1975

10.01 Association of American Cancer Institutes (AACI) - General, 1975

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GENERAL
(1975) 10.1
30 April 1975

R. Lee Clark, M.D.
President
University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston, Texas 77025

Dear Lee:

On Friday I sent you copies of the Articles of Incorporation and by-laws of the Missouri Cancer Program, Inc. As hoped, action on the new organization was delayed for Board study.

I would appreciate your reaction to the articles and by-laws as a start.

Thanks for your advice, counsel and support.

With best regards.

Sincerely,

John S. Spratt, Jr., M.D.
Director
BY-LAWS

MISSOURI CANCER PROGRAMS, INCORPORATED

ARTICLE I. Board of Trustees.

Section 1. Number of Trustees and General Powers. The management of the property, affairs, and business of the Programs shall be vested in a Board of Trustees, consisting of not more than thirty voting members. The Board of Trustees shall have and may exercise all the powers of the Programs not expressly reserved by these By-Laws or by law to the Programs.

Section 2. Specific Powers and Duties. Without limiting the generality of the foregoing, the Board of Trustees: (a) shall supervise and control all action taken by or in behalf of the Programs, except insofar as the power to take any such action shall be expressly delegated by these By-Laws or reserved by law to others; (b) shall have the power to fill any vacancy that may occur at any time in any office provided by these By-Laws; (c) shall appoint the Director and members of the Professional Staff; (d) may appoint, or delegate to the Director or other persons, the appointment of officers, assistants, and employees with such salaries and wages and such duties as the Board of Trustees may determine; (e) shall make and alter Rules and Regulations for the government of the Professional Staff, Director, and other officers, assistants and employees for the management of all Divisions, Sections, Services, Laboratories, Departments, and Operations of the Programs;
(f) shall have the power to borrow money on the credit of the Programs, to authorize the execution of evidence of indebtedness, and to give security therefore; (g) shall have the power to order payments to be made from the treasury of the Programs; (h) shall have the power, either in single instances or generally without limitation or for such period as the Board of Trustees may deem advisable to authorize the Finance Committee, the Treasurer, and the Assistant Treasurer, or any of them, to manage, sell, transfer, convey, mortgage, and/or lease, real or personal property belonging to the Programs on such terms and for such consideration as the Board of Trustees, or the party so authorized, may deem advisable, and to make payments of money from the treasury.

Section 3. Composition of the Board. The Board of Trustees shall consist of: (a) persons elected for a term of four years to the Board of Trustees at the first legal meeting of the Board of Trustees after the beginning of each fiscal year of the Programs; (b) persons elected by the Board of Trustees to fill vacancies pursuant to Section 2.(b) of Article I, during the period for which they are elected; (c) persons from institutions or organizations with major affiliations under Article VII, to be appointed by that organization or institution. Initial appointments to the Board, and subsequent appointments where necessary, shall be made in such manner and for such term that approximately one-fourth of the Trustees will be appointed at each annual meeting. Each Trustee shall be entitled to one vote which may be exercised in person at a meeting (including a telephone vote) or by written proxy, provided that the proxy
specifies the motion to which it refers. The Director, and such other persons as designated by the Board, shall serve Ex-Officio (non-voting) on the Board of Trustees.

Section 4. Resignation and Removal. At any time, any Trustee or occupant of any office provided by the By-Laws may resign by filing with the Secretary a written notice of desire to terminate, and upon the date specified in such notice any office so resigned shall be deemed vacant. The Board of Trustees may at any meeting remove any Trustee or officer before the expiration of his or her term, by affirmative vote in each case of two-thirds of those present at the meeting, and may elect another person in his place; except that, notice of the action to be taken for removal shall be included in the call for the meeting and the person involved shall be accorded an opportunity to address the Board.

ARTICLE II. Meetings of the Board.

Section 1. Annual Meeting of the Board. The first meeting after the beginning of the fiscal year of the programs shall be termed the annual meeting and shall consist of the election of Trustees, election of officers, the Director's Annual Report, and such other business as may come before it.

Section 2. Regular Meetings of the Board. The Board of Trustees shall meet at least three times per year.

Section 3. Special Meetings of the Board. Special meetings of the Board of Trustees shall be held from time to time as determined by the President.
Section 4. Notice of Meetings. Notice of all meetings of the Board shall be given by the Secretary mailing a written call therefore, stating place, day, hour, and purpose thereof to each Trustee at his last recorded address at least seven days before each special meeting, fourteen days before each regular meeting, and thirty days before each annual meeting. If the Secretary shall refuse to give notice of any meeting, such notice may be given in his place by the President. Failure to give notice, or other defect in notice, shall not invalidate any regular or special meeting of the Board or any transacted business except amendment of these By-Laws or removal of a Trustee or Officer.

Section 5. Time and Place of Meeting. All meetings of the Board shall be held at such time and place as the President shall direct.

Section 6. Quorum. One-half of the members of the Board of Trustees shall constitute a quorum for the transaction of business, but less than a quorum may adjourn a meeting which has been called.

ARTICLE III. Officers of the Board.

Section 1. Number, Term, Vacancy, Additional Appointments. The regular officers of the Board shall be: President, President-Elect, Past-President, Vice-President, Treasurer, Assistant Treasurer, Secretary, Assistant Secretary; each of whom shall be elected at the Annual Meeting. The President-Elect, Vice-President, Treasurer, and Secretary shall be elected from the Board of Trustees. The officers shall hold office for one year and/or until their successors are elected or appointed and qualified. Any vacancy that may occur in any office between annual meetings of the Board of Trustees may be filled by the Board of Trustees.
The Board of Trustees may appoint, and at pleasure may revoke the appointment of, such other officers and such agents, and shall assign to them such duties for such terms of office as it shall deem advisable. The same person may not simultaneously occupy more than one office. The President-Elect shall succeed to the office of President, and subsequently, Past-President on the first and second annual meetings respectively following his election unless otherwise specified by the Board of Trustees.

Section 2. The President. The President, who shall be a Trustee, shall preside at all meetings of the Board of Trustees and the Executive Committee of the Board of Trustees at which he or she shall be present, and shall, subject to the Board of Trustees, be the principal Corporate Officer of the Programs, having general supervision and direction of the affairs of the Programs with power to sign in the ordinary course of business all documents, applications and other necessary papers on behalf of and in the name of the Programs. He or she shall, when the power to so do is delegated by the Board of Trustees, annually appoint the members of all Standing Committees and of such other Committees of the Board as he or she may deem advisable.

Section 3. The Vice-President. The Vice-President shall discharge such duties as are assigned by the President. In the absence or disability of the President, the Vice-President shall act in the President's place and exercise the powers of that office.

Section 4. President-Elect. The President-Elect shall discharge such duties as are assigned by the President and in the case of the absence
or disability of the President and Vice-President, shall discharge the
duties of the President.

Section 5. Treasurer. Subject to the Board of Trustees, the Treasurer
shall have the powers and duties prescribed in this Section. He shall
have custody of all funds belonging to the Programs, except such as shall
be otherwise specifically provided for by the Board of Trustees. He
shall manage the property of the Programs held for investment and shall
invest, reinvest, and dispose of such property as authorized by the
Board of Trustees, the Executive Committee, or the Finance Committee by
a majority vote of its respective members. He shall have the care and
custody of all the securities and cash standing in the name of or
belonging to the Programs, except to the extent that the Board of
trustees may give some part or all of said custody and care to an agent
or agents. It shall be the Treasurer's duty to collect or cause to be
collected all dividends, interest, monies in any way due to the Programs;
to give or cause to be given (upon due receipt of payment), proper
receipts and discharges therefor; and to deposit or cause to be
deposited the same in the name of the Programs in banks or trust companies
selected by the Board of Trustees. He shall be authorized and empowered
to draw checks against deposits standing in the name of the Programs,
and to endorse for collection any checks, notes, drafts and the like
drawn to the order of the Programs. He shall have the power to discharge,
extend, and make partial release of any and all mortgages standing in
the name of the Programs, and to execute, seal with the Programs' seal,
acknowledge and deliver for an on behalf of the Programs, all instruments
necessary or advisable to render such acts effectual. All investment
real estate belonging to the Programs shall be under the supervision
of the Treasurer and he, acting at his discretion through such agent or
agents as he may determine, shall attend to the collection of rents,
repairs, payment of taxes and all other matters incidental to proper
care and management thereof. He shall keep or cause to be kept proper
books of account of the property under his control and shall render to
the Programs an annual statement thereof. He shall perform such duties
with reference to the care and management of the properties used in
connection with the operation of the Programs as are not otherwise
delegated.

Section 6. The Assistant Treasurer. The Assistant Treasurer shall have
and exercise, subject to the control and direction of the Treasurer and
with the approval of the Executive Committee, all the powers of the
Treasurer.

Section 7. Bonds Required. The Treasurer and Assistant Treasurer shall
be required to be bonded to the Programs for the faithful discharge of
their duties in such form and for such amount and with such sureties as
shall be determined by the Board of Trustees.

Section 8. The Secretary. The Secretary shall keep a true record of
the meetings of the Board of Trustees and of the Executive Committee;
shall give notice of all meetings, and shall perform such other duties
as usually pertain to the office. Minutes of all meetings of the Board
of Trustees and of the Executive Committee of the Board shall be available
to all Trustees. He shall have the custody of the Treasurer's and Assistant Treasurer's bonds.

Section 9. The Assistant Secretary. The Assistant Secretary shall have and exercise, subject to the control and direction of the Secretary, and with the approval of the Executive Committee, all the powers of the Secretary.

ARTICLE IV. Committees of the Board.

Section 1. Executive Committee. There shall be an Executive Committee of the Board of Trustees which, in the intervals between meetings of the Board, shall act in its place and exercise all of its powers except those specified by the Board not to be delegated which shall include election of Trustees or officers, removal of Trustees or officers, approval of major affiliation agreements, amendment to these By-Laws, and other actions of such a nature as to have a significant impact on all of the affiliated institutions. It shall consist of the Past-President, President, President-Elect, Vice-President, Secretary, Treasurer, Director (Ex-Officio), and two additional members of the Board elected by the Board. Each member of the Committee shall serve for a term of one year and until his successor is elected and qualified. It shall hold meetings at such times and places as it may determine at the call of the President. Notice of each meeting shall be given at least twenty-four hours in advance by mail, telephone, or word of mouth. One-half the members of the Executive Committee shall constitute a quorum. All actions taken by the Executive Committee shall be reported to the Board of Trustees at the next regular meeting of the Board.
Section 2. Finance Committee. The Finance Committee shall consist of the Treasurer and additional Trustees appointed by the President. The Finance Committee shall advise the Treasurer and the Board in the financial matters of the Programs.

Section 3. Additional Committees. Without limiting the power of the Board of Trustees to appoint or to designate the President to appoint, standing and temporary committees, in addition to the Executive Committee and the Finance Committee, the following committees shall be appointed annually by the President from the Board of Trustees: Nominating Committee whose chairman shall be the Past-President and whose function shall be to provide the Board with recommendations as to nomination for Trustee, Officer or Professional Staff; Development and Resources Committee whose chairman shall be the President-Elect and whose function shall be to provide the Board with recommendations as to program development; Joint Conference Committee whose chairman shall be the Director and which shall include an equal representation from the Board and the Executive Committee of the Professional Staff. The activities of the Joint Conference Committee shall include keeping the Board of Trustees, the Professional Staff, and the Administrative Staff cognizant of pertinent action taken or contemplated and discussing future growth, organization, and problems and making recommendations therefor. Additional committees relating to the operating programs, i.e. cancer control, clinical investigation, basic research, will be appointed at the discretion of the Board.

ARTICLE V. Administration of the Programs.

Section 1. Chief Executive Officer, Associate and Assistant Executive Officers. The Board of Trustees shall select and employ in the
administration of the Programs a Chief Executive Officer to be known as the "Executive Director" (herein referred to as "Director"), and such associate and assistant executive officers as may be recommended for appointment, at such annual rates of compensation and with such other benefits as the Board may determine.

Section 2. Duties. The Director (and in his absence, his designated associate or assistant) shall be the administrative head of the Programs, subject to the Board of Trustees, and shall have the following duties and powers, and such other duties and powers as the Board of Trustees may from time to time determine: (a) to administer the policies of the Board of Trustees; (b) to recommend for appointment all executive, administrative, and professional staff; (c) to coordinate the functions of all components of the Programs and to develop standards and methods for measurement of the Programs' activities; (d) to submit an annual report to the Board concerning the Programs' operation; (e) to attend all meetings of the Board of Trustees and Executive Committee; (f) to act as representative of the Board of Trustees in any emergency, reporting such action promptly to the President; (g) to serve as chairman of the Joint Conference Committee and of the Executive Committee of the Professional Staff serving as liaison between the Board and the Professional Staff; (h) to be responsible for the safety and protection of all the Programs' patients and to advise the Board of Trustees as to the necessary resources therefor; (i) to supervise property belonging to or by agreement, the responsibility of the Programs and report annually thereof; (j) to administer the component programs in accordance with the affiliation agreements; (k) in cooperation with all components to prepare an annual
budget for approval of the Board of Trustees; (l) in manner consistent with the approved budget to purchase all supplies, supervise all expenditures, and pay all bills for Programs' operations, and to collect all receivables; (m) except as otherwise provided, to employ, direct, discipline, and dismiss all Programs' personnel in accordance with approved policies and to formulate rules as to sound personnel practices; (n) to formulate, maintain, and develop cooperative relationships with community agencies, professional organizations, and hospitals; (o) to perform any other duties that may be necessary to the best interests of the Programs. The Board of Trustees shall have the right to revoke any such delegation of duties and powers at any time.

ARTICLE VI. Professional Services of the Programs.

Section 1. Associate Directors and Division Chiefs. There shall be the following Associate Directors of the Programs annually appointed by the Board of Trustees at such annual rates of compensation and with such other benefits as the Board of Trustees may determine: Associate Director for Clinical Programs, Associate Director for Laboratory Research, Associate Director for Cancer Control and such other Associate Directors as may be appointed by the Board from time to time in response to program needs. These persons, together with the Director and three persons elected by the Executive Faculty, shall comprise the Executive Committee of the Professional Staff. The Associate Director for Clinical Programs shall annually nominate to the Executive Committee of the Professional Staff personnel to serve as Chiefs of all Clinical Divisions; the Associate Director for Laboratory Research shall annually nominate to the Executive...
Committee of the Professional Staff personnel to serve as Chiefs of all Basic Science Divisions; the Associate Director for Cancer Control shall annually nominate to the Executive Committee of the Professional Staff personnel to serve as Chiefs of all Cancer Control Divisions. The Director, the Associate Directors and the Division Chiefs shall constitute the Executive Faculty of the Professional Staff.

Section 2. Professional Staff. (a) The Division Chiefs shall annually select and nominate for appointment or reappointment to the Professional Staff in their respective Divisions and shall report the names of such personnel to the Executive Committee of the Professional Staff. Following review and approval by the Executive Committee of the Professional Staff (which may include the use of an ad hoc review or search committee) the Director shall forward to the Nominations Committee of the Board of Trustees all favorable recommendations together with supporting documentation. Actions taken by the Board of Trustees on appointments and reappointments shall be recorded in the minutes of the Board. Such appointees shall comprise the Professional Staff. Before any person can receive a Professional Staff appointment he or she shall sign an agreement to abide by the current Programs By-Laws, Rules and Regulations, as may be in effect during his or her appointment. No applicant shall be denied Professional Staff membership on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion lacking professional justification.

(b) The Board of Trustees shall consider recommendations of the Executive Committee of the Professional Staff and
shall appoint to the Professional Staff, in numbers not exceeding the Programs' needs, a Professional Staff composed of physicians, dentists, scientists with graduate degrees, and allied health personnel who continuously meet the qualifications, standards, and requirements set forth in the By-Laws of the Professional Staff. They shall organize into an administrative unit, and shall adopt By-Laws, Rules and Regulations for government of their research, education, and service in the Programs, which By-Laws, Rules and Regulations shall be subject to the approval of the Board of Trustees. All appointments to the Professional Staff shall be for one year only, renewable by the Board of Trustees without formal reapplication. When an appointment is not to be renewed, or when privileges are proposed to be reduced, altered, suspended, or terminated, the Professional Staff member shall upon request be afforded the opportunity of a hearing before the Executive Committee of the Professional Staff whose recommendation shall be considered by the Board of Trustees prior to taking final action. Such hearings shall be conducted under procedures in the By-Laws of the Professional Staff to insure due process, to afford full opportunity for the presentation of all pertinent information. Whenever the Board of Trustees does not concur in a recommendation of the Executive Committee of the Professional Staff, the recommendation shall be reviewed by the Joint Conference Committee which shall in a reasonable time make a recommendation to the Board of Trustees before a final decision is reached by the Board of Trustees.

(c) Review of Professional Care. The Professional Staff shall conduct a continuing review and appraisal of the quality of professional care rendered in the Programs, and shall report
such activities annually. Copies of such reports will be forwarded by
the Director to the Board of Trustees.

(d) The Executive Committee of the Professional Staff. The Executive Committee of the Professional Staff shall make recommendations to the Board of Trustees concerning: (1) appointments, reappointments, and alteration of Professional Staff status; (2) all matters relating to professional competency including disciplinary actions; (3) such specific matters as may be referred to it by the Board of Trustees.

Section 4. Professional Staff By-Laws. The Board of Trustees shall ensure that Professional Staff By-Laws, Rules and Regulations are developed and adopted by the Professional Staff. Such By-Laws, Rules and Regulations, which shall state the policies under which the Professional Staff regulates itself, shall become effective when approved by the Board of Trustees. The power of the Board of Trustees to adopt or amend Professional Staff By-Laws, Rules and Regulations shall not be dependent upon ratification by the Professional Staff.

ARTICLE VII. Affiliations.

Section 1. Principles. The Board of Trustees has the power to negotiate various types of affiliation agreements and contracts in accordance with the following principles:

(a) Although a number of excellent cancer programs have been developed in Missouri in multiple institutions, the impact of such programs on the public welfare could be greatly multiplied if these efforts could
be coordinated toward common goals and toward providing facilities and resources to develop new programs which are beyond the potential of any single institution working alone.

(b) Coordination of programmatic efforts is best achieved by affiliation agreements and contracts which contain specific and significant commitments on the part of both the Programs and the affiliating institution with the participation of the affiliating institution in the governance of the Programs reflecting the extent of such commitments.

(c) Inherent in the kind of commitment required is a delegation of certain specified prerogatives by the affiliating institution to the Programs in exchange for access to and benefits of certain specified resources of the Programs.

(d) Coordination is best achieved by developing a common Professional Staff for the Programs appointed jointly by the Programs and each affiliated institution.

(e) From the common Professional Staff and utilizing the mechanisms of the Programs jointly developed by multiple public and private institutions, members of such a common staff should be identified whose scientific and/or clinical expertise enables them to contribute leadership to various components of the Programs. Such leaders will not be found at any single institution but at multiple institutions and if their leadership is to be effective and benefit all institutions the affiliation agreements must be substantive.

Section 2. Major Affiliations with Categorical Cancer Institutions.

The Board of Trustees has the power to negotiate major affiliations based on formal agreements and/or contracts with Categorical Cancer
Institutions (institutes, hospitals, or major programs) and to offer one or more appointments on the Board of Trustees reflecting the degree of commitment by, and the contribution of, the affiliating institution. Such affiliations should provide for joint appointment of all Professional Staff between the Programs and the affiliated institution, and the full participation of the clinical, research, and cancer control efforts of the affiliated institution in the Programs. The Categorical Cancer Institutions represent major resources for the Programs to accomplish its goals in respect to public welfare, they represent a major potential for leadership, and consequently, it is to be expected that such institutions will set an example with regard to complete integration of personnel and programs into the Missouri Cancer Programs, Inc.

Section 3. Major Affiliations with Non-Categorical Institutions. The Board has the power to negotiate major affiliations based upon formal agreements and/or contracts with non-categorical institutions (Universities, Colleges, Institutes, Divisions or other elements of the State of Missouri, or other institutions) and to offer an appointment on the Board of Trustees reflecting the commitment of the affiliated institution. Such affiliations should involve a major commitment to a multidisciplinary cancer program in multiple program areas including, as appropriate, research space, beds, and specification of professional staff to be jointly appointed between the Programs and the affiliated institution. Although it is not intended that all cancer related activities at a non-categorical institution be developed jointly with the Programs, the Board will utilize both the relative and absolute magnitude of such commitment.
(budget, space, beds, personnel, and other relevant considerations) in a determination of whether an affiliation represents a major affiliation.

Section 4. Major Affiliations with Societies and Professional Organizations.
The Board has the power to negotiate major affiliations with Societies and Professional Organizations based upon formal agreements and/or contracts with such provisions as are necessary to the development of a coordinated comprehensive cancer effort and to offer such Societies or Organizations an appointment to the Board of Trustees.

Section 5. Affiliations. The Executive Director, subject to approval of the Board of Trustees, shall negotiate affiliations with Universities or Colleges thereof, Colleges, Institutes, Divisions or other components of State government, Societies, Professional Organizations, Hospitals, Clinics, groups or individuals based upon the principle that the Programs should encourage collaborative efforts in cancer research, education, service, and control.

Section 6. Other Affiliations. The Board of Trustees may from time to time negotiate such other affiliations in the interest of the Programs which shall be (a) major affiliations or (b) affiliations.

ARTICLE VIII. Indemnification.

Section 1. Personal Liability. Neither the Trustees, nor any officer, shall have the power to bind individual Trustees, officers, or Professional Staff personally. All persons or corporations extending credit to, contracting with, or having any claim against the Programs, shall look only to the funds and property of the Programs for payment of any such contract or claim, or for the payment of any debt, damage, judgment, or decree, or of any money that may otherwise become due or
payable to them from the Programs, so that neither individual Trustees, nor officers, nor Professional Staff, present, or future, shall be personally liable therefor.

Section 2. Costs and Expenses. Each Trustee, officer and Professional Staff member of the Programs shall be entitled, without prejudice, to any rights which he or she may have, to be reimbursed by the Programs or indemnified by it against all legal costs and other expenses reasonably incurred by him or her in connection with or arising out of any claim, action, suit, or proceeding of whatever nature in which he or she may be involved as a party or otherwise, or with which he or she may be threatened by reason of service as a Trustee, officer or Professional Staff member of the Programs, or by reason of any action alleged to have been taken or omitted in such capacity, whether he or she continues in such capacity, at the time of incurring such cost or expenses, including amounts paid or incurred in connection with reasonable settlements (other than amounts paid by the Programs itself) made with a view to curtailment of costs of litigation. No such reimbursement or indemnity shall be paid or made for any expense incurred or settlement made by such Trustee, officer or member of the Professional Staff in connection with any matter in which he or she shall be finally adjudged in any action, suit, or proceeding to have been derelict in the performance of his or her duty in such capacity. The amount of any such reimbursement or indemnity paid or made in respect to any matter on which settlement or compromise is effected by the Trustee, officer or Professional Staff member, shall not exceed the expense which might reasonably have been paid or incurred
in conducting such actual or threatened litigation to a final conclusion.
In no event shall anything herein contained be construed so as to protect
or to authorize the Programs to indemnify any Trustee, officer, or
Professional Staff member against any costs or expenses incurred or
settlement made in connection with any matter arising out of his or her
own negligence or willful misconduct. The Programs and its Trustees,
officers, and employees shall not be liable to anyone for making any
determinations as to the existence or absence of liability, or for making
or refusing to make any payment hereunder on the basis of such deter-
mination, or for taking or omitting to take any action hereunder in
reliance upon advice of counsel.

ARTICLE IX. External Scientific Advisory Board.

Section 1. The External Scientific Advisory Board shall consist of not
more than nine nor less than four scientists who will be appointed by
the Board of Trustees upon recommendation of the Director to serve over-
lapping terms. No member of the Professional Staff of the Programs may
be appointed.

Section 2. The External Scientific Advisory Board will elect its own
chairman and shall serve as an advisory body to the Board of Trustees and
the Director on the soundness of proposed projects, the satisfactory pro-
gress of research projects, the feasibility of continued support of pro-
jects, new investigations into problems encountered in basic and clinical
Oncology, and the maintenance of adequate standards for human and animal
experimentation. It shall recommend areas of research, education, and
cancer control that it believes hold promise and are appropriate to the mission of the Programs.

Section 3. The chairman of the External Scientific Advisory Board shall cause to be kept complete minutes of the meetings which shall be sent to the Board of Trustees at its next regular and/or annual meeting. The chairman of the External Scientific Advisory Board shall serve Ex-Officio (non-voting) on the Board of Trustees.

Section 4. Any member may be removed from the External Scientific Advisory Board by the Board of Trustees at any time by a recommendation of a majority of the External Scientific Advisory Board, or upon the recommendation of the Director to the Board of Trustees. Members of the External Scientific Advisory Board may resign at any time.

Section 5. The Director is authorized to reimburse all necessary expenses incurred by the External Scientific Advisory Board in its proper functions and to pay appropriate consultation fees, subject to the policy of the Board of Trustees, for services rendered by members of the External Scientific Advisory Board.

ARTICLE X. Miscellaneous.

Section 1. Stock of Other Companies. Whenever the Programs shall own stock of any corporation, the President or the Treasurer jointly or singly, subject to directions of the Board of Trustees, shall exercise on behalf of the Programs all voting rights thereto, acting either in person or by proxy; but, the Board of Trustees may from time to time delegate like authority to one or more other persons.

Section 2. Fiscal Year. The fiscal year of the Programs shall end on September 30th every year.
Section 3. Name of Programs. The name of the corporation shall be Missouri Cancer Programs, Incorporated, abbreviated as MCPI, and referred to as the "Programs" but from time to time (except on formal affiliation agreements and contracts) the Programs may be referred to as the "Center" in recognition that the origin of its formation relates to the National Cancer Act of 1971 and the thrust of the National Cancer Advisory Board of the National Cancer Institute in the development of a national network of Comprehensive Cancer Centers.

Section 4. Trustees shall not receive any compensation for their services as Trustees or officers, but they may be reimbursed for reasonable expenses incurred on behalf of the Programs.

Section 5. Roberts' Rules of Order, latest and revised edition, shall govern all meetings of the Board and its committees except when such rules of order are superseded by these By-Laws or applicable law.

ARTICLE XI. Amendments.

These By-Laws may be repealed or amended, or new by-laws may be adopted by the affirmative vote of two-thirds of the Trustees present at the annual meeting, or at any regular or special meeting of the Board of Trustees, provided that notice of the proposal to repeal or amend the By-Laws, or to adopt new By-Laws, was included in the notice of the meeting at which action on such proposal is taken and provided that such notice of the meeting was mailed and/or delivered at least thirty days prior to the date of such meeting.
In the Circuit Court of Callaway County, Missouri

COUNTY OF CALLAWAY

STATE OF MISSOURI

IN THE CIRCUIT COURT OF CALLAWAY COUNTY, MISSOURI.

APRO PROOFL DECREE OF INCONCLUSION

MISSOURI CANNER PROGRAMS, INC. vs.

In the Matter of the Application of
ARTICLES OF INCORPORATION
OF
MISSOURI CANCER PROGRAMS, INC.

KNOW ALL MEN BY THESE PRESENTS: That we, the undersigned, have this date entered into and executed the following Articles of Incorporation for and in behalf of, and by the direction and authority of said organization, given at a regular meeting held for the purpose of forming a body corporate and politic as provided by Chapter 332, Revised Statutes of Missouri, 1969, and the amendments thereto:

ARTICLE I

The name of the association shall be Missouri Cancer Programs, Inc.

ARTICLE II

Its location shall be in Columbia, Missouri, but the corporation may have one or more offices in other locations to carry on any or all of its objects and purposes.

ARTICLE III

Its duration shall be perpetual unless sooner dissolved by mutual agreement of the majority of its membership, with the consent of the State of Missouri.

ARTICLE IV

This association is formed for the following charitable, educational and scientific purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code useful to the public interest only, to wit:

1. To mobilize the resources of the University of Missouri Medical Center at Columbia, the St. Louis University Medical Center, the University of Missouri Medical School at Kansas City, the Kirkville College of Osteopathic Medicine, the Kansas City School of Osteopathy, the Ellis Fischel State
Cancer Hospital and the Cancer Research Center, and all related institutions and organizations in the State of Missouri, or the surrounding region, that qualify as exempt organizations under Section 501 (c) (3) of the Internal Revenue Code (or the corresponding provision of any future United States Internal Revenue law) for the benefit of cancer patients including the coordination of the efforts of such institutions in a comprehensive cancer program dedicated to the creation of an environment conducive to the most effective prevention, detection, diagnosis and treatment of cancer in Missouri; to provide a comprehensive rehabilitation program for cancer patients; to provide the optimal utilization of scarce resources and manpower to create a community of oncological scholars dedicated to research in all problems of oncology; to eliminate and avoid costly duplication in the areas of service, research and training; to provide for cancer control programs activities that will enhance outreach service development.

2. To minimize among the population served the illness, disability, suffering, and death due to cancer.

3. To provide these patients access to optimal cancer management without regard to geographic or social consideration.

4. To make available high quality diagnostic services through the patient's regular force of primary medical care.

5. To define and maintain standards of diagnosis and treatment in cancer which are uniformly high so that the patient receives the same quality of care regardless of where he is treated or how he enters the health care system.

6. To devise programs specifically tailored to treat not only adults but pediatric patients with cancer in facilities specially designed and operated by pediatric cancer specialists.

7. To foster continued progress of cancer research and also the effective translation of appropriate research results into clinical practice.

8. To foster the training of sufficient personnel to insure continued availability of care and the minimization of cost consistent with
quality care as necessary.

9. To design an efficient cancer management system so that the patient can be assured access to quality care regardless of the point of entry to the system.

10. To foster the development of a cooperative network of physicians and institutions which will provide mutual support and conduct programs in cancer research, cancer detection, training, rehabilitation (social, emotional, vocational and physical) as well as cancer prevention and public education.

11. To engage in any activity not unlawful in connection with, or for the promotion of the above enumerated purposes, including but not limited to the purchase, lease, or holding of real or personal property as may be necessary or convenient for the conduct and operation of such activities; to cooperate with any agency, organization, institution or individual to finance any one or more of the activities specified above; to borrow money without limitation as to the amount of corporate indebtedness or liability.

ARTICLE V

This association should have and exercise all powers, privileges and rights authorized by the laws of the State of Missouri; which are themselves in furtherance of the purposes of this corporation, so long as they are consistent with the qualifications of Section 501 (c) (3) of the Internal Revenue Code of 1954.

ARTICLE VI

No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities
not permitted to be carried on (a) by a corporation exempt from Federal
income tax under Section 501 (c)(3) of the Internal Revenue code of 1954
(or the corresponding provision of any future United States Internal
Revenue Law).

ARTICLE VII

The subscribers to these articles shall constitute the members
of the corporation upon organization and for the purpose of adopting by-
laws and transacting any other business that lawfully may be transacted.

ARTICLE VIII

This association shall have the power to prescribed the
qualifications of its members and officers; and to provide for the duties,
removal, suspension and reinstatement of members and officers; and to
make such by-laws, rules and regulations for the government of the associ-
ation which it may deem necessary and desirable; and to modify, repeal,
change, and enforce said by-laws, rules and regulations, and to levy and
collect such dues from its members as its by-laws may prescribed.

ARTICLE IX

Upon the dissolution of the corporation the Board of Trustees
shall, after paying or making provisions for the payment of all of the
liabilities of the corporation, dispose of all of the assets of the
corporation exclusively for the purpose of the corporation in such manner,
or to such organization or organizations organized and operated exclusively
for charitable, educational, religious, or scientific purposes as shall at
the time qualify as an exempt organization or organizations under Section
501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding
 provision of any future United States Internal Revenue Law), as the
Board of Trustees shall determine. Any of such assets not so disposed of
shall be disposed of by the Circuit Court of the county in which the
principal office of the corporation is then located, exclusively for such
purposes or to such organization or organizations, as said Court shall
determine, which are organized and operated exclusively for such purposes.

IN TESTIMONY WHEREOF, we have hereunto set our hands this

10 day of April, 1973.
STATE OF MISSOURI

COUNTY OF CALLAWAY

Comes now Herbert R. Donke, Joseph M. White, W. C. Whitlow, George Thomas, R. Gray Dimond, H. Charles Moore, and Rudolph Breman, to me known to be the persons described in and who executed the foregoing Articles of Incorporation, and who being duly sworn state that they and each of them are natural persons who are citizens of the United States, over the age of Twenty-one years, and state that the facts set forth in the above Articles of Incorporation are true according to their best knowledge, information and belief. They further acknowledge that they executed the same as their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at my office in Fulton, Missouri, on this 10 day of April, 1975.

[Signature]

ROYALTY PUBLIC

My commission expires: 11-5-75
BYLAWS OF THE
CANCER RESEARCH CENTER
AS AMENDED 28 JUNE 1970

ARTICLE I
OFFICE, RECORDS AND SEALS

1. Registered Office and Registered Agent. The Corporation shall have and continuously maintain a registered office and a named registered agent in the State of Missouri. The location of the registered office and the name of the registered agent of the Corporation in the State of Missouri may be designated and changed from time to time by the Board of Trustees in conformance with applicable provisions of law. The principal office and place of business of the Corporation shall be in Columbia, Missouri.

2. Records. The Corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its Board of Trustees and of committees having any of the authority of the Board of Trustees, and shall keep at its registered office or principal office a record giving the names and addresses of all Members of the Board of Trustees.

3. Seal. The corporate seal, which may be altered from time to time by the Board of Trustees, shall have inscribed thereon the name of the Corporation and the words "Corporate Seal—Missouri." The corporate seal may be used by causing it or a facsimile thereof to be impressed or affixed or in any other manner reproduced.

ARTICLE II
MEMBERS AND MEETINGS OF MEMBERS

1. Membership. The Members of the Corporation shall consist of the persons who signed the original Articles of Incorporation and such other persons, partnerships, corporations and foundations who are interested in the development and improvement of The Cancer Research Center as the Members may elect, by a vote of a majority of all the Members of the Corporation, at any annual or special meeting of the Members.
2. Privileges of Members. All Members shall be entitled to attend all regularly scheduled meetings of the Members. Members shall be kept advised of the progress and work of the Corporation; and shall receive relevant and pertinent publications and reports.

3. Resignation of Members. Any Member may resign from the Corporation by delivering a written resignation to the President or Secretary of the Corporation.

4. Annual Meetings. The annual meeting of the Members of the Corporation shall be held at the principal office of the Corporation in Columbia, Missouri, on the fourth Sunday of September in each year or at such other time as the members, or the Board of Trustees, may designate, for the purpose of electing Trustees, appointing two inspectors of election, and for the transaction of such other business as may properly come before the meeting.

5. Notice of Annual Meetings. Notice of time, place and purpose or purposes of the annual meeting shall be served, either personally or by mail, not less than ten nor more than forty days before the meeting upon each person who appears upon the books of the Corporation as a Member and, if mailed, such notice shall be directed to the Member at his address as it appears on the books of the Corporation, unless he shall have filed with the Secretary of the Corporation a written request that notices intended for him be mailed to some other address, in which case it shall be mailed to the address designated in such request.

6. Special Meetings. Special meetings of the Members, other than those regulated by statute, may be called at any time by the President or Vice President or by two Trustees and must be called by the President or Secretary on receipt of the written request of one-third of the Members of the Corporation.

7. Notice of Special Meetings. Notice of a special meeting stating the time, place and purpose or purposes thereof shall be served personally or by mail upon each Member residing within the United States not less than five nor more than forty days before such meeting and, if mailed,
such notice shall be directed to each Member at his address as it appears on the books or records of the Corporation, unless he shall have filed with the Secretary of the Corporation a written request that notices intended for him shall be mailed to some other address, in which case it shall be mailed to the address designated in such request.

8. Quorum. At any meeting of Members of the Corporation the presence of one-fourth of the Members in person or by proxy shall be necessary to constitute a quorum for all purposes except as otherwise provided by law, and the act of a majority of the Members present at any meeting at which there is a quorum shall be the act of the full membership except as may be otherwise specifically provided by statute or by these bylaws. In the absence of a quorum, or when a quorum is present, a meeting may be adjourned from time to time by vote of a majority of the Members present in person or by proxy, without notice other than by announcement at the meeting and without further notice to any absent Member. At any adjourned meeting at which a quorum shall be present, any business may be transacted which might have been transacted at the meeting as originally notified.

9. Voting. At every meeting of Members each Member shall be entitled to vote in person, or by proxy duly appointed by instrument in writing which is subscribed by such Member and which bears a date not more than eleven months prior to such meeting, unless such instrument provides for a longer period. Each Member of the Corporation shall be entitled to one vote. The vote for Trustees and, upon the demand of any Member, the vote upon any question before the meeting, shall be by ballot. All elections shall be had and all questions decided by a majority vote of the persons present in person or by proxy.

10. Waiver of Notice. Whenever under the provisions of any law or under the provisions of the Articles of Incorporation or Bylaws of this Corporation, the Corporation or the Board of Trustees or any committee thereof is authorized to take any action after notice to the Members of the Corporation or after the lapse of a prescribed
period of time, such action may be taken without notice and without the lapse of any period of time, if at any time before or after such action be completed, such requirements be waived in writing by the person or persons entitled to such notice or entitled to participate in the action to be taken or by his attorney thereunto authorized.

11. Inspectors of Election. The Members may at each annual meeting elect or appoint two persons (who need not be Members) to serve until and including the next annual meeting as inspectors of election, and if any inspector shall refuse to serve or shall not be present, the meeting may appoint an inspector in his place.

12. Removal of Members, Trustees or Officers. Any Member, Trustee or Officer may be removed from Membership or from office by the affirmative vote of two-thirds of the full Membership, registered either in person or by proxy, at any regular or special meeting called for that purpose, for conduct detrimental to the interests of the Corporation, for lack of sympathy with its objectives, or for refusal to render reasonable assistance in carrying out its purposes. Any such Member, Officer, or Trustee proposed to be removed shall be entitled to at least five days notice in writing, by mail, of the meeting at which such removal is to be voted upon and shall be entitled to appear before and be heard at such meeting.

13. Compensation and Expenses. Members shall not receive any stated salary for their services as such, but by resolution of the Board of Trustees a fixed reasonable sum or expenses of attendance, if any, or both, may be allowed for attendance at each regular or special meeting. The Board of Trustees shall have power in its discretion to contract for and to pay to Members for serving the Corporation in any other capacity and receiving compensation appropriate to the value of such services.

ARTICLE III

BOARD OF TRUSTEES

1. Election. The business and property of the Corporation shall be managed and controlled by a Board of Trustees, who shall be elected
annually by the Members, to hold office until the next annual meeting of the Members or until the election and qualification of their respective successors, except as hereinafter otherwise provided for filling vacancies. The Trustees need not be Members of the Corporation and shall be chosen by ballot at such meeting by a majority of the votes of the Members, voting either in person or by proxy.

2. **Number.** The number of Trustees of the Corporation shall be not more than 30 but such number may be increased or decreased by amendment to these bylaws, in the manner set forth in Article XIII hereof. When the number of Trustees is so decreased by amendment adopted by the Board of Trustees, each Trustee in office shall serve until his term expires, or until his resignation or removal as herein provided.

3. **Resignation.** Any Trustee may resign at any time by giving written notice of such resignation to the Board of Trustees.

4. **Vacancies.** Any vacancy in the Board of Trustees occurring during the year, including a vacancy created by an increase in the number of Trustees made by the Board of Trustees, may be filled for the unexpired portion of the term of the Trustees then serving, although less than a quorum, by affirmative vote of the majority thereof. Any Trustee so elected by the Board of Trustees shall hold office until the next succeeding annual meeting of the members of the Corporation or until the election and qualification of his successor.

5. **Annual Meetings.** The annual meeting of the Trustees shall be held at the same time and place of the annual meeting of the Members, as is hereinafter provided in Article II, Section 4. Immediately after each annual election the newly elected Trustees may meet forthwith at the principal office of the Corporation for the purpose of organization, the election of Officers, and the transaction of other business, and if a quorum of the Trustees be then present, no prior notice of such meeting shall be required to be given. The place and time of such first meeting may, however, be fixed by written consent of all the Trustees.
6. Special Meetings. Special meetings of the Board of Trustees may be called by the President or Vice President and must be called by either of them on the written request of any member of the Board of Trustees.

7. Notice of Meetings. Notice of all Trustees' meetings, except as herein otherwise provided, shall be given by mailing the same at least three days or by telegraphing the same at least one day before the meeting to the usual business or residence address of the Trustee, but such notice may be waived by any Trustee. Regular meetings of the Board of Trustees may be held without notice at such time and place as shall be determined by the Board. Any business may be transacted at any Trustees' meeting. At any meeting at which every Trustee shall be present, even though without any notice of waiver thereof, any business may be transacted.

8. Chairman. At all meetings of the Board of Trustees the President or Vice President, or in their absence a Chairman chosen by the Trustees present, shall preside.

9. Quorum. At all meetings of the Board of Trustees one-fourth of the Trustees shall be necessary and sufficient to constitute a quorum for the transaction of business and the act of a majority of the Trustees present at any meeting at which there is a quorum shall be the act of the Board of Trustees, except as may be otherwise specifically provided by statute or by these bylaws. If at any meeting there is less than a quorum present, majority of those present may adjourn the meeting from time to time without further notice to any absent Trustee, and may take such other and further action as is provided in Article III, Section 4, of these bylaws.

10. Contracts and Services. The Trustees and Officers of the Corporation may be interested directly or indirectly in any contract relating to or incidental to the operations conducted by the Corporation, and may freely make contracts, enter transactions or otherwise act for and on behalf of the Corporation, notwithstanding that they may also be acting as individuals, or as directors or Trustees of trusts, or as agents for other persons or Corporations, or may be interested in the same matters as Stockholders, Directors, or otherwise;
provided, however, that any contract, transaction, or act on behalf of the Corporation in a matter in which the Trustees or Officers are personally interested as Stockholders, Directors, or otherwise shall be at arm's length and not violate of the proscriptions in the Articles of Incorporation against the Corporation's use or application of its fund for private benefit; and provided further that no contract, transaction, or act shall be taken on behalf of the Corporation if such contract, transaction, or act is a prohibited transaction or would result in the denial of the tax exemption under Section 503 or Section 504 of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended. In no event, however, shall any person or other entity dealing with the Trustees or Officers be obligated to inquire into the authority of the Trustees and Officers to enter into and consummate any contract, transaction, or other action.

11. **Compensation.** Trustees shall not receive any stated salary for their services as such, but by resolution of the Board a fixed reasonable sum or expenses of attendance, if any, or both, may be allowed for attendance at each regular or special meeting of the Board. The Board of Trustees shall have power in its discretion to contract for and to pay to Trustees rendering unusual or exceptional services to the Corporation special compensation appropriate to the value of such services.

12. **Powers.** All the corporate powers, except such as are otherwise provided for in these bylaws and in the laws of the State of Missouri, shall be and are hereby vested in and shall be exercised by the Board of Trustees. The Board of Trustees may by general resolution delegate to committees of their own number, or to Officers of the Corporation, such powers as they may see fit.

13. **Duties.** The Board of Trustees shall present at the annual meeting of Members and file with the minutes thereof a report, verified by the President and Treasurer, or by a majority of the Trustees, showing (a) the whole amount of real and personal property owned by the Corporation, where located, and where and how invested; (b) the amount and nature of the property acquired during the year immediately
preceding the date of the report and the manner of the acquisition;
(c) the amount applied, appropriated or expended during the year im-
mmediately preceding such date and the purposes, objects, or persons
to or for which such applications, appropriations, or expenditures
have been made, and (d) the names and places of residence of the per-
sons who have been admitted to membership during the year.

14. Indemnification. Neither the Board of Trustees nor any
Employee shall have power to hire the individual Trustees or Employees
of the Cancer Research Center personally. All persons or corporations
extending credit to, contracting with, or having any claims against
the Cancer Research Center, shall look only to the funds and property
of the Cancer Research Center for payment of any such contract or claim
or for the payment of any debt, damage, judgment, or decree, or for
any money that may otherwise become due or payable to them from the
Corporation, so that neither the Trustees nor the Employees, present
or future, shall be personally liable therefor. The Cancer Research
Center shall save harmless and/or indemnify Trustees and/or Employees
and their legal representatives from and against all expenses and liabil-
ities (whether incurred or asserted while associated with the Cancer
Research Center) which are reasonably incurred by any of them in
connection with, or arise out of, any claim, action, suit or proceed-
ing to which any of them may be or become subject by reason of the
association with the Cancer Research Center, or by reason of any alleged
acts of omissions of any of them as such Trustee or Employee as afore-
said, such expenses and liabilities as aforesaid to include, but not
to be limited to, judgments, court costs, attorney's fees and amounts
paid or payable in reasonable settlements; provided, however, that the
Cancer Research Center shall not save harmless or indemnify any such
person as aforesaid or his legal representatives from or against any
liability arising out of negligence, bad faith or willful misconduct
on his part in relation to his duties as such Trustee or Employee as
aforesaid; nor from or against any expense incurred by any of them in
connection with any claim, liability, action, suit or proceeding to
which any of them may be or become subject by reason of any such negli-
gence, bad faith or willful misconduct; nor from or against any expense incurred for the settlement of any liability of any of theirs or any claim against any of them, unless the Officers shall have been furnished with an opinion from Counsel for the Cancer Research Center that the settlement is for the best interests of the Cancer Research Center and that the claim or liability settled or to be settled is not such as in this proviso above referred to. The foregoing right of identification shall be in addition to any other rights to which any person as aforesaid, or his legal representatives may be entitled as a matter of law or otherwise.

15. Honorary Trustees. The Trustees, with the approval of the Members, may propose and appoint any number of Honorary Trustees, for life or any lesser terms. Such Honorary Trustees may attend any meeting of the Board of Trustees. Notice of meetings shall be given such Honorary Trustees in the same manner as for Trustees.

ARTICLE IV

OFFICERS

1. Number. The Officers of the Corporation shall be the President, Vice President, Secretary, Treasurer, and such other Officers with such powers and duties not inconsistent with these bylaws as may be appointed and determined by the Board of Trustees. Any two Officers, except those of President and Vice President, may be held by the same person.

2. Election, Term of Office, and Qualifications. The President shall be elected annually by the Board of Trustees from among their number, and the other Officers shall be elected annually by the Board of Trustees from among such persons as the Board of Trustees may see fit, at the first meeting of the Board of Trustees after the annual meeting of Members of the Corporation.

3. Vacancies. In case any office of the Corporation becomes vacant by death, resignation, retirement, disqualification, or any other cause, the majority of the Trustees then in office, although less than a quorum, may elect an Officer to fill such vacancy, and the Officer so elected shall hold office and serve until the first meeting of the Board of Trustees after the annual meeting of Members next succeeding and until the election and qualification of his successor.
4. **President.** The President shall preside at all meetings of Members and of the Board of Trustees. He shall have and exercise general charge and supervision of the affairs of the Corporation and shall do and perform such other duties as may be assigned to him by the Board of Trustees.

5. **Vice President.** At the request of the President, or in the event of his absence or disability, the Vice President shall perform the duties and possess and exercise the powers of the President; and to the extent authorized by law the Vice President shall have such other powers as the Board of Trustees may determine, and shall perform such other duties as may be assigned to him by the Board of Trustees.

6. **Secretary.** The Secretary shall have charge of such books, documents, and papers as the Board of Trustees may determine and shall have the custody of the Corporate seal. He shall attend and keep the minutes of all the meetings of the Board of Trustees and Members of the Corporation. He shall keep a record, containing the names, alphabetically arranged, of all persons who are Members of the Corporation, showing their places of residence, and such book shall be open for inspection as prescribed by law. He may sign with the President or Vice President, in the name and on behalf of the Corporation, any contracts or agreements authorized by the Board of Trustees, and when so authorized or ordered by the Board of Trustees he may affix the seal of the Corporation. He shall, in general, perform all the duties incident to the Office of Secretary, subject to the control of the Board of Trustees, and shall do and perform such other duties as may be assigned to him by the Board of Trustees.

7. **Treasurer.** The Treasurer shall have the custody of all funds, property, and securities of the Corporation, subject to such regulations as may be imposed by the Board of Trustees. He may be required to give bond for the faithful performance of his duties, in such sum and with such sureties as the Board of Trustees may require. When necessary or proper he may endorse on behalf of the Corporation for collection checks, notes, and other obligations, and shall deposit the same to the credit of the Corporation at such Bank or Banks or deposi-
tary as the Board of Trustees may designate. He shall sign all rec-
cipients and vouchers and, together with such other Officer or Officers,
if any, as shall be designated by the Board of Trustees, he shall
sign all checks of the Corporation and all bills of exchange and
promissory notes issued by the Corporation, except in cases where
the signing and execution thereof shall be expressly designated by
the Board of Trustees or by these bylaws to some other Officer or
Agent of the Corporation. He shall make such payments as may be
necessary or proper to be made on behalf of the Corporation. He shall
enter regularly on the books of the Corporation to be kept by him for
the purpose, full and accurate account of all moneys and obligations
received and paid or incurred by him for or on account of the Corpora-
tion, and shall exhibit such books at all reasonable times to any
Trustee or Member on application at the offices of the Corporation.
He shall, in general, perform all the duties incident to the office
of Treasurer, subject to the control of the Board of Trustees.

8. Bonds. In addition to the bond as is hereinafter provided
for, any other Officer or Agent of the Corporation may be required to
give bond for the faithful performance of his duties in such sum and
in such form, and with such surety thereon, as the Board of Trustees
shall require. Such bonds shall be reviewed annually and shall be
placed in the custody of a Bank or Trust Company designated by the
Board of Trustees.

9. Salaries. The salaries of all Officers shall be fixed by
the Board of Trustees, shall be reasonable in amount and the fact that
any Officer is a Member of the Corporation or a Trustee, or a Member
of the advisory committee, shall not preclude him from receiving a
salary or from voting on the resolution providing the same.

10. Removal. Any Officer may be removed from office by the af-
firmative vote of two-thirds of all the Trustees at any regular or
special meeting called for that purpose, for nonfeasance, malfeasance,
or misfeasance, for conduct detrimental to the interests of the Cor-
poration, for lack of sympathy with its objects, or for refusal to
render reasonable assistance in carrying out its purposes. Any Officer
proposed to be removed shall be entitled to at least five days notice in writing by mail of the meeting of the Board of Trustees at which such removal is to be voted upon and shall be entitled to appear before and be heard by the Board of Trustees at such meeting.

ARTICLE V
EXECUTIVE COMMITTEE

1. Number, Term, Election. The Board of Trustees shall select from its own membership five or more Trustees who shall constitute an Executive Committee of the Board of Trustees. The President shall be Chairman of the Executive Committee.

The Board of Trustees elected at the time of adoption of these bylaws shall, immediately following the adoption of these bylaws, elect these Trustees to serve on the Executive Committee and they shall serve until the next annual meeting of the Board of Trustees. At the time of the annual meeting of the Board of Trustees each year, said Board shall elect from its own membership five or more Trustees to serve until the next annual meeting.

2. Powers. The Executive Committee shall exercise all the powers and duties of the Board of Trustees in the interim between meetings of said Board.

3. Chairman. In the absence or disability of the Chairman of the Executive Committee at any meetings of the Executive Committee, a temporary Chairman shall be selected by the Executive Committee members present and shall act for the purpose of the meeting as the Chairman of the Executive Committee.

4. Secretary. The Secretary of the Board of Trustees shall record the minutes of all meetings of the Executive Committee of the Board of Trustees. In the absence of the Secretary, the Chairman shall designate an acting Secretary to record the minutes of meetings of the Executive Committee.

5. Quorum; Vacancy. A quorum at any meeting of the Executive Committee of the Board of Trustees shall consist of one-fourth of the members in person or by proxy. The act of a majority of the members
present at any meeting at which there is a quorum shall be the act of the full committee except as may be otherwise specifically provided by statute or by these bylaws. In the case of the termination of the membership of any member of the Executive Committee, the remaining members of the Executive Committee, by a majority vote of those present, shall have the power and authority to elect from the Board of Trustees a successor to fill the vacancy for the unexpired term.

6. Reports. The Executive Committee shall submit a report at each annual meeting of the Board of Trustees.

7. Meetings of the Executive Committee. The Executive Committee shall meet at such places and at such times as the Committee itself should determine, but in any case not less frequently than every month. One such meeting shall be held at the time of the annual meeting.

ARTICLE VI
AGENTS AND REPRESENTATIVES

The Board of Trustees may appoint such Agents and Representatives of the Corporation with such powers and to perform such acts or duties on behalf of the Corporation as the Board of Trustees may see fit, so far as may be consistent with these bylaws, to the extent authorized or permitted by law.

ARTICLE VII
CONTRACTS

The Board of Trustees, except as in these bylaws otherwise provided, may authorize any Officer or Agent to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to a specific instance; and unless so authorized by the Board of Trustees, no Officer, Agent or Employee shall have any power or authority to bind the Corporation by any contract or engagement, or to pledge its credit, or render it liable pecuniarily for any purpose or to any amount.
ARTICLE VIII

ADVISORY COMMITTEES, BOARD OF TRUSTEES

AND BOARD OF SCIENTIFIC ADVISORS

The Board of Trustees may appoint from their number, or from among such persons as the Board may see fit, one or more Advisory Committees and a Board of Scientific Advisors, and, at any time, may appoint additional Members thereto. The Members of any such group shall serve during the pleasure of the Board of Trustees. Such groups shall advise with and aid the Officers of the Corporation in all matters designated by the Board of Trustees. Each such group may, subject to the approval of the Board of Trustees, prescribe rules and regulations for the call and conduct of meetings of the group and other matters relating to its procedure.

The Members of any such groups shall not receive any stated salary for their services as such, but by Resolution of the Board of Trustees, a fixed sum or expenses of attendance, if any, may be allowed for attendance at each regular or special meeting of such groups. The Board of Trustees shall have power in its discretion to contract for and to pay to any Member of such groups, rendering unusual or exceptional services to the Corporation, special compensation appropriate to the value of such services.

ARTICLE IX

VOTING UPON STOCK OF OTHER CORPORATIONS

Unless otherwise ordered by the Board of Trustees, the President shall have full power and authority on behalf of the Corporation to vote either in person or by proxy at any meeting of Stockholders of any Corporation in which this Corporation may hold stock, and at any such meeting may possess and exercise all of the rights and powers incident to the ownership of such stock which, as the owner thereof, this Corporation might have possessed and exercised if present. The Board of Trustees may confer like powers upon any other person and may revoke any such powers as granted at its pleasure.
The fiscal year of the Corporation shall commence on July 1 of each year and end on June 30.

ARTICLE XI
PROHIBITION AGAINST SHARING IN CORPORATE EARNINGS

No Member, Trustee, Officer or Employee of or Member of a Committee of or Person connected with the Corporation, or any other private individual shall receive at any time any of the net earnings or pecuniary profit from the operations of the Corporation, provided, that this shall not prevent the payment to any such person of such reasonable compensation for services rendered to or for the Corporation in effecting any of its purposes as shall be fixed by the Board of Trustees; and no such person or persons shall be entitled to share in the distribution of any of the Corporate assets upon the dissolution of the Corporation. All Members of the Corporation shall be deemed to have expressly consented and agreed that upon such dissolution or winding up of the affairs of the Corporation, whether voluntary or involuntary, the assets of the Corporation, after all debts have been satisfied, then remaining in the hands of the Board of Trustees shall be distributed, transferred, conveyed, delivered, and paid over, in such amounts as the Board of Trustees may determine or as may be determined by a Court of competent jurisdiction upon application of the Board of Trustees, exclusively to charitable, religious, scientific, literary, or educational organizations which would then qualify under the provisions of Section 501(c)(3) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended.

ARTICLE XII
INVESTMENTS

The Corporation shall have the right to retain all or any part of any securities or property acquired by it in whatever manner, and to invest and reinvest any funds held by it, according to the judgment of the Board of Trustees without being restricted to the class of investments.
which a Trustee is or may hereafter be permitted by law to make or any similar restriction, provided, however that no action shall be taken by or on behalf of the Corporation if such action is a prohibited transaction or would result in the denial of the tax exemption under Section 503 or Section 504 of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended.

ARTICLE XIII
AMENDMENTS

1. By Trustees. The Board of Trustees shall have power to make, alter, amend, and repeal the bylaws of the Corporation by affirmative vote of a majority of the Board, provided, however, that the action is proposed at a regular or special meeting of the Board and adopted at a subsequent regular meeting, except as otherwise provided by law. All bylaws made by the Board of Trustees may be altered, amended, or repealed by the Members.

2. By Members. The bylaws may be altered, amended, or repealed at any meeting of Members of the Corporation by a majority vote of all the Members, represented either in person or by proxy, provided that the proposed action is inserted in the notice of such meeting.

ARTICLE XIV
EXEMPT ACTIVITIES

Notwithstanding any other provision of these bylaws, no Member, Trustee, Officer, Employee, Agent or Representative of this Corporation shall take any action or carry on any activity by or on behalf of the Corporation not permitted to be taken or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code and its Regulations as they now exist or as they may hereafter be amended, or by an organization contributions to which are deductible under Section 170(c)(2) of such Code and Regulations as they now exist or as they may hereafter be amended.
STATE OF MISSOURI

DEPARTMENT OF STATE

To all to Whom these Presents shall Come:

I, Warren E. Hearnes, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of

PHOTO FORMA AMENDED DEGREE

CHANGING THE NAME

OF

MISSOURI MEDICAL RESEARCH FOUNDATION OF COLUMBIA, MISSOURI

TO

CANCER RESEARCH CENTER

as the same appears on file and of record in this office.

In Testimony Whereof, I hereunto set my hand and affix the Great Seal of the State of Missouri. Done at the City of Jefferson, this 18th day of March A. D., Nineteen Hundred and Sixty-four.

Walter E. Hearnes
SECRETARY OF STATE

Alex R. Bell
DEPUTY SECRETARY OF STATE
IN THE CIRCUIT COURT OF THE COUNTY OF BOONE
STATE OF MISSOURI

In the matter of the Application
of the MISSOURI MEDICAL RESEARCH
FOUNDATION OF COLUMBIA, MISSOURI
for PRO FORMA DECREES amending
ARTICLES OF INCORPORATION

Case No. 45773

DEGREE

Now of this 5th day of March, 1964, come W. C. Whitlow, as President, A. E. Spelman, as Vice-President, H. M. Hardwicke, as Secretary, and John Modlin, as Treasurer, of the Missouri Medical Research Foundation, and submit to the court an amendment to its Articles of Incorporation, together with a petition praying for a decree approving said amendment, and, it appearing to the court that said petition has remained on file in the office of the Clerk of this court for at least three days since it was first presented to the court, and the court having duly examined the Articles of Incorporation of said corporation, and said amendment, and, being fully advised in the premises, does adjudge and determine that said Articles of Incorporation and said amendment come properly within the purview of Chapter 352, Missouri Revised Statutes 1959, and are not inconsistent with the Constitution or laws of the United States or of the State of Missouri.

THEREFORE, it is ordered, adjudged, and decreed by the court that said amendment, changing the name of the corporation to Cancer Research Center shall become and be a part of the charter of said corporation, with the effect and validity as though originally incorporated in its charter.

DATE: March 5, 1964

FILED AND COPY ISSUED
MAR 17 1964
STATE OF MISSOURI

County of Boone

I, Mary Boothe, Clerk of the Circuit Court within and for the County and State aforesaid, hereby certify the foregoing to be a true and perfect copy of the DECREE rendered by said Court, in the matter of the Application of the MISSOURI MEDICAL RESEARCH FOUNDATION OF COLUMBIA, MISSOURI, for Pro Forma Decree Amending Articles of Incorporation being case No. 45773, as made and entered on the 5th day of March, 1954, as fully as the same appears of record in my office. I further certify that attached hereto is a true and correct copy of the Petition filed in said cause on the 28th day of February, 1954.

WITNESS my hand as Clerk and hereto affixed the Seal of said Court. Done at office in Columbia, Missouri, this 5th day of March, A.D. 1954.

Mary Boothe
Circuit Clerk.

Deputy Clerk.
IN THE CIRCUIT COURT OF THE COUNTY OF BOONE 
STATE OF MISSOURI

STATE OF MISSOURI )
COUNTY OF BOONE )

In the matter of the Application of the MISSOURI MEDICAL RESEARCH FOUNDATION OF COLUMBIA, MISSOURI, for PRO FORMA DECREE AMENDING ARTICLES OF INCORPORATION.

Case No. 45773

P E T I T I O N

To the Honorable Judge of the Circuit Court within and for the County of Boone

Your petitioners, the undersigned, holding the offices respectively of president, vice-president, and secretary and treasurer of the Missouri Medical Research Foundation, suing on behalf of themselves, any other members of said corporation, and for said corporation, state:

1. That said corporation is a non-profit corporation created for scientific and educational purposes under a pro forma decree of incorporation entered on the 9th day of April, 1962, by the Circuit Court of Boone County, Missouri; that said Articles of Incorporation were amended by decree entered on August 30, 1963, by the Circuit Court of Boone County, Missouri.

2. That at a duly called meeting of the corporation on Thursday, January 30, 1964, a motion for the adoption of a proposed amendment to its charter was duly made and passed, subject to the approval of this court.

3. That said amendment reads as follows:

That the name of this corporation be changed from the Missouri Medical Research Foundation to Cancer Research Center.
4. That a copy of the Articles of Incorporation as amended, marked "Exhibit A", is attached hereto and made a part hereof.

WHEREFORE, the undersigned pray that the court grant a decree amending the charter of the said corporation in the manner set forth above and for such other relief as the court may deem just and proper.

Witnessee,

[Signatures]

[Seal]

STATE OF MISSOURI

IN THE RECORDER'S OFFICE

COUNTY OF BOONE

I, Recorder of said county, do hereby certify that the within instrument of writing was, at 4 o'clock P.M. on the 5th day of March A.D. 1964, duly filed for record in this office, and has been recorded in Book 333, Page 378.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Columbia, Missouri, on the day and year aforesaid.

[Seal]

[Signature]

Recorder

[Signature]

Deputy

[Seal]

FIL. 40

BOONE COUNTY

FEB 28, 1964

MARK H. ROSS

CLERK OF CIRCUIT COURT
STATE OF MISSOURI

DEPARTMENT OF STATE

To all to Whom these Presents shall Come:

J. Warren E. Hearnes, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of

PRO FORMA AMENDED DECREE

OF

MISSOURI MEDICAL RESEARCH FOUNDATION

as the same appears on file and of record in this office.

In Testimony Whereof, I hereunto set my hand and affix the Great Seal of the State of Missouri. Done at the City of Jefferson, this 6th day of September, A.D., Nineteen Hundred and Sixty-three.

J. Warren E. Hearnes
Secretary of State

Charles Hall
Deputy Secretary of State
In the Circuit Court of the County of Boone

State of Missouri |

County of Boone |

Case No. 55773

To the Honorable Judge of the Circuit Court within and for the County of Boone:

Your petitioners, the undersigned, holding the offices, respectively, of President, Vice-President, Secretary and Treasurer, of the Missouri Medical Research Foundation, respectively represent that they, in connection with others, have associated themselves together by Articles of Incorporation, in writing, as an association for scientific and educational purposes under the name of the Missouri Medical Research Foundation; that this court, by decree dated April 6, 1963, approved said Articles of Incorporation; and declared the said Missouri Medical Research Foundation a body politic and corporate; that since that time the said Missouri Medical Research Foundation has determined that certain amendments to the original Articles of Incorporation are necessary and needed, and to this end the petitioners have entered into and executed amendments to Articles of Incorporation of the Missouri Medical Research Foundation.
The petitioners beg to submit herewith said
amended Articles of Incorporation, and pray that
a registration decree may be granted therein, approving the
amended Articles of Incorporation, as provided by Section

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IN THE CIRCUIT COURT OF THE COUNTY OF BARRON
EAST OF MISSOURI

IN THE MATTER OF THE APPLICATION OF
THE MISSOURI MEDICAL RESEARCH FOUNDATION
OF COLUMBIA, MISSOURI, FOR PRO FORMA
ORDERS AMENDING ARTICLES OF INCORPORATION

PROCEEDINGS AMENDING ARTICLES OF INCORPORATION

And now on this 30th day of August, 1965, come
W. C. Whitlow, as President, A. E. Spelman, as Vice-president, H. N. Hardwick, as Secretary and John Medlin,
as Treasurer, of the Missouri Medical Research Foundation,
and submit to the Court the amended Articles of Incorporation of said corporation, together with a petition praying
for a pro forma decree thereon, in manner provided by
Section 352.070, Revised Statutes of Missouri, 1949, and
appearing to the Court that said petition has remained
on file in the Clerk's Office of this Court for at least
three (3) days since the same was first presented to the
Court, and the Court having duly examined said Amended
Articles of Incorporation, and being fully advised in the
premises, does now consider, adjudge and determine that
said Amended Articles of Incorporation, and the purposes
of the corporation as therein expressed, are properly
within the provisions of Chapter 352, Revised Statutes of
Missouri, 1949, and are not inconsistent with the Constitu-
tion or laws of the United States or of the State of
Missouri.

THerefore, it is ordered, adjudged and decreed
that the said Amended Articles of Incorporation be approved
and accepted as the Amended Articles of Incorporation of the Missouri Medical Research Foundation, having the same effect and validity as though originally incorporated in the charter of this corporation as granted by the Secretary of State on April 26, 1952.

STATE OF MISSOURI )
COUNTY OF ... )

I, Mary Booth, Clerk of the Circuit Court of the county and state aforesaid, certify the above to be a true copy of the order made in the matter aforesaid, as fully as the same remains of record in my office, and that the original articles of agreement are attached hereto, together with a copy of the petition filed in said cause.

In testimony whereof, I have set my hand and affixed the seal of said office in Columbia, Missouri, this 31st day of August, 1952.

(Signature)
Mary Booth, Clerk
ARTICLES OF INCORPORATION
of
MISSOURI MEDICAL RESEARCH FOUNDATION

KNOW ALL MEN BY THESE PRESENTS: That we, the
undersigned, have this day entered into and executed the
following Amended Articles of Incorporation for and in
behalf of, and by the direction and authority of said
organization, given at a regular meeting held for the
purpose of forming a body corporate and politic as provid-
ed by Chapter 352, Revised Statutes of Missouri, 1939,
and the amendments thereto.

ARTICLE I
The name of the Association shall be Missouri
Medical Research Foundation.

ARTICLE II
Its location shall be in Columbia, Boone
County, Missouri, but the corporation may have one or
more offices in other locations to carry on any or all
of its objects and purposes.

ARTICLE III
Its duration shall be perpetual unless sooner
dissolved by mutual agreement of the majority of its
membership, with the consent of the State of Missouri.

ARTICLE IV
This Association is formed for the following
objects and purposes useful to the public, and in the
public interest only:
1. To engage in any activity not unlawful in connection with the promotion, fostering, encouragement, and advancement of scientific research in medicine and to conduct activities involving other scientific research, education and instruction of individuals and the general public for their use and benefit, and for such further charitable, scientific and educational purposes and uses in aid of the detection, prevention, treatment and elimination of cancer in the State of Missouri, as are not inconsistent with the provisions of Chapter 392, Revised Statutes of Missouri, 1939, and amendments thereto.

2. To conduct, sponsor, and further medical research and education at no cost or expense to the State of Missouri, and in connection therewith, to formulate and espouse lectures, symposia, seminars and other activities for the purpose of improving the training of the members of the medical profession and other scientists engaged in medical research; to disseminate information to the medical profession and the general public which will be useful and helpful in improving the health of the citizens of the State of Missouri.

3. To foster, encourage, develop and finance all phases of cancer research and in general to do any and all things, and engage in all such activities, as may be necessary to discover new and improved methods for
detecting, preventing, treating and eliminating cancer in the human body.

4. To buy, lease, hold and exercise all privileges of ownership over real or personal property as may be necessary or convenient for the conduct and operation of any of the businesses of the association or incidental thereto.

5. To cooperate with any other agency, organization or individual in such activities, and to engage in any activity in connection with the financing of any one or more of the activities specified in this section.

6. To borrow money without limitation up to amount of corporate indebtedness or liability.

ARTICLE V
This association shall have and exercise all powers, privileges and rights authorized by the laws of the State of Missouri, which are themselves in furtherance of the purposes of this Corporation.

ARTICLE VI
This association shall not be used for either business or political purposes or for pecuniary gain or profit of its members.

ARTICLE VII
The subscribers to these articles shall constitute
the members of the corporation upon organization and for
the purpose of adopting By-Laws and transacting any other
business that lawfully may be transacted.

ARTICLE VIII

This association shall have the power to pre-
scribe the qualifications of its members and officers; and
to provide for the duties, removal, suspension and reem-
statement of members and officers; and to make such by-laws,
rules and regulations for the government of the association
which it may deem necessary and desirable; and to modify,
repeal, change, and enforce said by-laws, rules and regu-
lations, and to levy and collect such dues from its members
as its by-laws may prescribe.

ARTICLE IX

In the event of the dissolution of the corpora-
tion, all of its property whether real, personal or mixed,
and wheresoever situated, shall vest in such non-profit,
charitable, educational or scientific organization, body,
institution or corporation as the last board of directors
of this corporation shall designate and none of the pro-
erty shall inure to the benefit of any officer, director,
or member of the corporation.
IN TESTIMONY WHEREOF, we have hereunto set our hands this 22d day of August, 1963.

[Signatures]

STATE OF MISSOURI

COUNTY OF GALLAWAY

Come now W. C. Whitlow, A. Z. Spelman, H. M. Hardwicke, John Modlin and J. G. Proebein, to me known to be the persons described in and who executed the foregoing Articles of Incorporation, and who, being duly sworn, state that they and each of them are natural persons, who are citizens of the United States, over the age of twenty-one years, and state that the facts set forth in the above Articles of Incorporation are true according to their best knowledge, information and belief. They further acknowledge that they executed the same as their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at my office in Fulton, Missouri, on this 22d day of August, 1963.

[Seal and signature]

My Commission expires: July 6, 1965

[Seal stamp]

FULTON COUNTY

Aug 16 1963

MARY RAYTHE

CLERK OF THE COURT

[Stamp]
STATE OF MISSOURI,
County of Boone

I, Recorder of said county, do hereby certify that the within instrument of writing was, at 8 o'clock 80
minutes A.M., on the 3rd day of September, A.D. 1852, duly filed for record in this office, and has been recorded in Book 335, Page 137.

IN WITNESS WHEREOF, I have hereto set my hand and affixed my official seal at Columbia, Missouri, on the day and year above-said.

[Signature]
Recorder

[Seal]
In the matter of the Application of the MISSOURI MEDICAL RESEARCH FOUNDATION OF COLUMBIA, MISSOURI for PRO FORMA DECREES amending ARTICLES OF INCORPORATION

DEGREE

Now of this ___ day of March, 1964, come W. C. Whitlow, as President, A. E. Spelman, as Vice-President, H. M. Hardwick, as Secretary, and John Medlin, as Treasurer, of the Missouri Medical Research Foundation, and submit to the court an amendment to its Articles of Incorporation, together with a petition praying for a decree approving said amendment, and, it appearing to the court that said petition has remained on file in the office of the Clerk of this court for at least three days since it was first presented to the court, and, the court having duly examined the Articles of Incorporation of said corporation, and said amendment, and, being fully advised in the premises, do adjudge and determine that said Articles of Incorporation and said amendment come properly within the purview of Chapter 358, Missouri Revised Statutes 1959, and are not inconsistent with the Constitution or laws of the United States or of the State of Missouri.

THEREFORE, it is ordered, adjudged, and decreed by the court that said amendment, changing the name of the corporation to Cancer Research Center shall become and be a part of the charter of said corporation, with the effect and validity as though originally incorporated in its charter.
IN THE CIRCUIT COURT OF THE COUNTY OF BOONE
STATE OF MISSOURI

STATE OF MISSOURI
COUNTY OF BOONE

In the matter of the Application of the MISSOURI MEDICAL RESEARCH FOUNDATION OF COLUMBIA, MISSOURI, for PRO FORMA DECREES AMENDING ARTICLES OF INCORPORATION.

Case No. 45773

PETITION

To the Honorable Judge of the Circuit Court within and for the County of Boone

Your petitioners, the undersigned, holding the offices respectively of president, vice-president, and secretary and treasurer of the Missouri Medical Research Foundation, suing on behalf of themselves, any other members of said corporation, and for said corporation, state:

1. That said corporation is a non-profit corporation created for scientific and educational purposes under a pro forma decree of incorporation entered on the 9th day of April, 1962, by the Circuit Court of Boone County, Missouri; that said Articles of Incorporation were amended by decree entered on August 30, 1963, by the Circuit Court of Boone County, Missouri.

2. That at a duly called meeting of the corporation on Thursday, January 30, 1964, a motion for the adoption of a proposed amendment to its charter was duly made and passed, subject to the approval of this court.

3. That said amendment reads as follows:

That the name of this corporation be changed from the Missouri Medical Research Foundation to Cancer Research Center.
4. That a copy of the Articles of Incorporation as amended, marked "Exhibit A", is attached hereto and made a part hereof.

WHEREFORE, the undersigned pray that the court grant a decree amending the charter of the said corporation in the manner set forth above and for such other relief as the court may deem just and proper.

_________________________
PRESIDENT

_________________________
VICE-PRESIDENT

_________________________
SECRETARY

_________________________
TREASURER
STATE OF MISSOURI

County of Boone

I, Mary Boothe, Clerk of the Circuit Court within and for the County and State aforesaid, hereby certify the foregoing to be a true and perfect copy of the DEED rendered by said Court:

In the matter of the Application of the MISSOURI MEDICAL RESEARCH FOUNDATION OF COLUMBIA, MISSOURI, for Pro Perma Degree Amending Articles of Incorporation, being cause No. 45771

as made and entered on the 22d day of March, 1964, as fully as the same appears of record in my office. I further certify that attached hereto is a true and correct copy of the Petition filed in said cause on the 28th day of February, 1964.

WITNESS my hand as Clerk and hereto affixed the Seal of said Court. Done at office in Columbia, Missouri, this _____ day of March, 1964, A.D. 1964.

Circuit Clerk.

Deputy Clerk.
GOVERNOR

DIRECTOR OF SOCIAL SERVICES

- DIRECTOR OF FINANCE
- DIRECTOR OF E.D.P.
- LEGAL
- DIRECTOR OF PERSONNEL & ADM. SERVICES
- DIVISION OF PLANNING & RESEARCH

BOARD OF HEALTH

FAMILY SERVICES
- DEPUTY DIRECTOR
- DEPUTY DIRECTOR OF MEDICAL SERVICES
- DEPUTY OF INCOME MAINTENANCE

- FAMILY SERVICES
- VETERANS AFFAIRS
- DIVISION OF HEALTH
- DIVISION OF SPECIAL SERVICES
  1. OFFICE OF AGING
  2. COMP. HEALTH PLANNING
  3. OFFICE OF ECONOMIC OPPORTUNITY
  4. MANPOWER PLANNING

- DEPARTMENT OF MEDICAL SERVICES
- DEPARTMENT OF INCOME MAINTENANCE
- DEPARTMENT OF SERVICES

- Food Stamps
- Aid to Dependent Children
- Medical Assistance
- Adult Supplementation

- Physicians Services
- Hospital Services
- Drug Vendor
- Dental Services
- Optometric Services
- Nursing Home Care

- Child Welfare Services
- Services to Aged, Blind, Disabled
- Self Support Services
- Self Care Services
- Community Based Care Services
- Institutional Care Services

* Director of Finance will also serve as Administrative Assistant to the Department Director.
FIRST EXTRAORDINARY SESSION

[TRULY AGREED TO AND FINALLY PASSED]

CONFERENCE COMMITTEE SUBSTITUTE FOR

HOUSE COMMITTEE SUBSTITUTE FOR

SENATE COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 1

77TH GENERAL ASSEMBLY

AN ACT

To provide for the functional reorganization of the executive branch of state government, including the orderly transfer of all functions now assigned by law to separate agencies of the executive branch, into a streamlined structure as required by the amendment to Article IV of the state Constitution adopted by the voters August 8, 1972, with effective dates.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section 1. 1. This act shall be known as the "Omnibus State Reorganization Act of 1974."

2. The state Constitution contemplates the separation of powers within state government among the legislative, the executive and the judicial branches of the government. The legislative branch has the broad purpose of determining policies and programs and reviewing program performance. The executive branch has the purpose of executing the programs and policies adopted by the legislature and of making policy recommendations to the legislature. The judicial
branch has the purpose of determining the constitutional
propriety of the policies and programs and of adjudicating
any conflicts arising from the interpretation or application
of the laws.

3. Except for specific changes provided, the powers,
duties and responsibilities of the elective offices of state
government are not affected by this act.

4. It is the purpose of the general assembly in enacting
this statute to provide for the improved accountability in
performance of service to the citizens of the state and for
the most efficient and economical operations possible in the
administration of the executive branch of state government.

All officers and employees of the state government are
directed to implement this act in accord with this purpose

5. (1) Except as otherwise provided by this act; or
the state Constitution, all executive and administrative
powers, duties and functions, excepting those of the elective
offices, previously vested by law or otherwise in the several
state departments, commissions, boards, offices, bureaus,
divisions or other agencies are vested in the following
administrative departments or in the office of administration:
department of agriculture; department of conservation;
department of consumer affairs, regulation and licensing;
department of elementary and secondary education; department
of higher education; department of highways; department of
labor and industrial relations; department of natural re-
sources; department of mental health; department of public
safety; department of revenue; department of social services; and department of transportation.

(2) Whenever the term "head of the department" is used, it shall mean the head of one of the administrative departments created by this section or the office of administration, unless otherwise provided in this act.

6. (1) The head of each department shall be appointed, as provided by the Constitution, by the governor with the advice and consent of the senate. The head of each department shall serve at the pleasure of the governor unless otherwise provided by the Constitution or this act.

(2) Unless otherwise provided by this act, the head of each department is authorized to establish the internal organization of the department and allocate and reallocate duties and functions to promote economic and efficient administration and operation of the department. A departmental plan shall be developed by the head of each department and approved by the governor in accordance with the transfer by type provided in this act. A plan of such organization with any subsequent changes shall be filed with the secretary of state in the manner in which administrative rules are filed and copies of the plan shall also be filed with the commissioner of administration and revisor of statutes and such plans shall be published in an appendix to the revised statutes of Missouri and supplements to the revised statutes. Plans shall be filed before June 30, 1974, for the initial reorganization, and shall be effective when filed, unless the plan
provides otherwise. Thereafter, any plan of reorganization shall be filed on or before December thirty-first of each year and shall become effective, as applicable to departments, divisions, agencies, boards, commissions, units or programs transferred by type II or type III transfers as provided in this act, only as provided in sections 26.500 to 26.540, RSMo, except as herein provided in subsections 12 and 13 of section 1. The plan shall provide for the level of compensation for division and other administrative positions, subject to appropriations therefor. The head of any department may cooperate with the head of any other department in the interchange of personnel, joint use of equipment and generally in any manner promoting the more effective and efficient rendering of service. The purpose of appropriations made to any department in the executive branch of government shall not be altered without the prior approval of the fiscal affairs committee and the concurrence of the commissioner of administration.

(3) When the "head of the department" is a commission or board it shall appoint a director of the department unless otherwise provided by this act and may delegate such duties, powers and authority to the director of the department as it deems necessary to fulfill the duties and obligations of the department. Such director shall serve at the pleasure of the head of the department and shall have the title of office provided herein.
(4) (a) The head of each department, unless otherwise provided by this act, shall have exclusive budget-making powers for the department and for each division, commission, board, unit or other agency within the department. The head of the department shall submit estimates of requirements for appropriations on behalf of the department and each division, commission, board, unit or other agency within the department, as provided by section 33.220, RSMo. Each division, commission, board, unit or other agency within the department shall present its estimate of requirements to the department head each year at or before such time as the head of the department directs. The department head shall review each estimate submitted to it and may modify any estimate. The department head shall consolidate all estimates or requirements for appropriations and prepare an estimate for submission on behalf of the department and each division, commission, board, unit or other agency within the department, subject to the form prescribed by section 33.220, RSMo.

(b) The head of the department shall prepare all budgets for agencies within his department and shall present the budget to the commissioner of administration. The commissioner shall consolidate all department budgets and submit the same in a single document to the general assembly.

(c) Accompanying the estimate forms shall be a list, description and priority of importance of each discrete program, activity, function or operation in which the unit
is expected to be engaged and a financial report of actual
receipts and expenditures for the preceding fiscal year
arranged by program or function and by source of funds,
including federal, which shall include but not be limited to
the following categories or substantially equivalent categories
as modified by the commissioner of administration with the
concurrence of the committee on state fiscal affairs, and in
the degree of detail established by the commissioner of
administration:

(1) Salaries by position classification;
(2) Equipment purchase, replacement and repair by type
and number of units (including motor vehicles);
(3) Travel and transportation;
(4) Office supplies and equipment;
(5) Communications;
(6) Data processing expense;
(7) Printing and publication;
(8) Professional and technical services;
(9) Building and ground expenses;
(10) Institutional services;
(11) Other expenses;
(12) Grants, allowances, and contributions;
(13) Capital improvements (by project).
(d) Beginning October 1, 1975, each department of the
executive, legislative and judicial branches of government
shall submit the report set forth in subsection (c) above,
on or before October first of each year. All such reports shall be on a form as prescribed by the commissioner of administration.

(e) A certified copy of the financial report as set forth in subsection (c) above shall be filed with the state auditor, secretary of state, commissioner of administration, director of the committee on state fiscal affairs and the chairmen of committees on appropriations of the senate and house of representatives and shall be retained on file for a minimum of three years.

(5) The head of the department shall approve all written annual reports which are required by law, of each division, board, commission, unit or agency within the department before the reports are submitted for printing and distribution.

(6) The director of each department may designate by written order filed with the governor and president pro-tem of the senate a deputy director of the department, to act for and exercise the powers of the director only during the department director's absence for official business, vacation, illness, death, resignation or incapacity. When a deputy director acts as director of the department he shall receive a salary at the level provided for the director of the department when he has acted in such a capacity for longer than thirty days. A deputy director, however, shall not
exercise the powers of the director for more than six consecutive months. Subject to the provisions of chapter 36, RSMo, where they apply, the department director shall appoint all division heads unless otherwise provided in this act and such division heads and the deputy director of the department shall serve at the pleasure of the director of the department or unless otherwise provided by this act.

(7) The director of each department, other than those directors appointed by the heads of departments authorized to set salaries of directors, shall receive an annual salary of thirty thousand dollars payable in twelve equal monthly installments.

(8) Nothing in this act shall be construed so as to remove any state agency or unit thereof or any position of employment from coverage under the provisions of the merit system law if the agency or position was covered by that law on the effective date of this act.

7. (1) To effect an orderly transition to the departments established by this act, each existing department, division, agency, board, commission, unit or program shall be transferred, as provided, by July 1, 1974.

(a) Under this act a type I transfer is the transfer to the new department or division of all the authority, powers, duties, functions, records, personnel, property, matters pending and all other pertinent vestiges of the existing department, division, agency, board, commission,
unit, or program to the director of the designated department or division for assimilation and assignment within the department or division as he shall determine, to provide maximum efficiency, economy of operation and optimum service. All rules, orders and related matter of such transferred operations shall be made under direction of the director of the new department.

(b) Under this act a type II transfer is the transfer of a department, division, agency, board, commission, unit, or program to the new department in its entirety with all the powers, duties, functions, records, personnel, property, matters pending, and all other pertinent vestiges retained by the department, division, agency, board, commission, unit or program transferred subject to supervision by the director of the department. Supervision by the director of the department under a type II transfer shall include, but shall be limited to: budgeting and reporting under subdivisions (4) and (5) of subsection 6 of this section; to abolition of positions, other than division, agency, unit or program heads specified by statute; to the employment and discharge of division directors; to the employment and discharge of employees, except as otherwise provided in this act; to allocation and reallocation of duties, functions and personnel; and to supervision of equipment utilization, space utilization, procurement of supplies and services to promote economic and efficient administration and operation of the
department and of each agency within the department. Supervision by the director of the department under a type II transfer shall not extend to substantive matters relative to policies, regulative functions or appeals from decisions of the transferred department, division, agency, board, commission, unit or program, unless specifically provided by law.

The method of appointment under type II transfer will remain unchanged unless specifically altered by this act or later acts.

(c) Under this act a type III transfer is the transfer of a department, division, agency, board, commission, unit or program to the new department with only such supervision by the head of the department for budgeting and reporting as provided under subdivisions (4) and (5) of subsection 6, of this section and any other supervision specifically provided in this act or later acts. Such supervisions shall not extend to substantive matters relating to policies, regulative functions or appeals from decisions of the department, division, agency, board, or commission unless otherwise provided by this act or later acts. The method of appointment under type III transfer will remain unchanged unless specifically altered by this act or later acts.

(d) Under this act a specific type transfer is any transfer other than type I, type II and type III transfers.

(e) All references in this act are to the whole department, division, agency, board, commission, unit or program.
of state government or all the chapters or sections of the statutes named except any sections, parts of sections, parts of chapters or parts of the department, division, agency, board, commission, unit or program otherwise transferred by other provisions of this act.

(2) Heads of departments or agencies affected shall prepare orderly transfer arrangements relating to personnel, equipment, other property and matters pending and they shall prepare a formal transfer agreement which shall not go into effect until approved by the commissioner of administration. Unencumbered appropriation balances in whole or in part may be transferred on approval of the governor and the state fiscal affairs committee. Copies of all transfer agreements and approved transfers of appropriation balances shall be filed in the office of the state fiscal affairs committee, office of the revisor of statutes, office of administration and the secretary of state's office, and such copies shall be available in those offices for public inspection.

(3) Any matter pending before any department or agency on the effective date of transfer shall be assumed by the department or agency which will exercise the duty or power relating to the matter after the effective date of transfer and there shall be no interruption of process in such a transfer. All rules, forms and procedures will remain unchanged for a period of ninety days following transition.
and then may be changed only as provided by law, the transfer agreement, or by executive order.

8. (1) The transfers provided by this act shall be effected by June 30, 1974, by executive order of the governor in accord with the provisions of this act and subject to filing required transfer agreements, the appointment of officers, approval of transfer of appropriations and the approval of the commissioner of administration. The governor shall appoint the heads of the departments as soon as is possible, after the effective date of this act. The period from the effective date of this act to the date of transfer shall be devoted to planning and arranging the transition and in establishing the internal structure of each department to insure the uninterrupted operations of state government.

During the transition period, officers appointed to new departments may also serve in positions in existing agencies but shall receive only the compensation provided for the new position to which they will serve after transfer. If at any time positions in the executive branch are transferred to coverage under chapter 36, RS 1963, all incumbents of such positions with at least twelve months of prior service on the effective date of this act shall have incumbency preference and shall be permitted to retain their positions provided they meet qualifications standards acceptable to the personnel division of the office of administration. An employee with less than twelve months of prior service on the effective
date of this act or an employee who is appointed to such a
position after the effective date of this act and prior to
the classification and allocation of the position by the
personnel division shall be permitted to retain his position
providing he meets acceptable qualification standards and
subject to successful completion of a working test period
which shall not exceed twelve months of total service in the
position. After the allocation of any position to an estab-
lished classification, such position shall thereafter be
filled only in accordance with all the provisions of chapter
36, RSMo.

(2) All expenditures of state funds by any department,
division or other agency within the executive branch of
state government shall be made only in the amounts and for
the purposes as directed by the general assembly in the act
appropriating the money to the department, division or other
agency, except as provided in subsection 6. subparagraph (2)
and subsection 9 of this section.

9. In establishing the positions and supporting staff
of each department created by this act, the costs of such
positions and operations will be met as far as possible by
utilizing funds for existing positions or funds available
from vacant positions within the appropriations of the
departments, divisions, agencies, boards, commissions, units
or programs assigned to the department.
10. In financing the administrative transfers, provided in this act it is the intent of the general assembly to respect the segregation of funding provided by the Constitution or law.

11. Nothing in this act shall be interpreted as transferring any employee from one state pension or retirement system to another.

12. The governor is authorized to create by executive order such advisory councils or committees as may be required to conform with requirements to receive federal grants, provided that such executive orders shall be submitted as provided in sections 26.500 through 26.540, RSMo, except that such executive orders shall be effective immediately, but will be void if a resolution to disapprove is adopted by either house of the general assembly as provided in sections 26.500 through 26.540, RSMo. The head of the department shall appoint all members of such advisory councils unless federal law or regulation or this act requires otherwise, in which case they shall be subject to the federal requirement as shall be provided by executive order. Members of such advisory councils shall be allowed only reimbursement for their actual and necessary expenses from the appropriations made to the department or agency to which they render advice. All advisory councils or committees shall annually make a report on their activities to the director of the department including all recommendations. A copy of each such report
shall be transmitted by the advisory committee to the governor
and to the legislative library.

13. If any matter, relating only to assignment of
agencies, programs or operations, is left unresolved by this
act, or must be adjusted to conform with federal law or
regulation to receive federal aids, the governor may by
executive order resolve the matter; provided that such
executive orders shall be submitted, as provided in sections
26.500 through 26.540, RSMo, except that such executive
orders shall be effective immediately, but will be void if a
resolution to disapprove is adopted by either house of the
general assembly as provided in sections 26.500 through
26.540, RSMo.

14. (1) Unless otherwise provided, where this act
establishes a method of appointment other than presently
provided by law, those persons serving terms fixed by law
shall serve out the remainder of the term for which they
were appointed and on the expiration of terms, after July 1,
1974, the appointment shall be made as provided herein. The
qualifications, terms, compensation and related matters will
remain as in present law except as specifically altered by
this act.

(2) All department heads, directors of departments,
members of boards and commissions, and such other officers
as directed by law shall qualify for their office by taking
an oath to support the constitution of the United States and
the constitution of the state of Missouri and to faithfully
demean himself, in the office to which he has been appointed.

15. (1) Where this act changes titles or eliminates
positions, departments, divisions, commissions, boards,
agencies or units, the office as changed or the position
assuming the duties of abolished positions, departments,
divisions, commissions, boards, agencies or units shall
fulfill all duties, serve in all ex officio capacities and
in every way be read into the law as the official or agency
named as successor unless otherwise provided by this act.
Where this act changes the method of appointment of officials,
said provision also requires that any reports to be rendered
be rendered to the authority making the appointment unless
otherwise provided herein.

(2) All officers or employees shall be bonded, as
required by law or by the governor by executive order. The
Commissioner of Administration shall have the authority,
however, to place all elected or appointed officers or
employees, required to be bonded, under a blanket bond to
the extent feasible. All bonds, blanket or individual,
shall be obtained on the basis of competitive bidding.

16. The staff of the committee on legislative research
shall prepare reorganization-revision bills to be submitted
to the seventy-eighth general assembly to revise the statutes
so as to reflect the changes made by or pursuant to this act
and shall, for consideration of the Seventy-eighth General
Assembly, prepare such other reorganization-revision bills
as may be found to be necessary to meet the requirements of
the amendment to the constitution adopted August 8, 1972 and
this act; except that the committee on legislative research
shall use fully section 3.060 RSMo where it will suffice.
At such time as all statutory revision changes required
pursuant to this act have gone into effect the revisor of
statutes may prepare legislation to repeal this act.

Section 2. 1. There is hereby created a department of
agriculture to be headed by a director of the department of
agriculture to be appointed by the governor, by and with the
advice and consent of the senate. The director shall possess
the qualifications presently provided by law for the position
of commissioner of agriculture.

2. All powers, duties and functions now vested by law
to the commissioner of the department of agriculture and the
department of agriculture, chapter 261 RSMo and others, are
transferred by type I transfer to the director of the depart-
ment of agriculture and to the department of agriculture
herein created.

3. The state horticultural society created by sections
262.010 and 262.020 RSMo is transferred by type I transfer
to the department of agriculture.

4. All the powers, duties, and functions vested in the
state milk board, chapter 196, RSMo, are transferred to the
department of agriculture by type III transfer. The appointed
members of the board shall be nominated by the department
3. The powers, duties and functions of the state tax
commission, chapter 138, RSMo and others, are transferred by
type III transfer to the department of revenue.

4. All of the powers, duties and functions of the
state tax commission relating to administration of the
corporation franchise tax chapter 152, RSMo and others, are
transferred by type I transfer to the department of revenue;
provided, however, that the provision of section 138.430,
RSMo relating to appeals from decisions of the director of
revenue shall apply to these taxes.

5. All the powers, duties and functions of the highway
reciprocity commission, chapter 301, RSMo, are transferred
by type II transfer to the department of revenue.

Section 13. 1. There is hereby created a department
of social services in charge of a director appointed by the
governor, by and with the advice and consent of the senate.
All the powers, duties and functions of the director of the
department of public health and welfare, chapters 191 and
192, RSMo and others, not previously reassigned by executive
reorganization plan number 2 of 1973 as submitted by the
governor under chapter 26, RSMo, except those assigned to
the department of mental health, are transferred by type I
transfer to the director of the department of social services
and the office of the director, department of public health
and welfare is abolished. The department of public health
and welfare is abolished. All employees of the department of social services shall be covered by the provisions of chapter 36, RSMo, except the director of the department and his secretary, all division directors and their secretaries, and no more than three additional positions in each division which may be designated by the division director.

2. It is the intent of the general assembly in establishing the department of social services, as provided herein, to authorize the director of the department to coordinate the state's programs devoted to those unable to provide for themselves and for the rehabilitation of victims of social disadvantage. The director shall use the resources provided to the department to provide comprehensive programs and leadership striking at the roots of dependency, disability and abuse of society's rules with the purpose of improving service and economical operations. The department is directed to take all steps possible to consolidate and coordinate the field operations of the department to maximize service to the citizens of the state.

3. All the powers, duties and functions of the division of health, chapters 191 and 192, RSMo, and others, are transferred by type II transfer to the division of health of the department of social services which is hereby created. The state board of health shall be vested with all the statutory duties and responsibilities assigned to it by law. The director of the division of health shall be appointed by
the department director.

4. All the powers, duties and functions of the state
cancer commission, chapter 200, RSMo, are transferred by
type I transfer to the division of health and the director
of the department shall appoint the members of the commission
which shall serve as an advisory body to the director of the
division and report at least annually to the director of the
department.

5. All the powers, duties and functions of the bureaus
within the division of health, section 192.050, RSMo and
others, are transferred by type I transfer to the director
of the division notwithstanding other provisions of
statutes.

6. All the powers, duties and functions of the state
hospital advisory council, section 192.240, RSMo, are trans-
ferred to the state board of health by type I transfer and
the state hospital advisory council is abolished.

7. All the powers, duties and functions of the division
of welfare, chapters 205, 207, 208, 209, and 210, RSMo and
others, are transferred by type I transfer to the division
of family services which is hereby created in the department
of social services. The director of the division shall be
appointed by the director of the department. All references
to the division of welfare shall hereafter be construed to
mean the division of family services of the department of
social services.
4. All the powers, duties and functions of the state cancer commission, chapter 200, RSMo, are transferred by type I transfer to the division of health and the director of the department shall appoint the members of the commission which shall serve as an advisory body to the director of the division and report at least annually to the director of the department.

5. All the powers, duties and functions of the bureaus within the division of health, section 192.050, RSMo and others, are transferred by type I transfer to the director of the division notwithstanding other provisions of statutes.

6. All the powers, duties and functions of the state hospital advisory council, section 192.240, RSMo, are transferred to the state board of health by type I transfer and the state hospital advisory council is abolished.

7. All the powers, duties and functions of the division of welfare, chapters 205, 207, 208, 209, and 210, RSMo and others, are transferred by type I transfer to the division of family services which is hereby created in the department of social services. The director of the division shall be appointed by the director of the department. All references to the division of welfare shall hereafter be construed to mean the division of family services of the department of social services.
commission (Canton), section 234.430, RSMo are transferred by type III transfer to the department of transportation, and members of the bridge commissions shall be appointed by the transportation commission.

Section 15. 1. Except as provided herein, the office of administration shall be continued as set forth in house bill 384, seventy-sixth general assembly and shall be considered as a department within the meaning used in this act. The commissioner of administration shall appoint directors of all major divisions within the office of administration.

2. The commissioner of administration shall be a member of the governmental emergency fund committee as ex officio comptroller and the director of the department of revenue shall be a member in place of the chief of the planning and construction division.

3. The office of administration is designated the "Missouri State Agency for Surplus Property" as required by public law 152, eighty-first Congress as amended, and related laws for disposal of surplus federal property. All the powers, duties and functions vested by sections 161.192 and 161.202, RSMo and others, are transferred by type I transfer to the office of administration as well as all property and personnel related to the duties. The commissioner shall integrate the program of disposal of federal surplus property with the processes of disposal of state surplus property to
provide economical and improved service to state and local agencies of government. The governor shall fix the amount of bond required by section 161.202, RSMo. All employees transferred shall be covered by the provisions of chapter 36, RSMo and this act.

4. The commissioner of administration shall replace the director of revenue as a member of the board of fund commissioners and assume all duties and responsibilities assigned to the director of revenue by sections 33.300 through 33.540, RSMo relating to duties as a member of the board and matters relating to bonds and bond coupons.

5. All the powers, duties and functions of the administrative services section, section 33.580, RSMo and others, are transferred by a type I transfer to the office of administration and the administrative services section is abolished.

6. The commissioner of administration shall, in addition to his other duties, cause to be prepared a comprehensive plan of the state's field operations, buildings owned or rented and the communications systems of state agencies. Such a plan shall place priority on improved availability of services throughout the state, consolidation of space occupancy and economy in operations.

7. The commissioner of administration shall examine the space needs of the reconstituted agencies of state government and space available and shall with the approval of the board of public buildings assign and reassign space
in property owned, leased or otherwise controlled by the state.

8. The commissioner of administration shall make the selection of a personnel director from the names of the three highest ranking available eligibles as provided in section 36.080, RSMo. The personnel advisory board, the personnel division and the personnel director in the office of administration shall retain the functions, duties and powers prescribed in chapter 36, RSMo. Members of the personnel advisory board shall be nominated by the commissioner of administration and appointed by the governor with the advice and consent of the senate.

9. The commissioner of administration is hereby authorized to coordinate and control the acquisition and use of electronic data processing (EDP) and automatic data processing (ADP) in the executive branch of state government. For this purpose, the office of administration will have authority to:

(1) Develop and implement a long range computer facilities plan for the use of EDP and ADP in Missouri state government. Such plan may cover, but is not limited to, operational standards, standards for the establishment, function and management of service centers, coordination of the data processing education, and planning standards for application development and implementation:
(2) Approve all additions and deletions of EDP and ADP hardware, software, and support services, and service centers.

(3) Establish standards for the development of annual data processing application plans for each of the service centers. These standards shall include review of post-implementation audits. These annual plans shall be on file in the office of administration and shall be the basis for equipment approval requests;

(4) Review of all state EDP and ADP applications to assure conformance with the state information systems plan, and the information systems plans of state agencies and service centers;

(5) Establish procurement procedures for EDP and ADP hardware, software, and support service;

(6) Establish a charging system to be used by all service centers when performing work for any agency;

(7) Establish a revolving fund to handle service center charges and payments and pay for operation of the service centers. The commissioner shall maintain a complete inventory of all state owned or leased EDP and ADP equipment, and annually submit a report to the legislature which shall include starting and ending EDP and ADP costs for the fiscal year previously ended, and the reasons for major increases or variances between starting and ending costs. The commissioner shall also adopt, after public hearing, rules and regulations designed to protect the rights of privacy of the citizens of
this state and the confidentiality of information contained
in computer tapes or other storage devices to the maximum
extent possible consistent with the efficient operation of
the office of administration and contracting state agencies.

10. The fee title to all real property now owned or
hereafter acquired by the state of Missouri, or any department,
division, commission, board or agency of state government,
other than real property owned or possessed by the state
highway commission, conservation commission, state park
board, and the university of Missouri, shall on the effective
date of this act vest in the governor. The governor may not
convey or otherwise transfer the title to or other interest
in such real property, unless such conveyance or transfer is
first authorized by an act of the general assembly. The
commissioner of administration shall prepare management
plans for such properties in the manner set out in subparagraph
7 above.

11. The commissioner of administration may administer
a revolving Administrative Trust Fund which shall be established
by the state treasurer to receive funds paid or transferred
to the office of administration by agencies and departments
of the state for goods or services used by such agencies and
departments. The state treasurer shall be the custodian of
the fund, and shall approve disbursements from the fund at
the request of the commissioner of administration or his
designee to purchase goods or services which will ultimately
be used by agencies and departments which pay or transfer
funds to the commissioner of administration for such goods
or services. The revolving administrative trust fund shall
be funded annually by appropriation, and any unencumbered
balance in excess of one hundred thousand dollars remaining
in the administrative trust fund at the close of the fiscal
year shall revert to the general revenue fund in accordance
with other provisions of law unless such balance has been
reappropriated to the fund.

12. All the powers, duties and functions of the department
of community affairs relating to statewide planning are
transferred by type I transfer to the office of administration.
REPORT TO
THE NATIONAL CANCER ADVISORY BOARD
ON
I. AACI COMPREHENSIVE PLAN FOR COOPERATIVE ACTION AND COMMON PRACTICES AMONG CANCER INSTITUTES

II. NCICC COMMITTEE ON INTERNATIONAL COLLABORATIVE ACTIVITIES

March 18, 1975
REPORT ON THE STATUS
OF
COOPERATIVE ACTION AND COMMON PRACTICES
AMONG CANCER INSTITUTES

March 18, 1975

The Association of American Cancer Institutes
The Association of American Cancer Institutes (AACI) was originally organized as the Association of Cancer Institute Directors in 1959. The objectives, as stated in the By-Laws of the organization, are to afford an opportunity for the leadership of cancer centers and institutes throughout the world to meet and discuss mutual problems and new programs at regular intervals; to foster interinstitutional collaboration on state, regional, national and international programs for the control of cancer through research, education, and service; to support investigations into the causes, nature, prevention, treatment and rehabilitation of cancer by encouraging the exchange of ideas, information, personnel, and special facilities among groups with predominant interests in cancer; to foster educational and training opportunities in the related biomedical sciences; and to provide guidance to federal, state and local governments, private and civic organizations concerning cancer research, public and health professional education, medical care, and rehabilitation of cancer patients.

To assist the National Cancer Institute in carrying out the National Cancer Program, which was established and supported by the National Cancer Act of 1971 and the National Cancer Act Amendments of 1974, the AACI has designed a Comprehensive Plan for Developing Cooperative Action and Common Practices among Cancer Institutes. This plan consists of twelve activities or tasks which are to be implemented in all of the member institutions of the AACI.

To foster similar activities among cancer centers throughout the world, the AACI is collaborating with the National Cancer Institute and the UICC Committee on International Collaborative Activities (CICA). The first step was the compilation and limited distribution of a preliminary edition of the International Directory of Specialized Cancer Research and Treatment Establishments immediately prior to the opening of the UICC XI International Cancer Congress in Florence, Italy in October 1974. A total of 321 establishments in 76 countries participated in this directory (plus the two subsequent supplements). Efforts are being made now to issue a more complete, definitive directory before the end of 1975.
ASSOCIATION OF AMERICAN CANCER INSTITUTES

CURRENT INSTITUTES MEMBERS
(January 1975)

AMERICAN HEALTH FOUNDATION - Valhalla, New York
CANCER CENTER OF HAWAII - Honolulu, Hawaii
CANCER RESEARCH CENTER - Columbia, Missouri
CANCER RESEARCH CENTER - Albert Einstein College of Medicine - Bronx, New York
CANCER RESEARCH CENTER - Columbia University - New York, New York
CANCER RESEARCH INSTITUTE - University of California - San Francisco, California
CANCER RESEARCH INSTITUTE - Boston, Massachusetts
CLINICA ONCOLOGICA "ANDRES GRILLASCA" - Ponce, Puerto Rico
COMPREHENSIVE CANCER CENTER FOR THE STATE OF FLORIDA - Miami, Florida
DUKE COMPREHENSIVE CANCER CENTER - Durham, North Carolina
EPPELEY INSTITUTE FOR RESEARCH IN CANCER - Omaha, Nebraska
SIDNEY FARBER CANCER CENTER - Boston, Massachusetts
FELS RESEARCH INSTITUTE - Philadelphia, Pennsylvania
FONDATION BERGONIE - Bordeaux, France
FOX CHASE CANCER CENTER - Philadelphia, Pennsylvania
HOWARD UNIVERSITY CANCER RESEARCH CENTER - Washington, D.C.
FRED HUTCHINSON CANCER RESEARCH CENTER - Seattle, Washington
INSTITUTE FOR MEDICAL RESEARCH - Camden, New Jersey

INTERNATIONAL AGENCY FOR RESEARCH ON CANCER - Lyon, France

JOHNS HOPKINS UNIVERSITY ONCOLOGY CENTER - Baltimore, Maryland

KERN COMMUNITY CANCER CENTER - Bakersfield, California

LOS ANGELES COUNTY - University of Southern California Cancer Center - L.A., California

I. GONZALEZ MARTINEZ ONCOLOGIC HOSPITAL - Hato Rey, Puerto Rico

MANITOBA CANCER TREATMENT AND RESEARCH FOUNDATION - Winnipeg, Manitoba, Canada

MAYO COMPREHENSIVE CANCER CENTER - Rochester, Minnesota

MEMORIAL SLOAN-KETTERING CANCER CENTER - New York, New York

MICHIGAN CANCER FOUNDATION - Detroit, Michigan

MOUNTAIN STATES TUMOR INSTITUTE - Boise, Idaho

NATIONAL CANCER INSTITUTE - Bethesda, Maryland

OAK RIDGE NATIONAL LABORATORY - Oak Ridge, Tennessee

ROSWELL PARK MEMORIAL INSTITUTE - Buffalo, New York

SOUTHERN RESEARCH INSTITUTE - Birmingham, Alabama

ST. JUDE CHILDREN'S RESEARCH HOSPITAL - Memphis, Tennessee

THE CANCER CENTER - Northwestern University Medical School - Chicago, Illinois

THE UNIVERSITY OF TEXAS SYSTEM CANCER CENTER - Houston, Texas

UNIVERSITY OF ALABAMA CANCER RESEARCH AND TRAINING CENTER - Birmingham, Alabama
OBJECTIVES OF THE AACI

- AID THE AACI MEMBERS
  - BUSINESS MANAGEMENT
  - PATIENT MANAGEMENT
  - RESEARCH MANAGEMENT
  - EDUCATION
  - COMMUNITY CENTERS RELATIONS

- AID THE NCI
  - EXCHANGE OF EXPERIENCE
  - COMMON PRACTICES
WE HAVE A PLAN

HOUSTON/BUFFALO
1971 - 1972

WORKSHOPS

12 TASKS

1973

COMPREHENSIVE
PLAN

1973

PROPOSAL TO NCI
AREAS FOR COOPERATIVE ACTION

- BUSINESS MANAGEMENT
  TASK 1 - FINANCIAL PROFILES
  TASK 2 - DATA MANAGEMENT
  TASK 6 - ORGANIZATION & MANAGEMENT

- INFORMATION MANAGEMENT
  TASK 3 - NOMENCLATURE
  TASK 4 - REGISTRIES
  TASK 5 - BIOSTATISTICS SYSTEMS
  TASK 7 - LITERATURE SYSTEMS

- RESEARCH MANAGEMENT
  TASK 9 - RESEARCH MANAGEMENT
  TASK 10 - CLINICAL RESEARCH

- PATIENT MANAGEMENT - TASK 8

- EDUCATION - TASK 11

- CANCER CONTROL - TASK 12
CONTRACT STATUS

1973

AACI
PROPOSAL
TO
NCI

1974

AACI
INSTITUTE
FOR
CANCER
RESEARCH

1975

CONTRACT
TASK 1

CONTRACT
TASKS
3, 4, 5

CONTRACT
TASKS
2, 6, 7, 8, 9,
10, 11, 12

APRIL 1975
HOW WILL IT WORK?

- EACH TASK AREA WILL BE ASSIGNED TO A LEAD INSTITUTION
  - PLANNING
  - COORDINATION

- TEAM MEMBERS FROM OTHER INSTITUTIONS
CONTRACT AND OPERATIONAL PLAN

NCI

AACI

ICR

FISCAL AGENT

ROSWELL PARK

UNIV. OF TEXAS

UNIV. OF MIAMI

OTHER

TASK 1

TASK 3, 4, 5

TASK 10

AACI MEMBERS

CONTRACTORS
NATIONAL CANCER INSTITUTE

- DR. GUY NEWELL
  DEPUTY DIRECTOR (LIAISON)
- MR. RICHARD SHERBERT
  NCI PROGRAM COORDINATOR
- MR. HUGH MAGARES
  CONTRACT OFFICER
<table>
<thead>
<tr>
<th>TASK 1</th>
<th>FISCAL PROFILES</th>
<th>AAI</th>
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<tbody>
<tr>
<td>TASK 2</td>
<td>DATA PROCESSING</td>
<td>DR. ZIMMERMAN (UNIV OF TEX)</td>
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<tr>
<td>TASK 3-5</td>
<td>NOMENCLATURE, REGISTRIES, &amp; BIOSTATISTICAL SYSTEMS</td>
<td>DR. HICKEY (UNIV OF TEX)</td>
</tr>
<tr>
<td>TASK 6</td>
<td>ORGANIZATION</td>
<td>MR. PUTNEY (ICR)</td>
</tr>
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<td>LITERATURE SYSTEMS</td>
<td>MISS HARVIN (UNIV OF TEX)</td>
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<td>TASK 8</td>
<td>PATIENT MANAGEMENT</td>
<td>DR. CARR (MAYO)</td>
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<td>DR. ROBBINS (SKI)</td>
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</tbody>
</table>

NCI

MR. BUSCHER
DR. YARBRO
DR. O'CONNOR
DR. YARBRO
DR. FINK
DR. MYER
DR. YARBRO
DR. SCHNEIDER
DR. WALKER
DR. KINNE
DR. DE VITA
DR. CARTER
DR. REICHER
DR. FINK
HOW DO AACI MEMBERS BENEFIT?

- SEMINARS
- HANDBOOKS
- CONSULTING SERVICE
- COMMONALITY
  - PRACTICES
  - REPORTING
HOW WILL IT BE FINANCED?

- BY THE NCI
  - OUT OF POCKET COST (TRAVEL, PHONE, REPRODUCTION, ETC.)
  - PROGRAM OFFICE

- BY AACI MEMBERS
  - DIRECT LABOR (PROFESSIONAL STAFF)
HOW IS IT MANAGED?

- **PLANNING**
  - SCOPE OF WORK
  - PROPOSALS
  - LIAISON WITH NCI

- **CONTRACT ADMINISTRATION**
  - NEGOTIATION
  - FISCAL MANAGEMENT
  - SUBCONTRACTING TO INSTITUTIONS FOR EACH TASK

- **IMPLEMENTATION**
  - DETAIL PLANNING
  - TASK PERFORMANCE

- **GENERAL SUPPORT & PROGRAM COORDINATION**

**RESPONSIBILITY**

- **IMPLEMENTATION COMMITTEE**
- **INSTITUTE FOR CANCER RESEARCH**
- **AACI TEAMS**
- **PROGRAM COORDINATOR (CONTRACTOR)**
ROLE OF PROGRAM COORDINATOR

- SUPPORT IMPLEMENTATION COMMITTEE
  - PLANNING
  - PROPOSALS
  - LIAISON WITH NCI AND AACI MEMBERS

- SUPPORT AACI TEAMS
  - PROVIDE ON-CALL EXPERTISE, WHEN REQUIRED
  - FILL MANPOWER SHORTAGES
  - LIAISON WITH AACI OFFICERS AND COMMITTEES
<table>
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NEXT STEPS

- NCI PLANNING CONTRACTS FOR ALL TASKS  
  APRIL
- START UP ADDITIONAL TASKS  
  APRIL
- UPDATE COMPREHENSIVE PLAN  
  JULY
AACI MASTER SCHEDULE

1975

TASK

1. PROFILES

- Add 11 Centers to Task Effort

2. DATA PROCESSING

- Proposal Prep.
- Contract

3. DATA SYSTEM

- Planning & Phase II Proposal
- RFP
- Contract

7. LITERATURE

- Proposal Preparation
- Contract

6, 8, 9, 10, 11, 12*

Planning & Proposal Preparation

Centers
Designate AACI Contact Point

Contracts

* 6 - Organization
8 - Patient Management
9 - Research Management
10 - Clinical Research
11 - Education
12 - Cancer Control
SEQUENTIAL STEPS IN TASK ACHIEVEMENT

Note: The Institute of Cancer Research (King Oncol) acts as the focal and contracting agent for the AACR.
NEW ROLES FOR THE AACI

- RELATE TO COMMUNITY CENTERS

- RELATE TO PAN AMERICAN CANCER CENTERS
TASK LEADERS AND COMMITTEES FOR THE
AACI COMPREHENSIVE PLAN FOR DEVELOPING COOPERATIVE ACTION AND COMMON
PRACTICES AMONG CANCER INSTITUTES

TASK 1 - ACCOUNTING, FINANCIAL, BUDGETARY, AND ADMINISTRATIVE PRACTICES

Robert W. Goehle, Chairman (Roswell)    Alternate - Frank D. Guglielmo
Maxine Woodward (Fischel)                 " Thomas S. Thomas
H. Donald Putney (Fox Chase)              " F. Jay McKay
Jerry W. Kukes (Hutchinson)               " John W. Dorfmeister
Richard L. Harrington (Hopkins)           " Helen Baldwin
Leon Zucker (Memorial)                    " E. K. Gilley
John W. Pettit (Michigan)                 
Constance A. Langone (Deaconess)          
Cyril W. Kupferberg (Chicago)             
Martin Albrecht (Wisconsin)               
Joe E. Boyd, Jr.                          

TASK 2 - DATA PROCESSING REQUIREMENTS

Dr. Stuart O. Zimmerman, Chairman (Anderson)    Dr. Richard Kronmal (Seattle)
Dr. Barry W. Brown (Anderson)                    Dr. Frank Briese (Miami)
Dr. Al Freiman (SKl)                              Dr. Richard Donelson (Miami)
Dr. Melvin L. Griem (Chicago)                     Dr. Robert Friedman
Dr. Herman Lehman (Alabama)                      
Dr. Samuel Littwin (Fox Chase)                   
Dr. Malcolm Pike (Southern California)           
Dr. Roger Priore (Roswell)                       
Dr. Paul Scher (Michigan)                        
Dr. Francis Watson (CRC)                         
Dr. Theodore Weiss (NCI)                         

TASK 3 - Nomenclature, Classification, Staging, and End-Results
Reporting Systems

TASK 4 - Medical Records and Registry Systems

TASK 5 - Epidemiology and Biostatistics Information Systems

Dr. Robert C. Hickey, Chairman (Anderson)

Policy Advisory Committee

Dr. Lewis Thomas (Memorial)                     Dr. John Durant (Alabama)
Dr. R. Lee Clark (Anderson)                      Dr. Albert Owens, Jr. (Hopkins)
Dr. Harold Rusch (Wisconsin)                     Dr. William Shingleton (Duke)
Dr. Gerald Murphy (Roswell)                      Dr. Denman Hammond (USC)
Dr. William Hutchinson (Hutchinson)              Dr. Gordon Zubrod (Miami)
Dr. Emil Frei, III (Farber)                      Dr. David Carr (Mayo)
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Ms. Elmira White (Buzz) (Anderson)

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TASK 7 - CANCER LITERATURE AND RETRIEVAL SYSTEMS

Ms. Marie Harvin, Chairperson (Anderson)
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Mrs. Ann Hutchinson (Roswell)
Mr. Patrick A. Leon (Anderson)
Dr. Dennis Serriane (Memorial)

TASK 8 - PATIENT MANAGEMENT AND PLANNING TECHNIQUES

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TASK 9 - RESEARCH MANAGEMENT AND PLANNING

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Dr. Chester Stock (Memorial)
Dr. Francis Watson (CRC)
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TASK 10 - CLINICAL RESEARCH (COOPERATIVE STUDIES AND CLINICAL TRIALS)

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Dr. Emil J. Freireich (Anderson)
Dr. Edmund Gehan (Anderson)
Dr. Edward S. Henderson (Roswell)
Dr. Alvin Mauer (St. Jude)
Dr. Herbert Oettgen (Memorial)
Dr. William W. Shingleton (Duke)
Dr. Louis B. Thomas (NCI)
Dr. Jack E. White (Howard)
TASK 11 - MEDICAL EDUCATION, CURRICULA, AND COOPERATIVE PROGRAMS

Dr. John S. Spratt, Jr., Chairman (CRC)
Dr. George Blumenschein (Anderson)
Dr. Richard L. Humphrey (Hopkins)
Dr. Werner Kirsten (Chicago)
Dr. Delores Buchler (Wisconsin)
Dr. Edwin A. Mirand (Roswell)
Dr. Peter K. Nowell (Pennsylvania)
Dr. Rulon W. Rawson (Anderson)
Dr. Lewis Thomas (Memorial)
Mrs. Pat Vannatta (CRC)
Dr. Joseph Farmer (Duke)

TASK 12 - CANCER CONTROL

Dr. Guy Robbins (Memorial)
Dr. C. William Augst (Roswell)
Dr. Abraham Brickner (Michigan)
Dr. John Durant (Alabama)
Dr. Alfred Frechette (Farber)
Dr. Vincent Guinee (Anderson)
Dr. John Hartmann (Hutchinson)
Dr. Bryan Henderson (Southern California)
Dr. Siegfried Heyden (Duke)
Dr. Charlene Holton (Colorado)
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Dr. C. Ronald Koons (Mountain States)
Dr. John Healey (Miami)
Dr. Alton Sutnick (Fox Chase)
Dr. Jan van Eys (Anderson)
Dr. Robert J. McKenna (Southern California)
INTERNATIONAL UNION AGAINST CANCER (UICC)

COMMITTEE FOR INTERNATIONAL COLLABORATIVE ACTIVITIES (CICA)

STATUS REPORT

March 18, 1975
Copies of the Comprehensive Plan were mailed to each of these names on Jan 28, 1975.

Comprehensive Plan - AACI Draft (July 73) Mailing List

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TASK LEADERS AND COMMITTEES FOR THE AACI COMPREHENSIVE PLAN FOR DEVELOPING COOPERATIVE ACTION AND COMMON PRACTICES AMONG CANCER INSTITUTES

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TASK 3 - NOMENCLATURE, CLASSIFICATION, STAGING, AND END-RESULTS REPORTING SYSTEMS

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Dr. Lewis Thomas (Memorial)                     Dr. John Durant (Alabama)
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TASK 7 - CANCER LITERATURE AND RETRIEVAL SYSTEMS

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TASK 11 - MEDICAL EDUCATION, CURRICULA, AND COOPERATIVE PROGRAMS

Dr. John S. Spratt, Jr., Chairman (CRC)
Dr. George Blumenschein (Anderson)
Dr. Richard L. Humphrey (Hopkins)
Dr. Werner Kirsten (Chicago)
Dr. Delores Buchler (Wisconsin)
Dr. Edwin A. Mirand (Roswell)
Dr. Peter K. Nowell (Pennsylvania)
Dr. Rulon W. Rawson (Anderson)
Dr. Lewis Thomas (Memorial)
Mrs. Pat Vannatta (CRC)
Dr. Joseph Farmer (Duke)

TASK 12 - CANCER CONTROL

Dr. Guy Robbins (Memorial)
Dr. C. William Aungst (Roswell)
Dr. Abraham Brickner (Michigan)
Dr. John Durant (Alabama)
Dr. Alfred Frechette (Farber)
Dr. Vincent Guinee (Anderson)
Dr. John Hartmann (Hutchinson)
Dr. Bryan Henderson (Southern California)
Dr. Siegfried Heyden (Duke)
Dr. Charlene Holton (Colorado)
Dr. Raymond E. Lenhard, Jr. (Hopkins)
Dr. C. Ronald Koons (Mountain States)
Dr. John Healey (Miami)
Dr. Alton Sutnick (Fox Chase)
Dr. Jan van Eys (Anderson)
Dr. Robert J. McKenna (Southern California)
Dr. R. Lee Clark

With the compliments

of the

Executive Secretary

CICA

I sent a photocopy to

Mrs. M. Wolff-Terroine

Mailing address:

Post Box No 400
1211 Geneva
Switzerland
STATUS OF AACI TASKS
as of 7/25/75

Task 1 - FISCAL PROFILES
Has been in work about two years. Profiles have been prepared for eleven institutions. Profiles are in preparation for twelve additional institutions and will be available about September 1, 1975. No additional contract is required. This work is being done under the existing AACI contract with NCI.

Task 2 - DATA PROCESSING
The task committee will meet again in September to consider a broader scope than that which was presented at the AACI meeting in Boston. The results of their meeting should be a draft proposal for review by Dr. Clark.

Task 3, 4, & 5
- NOMENCLATURE, REGISTRIES, AND BIOSTATISTICS SYSTEMS
The NCI will issue an RFP for competitive bidding to perform this task. The preliminary design work has already been completed by the task committee.

Task 6 - ORGANIZATION
The statement of work needs rewriting. Another committee meeting will be held but has not yet been scheduled.

Task 7 - LITERATURE SYSTEMS
Like the others there are many facets to this task. The first to be funded by the NCI is to expand the bibliography of Current Articles on Neoplasia now being prepared by The University of Texas System Cancer Center. A contract to extend the work was awarded in June.

The AACI committee for this task believes that the existing statement of work contained in the comprehensive plan requires extensive revision. A rewrite of the task statement will be completed not later than September 30.

Task 8 - PATIENT MANAGEMENT
The work statement is being rewritten and will be submitted to the task committee on August 16 at a committee meeting.
Task 9 - RESEARCH MANAGEMENT
The committee is still working on the revised statement of work. Dr. Pitot says he will submit something to Dr. Clark about the end of August.

Task 10 - CLINICAL RESEARCH
The task committee will meet again the first week of September to complete the revision of the statement of work. A complete proposal should be received about the first of September.

Task 11 - EDUCATION
A complete grant application has been received. The next step is Dr. Clark’s final review. The grant application will need to be put into proposal format before submittal to the NCI.

Task 12 - CANCER CONTROL
The work statement is complete but the task committee needs to add a cost estimate and schedules. A date for completion has not been established.
ERRATA SHEET
for
REPORT TO THE NATIONAL CANCER ADVISORY BOARD
on

I. AACI Comprehensive Plan for Cooperative Action and
Common Practices Among Cancer Institutes

II. UICC Committee on International Collaborative Activities

PLEASE MAKE THE FOLLOWING CHANGES TO THE ABOVE DOCUMENT:

Page 21 - Task 2

Add: Dr. Frank Briese (Miami)
    Dr. Richard Kronmal (Hutchinson)
    Dr. Robert Friedman (Boston University)
    Dr. Richard Donelson (Miami)

Page 21 - Tasks 3, 4, 5

Add: Dr. David Schottenfeld (Memorial)

Page 22 - Tasks 3, 4, 5

Delete: Dr. Peter Burkholder (Wisconsin)
Add: Dr. Kennedy W. Gilchrist (Wisconsin)

Page 23 - Task 8

Add: Dr. Joseph R. Bateman (Southern California)

Page 24 - Task 11

Delete: Dr. John Lazlo (Duke)
Add: Dr. Joseph Farmer (Duke)
    Dr. Delores Buchler (Wisconsin)

Page 24 - Task 12

Delete: Dr. Denman Hammond, Chairman
Insert: Dr. Guy Robbins, Chairman
Add: Dr. Robert J. McKenna (Southern California)
    Dr. John E. Healey (Miami)
Dr. E.A. Mirand  
Secretary - Treasurer  
Association of American Cancer Institutes  
Roswell Park Memorial Institute  
666 Elm Street  
Buffalo, New York  14203  

Dear Doctor Mirand:

With reference to your October 2, memorandum we are enclosing our corrections to the AACI membership list. Our listing should appear as follows:

The University of Texas System Cancer Center  
M.D. Anderson Hospital and Tumor Institute  
Texas Medical Center  
Houston, Texas  77025

Dr. R. Lee Clark, President  
(Ph: 713, 792-3000)

Dr. Robert C. Hickey, Director  
(Ph: 713, 792-3200)

Dr. Murray M. Copeland  
Vice-President  
University Cancer Foundation  
(Ph: 713, 792-3205)

Thank you.

Sincerely yours,

R. Lee Clark, M.D.  
President
October 2, 1975

Memo to: AACI Members

From: Dr. E. A. Mirand, Secretary-Treasurer

Subject: List of Current Membership

Enclosed is a list of the membership for the Association of American Cancer Institutes as it appears in our records at this time. Each member organization is permitted to have 3 representatives; however, in some instances, we have only the name of the Director. Also, we do not have the telephone numbers for each of the representatives.

Would you please check the current listing for your organization and make any additions and/or corrections necessary to bring this information up to date. We would like to send out an up-dated membership list with the information concerning the Annual Meeting to be held January 27-29, 1976. It would be appreciated if you could get this up-dated information to us by October 24th.

EAM:co
Enclosure
MEMBERSHIP LIST
ASSOCIATION OF AMERICAN CANCER INSTITUTES

Institutes

Albert Einstein College of Medicine
Cancer Research Center
1300 Morris Park Avenue
Bronx, New York 10461

American Health Foundation
Naylor Dana Institute for Disease Prevention
Valhalla, New York 10595

Cancer Center of Hawaii
Cancer Research Laboratory
1997 East-West Road, Room 254
Honolulu, Hawaii 96822

Cancer Center for the State of Florida
University of Miami
P. O. Box 520875
Miami, Florida 33152

Cancer Research Center
Business Loop 70 and Garth Avenue
Columbia, Missouri 65201

Representatives

Dr. Harry Eagle, Director
(Ph.: 212, 430-2000)

Dr. J. T. August, Chairman
Department of Molecular Biology

Dr. Matthew D. Scharff, Chairman
Department of Cell Biology

Dr. Ernest L. Wynder, President
(Ph.: 212, 489-8700)

Dr. John H. Weisburger
Vice President for Research

Dr. L. H. Piette, Director
(Ph.: 808, 948-7173)

Dr. Noboru Oishi, Director of Clinical Res
Dr. Tomic Hirshata,
Director of Epidemiology and Dermography

Dr. C. Gordon Zubrod, Director
(Ph.: 305, 547-6096)

Mr. Michael Siegel, Executive Officer

Dr. John S. Spratt, Jr., Director
(Ph.: 314, 443-3103, Ext. 274)

Dr. Francis R. Watson
(Ph.: 314, 443-3103, Ext. 251)

Dr. Paul A. Marks, Director
Institutes

Cancer Research Institute
New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

Cancer Research Institute
University of California School of Medicine
San Francisco, California 94143

Clínica Oncológica "Andrés Grillasca"
de la Asociación Para la Lucha
Contra el Cáncer
Centro Médico de Ponce
Apartado 1324
Ponce, Puerto Rico 00731

Duke Comprehensive Cancer Center
Duke University Medical Center
Durham, North Carolina 27710

Eppley Institute for Research in Cancer
University of Nebraska Medical Center
42nd and Dewey Avenue
Omaha, Nebraska 68105

Sidney Farber Cancer Center
35 Binney Street
Boston, Massachusetts 02115

Representatives

Dr. William V. McDermott, Jr.
Scientific Director
(Ph.: 617, 734-7000)

Mr. Robert D. Pence, Assistant Director
(Ph.: 617, 734-7000, Ext. 2007)

Miss Constance A. Langone
(Ph.: 617, 734-7000, Ext. 2407)

Dr. Stephen B. Shohet, Director

Dr. Lois B. Epstein

Dr. John C. Klock

Dr. Hamlet Hazim, Executive Director
(Ph.: 809, 843-0800)

Dr. José N. Correa
Chief of Radiotherapy Department

Dr. William Bracer
Chief of Surgery Department

Dr. Wm. W. Shingleton
(Ph.: 919, 684-8111, Ext. 2282)

Dr. Philippe Shubik, Director
(Ph.: 402, 541-4238)

Dr. Phillip Issenberg, Assoc. Director
(Ph.: 402, 541-4943)

Dr. David Clayson, Deputy Director
(Ph.: 402, 541-4943)

Dr. Emil Frei, III, Director
(Ph.: 617, 734-6000)

Dr. George E. Foley
Associate Director for Laboratories
(Ph.: 617, 734-6000, Ext. 3173)
Institutes

Fels Research Institute
Temple University Medical Center
3420 North Broad Street
Philadelphia, Pennsylvania  19140

The Fox Chase Cancer Center
7701 Burholme Avenue
Philadelphia, Pennsylvania  19111

Howard University Cancer Research Center
6th and Bryant Street, N. W.
Washington, D. C.  20001

Fred Hutchinson Cancer Research Center
1102 Columbia Street
Seattle, Washington  98104

Institute for Medical Research
Copewood Street
Camden, New Jersey  08103

Johns Hopkins University Oncology Center
Johns Hopkins Medical Institutions
Baltimore, Maryland  21205

Representatives

Dr. Sidney Weinhouse, Acting Director
(Ph.:  215, 221-4312)

Mr. Howard Schurr

Dr. Timothy Talbot, Jr.
(Ph.:  215, 342-1000, Ext. 402)
(Alternate:  Dr. Baruch S. Blumberg,
Ph.:  215, 342-1000, Ext. 453)

Dr. Paul J. Grotzinger
(Ph.:  215, 722-1900, Ext. 300)

Mr. Donald Putney
(Ph.:  215, 342-1000, Ext. 406)
(Alternate:  Raymond T. Bickert)

Dr. Jack E. White, Director
(Ph.:  202, 745-1406)

Dr. William B. Hutchinson
(Ph.:  206, 292-2931)

Dr. John R. Hartmann

Dr. Charles A. Evans

Dr. Lewis L. Coriell, Director
(Ph.:  609, 966-7377)

Dr. Warren Nichols, Assistant Director

Mr. S. Robert Wilson
Director of Support Services

Dr. Albert H. Owens, Jr., Director
(Ph.:  301, 955-3300)

Dr. Raymond E. Lenhard, Jr.

Mr. Richard L. Harrington
Associate Director, Adm. Services

(Alternate: Dr. George E. Santos)
Institutes

Kern Community Cancer Center
1930 Eighteenth Street
Bakersfield, California 93301

Los Angeles County - University of Southern California Cancer Center
2025 Zonal Avenue
Los Angeles, California 90033

I. Gonzalez Martinez Oncologic Hospital
University Medical Center
P. O. Box 1811
Hato Rey, Puerto Rico 00919

Mayo Comprehensive Cancer Center
Mayo Foundation
Rochester, Minnesota 55901

Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, New York 10021

Representatives

Dr. James F. Donovan, Director
(Ph.: 805, 327-0988)

Dr. Sunil R. Lahiri, Associate Director

Dr. Donald C-S Tan, Medical Director

Dr. G. Denman Hammond
Associate Dean and Director
(Ph.: 213, 226-2008)

Dr. Richard L. O'Brien, Deputy Director
(Alternate for Dr. Hammond)

Mr. Wm. Weitekamp
Administrator for Cancer Hospital
(Ph.: 213, 226-4001)

Dr. John Hisserich
Adm. Director for Regional Activities
(Ph.: 213, 226-4043)

Dr. Robert McKenna
Director for Regional Activities
(Alternate for Dr. Hisserich)
(Ph.: 213, 226-4043)

Dr. Ramon E. Llobet, Medical Director
(Ph.: 809, 765-7070)

Miss Antonia Pizarro

Dr. David T. Carr, Director
(Ph.: 507, 282-2511)

Dr. Oliver H. Beahrs

Dr. Lewis Thomas, President
(Ph.: 212, 879-3000)
(Alternate: David W. Walsh)

Dr. Robert A. Good
Director of Research
(Alternate: Dr. C. Chester Stock)

Dr. Edward J. Beattie, Jr.
Chief Medical Officer
(Alternate: Dr. Alvin Freiman)
Institutes

Michigan Cancer Foundation
110 East Warren Avenue
Detroit, Michigan 48201

Mountain States Tumor Institute
151 East Bannock
Boise, Idaho 83702

National Cancer Institute
9000 Rockville Pike
Bethesda, Maryland 20014

Northwestern University Medical School
The Cancer Center
303 East Chicago Avenue
Chicago, Illinois 60611

Oak Ridge National Laboratory
Oak Ridge, Tennessee 37830

Roswell Park Memorial Institute
New York State Department of Health
666 Elm Street
Buffalo, New York 14263

Representatives

Dr. Michael J. Brennan, President
(Ph.: 313, 833-0710)

Dr. Marvin A. Rich, Scientific Director
John W. Pettit
Director, Administration and Finance

Dr. C. Ronald Koons
Associate Medical Director
(Ph.: 208, 345-1780)

Dr. Frank J. Rauscher, Jr., Director
(Ph.: 301, 496-5615)

Dr. Guy R. Newell, Deputy Director
(Ph.: 301, 496-3505)

Dr. Bayard H. Morrison, III
Assistant Director
(Ph.: 301, 496-3301)

Dr. Nathaniel I. Berlin

Dr. C. R. Richmond, Associate Director
for Biomedical and Environmental Sciences
P. O. Box X
(Ph.: 615, 483-8611, Ext. 31477)

Dr. Francis T. Kenney
Biology Division
P. O. Box Y
Oak Ridge, Tennessee 37881

Dr. Gerald P. Murphy, M. D.
(Ph.: 716, 845-5770)

Dr. Edwin A. Mirand
Associate Institute Director
(Ph.: 716, 845-3095)

Mr. Robert W. Coehle
Fiscal Administrator
(Ph.: 716, 845-3033)
Institutes

St. Jude Children's Research Hospital
332 North Lauderdale Street
Box 318
Memphis, Tennessee 38101

Southern Research Institute
Kettering-Meyer Laboratory
2000 Ninth Avenue South
Birmingham, Alabama 35205

University of Alabama
Cancer Research and Training Center
University Station
Birmingham, Alabama 35294

University of Chicago Cancer Research Center
950 E. 59th Street
Chicago, Illinois 60637

University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston, Texas 77025

University of Wisconsin Clinical Cancer Center
701C University Hospital
1300 University Avenue
Madison, Wisconsin 53706

Representatives

Dr. Alvin M. Mauer, Medical Director
(Ph.: 901, 525-8381)

Mr. Carl B. Simmons, Administrator

Dr. Joseph Simone

Dr. Howard Skipper
Vice President and Director
(Ph.: 205, 323-6592)

Dr. John A. Montgomery

Dr. John R. Durant, Director
(Ph.: 205, 934-5077)

Dr. John E. Uttsmann, Director
(Ph.: 312, 947-6386)

Dr. Leon O. Jacobson, Director
Franklin McLean Memorial Research Inst.
(Ph.: 312, 947-5007)

Dr. R. Lee Clark, President
(Ph.: 713, 792-2121)

Dr. Robert C. Hickey, Director
(Ph.: 713, 792-3200)

Dr. Murray M. Copeland, Vice-President
University Cancer Foundation
(Ph.: 713, 792-3025)

Dr. Harold P. Rusch, Director
(Ph.: 608, 263-2553)

Dr. Robert O. Johnson, Director
Division of Clinical Oncology

Dr. Henry C. Pitot, Director
McArdle Laboratory for Cancer Research
(Ph.: 608, 262-2177)
Institutes
The Wistar Institute
36th Street at Spruce
Philadelphia, Pennsylvania 19104

The Worcester Foundation for Experimental Biology
222 Maple Avenue
Shrewsbury, Massachusetts 01545

Representatives
Dr. Hilary Koprowski, Director
(Ph.: 215, 387-6700)

Dr. Leonard Warren

Dr. Lionel Manson

Dr. Mahlon B. Hoagland
President and Scientific Director
(Ph.: 617, 842-8921)

Dr. Federico Welsch, Exec. Director
and Vice-President

CORRESPONDING MEMBERS

Fondation Bergonie
180, rue de Saint Genes
33076 Bordeaux, France

Professor Claude Lagarde, Director

Dr. Jean F. Duplan

Dr. Bernard Hoerni

Dr. John Higginson, Director

International Agency for Research on Cancer
World Health Organization
150, Cours Albert Thomas
69008 Lyon, France

Manitoba Cancer Treatment and Research Foundation
700 Bannatyne Avenue
Winnipeg, Manitoba
R3E 0V9, Canada

Dr. L. G. Israels, Executive Director
(Ph.: 204, 786-4731)

Dr. J. M. Gillies
Director of Radiation Oncology

Dr. W. Bryniuk
Director of Medical Oncology
PATIENT QUESTIONNAIRE

History No. ______________________________

Date ________________________________ Admission Date ______________________________

Name ____________________________________________________________________________

Home Address __________________________ City ______ State ____________________________

Zip ____________ Home Phone (include area code) ______________________________________

Length of Present Residency __________________________________________________________

Sex (circle) Male Female Height __________ Weight __________________

Date of Birth __________ Place of Birth ________________________________________________

Marital Status (circle) never married presently or previously married

If married spouse's first name ______ occupation __________________________

Education
Grade School  High School  College  Graduate School  Trade or Business School
1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4 5 or more 1 2 3 4 5 or more

Religion __________________________

Place of Father's birth ______________________

Place of Mother's birth ______________________

Occupation (Give present job and all other types of jobs)
__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Which job did you work at for longest period of time? ____________________________

__________________________________________________________________________
Please answer all questions regarding your health during the **LAST 12 MONTHS**

unless another time period is stated.

1. Have you gained more than 10 pounds over the past 6 months?  
   - don't
   - know
   - no
   - yes

2. Have you lost more than 10 pounds over the last 6 months?  
   - don't
   - know
   - no
   - yes

3. What has your temperature been the last week?  
   - don't
   - know
   - below 99°F
   - above 99°F

4. Do you feel weak and without energy?  
   - never
   - rare
   - occas
   - freq

5. Do you suffer from exhaustion and fatigue?  
   - never
   - rare
   - occas
   - freq

**SKIN**

6. Are you bothered with itching?  
   - never
   - rare
   - occas
   - freq

7. Have you noted an unusual change in your skin color?  
   - no
   - yes

8. Do you bruise easily?  
   - don't
   - know
   - no
   - yes

9. Do you have acne?  
   - no
   - previously
   - yes

10. Have you had any bad infections or diseases of the skin other than acne?  
    - never
    - rare
    - occas
    - freq

11. Do you have dry skin other than in winter?  
    - never
    - rare
    - occas
    - freq

12. Do you have sores, pimples, scaling or peeling skin?  
    - never
    - rare
    - occas
    - freq

13. Have you noted a change in hair color or texture during the last 6 months?  
    - no
    - yes

14. Do you sweat excessively?  
    - never
    - in hot weather
    - with heavy exertion
    - during moderate exertion
    - at rest

**RARE** means rarely (ONCE A MONTH OR LESS).  
**OCCAS** means occasionally (2 to 4 TIMES A MONTH).  
**FREQ** means frequently (MORE THAN ONCE A WEEK).
Please answer all questions regarding your health during the LAST 12 MONTHS unless another time period is stated.

15. Have you noted any new growths on your skin? no yes

16. Have you noted any moles getting larger or darker? no yes

17. Have you noted any sores that do not heal? no yes

**HEAD**

18. Do you have migraine headaches? never rare occas freq

19. Do you have headaches other than migraine? never rare occas freq

20. Have you ever had a hard blow to your head? no yes

21. Do you get dizzy? never rare occas freq

**EYES**

22. Do you wear glasses or contact lenses? no for reading only yes

23. Have you noted any recent changes in vision? no seeing double vision other problems

24. Have you had eye inflammations? never rare occas freq

25. Have you had dry eyes? never rare occas freq

**EARS**

26. Are you becoming hard of hearing? no yes

27. Do you have earaches or discharge from your ears? never rare occas freq

---

RARE means rarely (ONCE A MONTH OR LESS). OCCAS means occasionally (2 to 4 TIMES A MONTH). FREQ means frequently (MORE THAN ONCE A WEEK).
Please answer all questions regarding your health during the LAST 12 MONTHS unless another time period is stated.

28. Do you have buzzing or ringing in your ears?
   never, rare, occas, freq

29. Do you have trouble keeping your balance?
   never, rare, occas, freq

30. Have you noted a change in your sense of smell except during colds?
   no, yes

31. Do you have nosebleeds?
   never, rare, occas, freq

32. Do you have headcold?
   never, rare, occas, freq

33. Do you have sinus problems?
   never, rare, occas, freq

34. Do you have a runny nose?
   never, rare, occas, freq

35. Do you wear dentures?
   no, yes

36. Do you have a lot of trouble with your teeth?
   no, yes

37. Do your gums bleed easily?
   no, yes

38. Have you noted a change in your ability to taste food?
   no, yes

39. Do you have sore throats?
   never, rare, occas, freq

40. Are you subject to hoarseness?
   never, rare, occas, freq

41. Do you have trouble swallowing?
   never, rare, occas, freq

42. Have you noted a voice change other than when you had a cold or sore throat?
   no, yes

RARE means rarely (ONCE A MONTH OR LESS).
OCCAS means occasionally (2 to 4 TIMES A MONTH).
FREQ means frequently (MORE THAN ONCE A WEEK).
Please answer all questions regarding your health during the **LAST 12 MONTHS** unless another time period is stated.

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Rare</th>
<th>Occas</th>
<th>Freq</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Have you had a sore tongue for a long time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Do you have trouble moving your neck?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Have you noted swollen glands in your neck?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Were you ever told by a Doctor that your thyroid was abnormal?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Does cold or hot weather bother you very much?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHEST**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Hot</th>
<th>Cold</th>
<th>Only</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>48. Have you noticed lumps, nodules or any abnormal changes in your breasts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Have you ever had an operation on your breasts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Have you ever had a discharge from your breasts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. Do you have chest pains?</td>
<td></td>
<td></td>
<td>other times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. Do you have a cough?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. Do you cough up sputum?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. Do you cough up blood?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55. Have you noticed a wheeze or whistle in your chest on breathing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56. Have you had the flu during the last 2 years?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**RARE** means rarely (ONE A MONTH OR LESS).

**OCCAS** means occasionally (2 to 4 TIMES A MONTH).

**FREQ** means frequently (MORE THAN ONCE A WEEK).
Please answer all questions regarding your health during the LAST 12 MONTHS unless another time period is stated.

57. Have you had pneumonia during the last 5 years?  
   don't know never once twice 3 or more times

   HEART

58. Were you ever told by a Doctor that you had high blood pressure?  
   no yes

59. Were you ever told that you had a heart murmur?  
   no yes

60. Were you ever told that you had any other heart disease?  
   no yes

61. Have you noted shortness of breath when you climb two flights of steps?  
   no yes

62. Have you noted a tight feeling in your chest after hard work or exertion?  
   never rare occas freq

63. Have you noted palpitations (heart beating rapidly)?  
   never rare occas freq

64. Do you have to sleep propped up in bed (two or more pillows)?  
   no yes

65. Do you wake up in the middle of the night short of breath?  
   never rare occas freq

66. Have you noted that your ankles swell?  
   never rare occas freq

   DIGESTIVE SYSTEM

67. Have you noted any loss of appetite?  
   no yes

68. Have you suffered from nausea or vomiting?  
   never rare occas freq

69. Do you have a lot of gas?  
   never rare occas freq

70. Do you have pains in your stomach?  
   never rare occas freq

RARE means rarely (ONCE A MONTH OR LESS).  
OCCAS means occasionally (2 to 4 TIMES A MONTH).  
FREQ means frequently (MORE THAN ONCE A WEEK).
Please answer all questions regarding your health during the LAST 12 MONTHS
unless another time period is stated.

<table>
<thead>
<tr>
<th>Question</th>
<th>don't know</th>
<th>no</th>
<th>yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>71. Have you ever vomited blood?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72. Are you constipated?</td>
<td>never</td>
<td>rare</td>
<td>occas</td>
</tr>
<tr>
<td>73. Do you have attacks of diarrhea (frequent loose stools)?</td>
<td>never</td>
<td>rare</td>
<td>occas</td>
</tr>
<tr>
<td>74. Have you passed bright red blood in your bowel movements?</td>
<td>never</td>
<td>rare</td>
<td>occas</td>
</tr>
<tr>
<td>75. Have you had a black bowel movement?</td>
<td>never</td>
<td>rare</td>
<td>occas</td>
</tr>
<tr>
<td>76. Have you had bowel movements that are very light (clay) in color?</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>77. Have you ever had intestinal worms or parasites?</td>
<td>don't know</td>
<td>never</td>
<td>in</td>
</tr>
</tbody>
</table>

**URINARY SYSTEM**

<table>
<thead>
<tr>
<th>Question</th>
<th>never</th>
<th>rare</th>
<th>occas</th>
<th>freq</th>
</tr>
</thead>
<tbody>
<tr>
<td>78. Do you urinate more than 6 times a day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>79. Do you have a burning pain when you urinate?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80. Do you get up at night to urinate?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>81. Have you ever been told that you had sugar in your urine?</td>
<td>no</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>82. Do you have trouble starting your stream when you urinate or trouble emptying your bladder?</td>
<td>never</td>
<td>rare</td>
<td>occas</td>
<td>freq</td>
</tr>
</tbody>
</table>

(females skip to #92)

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### MALE GENITAL SYSTEM

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>83. Have you ever been told that you had prostate trouble?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>84. Are you circumcised?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85. Do you have trouble developing an erection?</td>
<td>never</td>
<td>rare</td>
</tr>
<tr>
<td>86. Are your erections painful?</td>
<td>never</td>
<td>rare</td>
</tr>
<tr>
<td>87. Are your testicles painful and sore?</td>
<td>never</td>
<td>rare</td>
</tr>
<tr>
<td>88. Have you noted a discharge from your penis?</td>
<td>never</td>
<td>rare</td>
</tr>
<tr>
<td>89. Do you suffer from itching of your genital area (privates)?</td>
<td>never</td>
<td>rare</td>
</tr>
<tr>
<td>90. Have you ever tried but were unable to have children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>91. Have any of your children weighed over 9 lbs. at birth?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(males skip to #115)

### FEMALE GENITAL SYSTEM

<table>
<thead>
<tr>
<th>Question</th>
<th>don't know</th>
<th>never</th>
<th>rare</th>
<th>occas</th>
</tr>
</thead>
<tbody>
<tr>
<td>92. Have you had vaginal infections?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93. Do you suffer from itching of your genital area?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94. Have you ever taken estrogens or hormones?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95. Age at first sexual experience: (Optional)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>96. If you have <strong>ever</strong> used contraceptives, what type(s) ?</td>
<td>never, IUD, pill, other, or rhythm</td>
</tr>
<tr>
<td>97. If you have <strong>ever</strong> used the pill, (for contraceptive or cyclic reasons) at what age did you start ?</td>
<td>under 16, 16-20, 21-30, 30 or older</td>
</tr>
<tr>
<td>98. How many years have you used, or did you use, the pill ?</td>
<td>1 or less, 1-2, 3-5 more than 5</td>
</tr>
<tr>
<td>99. If you <strong>ever</strong> used the pill, did you ever stop and then begin to use it again ?</td>
<td>no, yes</td>
</tr>
<tr>
<td>100. What brands of pills have you taken ?</td>
<td></td>
</tr>
<tr>
<td>101. Have you <strong>ever</strong> tried but couldn't have children ?</td>
<td>no, yes</td>
</tr>
<tr>
<td>102. Have you <strong>ever</strong> had any multiple births ? (twins, triplets, quadruplets)</td>
<td>no, yes</td>
</tr>
<tr>
<td>103. Have you had a caesarian delivery ?</td>
<td>no, once, twice, 3 or more times</td>
</tr>
<tr>
<td>104. Have any of your children weighed over 9 lbs. at birth ?</td>
<td>no, yes</td>
</tr>
<tr>
<td>105. Did you <strong>ever</strong> breast feed your children ?</td>
<td>no, yes</td>
</tr>
<tr>
<td>106. When did your menstrual periods start ?</td>
<td>don't know, 12 or under, 12-16, 16 or older</td>
</tr>
<tr>
<td>107. Are you still menstruating ? (if no, go to question 112)</td>
<td>no, yes</td>
</tr>
<tr>
<td>108. Are you less regular than you used to be ?</td>
<td>never, sometimes, many times, all the time</td>
</tr>
<tr>
<td>109. Do your periods last more than 5 days ?</td>
<td>never, sometimes, many times, all the time</td>
</tr>
</tbody>
</table>

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Please answer all questions regarding your health during the LAST 12 MONTHS unless another time period is stated.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Sometimes</th>
<th>Many Times</th>
<th>All the Time</th>
<th>Years Ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>110. Do you have any bleeding or discharge between periods?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>111. Do your menstrual periods come less often now?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>112. If you stopped menstruating, how long ago?</td>
<td>still</td>
<td>less than</td>
<td>1-2 yrs</td>
<td>2-8 yrs</td>
<td>8 or more yrs ago</td>
</tr>
<tr>
<td></td>
<td>menstruating 1 yr ago</td>
<td>yrs ago</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>113. Have you had a hysterectomy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>114. Do you have hot flashes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MUSCULOSKELETAL SYSTEM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Don't Know</th>
<th>Never</th>
<th>Rare</th>
<th>Occas</th>
<th>Freq</th>
</tr>
</thead>
<tbody>
<tr>
<td>115. Do you have varicose veins?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>116. Do the calves of your legs ache after a short walk?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>117. Have you ever had phlebitis (blood clots in your legs)?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>118. Did you ever have painful or swollen joints?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>119. Have you ever broken or fractured a bone?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>120. Do you suffer from muscle pains or cramps?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>121. Do you have backaches?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>122. Do you have back trouble that prevents you from normal daily activity?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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CENTRAL NERVOUS SYSTEM

123. Is your walking unsteady?       never     rare     occas     freq
124. Do your hands shake?           never     rare     occas     freq
125. Was any part of your body ever paralyzed? no       yes
126. Do you have spells of unconsciousness (blackouts)? never     rare     occas     freq
127. Do you have convulsions or seizures? never     rare     occas     freq
128. Have you ever had a nervous breakdown? never     once     twice     3 or more times
129. Do you have trouble falling asleep? never     rare     occas     freq
130. Do you wake up during the night (other than when you get up to urinate) never     rare     occas     freq
131. Do you have nightmares?        never     rare     occas     freq
132. Do you have nightmares?        never     rare     occas     freq
133. Do you wake up early and have trouble falling asleep again? never     rare     occas     freq
134. Have you ever consulted a psychiatrist, analyst or counselor? never     1-2 times a few times many times
135. Do you get depressed and blue? never     rare     occas     freq
136. Do you cry a lot?              never     rare     occas     freq
137. Do you have trouble making up your mind? never     rare     occas     freq
138. Do you have problems other than your health which worry you? no       yes
139. Are you dissatisfied or unhappy with your present job? no       yes

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<table>
<thead>
<tr>
<th>Question</th>
<th>never</th>
<th>rare</th>
<th>occas</th>
<th>freq</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel that people take advantage of you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get irritated or upset?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think you hear voices when no one is around?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you find that you forget things more often than you did a year ago?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel more irritable now than you used to be?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you wish you were dead and away from it all?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does life look entirely hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**PAST MEDICAL HISTORY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Option</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>147. Have you <strong>ever</strong> had an operation?</td>
<td>no</td>
<td>appendix or tonsils</td>
<td>caesarian or hysterectomy</td>
</tr>
<tr>
<td>148. Have you ever had a bad injury other than a broken bone?</td>
<td>no</td>
<td>to the head or neck</td>
<td>to the arms legs, hands, feet</td>
</tr>
<tr>
<td>149. Do you have problems because of this injury?</td>
<td>no</td>
<td>never</td>
<td>rare</td>
</tr>
<tr>
<td>150. Have you ever had a blood transfusion?</td>
<td>don't know</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>151. Have you ever been admitted to a hospital for anything other than surgery or childbirth?</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>153. Have you ever been refused life or medical insurance or had to pay a higher rate?</td>
<td>no</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>154. Are you allergic to any drugs?</td>
<td>no</td>
<td>aspirin</td>
<td>penicillin</td>
</tr>
<tr>
<td>155. Are you allergic to any foods?</td>
<td>no</td>
<td>some meat</td>
<td>some fruit</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>156. Stomach ulcer</td>
<td>don't know</td>
</tr>
<tr>
<td>157. Other type of ulcer</td>
<td>don't know</td>
</tr>
<tr>
<td>158. Liver or gallbladder disease</td>
<td>don't know</td>
</tr>
<tr>
<td>159. Gallstones</td>
<td>don't know</td>
</tr>
<tr>
<td>160. Kidney or bladder disease</td>
<td>don't know</td>
</tr>
<tr>
<td>161. Kidney stones</td>
<td>don't know</td>
</tr>
<tr>
<td>162. Hernia (rupture)</td>
<td>don't know</td>
</tr>
<tr>
<td>163. Hemorrhoids (piles)</td>
<td>don't know</td>
</tr>
<tr>
<td>164. An appendectomy</td>
<td>don't know</td>
</tr>
<tr>
<td>165. A tonsillectomy</td>
<td>don't know</td>
</tr>
<tr>
<td>166. Rheumatic fever</td>
<td>don't know</td>
</tr>
<tr>
<td>167. German measles</td>
<td>don't know</td>
</tr>
<tr>
<td>168. Measles</td>
<td>don't know</td>
</tr>
<tr>
<td>169. Polio</td>
<td>don't know</td>
</tr>
<tr>
<td>170. Chicken pox</td>
<td>don't know</td>
</tr>
<tr>
<td>171. Whooping cough</td>
<td>don't know</td>
</tr>
<tr>
<td>172. Mumps</td>
<td>don't know</td>
</tr>
<tr>
<td>173. Diphtheria</td>
<td>don't know</td>
</tr>
<tr>
<td>174. Typhoid</td>
<td>don't know</td>
</tr>
<tr>
<td>175. Malaria</td>
<td>don't know</td>
</tr>
<tr>
<td>176. Arthritis</td>
<td>don't know</td>
</tr>
<tr>
<td>177. Glaucoma</td>
<td>don't know</td>
</tr>
<tr>
<td>178. Cataracts</td>
<td>don't know</td>
</tr>
<tr>
<td>179. Trouble seeing colors</td>
<td>don't know</td>
</tr>
<tr>
<td>180. Hay fever</td>
<td>don't know</td>
</tr>
<tr>
<td>181. Asthma</td>
<td>never, in childhood, age 18-30, 30+</td>
</tr>
<tr>
<td>182. Syphilis</td>
<td>don't know</td>
</tr>
</tbody>
</table>
DID YOU EVER HAVE

183. Other venereal disease or "clap" ........ don't know  no  yes

184. Sores in mouth or around lips ............ never rare  occas  freq (cold sores)

185. Tuberculosis ...................................... never  in childhood  18-30  30+

186. Thyroid disease or goiter .................... never  in childhood  18-30  30+

187. Diabetes ............................................. never  diagnosed in childhood  18-30  30+

188. A tumor or cancer ............................. don't know  no  yes  age diagnosed

189. A stroke ............................................. don't know  no  yes

Indicate if you had any of the following in the last five years:

190. Chest X-ray ...................................... don't know  no  normal  abnormal  results unknown

191. Stomach X-ray .................................... don't know  no  normal  abnormal  results unknown

192. Gall Bladder X-ray ............................. don't know  no  normal  abnormal  results unknown

193. Kidney X-ray ...................................... don't know  no  normal  abnormal  results unknown

194. Bone X-ray ........................................ don't know  no  normal  abnormal  results unknown

195. Fluoroscopy ...................................... don't know  no  normal  abnormal  results unknown

196. Ultraviolet Light ............................... don't know  no  normal  abnormal  results unknown

197. Radiotherapy .................................... don't know  no  normal  abnormal  results unknown

198. Chemotherapy for tumor or cancer ........ don't know  no  normal  abnormal  results unknown

199. Tetanus inoculation (vaccine) ............ yes  no

200. Typhoid ............................................. yes  no

201. Measles ............................................ yes  no

202. Diphtheria ........................................ yes  no

203. Polio ................................................ yes  no
MEDICATIONS

Indicate which of the following medications you take and approximately how often by placing an 'X' in the appropriate column.

<table>
<thead>
<tr>
<th></th>
<th>Don't know</th>
<th>Never</th>
<th>Taken in the past</th>
<th>Taken every day</th>
<th>Taken one or more times a week</th>
<th>Taken one or more times a month</th>
</tr>
</thead>
<tbody>
<tr>
<td>204. Aspirin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>205. Antacids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>206. Laxatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>207. Prescription Painkillers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>208. Prescription Sleeping Pills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>209. Nonprescription Sleeping Pills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>210. Prescription Diet Pills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>211. Nonprescription Diet Pills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>212. Prescription Tranquilizers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>213. Nonprescription Tranquilizers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>214. Prescription Antihistamines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>215. Nonprescription Antihistamines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>216. Prescription Vitamins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>217. Nonprescription Vitamins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>218. Cortisone or Steroids</td>
<td></td>
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<tr>
<td>219. Thyroid Medication</td>
<td></td>
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</tr>
<tr>
<td>220. Female Hormone Replacement</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Question</td>
<td>Don't Know</td>
<td>Never</td>
<td>Taken in the past</td>
<td>Taken every day</td>
<td>Taken one or more times a week</td>
<td>Taken one or more times a month</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td>221. Medicine to Prevent Seizures</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>222. Medicine for High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>223. Medicine for Heart Disease</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>224. Anticoagulants (blood thinner) (Coumadin, Heparin)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>225. Diuretics (water pills)</td>
<td></td>
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</tr>
<tr>
<td>226. Medication for Arthritis</td>
<td></td>
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</tr>
<tr>
<td>227. Vitamin B-12 Injections</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>228. Other Medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SMOKING HABITS**

229. Did you **ever** smoke? 
- No
- Cigarettes
- Cigars
- Pipes

If no, skip to question 235

230. Age started smoking:
- Under 15
- 15-20
- 20-25
- 25-30
- 35 or older

231. Have you quit smoking?
- Never
- Yes but less than 5 yrs ago
- 5 yrs ago
- 10 yrs ago
- 15-20 yrs ago
- 20 or more yrs ago

232. How many packs of cigarettes per day?
- None
- ½ pack or less
- ½-1
- 1-2
- 2 or more

233. How many cigars per day?
- None
- 1 or less
- 1-2
- 2-4
- 4 or more

234. How many pipefuls per day?
- None
- 1 or less
- 1-2
- 2-4
- 4 or more
## DRINKING HABITS

Please place an 'X' in the correct column to show how much of each beverage you usually drink.

<table>
<thead>
<tr>
<th>Beverage Type</th>
<th>none</th>
<th>less than once a week</th>
<th>1-3 times a week</th>
<th>4-6 times a week</th>
<th>several times a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>235. Decaffeinated coffee (cups)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>236. Regular coffee (cups)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>237. Tea (cups)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>238. Soft drinks or pop (12 oz. can, bottle)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>239. Wine glasses (about 4 oz. per glass)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>240. Beer cans, bottles, glasses (8-12 oz.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>241. Other alcohol, (1-2 oz. shot glasses)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

242. If you drink alcohol, has it ever interfered with your health, work, or family life?  
  - [ ] no  
  - [x] yes

## EATING HABITS

Which of the following foods do you usually eat and how often? Place an 'X' in the correct column.

<table>
<thead>
<tr>
<th>Food Type</th>
<th>never</th>
<th>less than once a week</th>
<th>1-2 days a week</th>
<th>3-5 days a week</th>
<th>every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>243. Meat (beef, pork, lamb)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>244. Chicken or fish</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>245. Bread</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>246. Cake, pie, ice cream, candy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>247. Fruits or Vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>248. Butter or cream</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>249. Do you cook with butter or lard?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please circle the appropriate answer.

250. How many eggs do you usually eat a week? none 2 or less 3-4 5 or more

251. How many glasses of whole milk per day? none 2 or less 3-4 5 or more

252. How many glasses of skim milk or 2% milk per day? none 2 or less 3-4 5 or more

253. Are you on a special diet? no not now but previously yes

254. Are you on a reducing diet? no not now but previously yes

255. Have you recently begun to drink more liquids than before? no yes

256. Are you often very thirsty? no yes

257. Do you prefer salty foods? no yes

258. What foreign countries have you visited in the last 5 years? ____________________________

259. What animals have you had contact with in the last 5 years (dogs, cats, horses, chickens, etc.)? ____________________________________________________________

260. What serious illnesses have you had in the last 5 years? ______________________________

261. What operations have you been advised to have that were not performed? ______________

262. What problem brought you here? ______________________________________________________

263. How long have you had this problem? _______ months _______ years

When did you first seek treatment? _______ months ago _______ years ago

264. Were you given a diagnosis? no yes

If yes, what was the diagnosis? __________________________________________________________
FAMILY HISTORY

265. If you are married, or have been married, how many miscarriages or stillbirths (children born dead) have occurred? ________________________________

266. How many children have you had that were born alive?

__________ Males

__________ Females

267. Was anyone in your family born with a birth defect? (This includes your children, your parents, brothers and sisters, uncles and aunts).

don't know no yes

268. If yes, indicate their relationship to you and describe the defect: __________

_____________________________________________________________________

269. If any of your relatives have had lung cancer and were heavy smokers, what was their relationship to you? (eg. uncle on my mother's side) ______________

_____________________________________________________________________

ON THE FOLLOWING PAGES PLEASE FILL IN THE REQUESTED INFORMATION. If you need extra space, use page 23 (the last page)

THANK YOU VERY MUCH FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE.
<table>
<thead>
<tr>
<th>Approx. Age of Death</th>
<th>Heart Attack</th>
</tr>
</thead>
<tbody>
<tr>
<td>70's</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What Kind of Cancer or Where Was It?</th>
<th>Breast</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If Ever Had Cancer, Approx. Age</th>
<th>About 28</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70's</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examples</th>
<th>Mother's Sister</th>
<th>Father's Father</th>
<th>Mother's Mother</th>
<th>Father's Mother</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aunts, Uncles</th>
<th>Mother's Brother</th>
<th>Number</th>
<th>Mother's Sister</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

PLEASE COMPLETE THE INFORMATION REQUESTED ON ALL FAMILY MEMBERS.

8/75
<table>
<thead>
<tr>
<th>No. of children</th>
<th>Cause of death</th>
<th>Approx. Age at death</th>
<th>What kind of cancer or where was it?</th>
<th>If ever had cancer, approx. age diagnosed</th>
<th>Relationship to you</th>
<th>Your Cousins (list any of your cousins who have ever had cancer)</th>
</tr>
</thead>
</table>
I have voluntarily provided information on this questionnaire with the understanding that my answers will become part of an anonymous data file and that questionnaires will be destroyed.

Signature

Please send a summary of this history to my personal physician.

Physician's Name:

Address:
HISTORY

The Association of American Cancer Institutes was originally organized as the Association of Cancer Institute Directors in 1959. The concept of having cancer institute directors meet periodically evolved from a series of informal discussions and correspondence during 1958 among Dr. George E. Moore of Roswell Park Memorial Institute, Dr. R. Lee Clark of M.D. Anderson Hospital and Tumor Institute, Dr. Sidney Farber, Children's Cancer Research Foundation, Inc., (now the Sidney Farber Cancer Center), Dr. C.P. Rhoads, Memorial Center for Cancer and Allied Diseases, Dr. Timothy R. Talbot, Jr., of the Institute for Cancer Research, Philadelphia, Dr. J. R. Heller of the National Cancer Institute, Dr. William L. Simpson of the Detroit Institute of Cancer Research, and Dr. E. M. Daland of Pondville Hospital.

The first informal meeting was held on October 22, 1958 and Dr. R. Lee Clark acted as chairman. Those attending were Dr. E.M. Daland, Dr. J.R. Heller, Dr. G.E. Moore, Dr. C.P. Rhoads, Dr. W.L. Simpson, and Dr. T.R. Talbot. It was agreed that biannual meetings would be of mutual benefit, and the first official meeting of the new organization convened on September 22, 1959 at the Memorial Center for Cancer and Allied Diseases. Those present were: Dr. Clark, Dr. Farber, Dr. Heller, Dr. Moore, Dr. Talbot, Dr. Simpson, Dr. W.B. Patterson of Pondville Hospital, Dr. H.T. Randall of Memorial Center, and Dr. C.C. Stock of Sloan-Kettering Institute. (Dr. C.P. Rhoads
had died the previous August 13). Dr. Moore was elected the first president; the late Dr. Farber was elected Vice President, and Dr. Clark was elected Secretary-Treasurer. Since that time, the Association members have met at least twice each year to exchange information at every level of cancer activity among themselves and with other cancer organizations in the United States and around the world.

CURRENT ORGANIZATION

The Association is a not-for-profit corporation, operating under a set of by-laws. The objectives are an integral part of the by-laws, and an endorsement of their spirit is a fundamental requirement for membership in the Association. Member institutions rotate as host for each biannual meeting and each presents a scientific program.

Specific membership categories have evolved, and each institution is subject to periodic recertification to insure the maintenance of a strong cancer program. The categorical examination of these various cancer institutions is proving to be an effective catalyst for upgrading the quality of cancer prevention, diagnosis, treatment and rehabilitation.

As of the last biannual meeting in June 1975, AACI has 40 members (36 Regular, 1 Affiliate, 3 Corresponding).

OBJECTIVES

1. To afford an opportunity for leadership of cancer centers and institutes throughout the world to meet and discuss mutual problems and new programs at regular intervals and to expedite the following:
2. To foster interinstitutional collaboration on state, regional, national, international programs for the control of cancer through research, education and service; and

3. To support investigations into the causes, nature, prevention, treatment and rehabilitation of cancer by encouraging the exchange of ideas, information, personnel, and special facilities among groups with predominant interests in cancer; and

4. To foster educational and training opportunities in the related biomedical sciences; and

5. To provide guidance to federal, state and local governments, private and civic organizations concerning cancer research, public and health professional education, medical care and rehabilitation of cancer patients.

MEMBERSHIP CATEGORIES

1. Regular

   a. Comprehensive cancer institute and/or center - possesses a wide variety of clinical disciplines related to patient care, including rehabilitation; a broad range of research and training programs to include programs in both clinical and basic biological sciences; community cooperative programs.

   b. Coordinated cancer center - a major component of an organization or institution (i.e. of a medical school or university) or free-standing which will permit emphasis on and engagement in a broad spectrum of clinical and basic cancer research and training.
c. Special cancer center— an institution related or unrelated to a medical school, university or a division of an industrial organization, etc. which places emphasis on a spectrum of basic and/or clinical cancer activities and which serves as a focal point for development, training and/or research.

d. Governmental agencies with cancer-oriented programs will be eligible for membership in the Association.

2. Affiliate

Multidisciplinary community center serving a defined geographical area and relating to the cooperative regional program of a comprehensive cancer center.

3. Corresponding

Selected cancer institute or center or other organization outside the U.S.A.

THE NATIONAL CANCER PROGRAM

The National Cancer Act of 1971 stipulated the creation of 15 new comprehensive clinical cancer research, demonstration and training centers. A brief time later, the three existing comprehensive centers in the nation were recognized as fulfilling the criteria. These 10 criteria are as follows:

1. The Center must have a stated purpose that includes carrying out of basic and clinical research, training and demonstration of advanced diagnostic and treatment methods relating to cancer.
2. The Center must have high quality interdisciplinary capability in the performance of diagnosis and treatment of malignant diseases.

3. The Center must have an environment of excellence in basic science which will assure the highest quality in basic research.

4. The Center should have or should develop an organized cancer detection program.

5. The Center must maintain a statistical base for evaluation of the results of its program activities. For this purpose records should be developed which will standardize disease classification to enable exchange of information between institutions.

6. The Center should provide leadership in developing community programs involving active participation by members of the medical profession practicing within the area served by the Center.

7. The Center must have a strong research base (fundamental and applied) and related training programs, with an organizational structure which will provide for the coordination of these activities with other facets of the center program.

8. The Center will participate in the National Cancer Program by integrating its efforts with the activities of other centers in an integrated nationwide system for the prevention, diagnosis and treatment of cancer. For this purpose the Center must have sufficient autonomy to facilitate this function.

9. The Center must have an administrative structure that will assure maximum efficiency of operation and sound financial practices. The administration should include responsibility for program planning,
monitoring and execution as well as preparation of the budget and control of expenditures. Administration and management would include staff appointment and space allocation, the intent being that such a Center will have the authority to establish the necessary administrative and management procedures for carrying out its total responsibility as defined in the criteria.

10. It is a requirement that each Center group sufficient beds for cancer patients to give the program cohesion, identification and favorable facilities for the clinical research program to be carried out. In general it is expected that existing inpatient facilities will be committed for this purpose.

A comprehensive cancer center is a free-standing institution comprising all elements requiring interdisciplinary research pertaining to cancer and for the team approach to the care of the cancer patient. It is required to have an affiliation with an academic institution, or it may be owned and operated by an academic institution. Criteria for its designation as a comprehensive cancer center contain a number of characteristics which can only be obtained through internal autonomy regarding program formulation and realization. The center director must have control of staff appointments, faculty title, budget, and space allocations, including beds, clinic, and laboratories.

AACI PROGRAMS

To assist the National Cancer Institute of the United States in carrying out the National Cancer Program, the AACI has formulated a plan of action which is
described in a document entitled, Comprehensive Plan for Developing Cooperative Action and Common Practices among Cancer Institutes. The plan consists of twelve task areas which will be implemented in all of the member institutions of the AACI.

To foster similar activities among cancer centers throughout the world, the AACI is collaborating with the National Cancer Institute (U.S.) and the UICC Committee on International Collaborative Activities (CICA). The first step in international cooperation was to compile and distribute a preliminary edition of the International Directory of Specialized Cancer Research and Treatment Establishments immediately prior to the opening of the UICC XI International Cancer Congress in Florence, Italy in October 1974. A total of 321 establishments in 75 countries are listed in the directory (plus the two subsequent supplements). Efforts are being made now to issue a more complete, definitive directory by the first of 1976.

**BRIEF SUMMARY OF THE AACI COMPREHENSIVE PLAN**

**TASK 1 - ACCOUNTING, FINANCIAL, BUDGETARY AND ADMINISTRATIVE PRACTICES**

Fiscal and administrative profiles are being developed for each member institution. Twelve profiles have been completed. Eleven are in progress.

It is expected that all remaining members of the AACI will have fiscal profiles constructed.

The profiles are expected to:

1. assist each institution in the analysis of its fiscal priorities
2. assist the newly developing comprehensive and specialized
cancer centers in the United States to avoid some of the
possible pitfalls which have already been experienced and
solved in a variety of ways by the older, more established
centers

TASK 2 - DATA PROCESSING REQUIREMENTS

Through the development of brochures and workshops, experts in
data processing will assist each institution to define its data
processing needs throughout the institution, then assist in defining
the types of data processing "hardware" required to satisfy the
present and future needs of the institution with the most efficient
and economical means possible.

TASK 3 - NOMENCLATURE, CLASSIFICATION, STAGING AND END-RESULTS
REPORTING SYSTEMS

TASK 4 - MEDICAL RECORDS AND REGISTRY SYSTEMS

TASK 5 - EPIDEMIOLOGY (ANALYTICAL AND DESCRIPTIVE) AND BIOSTATISTICS
INFORMATION SYSTEMS

Tasks 3, 4 and 5 have been combined for the purpose of developing
among the members of the AACI a Clinical Cancer Patient Information
System, in which will be included therapeutic and survival information
to be utilized in the evaluation of the performance of the member
institutions in patient care.
To date there has been an agreement among 12 member institutions as to the standardization of the informational "language" to be used to report the patient information, which in no way interferes with or compromises the existing systems and methods of record-keeping in each institution.

The next step is to establish a central data processing site to receive the information from the various institutions and include it in the computer to be utilized in this pilot project.

A Policy Committee made up of representatives from the participating institutions will make all decisions regarding what information is to be used and how it is to be used by the requesting users.

Once the system is functioning smoothly, any other members of the AACI who have clinical information and who wish to participate in the system will be included.

TASK 6 - ORGANIZATION

This task aims at assisting the member institutions, and particularly the developing institutions, to establish organizational structures within their institutions which will assure stability and long-term durability.

TASK 7 - CANCER LITERATURE AND RETRIEVAL SYSTEMS

Both clinical and research knowledge regarding cancer is growing steadily and in highly specialized fields. It behooves all
investigators to be well informed and currently informed regarding worldwide cancer activities, to avoid unnecessary duplication of studies and to use resources to the maximal extent.

The initial portion of this activity is already being performed; i.e., very current citations are being supplied to the CANCERLINE portion of the developing International Cancer Research Data Bank.

TASK 8 - PATIENT MANAGEMENT AND PLANNING TECHNIQUES

A review is being made of all of the successful and not-so-successful methods being used by all of the member institutions that are involved in patient care. Knowledge will be pooled, innovative suggestions will evolve, and this information will be shared with the developing institutions with clinical activities or plans for them. Brochures and workshops will result.

TASK 9 - RESEARCH MANAGEMENT AND PLANNING

Activities similar to those in Task 8, with the exception that basic research, rather than clinically oriented activities, will be considered. Such matters as the value of concentration in research areas in which particular expertise exists within the institution, rather than attempting to conduct some research in every field, will be seriously discussed. Brochures and workshops will result.

TASK 10 - CLINICAL RESEARCH (INCLUDING COOPERATIVE STUDIES AND CLINICAL TRIALS)

It is evident that clinical trials and cooperative studies, when carefully standardized and controlled, reveal valuable information
much more rapidly than smaller studies because of the large numbers of patients studied and compared. The member institutions of the AACI that are involved in clinical care have a larger total number of patients being treated for every type of cancer than any other group in the country. Cooperative studies among these institutions can demonstrate as rapidly as it is possible in cancer care the relative merits of various therapeutic protocols and make this information available to physicians throughout the world.

**TASK 11 - MEDICAL EDUCATION, CURRICULA, AND COOPERATIVE PROGRAMS**

Until relatively recent times, only token cognizance was given to cancer in the curricula of medical schools, nursing schools, schools of dentistry, allied health sciences, etc. Cancer institutions have organized most of their own educational programs to provide the trained personnel required to carry on the numerous cancer-related activities.

A survey will be made of all cancer-related educational programs being conducted or sponsored by the member institutions and, then, of other organizations.

Cooperative efforts will be made with the other medical educational organizations and societies and volunteer organizations involved in cancer education to synthesize and upgrade cancer teaching at every level in the U.S.A.
Since the National Cancer Act of 1971 was passed, a new mission of the National Cancer Institute (U.S.) has been the translation of the clinically applicable research information, emanating from the cancer centers and laboratories of the nation, to the physicians and hospital personnel in every community of the United States for more rapid benefit to all cancer patients.

The Cancer Control Program of the National Cancer Institute is the mechanism whereby comprehensive cancer centers cooperate with organizations and individuals in a defined region, such as community-based cancer centers, physicians, hospitals, clinics and radiation therapy centers, to conduct joint studies where the expertise of the comprehensive cancer centers can help to improve cancer patient care.

This task aims first to identify all successful cancer control programs being conducted by all of the member institutions, study the techniques and means for evaluation of the efficacy of these programs, and to design new and better programs for the future.

FUTURE PROSPECTS

It is expected that, as the above 12 areas for cooperative activity become well defined and successfully functioning programs within the AACI member institutions, the knowledge and expertise acquired will be shared with any institution in the world that expresses interest in cooperating and learning how better to solve the myriad problems associated with cancer and how to
build medically, scientifically, administratively, and financially sound institutions.
MEMBERSHIP LIST

ASSOCIATION OF AMERICAN CANCER INSTITUTES

INSTITUTE

1. (S) American Health Foundation
   Naylor Dana Institute for Disease Prevention
   Valhalla, New York 10595

2. (S) Cancer Center of Hawaii
   Cancer Research Laboratory
   1997 East-West Road, Room 254
   Honolulu, Hawaii 96822

3. (C) Cancer Research Center
   Business Loop 70 and Garth Avenue
   Columbia, Missouri 65201
   (Ellis Fischel Cancer Hospital)

4. (S) Cancer Research Center
   Albert Einstein College of Medicine
   Yeshiva University
   1300 Morris Park Avenue
   Bronx, New York 10463

5. (S) Cancer Research Center
   Columbia University Faculty of Medicine
   630 West 168th Street
   New York, New York 10032

6. (S) Cancer Research Institute
   University of California School of Medicine
   3rd Avenue and Parnassus
   San Francisco, California 94143

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Dr. John H. Weisburger
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Dr. Torio Hirohata, Dir. Epidem.
   and Demography

Dr. John S. Spratt, Jr., Director
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Francis R. Watson, Ph. D.
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(212) 430-2000
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Dept. Molec. Biol.
Dr. Matthew D. Scharff, Chairman

Dr. Paul A. Marks, Director

Dr. Stephen B. Shohet, Director
Dr. Loic B. Epstein
Dr. John C. Hock
7. (S) Cancer Research Institute  
New England Deaconess Hospital  
185 Pilgrim Road  
Boston, Massachusetts 02215

8. (S) Clínica Oncológica "Andrés Grillasca"  
de la Asociación Para la Lucha  
Contra el Cancer  
Centro Médico de Ponce  
Apartado 1324  
Ponce, Puerto Rico 00731

9. (C) Comprehensive Cancer Center for the  
State of Florida at the University of  
Miami, and the Jackson Memorial  
Medical Center  
P. O. Box 520875  
Biscayne Annex  
Miami, Florida 33152

10. (C) Duke Comprehensive Cancer Center  
Duke University Medical Center  
Durham, North Carolina 27710

11. (S) Eppley Institute for Research in Cancer  
University of Nebraska Medical Center  
42nd and Dewey Avenue  
Omaha, Nebraska 68105

---

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Radiotherapy Department  
Dr. Wm. Bracer, Chief, Surgery Dep

✓Dr. C. Gordon Zubrod, Director  
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Mr. Michael Siegel, Executive  
Officer

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Dr. Phillip Issenberg, Associate  
Director  
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Dr. David Clayson, Deputy Director  
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35 Binney Street  
Boston, Massachusetts 02115

13. (S) Fels Research Institute  
Temple University Medical Center  
3420 North Broad Street  
Philadelphia, Pennsylvania 19140

14. (C) Fox Chase Cancer Center  
7701 Burholme Avenue  
Philadelphia, Pennsylvania 19111  
(Institute for Cancer Research  
American Oncologic Hospital  
University of Pennsylvania)

15. (C) Howard University  
Cancer Research Center  
6th and Bryant Street, N.W.  
Washington, D.C. 20001

16. (C) Fred Hutchinson Cancer Research Center  
1102 Columbia Street  
Seattle, Washington 98104

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Coneewood Street
Camden, New Jersey 08103

18. (C) Johns Hopkins University Oncology Center
School of Medicine
352 Carnegie Building
Baltimore, Maryland 21205

19. (A) Kern Community Cancer Center
1930 16th Street
Bakersfield, California 93301

20. (C) Los Angeles County - University of Southern California Cancer Center
2025 Zonal Avenue
Los Angeles, California 90033

21. (S) I. Gonzalez Martinez Oncologic Hospital
University Medical Center
P. O. Box 1811
Hato Rey, Puerto Rico 00919

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Dr. George E. Santos (Alternate)

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Mr. Donald C-S Tan, Med. Dir.

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Associate Dean and Director
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Mr. William Weitekamp
Administrator for Cancer Hospital
(213) 226-4001

Dr. John Hisserich
Adm. Dir. for Regional Activities
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Dr. Robert McKenna (Alternate)
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Dr. Ramon E. Llobet, Medical Director
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Miss Antonia Pizarro
22. (C)  Mayo Comprehensive Cancer Center  
Mayo Foundation  
Rochester, Minnesota  55901

23. (C)  Memorial Sloan-Kettering Cancer Center  
1275 York Avenue  
New York, New York  10021

24. (S)  Michigan Cancer Foundation  
110 East Warren Avenue  
Detroit, Michigan  48201

25. (S)  Mountain States Tumor Institute  
151 East Bannock  
Boise, Idaho  83702

26. (C)  National Cancer Institute  
9000 Rockville Pike  
Bethesda, Maryland  20014

---

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   New York State Department of Health
   666 Elm Street
   Buffalo, New York 14203

29. (S) Southern Research Institute
   Kettering-Meyer Laboratory
   2000 Ninth Avenue South
   Birmingham, Alabama 35205

30. (S) St. Jude Children's Research Hospital
   332 North Lauderdale Street
   Box 318
   Memphis, Tennessee 38101

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Vice-President and Director
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Mr. Carl B. Simmons, Administrator
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32. (C) The University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Texas Medical Center
Houston, Texas 77025

33. (C) University of Alabama in Birmingham Cancer Research and Training Program
University Station
Birmingham, Alabama 35294

34. (C) University of Chicago Cancer Research Center
950 E. 59th Street
Chicago, Illinois 60637

35. (C) University of Wisconsin Center for Health Sciences
(Wisconsin Clinical Cancer Center
McArdle Laboratories for Cancer Research)
1300 University Avenue
Madison, Wisconsin 53706

36. (S) Wistar Institute
36th Street at Spruce
Philadelphia, Pennsylvania 19104

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Dr. Murray M. Copeland, Vice-President
University Cancer Foundation
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Dr. John R. Durant, Director
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Dr. John E. Ultmann, Director
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Dr. Leon O. Jacobson, Director
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Dr. Harold P. Rusch, Director of Center
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Shrewsbury, Massachusetts 01545

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Director

Dr. Jean F. Duplan
Dr. Bernard Hoerni

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69008 Lyon, France

Dr. John Higginson, Director

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Executive Director
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Dr. J. M. Gillies
Dir. Radiation Oncology

Dr. W. Hryniuk
Dir. Med. Oncology

Membership

36 Regular
1 Affiliate
3 Corresponding
40 Total Members
DEPARTMENT OF COMMERCE
Domestic and International Business

FRED HUTCHINSON CANCER
RESEARCH CENTER

NOTICES

Notice of Decision on Application for Duty-Free Entry of Scientific Article

The following is a decision on an application for duty-free entry of a scientific article pursuant to Section 9c(1) of the Educational, Scientific, and Cultural Materials Import Act of 1966 (Public Law 89-651, 80 Stat. 807) and the regulations issued thereunder as amended (40 F.R. 12253 et seq. 15 CFR 701.1974).

A copy of the record pertaining to this decision is available for public review during ordinary business hours of the Department of Commerce, at the Office of Import Programs, Department of Commerce, Washington, D.C. 20220.

DOCKET NUMBER: 73-00246-33-460/360. APPLICANT: Fred Hutchinson Cancer Research Center, 1124 Columbia Stree, Seattle, Washington 98104. ARTICLE: Electron Microscope, Model 1050 and accessories. MANUFACTURER: E. & E Scientific Apparatus Ltd., United Kingdom. REQUESTED USE OF ARTICLE: The article is intended to be used for studies of a wide range of biological tissues, both human and animal in normal and pathological states, which include brain and tissue effects of surgery or other manipulations obtained using various biopsy techniques. Tissue culture cells, cell suspensions and pellets are being manufactured in the United States.

REASONS: The applicant in response to Question 8 alleges that the foreign article provides the following pertinent features:

(a) Serial Section Holder allows the investigator without interruption for changing specimens to view a large number of adjacent thin sections, which facilitates a three-dimensional view of various cell organelles.

(b) Four Specimen Facility—While the characteristic is very convenient for the investigator, it also allows the viewing of thin sections, which in turn gives the investigator a much larger area without moving the specimen.

(c) Transmission Screen.—The large (4.5 x 6.5") viewing screen enables the investigators to view a much larger area without moving the specimen.

(d) 70 mm X-Ray Camera—allows 90 pictures to be taken without changing film, which in turn gives the investigator a much higher volume of exposure than found in the domestic system.

The Department of Health, Education, and Welfare (HEW) advises in its memorandum dated March 3, 1975 that the Model EMU-4C electron microscope, which is manufactured by the Adam David Company, is the most closely comparable domestic equipment. HEW further advises that the applicant provides no pertinent specification within the meaning of Subsection 201 (b) of the regulations upon which duty-free entry could be based to the specific allegations of the applicant in reply to Question 8, in the order listed above, the following is noted:

EMU-4C, a Hitachi EMU-4C is equivalent to that offered by the foreign article. HEW advises that the multiple specimen holding capacity of the EMU-4C is equivalent to that offered by the foreign article. HEW advises that the size of the viewing screen is a convenience which is not pertinent to the work planned by the applicant.

Another millimeter camera is available for the EMU-4C. Further HEW advises that the 70 millimeter camera available for the EMU-4C is equivalent to the camera available for the foreign article. HEW advises that the article and the domestic EMU-4C have equivalent resolution, magnification range, and accelerating voltages. For the foregoing reasons, we find that the Model EMU-4C electron microscope is of equivalent scientific value to the foreign article for such purposes as this article is intended to be used.

(Catalog of Federal Domestic Assistance Program No. 15029. Importations of Duties- Free Educational and Scientific Materials)

A. H. EVANS,
Director, Special Import Programs Division.

National Bureau of Standards

FEDERAL INFORMATION PROCESSING DATA ENCRYPTION

Proposed Standard

Under the provisions of Public Law 89-336 and Executive Order 11717, the Secretary of Commerce is authorized to establish uniform Federal ADP Standards. A proposed standard for computer data encryption is being recommended for Federal use. This proposed standard specifies a mathematical algorithm for encrypting (enciphering) and decrypting (deciphering) binary coded information. Encrypting converts data to an unintelligible form called cipher. Decryption converts the cipher back to the original data.

Because certain communicated and stored data can have significant value or sensitivity, the need for adequate protection of these data from theft and misuse has become a national issue. It is generally recognized that cryptography is an effective means of protecting data, provided that encryption techniques of adequate strength are devised, validated and integrated into a system. In order to ensure compatibility of cryptography on protected data, it is recommended to establish a Data Encryption Standard and develop guidelines for its implementation and use.

Solicitations for computer data encryption algorithms are published in the Federal Register of May 15, 1973 (38 FR 12253) and of August 27, 1974 (39 FR 30601). An algorithm was requested in response to these submissions that satisfies the primary technical requirements for the algorithm of a Data Encryption Standard. This algorithm was published for comment in the Federal Register of March 17, 1975 (40 FR 11212) and is contained in the specification section of this proposed standard.

In order to ensure that all parties have a full opportunity to present their views, NBS is soliciting comments on the following Data Encryption Standard. Readers should be aware that cryptographic devices and technical data relating to them may come under the export controls of Title 22, Code of Federal Regulations, Parts 121 through 122. Readers should also be aware that certain U.S. and foreign patents contain claims which may cover implementation and use of this algorithm. In this connection, the reader should note the references in the proposed standard.

The proposed Federal Information Processing Standard contains two basic sections: (1) An announcement section which provides information concerning the applicable implementation, and maintenance of the standard; and (2) a specification section which deals with the technical requirements of the standard. Both sections are provided in their entirety in this notice.

Interested parties may submit comments to the Associate Director for ADP Standards, Institute for Computer Sciences and Technology, National Bureau of Standards, Washington, D.C. 20234, within 90 days after publication of this notice in the Federal Register.

Dated: July 25, 1975.

JOHN D. HOFFMAN,
Acting Director
Federal Information Processing Standards

Date _______

ANNOUNCING THE DATA ENCRYPTION STANDARD


Name of Standard, Data Encryption Standard (DES)

Category of Standard, ADP Operations. Computer Security
Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name or address.
If your gross receipts each year are normally more than $5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

R C Voehl
District Director
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CORRECTION OF RECORD

Mr. DANIELSON. Mr. Speaker, in my remarks of April 30, 1973, which appeared in the Congressional Record beginning on page H3168, I inserted a listing of disasters which have struck the United States since 1959. Unfortunately, the heading "Florida" on page H3169 is incorrect. The disasters of both Florida and Delaware are being combined under the single heading "Florida." I ask unanimous consent that the Congressional Record be corrected by inserting the heading "Florida" in the second column on page H3168, under the heading "Delaware" immediately before the entry "June 17, 1959--Tornado, Miami area."

ROSWELL PARK CANCER CENTER
IN BUFFALO MARKS 75 YEARS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. Delaney) is recognized for 15 minutes.

Mr. Speaker, today marks the 75th anniversary of the oldest and one of the largest cancer research centers in the world, Roswell Park Memorial Institute in Buffalo. Moreover, internationally known cancer specialists--incidentally, all but one an alumnus of Roswell Park--are participating in a scientific symposium on "Perspectives in Cancer Research" at the institute today. This evening, there will be a formal banquet celebration by the community with our colleague from Florida, the distinguished chairman of the Subcommittee on Public Health and Environment, the Honorable Paul G. Rogers, as the main speaker.

Mr. Speaker, we in Buffalo and western New York are very proud of the outstanding contributions to cancer research that have been made over the years--and are being made every day--at the institute in downtown Buffalo.

Modern beginnings.

Roswell Park's beginning was modest, especially compared to current research venues today. Dr. Roswell Park asked the New York State Legislature in 1897 for $7,000 to start an institute for the exclusive study of cancer. The legislature agreed, but the bill was vetoed by Gov. Frank S. Black.

Undaunted by the temporary rebuff and in close cooperation with Edward H. Butler Sr., then publisher of the Buffalo Evening News, Dr. Park requested the following year--15 years ago--and came up with a $10,000 grant from the State which the Governor was persuaded to sign.

This initial evidence of perseverance has been repeated over and over by Dr. Park and his successors in the long effort to find a cure to the cancer "disease."

The highly dedicated team of physicians, nurses, and technical assistants has made great strides and made major scientific discoveries. Innovative treatment has been developed and utilized so that literally hundreds of thousands of individuals have benefited from their work, one of them posthumously. Citations will be presented tonight by Dr. Murphy. They are:

To Dr. William H. Heer, acting institute director from 1943 to 1945. The citation reads:

To Dr. William H. Heer, M.D., in celebration of the 50th Anniversary of the founding of Roswell Park Memorial Institute, the President of the Institute Board wishes to express appreciation for your many years' dedication to the goals of the Institute and its employees. Your confidence and admiration of your associates at Roswell Park and elsewhere in the State of New York.

To the late Dr. James T. Grace, Jr., immediate former institute director. The citation reads:

The 75th Anniversary Committee and the Institute Director wish to extend piously, to James T. Grace, Jr., M.D., 8th Institute Director of the Roswell Park Memorial Institute from 1967 to 1970, their appreciation for his devoted service to the Institute in behalf of cancer treatment and research.

To Dr. George E. Moore, M.D., Ph. D., in celebration of the 75th Anniversary of the Roswell Park Memorial Institute, the Institute board would like to express appreciation for your long years' combined effort toward the growth of the Institute through your continual efforts to expand its physical facilities and its scientific and research programs.

The Board of Visitors hereby acknowledges the manifold contributions of George E. Moore, M.D., Ph. D., to the development of Roswell Park Memorial Institute in its capacity as Institute Director from 1952 to 1957. Without his dedication in attracting prominent physicians and scientists to the staff, initiating innovative cancer programs and expanding the physical plant, the Institute might not be the organization it is today.

Mr. Speaker, the quest for a cancer cure continues, and nowhere is the effort more dedicated or productive than at Roswell Park Memorial Institute.

The Institute is one of our cities--and our Nation's--great assets. Its work is vital.

RESPECT TO DR. MURPHY

I extend personal congratulations to Dr. Murphy for his leadership, both as an administrator and as a physician and cancer research specialist. His outstanding work has been recognized and appreciated at all levels of government and his profession, here and abroad.

Dr. Murphy is a team operation which only personal contact can truly appreciate. I have had this opportunity on many occasions since his facilities are located in my congressional district.

It is a great pleasure for me to be able to pay tribute to both the Institute and to each and every member of the staff there.

May the work of Roswell Park Memorial Institute continue without interruption toward the common goal sought by Dr. Murphy.

Mr. KEMP. Mr. Speaker, I am happy and honored to join my distinguished colleagues.
minute, to revise and extend his remarks and include extraneous matter.

Mr. GAYDOS. Mr. Speaker, it does not take an Arnold Palmer to note that the motorized golf cart has become an ubiquitous and profitable item in our rapidly growing recreation economy.

The carts are everywhere these days—humming along the edges of fairways from coast to coast while churning significantly to the incomes of the private clubs and commercial golf course proprietors who make them available.

What is more, the handy carts have brought a new dimension of well-being to scores of American companies engaged in producing them. Some are old-line firms such as AMF’s Harley-Davidson, once and erstwhile, a motorcycle maker, Cushwa, Westminster, and Otis Elevator, their rise has meant the field, too.

The parts suppliers, also, have found golf carts a brisk and developing market—Akron’s tire companies, the engine assemblers, the fabricators of the batteries and chargers for the electric-powered models.

But wait!

The Japanese are coming and, according to golf writers, are showing signs of being at an extent of penetrating as deeply this now strictly U.S. business as they have our TV and radio sets market and as effectively are conquering with Detroit with increasing sales here of Toyotas, Datums, and Mazdas.

In the April 1975 edition of Golfdom, “the business magazine of golf,” columnist Herb Green characterized Japanese golf carts as “apparantly Japanese at the Professional Golfers’ Association and Golf Course Superintendents’ Association equipment show in Boston.

Wrote Mr. Graffis:

As Boston the Japanese visitors were busy photographing machinery from all angles. At the Beach Gardens, where PGA officials banned pictures taken of golf carts received close attention from the Japanese on hand there. Naturally American golf cart makers wonder if the Japanese delegation would be interested in making golf carts to compete in the American market.

Why else, I might add to Mr. Graffis’ report, until they be so interested in the carts? Mr. Graffis says the things are little used in Japan itself, where the courses generally are too hilly for them and where girls and women caddies are “cheap, swift, vibrant, sturdy, and satis-

factory,” The money these caddies earn, Mr. Graffis says, compensates in Japanese thinking for the taking of golf course land out of much-needed agricultural and livestock productivity.

So it is as sure as a flat-footed putt that the Japanese mean to come into our market with a low labor cost and perhaps government-subsidized golf machine to undersell our own. Obviously, they have sensed a new competitive opportunity to tap further our growing recreation business while, at the same time, getting around the quotas which they accepted on raw steel shipped here with another noncontroversial product. They are a clever people indeed.

And what are we going to do about it? My hope is the Nixon administration will act to protect the U.S. cart makers before it is too late. We are not on a two-week trip with Japan an] competing products. The golf cart matter brings up the fact that, although our long-experienced companies turn out much better products than our Japanese come-also-late to the craft, U.S. woods and U.S. cars are charged with such high import duties in Japan that they sell there for twice the price of homemade sets.

Some of the differences involved has been uncovered by a grand jury investigation in Manhattan which is seeking indictments of a number of people believed guilty of racketeering. While the amounts involved in the payoffs in two indictments so far reported by the Manhattan grand jury do not represent a large part of the retail price differences it is encouraging to know that District Attorney Hogan’s office with its racketeering busting record, and with this investigation, under the specific direction of Alfred Beatty assisted by Federal Trade Force, is continuing the grand jury inquiry into the operations of racketeers who, I am told, buy up the price of meat in the New York metropolitan area.

Until we know the extent of racketeering in meat in New York City we shall not be able to account for the vast difference in retail prices of beef cuts there as compared to Chicago.

We cannot determine the reasons for the extra high retail prices of beef in the other eastern metropolitan areas that I have listed until we know what racketeering is being paid for and being paid by for consumers. The substantial differences in prices have existed for years in the metropolitan areas as compared to Chicago. The consumers in these metropolitan areas are entitled to a full explanation for the continually higher prices they are having to pay at retail levels.

The table of differences in retail prices in the five cities, compared to Chicago, as calculated on the basis of the average retail price in the first quarter of the year, January through March, follows:

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<thead>
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<th>City</th>
<th>Beef</th>
<th>Pork</th>
<th>Chicken</th>
</tr>
</thead>
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<tr>
<td>New York</td>
<td>51%</td>
<td>45%</td>
<td>39%</td>
</tr>
<tr>
<td>Chicago</td>
<td>50%</td>
<td>44%</td>
<td>38%</td>
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<tr>
<td>Philadelphia</td>
<td>49%</td>
<td>43%</td>
<td>37%</td>
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<tr>
<td>Baltimore</td>
<td>51%</td>
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</tr>
<tr>
<td>Boston</td>
<td>50%</td>
<td>44%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Source: Compiled by the Bureau of Labor Statistics.
colleague, Mr. Dunlap, today in this trib- 
ute.

Mr. Speaker. 75 years ago in three 
small rooms in the University of Buffalo 
Medical School, Dr. Roswell Park began 
his research laboratory. Today, the 
institution that bears his name—Roswell 
Park Memorial Institute—has be- 
come a multimillion-dollar institute that 
includes a modern 316-bed hospital, as 
well as the basic science that was the 
cancer research laboratory in the world.

Among all of the cancer research 
institutes in the world, the Roswell Park 
Memorial Institute is not only the oldest, 
but also one of the largest. From Dr. 
Park and his original colleague in 1908 
the total staff of the institute has grown 
to more than 2,500.

Although Roswell Park is not in my 
district, the institute and its director, Dr. 
Gerald P. Murphy, have very good friends 
who have served many of my constituents 
through the institute’s services to cancer 
patients and through programs in cancer 
research and communication. I am very 
proud of Roswell Park, its outstanding 
programs and its fine staff.

Mr. Speaker, an example of this 
outstanding staff is a leading cancer 
immunologist, Dr. Edmund Klein, who I am 
also very proud to call a personal friend. 
As a matter of fact, the March 19 issue of 
Time magazine cites Dr. Klein’s work, 
and at this point I include that para- 
graph from the article entitled: “Down 
Toward Cancer Control.”

Dr. Edmund Klein of Roswell Park 
Memorial Institute in Buffalo has used BCO 
stimulating immune reaction against ma- 
alignant melanoma, mycosis fungoides 
and other cancers that originate on the skin, 
as well as against such deep-seated 
cancers as breast cancer. He has also experimented with vaccines made from tumors similar to those 
of the patient, injecting the substance into 
cancerous tumors and also destroying the 
general immune reaction but one that 
was specifically directed against the cancer. 
These results, which were reported 
immunologically, most showed marked 
clinical improvement.

Roswell Park Memorial Institute is 
composed of several campuses including 
the extensive main facility in Buffalo. 
Eighteen research laboratories are 
located in Buffalo and in the main campus. 
Three are in the suburban communities of 
West Seneca, Orchard Park, and 
Springville.

Research at Roswell Park is being 
pursued in new aspects of immunology, 
clinical virology, molecular and cellular 
biology, membrane structure and growth 
control, molecular structure, and 
molecular biodynamics. Among its eductional 
activities, the institute offers seminars, 
and other activities of interest 
not only to those in medical and related 
fields, but also to the general public as 
well. Also included are residency pro- 
grams for medical school graduates, 
specialized programs in cancer nursing, 
and a research participation program in 
science for high school and college 
teachers.

Construction of the long-awaited 
research studies center was completed in 
November 1972, to give Roswell its first 
comprehensive, fully coordinated eduction 
building.

The center houses Roswell Park’s de- 
partments of graduate education, nurs- 
ing education, immunology, medical 
illustration, and photography. 
Also located in the center are the 
research participation program, the com- 
munity center, as well as an expanded 
library and an expanded audience of 
600. The center has 6 stories plus 
basement, containing about 100,000 
square feet of floor space.

The research at the center reflects 
on the educational role of the institute, 
which has been granting masters’ and 
doctors’ degrees for many years. There 
has been a sharp increase in the number 
of graduate programs, as well as in post- 
graduate training, nursing programs, and 
summer programs for talented high 
school and college students.

Roswell Park Cancer Drug Center, 
which will serve as a coordinating site 
for the development of new cancer drugs, 
will be completed in September 1973.

Chemotherapy, treatment with drugs, 
can have limitations of surgery and 
radiation therapy. The immense 
potential in this field of therapy should 
be explored much sooner than otherwise, 
its potential can be used. With well 
equipped laboratories, proximity to cli- 

cial facilities and the critical mass of 
intellect, Roswell Park’s Cancer Drug 
Center will greatly increase the oppor- 
tunity to develop drugs which can act 
selectively to destroy cancer cells without 
harming healthy tissue.

A Federal construction grant of $6.5 
million was approved for a cancer cell 
center at Roswell Park. The completion 
of the center is expected in 1975.

The facility, which would house two 
research projects, biochemistry and exper- 
imental pathology, is needed for an 
expanded cooperative and coordinated 
program involving study of the cancer 
cells and its interaction with the host.

The new center will provide cooperative 
investigators with adequate and con- 
lusive laboratory facilities so that 
effective communications and collabora- 
tion will be nurtured to yield the maximum 
useful information.

Dr. Gerald P. Murphy, the present 
director of Roswell Park Memorial 
Institute, has a distinguished record of 
achievement. Before coming to Roswell 
Park, he was research associate and chief 
in the Department of Surgical Pathology 
at the Walter Reed Army Institute of 
Research in Washington, D.C., and at 
the Johns Hopkins Medical School. Since 
1968 Dr. Murphy has established important 
programs in research, particularly involving 
known physiology and transplantation. 
At the institute he is chief medical 
Director and has been largely responsible 
for the major expansion of the insti- 
tute’s clinical and research facilities.

On March 19, President Nixon an- 
ounced the appointment of Dr. Murphy 
to the newly created 18-member National 
Cancer Advisory Board.

Mr. Speaker, I have just cited many 
progressive and innovative programs about Roswell Park 
Memorial Institute and its outstanding 
director, Dr. Gerald P. Murphy. But the 
most important facts about Roswell— 
the countless lives which have been saved 
by the work of its dedicated staff, the 
suffering which has been eased, the 
untiring work and devoted efforts of the 
anthropologists—these cannot be expressed 
insufficiently.

It is both an honor and a pleasure to 
pay tribute today to Roswell Park Memori- 
al Institute and its director, Dr. Gerald P. Mur- 
phy, and his staff on the occasion of the 
75th anniversary of Roswell Park.

I know that when the war against 
cancer is won, much of the credit will 
be due to the untiring work and dedicated 
efforts of the outstanding professionals at Roswell Park Memorial 
Institute at Buffalo, N.Y.

Mr. Speaker, as an example of the 
innovative work being accomplished at 
Roswell Park, I include at this time an 
article from the Buffalo Evening News 
which describes new techniques being 
developed by Roswell Park scientists, pub- 
lisher of the Buffalo Evening News, Mr. 
Edward H. Butler, Sr., greatly aided Dr. 
Roswell Park in his efforts to begin the 
institute.

[From the Buffalo Evening News, 
Apr. 25, 1978]

ROSWELL PARK SCIENTISTS USE SOUND WAVES 
TO DIAGNOSE TUMORS WITHOUT SURGERY 

By B. J. FRIEDMAN

Using a method similar to that 
believed used by bats and dolphins for navigation, 
work is being done at Roswell Park Memorial 
Institute to monitor the progress of kidney 
transplants and to diagnose tumors within 
the body.

The technique known as ultrasonography, 
uses the sending of a sound wave and 
the reception of the echoes when that 
sonic wave reflects off organs and tissues in a 
person’s body.

It’s believed that bats and dolphins use 
such a method for navigation—transmitting 
sounds and locating obstacles in their paths 
through the echoes they receive.

Dr. Alan R. Winterberger, associate 
chief of the radiology at Roswell Park, 
explained that ultrasonography allows him to 
“view the contents of a person’s body 
without the matter of seconds and without 
incisions.

“And it can be repeated time and time 
again without any hazard to the patient or 
physician,” he added.

There also is no danger from radiation 
which may be present with X-rays. He said, 
and no distortion of the reading which 
often occurs when X-rays are used.

The equipment includes a microphone-like 
transducer which acts as microphone 
and echo-receiver. It’s attached to a movable 
arm so it can be passed across a patient’s 
body.

The transducer feeds the echoes into an 
collimator which converts them to lines 
of shadows on a television-like screen.

Both the sound transmitted and echo 
received are beyond human audible range.

A more complex method often used to is 
the Doppler effect, which changes in 
the sound when the doctor can interpret 
because “most organs have characteristic 
shapes when seen by ultrasonography,” he said.

Dr. Winterberger explained that a single 
substance, such as a basin or kidney, 
provides a specific property called 
audiometric density.

The transducer receives an echo from all 
substances encountered by the transmitted 
sound wave.

While some of the sound wave penetrates 
substances, some bounces back. How much 
is reflected as an echo depends on each 
substance’s audiometric density.
And each time the sound enters an acoustic interface—the boundary between two substances of different acoustic impedances—it bounce back a report in the form of a new echo.

Wherever you have different acoustic densities, you have echo. In the room, in a reflection,” Dr. Winterberger said, “And each time an echo comes back, it is recorded on the oscilloscope screen. The device also is sensitive to the minute changes in the distance between echoes, changes which measure distances of an inch on the oscilloscope screen.

In other words, the larger the time span between echoes, the larger is the area included between bright spots on the screen.

The picture created as the transducer is moved across a patient’s body thus shows bright and shaded areas.

Depending on the region of the body over which the transducer is passed, the larger shaded areas usually represent specific organs.

By comparing over a period of time the size and shape of the shaded area representing a kidney, Dr. Winterberger can monitor the success of a kidney transplant. If the kidney is rerejected, the shaded area will enlarge; conversely, if rejection is being fought successfully, the size will decrease.

Ultrasound also has been used for monitoring bone growth in children, and for monitoring brain activity by recording the location of the midline of the brain which usually denote a tumor or blood clot in the brain area.

By transmitting sound along the blood flowing through a vessel and then receiving it a short distance later doctors also have checked blood velocity. Abnormal velocity may denote obstructions and constrictions in the blood vessels.

Dr. Winterberger also said ultrasonography is the “preferred method” for checking for fluid in the lungs.

He said he has used the technique in the initial detection of tumors and in following the growth or regression of tumors during therapy.

In the initial diagnosis, ultrasound might show a mysterious mass in the body or a change in the shape of an organ which might denote the presence of a tumor.

By merely turning up the power much as a scientist turns the magnification power of a microscope, Dr. Winterberger can receive additional echoes from the interior of the substance.

By studying the “picture” produced by those echoes on the oscilloscope screen, he can get a good idea of whether the mass is a tumor or not.

Although ultrasound has been around since the 1940s when it was used in biological therapy as a heat source, the use of ultrasonography as a diagnostic and monitoring tool “has gained popularity only in the last four or five years,” Dr. Winterberger said.

He said it is “a panacea,” adding that “anything suspected by ultrasound usually is verified using more standard tests.”

AMNESTY—AND VINDICTIVENESS

The SPEAKER pro tempore. Under a previous order of the House, the gentle.

Mr. ROBISON of New York. Mr. Speaker, on three prior occasions I have suggested to my colleagues that our discussion of amnesty needs less emotion and more objectivity, and I have particularly emphasized that we in Congress should set the tone for that discussion, so that, whatever its resolution, all citizens understand the full implications of a post-Vietnam amnesty through the perspective of past amnesties in this country’s history.

Yet, amnesty is so provocative a subject that it should not be a fit topic for national discussion at this time and I insert them at this point in the Record.

AN AMNESTY ON DISCUSSIONS OF AMNESTY?

(Continued from preceding page)

Several legislators, in effect, have been amnestied on behalf of Americans who illegally avoided military service during the Vietnam War.

The proposals range from complete amnesty for all offenders to amnesty with alternative service for all good-faith offenders.

On the other hand, there are many (the President, for the moment, among them) who have asked for blanket amnesty, opposed to any wholesale “forgiveness” of men who evaded military service during the war. These evaders may be described as “take their medicine” in the courts and prisons of their country if they should choose to return home. For, it is added, the service which they evaded has already been performed by someone else in their place.

But, it will be answered, it was service which no one should have been up to give, because it was immoral and even criminal.

And so the debate goes...

There may be something rather artificial about this entire debate at this time. For do we have, in fact, a substantial amnesty already at work among us? That is, is it not highly unlikely that anything serious will happen in the years ahead to most of the people who do return from their flights abroad or who “surface” after having “gone underground” to avoid service in Indochina? Is this not the kind of issue which the community will tend to answer one way (rather harshly) if it is asked to pass judgment on a number of other similar kinds of cases (rather generously) if left to make judgments on a case by case basis? Indeed, our most pressing need may not be to allow those who should have amnesty, but whether we should have extensive, and hence disruptive, discussions of amnesty.

The war does not seem to be mostly over for us. Interest in the war will taper off. Young men will drift home from their illegal refuges. Who will press to make the effort necessary to imprison them, especially if there are as many of them as the advocates of amnesty claim there are? Federal prosecutions will be rare. The Selective Service System will, perhaps, continue to perform its duty, but even since there are more than enough other kinds of criminal cases to occupy the time of all available judges, we now have a more compelling interest for the public.

This it will become if we already are bombarded with the war over, to prosecute draft evasion cases in a young man’s own community. He is strongest there, while he is so strong, while he is free. In Washington, where sensationalism and posturing are more likely to be resorted to, especially if the young man is actually about to be drafted. Indeed, national publicity about such cases could make it harder for local prosecutors to look the other way when fugitives do return home.

Even so, most prosecutors will find themselves reluctant to allocate scarce resources to the effort to punish the “misguided” among their local tax payers. When they do prosecute, deals will usually be made. A liberal use will probably be made of probationary terms. Other fugitives would clog the courts and their ignominious relatives would have to be reckoned with.

Could the declaration of the few, that the government is now ready to do justice to the thousands of unusually articulate young men into our already overcrowded prisons will have to reckon with the agitation and discrimination which its imprudence will have made inevitable.

Of course, fugitives from military service now being tried before the courts will have more reassurance than the tacit amnesty I anticipate. Are they entitled to more than this? Is it good that they get it? What in the likely cost to the national community of a bitter debate over the amnesty issue at this time? Would such a debate serve any useful purpose if, as seems likely at the moment, no significant legislation resulted? Does, for instance, the war need further discussion at this time?

Our recent Indo-Chinese role has already been mediated by the reluctance of most of those Americans who once supported the war now believe that it went on far too long or that it was fought overly at home or in a war that was conducted in one way. Matter what is said now about peace with honor, the war appears to have been a dubious concept for the American people. The war has raised serious questions abroad about our political morality and undermined respect at home for legitimate authorities. What might be gained, as we disengage ourselves from this misconceived war, by showing up the war more even now that it has been already? Now that our role in the killing and destruction has been curtailed, is it not appropriate to make allowances for a certain kind of patriotism? That is, amnesty legislation at this time is apt to be under- considered by many as an end to the war. I have suggested that people who would accept such repudiation implicitly cannot, or will not, for a variety of reasons, accept it explicitly. Indeed, they can be expected to “fight back.”

The hardliners,” it should be added, do not seem to realize that their fierce opposition to “alternate service” amnesty legislation makes it even more likely that busy professional and judicial solutions will only upon the tacit amnesty I have described here.

President Johnson’s recent remarks about amnesty, however intertemperate they might have been, reflect the passions of a significant portion, perhaps even a majority, of the country. Why, then, are they so hotly debated? May not some of their concerns be legitimate? They can be understood as not wanting to permit selfishness to take precedence over sacrifice. Is there not something salutary in this concern? The men who fled the country so that we could go on and have now done so primarily to serve their own interests? (By acting as they did. It can be further argued that the Selective Service System is an in- efficient Selective Service system and the courts and hence did not question the morality of the war as effectively as they and their families felt they should have done.)

That is, it is hard for most people to concede that the war was a war in which we had to be much of a witness against American misconduct in Indochina. It is much easier to think of it as a war for a noble purpose (saving the self-interest. Indeed, most people today (including many who are against amnesty) may even believe that the “war is a war American heroics in Indochina war may turn out to have been neither the soldiers who went to Vietnam nor the men who took refuge and who attempted to instruct public opinion by
1. **TASK #1**
   - Write task order to Roswell Park for:
     expansion and updating
   Dr. Clark (JRB Draft)

2. **TASK #2**
   - Resolve scope of work with NCI
   - Resubmit proposal with cost estimate
   Dr. Zimmerman

3. **TASK #3, 4, 5**
   - Designate planning group to prepare
     Phase I documents:
     - Design specification
     - Cost estimate for Phase II
     - Implementation Plan for Phase II
     - Proposal for Phase II
   Dr. Hickey

4. **TASK # 6, 8, 9, 10, 11, 12**
   - Designate AACI teams
   - Designate NCI Assistant project officers
   - Conduct planning
   Dr. Clark
   Dr. Newell Teams

5. **TASK #7**
   - Write proposal (respond to RFP)
   University of Texas System Cancer Center

6. **ALL TASKS (Less: 1, 3, 4, 5, 7)**
   - Give NCI an order of magnitude estimate
   Dr. Clark
CONTRACT AND FUNDING PLAN

CONCEPT OF PHASES

Submit Proposal

Planning                  Implementation

PLANNING #1 through 12
  • Existing contract

IMPLEMENTATION #1
  • Existing contract

IMPLEMENTATION #2, 6, 7, 8, 9, 10, 11, 12
  • New contract
  • Modified in steps to add tasks as approved by NCI

IMPLEMENTATION #3, 4, 5
  • New contract for these tasks only

FUNDING
  • Add $25K to existing contract for all planning, including overrun on 3, 4, 5
  • Funding provided as task proposals are approved

EXISTING CONTRACT
  • Planning for all tasks
  • $25,000 will be added

NEW CONTRACT
  • All tasks less #1, 3, 4, 5, 7

NEW CONTRACT
  • Tasks 3, 4, 5
TASK 1

Mr. William Eubanks
Dr. Kupferberg
Harrington
TASK 2

Dr. John Laszlo
Dr. Griem
Dr. Stuart Zimmerman
Dr. Roger Priore
Dr. Richard Kronmal
Dr. Barry W. Brown
Dr. Al Freiman
Dr. Paul Scher
Dr. Samuel Littwin
Dr. Frank Watson
Dr. Theodore Weiss
Dr. Malcolm Pike
Dr. Herman Lehman

Two business data processing representatives
e.g., Mr. Alfred Pulido
TASK 3

Dr. John Laszlo
Dr. Griem
Dr. R. Lenhard
TASK 4

Dr. John Laszlo
Dr. Griem
Dr. R. Lenhard
TASK 5

Dr. John Laszlo
Dr. Griem
Dr. R. Lenhard
TASK 6

1. Acceptances
   Dr. Chester Stock (SKI)
   Dr. John Durant (Alabama)

2. Prospects
   Mr. Robert Goehle (Gigliamo)
   Mr. Pat Leon
   Dr. Shingleton
   Dr. Al Owens or Mr. Richard Harrington
   Dr. John Hartmann
   Dr. Richard Weitekamp

Will need sub-budget proposals from each task leader.
Travel
Miscellaneous, etc.
TASK 7

Dr. Siegfried Heyden
M. Colvin
TASK 8

Dr. Laszlo
L. Sensenbrenner
Dr. Lasslo
Dr. Ulmann
Zuckord
Freund
Mauer
Scheidemauer
Bein
Knochen
Scheitel
Knickung
Dr. Irmgard
Sterck
Path (250)
Radio (250)
Stefan
Gynäkolog.
TASK 11

Dr. Shingleton
Dr. Kirsten
R. Humphrey

Law Thomas
De Brains
Blumenschine

Mirand
Suggestions for Possible Members of Task Committee for Cancer Control (Task 12)

<table>
<thead>
<tr>
<th>Surgery</th>
<th>Medicine</th>
<th>Radiation Therapy</th>
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<tr>
<td>Dr. Shingleton</td>
<td>J. Durant -CC</td>
<td>P. Cavanaugh</td>
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<td>R. Lenhard</td>
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<td>A. Sutnick</td>
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<td>Ron Koons (IM RT)</td>
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<th>Epidemiology</th>
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<td>Al Frechette</td>
<td>J. Hartman</td>
<td>B. Henderson</td>
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<td>Abraham Brickner</td>
<td>C. Holt (?)</td>
<td>S. Heyden</td>
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<td>A. Mauer (?)</td>
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Task Leader: D. Hammond
Board of Directors:

Dr. Ultmann
Dr. Talbot
Dr. Beattie
Dr. Copeland
Dr. Singleton
Dr. Hammond
Dr. Clark
Dr. Mirand
Dr. Owens
Dr. Spratt

Finance Committee:

Dr. Clark
Dr. Mirand
Harrington

Membership Committee:

Chairman: Dr. Copeland
Dr. Pitot
Dr. Koons
Dr. Mauer
Dr. Mirand
Dr. Talbot

Arrangements and Public Relations Committee:

Chairman: Dr. Foley
Dr. Mirand
Dr. Carr

Policy and Program Committee:

Chairman: Dr. Singleton
Dr. McDermott
Mr. Weitekamp
Dr. Pitot
Dr. Kenney

Nominating Committee:

Three members from AACI membership
Two immediate past Presidents (Dr. Spratt, Dr. Rusch)

Chairman: Dr. Johnson
Dr. Mirand
Dr. Hutchinson
By-Laws Committee:

Two members from AACI membership

Chairman: Dr. Hickey
          Dr. Durant
          Dr. Coriell
          White
          Dr. Brennan
          Montgomery

Implementation Committee:

Chairman: Dr. Talbot
          Dr. Clark
          Dr. Owens
          Dr. Zubrod
          Dr. Murphy

Liaison Representatives:

AACI with CICA (UICC)    Dr. Clark
AACI with American College    Dr. Copeland
    of Surgeons          Dr. Hammond
AACI with ACCC             Dr. Murphy
AACI with ACS
No "real" contact with ACS
- Deceptive, dishonest with NCI Re ACS contacts
- Want ACS to do things already done by MD Anderson or ACS
- Furniture, rent, etc!!
- Travel could be done free by volunteers
- Newspaper would/could do for nothing
- TV films should be ACS
- Will be recruiting ACS volunteers or paid staff
  wasted, duplicative
  and NCI-ACS conflict.
- 3x more costly than any other Center
- A flagrant rape... disgraceful
  * Will fight via Congress if necessary.
Objectives

1. To afford an opportunity for the leadership of cancer centers and institutes throughout the world to meet and discuss mutual problems and new programs at regular intervals and to expedite the following:

2. To foster interinstitutional collaboration on state, regional, national, international programs for the control of cancer through research, education and service: and

3. To support investigations into the causes, nature, prevention, treatment and rehabilitation of cancer by encouraging the exchange of ideas, information, personnel, and special facilities among groups with predominant interests in cancer: and

4. To foster educational and training opportunities in the related biomedical sciences: and

5. To provide guidance to federal, state and local governments, private and civic organizations concerning cancer research, public and health professional education, medical care and rehabilitation of cancer patients.

Current Institute Members

American Health Foundation
New York, New York
Dr. E. L. Wynder, Director

Cancer Research Center
Columbia, Missouri
Dr. John S. Spratt, Jr., Director

Cancer Research Institute
Boston, Massachusetts
Dr. William E. McDermott, Jr., Director

Clinica Oncologica "Andrés Giralt" Ponce, Puerto Rico
Dr. Hamilton Masding, Director

Cancer Research Center -- Columbia University
New York, New York
Dr. Paul A. Marks, Director

Comprehensive Cancer Center of the State of Florida
Miami, Florida
Dr. E. Gordon Sobro, Director

Duke Comprehensive Cancer Center
Durham, North Carolina
Dr. William W. Shingleton, Director

Eppley Institute for Research in Cancer
Omaha, Nebraska
Dr. Philiboe Sneed, Director
Classes of Membership

1. Regular:
   a. Comprehensive cancer institute and/or center — possesses a wide variety of clinical disciplines related to patient care, including rehabilitation; a broad range of research and training programs to include programs in both clinical and basic biological sciences; community cooperative programs.
   b. Coordinated cancer center — a major component of an organization or institution (i.e., of a medical school or university) or free-standing which will permit emphasis on and engagement in a broad spectrum of clinical and basic cancer research and training.
   c. Special cancer center — an institution related or unrelated to a medical school, university or a division of an industrial organization, etc., which places emphasis on a spectrum of basic and/or clinical cancer activities and which serves as a focal point for development, training and/or research.
   d. Governmental agencies with cancer oriented programs will be eligible for membership in the Association.

2. Affiliate:
   Multidisciplinary community center serving a defined geographical area.

3. Corresponding:
   Selected cancer institute or center or other organization outside the U.S.A.

Procedure for Membership

An application for membership may be obtained from:
Dr. Edwin A. Miranda, Secretary-Treasurer, 666 Elm Street, Buffalo, New York, 14203.
History

The Association of American Cancer Institutes was originally organized as the Association of Cancer Institute Directors in 1959. The concept of having cancer institute directors meet periodically evolved from a series of informal discussions and correspondence during 1958 among Dr. George E. Moore of Roswell Park Memorial Institute, Dr. R. Lee Clark of M. D. Anderson Hospital and Tumor Institute, Dr. Sidney Farber, Children's Cancer Research Foundation, Inc. (now the Sidney Farber Cancer Center), Dr. C. P. Rhoads, Memorial Center for Cancer and Allied Diseases, Dr. Timothy R. Talbot, Jr. of the Institute for Cancer Research, Philadelphia, Dr. J. R. Heller of the National Cancer Institute, Dr. William L. Simpson of the Detroit Institute of Cancer Research, and Dr. E. M. Daland of Pondville Hospital. The first informal meeting was held on October 22, 1958 and Dr. R. Lee Clark acted as chairman. Those attending were: Dr. E. M. Daland, Dr. J. R. Heller, Dr. G. E. Moore, Dr. C. P. Rhoads, Dr. W. L. Simpson, and Dr. T. R. Talbot. It was agreed that biannual meetings would be of mutual benefit, and the first official meeting of the new organization convened on September 22, 1959 at the Memorial Center for Cancer and Allied Diseases. Those present were: Dr. Clark, Dr. Farber, Dr. Heller, Dr. Moore, Dr. Talbot, Dr. Simpson, Dr. W. B. Patterson of Pondville Hospital, Dr. H. T. Randall of Memorial Center, and Dr. C. C. Stock of Sloan-Kettering Institute. (Dr. C. P. Rhoads had died the previous August 13.) Dr. Moore was elected the first president, the late Dr. Farber was elected Vice President, and Dr. Clark was elected Secretary-Treasurer. Since that time, the Association members have met at least twice each year to exchange information at every level of cancer activity among themselves and with other cancer organizations in the United States and around the world.
ASSOCIATION OF AMERICAN CANCER INSTITUTES

CURRENT INSTITUTE MEMBERS
(January 1975)

American Health Foundation
New York, New York

Cancer Center of Hawaii
Honolulu, Hawaii

Cancer Research Center
Columbia, Missouri

Cancer Research Institute
Boston, Massachusetts

Clinica Oncologica "Andres Grillasca"
Ponce, Puerto Rico

Cancer Research Center - Columbia University
New York, New York

Comprehensive Cancer Center of Greater Miami
Miami, Florida

Duke Comprehensive Cancer Center
Durham, North Carolina

Eppley Institute for Research in Cancer
Omaha, Nebraska

Sidney Farber Cancer Center
Boston, Massachusetts

Fels Research Institute
Philadelphia, Pennsylvania

Fox Chase Cancer Center
Philadelphia, Pennsylvania

Howard University Cancer Research Center
Washington, D.C.

Fred Hutchinson Cancer Research Center
Seattle, Washington

Institute for Medical Research
Camden, New Jersey

DIRECTORS

Dr. Ernst L. Wynder

Dr. L.H. Plette

Dr. John S. Spratt, Jr.

Dr. William V. McDermott, Jr.

Dr. Hamlet Hazim

Dr. Paul A. Marks

Dr. C. Gordon Zubrod

Dr. William W. Shingleton

Dr. Philippe Shubik

Dr. Emil Frel, III

Dr. Emmanuel Farber

Dr. Timothy Talbot, Jr.

Dr. Jack E. White

Dr. William B. Hutchinson

Dr. Lewis L. Coriell
International Agency for Research on Cancer
Lyon, France

Johns Hopkins University Oncology Center
Baltimore, Maryland

Los Angeles County-U. University of Southern California Cancer Center
Los Angeles, California

I. Gonzalez Martinez Oncologic Hospital
Hato Rey, Puerto Rico

Mayo Comprehensive Cancer Center
Rochester, Minnesota

Memorial Sloan-Kettering Cancer Center
New York, New York

Michigan Cancer Foundation
Detroit, Michigan

Mountain States Tumor Institute
Boise, Idaho

National Cancer Institute
Bethesda, Maryland

Oak Ridge National Laboratory
Oak Ridge, Tennessee

Roswell Park Memorial Institute
Buffalo, New York

Southern Research Institute
Birmingham, Alabama

St. Jude Children's Research Hospital
Memphis, Tennessee

University of Alabama Cancer Research and Training Center
Birmingham, Alabama

University of Chicago Cancer Research Center
Chicago, Illinois

The University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Houston, Texas

University of Wisconsin Clinical Cancer Center
McArdle Laboratory for Cancer Research
Madison, Wisconsin

Dr. John Hugginson
Dr. Albert H. Owens, Jr.
Dr. G. Denman Hammond
Dr. Ramon E. Llobet
Dr. David T. Carr
Dr. Lewis Thomas
Dr. Michael J. Brennan
Dr. James K. Luce
Dr. Frank J. Rauscher, Jr.
Dr. C. R. Richmond
Dr. Gerald P. Murphy
Dr. Howard E. Skipper
Dr. Alvin M. Mauer
Dr. John R. Durant
Dr. John E. Ultmann
Dr. R. Lee Clark
Dr. Harold P. Rusch
Dr. Henry C. Pitot
MEMBERSHIP CATEGORIES

1. Regular
   a. Comprehensive cancer institute and/or center - possesses a wide variety of clinical disciplines related to patient care, including rehabilitation; a broad range of research and training programs to include programs in both clinical and basic biological sciences; community cooperative programs.
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   c. Special cancer center - an institution related or unrelated to a medical school, university or a division of an industrial organization, etc. which places emphasis on a spectrum of basic and/or clinical cancer activities and which serves as a focal point for development, training and/or research.
   d. Governmental agencies with cancer oriented programs will be eligible for membership in the Association.

2. Affiliate
   Multidisciplinary community center serving a defined geographical area.

3. Corresponding
   Selected cancer institute or center or other organization outside the U.S.A.

PROCEDURE FOR MEMBERSHIP APPLICATION

An application for membership may be obtained from Dr. Edwin A. Mirand, Secretary-Treasurer, at Roswell Park Memorial Institute, 635 Elm Street, Buffalo, New York 14203.
OBJECTIVES

1. To afford an opportunity for the leadership of cancer centers and institutes throughout the world to meet and discuss mutual problems and new programs at regular intervals and to expedite the following:

2. To foster interinstitutional collaboration on state, regional, national, international programs for the control of cancer through research, education and service; and

3. To support investigations into the causes, nature, prevention, treatment and rehabilitation of cancer by encouraging the exchange of ideas, information, personnel, and special facilities among groups with predominant interests in cancer; and

4. To foster educational and training opportunities in the related biomedical sciences; and

5. To provide guidance to federal, state and local governments, private and civic organizations concerning cancer research, public and health professional education, medical care and rehabilitation of cancer patients.
HISTORY

The Association of American Cancer Institutes was originally organized as the Association of Cancer Institute Directors in 1959. The concept of having cancer institute directors meet periodically evolved from a series of informal discussions and correspondence during 1958 among Dr. George E. Moore of Roswell Park Memorial Institute, Dr. R. Lee Clark of M. D. Anderson Hospital and Tumor Institute, Dr. Sidney Farber, Children's Cancer Research Foundation, Inc. (now the Sidney Farber Cancer Center), Dr. C. P. Rhoads, Memorial Center for Cancer and Allied Diseases, Dr. Timothy R. Talbot, Jr. of the Institute for Cancer Research, Philadelphia, Dr. J. R. Heller of the National Cancer Institute, Dr. William L. Simpson of the Detroit Institute of Cancer Research, and Dr. E. M. Daland of Pondville Hospital. The first informal meeting was held on October 22, 1958 and Dr. R. Lee Clark acted as chairman. Those attending were Dr. E. M. Daland, Dr. J. R. Heller, Dr. G. E. Moore, Dr. C. P. Rhoads, Dr. W. L. Simpson, and Dr. T. R. Talbot. It was agreed that biannual meetings would be of mutual benefit, and the first official meeting of the new organization convened on September 22, 1959 at the Memorial Center for Cancer and Allied Diseases. Those present were: Dr. Clark, Dr. Farber, Dr. Heller, Dr. Moore, Dr. Talbot, Dr. Simpson, Dr. W. B. Patterson of Pondville Hospital, Dr. H. T. Randall of Memorial Center, and Dr. C. C. Stock of Sloan-Kettering Institute. (Dr. C. P. Rhoads had died the previous August 13.) Dr. Moore was elected the first president; the late Dr. Farber was elected Vice President, and Dr. Clark was elected Secretary-Treasurer. Since that time, the Association members have met at least twice each year to exchange information at every level of cancer activity among themselves and with other cancer organizations in the United States and around the world.
(Statement by the President)

This brochure contains a brief history of the Association of American Cancer Institutes, a statement of the objectives of the Association, and a list of member institutions. The Association is a not-for-profit corporation, operating under a set of by-laws formulated with legal counsel. The objectives are an integral part of the by-laws, and an endorsement of their spirit is a fundamental requirement for membership in the Association. A different member institution hosts each meeting and is responsible for local arrangements and the scientific program. Specific membership categories have evolved, and each institution is subject to periodic recertification to insure the maintenance of a strong cancer program. The categorical examination of these various cancer institutions is proving to be an effective catalyst for upgrading the quality of cancer prevention, diagnosis, treatment and rehabilitation. Around these thrusts research, training and intrainstitutional collaboration remain vital programs. We welcome the challenge of collaborating with the National Cancer Institute to carry forward the National Cancer Program initiated following passage of the National Cancer Act of 1971 by the United States Congress. Through such forums as the International Union Against Cancer (UICC) we anticipate a similar collaboration on a worldwide basis.

R. Lee Clark, M.D.
President, AACI
Classes of Membership

1. Regular
   a. Comprehensive Cancer Institute and/or center designed to possess a wide variety of clinical disciplines related to patient care, including rehabilitation; a broad range of research and training programs to include programs in both clinical and basic biological sciences, and
   b. Coordinated Cancer Center defined as the major component of an organization or institution (i.e., a medical school, university) or foundation which will permit emphasis on, and engagement in, a broad spectrum of clinical and basic cancer research and training.
   c. Special Cancer Center defined as an institution within the United States, whether related or unrelated to a medical school, university, or division of an industrial organization, etc., which places emphasis on a spectrum of basic and clinical cancer activities, and which serves as focal points for development, training, and research.
   d. Governmental agencies with cancer-oriented programs will be eligible for membership in the Association.

2. Affiliate
   Multidisciplinary community centers serving a geographical area or region.

3. Corresponding
   Selected cancer institutes and centers or other organizations outside the U.S.A.

Procedure for Membership

An application for membership may be obtained from Dr. Edwin A. Mirand, Secretary-Treasurer at Roswell Park Memorial Institute, 666 Elm Street, Buffalo, New York 14203.
MEMORANDUM

TO: Distribution List

SUBJECT: Administration of the AACI

Here is a position paper containing some thoughts that I believe should be considered in reassessing how the AACI can best be managed in the coming years. No matter what comes of this, I suspect that the organization and the modus operandi should be re-evaluated every year to eighteen months.

Sincerely yours,

Patrick A. Leon

Patrick A. Leon

Mr. H. Donald Putney, Chairman (Fox Chase)
Mr. Patrick A. Leon (Anderson)

Mr. Patrick A. Leon (Anderson)
POSITION PAPER

ON

MANAGEMENT OF THE AACI

JUNE 2, 1975
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INTRODUCTION

With the 12 tasks underway and the NCI lending its support, this paper has been prepared with the thought that now is a good time to take a look at how the AACI conducts its business.

The observations, comments, and conclusions are those of the author Patrick A. Leon, and are intended only as an aid to those who will review the present state of affairs.

I. THE NEED

There is a need to reassess the manner in which the day-to-day business of the AACI is being managed. Questions that should be answered are these:

1. Is there adequate continuity among AACI presidents in understanding and pursuing AACI goals?

2. Where does the leadership rest? With the president, the implementation committee, the contractor, or combination? Where should it be?

3. Where is there continuity of experience and knowledge about on-going projects? Where should it be? Contractor or an executive director?

4. A contractor, JRD Associates, has been doing some program coordination. Should an executive director take on this role?

5. What is the advantage to setting up the office of AACI executive director? Or executive vice-president?
II. DISCUSSION

AACL Objectives

The prime near term objective is to get each of the 12 AACL tasks started.

Longer term objectives are not specified beyond those stated in Article II of the by-laws, which are written in general terms.

Overall Management

Past presidents of the AACL have been full time directors of major cancer centers, without administrative staffs for AACL business.

A contractor, JRB Associates, has been providing support since mid-1974. Hiring a contractor was an interim measure to gain immediate administrative help, to establish a source of experts as required, and to allow a period for defining the scope of work needed to run the AACL.

So far the contractor has not been asked to provide special technical or management expertise, as originally anticipated. Most of his work has been providing routine services, such as:

- Make conference arrangements for the AACL meetings in Detroit and Florence
- Print the AACL newsletter
Conduct liaison with the NCI project and contracting offices — on matters of the status of NCI/AACI activities and to expedite certain steps.

Assist in preparing contract modifications.

The contractor's representative is a vice-president of his firm, responsible for a major area of their business.

Continuity of knowledge about the scope of AACI activities rests with the Fox Chase Cancer Center as fiscal manager, and with the contractor.

The AACI vice-president does not have an active role in management of the association.

Program Planning

Early program planning was done through workshops conducted in 1972.

The results of planning are contained in the document entitled Comprehensive Plan for Developing Cooperative Action and Common Practices Among Cancer Institutes, hereafter called the comprehensive plan, or plan. Most subsequent planning has been done through the implementation committee.

Neither the executive committee or the contractor, has participated in program planning.

Each of the twelve tasks contained in the comprehensive plan have been assigned to committees made up of representatives from cancer centers.
The responsibility of each committee is to review the comprehensive plan and make appropriate revisions. The results of this step must be thorough enough and in such a format as to form a basis for requesting financial support from the NCI. The committees are not receiving outside help in updating the plan. Without support, the end product will depend upon the planning and writing experience of the chairman and also upon the time available from committee members, including the chairman. Some editorial work will probably be needed to structure the updated plans into a format suitable for submittal to the NCI as a proposal.

Program Implementation

The present pattern for funding and managing the 12 tasks in the comprehensive plan looks like this:

Task 1 - Planning and implementation were funded by the NCI through a contract with the AACI.

Task 3, 4, 5 - Planning was funded by the NCI through a contract with the AACI. Implementation will probably be through competitive bidding among AACI members.

Task 7 - The first element (screening journals) will be implemented through a contract between a contractor and the NCI -- by competitive bidding. Commercial firms are candidates. The AACI will not be involved.

Tasks 2, 6, 8, 9, 10, 11 & 12 - Planning is being funded by NCI through a contract with the AACI. There are indications that these tasks will be implemented through competitive bidding, including commercial firms.
The emerging pattern may be that all planning effort for the 12 tasks will be through a contract with the AACI, with implementation of each task through competitive bidding, including commercial firms. The pattern also indicates that the contracts will be between the NCI and a contractor -- not with the AACI.

The contractual pattern for implementation is important. If the competitive bidding and contract pattern continues, there are two advantages. One is that each institution will have an opportunity to bid on a task, if they wish. Secondly, the administrative load of the AACI will not be significantly increased no matter how many tasks are taken on in the future.

One disadvantage of having all tasks implemented through competitive bidding among members of the AACI is that the large institutions could win most of the work because of their advantage in resources and experience. Another disadvantage is that if the NCI includes commercial firms, the NCI would be dependant upon the goodwill of centers to participate with a contractor who is responsible only to the NCI for accomplishing a task. If an institution did not want to cooperate it may be difficult to bring that about.

It is assumed that only tasks 1 and 7 will be in the implementation stage during 1975. All others will still be in planning or in the competitive bidding stage.
Fiscal Management

The Fox Chase Cancer Center (ICR) acts as fiscal manager for the AACI, which means: perform contract administration, and receive and disburse funds.

ICR agrees to continue the role for a limited period of time; and the NCI is willing to reimburse ICR for its costs.

The Cost of Establishing an AACI Office

The estimated cost of setting up an AACI office with an executive director is:

**DIRECT LABOR**

- Executive Director $40,000*
- Accountant (25%) $2,500*
- Secretary $10,000*

**RENT**

- Office Space (400 sq. ft. X $8) $3,200

**EXPENSES**

- Telephone @ $200 / mo. $2,400
- Travel $7,200
- Supplies $2,400
- Insurance, copying/printing $3,500
- Conference Costs $3,000

$74,220

**EQUIPMENT AND FURNISHINGS**

(One-time cost only) $5,500

$79,720
*Without fringe benefits. Each individual will pay his own fringe benefits (sick leave, retirement, insurance, etc).

The cost of $74,000 per year can be compared with the estimated cost of $45,000 for the contractor, JRB Associates.

The Role of an Executive Director

The role of an executive director would be to act as the administrator and coordinator of AACI activities.

An essential function would be to provide continuity of experience, knowledge and implementation of AACI goals. Specific administrative tasks are shown in the chart (next page).
### Task Table

**I. Planning**
- Identify New Tasks
  - Recommend
  - Review and Approve
  - Appoint Task Committees
    - Each task will be performed by committees made up of members from AAIC institutions. Appointments will be made on the basis of expertise, individual interest, and geographic location.
  - Prepare Plans for Each Task
    1. A task plan should contain these parts: objective, description of work to achieve the objective, schedule, and budget.
    2. The steps to a task plan should include:
      - Prepare Draft Plan
      - Review and Approve
      - Prepare a Final Plan
      - Approve
- Final Report

**II. AACI Contracts with NCI**
- Submit Proposals to the NCI
  - Write Proposal
  - Develop Proposal
  - Submit Proposal
  - Sign Contract
  - Negotiate
    - Approve and Sign Contract

**III. Contracts with AACI Members**
- Review Proposals
- Write and Negotiate Contracts
- Approve Contractual Arrangements

**IV. Task Implementation**
- Authorize Work
- Direct and Monitor the Task
- Authorize Work in Progress
- Proposals to AACI Management
- Review, Approve, and Submit Reports to NCI
- Negotiate
- Submit Progress Reports to NCI
- Submit Final Reports to NCI

**V. Contract Administration (Contracts with the NCI)**
- Modifications to Contracts
  - Prepare
  - Approve
  - Submit
  - Sign
  - Prepare Progress Reports
  - Approve
  - Submit
  - Fiscal
    - Prepare Budget
    - Monitor Expenditures
    - Submit Reports to NCI

**VI. Newsletter**
- Provide News Items
- Prepare Draft Newsletter
- Review and Approve
- Prepare Final
- Print and Distribute

**VII. AACI Annual & Special Meetings**
- Notify Members as to Time and Place
  - Prepare Agenda
  - Arrangements for Meeting (Room and Support Services)
  - Related Minutes
  - Private

**VIII. Fiscal**
- Collect, Safeguard, and Disburse Funds
  - Contract Funds
  - Field and Account for
  - Disburse
III. CONCLUSIONS

1. Continuity of experience and knowledge of on-going projects now rests primarily with the ICR, the implementation committee, and with the contractor, JRB Associates.

2. There is little continuity of experience and knowledge among the president and president-elect of current projects. Management continuity should not rest with a contractor.

3. With the present scheme, the success of the AACI depends upon a strong president. With a contractor providing continuity, the structure does not provide for strength in the event of an inactive president.

4. An executive director is needed to bridge the gap between an outgoing president and a president-elect and provide continuity of management.

5. There is not enough work for an executive director full time. But, if the association thrives, there probably will be a full time need.

6. There is no compelling reason to discontinue using ICR as the fiscal agent.

IV. RECOMMENDATIONS

1. Hire an executive director. Approximately one-half time, but with an interest in the AACI.

2. Continue using ICR as fiscal agent. Reevaluate when the AACI office has been established.

3. Establish an AACI office in the D.C. area.

4. Reassess AACI management within 12 months.
COMMENTS
by Murray M. Copeland, M.D.
on
POSITION PAPER ON MANAGEMENT OF THE AACI

Presented by Mr. Patrick A. Leon

In reviewing the present state of affairs of the AACI one has to consider the backgrounds of the various member organizations concerned, their inherent needs, their accomplishments, and the philosophy of the directorate under which each organization operates. There is a very broad spectrum of organizations in the AACI from these points of view and a common denominator is difficult to arrive at. For instance, it is a far cry from considering The University of Texas M. D. Anderson Hospital and Tumor Institute, The Roswell Park Memorial Institute and The Sloan-Kettering Memorial Cancer Center as compared with organizations like The Institute for Medical Research at Camden, New Jersey, The Mountain States Tumor Institute at Boise, Idaho, or The Clinica Oncologica (Andres Grillasca) de la Asociacion para la Lucha Contra el Cancer, Ponce, Puerto Rico. Their differences are highlighted by financial resources, facilities, philosophy and program activities.

In considering the need of a new look as to how the AACI conducts its business, therefore, one has to first consider the revenues available for setting up an office of the AACI with an Executive Director and whether radical change can be made in the manner of operating the day to day business of AACI without an answer as to the adequacy of financial support.

As it now stands we are working under contract with the NCI which hopefully will be renewable for some time to come, but in reality we are resting on a slim reed for future support from this source alone. I doubt seriously that we could expect an adequate volume of revenue from dues from the current membership unless we broaden the base of membership participation and have less than ideal guidelines for membership.

We are now largely operating on a voluntary basis with support coming largely from the more affluent membership. While this is not totally satisfactory, it does permit us to carry on until we can more clearly discern what the outlook will be for future support at the national level.

I feel that the leadership of the AACI is extremely important under any circumstances and that the Implementation Committee is at the heart of adequate
continuity of program, though this committee could well be given another name. This committee with rotation of membership would underpin the variation in individual presidential leadership. I certainly cannot feel that a contractor will be able to function in a leadership role for this organization.

Under the circumstances of the AACI, I would feel that we should continue to house the headquarters in one or another Comprehensive Cancer Center which has a large multifaceted program and which could lend continuity of experience and knowledge to and/or about ongoing projects of the AACI. I do not feel that we can afford a full time executive director and/or an executive vice-president who would be adequate for such a mission of leadership. Certainly I do not feel that a contractor could do so.

Volunteer leadership is paramount to success in the operation of the AACI. Specifically in answer to the question, "Should the Institute for Cancer Research continue to be the AACI's fiscal manager?", I would judge that there could be a rotation between institutions when it became onerous for any one institution to carry this load.

As to an Executive Committee, I feel this should be one and the same as the Implementation Committee, manned by appropriate expertise.

With reference to, "The Discussion": My statements have already touched on the overall management except to comment on the necessity to obtain a contractor to provide certain support. It is pointed out in the Position Paper that this contractor has not been asked to provide special technical or managerial expertise as originally anticipated, but most of his work has been providing routine services. I feel this can be done by specially assigned individuals at the Institute housing the headquarters with occasional contract support. This would be much more economical than continually employing a contractor, especially when the continuity of knowledge as to the scope of the AACI activities rests with the Cancer Center acting as fiscal manager and which with other Centers furnishes volunteer leadership.

With reference to "Program Planning." As has been pointed out, program planning has been carried out through the Implementation Committee reinforced by workshops utilizing the expertise within the entire membership and I see no place for a contractor to participate in such program planning. I would consider the Executive Committee and the Implementation Committee as one in the same with appropriate membership.

I can think of no more effective way of developing the Twelve Tasks which are now contained in the AACI comprehensive plan which have been assigned to committees made up of representatives from the various Cancer Centers. While the responsibility for implementation of the various tasks rests with the
committees concerned, as well as the updating of their various task force plans, there is nothing that will take the place of a continued effort by the Implementation Committee (Executive Committee) with additional workshops to promulgate progress and new thrusts.

Editorial work should receive the support of Publication Departments of the various large centers. This work can be shared on a rotation basis.

With reference to program implementation, leadership in each committee as well as overall leadership by the President and the Implementation Committee (Executive Committee) is the answer to success.

Funding of the programs will continue to be a problem but the funding source for implementation of the program obviously should come from the National Cancer Institute and with its blessings, for they are vitally concerned with promulgating the ideals and programs which the various task forces have outlined and programmed at both the national and international level.

I will not comment on the cost of establishing an AACI office as a separate entity, having developed the thesis that I don't feel that we can afford it and that we can well do without it if the large centers will continue to put their shoulders to the wheel of enterprise given appropriate administrative help when needed, such as intermittent use of contractors for organizing workshops and so forth.

Respectfully submitted,

Murray M. Copeland, M.D.
Vice President University Cancer Foundation
The University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute

MMC/mnt
cc: Dr. R. Lee Clark
    Mr. Patrick Leon
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30 January 1975

Edwin A. Mirand, Ph.D.
Secretary Treasurer
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Roswell Park Memorial Hospital
Buffalo, New York 14203

Dear Ed:

Enclosed is IRS form SS-4, awarding the AACI an identification number.

Best regards.

Sincerely,

John S. Spratt, Jr., M.D.
Past President

cc: Robert C. Smith, Jr.
    R. Lee Clark, M.D.
Association of American Cancer Institutes
Ellis Fischel State Cancer Hospital
115 Business Loop 70 West, C
Columbia, MO 65201

The Identification Number shown above will be used by the Internal Revenue Service to identify your Federal tax returns, and other documents, i.e., 1120, 940, 941, etc., and your payments of the taxes reported on such returns. Your Identification Number should be shown on such returns, documents, and on any related forms or correspondence.
6 January 1975

R. Lee Clark, M.D.
President
University of Texas System Cancer Center
M. D. Anderson Hospital and Tumor Institute
Houston, Texas 77025

Dear Lee:

Thanks for the advice. If we can get the Governor's endorsement of a planning conference, I will let you know with the hopes that you and several key people from the NCI can attend.

The papers we discussed are enclosed. I hope they will be helpful.

With best regards.

Sincerely,

[Signature]

John S. Spratt, Jr., M.D.
Director