C. Stock
Address  410 E. 68th St.

New York 21, N. Y.

(do not)
I    (do) plan to attend the Association of Cancer Institute Directors meeting to be held at 9:00 a.m., February 4, 1960, in the conference room of Building T-19, Bethesda, Maryland.

Name  W. Bradford Patterson
Address  Pondville Hospital
Box 111, Waltham, Mass.
I X (do) plan to attend the Association of Cancer Institute Directors meeting to be held at 9:00 a.m.,
February 4, 1960, in the conference room of Building
T-19, Bethesda, Maryland.

Name
Addres
August 10, 1960

Dr. R. Lee Clark, Jr.
The University of Texas
M. D. Anderson Hospital
and Tumor Institute
Texas Medical Center
Houston 25, Texas

Dear Dr. Clark:

I have just learned that I will be away from the Cancer Institute through early September, and my schedule will not permit me to attend the meeting of the Association of Cancer Institute Directors at Roswell Park Memorial Institute on August 31. I regret I shall have to forego the opportunity to meet with the group at this time.

There have been no developments as far as legislation is concerned that would permit me to add to my comments of July 19 regarding cancer centers.

Sincerely yours,

Kenneth M. Endicott, M. D.
Director
National Cancer Institute

cc: Dr. George Moore
Roswell Park Memorial Institute
Buffalo, New York
1 August 1960

Dear Dr. Clark:

This is to acknowledge your letter of 12 July addressed to Dr. Horsfall who has been out of the country. He will return toward the end of August.

I shall call your letter to his attention upon his return.

Yours sincerely,

Ann Gambardella
Secretary to Dr. Horsfall

Dr. R. Lee Clark
Director and Surgeon-in-Chief
M.D. Anderson Hospital
Texas Medical Center
Houston 25, Texas
Dr. R. Lee Clark, Jr.
M. D. Anderson Hospital
Texas Medical Center
Houston 25, Texas.

Dear Dr. Clark:

Dr. Moore would like to make arrangements for a dinner party for members of the ACID when they meet in Buffalo on August 31. He would appreciate your advising him how many members plan on being in Buffalo on that date. Thank you.

Sincerely,

Martha S. Wahl
Mrs. K. Wahl
Secretary to Dr. Moore
Invitation - sent to
Dr. Stearns - Am. Analogues Rep. Penn
Dr. Frank L. Horsfall - C.E. - Kettering
Dr. H. J. Randall - Menomel Center
Dr. Tom L. Simpson
Dr. Harold P. Kiessel
Dr. Bradford Patterson
Dr. Sidney Farber
Mrs. John P. Helke
Mrs. J. R. Fulchin
Mrs. Kenneth Endicott
Dr. R. Lee Clark, Jr.
Director and Surgeon-in-Chief
The University of Texas
M.D. Anderson Hospital
and Tumor Institute
Texas Medical Center
Houston 25, Texas

Dear Dr. Clark:

I shall plan to attend the August 31 meeting of the Association of Cancer Institute Directors at Roswell Park Memorial Institute, but in view of our uncertain state of affairs with regard to budget appropriations, it may be necessary for me to cancel out at the last minute.

We are having a special session of the National Advisory Cancer Council on August 5 and 6, at which time we will be discussing grants for cancer centers. I should be able to report to the group the views of the Council regarding Federal grants.

Unfortunately, it probably will not be possible by August 31 to give the group any clear idea as to what our 1961 program will be. It is highly unlikely that there will be an appropriation by that time and, certainly, almost impossible that any Bureau of the Budget approval will have been obtained regarding the support of cancer centers. I, therefore, hesitate to suggest any item for a formal agenda but will be glad to comment on the current status at that time.

Sincerely yours,

Kenneth M. Endicott, M.D.
Director
National Cancer Institute

P.S. Now is the Bragus Business.
July 18, 1960

Dr. R. Lee Clark, Jr.
M. D. Anderson Hospital
Texas Medical Center
Houston 25, Texas

Dear Lee:

I am planning to be with you at the ACID meeting at the Roswell Park Memorial Institute on August 31st at 9 a.m.

Always with best wishes, I am -

Sincerely yours
Dr. R. Lee Clark, Jr.
M. D. Anderson Hospital
Texas Medical Center
Houston 25, Texas

Dear Lee:

Many thanks for your letter of July 12 concerning the next meeting of the Cancer Institute Directors. The time - August 31 - is satisfactory and I will place it on my calendar. I am looking forward to the chance of seeing the work that George Moore and his group are doing at Roswell Park and the day should be an interesting and helpful one.

With all good wishes,

Sincerely yours,

J. R. Heller, M. D.
President
July 15, 1960

Dr. R. Lee Clark, Jr.
Director and Surgeon-in-Chief
M.D. Anderson Hospital and
Tumor Institute
Texas Medical Center
Houston 25, Texas

Dear Dr. Clark:

Your letter regarding the next meeting of the Association of Cancer Institute Directors has been received. Dr. Randall is on vacation and will return on August 2nd.

When he returns, we will call your letter to his attention.

Very sincerely yours,

(Miss) Jane McKenzie
Secretary to Dr. Randall
July 14, 1960

Dr. Stroauwitz
American Oncologic Hospital
33rd Street and Powelton Avenue
Philadelphia, Penna.

Dear Doctor Stroauwitz:

The Association of Cancer Institute Directors was organized in 1959 for the purpose of a better liaison between the cancer institutes of America.

Dr. George Moore, our first president, has invited us to hold our third meeting at Roswell Park Memorial Institute in Buffalo, New York, August 31, 1960 beginning at 9:00 a.m. We would like to have you represent your institution at this meeting which will also afford each of us an opportunity to see the Roswell Park Memorial Institute and obtain a review of its program.

Sincerely yours,

R. Lee Clark, Jr., M. D.
Director and Surgeon-in-Chief

RLCjr/dp

bcc: Dr. George Moore

P. S. Please accept my sincere apology for not having your full name but we were unable to locate it in our current listing of medical men.
July 12, 1960

Dr. Frank L. Horsfall, Jr.
President and Director
Sloan-Kettering Institute
444 East 68th Street
New York 21, N. Y.

Dear Doctor Horsfall:

The Association of Cancer Institute Directors was organized in 1959 for the purpose of a better liaison between the cancer institutes of America. Dr. C. P. Rhoads was one of the organizers of this group.

Dr. George Moore, our first president, has invited us to hold our third meeting at Roswell Park Memorial Institute in Buffalo, New York, August 31, 1960 beginning at 9:00 a.m. We would like to have you represent your institution at this meeting which will also afford each of us an opportunity to see the Roswell Park Memorial Institute and obtain a review of its program.

Sincerely yours,

R. Lee Clark, Jr., M. D.
Director and Surgeon-in-Chief

RLCjr/dp
bcc: Dr. George Moore
July 11, 1960

Dr. H. T. Randall
Memorial Center
New York City, N.Y.

Dear Doctor Randall:

After contacting all members of the Association of Cancer Institute Directors it would appear that the last week in August is the most appropriate time for the majority of the group to meet.

Dr. George Moore has invited us to hold our meeting at Roswell Park Memorial Institute at Buffalo, New York, August 31, 1960 beginning at 9:00 a.m.

While the general topic for the forthcoming meeting of ACID will again center around the discussion of the possible participation of federal grants in our individual programs, Dr. George Moore will prepare a formal agenda. He will appreciate hearing from any of you regarding topics you would like to have included in the program.

This meeting will afford each of us an opportunity to see the Roswell Park Memorial Institute and obtain a review of its program.

Sincerely yours,

R. Lee Clark, Jr., M. D.
Director and Surgeon-in-Chief

RLCjr/dp
bcc: Dr. George Moore

Like letter sent to following: Dr. Wm. L. Simpson; Dr. Harold P. Rusch; Dr. Bradford Patterson; Dr. Sidney Farber; Dr. John R. Heller; Dr. T. R. Talbot, Jr.; Dr. Kenneth Endicott
ACID membership

Dr. George E. Moore - Roswell Park Memorial Institute

Dr. William L. Simpson - Detroit Inst. of Cancer Research

Dr. Harold P. Rusch - University Hospital-McArdle Memorial Lab for Cancer Research

Dr. Bradford Patterson - Commonwealth of Mass. Dept of Public Health-Pondville Hospital

Dr. Sidney Farber - Children's Hospital - Boston, Mass.

Dr. C. Chester Stock - Sloan-Kettering Institute

Dr. John R. Heller - National Cancer Institute

Dr. T. R. Talbot - The Institute for Cancer Research

Dr. R. Lee Clark, Jr.

Dr. Endicott - National Cancer Institute

Jos. G. Strawitz

Dr. Strawitz - Cancerologic Hosp.
Philadelphia, Pa
July 8, 1960

Dr. Sidney Farber
Children's Hospital
Boston, Massachusetts

Dear Doctor Farber:

The agenda for the forthcoming meeting of ACID, to be held at 9:00 a.m. August 31, 1960 at Roswell Park Memorial Institute, Buffalo, New York, will again center around the discussion of the possible participation of federal grants in our individual programs. Dr. George Moore will prepare a formal agenda, but in the meantime he would appreciate hearing from any of you regarding topics you would like to have included in the program. This meeting will afford each of us an opportunity to see the Roswell Park Memorial Institute and obtain a brief review of its program.

Sincerely yours,

R. Lee Clark, Jr., M. D.
Director and Surgeon-in-Chief

RLCjr/dp

bcc: Dr. George E. Moore

NOTE: Like letter sent to each member ACID
May 25, 1960

R. Lee Clark, Jr., M.D.
Director
M. D. Anderson Hospital
University of Texas
Houston, Texas

Dear Lee:

Have you given any thought to the time and place
for the next meeting of ACID? During our previous discussion,
Texas and Boston were thought of as possible sites for the meeting.

I have invited Ken Endicott to join future meetings.

Sincerely,

George E. Moore, M.D.

GEM:mm

We should try to get a summary
of congressional plans soon.

My wife has had, for the first time
some uterine problem so that keeping t

-
Ken Endicott, M. D.
Director
National Cancer Institute of Health
Bethesda 14, Maryland

Dear Ken:

I do not know whether to congratulate or commiserate with you upon your appointment. In any event, the Staff at Roswell Park joins me in wishing you every success.

As you may know, a group of the cancer institute directors have initiated a self-study group entitled the "Association of Cancer Institute Directors" (ACID). As President of this group, I wish to formally invite you to attend our meetings as the representative from the National Cancer Institute. Dr. Heller seemed to enjoy the meetings and felt that he received many useful opinions from the institute directors. Certainly, we learned much from him.

Dr. Lee Clark is Secretary of the Association and will keep you informed of future meetings.

Sincerely yours,

George E. Moore, M. D.

GEMins

CC: Dr. R. Lee Clark
Dear Lee:

I found the enclosed ballot in the stack on my desk when I started through it recently. I had intended to give it to you at the meeting in Chicago, but apparently that meeting never materialized.

The letter to which you referred in your memorandum was not enclosed with my copy so I can vote for including Harold Rusch only on the basis that he would be a fine addition to the group.

Cordially yours,

William L. Simpson, M.D.
Scientific Director

WLS:sdc
Enclosure
TO:

Dr. Lee Clark

(Fold here for return)

To  

Dr. Carl G. Baker

From:

Asst. Dir., NCI

PHONE  

3-19, Room 102

Thank you.
Nominee for Charter Membership in Association of Cancer Institute Directors:

Dr. Harold P. Rusch, Director
McArdle Memorial Laboratory for Cancer Research
The University of Wisconsin Medical School

VOTE  Affirmative  X  Negative

W.H. Simpson
April 25, 1960

R. Lee Clark, Jr., M. D.
Director and Surgeon-in-Chief
M. D. Anderson Hospital
Texas Medical Center
Houston 25, Texas

Dear Lee:

I think we should have a meeting in the last part of May or early part of June as was indicated during the last meeting. This time would be valuable since the National Legislative Program should be completed and we could get reports on them. Perhaps Dr. Farber could advise us as to a suitable time.

We will also have to decide how we are going to handle the Memorial situation since there are now four medical-scientific administrators. Perhaps it would be best to write Dr. Heller and Dr. Horsfall, but the decision as to the alternate should be left up to Dr. Heller.

I think it would be most important for us to get additional information about the Institutional Grant Program since this will materially affect the growth of the independent cancer centers. The present status of the Cancer Center Program should also be reviewed. We did not discuss the desirability or lack of same, of establishing a cancer institute project.

The place of the next meeting could be here at Roswell Park or in Boston. We could save a meeting in Texas for the winter season.

Sincerely yours,

George E. Moore, M. D.
Dr. R. Lee Clark, Jr.
M. D. Anderson Hospital
University of Texas
Houston, Texas

Dear Lee:

As a member of the Association of Cancer Institute Directors, I wish to add my vote in favor of the plans of the National Cancer Institute for establishing Cancer Centers throughout the country.

The concept seems to me reasonable and necessary. Since I cannot speak for the effect of this program on the national cancer research program, I will note here only the ways in which it would affect the program at Pondville Hospital.

I have no desire to see Pondville become a very large center. Our present small size gives us the real advantage of being close to our patients in their homes and communities, and I would not wish to lose this relationship. If the type of support which is outlined in the Cancer Centers program were made available here, I would endeavor to gather a small group of exceptionally gifted people to carry on the research. Although we certainly would be multi-disciplined, one of our primary interests would be in studying the total need of the cancer patient in his community.

A preliminary estimate of our financial needs for the first year of such a program would be $800,000 for planning and initial construction, and $1,000,000 for additional operating budget. The second year would involve a capital outlay for construction in the range of $4,000,000 with an operating budget of $1,500,000 requested. During the succeeding three years of a five-year program we do not anticipate that major construction would be needed each year and would suspect that our request for an additional operating budget would not increase by more than $1,000,000 per year.
In considering the national impact of this Cancer Center program, I cannot help but be concerned about the effect of this program on our medical manpower situation. Unless it is gradual in its inception, the program will create a further marked shortage of people available for clinical work in the general medical field, and I suspect that this will create even greater pressure on the Federal Government to step in with programs to solve that shortage also. I feel, therefore, that as Cancer Centers we must be "self-feeding" and produce as many research technicians and scientists from our communities as we take from them.

I will await with interest further developments in this area and will look forward to our next meeting in April at Chicago.

Sincerely yours,

W. Bradford Patterson, M. D.
Chief of Professional Services

WBP: g

cc: Dr. C. W. Twinam
    Dr. Sidney Farber
Dr. R. Lee Clark, Director,
M. D. Anderson Hospital,
Texas Medical Center,
Houston 25, Texas.

February 11, 1960

Dear Lee:

Presented in summary form, our present facilities and future plans can be listed as follows:

Replacement value of present laboratory facilities $6,000,000.

Necessary rehabilitation, conversion or maintenance of present facilities, during the next 2 or 3 years $350,000.

Present plans for necessary minimal expansion of laboratory facilities, to be completed within 2 or 3 years maximum $2,250,000.*

Plus equipment for new facilities, about 1,000,000.

Present plans for clinical facilities to serve immediate needs (40 beds), to be completed within 3 years 1,000,000.

Plus expansion within the next 2 or 3 years thereafter to a total of 100 beds 2,000,000.

Necessary residence quarters for Residents, Fellows, etc., and medical and graduate students and nurses, as well as visiting scientists - to be one-half completed in 3 years, the other half within 3 years thereafter 300,000.

*We have received notice that we will be awarded $750,000. in August 1960 from the Health Research Facilities Branch of NIH toward this project. We are having a rather difficult time, so far, in obtaining the matching funds plus the additional amount which will be needed.

Our current budget (1959-60) is estimated at $1,350,000.

Our total annual budget after adding the proposed new laboratory unit it is estimated will be about 2,500,000.

The annual cost of operating the 40 bed clinical unit is estimated at about 725,000.

Plus salaries of research and clinical staff at about 250,000.

Thereafter, as the size of the clinical unit increases, costs will rise accordingly.

We are, therefore, in almost immediate need of about $6,000,000. for new facilities, and within three years it is estimated that we will have an annual budget of at least $3,000,000. if we are able to provide the needed facilities. It is perhaps appropriate to point out that we now have an expected deficit of about $100,000. for the current fiscal period.
I hope that this is the information which you feel will be helpful, and I enclose copies of my letters of December 1, 1959 to Dr. Heller.

With kind regards,

Sincerely yours,

Tim

T. R. Talbot, Jr., M.D.
Director
December 4, 1952

Dr. Timothy Fleet, M.D.
Institute for Cancer Research
1915 Harned Avenue
Fox Chase
Bucks County, Pa.

Dear Dr. Fleet:

Just a note to say that your letters relating to institutional grants for cancer centers
have been referred to us in attempts to arrive at the proper administrative
measures and policies regarding the two issues.

With all best wishes.

Sincerely yours,

[Signature]

J. D. Johnston, M.D.
Director
National Cancer Institute
December 1, 1959

Dr. J. R. Heller, Director,
National Cancer Institute,
Baltimore 14, Md.

Dear Dr. Heller:

I have read with interest the record of Congressional committee hearings in which it was stated that consideration should be given to "the establishment of cancer centers in ten or more places in the country" (Report No. 6769 to accompany H.R. 6745; 86th Congress; from the Committee on Appropriations).

I should like to register with you some of my views and hopes regarding this proposal. This question should be thoroughly discussed and I shall, therefore, do my best to analyze the various factors which should be understood if the best decisions are to be made.

Our first obligation is to make the best use of facilities which are already in existence. There are two aspects of this to be considered: (1) improving or supplementing existing physical facilities, and (2) providing increased as well as more flexible support of operating costs.

We must also define what is meant by the term "cancer center". I assume that this is intended to imply that the very best clinical care, clinical research and laboratory research, all dedicated to the study of malignant disease, will be assembled at one location and under one administrative body. Thus, the term implies a large degree of autonomy in order that highly concentrated effort can be directed to the vast problem of cancer. Medical school affiliation or university affiliation is probably essential; but complete control by either of these is not. The main purpose of an institute within a cancer center is, or should be, research. The chief purpose of a medical school is teaching. We would all agree that there is considerable overlap in these functions, but the main emphases are clear.

If one lists the seven or eight largest cancer research laboratories it can be seen that most of them qualify to be called institutes on the basis of their functional autonomy. In some the major emphasis is clinical. Almost all of them have a hospital or are associated with a hospital out of which they grew or into which they were placed. The relationships between the clinical and the laboratory aspects of cancer research have created special problems for each of these institutions, and each will require an individualized type of support in order to round out their function as a cancer center. All of them, however, would benefit greatly from better and more flexible support of operating costs.

The Institute for Cancer Research should certainly be included in the list to which I referred above. The replacement value of our laboratories is about $6,000,000, and our budget is now about $1,300,000 per year.

Our plans for the future are the result of more than two years of intensive study and discussion with many experts in the field of cancer research. It has been agreed that we should proceed as rapidly as possible to (a) enlarge our laboratory facilities, and (b) create a clinical facility on our own campus.
We have recently learned that the Health Research Facilities Branch of the U. S. Public Health Service has awarded us $750,000 toward the completion of our laboratory expansion which, it is estimated, will cost about $2,200,000. This award will be announced in August 1960. We are now actively at work to find the remaining funds. We are also doing everything in our power to bring about a clinical unit which will be either affiliated with or will cooperate with other medical institutions in this city.

The Institute for Cancer Research, therefore, is in a unique position. It is one of the largest institutes in existence which is concerned with basic laboratory research in malignant disease; but it has no clinical facilities. This must be corrected, and I am confident that ultimately it will be.

It would be tragic if the large resources which we now have were not made the basis for creating a complete cancer center. With the availability of sufficient funds for a clinical unit this could be accomplished rapidly. If, on the other hand, a large cancer center were to be established elsewhere in this community especially at this time, then much of what we now have here would be wasted. In addition, I cannot overlook my conviction that what is needed in America is not only "more" but "better". Any nation has just so much talent and ability. Our task should be to make what we have into the best, and to provide the finest facilities. In order to do this we must first complete what we have already started.

There is much more which could be said in support of our thesis that we have, at the Institute for Cancer Research, a valuable nucleus for a cancer center in the best sense of the word. I shall not burden you with further details at this time, but I hope that you will let me know if there is anything that I should do in order to provide more information.

With kind regards,

Sincerely yours,

T. R. Taibot, Jr., M.D.
Director

cc: Mr. Whitaker
December 1, 1959

Dr. J. R. Baile, Director,
National Cancer Institute,
Bethesda 14, Md.

Dear Dr. Baile:

It has recently come to my attention that consideration is being given to legislation which will make it possible for the MCI to provide financial assistance to research in the form of Institutional grants.

It is unnecessary for me to lend additional support to this popular and admirable concept, because it is so obvious that additional unrestricted funds are essential to the maintenance of our present research efforts, and especially to the further growth of these efforts.

However, I view with alarm the present form in which the proposal has been made; namely, that such awards will be limited to universities or schools and departments within universities. Such a rule would eliminate research institutions such as The Institute for Cancer Research from this kind of grant, and would not only place us at a disadvantage but would prohibit assistance which we urgently need.

I could offer a long and detailed document describing our virtues and the contributions which this Institute has made. Rather than do this, perhaps the simplest arguments in our favor should be listed as follows:

1. During the current fiscal year the research programs of the ICR will receive the following support from the major granting agencies:

   (a) $311,000... from the MCI;
   (b) $215,000... from the American Cancer Society;
   (c) $71,000... from NIH, OCR and ASC.

   Our total budget is $1,397,000.

2. The Health Facilities Branch of the NIH has recently notified us of an award of $750,000... to be used for increasing our laboratory facilities.

3. Members of our staff have professorial and other appointments in two universities and one additional medical school in Philadelphia. We have graduate students from two universities working in our laboratories. In addition, we have recently become a part of the cooperative program for undergraduate students at the Drexel Institute of Technology.

The heart of the matter is really this: a research institute exists to do research. Research is one of the things which the MCI is trying to support. I agree, of course, that education must also be supported, in order to prepare men and women to do research and to be physicians. A research institute or a cancer center should have affiliations or cooperative relationships to one or more universities, but to demand that it be a part of the administrative and teaching protocol of a
Dear Mr. Pitts,

I am writing to express my sincere gratitude for the support your university has provided to the Institute for Cancer Research. Your institution has been a valuable partner in our efforts to advance cancer research and treatment. The financial and moral support you have offered has enabled us to conduct critical studies that have contributed significantly to our understanding of cancer biology.

Your university's role in this endeavor has been multifaceted, from funding research projects to fostering a collaborative environment that encourages innovation. The scientists at the Institute, including myself, are deeply appreciative of your commitment to advancing scientific knowledge.

I particularly want to commend the dedication and expertise of your staff, who have provided invaluable assistance over the years. Your willingness to provide continuous support and resources has been instrumental in the success of our research.

I look forward to continuing our partnership and to the opportunities that lie ahead as we strive to overcome the challenges posed by cancer.

Thank you again for your support and for the excellence you bring to the field of cancer research.

Sincerely yours,

[Signature]

T. A. Pitts, Ph.D.
Director

To: Mr. Pitts

TFR: E
Dr. Farber - Congressional activities

1. Friends of Cancer Research
   - Summarized by The Cancer Society

2. [Handwritten notes about policies and budget allocations]

Feb -

[Handwritten notes about a meeting or discussion]

1. Dr. Farber - Congressional activities
   - Friends of Cancer Research summarized by The Cancer Society
   - Various policies and budget allocations discussed

2. [Handwritten notes about a meeting or discussion]
3. Citizens Committee's Budget for 1961
   a. Net spread - $5,500
   b. Budget due to reduced grants
   c. Budget due to continued grants
   d. Other aid to the Country

   8
   8
   8
   8

   Request continued even for

   37-
   06 - Field Service
     - Training
     - Direct Op

   10.5 million

   Total NIH - Budget 400 m
   Rebuilt - 450 m.

In 1961 - 104 M - Equipment

   16 M - increase over 1960
   But gradual to due to 25% combined
   13 m. secured actually

   Of note: Funds to Heidelberg - for Pre-need research
   John Tabo - about 1000 (M)
   Claims Office - (M. E.
   Landau - (M. E.
   Landau - (M. E.

   No effect of Nutritional Center appropriation
Dr. Baker

1. 10% of total appropriated for Clinical Center
   2. 10% of total to each of 10 centers

Dr. Shannon, Objective: General goals
   1. Construction facilities for 1965
   2. Long term grants for researchers
   3. Other activities for 1965

He thinks any cancer center program must
have some flexibility as a basic
1. Need for short and long-term objectives
2. Access to all types
3. Trying to include department
   effort as a cancer center type
   4. Stability of effort
   5. Mental commitment for 2 years
   6. With reviews or as a look at the
      2nd year on a continuing basis

Do not confuse
   Institutional grants
   Center grants - 15 M recom

Request - All records of Senate
   and House hearing on H.E.W. program

Note: Write up policy for AID
   Include - specialty areas + basic
   science
Carl Baker

Institutional Grant - reduced to
5% - 1st yr
10% - 2nd yr
15% - 3rd yr

Above table proposed - please question income.
Check on Statement last yrs. Tel.

Net Com. - Robert Sollert, Jr.

Faber
Wilson
Lyon
Reiger
Reiger
Hodgson
Bennett
Blakely

Nat'l. - Wilson, Jr.

Heart Council

Geo. - Farrell - H
Stanley Bennett - Seattle
Nancy Schmidt - Mit
B. Jones

Ad Hoc Council term.

Cal P. Moore

Hartman
Candidate Institutions
Columbia
- Cancer Institute of Columbia
  - Director of Research
  - Dr. E. B. Halsted
  - U.S. Navy

Admiral Ask
me.
- World War

- Visit
  - Acknowledgment
  - Source of Budget
  - Interdisciplinary

Shields Warren
- New York, Madison Co., N.Y.

Brattle Institute
- President's Office
  - Chief Scientist
  - R. C. M. Brown, Biologist
  - State Zoology

encouraged
- Write

Motorcourt - Balderson Inst.
- Long Is.

John Teeter
    - 

Rusch - Institute of Rekordle
- Analogy of the State
relationships.

Klauberg - Miami, Roger Court
(Coast Guard, Cytopl.)
Sanctuary: Beggar (Not Known)

Henry - Unknown Residence, deceased.

Jean del Regato - Absent.

Huntington in Aid

Write up correspondence:

Membership - for later abstract.
Minutes of the
NCI Meeting on Cancer Centers
January 18, 1960
Conference Room, Building T-19
Bethesda, Maryland

Present:

Consultants: Dr. R. Lee Clark, Jr. Members of the NACC: Dr. Stanhope Bayne-Jones
Dr. Sidney Farber Dr. Murray Copeland
Dr. William U. Gardner Dr. Richard S. Schreiber
Dr. George Moore Dr. Howard E. Skipper
Dr. Isidor Ravdin Dr. Warren Weaver
Dr. Harold Rusch Dr. Sidney Weinhouse
Dr. Shields Warren
Dr. J. Walter Wilson

NCI Staff:

Dr. Hailer Dr. Mander
Dr. Mider Dr. Shinkin
Dr. Baker Dr. Sessions
Mr. Learmouth Dr. Kaiser

Reference Material:
(2) Background information, including pertinent excerpts from Congressional Appropriations Committee testimony and reports, and a series of questions prepared for the November 22, 1959 meeting of the Planning Board of the NACC.

The participants received the references prior to the meeting. Dr. Mider reviewed the NCI intramural program, citing the advantages and disadvantages of this type of organization. The consultants each gave their views on cancer centers, after which members of the NACC expressed themselves on the subject. General and open discussion followed.

In general, the consultants agreed on the need for cancer research centers which would focus the major segment of their research programs, consisting of both clinical and non-clinical programs, on the cancer problem. In a cancer center program, existing cancer research institutions should be strengthened and new ones established where potential can be soundly developed. They should be
affiliated, in most cases, with teaching institutions, should have full-time staff for both clinical and non-clinical work, and, as a group, should be divorced from a single central control. It was agreed that funds should be made available for construction without matching requirements, although support from non-Federal sources should be encouraged. In general, the philosophical basis for cancer research centers listed in reference (1) were given by the consultants. It was agreed that the center concept should be flexible to allow for differences in size, scope and orientation as long as the major portion of program efforts were directed toward the cancer problem. The administrative structure of centers could vary widely. Most of the consultants agreed that a program on cancer centers should give paramount emphasis on the study of cancer in man. There was agreement that funds provided by the Federal government should allow payment for the total cost of research, including bed costs when a part of research expenses. (For summaries of comments by individual consultants, see Attachment 1).

Members of the HAC present at the meeting were not expected to reach an agreement or consensus nor to pass any resolutions. Several made it clear that they did not wish to express themselves for or against the cancer research center concept at the meeting, but rather wished to give further thought and consideration to the matter prior to their meeting scheduled for January 20. They asked that in addition to a summary of the meeting, they be supplied with a proposal on an NCI cancer research center program which would include a suggested magnitude for the program and an indication of the duration and form of individual grants. They looked forward to hearing from Dr. Shearer at the January 20 meeting, particularly as regards NCI-cancer center relationships and background and developments of the Clinical Research Center Program.
of the Division of General Medical Sciences. (For summaries of comments by individual Council members, see Attachment II).

Dr. Farber gave the general reasons underlying the proposal: given in reference (1), he indicated there should be erected centers for patients. He believes cancer care rather than an amateur one, of the supporting basic laboratories.

Dr. Wilson believes cancer of human cancer, an area clearly: emphasized the importance of bringing development and cited the experience of three years' time, a sound research operation, even though in the beginning, patients, clinical staff, clinics, genetics at Brown University. He developed in this setting from: Brown, the patient resources and clinical material and staff at Chaff Rhode Island Cancer Registry, and

Dr. Clark described in some up and operating the cancer center: integration between the clinical staff laboratories has resulted, and much
Minutes of January 18 Meeting on Cancer Centers

Dr. Farber gave the general background on cancer centers and reviewed reasons underlying the proposal for cancer centers. In addition to the reasons given in reference (1), he indicated that in a number of population centers, there should be erected centers in which the finest care can be given to cancer patients. He believes cancer centers can do much to make a professional effort, rather than an amateur one, of clinical research, performed with the aid of supporting basic laboratories.

Dr. Wilson believes cancer centers can provide a focus on the biology of human cancer, an area clearly in need of further understanding. He emphasized the importance of bringing potential research resources into full development and cited the experience in Providence, Rhode Island, in which in three years' time, a sound research center on cerebral palsy was put into operation, even though in the beginning the only resources available were patients, clinical staff, clinics, and staff doing fundamental work in genetics at Brown University. He believes a strong cancer center can likewise be developed in this setting from the animal research and related studies at Brown, the patient resources and clinical staff at Rhode Island Hospital, patient material and staff at Chaffee Home for cancer terminal care, the Rhode Island Cancer Registry, and possibly other medical facilities.

Dr. Clark described in some detail the experience in Houston in building up and operating the cancer center at M. D. Anderson Hospital. A fine integration between the clinical staff and those working in basic science laboratories has resulted, and much sound research is being done. In addition,
the center has established good relationships with the surrounding medical community and has been helpful in bringing to this medical community the best and newest in the management of cancer patients. This has led to an increased awareness of and better reporting on cancer in the radius of one to two-hundred miles from Houston.

Dr. Weinhouse spoke of plans at the Institute for Cancer Research in Philadelphia to add to their strong basic cancer research activities a clinical component. He cited, in particular, the need for attracting into the field of cancer research some of the best research investigators. He believes it is important to ensure the availability of attractive stable careers in cancer research, and suggested that cancer centers could help bring this about.

Dr. Moore spoke on the experiences at the Roswell Park Memorial Institute at Buffalo. He feels that cancer centers should not exceed 300 beds, plus equivalent amount of laboratory space and 200 M.D.'s and Ph.D.'s, and cited that an operation of the size of this upper limit would cost 15 to 20 million dollars a year to operate. He believes cancer centers should be separate corporations but might be attached to universities or medical schools with the head of the center organizationally equivalent to the dean of the school; he did not believe the centers could operate successfully under a medical school department head. He cited the need for stability of an organization, and cited the danger of a single source of financial support. He believes some centers should be large enough to permit studies requiring large numbers of patients, and some should be restricted in their mission. Although centers might drain off some manpower initially, he cited the success of the Atomic Energy programs which were rapidly expanded with young men. He also felt
the centers could become important training activities for additional manpower. He stressed the need to interest young people in pursuing a career in cancer research. He cited the need for the more effective use of the services of those not trained in science, and cited the success with which aircraft industries had made use of the services of individuals with diverse backgrounds. He stressed the need for the centers to be community oriented, believing there is no substitute for medical care given in the patient’s own home area. He stressed the importance of a full-time staff for both clinical and basic work. He felt that centers should also allow for training of individuals from outside the United States.

Dr. Rusch cited the value of smaller cancer research centers, and pointed out the successes at the McArdle Laboratories at the University of Wisconsin in basic research and collaborative studies between the basic scientists and the clinical investigators. He pointed out that cancer centers can provide not only needed clinical research, but can contribute significantly to basic knowledge; furthermore, centers can be important training sites.

Dr. Ravdin expressed the belief that cancer centers are needed if we are to move ahead rapidly with the cancer problem and sees a center as a group of people working in an institution carrying on research in many disciplines, both fundamental and clinical, dedicated to the same purpose. He believes the common focus on cancer by investigators to be particularly important. He feels cancer centers are needed if we are to exploit new knowledge rapidly in the study of cancer in man. He stated that centers should be associated with institutions of learning (although some could be associated with institutions
independent of medical schools) and that they must be in a place where experience, skill and interdepartmental cooperation has been demonstrated. He also stressed the desirability that center patients be close to their home.

Dr. Gardner agreed in the desirability of centers but preferred that they not be oriented toward a single disease category.

Dr. Warren believes that there is a great need for cancer centers and that single-mindedness of purpose and effort will pay off. He prefers that the centers generally be in teaching institutions, but that they be a place where various disciplines and concepts can be brought to bear on one problem. He believes an institute with a focus on a single problem area can also create interest in and opportunities to develop neglected areas in need of development. He feels the manpower needs for cancer centers can be not only met, but that centers would become important training sites. He reviewed the developments and operations of the AEC Laboratories as an example of successful rapid development of a research program with a specific focus. He cited the advantages of not being hampered by government methods of operation (e.g., Civil Service regulations such as absolute categories as to salary range, rigid personnel system, etc.) and told of the methods of maintaining surveillance of the continuing operations of the laboratories.
Minutes of the January 18 Meeting on Cancer Centers

Dr. Weaver indicated he was not opposed to cancer centers but that he would rather see a strengthening of our present system, if possible, before undertaking a new activity such as a program on cancer centers. He believes support from the Federal government must become more liberal by providing construction without matching requirements for medical education and research, by paying total costs of research, and by making the support more stable and flexible. He believes a change in the attitude regarding these matters more important than merely increasing the total volume of support. As regards establishing new cancer research centers, he is concerned about the shortage of really imaginative, well-trained and thoroughly great minds, and about the need for more information on the basic biology of man. He sees two major difficulties for clinical research: 1) the difficulty of bringing the rigor, precision and depth of sound laboratory research into clinical work; and 2) the danger that special hospital facilities might lead to exploitation of such facilities for private gain. He considered it absolutely essential, therefore, that salaries be sufficient to attract really excellent men into clinical cancer research on a full-time basis.

Dr. Copeland spoke of the need for shoring up the general operations of medical schools as a vital adjunct to supporting cancer research centers. He indicated that the views expressed during the first half of the meeting justified a cancer center program and thought it important to strengthen the existing cancer research institutions first and then look to the possibility of developing new ones. He stressed the need for community cooperation in
the operation of a cancer center. While it is desirable to have independence in the operation of centers, it is necessary to give an accounting by one technique or another on government-contributed monies.

Dr. Baynes-Jones suggested that it might be easier to meet the needs for research expressed by Dr. Weaver if a new program is instituted in which the shortcomings of the older system are met from the very beginning of the new undertaking. In considering cancer centers, the problems of obtaining appropriate cancer patients must be faced. He pointed out the difficulties of maintaining adequate controls in the study of cancer in man and stated that perhaps the desire to administer regular therapy during earlier stages of the disease prevented therapeutic trials at a stage of disease development which would allow reasonable chance of success. Questions were asked about plans for establishing centers in areas where they do not exist in order to increase potential, and plans of NIMH to do this sort of thing and the successes of AEC in doing this were cited. Problems related to providing common resources to centers of different disease categories located in the same location should other Institutes besides NCI establish centers were mentioned as a matter of possible future concern for NIH.

Dr. Schreiber reiterated the need to support the imaginative, trained powerful minds and to avoid providing support for poor research under any program, including one on cancer research centers. He felt the problem of stability was not one of shoring up or supplementing, but actually of solving the problem to ensure that stability is available to research institutions and individuals. He agreed that possibly the way to meet these needs was to
start a new cancer research center which would set the pattern for meeting these needs. He agreed further that present cancer research institutions need strengthening and questioned the desirability of soliciting particular centers. He agreed with the maximum size given by Dr. Moore. He thought it unlikely that industry would participate in a Federally-supported cancer research center program.

Dr. Skipper felt that if adequate leadership and sufficient resources are available, sound research would be done whether in centers or otherwise. He thought if cancer research centers were to be established, they should not be all of the same type. He spoke further of the difficulty of really integrating clinical and basic research; in some places it works well and in others it does not.
January 22, 1960

Alternative Recommendations the National Advisory Cancer Council May Wish to Make to the National Cancer Institute Regarding Cancer Research Centers

At the January 18, 1960 meeting on Cancer Centers, members of the Planning Board and Research Review Board of the Council, heard the views from several consultants who have expressed special interest in Cancer Centers and have had considerable experience in operating cancer research institutions. The group of consultants agreed in the need for cancer research centers, and a summary of their presentations is included in the minutes of the January 18 meeting. Members of the Planning Committee and Research Review Board, as was planned, took no stand on the matter of Cancer Centers at the January 18 meeting. They asked that the NCI prepare a staff document in addition to a summary of the meeting which would assist them in making recommendations to the full Council and the NCI on the question of a Cancer Research Center Program within the NCI.

Below is a list of alternative recommendations from which the group might wish to make a selection or modification:

1. Favor moving ahead at this time with a Cancer Research Center Program (see Item A below).
2. Favor Cancer Research Center Program but the program is not ready for implementation:
   a) Need further study on implementation (see Item B below).
   b) Prefer working out details by establishing one model cancer research center before proceeding with a full program (possibly along lines outlined in Item A below).
Meeting on the subject. Under such a program, extramural cancer research

"Cancer Center" dated December 12, 1962 and the minutes of the meeting of the

report or an undertaking philosophically devoted to the joint document on

the major segment of their extramural research effort focused on the cancer

would provide the essential support for institutions or specific organizations with

The NIH should establish a Program of Cancer Research Centers, which

in order to

1. Support for one or two Cancer Research Centers on

2. The Division of General Medical Sciences to perform

3. Support the Clinical Research Centers Program under

4. Stable and Extensible, and make the support more

5. Required research, stimulation support for medical

6. 25 percent, construction funds without matching

7. Administrative aspects are shown below, with three,

8. Support cancer centers with project grants and, if

9. Additional support for cancer Research centers except

10. Any for...

11. Additional support for Cancer Research Centers in

12. "Note. In view of the potential a Cancer Research Center Program in the

a more intensive study is made (see Item b below).

3. Make no decision on a Cancer Research Center Program until
Institutions would be strengthened and new ones established where potential can be soundly developed. Major emphasis of the Program would be on the study of cancer in man, and generally, the Center programs would consist of several disciplines, both clinical and non-clinical integrated into a research effort directed at solving the cancer problem. In most cases, Centers would be affiliated with teaching institutions, would have full-time clinical and non-clinical staff, and, as a group would be divorced from a single central control. It is expected that a strong local interest in cancer research centers would be manifested, including provision of local financial support, but total costs for research, including total costs, total overhead appropriately charged to the research effort, and construction costs without matching requirements should be allowable under the Federal support.

Financial support for cancer research centers should be made in the form of grants only upon recommendation of the NACC. Since the grant would be for support of an institution rather than for one or a few individuals, the usual Study Section review would not be appropriate. The NACC would establish a special group, composed of Council members, continuing consultants and other consultants called on an ad hoc basis, which would review applications from institutions seeking support for cancer research centers. The reviewers would be selected for their ability to judge research organizations broadly, both as to scientific program and administrative management; site visits would assume greater significance and might be of longer duration than is currently the case. A set of guidelines (similar to but more extended than the "Guidelines for Formulation of an Application for Support of a Clinical Research Center" of the Division of General Medical Sciences) which would limit the number of applications likely to be received, would be drawn
up by the staff with the advice of this special advisory body. The application would be in the form of an over-all three-year plan of operation (see paragraph below on term of grant) of the Center giving: the organization; relevant relationships to other organizations; a listing of key staff members; financing and sources of income; indication of local interest in the Center program; major policies and practices on personnel selection, salary scales, promotion, charges to patients who are participating in research programs, outside employment, etc.; scientific program; list of expert consultants advising the Center; and so on.

The NCI staff will assume a more significant role in the review process by becoming thoroughly cognizant of the operations and policies of the applicant organization, and will prepare for advisory groups, a broad, critical summary on each application.

Because the proportion of financial support for cancer research centers supplied by the Federal government is likely to be of considerable size in most instances, it would be necessary that a mechanism operate which will assure appropriate accountability to the People through the Congress. It is unrealistic to assume that large sums of money would be granted at one time to be spent over a several year period, or would be made under long-term moral commitment, without those responsible for the programs, our advisors, or those appropriating the funds being assured that the programs are operating at a level of high-quality. To meet this problem and at the same time give stability to cancer research centers, a program must be initiated and operated with the understanding that it will be a long-term continuing operation but will have built into the system a satisfactory means for ensuring continuing
high quality operation of each Center. One way to incorporate such a mechanism into the system would be to pay grants on a yearly basis with an additional two-year commitment on those applications recommended for payment and with a yearly thorough review by the staff and advisory body at which time support for an additional year could be committed if operations are proceeding satisfactorily. In other words, an institution would have at any time a three-year commitment which could be modified on a year to year basis but always in terms of the fourth year in the future. The reviews would be based on the plan of operation originally submitted and progress reports based on this and subsequent plans. Thus, changes in the directorship of the cancer center or other changes could be taken into account on an annual basis, but if operations are progressing satisfactorily, stability should be probable.

Although grants would likely be of considerable size, the complexities of a new program of this magnitude would make it appear wise to build a program in graduated steps. A reasonable amount might be $5 million for the initial year with $5 million increments per year up to five years.

Item B:

The study so far made on cancer centers could be extended and lengthened by receiving views from additional groups of people representing many different points of view; a historical development of cancer centers could be added; detailed surveys of existing cancer institutions could be made; and methods of organizing and financing related organizations, both within and outside government could be surveyed and reported.
CANCER CENTERS

Introduction

The diffuse nature and complexity of cancer require that cancer research consist of many facets - a variety of disciplines directly and indirectly related to cancer; clinical and non-clinical research; target research and uncommitted research; routine work and highly original work opening up broad new areas; investigations by individuals and by teams; field studies and studies performed in laboratory and clinical facilities; research performed by those who are highly specialized and by those who can synthesize and integrate knowledge from more than one discipline; and so on. The total cancer research activities supported by the grants and contract programs of the National Cancer Institute have encompassed to a more or less degree all elements in this spectrum of cancer research. Highly significant contributions to cancer research have been and will continue to be made through this mechanism. For the most part, however, the grants and contracts awarded have been for one or a few aspects of the broad range of cancer research, and in only a few instances has an institution been able to embrace in its programs a major portion of the total spectrum and to give balance to its over-all operation.

The rapid growth to great size of the various grant programs administered by the National Institutes of Health has made it difficult for a number of research institutions to maintain balance in their over-all operations. It has become clear that the project type of
support, even with the progressive modifications that have characterized
the system, must be supplemented by institutional grants. To meet this
problem, two actions have been initiated:

1). A legislative proposal specifically authorizing the
Public Health Service to make institutional grants
not to exceed 15 percent of the amounts provided for
research projects for any fiscal year has been sub-
mitted by the Secretary, DHHEW, to the Bureau of the
Budget with the request for approval to transmit
the proposal to Congress.

2). In part as a result of Congressional directives,
the NIH 1960 budget plan provides for the planning
and negotiating of steps directed toward the estab-
ishment of a limited number of specialized research
facilities as a part of the research program of large
institutions and for establishment of two regional
primate centers. The Congress has directed the NIH
to establish pilot research center projects in 1960
and to submit a comprehensive report representing
concepts and proposals for the further enlargement
of this national framework in subsequent years.
Over 60 institutions have indicated to the Division
of General Medical Sciences their interest in
participating in this program.
There has been a growing interest among many of those concerned with cancer research in establishing several centers which would focus their total research programs on the cancer problem, with an emphasis on those centers with programs embracing most, if not all, of the elements in the full spectrum of cancer research with particular attention given to the study of cancer in man. Establishment of such centers could be considered an appropriate extension of the pilot moves already taken in response to the Congressional directive. Proposals calling for the establishment of a number of Cancer Centers have been made, and the reasons for such proposals include the following:

1). Cancer Centers can make the solution of the cancer problem a goal in an institution on which a cohesiveness of research effort can be focused with a fixed intention not possible in organisations that do not have such singleness of purpose.

2). The combination in Cancer Centers of the atmosphere of common purpose and sufficient size to permit the existence of multifarious disciplines can provide a stimulus to investigators of diverse training to integrate their efforts and bring their skills to bear on the cancer problem with less diffusion of their efforts into other channels than would be likely were they in organisations with missions other than cancer research.
3). A sizeable cancer research potential in numerous institutions throughout the United States can be developed into active cancer research through establishment of Cancer Centers at sites where there exist a wealth of clinical cancer material and a manpower pool of those not trained in research, but capable of contributing significantly to clinical cancer research. Better utilization of resources, including in some instances physicians in practice, can be made by supplementing cancer research presently performed in some institutions (e.g., by adding clinical research to a broad non-clinical program of sound cancer research) and by initiating programs of cancer research in others (e.g., by adding research components, both clinical and non-clinical, to activities of institutions with availability of cancer clinical material).

4). Cancer Centers with emphasis on the development of clinical cancer research can provide an improved research setting for developing badly needed further understanding of human cancer, can bring into being expanded resources for cancer chemotherapy evaluation in men (especially in reference to the agents coming from the Cancer Chemotherapy National Service Center program), and can allow the institution under
Types of Cancer Centers

Cancer Centers could take a number of forms, both as to research programs and administrative patterns, and in consideration of these the above underlying reasons for the establishment of Cancer Centers must be kept in mind and accommodated in any proposed plan, particularly if, to use Dr. Farber's words, "men knowledgeable in the field of cancer and willing to accept the challenge and responsibility of increased support for the creation of cancer centers" are, in fact, to become available to deal with the task.

A Cancer Center can be defined as an institution of stable organization with its total research program of considerable size focused on the cancer problem.

The general approaches possible for bringing Cancer Centers into being include the following:

1). Strengthen sound clinical research groups, whether in existing Cancer Institutes or not, by the addition of non-clinical research components, totally or in part as direct support for the studies in human subjects.

2). Strengthen existing sound non-clinical cancer research programs by the addition of clinical research activities.

3). Add research programs to organizations conducting little or no research that have available a wealth of clinical cancer material and a staff of professionally trained individuals who could make important research contributions under effective research leadership.
expert supervision of studies of rather routine nature requiring large numbers of samples of cancer materials but directed at giving needed answers to specific cancer problems (e.g., diagnostic test development studies or pharmacology studies in man supporting drug evaluation in the clinic).

5). The field of cancer research has need for additional attractive career opportunities of long-term stability in order that those with real ability, many of whom have received (or will receive) training under NIH programs, will find it desirable to enter the field and will be able to plan for long-term, real career activities, rather than looking forward to partial support of uncertain duration; Cancer Centers can provide real career opportunities in cancer research if several Centers can be created with not only broad cancer research programs, but also an organizational stability.

6). Cancer Centers, with their broad programs focused on the cancer problem, can provide advanced training in cancer research in a depth now available in only few places (training in medical research administration, an area of rapidly developing and serious manpower shortage, can also be an important contribution of Centers).
4). Strengthen existing cancer research organizations already conducting broad programs of cancer research.

5). Establish Cancer Centers de novo.
A number of institutions in the United States can be cited as examples suitable for illustrating each of the above approaches.

In addition to the above, other types of organizations could be eligible for support under a cancer center program. Such types might include a Cancer Center for Diagnostic Test Development, a Center for Cancer Epidemiology and Biometry, and a Center for Environmental Cancer.

It could be anticipated that a National Cancer Institute program concerned with Cancer Centers would give paramount emphasis to supporting sound organizations whose programs would encompass many elements in the total spectrum of cancer research with a particular stress on clinical research. Since a major aim of such a program would be expansion of cancer research through better utilization of cancer patient resources and of manpower not trained in research, but capable of contributing significantly to clinical cancer research under guidance of those skilled in research, it would seem highly important for the Cancer Center Program to give considerable emphasis to developing sites of potential manpower and patient resources into Cancer Centers, rather than merely enlarging those organizations that are in effect already large foci of cancer research. In many instances, therefore, it would require on the part of those concerned with the program, both advisors and staff, a breath of vision that would permit them to concern opportunities to develop potential cancer research resources into sound active cancer research programs. It would require a deliberate action
to provide financial support on the basis of over-all institutional potential, rather than of strong research programs already in existence. It would require a willingness to help build these potential resources into effective Cancer Centers.

Organizations Operating Centers:

Cancer Centers could be independent cancer institutes, attached to medical schools or universities, in independent hospitals, or affiliated with industrial concerns. Special corporations could be established to serve as parent organizations for Cancer Centers: a university or research institute could join with a hospital to form a corporation to serve as the organizational unit of a Cancer Center; a group of universities could sponsor a Center (analogous to the Brookhaven Laboratory); conceivably, a commercial organization could form a non-profit corporation which could be a Cancer Center. Cancer Centers could be (or attached to) private or public organizations, including state and federal government units.

Cancer facilities could be owned by the federal government, but operated by universities, independent institutes, or possibly even industrial organizations (analogous to a member of Atomic Energy Commission Laboratories).

If a Cancer Center Program should be established, its definition and scope should probably allow for all the above possibilities, even though different emphases might be placed on particular types at a given time.
Administrative Aspects

Three patterns of support through the National Cancer Institute come to mind:

1). Direct operations.
2). Grants.
3). Contracts.

NCI Direct Operations:

The NCI has authority to operate centers directly at present although it does not have funds for construction. Even though the direct operations of NCI have been cited as the model for additional cancer centers and this form of operation would have certain advantages, philosophical aspects, organizational matters, and the framework in which Congress expressed its interest in cancer centers and called for a report would make it appear wise to exclude this possibility from current study of the cancer center concept.

Grant Supported Cancer Centers:

Grants made to support Cancer Centers would be fundamentally different from current project support. Some of the differences include the following:

1). Support would be for institutions, rather than for individuals; if the institutions are to be able to

\[\text{Operation of the program within a stable organisation with considerable resources and extensive experience operating broad cancer research programs; provision of career opportunities; the program would be under the direction of those who not only would have intimate familiarity with and responsibility for the day-to-day operations, but would be directly accountable to the public and would defend the program before Congressional Committees.}\]
operate as organizations, decisions as to individual research projects would rest with the organizations; judgments on quality would be of over-all program.

2). Reviewers should be selected for ability to judge research organizations broadly, both as to scientific program and administrative management; a body established to make reviews (e.g., a special group working with a National Advisory Cancer Council subcommittee) would presumably have available additional consultative help; site visits would assume greater significance and might be of longer duration than is currently the case.

3). Review of a grant application would require study of the general program, the list of experts advising the Center, personnel selection and salary scales, and similar operational policies and practices. \(^1\) Current grants accept institutional practices and policies as a base; this method of control might not be suitable if nearly all or a substantial portion of the support is received from Federal tax funds.

Stability of an organization and its support should be assured at the outset, and the review should take this into account during initial and subsequent review periods since

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\(^1\) The application would suffer from the usual research project application, but might follow, in an expanded manner, the "Guidelines for Formulation of an Application for Support of a Clinical Research Center" recently developed by the Division of General Medical Sciences.
sudden termination of support for an organization would have consequences of far-reaching implications not present in termination of support for the usual project grant.

4). With sizeable amounts of funds invested in organizations and with accountability to the public and Congress for expenditure of funds under a program on Cancer Centers, full knowledge of Center operations would need to be maintained on a continuing basis by the HIC staff. Therefore, the role of the staff would assume greater significance in developing appropriate and effective means of working with institutions, both in helping them to formulate plans and to develop them into actual programs and in preparing for reviewing advisors staff documents that would be broad critical summaries of individual Center programs and operations.

5). Many factors play a role in creating stability in cancer research institutions, and assurance of stable support is one important aspect. Awards should be considered on a long-term basis, perhaps ten-year commitments with review at 7 years. Consideration might also be given to a different type of award to those institutions with little on-going research programs, but with considerable potential: a sizeable two- or three-year commitment could be made, but during the first year or two actual payment
would be in much smaller amounts and the total
commitment would be paid only upon assurance that
the development of planned research programs were
progressing satisfactorily.

Contracts

The support of centers through contracts would involve most of
the same issues as those discussed above for grants.

Grants are usually looked upon as conditional gifts. Contracts
are agreements to carry out specified work for a dollar value. In
practice, it is often difficult to distinguish between the two although
the grant activities of the government are not as subject to general
Federal statutes and regulations. As grants have been made with more
and more conditions attached and contracts with more and more general
provisions, the idea of greater control over the programs by the
contractor has assumed less meaning. Many government agencies such as
AEC, Navy, and NASA finance "centers" under contract.

Legislation

Centers operated through grants or contracts would in all proba-
bility require legislation. It may be noted that the much more limited
concept of Institutional Grants has been judged to require amendment to
existing authority.

Amendments to appropriation language constituting legislation
have the disadvantage of being subject to "point of order" so that one
objection can block such an amendment.
The NCI does not now have construction authority nor authority to acquire land which might be needed. The authority to make "grants for research projects" while subject to broad interpretation could probably not be used to support institutions on a long range basis.

Even if it could, it might not be desirable to use it for this purpose. Centers, if created, should be stable organizations. One of the ways to give stability is to provide status under law, although admittedly this is not the only way to accomplish this.

Legislation language should be broad enough to give flexibility to the created organizations and their operations with some built-in approval process which would minimize political pressures of the "pork barrel" type that might lead to creation of a Center in a setting where it could not be soundly operated. Council approval of Centers could of course provide a safeguard against this type of thing.

The legislation could conceivably provide for financing of a center on the basis of a plan submitted which would spell out in general terms the organization, program, the plans and policies to be followed. The plan could be subject to the approval of the NCI and the NACC.

Provision could be made for construction and acquisition of land through purchase or long term lease. It could indicate whether financing would be under contract or grant or both. If contracts, legislation should provide exemption from statutes such as those pertaining to bid procedures. In drafting legislation, the experience of other government agencies should be taken into account.
Appropriations

In the section on NCI appropriations, the 1960 Senate Appropriations Committee Report specified $11,800,000 for Cancer Research Centers for the first year of a program on Cancer Centers (this directive was eliminated in the final appropriation bill resulting from the House - Senate conference).

Consideration of the size of a Cancer Center program should be given by those studying the Cancer Center concept.

Extremely rapid expansion of certain NIH programs such as those in chemotherapy and psychopharmacology has led to serious staffing deficiencies. If large programs of this type are to be established, more time is needed to plan the programs and to find staff who can administer the programs competently. The problem is compounded by the extreme shortage of those who have scientific knowledge and who, at the same time, are skilled in and willing to assume responsibility for administration of such programs. If such large programs are to be initiated, it would be preferable to make appropriations for two or more years with the first year geared to finding appropriate staff who can soundly plan the program before becoming so involved in operations that no time is left for adequate planning. With appropriations available for more than one year, planning can be more closely related to the magnitude the program will assume subsequently.
January 29, 1960

Dr. Alan T. Waterman, Director
National Science Foundation
Washington 25, D. C.

Dear Doctor Waterman:

The directors of a number of cancer institutes, including myself, have formed an association called the Association of Cancer Institute Directors, for the purpose of providing opportunity for a better exchange of information and discussion of mutual problems.

On Thursday, February 4, we have scheduled a meeting at the National Cancer Institute in Bethesda, with Dr. John R. Heller as host. Enclosed is a copy of the tentative agenda for our meeting.

We would very much like to have you meet with us on this occasion to discuss scientific manpower and the services of the National Science Foundation to scientists and institutions with respect to personnel and positions available. You will note that we have provided for such a presentation on the program in the hope that we might have you, or someone on your staff, with us. We are late in our invitation because of the difficulty in arriving at a meeting date convenient for the majority of the group. Approximately twelve are expected to be in attendance.

It is our hope that we may have a favorable reply. It is necessary that I leave here on February 3, and I would therefore appreciate hearing from you at your earliest convenience.

Sincerely yours,

R. Lee Clark, Jr., M. D.
Director and Surgeon-in-Chief
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(USE REVERSE SIDE FOR FURTHER REMARKS)

REMARKS: Betty, Dr. Fletcher does not know this gentleman.
Dr. Fletcher:

Would you be kind enough to advise Dr. Clark whether or not you know Professor J. Driessens. Please return attached papers for our file.

Betty Michalek

Signature
January 28, 1960

Dr. Shields Warren
Director
Division of Biology and Medicine
U. S. Atomic Energy Commission
Washington 25, D. C.

Dear Doctor Warren:

During a telephone discussion yesterday, Doctor George Moore indicated to Doctor Clark that you may possibly be interested in attending the February 4, 1960 meeting of the Association of Cancer Institute Directors to be held in Bethesda, Maryland. At the request of Doctor Clark I am pleased to enclose a copy of the tentative agenda for the meeting. It would be very much appreciated if you would advise whether or not you have an interest in attending this meeting.

Sincerely yours,

Mrs. Betty Michalek
Secretary to Doctor Clark

NOTE: This letter was also sent to:
Dr. Alfred Gellhorn-Francis Delafield Cancer Res. Hosp.
Dr. Harold P. Rusch-McArdle Memorial Lab., Univ. of Wis.
From: Professor J. Driessens

TO: Mr. R. Lee Clark Jr.
   Director
   M.D. Anderson Hospital & Tumor Institute
   University of Texas
   Houston, Texas

Dear Mr. R. Lee Clark Jr.,

In one of the latest issues of "SCIENCE", I have just read that an Association of Directors of Cancer Institutes has been founded grouping a certain number of institutions, also with the purpose of establishing contact with the Directors of Research Institutes abroad.

I want to advise you that I would be very happy to participate in your Organization and I am at your disposal for any further correspondence on this subject.

Looking forward to the possibility of working together, please accept, dear Mr. R. Lee Clark Jr., the assurance of my highest regard.

translated by:
Eddy Montaldo
If you have a French-speaking person on your staff, would she be kind enough to give us a rough translation? If not, please return.

Thanks

Marin Wael
Director's Office
Cher Monsieur R. LEE CLARK Junior,

Je viens de lire dans un des derniers numéros de "SCIENCE" que s'est fondée aux États-Unis une Association des Directeurs d'Instituts du Cancer groupant un certain nombre d'établissements et que cette Association envisage d'entrer en contact avec les Directeurs d'Instituts de Recherches de l'étranger.

Je vous informe que je serai très heureux de participer à votre Organisation et je reste à votre entière disposition pour toute correspondance complémentaire à ce sujet.

En espérant que nous pourrons travailler en commun, je vous prie d'agréer, Cher Monsieur R. LEE CLARK Junior, l'assurance de ma considération très distinguée.

[Signature]
MEMORANDUM

TO : Members of Association of Cancer Institute Directors

SUBJECT : Tentative Program for Meeting, February 4, Bethesda, Maryland

January 26, 1960

The following tentative program has been arranged for our meeting:

Place - Bethesda, Building T-19, Conference Room
Time - 9:00 a.m., February 4, 1960

Morning
9:00 - 12:30

Review of congressional activities in cancer appropriations
Dr. Sidney Farber

Report of present status of appropriations for cancer centers
Dr. J. R. Heller

General discussion of relationship of Association of Cancer Institute Directors to congressional requests
Dr. George E. Moore

Educational program of the National Cancer Institute
Dr. J. R. Heller (Dr. Bo Mider)

Problem of scientific personnel for cancer research
(to be named)

Publications for the Association of Cancer Institute Directors
Dr. R. Lee Clark, Jr.

Luncheon
12:30 - 1:30 p.m.

Afternoon
1:30 - 5:00 p.m.

Review of the program of the National Cancer Institute
Dr. J. R. Heller

R. Lee Clark, Jr., M. D.
Secretary

NOTE: Copy of this memorandum was sent to each member of the ACID.
January 18, 1960

Dr. R. Lee Clark, Jr.
Secretary
Association of Cancer Institute
Director
The University of Texas
M.D. Anderson Hospital and
Tumor Institute
Texas Medical Center
Houston 25, Texas

Dear Lee:

February 4th is just out for me, much as I regret it. This is the day
of the meeting of the Executive Committee of the SKI, and I doubt that
any of us here can come, unless the Executive Committee meeting is post-
poned.

I will let you know.

Very sincerely yours,

[Signature]

Henry T. Randall, M.D.
Clinical Director

cc: Dr. Chester Stock
   Dr. A.R.T. Demues
January 5, 1960

Dr. George E. Moore  
Roswell Park Memorial Institute  
Buffalo 3, New York

Dear George:

I received a call from Ralph Meader asking me to testify in Washington on January 18 before a Subcommittee of the Cancer Advisory Council. It would seem that this testimony pertains to their interest in the regional cancer centers (I am never quite sure just what they are talking about at the NCI when they speak of research centers or the institutional grant proposal). Nonetheless, I will be happy to speak on either of these legislative proposals, particularly emphasizing the place of the established cancer institutions in any such proposed program.

I mentioned to Meader that I was supposed to be at Roswell Park on the eighteenth, but would change my plans to be in Washington to testify the morning of the eighteenth if this meets with your approval. I understand that you also are to be asked to testify at the same time. Airplane schedules permitting, we could get out of Washington sometime the afternoon of the eighteenth to go to Buffalo.

I have had approximately equal votes for holding our proposed Association of Cancer Institute Directors meeting on January 28 in Bethesda and February 24 in Houston. It would appear that the Sloan Kettering group could not come to Houston in February because they have a meeting of their advisory board on February 25 and 26. Otherwise I would certainly enjoy having the group meet here on February 24, and would designate each of you an official consultant to the Anderson Hospital to review our research program. I personally hate to make a fourth trip East in January, which the alternate date of January 28 would require. Do you have any other suggestions as to an appropriate time for the meeting (other than the Hawaiian proposal which I heartily endorse)?

Sincerely yours,

R. Lee Clark, Jr., M. D.  
Director and Surgeon-in-Chief
Dr. George E. Moore
Roswell Park Memorial Institute
Buffalo 3, New York

Dear George:

I received a call from Ralph Meader asking me to testify in Washington on January 18 before a Subcommittee of the Cancer Advisory Council. It would seem that this testimony pertains to their interest in the regional cancer centers (I am never quite sure just what they are talking about at the NCI when they speak of research centers or the institutional grant proposal). Nonetheless, I will be happy to speak on either of these legislative proposals, particularly emphasizing the place of the established cancer institutions in any such proposed program.

I mentioned to Meader that I was supposed to be at Roswell Park on the eighteenth, but would change my plans to be in Washington to testify the morning of the eighteenth if this meets with your approval. I understand that you also are to be asked to testify at the same time. Airplane schedules permitting, we could get out of Washington sometime the afternoon of the eighteenth to go to Buffalo.

I have had approximately equal votes for holding our proposed Association of Cancer Institute Directors meeting on January 28 in Bethesda and February 24 in Houston. It would appear that the Sloan Kettering group could not come to Houston in February because they have a meeting of their advisory board on February 25 and 26. Otherwise I would certainly enjoy having the group meet here on February 24, and would designate each of you an official consultant to the Anderson Hospital to review our research program. I personally hate to make a fourth trip East in January, which the alternate date of January 28 would require. Do you have any other suggestions as to an appropriate time for the meeting (other than the Hawaiian proposal which I heartily endorse)?

Sincerely yours,

R. Lee Clark, Jr., M. D.
Director and Surgeon-in-Chief

RLCjr/bm
January 5, 1960

Dr. George E. Moore
Roswell Park Memorial Institute
Buffalo 3, New York

Dear George:

I received a call from Ralph Meader asking me to testify in Washington on January 18 before a Subcommittee of the Cancer Advisory Council. It would seem that this testimony pertains to their interest in the regional cancer centers (I am never quite sure just what they are talking about at the NCI when they speak of research centers or the institutional grant proposal). Nonetheless, I will be happy to speak on either of these legislative proposals, particularly emphasizing the place of the established cancer institutions in any such proposed program.

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Sincerely yours,

RLCjr/bm

R. Lee Clark, Jr., M. D.
Director and Surgeon-in-Chief
Dr. Clark is to write minutes for ACID incorporating the following:

1. Resume of members present at mtg. (should receive this week) their thinking regarding proposed legislation for cancer centers.

2. Draft of corresponding membership.

Those not present were Gelhorn
Rusch
Memorial people - Stock, Randall,
had executive comm. mtg. with their consultants

Heller - at Memorial in future

Horsefeldt (formerly with Rockefeller Inst.)
Director at Ketering
Draft of material to be incorporated in constitution and by-laws of ACID

Directors of cancer institutes in countries other than the United States who are interested in the program may be considered for Corresponding Membership. They would be expected to furnish to the Association members in the United States, on an annual basis, information concerning the activities of their institution and to participate in a program for the exchange of literature, research progress reports and, if appropriate, personnel. They would receive from the Association, in turn, summaries of the minutes of meetings and an annual report, and would be invited to participate in any international activities of the Association.

To be considered for this type of membership, directors of cancer institutes in other countries would be required to submit complete information to the Association for evaluation:

Curriculum vitae

Information concerning the institution:

Name, locality and type of institution

General description of programs in

Basic research

Clinical Research

Patient Care

Physicians' education

Academic education
  (Master's or Ph.D. teaching)

Type of ownership (City, state, university, independent foundation)

University affiliations
Annual budget

Per cent amount spent on following items:

Administrative organization

Professional staff (number and categories)

General services

Patient care program (volume, services, etc.)

Physical plant

Size

Number of beds

Square feet of research space

Space for education

Cost of physical plant

Affiliated Institutions
February 1, 1960

Le Professeur J. Driessens  
Institut De Recherches Sur Le Cancer  
City Hospitaliere  
Lille, France

Dear Doctor Driessens:

We are pleased to have your recent correspondence in which you express an interest in the Association of Cancer Institute Directors. We plan on having a meeting in Bethesda, Maryland later this week and your letter will be brought to the attention of the members of the Association at that time.

Sincerely yours,

R. Lee Clark, Jr., M.D.  
Director and Surgeon-in-Chief  

RLCjr/dp
Dr. R. Lee Clark, Jr.
M. D. Anderson Hospital
University of Texas
Houston, Texas

Dear Lee:

As a member of the Association of Cancer Institute Directors, I wish to add my vote in favor of the plans of the National Cancer Institute for establishing Cancer Centers throughout the country.

The concept seems to me reasonable and necessary. Since I cannot speak for the effect of this program on the national cancer research program, I will note here only the ways in which it would affect the program at Pondville Hospital.

I have no desire to see Pondville become a very large center. Our present small size gives us the real advantage of being close to our patients in their homes and communities, and I would not wish to lose this relationship. If the type of support which is outlined in the Cancer Centers program were made available here, I would endeavor to gather a small group of exceptionally gifted people to carry on the research. Although we certainly would be multi-disciplined, one of our primary interests would be in studying the total need of the cancer patient in his community.

A preliminary estimate of our financial needs for the first year of such a program would be $800,000 for planning and initial construction, and $1,000,000 for additional operating budget. The second year would involve a capital outlay for construction in the range of $4,000,000 with an operating budget of $1,500,000 requested. During the succeeding three years of a five-year program we do not anticipate that major construction would be needed each year and would suspect that our request for an additional operating budget would not increase by more than $1,000,000 per year.
February 18, 1960

Dr. R. Lee Clark, Jr.

In considering the national impact of this Cancer Center program, I cannot help but be concerned about the effect of this program on our medical manpower situation. Unless it is gradual in its inception, the program will create a further marked shortage of people available for clinical work in the general medical field, and I suspect that this will create even greater pressure on the Federal Government to step in with programs to solve that shortage also. I feel, therefore, that as Cancer Centers we must be "self-feeding" and produce as many research technicians and scientists from our communities as we take from them.

I will await with interest further developments in this area and will look forward to our next meeting in April at Chicago.

Sincerely yours,

W. Bradford Patterson, M.D.
Chief of Professional Services

cc: Dr. C. W. Twinam
    Dr. Sidney Farber
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2 copies for Acid
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Sincerely yours,

W. Bradford Patterson, M.D.
Chief of Professional Services

WBP: g

cc: Dr. C. W. Twinam
    Dr. Sidney Farber
Dr. R. Lee Clark, Director,
M. D. Anderson Hospital,
Texas Medical Center,
Houston 25, Texas.

February 11, 1960

Dear Lee:

Presented in summary form, our present facilities and future plans can be listed as follows:

Replacement value of present laboratory facilities

$6,000,000.

Necessary rehabilitation, conversion or maintenance of present facilities, during the next 2 or 3 years

350,000.

Present plans for necessary minimal expansion of laboratory facilities, to be completed within 2 or 3 years maximum

2,250,000.*

Plus equipment for new facilities, about

1,000,000.

Present plans for clinical facilities to serve immediate needs (40 beds), to be completed within 3 years

1,000,000.

Plus expansion within the next 2 or 3 years thereafter to a total of 100 beds

2,000,000.

Necessary residence quarters for Residents, Fellows, etc. and medical and graduate students and nurses, as well as visiting scientists - to be one-half completed in 3 years, the other half within 3 years thereafter

300,000.

*We have received notice that we will be awarded $750,000. in August 1960 from the Health Research Facilities Branch of NIH toward this project. We are having a rather difficult time, so far, in obtaining the matching funds plus the additional amount which will be needed.

Our current budget (1959-60) is estimated at

$1,350,000.

Our total annual budget after adding the proposed new laboratory unit it is estimated will be about

2,500,000.

The annual cost of operating the 40 bed clinical unit is estimated at about

725,000.

Plus salaries of research and clinical staff at about

250,000.

Thereafter, as the size of the clinical unit increases, costs will rise accordingly.

We are, therefore, in almost immediate need of about $6,000,000. for new facilities, and within three years it is estimated that we will have an annual budget of at least $3,000,000. If we are able to provide the needed facilities. It is perhaps appropriate to point out that we now have an expected deficit of about $100,000. for the current fiscal period.
Dr. ClarL
2/11/60 - 2

I hope that this is the information which you feel will be helpful, and I enclose copies of my letters of December 1, 1959 to Dr. Heller.

With kind regards,

Sincerely yours,

T. R. Talbot, Jr., M.D.
Director

cc: Mr. Whitaker
    Dr. Heller
    Dr. Farber
    Dr. Baker
DEPARTMENT OF FEDERAL EDUCATION OF WASHINGTON
FEDERAL BUILDING
WASHINGTON, D.C.

[Handwritten note]

Dr. Timothy X. Y.
Fellowship Institute of Research
45 East Market Street
Washington, D.C.

May 23, 19...

Just a note to show you our letters relating to institutional grants and research centers.

The information we have is dated March 10th, and we are making a

broad assumption that our statements are meaningful

in the case of recommending the two issues.

With these remarks,

Sincerely yours,

[Signature]

J. Henry Y.
Director
National Science Institute
December 1, 1959

Dr. J. R. Heller, Director,
National Cancer Institute,
Bethesda 14, Md.

Dear Mr. Director:

I have read with interest the record of Congressional committee hearings in which it was stated that consideration should be given to "the establishment of cancer centers in ten or more places in the country" (Report #309 to accompany H.R. 6799; 86th Congress; from the Committee on Appropriations).

I should like to register with you some of my views and hopes regarding this proposal. This question should be thoroughly discussed and I shall, therefore, do my best to analyze the various factors which should be understood if the best decisions are to be made.

Our first obligation is to make the best use of facilities which are already in existence. There are two aspects of this to be considered: (1) improving or supplementing existing physical facilities, and (2) providing increased as well as more flexible support of operating costs.

We must also define what is meant by the term "cancer center". I assume that this is intended to imply that the very best clinical care, clinical research and laboratory research, all dedicated to the study of malignant disease, will be assembled at one location and under one administrative body. Thus, the term implies a large degree of autonomy in order that highly concentrated effort can be directed to the vast problem of cancer. Medical school affiliation or university affiliation is probably essential; but complete control by either of these is not. The main purpose of an institute within a cancer center is, or should be, research. The chief purpose of a medical school is teaching. We would all agree that there is considerable overlap in these functions, but the main emphases are clear.

If one lists the seven or eight largest cancer research laboratories it can be seen that most of these qualify to be called institutes on the basis of their functional autonomy. In some the major emphasis is clinical. Almost all of them have a hospital or are associated with a hospital out of which they grew or into which they were placed. The relationships between the clinical and the laboratory aspects of cancer research have created special problems for each of these institutions, and each will require an individualized type of support in order to round out their function as a cancer center. All of them, however, would benefit greatly from better and more flexible support of operating costs.

The Institute for Cancer Research should certainly be included in the list to which I referred above. The replacement value of our laboratories is about $6,000,000, and our budget is now about $1,300,000 per year.

Our plans for the future are the result of more than two years of intensive study and discussion with many experts in the field of cancer research. It has been agreed that we should proceed as rapidly as possible to (a) enlarge our laboratory facilities, and (b) create a clinical facility on our own campus.
We have recently learned that the Health Research Facilities Branch of the U. S. Public Health Service has awarded us $750,000, toward the completion of our laboratory expansion which, it is estimated, will cost about $2,200,000. This award will be announced in August 1963. We are now actively at work to find the remaining funds. We are also doing everything in our power to bring about a clinical unit which will be either affiliated with or will cooperate with other medical institutions in this city.

The Institute for Cancer Research, therefore, is in a unique position. It is one of the largest institutes in existence which is concerned with basic laboratory research in malignant disease; but it has no clinical facilities. This must be corrected, and I am confident that ultimately it will be.

It would be tragic if the large resources which we now have were not made the basis for creating a complete cancer center. With the availability of sufficient funds for a clinical unit this could be accomplished rapidly. If, on the other hand, a large cancer center were to be established elsewhere in this community, especially at this time, then much of what we now have here would be wasted. In addition, I cannot overlook my conviction that what is needed in America is not only "more" - but "better". Any nation has just so much talent and ability. Our task should be to make what we have into the best, and to provide the finest facilities. In order to do this we must first complete what we have already started.

There is much more which could be said in support of our thesis that we have, at the Institute for Cancer Research, a valuable nucleus for a cancer center in the best sense of the word. I shall not burden you with further details at this time, but I hope that you will let me know if there is anything that I should do in order to provide more information.

With kind regards,

Sincerely yours,

T. R. Talbot, Jr., M.D.
Director

cc: Mr. Whitaker
December 1, 1959

Dr. J. A. Heller, Director,
National Cancer Institute,
Bethesda 14, Md.

Dear Dr. J. A. Heller,

It has recently come to my attention that consideration is being given to legislation which will make it possible for the NCI to provide financial assistance to research in the form of Institutional grants.

It is unnecessary for me to lend additional support to this popular and desirable concept, because it is so obvious that additional unrestricted funds are essential to the maintenance of our present research efforts, and especially to the further growth of these efforts.

However, I view with alarm the present form in which the proposal has been made; namely, that such awards will be limited to universities or schools and departments within universities. Such a rule would eliminate research institutions such as The Institute for Cancer Research from this type of grant, and would not only place us at a disadvantage but would prohibit assistance which we urgently need.

I could offer a long and detailed document describing our virtues and the contributions which this Institute has made. Rather than do this, perhaps the simplest arguments in our favor should be listed as follows:

1. During the current fiscal year the research programs of the ICR will receive the following support from the major granting agencies:

   (a) $311,000. from the NCI;
   (b) 215,000. from the American Cancer Society;
   (c) 73,000. from NCI, OHR and AEC.

   Our total budget is $1,347,000.

2. The Health Facilities Branch of the NIH has recently notified us of an award of $750,000., to be used for increasing our laboratory facilities.

3. Members of our staff have professorial and other appointments in two universities and one additional medical school in Philadelphia. We have graduate students from two universities working in our laboratories. In addition, we have recently become a part of the cooperative program for undergraduate students at the Drexel Institute of Technology.

The heart of the matter is really this: a research institute exists to do research. Research is one of the things which the NCI is trying to support. I agree, of course, that education must also be supported, in order to prepare men and women to do research and to be physicians. A research institute or a cancer center should have affiliations or cooperative relationships to one or more universities, but to demand that it be a part of the administrative and teaching protocol of a
The Institute for Cancer Research exists in order to provide a diversified but concentrated attack on the problem of cancer. It holds a respected position in the scientific and academic communities of the world. It is essential for the best in cancer research if the promise for institutions' grants is written in such a manner as to exclude this and similar institutes.

I should like to close on a note of thanks for the kind and intelligent assistance which you and your staff have given us, and to so many others, over such a long period of time.

With kind regards.

Sincerely yours,

T. R. Balbot, Jr., M.D.
Director

T. R. Balbot, Jr., M.D.
Director
December 28, 1959

Dear Dr. R. Lee Clark, Jr.,

The University of Texas
M.D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston 25, Texas

Dear Lee,

On my return I find that there will be a conflict here with the symposium in Houston. Our Board of Scientific Consultants meets here on the 25-26 February. This may make it inconvenient, if not impossible, for us to be represented at the meeting of the Association of Cancer Institute Directors if it is held the day before in Houston.

Sincerely yours,

C. Chester Stock, Ph.D.

ccs/cd
December 24, 1959

Dr. R. Lee Clark, Jr., Secretary
Association of Cancer Institute Directors
The University of Texas M.D. Anderson
Hospital and Tumor Institute
Houston 25, Texas

Dear Lee:

In regard to the proposed meeting of the ACID, I would strongly favor January 28th in Bethesda. I am not planning to attend the Annual Meeting at the M.D. Anderson this year since I simply cannot afford to take the additional time away from the hospital. I greatly enjoyed last year's meeting and wish you a successful symposium for 1960.

Wishing you a most productive and satisfactory New Year,

Sincerely yours,

W. Bradford Patterson, M.D.
Chief of Professional Services

WBP: BK
Dict. but not read
Dr. R. Lee Clark,
University of Texas
M.D. Anderson Hospital,
Houston 25, Texas.

Dear Lee;

Replying to your memo of December 16th, a meeting in Bethesda on January 28th would be much more convenient for me. I will not be available to meet during the last half of February.

Kind regards,

Sincerely yours,

T. R. Talbot, Jr., M.D.
December 22, 1959

R. Lee Clark, Jr., M.D.
The University of Texas
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston 25, Texas

Dear Lee:

As far as I know now, I could probably attend a meeting of the Institute Directors on January 28 in Bethesda or on February 24 in Houston.

Except for the fact that the latter would delay the meeting, possibly to the point that we would reduce or even eliminate our opportunities for expressing a group opinion to the Congressional committees, I would much prefer to come to Houston. My reasons for this are admittedly selfish, but if I am to get any vacation away from the Institute this year, I shall probably have to take it early in February. If the meeting were held in Houston, I would probably go to Mexico and plan to stop in Houston on the way back.

Incidentally, if you have the revised constitution typed up, I should be glad to have a copy of it. I did not find one in the letter of December 1 with the minutes of our first meeting.

Cordially yours,

Bill

William L. Simpson, M.D.
Scientific Director

WLS:mv
December 21, 1959

Dear Lee:

It was good to see you and some of your associates last Saturday. I did appreciate the time all of you gave me and was most favorably impressed with my first look at the M. D. Anderson.

I found on my return the copy of your memorandum of December 16, about the meeting dates. Either would be all right for me; however, I do have a tentative date January 25, with an out-of-town visitor and, secondly, I would welcome an added reason for coming back to Texas. Of course, the representative from here may be dependent on our organizational developments.

Do hope your foot is coming along well, and best wishes for Christmas and the New Year.

Sincerely,

[Signature]

O. Chester Stock

Dr. R. Lee Clark, Jr.
Director and Surgeon-in-Chief
M. D. Anderson Hospital and
Tumor Institute
Texas Medical Center
Houston - 25, Texas
December 17, 1959

R. Lee Clark, Jr., M. D.
Director, and Surgeon in Chief
The University of Texas
M. D. Anderson Hospital & Tumor Institute
Houston 25, Texas

Dear Lee:

I suggest that we hold a Cotillion Ball in Hawaii and that you and I be the honored guests.

I have a note from Dr. McCoy about the medical group at the Roberts Foundation. I do not think that the group qualifies for ACID. I also wrote a note to Dr. Gellhorn but he has disdained to answer.

The primary day for the scientific consultants will be on January 19th but if you could come on the 18th and stay for part of the 19th, this would work out very well. I would appreciate it if you would talk to some of our people working in education and publication since I feel we are woefully inadequate in these areas. I also hope to talk to you about the perfusion work.

With best wishes for a Merry Christmas,

Sincerely,

George E. Moore, M.D.
MEMORANDUM

TO: Members of Association of Cancer Institute Directors

SUBJECT: Time of Meeting

December 16, 1959

At the last meeting of the Association of Cancer Institute Directors the date of January 14 was tentatively set for our next meeting, to be held at the National Cancer Institute. Doctor Heller has a conflict in that he will have some preliminary budget hearings on January 14, and it is therefore necessary that we schedule a different meeting time.

Possibilities are:

☑ January 28 (Bethesda) - Suggested by Doctor Heller

☒ February 24 (Houston) - This would be the day prior to a meeting of the Clinical Studies Panel meeting in Bethesda, however it also is the day prior to our Fourteenth Annual Symposium on Fundamental Cancer Research (copy of program enclosed) which a number of you will be attending, hence the proposed site of Houston.

Will you please express your preference of the above possibilities and return this to me at your earliest convenience?

R. Lee Clark, Jr., M. D.
Secretary

(The University of Texas M. D. Anderson Hospital and Tumor Institute Houston 25, Texas)
December 16, 1959

MEMORANDUM

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R. Lee Clark, Jr., M. D.
Secretary

(The University of Texas M. D. Anderson Hospital and Tumor Institute
Houston 25, Texas)
Dr. R. Lee Clark, Jr.
Director
The University of Texas
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston 25, Texas

Dear Dr. Clark:

After reviewing the replies from members of the Scientific Advisory Board, it appears that the dates January 19 and 20 are the most convenient. Therefore, it is planned to hold the third meeting of the Scientific Advisory Board on these dates.

I sincerely hope that you may be able to attend as we are looking forward to your constructive advice regarding programs and policies of the Institute.

Season's greetings.

Sincerely yours,

James T. Grace, Jr., M. D.
Assistant Director
December 1, 1959

Dr. J. R. Heller, Director,
National Cancer Institute,
Bethesda 14, Md.

Dear Doctor:

I have read with interest the record of Congressional committee hearings in which it was stated that consideration should be given to "the establishment of cancer centers in ten or more places in the country" (Report #109 to accompany H.R. 6769; 86th Congress; from the Committee on Appropriations).

I should like to register with you some of my views and hopes regarding this proposal. This question should be thoroughly discussed and I shall, therefore, do my best to analyze the various factors which should be understood if the best decisions are to be made.

Our first obligation is to make the best use of facilities which are already in existence. There are two aspects of this to be considered: (1) improving or supplementing existing physical facilities, and (2) providing increased as well as more flexible support of operating costs.

We must also define what is meant by the term "cancer center". I assume that this is intended to imply that the very best clinical care, clinical research and laboratory research, all dedicated to the study of malignant disease, will be assembled at one location and under one administrative body. Thus, the term implies a large degree of autonomy in order that highly concentrated effort can be directed to the vast problem of cancer. Medical school affiliation or university affiliation is probably essential; but complete control by either of these is not. The main purpose of an institute within a cancer center is, or should be, research. The chief purpose of a medical school is teaching. We would all agree that there is considerable overlap in these functions, but the main emphasis is clear.

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The Institute for Cancer Research, therefore, is in a unique position. It is one of the largest institutes in existence which is concerned with basic laboratory research in malignant disease; but it has no clinical facilities. This must be corrected, and I am confident that ultimately it will be.

It would be tragic if the large resources which we now have were not made the basis for creating a complete cancer center. With the availability of sufficient funds for a clinical unit this could be accomplished rapidly. If, on the other hand, a large cancer center were to be established elsewhere in this community, especially at this time, then much of what we now have here would be wasted. In addition, I cannot overlook my conviction that what is needed in America is not only "more" - but "better". Any nation has just so much talent and ability. Our task should be to make what we have into the best, and to provide the finest facilities. In order to do this we must first complete what we have already started.

There is much more which could be said in support of our thesis that we have, at the Institute for Cancer Research, a valuable nucleus for a cancer center in the best sense of the word. I shall not burden you with further details at this time, but I hope that you will let me know if there is anything that I should do in order to provide more information.

With kind regards,

Sincerely yours,

T. R. Taibot, Jr., M.D.
Director

TRT:B
cc: Mr. Whitaker
December 4, 1954

Dr. Timothy F. Talbot, Jr.
Philadelphia Institute for Cancer Research
7701 Burholme Avenue
Fox Chase
Philadelphia 44, Pennsylvania

Dear Tim:

Just a note to acknowledge your letters relating to institutional grants and cancer centers. The information and questions you raise are helpful to us in attempting to arrive at the proper administrative decision regarding the two issues.

With all good wishes.

Sincerely yours,

J. P. Heiler, M.D.
Director
National Cancer Institute
Dear Lee:

Presented in summary form, our present facilities and future plans can be listed as follows:

Replacement value of present laboratory facilities $6,000,000.

Necessary rehabilitation, conversion or maintenance of present facilities, during the next 2 or 3 years 350,000.

Present plans for necessary minimal expansion of laboratory facilities, to be completed within 2 or 3 years maximum 2,250,000.*

Plus equipment for new facilities, about 1,000,000.

Present plans for clinical facilities to serve immediate needs (40 beds), to be completed within 3 years 1,000,000.

Plus expansion within the next 2 or 3 years thereafter to a total of 100 beds 2,000,000.

Necessary residence quarters for Residents, Fellows, etc. and medical and graduate students and nurses, as well as visiting scientists - to be one-half completed in 3 years, the other half within 3 years thereafter 300,000.

*We have received notice that we will be awarded $750,000. in August 1960 from the Health Research Facilities Branch of NIH toward this project. We are having a rather difficult time, so far, in obtaining the matching funds plus the additional amount which will be needed.

Our current budget (1959-60) is estimated at $1,350,000.

Our total annual budget after adding the proposed new laboratory unit it is estimated will be about 2,500,000.

The annual cost of operating the 40 bed clinical unit is estimated at about 725,000.

Plus salaries of research and clinical staff at about 250,000.

Thereafter, as the size of the clinical unit increases, costs will rise accordingly.

We are, therefore, in almost immediate need of about $6,000,000. for new facilities, and within three years it is estimated that we will have an annual budget of at least $3,000,000. If we are able to provide the needed facilities it is perhaps appropriate to point out that we now have an expected deficit of about $100,000. for the current fiscal period.
Dr. Clark
2/11/60 - 2

I hope that this is the information which you feel will be helpful, and
I enclose copies of my letters of December 1, 1959 to Dr. Heller.

With kind regards,

Sincerely yours,

T. R. Talbot, Jr., M.D.
Director

cc: Mr. Whitaker
    Dr. Heller
    Dr. Farber
    Dr. Baker
December 1, 1959

Dr. J. A. Haller, Director,
National Cancer Institute,
Bethesda 14, Md.

Dear Dr. Haller:

It has recently come to my attention that consideration is being given to legislation which will make it possible for the NCI to provide financial assistance to research in the form of Institutional grants.

It is unnecessary for me to lend additional support to this popular and desirable concept, because it is so obvious that additional unrestricted funds are essential to the maintenance of our present research efforts, and especially to the further growth of these efforts.

However, I view with alarm the present form in which the proposal has been made; namely, that such grants will be limited to universities or schools and departments within universities. Such a rule would eliminate research institutions such as the Institute for Cancer Research from this type of grant, and would not only place us at a disadvantage but would prohibit assistance which we urgently need.

I could offer a long and detailed document describing our virtues and the contributions which this Institute has made. Rather than do this, perhaps the simplest arguments in our favor should be listed as follows:

1. During the current fiscal year the research programs of the ICR will receive the following support from the major granting agencies:

   (a) $311,000. from the NCI;
   (b) 215,000. from the American Cancer Society;
   (c) 73,000. from NEF, OCR and ARC.

   Our total budget is $1,349,000.

2. The Health Facilities Branch of the NIH has recently notified us of an award of $750,000, to be used for increasing our laboratory facilities.

3. Members of our staff have professorial and other appointments in two universities and one additional medical school in Philadelphia. We have graduate students from two universities working in our laboratories. In addition, we have recently become a part of the cooperative program for undergraduate students at the Drexel Institute of Technology.

The heart of the matter is really this: a research institute exists to do research. Research is one of the things which the NCI is trying to support. I agree, of course, that education must also be supported, in order to prepare men and women to do research and to be physicians. A research institute or a cancer center should have affiliations or cooperative relationships to one or more universities, but to demand that it be a part of the administrative and teaching protocol of a
university may defeat the purpose of an institute which is the highest type of research and which retains the possibility of purposeful, but none the less basic, investigations.

The Institute for Cancer Research exists in order to provide a diversified but concentrated attack on the problem of cancer. It has a respected position in the scientific and academic communities of the world. It would be a serious blow to the best in cancer research if the proposal for institutional grants is written in such a manner as to exclude this and similar institutes.

I should like to close on a note of thanks for the kind and intelligent assistance which you and your staff have given us, and to so many others, over such a long period of time.

With kind regards,

Sincerely yours,

T. R. Taibot, Jr., M.D.
Director

To: Mr. Whitaker

COPY
March 28, 1960

Dr. George E. Moore, Director
Roswell Park Memorial Institute
Buffalo 8, New York

Dear Dr. Moore:

Dr. Khanolkar has forwarded to me a copy of your letter of 11 March inquiring as to whether the International Union has a list of cancer institutes in various countries of the world. I regret to say that the International Union does not have such a list at the present time. Professor Muhlbock, Chairman of the Cancer Research Commission of the International Union was in Bethesda this past week and we have discussed the desirability of assembling information concerning cancer institutes and their activities. It is quite possible that the Union may be able to undertake this job later in the calendar year.

As you are undoubtedly aware many institutions with the title of cancer institute are in effect, hospitals with no research activities of any kind. Others do some clinical studies in addition to providing therapy, while a much smaller number carry on research in the sense that we understand it in the United States.

If the International Union is able to compile a list of cancer institutes together with information concerning their activities, I shall be glad to make this information available to you. According to present plans the Eighth International Cancer Congress will be held in Moscow toward the end of July or at the beginning of August, 1962. A small committee of representatives of the International Union is going to Moscow toward the end of May to meet with a committee of the USSR Academy of Medical Science in order to discuss plans for the Congress.

Sincerely yours,

Harold F. Dorn
General Secretary
March 16, 1964

Memorandum

To: Members of the Association of Cancer Institute Directors

Dr. George Moore has proposed for charter membership in the Association of Cancer Institute Directors Dr. Harold P. Rusch, and has submitted the enclosed letter concerning the McArdie Memorial Laboratory as evidence of Doctor Rusch's qualifications for membership.

The Constitution of the Association of Cancer Institute Directors provides for a secret ballot for voting on proposed candidates for membership at the annual September meeting. It has been suggested, however, that a mail vote might be obtained in this case. If you agree, will you please return all or the lower portion of this memorandum to indicate your vote.

R. Lee Clark, Jr., M. D.,
Secretary, Association of Cancer Institute Directors

Nominee for Charter Membership in Association of Cancer Institute Directors:

Dr. Harold P. Rusch, Director
McArdie Memorial Laboratory for Cancer Research
The University of Wisconsin Medical School

VOTE
Affirmative
Negative
Memorandum

To: Members of the Association of Cancer Institute Directors

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R. Lee Clark, Jr., M. D.
Secretary, Association of Cancer Institute Directors

Nominee for Charter Membership in Association of Cancer Institute Directors:

Dr. Harold P. Rusch, Director
McArdle Memorial Laboratory for Cancer Research
The University of Wisconsin Medical School

VOTE Affirmative Negative
Memorandum

To: Members of the Association of Cancer Institute Directors

Dr. George Moore has proposed for charter membership in the Association of Cancer Institute Directors Dr. Harold P. Rusch, and has submitted the enclosed letter concerning the McArdle Memorial Laboratory as evidence of Doctor Rusch's qualifications for membership.

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R. Lee Clark, Jr., M. D.
Secretary, Association of Cancer Institute Directors

Nominee for Charter Membership in Association of Cancer Institute Directors:

Dr. Harold P. Rusch, Director
McArdle Memorial Laboratory for Cancer Research
The University of Wisconsin Medical School

VOTE Affirmative_______ Negative_______
Date 3/9/60

Dr. Clark
Mrs. Dunlap
Mrs. Krum
Mrs. Michalek
Mrs. Schulte
Miss Wall
File
Apoco (____ copies)

Dr. Clark:

In case you do wish to proceed with the mail vote suggested by Dr. Moore, how about the memo underneath to accomplish same?

Send to each member

From _______
March 9, 1960

Dr. George E. Moore, Director
Roswell Park Memorial Institute
Buffalo 3, New York

Dear George:

I certainly concur with your suggestion that Rusch retroactively be made a Charter member of the Association Cancer Institute Directors, and will follow through so that he will be included in the invitations for the next meeting.

This reminds me that I have not as yet written the minutes for our last meeting. I have been waiting for the review by each member of his opinion regarding the proposed legislation for cancer centers. Since these have not all been received I will do the best I can in writing up the minutes and send a copy to each of the members in the near future.

Your generosity in sharing your room "and bed" with me during the recent snow storm in New York City certainly expressed the epitome of hospitality. Besides appreciating not having to spend the night on the park bench, I particularly enjoyed the opportunity for the informal discussions that we had.

Let us arrange for an appropriate time for you to visit our institution as a consultant on research organization. We are planning an office for research and would like your thoughts on the matter. Also, I am sure that the members of our surgical service and experimental surgical section would appreciate the opportunity to discuss their problems with you.

Sincerely yours,

R. Lee Clark, Jr., M. D.
Director and Surgeon in-Chief

cc: Dr. Edgar C. White
Dr. John E. Healey, Jr.
Memorandum to each member of ACID

Dr. George Moore has proposed for charter membership in
the Association of Cancer Institute Directors Dr. Harold P. Rusch,
and has submitted the enclosed letter concerning the McArdle Memorial
Laboratory as evidence of Doctor Rusch's qualifications for membership.

The Constitution of ACID provides for a secret ballot for
voting on proposed candidates for membership at the annual September
meeting. It has been suggested, however, that a mail vote might
be obtained in this case. If you agree, will you please return
the lower portion of this memorandum to indicate your vote.

R. Lee Clark, Jr., M. D.
Secretary, Association of Cancer
Institute Directors

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Nominees for Charter Membership in Association of Cancer Institute Directors:

Dr. Harold P. Rusch, Director
McArdle Memorial Laboratory for
Cancer Research
The University of Wisconsin Medical School

VOTE: Affirmative _______ Negative _________
R. Lee Clark, Jr., M. D.
Director
M. D. Anderson Hospital
Houston 25, Texas

Dear Lee:

Attached is a verifax copy of a letter from Harold P. Rusch concerning the McArdle Laboratory. I should think that this is adequate evidence of his qualification for membership in A.C.I.D. In fact, I would suggest that he be voted on by mail if it is legal and thus have him join the group as a Charter member.

I would appreciate your opinion.

With every good wish.

Sincerely yours,

George E. Moore, M. D.

Gemins

Enc.
Dr. George E. Moore
Roswell Park Memorial Institute
Buffalo 3, New York

Dear George:

For some time I have been meaning to send you a note about the McArdle Memorial Laboratory in regard to your invitation to me to join the Association of Cancer Research Institute Directors. As you will recall, I was unable to attend the first official meeting of this organization, but I would be interested in joining this group for future meetings.

The McArdle Memorial Laboratory is affiliated with the Medical School of the University of Wisconsin, and the senior members of our staff hold professorial appointments from the Board of Regents of the University and constitute the Department of Oncology of the Medical School.

Our laboratory has complete autonomy in its scientific activities and in planning research programs. Each senior member of our staff has his own research program and is free to pursue it according to his own plans. Similarly, the hiring of all personnel is determined by this laboratory, without the need for approval from the University. The only exception is that persons who are to be hired at a professorial rank must be approved by the Medical School and University administration, in that the granting of such rank may be made only by the Board of Regents of the University.

As to the financial status of the McArdle Memorial Laboratory, about 10 per cent of our total budget comes from the University (in other words, from the State of Wisconsin); this money is used for the salaries of three of our senior staff plus salaries of some of the civil service employees. The remainder of our funds come from various granting agencies, trust funds, etc. The total budget for the current year is slightly over $450,000.

The number of personnel according to classification is as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Professors (full)</td>
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<tr>
<td># (Associate)</td>
<td>2</td>
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<tr>
<td># (Visiting)</td>
<td>2</td>
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<tr>
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<tr>
<td>Graduate Students</td>
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<tr>
<td>Technical Assistants</td>
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<tr>
<td>Civil Service</td>
<td>5</td>
</tr>
<tr>
<td>Student Help (part time)</td>
<td>17</td>
</tr>
</tbody>
</table>

February 19, 1960
I hope that this letter provides the desired information. If you wish any further data concerning the laboratory, please let me know.

Sincerely yours,

[Signature]

H. P. Rusch, M.D.
Director
March 3, 1960

Dr. Sidney Farber
Children's Hospital
Boston, Massachusetts

Dear Doctor Farber:

Enclosed is a weekly distribution sheet entitled "Articles on Neoplasm" which we have been forwarding to interested parties. If you find this sheet of interest, and would like for us to do so, we shall be happy to include you on our regular schedule. This list is taken from 600 journals in our library.

Sincerely yours,

R. Lee Clark, Jr., M. D.
Director and Surgeon-in-Chief

Encl.
RLCjr/dp

NOTE: This letter was sent to each member of the Cancer Institute Directors
Dr. George should be put on list of those now receiving the weekly "Articles on Neoplasm" as well as all other members of the Assoc. of Cancer Institute Directors.

Dear ______

Entitled

Enclosed is a weekly distribution sheet "Articles on Neoplasm" which we have been forwarding to interested parties. If you find this sheet of interest, and would like for us to do so, we shall be happy to include you on our regular schedule. This list is taken from 600 journals in our library.
February 15, 1960

Dr. George E. Moore, Director
Roswell Park Memorial Institute
666 Elm Street
Buffalo 3, New York

Dear George:

Thank you for sending me the Constitution of the Association of Cancer Institute Directors. The Constitution certainly seems to be a simple one, and I should think that the organization would serve a very useful purpose. I take it that you are going to take in certain senior executives who have major interests in the area of malignant disease but who are not the Directors of Cancer Institutes. This, perhaps, would be a very good provision in order to be sure that those of you who are Directors of Institutes do not get too far off first base.

My best to you, George.

Sincerely yours,

I. S. Ravdin, M. D.
January 2, 1959

Dr. R. Lee Clark Jr.
M. D. Anderson Hospital
Texas Medical Center
Houston 25, Texas

Dear Lee:

My apologies for this long delay in answering you. I was very much interested in the copy of the letter to Mrs. Lasker concerning educational program of the nursing group. I shall look forward to talking with you in person about this. This crosses the line of another responsibility that I have in the Health Council, and I am delighted to have new thinking in this field.

In regard to ACID, Friday the 29th would be the only date I could make it this month. The 28th is unfortunately impossible.

Could we have a meeting beginning preferably at 1 o'clock. I will be free from then until 1 in the morning. I hope this is good for you and our colleagues.

Always with best wishes, I am -

Sincerely yours
January 12, 1960

Dr. Sidney Farber
Children's Hospital
Boston, Massachusetts

Dear Doctor Farber:

After further discussions on the basis of the replies received to the proposed dates for the next meeting of our Association of Cancer Institute Directors group, it now appears that the best date for the majority is Thursday, February 4, in Bethesda.

The meeting has therefore been scheduled, with Doctor Heller in charge of the program, for 9:00 a.m., February 4, in the conference room of Building T-19. Doctor Heller plans to have the morning devoted to discussions of Association of Cancer Institute Directors matters, and the afternoon to a review of the program of the National Cancer Institute.

Will you please return the enclosed post-card so that we will know what to expect in the way of attendance.

Sincerely yours,

R. Lee Clark, Jr., M. D.
Secretary
Association of Cancer Institute Directors

RLCjr/bm
Encl.
/cc: Dr. John R. Heller

George: The attached has been sent to all the members of ACID. Rod told me of the above proposed program plans by phone today. If you have any further items, or an agenda to distribute, let me know.

F. L. C.
January 11, 1960

Miss Betty Michalek  
Office of the Director  
M.D. Anderson Hospital and Tumor Institute  
Texas Medical Center  
Houston 25, Texas

Dear Miss Michalek:

Thank you very much for the copy of the revised Constitution of the Association of Cancer Institute Directors which you so kindly sent me.

Sincerely yours,

C. Chester Stock