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1975

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

Office of the President

*The University of Texas MD Anderson Cancer Center*

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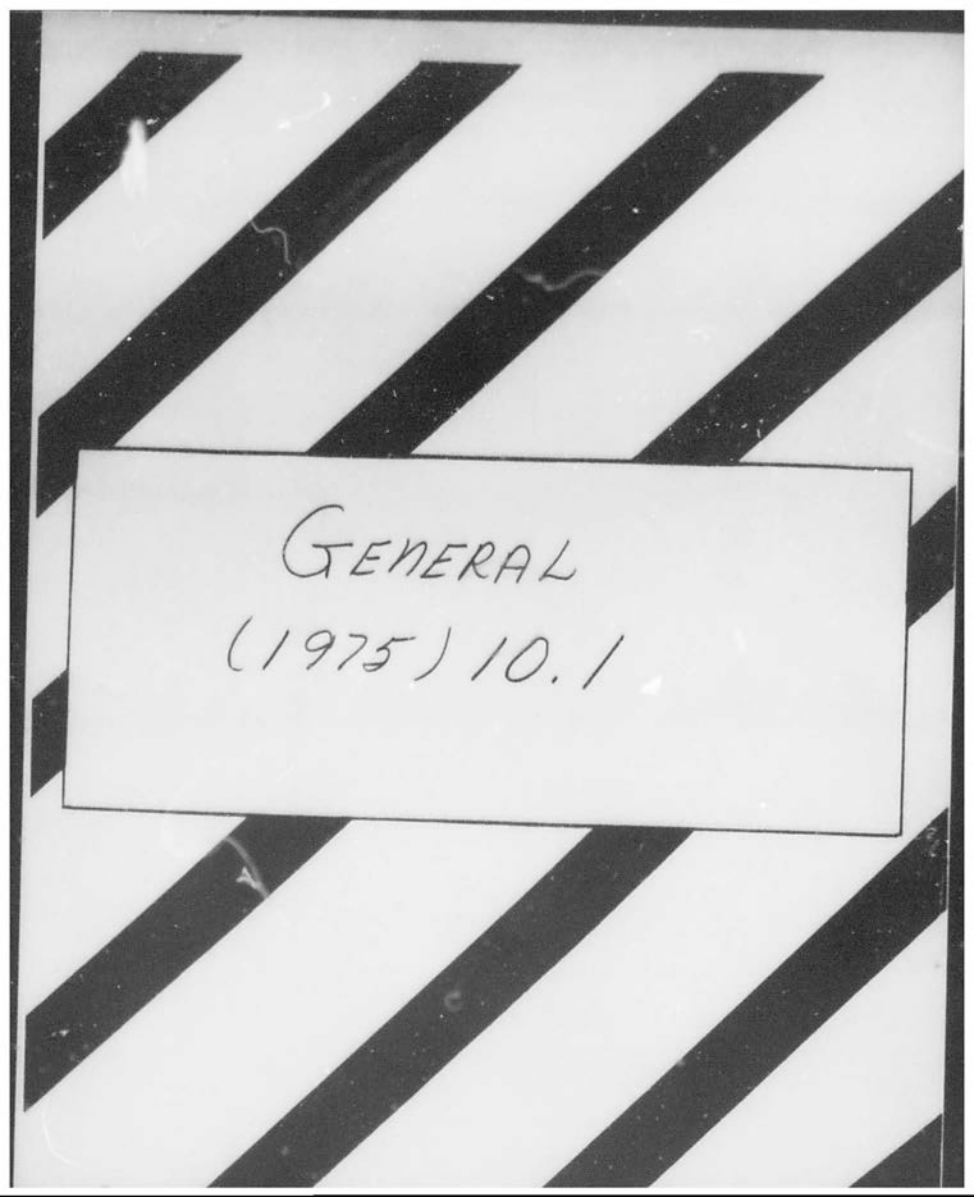
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GENERAL  
(1975) 10.1

CANCER RESEARCH CENTER

CR3

PHONE 314.443.3103  
BUSINESS LOOP 70  
AND GARTH AVENUE  
COLUMBIA MO 65201

10.1

cc

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:

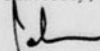
On Friday I sent you copies of the Articles of Incorporation and by-laws of the Missouri Cancer Program, Inc. As hoped, action on the new organization was delayed for Board study.

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: (s) 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 thereto. 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 insure 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 determination, 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 overlapping 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 progress of research projects, the feasibility of continued support of projects, 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

STATE OF MISSOURI )  
COUNTY OF CALLAWAY )  
ss )

In the Matter of the APPLICATION of  
MISSOURI CANCER PROGRAMS, INC. for  
a PRO FORMA DECREE OF INCORPORATION

To the Honorable Judge of the Circuit Court within  
and for the County of Callaway.

Your petitioners, the undersigned, holding the offices

respectively of, President, Vice-President, Secretary, and Treasurer,

respectfully represent that they, in connection with others, have

associated themselves together, by articles of incorporation, in

writing as an association for benevolent, scientific and educational

purposes, under the name of Missouri Cancer Programs, Inc.

Your petitioners beg to submit herewith said written articles

of incorporation, and pray that a pro forma decree may be granted

thereon, constituting them a body corporate and politic by the name

designated in pursuance of the statutes in such cases made and provided.

*Joseph K. White*  
Joseph K. White, President  
*Herbert K. Donke*  
Herbert K. Donke, Vice President  
*George Thomas*  
George Thomas, Secretary  
*H. Charles Moore*  
H. Charles Moore, Treasurer  
*C. Gray Diamond*  
C. Gray Diamond, Member  
*W. C. Whitlow*  
W. C. Whitlow, Member

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 352, 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 301 (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 Kirksville 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 prescribe 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 association 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 prescribe.

#### 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, 1975.

George Thoma  
Rudolph S. Bremen  
Herbert R. Donke  
H. Charles Moore  
E. Grey Dimond  
Joseph M. White  
W. C. Whitlow

STATE OF MISSOURI )

COUNTY OF CALLAWAY )

ss

Comes now Herbert R. Donke, Joseph M. White, W. C. Whitlow, George Thoma, E. Grey Dimond, H. Charles Moore, and Rudolph Bremen, 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.

Charles L. P.  
NOTARY 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 hereinbefore 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 immediately 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 persons who have been admitted to membership during the year.

14. Indemnification. Neither the Board of Trustees nor any Employee shall have power to bind 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 liabilities (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 proceeding 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 aforesaid, 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 indemnification 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 expiration 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 receipts 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 Corporation, 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 hereinabove 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 affirmative 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 Corporation, 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 those 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.



## DEPARTMENT OF STATE

To all to Whom these Presents shall Come:

I, Warren E. Hearnese, 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

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

*Warren E. Hearnese*  
SECRETARY OF STATE

*Arthur Hill*  
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 DECREE amending  
ARTICLES OF INCORPORATION

Case No. 45773

DECREE

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.

*J. M. Spelman*  
JUDGE

DATE: March 5, 1964

FILE  
AND COPY ISSUED

MAR 17 1964

*Norm E. Davis*  
SECRETARY OF STATE

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, 19 64, 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 5th day of March, A.D. 19 64

*Mary Boothe*

Circuit Clerk

(SEALS)

Deputy Clerk

IN THE CIRCUIT COURT OF THE COUNTY OF BOONE  
STATE OF MISSOURI

STATE OF MISSOURI )  
COUNTY OF BOONE ) ss

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 mem-  
bers of said corporation, and for said corporation, state:

1. That said corporation is a non-profit cor-  
poration 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 cor-  
poration 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.

H. Whitlow  
PRESIDENT

W. B. B. B. B. B.  
VICE-PRESIDENT

W. B. B. B. B. B.  
SECRETARY

H. B. B. B. B. B.  
TREASURER

STATE OF MISSOURI

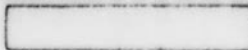
County of Boone

IN THE RECORDER'S OFFICE

I, Recorder of said county, do hereby certify that the within instrument of writing was, at 4 o'clock 50 minutes P. M. on the 8th day of March A.D. 18 64, 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.

DEAL:



W. B. B. B. B. B.  
Recorder  
by W. B. B. B. B. B. Deputy

BOONE COUNTY

FEB 28 1864

W. B. B. B. B. B.  
CLERK OF COURT

INDEXED

Recorded at 4 O'clock P.M. 5th Mo. 1964  
Recorded in Book No. 333 Page 377  
Boone County MAR 5 1964 of State  
Missouri  
Attest: Betty Saunders  
Recorder of Deeds

Barbara Amzel,  
Deputy

152.25



FILED  
BOONE COUNTY

FEB 28 1964

MARY MAITRE  
CLERK, CIRCUIT COURT  
BOONE COUNTY, MO.

FILED  
AND COPY ISSUED

MAR 17 1964

*M. E. Hines*  
CLERK OF STATE

B-14552

FILED  
BOONE COUNTY

FEB 28 1964

MARY MAITRE  
CLERK, CIRCUIT COURT  
BOONE COUNTY, MO.

FILED  
AND COPY ISSUED

MAR 17 1964

*Wm. E. Hines*  
CLERK OF STATE

B-14552



Granted  
April 1962  
County  
Aug 1963

DEPARTMENT OF STATE

To all to Whom these Presents shall Come:

I, Warren E. Hearnese, 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 FORNA 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

Warren E. Hearnese

SECRETARY OF STATE

Curtis Hill

DEPUTY SECRETARY OF STATE



IN THE CIRCUIT COURT OF THE COUNTY OF DEANE  
STATE OF MISSOURI

STATE OF MISSOURI )

COUNTY OF DEANE ) ss

In the Matter of the Application  
of the MISSOURI MEDICAL RESEARCH  
FOUNDATION of Columbia, Missouri  
For and WITH Petition Amending  
Articles of Incorporation

Case No. 45773

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

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 connec-  
tion 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 9, 1966, approved said Articles of  
Incorporation and declared the said Missouri Medical  
Research Foundation a body politic and incorporated; that  
since that time the said Missouri Medical Research Founda-  
tion 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  
Amended Articles of Incorporation of the Missouri Medical  
Research Foundation.

Your petitioners beg to submit herewith said  
 Articles Amended Articles of Incorporation, and pray that  
 a pro forma decree may be granted thereon, approving the  
 Amended Articles of Incorporation, as provided by Section  
 593.070, Revised Statutes of Missouri, 1929.

John H. ...  
John H. ...  
John H. ...  
John H. ...

STATE OF MISSOURI )  
 COUNTY OF ... ) ss

Comes now W. C. Whitley, A. E.  
 Esq., W. H. Henderson, John L. ... and J. C. Probst, Jr.,  
 to-wit: those to be the persons concerned in and who executed  
 the said ... and who, being duly sworn, depose  
 that they are each of them are natural persons, who are  
 citizens of the United States, over ... age of twenty-one  
 years, and none of the above are dead; in the above  
 deposition are not recorded the facts and knowledge, information  
 and ... they further certify that they  
 subscribe the same in their true and own names.

I, the undersigned, I have examined each of them  
 and certify that each of them is the person named in the  
 foregoing, on this 2nd day of August, 1933.

\_\_\_\_\_  
 Notary Public

My Commission expires: \_\_\_\_\_

IN THE CIRCUIT COURT OF THE COUNTY OF DOGUE  
STATE OF MISSOURI

In the Matter of the APPLICATION of  
the MISSOURI MEDICAL RESEARCH FOUNDATION  
of Columbia, Missouri, For FIDELITY  
AND AMENDED ARTICLES OF INCORPORATION Case No. 45773

VERDICT AMENDING ARTICLES OF INCORPORATION

And now on this 30th day of August, 1963, came  
W. C. Whitlow, as President, A. E. Spelman, as Vice-  
President, H. M. Hardschke, as Secretary and John Madala,  
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 332.070, Revised Statutes of Missouri, 1929, and  
in 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, come properly  
within the purview of Chapter 332, Revised Statutes of  
Missouri, 1929, and are not inconsistent with the Consti-  
tution or laws of the United States or of the State of  
Missouri.

WHEREFORE, 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 Winckler 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, 1932.

STATE OF MISSOURI )  
COUNTY OF DOANE ) ss

I, Mary Boethe, 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 WITNESS WHEREOF, I hereunto set my hand and seal the said court of said county office in Columbia, Missouri, this 31st day of August, 1932.

(Seal)

Mary Boethe 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 provided 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:



Object &  
Purpose

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, 1959, 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, symposiums, 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 as 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 prescribe 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 association 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 prescribe.

#### ARTICLE IX

In the event of the dissolution of the corporation, 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 property shall inure to the benefit of any officer, director, or member of the corporation.

IN TESTIMONY WHEREOF, we have hereunto set our hands this 2<sup>nd</sup> day of August, 1963.

[Signature]  
[Signature]  
Walter A. Whitlow, Jr.  
J. H. Paul, Jr.  
John Modlin  
INCORPORATORS

STATE OF MISSOURI     )  
COUNTY OF GALLAWAY    )

Come now W. C. Whitlow, A. E. Spelman, H. M. Hardwick, John Modlin and J. G. Probst, 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 2<sup>nd</sup> day of August, 1963.

[Signature]  
NOTARY PUBLIC

My Commission expires: July 6, 1965

FILED  
GALLAWAY COUNTY  
AUG 16 1963  
MARY BOWNE  
CLERK OF COURT  
GALLAWAY CO. MO.

Aug 16 1963

## STATE OF MISSOURI

County of Boone

11

## IN THE RECORDER'S OFFICE

I, Recorder of said county, do hereby certify that the within instrument of writing was, at 8 o'clock 30 minutes A. M. on the 3rd day of September A.D. 1892, duly filed for record in this office, and has been recorded in Book 328, Page 127.

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

(SEAL)

By *Benjamin*  
Recorder

FILED	1892
SEP 3	1892
RECORDED	1892
INDEXED	1892
SERIALIZED	1892
FILED	1892
SEP 3	1892
RECORDED	1892
INDEXED	1892
SERIALIZED	1892
FILED	1892

B-14552

**FILED**  
AND COPY ISSUED

SEP 6 1953

*Wm. E. Hall*  
SECRETARY OF STATE

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

### DECREE

Now of this 11th day of March, 1964, come W. C. Whitlow, as President, A. E. Spelman, as Vice-President, H. M. Hardwicke, as Secretary, and John Madlin, 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 332, 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 ) ss

In the Matter of the Application  
of the MISSOURI MEDICAL RESEARCH  
FOUNDATION OF BOONE, MO., 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 mem-  
bers of said corporation, and for said corporation, state:

1. That said corporation is a non-profit cor-  
poration 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 28, 1963, by the Circuit Court  
of Boone County, Missouri.

2. That at a duly called meeting of the cor-  
poration 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

ss.

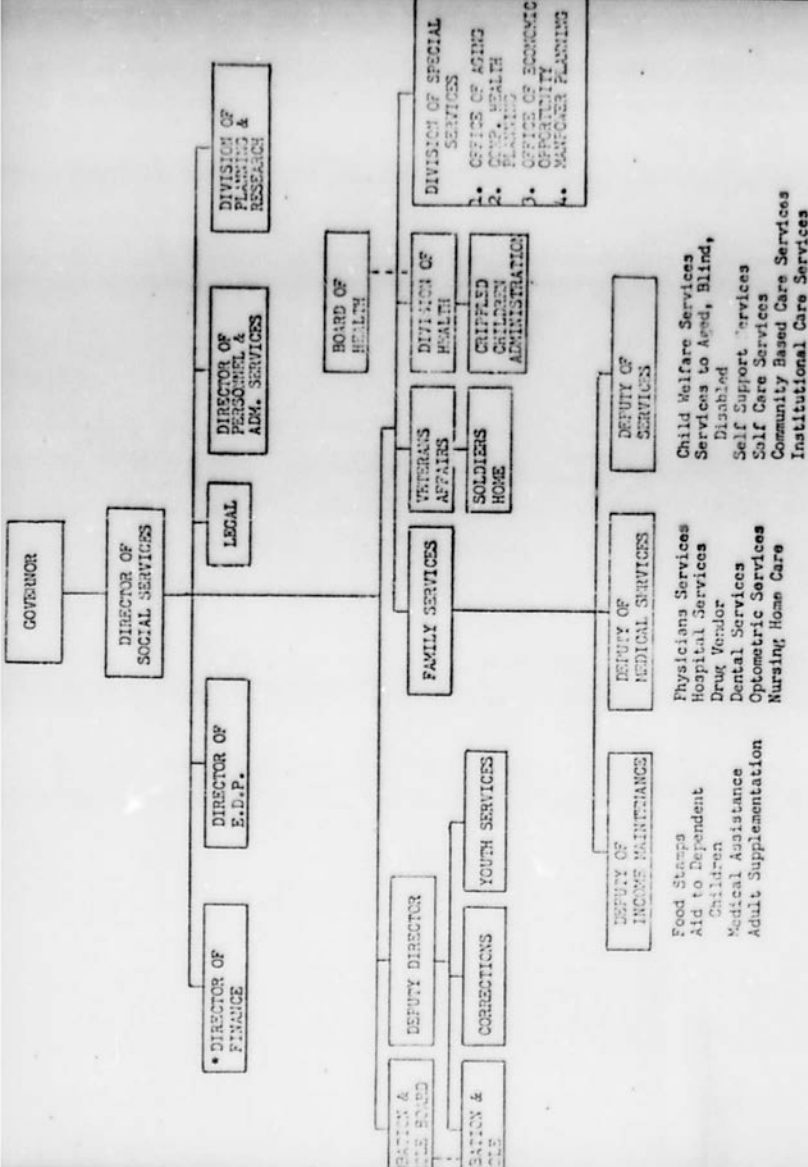
I, Mary Boothe, Clerk of the Circuit Court within and for the County and State aforesaid, hereby certify the foregoing to be a true and perfect copy of the DEGREE rendered by said Court. In the matter of the Application of the MISSOURI MEDICAL RESEARCH FOUNDATION OF COLUMBIA, MISSOURI, for Pro Forma Degree Amending Articles of Incorporation being case No. 45771.

as made and entered on the 28th 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 5th day of March, A.D. 1968.

Circuit Clerk.

Deputy Clerk.



*File* **STATE REORGANIZATION**

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  
2 executive branch of state government, including the orderly  
3 transfer of all functions now assigned by law to separate  
4 agencies of the executive branch, into a streamlined struc-  
5 ture as required by the amendment to Article IV of the state  
6 Constitution adopted by the voters August 8, 1972, with  
7 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  
2 State Reorganization Act of 1974."

3 2. The state Constitution contemplates the separation  
4 of powers within state government among the legislative, the  
5 executive and the judicial branches of the government. The  
6 legislative branch has the broad purpose of determining  
7 policies and programs and reviewing program performance.  
8 The executive branch has the purpose of executing the programs  
9 and policies adopted by the legislature and of making  
10 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 resources; department of mental health; department of public

38 safety; department of revenue; department of social services;  
39 and department of transportation.

40 (2) Whenever the term "head of the department" is  
41 used, it shall mean the head of one of the administrative  
42 departments created by this section or the office of admini-  
43 stration, unless otherwise provided in this act.

44 6. (1) The head of each department shall be appointed,  
45 as provided by the Constitution, by the governor with the  
46 advice and consent of the senate. The head of each department  
47 shall serve at the pleasure of the governor unless otherwise  
48 provided by the Constitution or this act.

49 (2) Unless otherwise provided by this act, the head of  
50 each department is authorized to establish the internal  
51 organization of the department and allocate and reallocate  
52 duties and functions to promote economic and efficient  
53 administration and operation of the department. A departmental  
54 plan shall be developed by the head of each department and  
55 approved by the governor in accordance with the transfer by  
56 type provided in this act. A plan of such organization with  
57 any subsequent changes shall be filed with the secretary of  
58 state in the manner in which administrative rules are filed  
59 and copies of the plan shall also be filed with the commissioner  
60 of administration and revisor of statutes and such plans  
61 shall be published in an appendix to the revised statutes of  
62 Missouri and supplements to the revised statutes. Plans  
63 shall be filed before June 30, 1974, for the initial reorgani-  
64 zation, and shall be effective when filed, unless the plan

65 provides otherwise. Thereafter, any plan of reorganization  
66 shall be filed on or before December thirty-first of each  
67 year and shall become effective, as applicable to departments,  
68 divisions, agencies, boards, commissions, units or programs  
69 transferred by type II or type III transfers as provided in  
70 this act, only as provided in sections 26.500 to 26.540,  
71 RSMo, except as herein provided in subsections 12 and 13 of  
72 section 1. The plan shall provide for the level of compen-  
73 sation for division and other administrative positions,  
74 subject to appropriations therefor. The head of any depart-  
75 ment may cooperate with the head of any other department in  
76 the interchange of personnel, joint use of equipment and  
77 generally in any manner promoting the more effective and  
78 efficient rendering of service. The purpose of appropria-  
79 tions made to any department in the executive branch of  
80 government shall not be altered without the prior approval  
81 of the fiscal affairs committee and the concurrence of the  
82 commissioner of administration.

83 (3) When the "head of the department" is a commission  
84 or board it shall appoint a director of the department  
85 unless otherwise provided by this act and may delegate such  
86 duties, powers and authority to the director of the department  
87 as it deems necessary to fulfill the duties and obligations  
88 of the department. Such director shall serve at the pleasure  
89 of the head of the department and shall have the title of  
90 office provided herein.

91 (4) (a) The head of each department, unless otherwise  
92 provided by this act, shall have exclusive budget-making  
93 powers for the department and for each division, commission,  
94 board, unit or other agency within the department. The head  
95 of the department shall submit estimates of requirements for  
96 appropriations on behalf of the department and each division,  
97 commission, board, unit or other agency within the department,  
98 as provided by section 33.220, RSMo. Each division, commission,  
99 board, unit or other agency within the department shall  
100 present its estimate of requirements to the department head  
101 each year at or before such time as the head of the department  
102 directs. The department head shall review each estimate  
103 submitted to it and may modify any estimate. The department  
104 head shall consolidate all estimates or requirements for  
105 appropriations and prepare an estimate for submission on  
106 behalf of the department and each division, commission,  
107 board, unit or other agency within the department, subject  
108 to the form prescribed by section 33.220, RSMo.

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

114 (c) Accompanying the estimate forms shall be a list,  
115 description and priority of importance of each discrete  
116 program, activity, function or operation in which the unit



117 is expected to be engaged and a financial report of actual  
118 receipts and expenditures for the preceding fiscal year  
119 arranged by program or function and by source of funds,  
120 including federal, which shall include but not be limited to  
121 the following categories or substantially equivalent categories  
122 as modified by the commissioner of administration with the  
123 concurrence of the committee on state fiscal affairs, and in  
124 the degree of detail established by the commissioner of  
125 administration:

- 126 (1) Salaries by position classification;
- 127 (2) Equipment purchase, replacement and repair by type  
128 and number of units (including motor vehicles);
- 129 (3) Travel and transportation;
- 130 (4) Office supplies and equipment;
- 131 (5) Communications;
- 132 (6) Data processing expense;
- 133 (7) Printing and publication;
- 134 (8) Professional and technical services;
- 135 (9) Building and ground expenses;
- 136 (10) Institutional services;
- 137 (11) Other expenses;
- 138 (12) Grants, allowances, and contributions;
- 139 (13) Capital improvements (by project).

140 (d) Beginning October 1, 1975, each department of the  
141 executive, legislative and judicial branches of government  
142 shall submit the report set forth in subsection (c) above,

143 on or before October first of each year. All such reports  
144 shall be on a form as prescribed by the commissioner of  
145 administration.

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

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

158 (6) The director of each department may designate by  
159 written order filed with the governor and president pro-tem  
160 of the senate a deputy director of the department, to act  
161 for and exercise the powers of the director only during the  
162 department director's absence for official business, vacation,  
163 illness, death, resignation or incapacity. When a deputy  
164 director acts as director of the department he shall receive  
165 a salary at the level provided for the director of the  
166 department when he has acted in such a capacity for longer  
167 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 abolishment 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

271 and then may be changed only as provided by law, the trans-  
272 fer agreement, or by executive order.

273 8. (1) The transfers provided by this act shall be  
274 effected by June 30, 1974, by executive order of the governor  
275 in accord with the provisions of this act and subject to  
276 filing required transfer agreements, the appointment of  
277 officers, approval of transfer of appropriations and the  
278 approval of the commissioner of administration. The governor  
279 shall appoint the heads of the departments as soon as is  
280 possible, after the effective date of this act. The period  
281 from the effective date of this act to the date of transfer  
282 shall be devoted to planning and arranging the transition  
283 and in establishing the internal structure of each department  
284 to insure the uninterrupted operations of state government.  
285 During the transition period, officers appointed to new  
286 departments may also serve in positions in existing agencies  
287 but shall receive only the compensation provided for the new  
288 position to which they will serve after transfer. If at any  
289 time positions in the executive branch are transferred to  
290 coverage under chapter 36, RSMo, all incumbents of such  
291 positions with at least twelve months of prior service on  
292 the effective date of this act shall have incumbency preference  
293 and shall be permitted to retain their positions provided  
294 they meet qualifications standards acceptable to the personnel  
295 division of the office of administration. An employee with  
296 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 established 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

348 shall be transmitted by the advisory committee to the governor  
349 and to the legislative library.

350 13. If any matter, relating only to assignment of  
351 agencies, programs or operations, is left unresolved by this  
352 act, or must be adjusted to conform with federal law or  
353 regulation to receive federal aids, the governor may by  
354 executive order resolve the matter; provided that such  
355 executive orders shall be submitted, as provided in sections  
356 26.500 through 26.540, RSMo, except that such executive  
357 orders shall be effective immediately, but will be void if a  
358 resolution to disapprove is adopted by either house of the  
359 general assembly as provided in sections 26.500 through  
360 26.540, RSMo.

361 14. (1) Unless otherwise provided, where this act  
362 establishes a method of appointment other than presently  
363 provided by law, those persons serving terms fixed by law  
364 shall serve out the remainder of the term for which they  
365 were appointed and on the expiration of terms, after July 1,  
366 1978, the appointment shall be made as provided herein. The  
367 qualifications, terms, compensation and related matters will  
368 remain as in present law except as specifically altered by  
369 this act.

370 (2) All department heads, directors of departments,  
371 members of boards and commissions, and such other officers  
372 as directed by law shall qualify for their office by taking  
373 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

401 as may be found to be necessary to meet the requirements of  
402 the amendment to the constitution adopted August 8, 1972 and  
403 this act; except that the committee on legislative research  
404 shall use fully section 3.060 RSMo where it will suffice.  
405 At such time as all statutory revision changes required  
406 pursuant to this act have gone into effect the revisor of  
407 statutes may prepare legislation to repeal this act.

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

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

13 3. The state horticultural society created by sections  
14 262.010 and 262.020 RSMo is transferred by type I transfer  
15 to the department of agriculture.

16 4. All the powers, duties, and functions vested in the  
17 state milk board, chapter 196, RSMo, are transferred to the  
18 department of agriculture by type III transfer. The appointed  
19 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

13 and welfare is abolished. All employees of the department,  
14 of social services shall be covered by the provisions of  
15 chapter 36, RSMo, except the director of the department and  
16 his secretary, all division directors and their secretaries,  
17 and no more than three additional positions in each division  
18 which may be designated by the division director.

19 2. It is the intent of the general assembly in estab-  
20 lishing the department of social services, as provided  
21 herein, to authorize the director of the department to  
22 coordinate the state's programs devoted to those unable to  
23 provide for themselves and for the rehabilitation of victims  
24 of social disadvantage. The director shall use the resources  
25 provided to the department to provide comprehensive programs  
26 and leadership striking at the roots of dependency, disability  
27 and abuse of society's rules with the purpose of improving  
28 service and economical operations. The department is  
29 directed to take all steps possible to consolidate and  
30 coordinate the field operations of the department to maximize  
31 service to the citizens of the state.

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

39 the department director.

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

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

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

56       7. All the powers, duties and functions of the division  
57 of welfare, chapters 205, 207, 208, 209, and 210, RSMo and  
58 others, are transferred by type I transfer to the division  
59 of family services which is hereby created in the department  
60 of social services. The director of the division shall be  
61 appointed by the director of the department. All references  
62 to the division of welfare shall hereafter be construed to  
63 mean the division of family services of the department of  
64 social services.

39 the department director.

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

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

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

56       7. All the powers, duties and functions of the division  
57 of welfare, chapters 205, 207, 208, 209, and 210, RSMo and  
58 others, are transferred by type I transfer to the division  
59 of family services which is hereby created in the department  
60 of social services. The director of the division shall be  
61 appointed by the director of the department. All references  
62 to the division of welfare shall hereafter be construed to  
63 mean the division of family services of the department of  
64 social services.



18 commission (Canton), section 234.436, RSMo are transferred  
19 by type III transfer to the department of transportation,  
40 and members of the bridge commissions shall be appointed by  
41 the transportation commission.

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

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

12 3. The office of administration is designated the  
13 "Missouri State Agency for Surplus Property" as required by  
14 public law 152, eighty-first Congress as amended, and related  
15 laws for disposal of surplus federal property. All the  
16 powers, duties and functions vested by sections 161.192 and  
17 161.202, RSMo and others, are transferred by type I transfer  
18 to the office of administration as well as all property and  
19 personnel related to the duties. The commissioner shall  
20 integrate the program of disposal of federal surplus property  
21 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

48 in property owned, leased or otherwise controlled by the  
49 state.

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

60 9. The commissioner of administration is hereby autho-  
61 rized to coordinate and control the acquisition and use of  
62 electronic data processing (EDP) and automatic data processing  
63 (ADP) in the executive branch of state government. For this  
64 purpose, the office of administration will have authority  
65 to:

66 (1) Develop and implement a long range computer facili-  
67 ties plan for the use of EDP and ADP in Missouri state  
68 government. Such plan may cover, but is not limited to,  
69 operational standards, standards for the establishment,  
70 function and management of service centers, coordination of  
71 the data processing education, and planning standards for  
72 application development and implementation;

73 (2) Approve all additions and deletions of EDP and ADP  
74 hardware, software, and support services, and service centers.

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

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

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

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

89 (7) Establish a revolving fund to handle service  
90 center charges and payments and pay for operation of the  
91 service centers. The commissioner shall maintain a complete  
92 inventory of all state owned or leased EDP and ADP equipment,  
93 and annually submit a report to the legislature which shall  
94 include starting and ending EDP and ADP costs for the fiscal  
95 year previously ended, and the reasons for major increases  
96 or variances between starting and ending costs. The commissioner  
97 shall also adopt, after public hearing, rules and regulations  
98 designed to protect the rights of privacy of the citizens of

99 this state and the confidentiality of information contained  
100 in computer tapes or other storage devices to the maximum  
101 extent possible consistent with the efficient operation of  
102 the office of administration and contracting state agencies.

103 10. The fee title to all real property now owned or  
104 hereafter acquired by the state of Missouri, or any department,  
105 division, commission, board or agency of state government,  
106 other than real property owned or possessed by the state  
107 highway commission, conservation commission, state park  
108 board, and the university of Missouri, shall on the effective  
109 date of this act vest in the governor. The governor may not  
110 convey or otherwise transfer the title to or other interest  
111 in such real property, unless such conveyance or transfer is  
112 first authorized by an act of the general assembly. The  
113 commissioner of administration shall prepare management  
114 plans for such properties in the manner set out in subparagraph  
115 7 above.

116 11. The commissioner of administration may administer  
117 a revolving Administrative Trust Fund which shall be established  
118 by the state treasurer to receive funds paid or transferred  
119 to the office of administration by agencies and departments  
120 of the state for goods or services used by such agencies and  
121 departments. The state treasurer shall be the custodian of  
122 the fund, and shall approve disbursements from the fund at  
123 the request of the commissioner of administration or his  
124 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.

10.1

REPORT TO

THE NATIONAL CANCER ADVISORY BOARD

ON

- I. AACI COMPREHENSIVE PLAN FOR COOPERATIVE ACTION AND  
COMMON PRACTICES AMONG CANCER INSTITUTES
- II. NINC 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



## 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 75 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  
EPPLEY 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

UNIVERSITY OF CHICAGO CANCER RESEARCH CENTER - Chicago, Illinois

UNIVERSITY OF WISCONSIN CLINICAL CANCER RESEARCH - Madison, Wisconsin  
MCARDLE LABORATORY FOR CANCER RESEARCH

WISTAR INSTITUTE - Philadelphia, Pennsylvania

WORCESTER FOUNDATION FOR EXPERIMENTAL BIOLOGY, INC. - Shrewsbury, Massachusetts

### 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

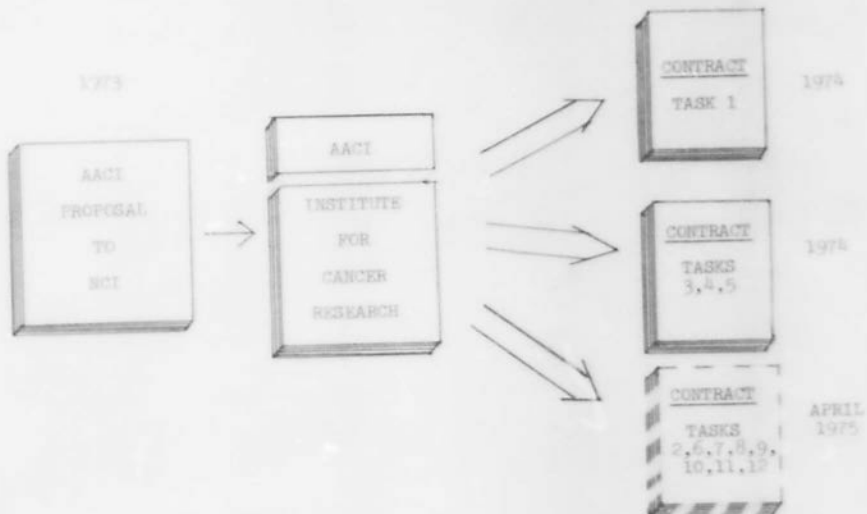
1973

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

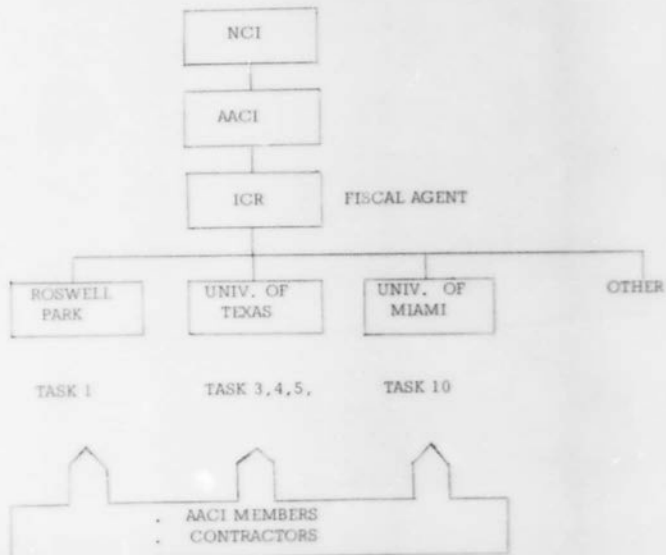




HOW WILL IT WORK?

- EACH TASK AREA WILL BE ASSIGNED TO A LEAD INSTITUTION
  - PLANNING
  - COORDINATION
  
- TEAM MEMBERS FROM OTHER INSTITUTIONS

CONTRACT AND OPERATIONAL PLAN



NATIONAL CANCER INSTITUTE

- DR. GUY NEWELL DEPUTY DIRECTOR (LIAISON)
- MR. RICHARD SHERBERT NCI PROGRAM COORDINATOR
- MR. HUGH MANAKES CONTRACT OFFICER

TASK LEADERS

	<u>AACI</u>	<u>NCI</u>
TASK 1 - FISCAL PROFILES	MR. GOEHLE (ROSWELL PARK)	MR. BOSCHER
TASK 2 - DATA PROCESSING	DR. ZIMMERMAN (UNIV OF TEX)	DR. YARBRO
TASK 3,4,5 - NOMENCLATURE, REGISTRIES, & HISTORIC SYSTEMS	DR. HICKEY (UNIV OF TEX)	DR. O'CONNOR DR. YARBRO DR. FINE DR. MYER
TASK 6 - ORGANIZATION	MR. PUTNEY (ICR)	DR. YARBRO
TASK 7 - LITERATURE SYSTEMS	MISS HARVIN (UNIV OF TEX)	DR. SCHNEIDER
TASK 8 - PATIENT MANAGEMENT	DR. CARR (MAYO)	DR. WALKER
TASK 9 - RESEARCH MANAGEMENT	DR. PITOT (MCARDLE)	DR. KING
TASK 10 - CLINICAL RESEARCH	DR. ZUBROD (UNIV OF MIAMI)	DR. DE VITA DR. CARTER
TASK 11 - EDUCATION	DR. SPRATT (CRC)	DR. RECHER
TASK 12 - CANCER CONTROL	DR. ROBBINS (SKI)	DR. FINE

### 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



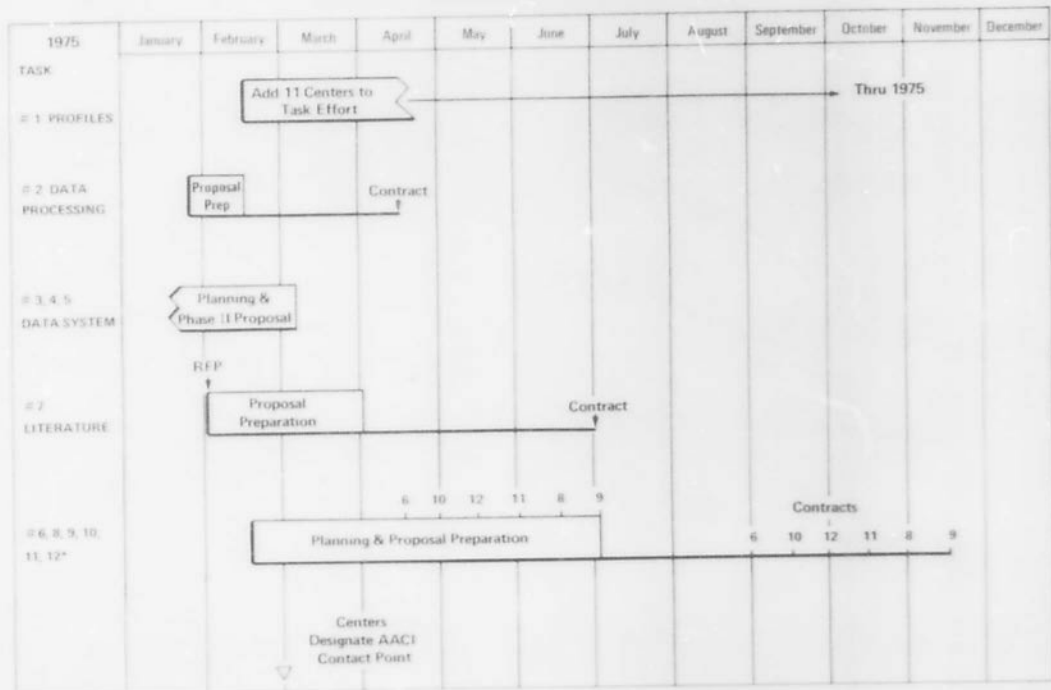
TODAYS STATUS

TASK 1	-	FISCAL PROFILES	PHASE I COMPLETE
TASK 3,4,5	-	NOMENCLATURE, REGISTRIES, * BIOSTATISTIC SYSTEMS	IN WORK
TASK 2	-	DATA PROCESSING	READY TO START
TASK 7	-	LITERATURE SYSTEMS	READY TO START
TASK 6	-	ORGANIZATION	IN PLANNING
TASK 8	-	PATIENT MANAGEMENT	IN PLANNING
TASK 9	-	RESEARCH MANAGEMENT	IN PLANNING
TASK 10	-	CLINICAL RESEARCH	IN PLANNING
TASK 11	-	EDUCATION	IN PLANNING
TASK 12	-	CANCER CONTROL	IN PLANNING

NEXT STEPS

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

## AACI MASTER SCHEDULE



- \* 6 - Organization
- 8 - Patient Management
- 9 - Research Management
- 10 - Clinical Research
- 11 - Education
- 12 - Cancer Control

## SEQUENTIAL STEPS IN TASK ACHIEVEMENT



Note: The Institute for Cancer Research of the Chairman acts as the fiscal and contracting agent for the AACI.

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)	
Richard L. Harrington (Hopkins)	
Leon Zucker (Memorial)	
John W. Pettit (Michigan)	
Constance A. Langone (Deaconess)	
Cyril W. Kupferberg (Chicago)	" John W. Dorfmeister
Martin Albrecht (Wisconsin)	" Helen Baldwin
Joe E. Boyd, Jr.	" E.K. Gilley

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 (SKI)	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)

TASKS 3, 4, 5 (continued)

Joseph R. Bertino (Yale)  
Charlene P. Holton (Denver)  
Samuel G. Taylor (Presby.)  
John E. Ultmann (Chicago)  
Dr. John Brewer (Northwestern)  
Dr. John Potter (Georgetown)  
Dr. Timothy Talbot (Fox Chase)

Nomenclature Subcommittee

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Dr. Donald Henson (NCI)  
Dr. Leonard Kurland (Mayo)  
Dr. Phillip Lieberman (Memorial)  
Dr. Carlos Perez-Mesa (Columbia)  
Dr. Max Myer (NCI)  
Dr. Gilbert Roth (Hutchinson)  
Dr. William O. Russell (Anderson)  
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Dr. Lewis Thomas (NCI)  
Dr. Gordon Vawter (Farber)  
Dr. R.K. Wright (Miami)

Staging Subcommittee

Dr. Oliver H. Seahrs (Mayo)  
Ms. Diana Fischer (Yale)  
Dr. John Laszlo (Duke)  
Dr. Charles Neave (Farber)

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Dr. Vincent Guinee (Anderson)  
Ms. Carole Angle (Duke)  
Dr. Leonard Chisazze (Lombardi)  
Dr. Tom Dundon (NCI)  
Dr. G.E. Foley (Farber)  
Dr. Richard B. Friedman (Wisconsin)  
Dr. Alvin Freiman (Memorial)  
Dr. John Hisserich (Southern California)  
Mr. Morton A. Klein (HEW)  
Dr. Herman Lehman (Birmingham)  
Dr. Raymond E. Lenhard, Jr. (Hopkins)

Data Collection Subcommittee (continued)

Dr. Ross Prentice (Hutchinson)  
Dr. Isidore Rotkin (Chicago)  
Miss Beth Strunk (Miami)  
Mr. Joseph Vitale (Yale)  
Dr. F.A. Watson (Fischel)  
Ms. Elmira White (Buzz) (Anderson)

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Dr. Edwin Cox (Duke)  
Dr. Richard K. Donelson (Miami)  
Mr. Patrick A. Leon (Anderson)  
Dr. Ross Prentice (Hutchinson)

Technical Advisory Committee Members and Others

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Dr. Anita K. Bahn (Pennsylvania)  
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Dr. Robert Johnson (Wisconsin)  
Dr. Emanuel Mesel (Birmingham)  
Dr. Edwin A. Mirand (Roswell)  
Dr. Brant S. Mittler (Duke)  
Dr. Guy R. Newell (NCI)

Dr. John Pickren (Roswell)  
Dr. Malcolm Pike (Southern California)  
Dr. Robert A. Rosati (Duke)  
Dr. Martin Semple (Denver)  
Ms. Cynthia Sewell (NCI)  
Dr. John H. Schneider (NCI)  
Dr. David Schottenfeld (Memorial)  
Dr. William F. Taylor (Mayo)  
Dr. Roger Terry (Southern California)  
Dr. Donovan J. Thomson  
Dr. Josef Vana (Roswell)  
Dr. John Yarbro (NCI)  
Dr. Stuart Zimmerman (Anderson)

TASK 5 - ORGANIZATION

Mr. W. Donald Putney, Chairman (Fox Chase)  
Dr. John Durant (Alabama)  
Mr. Frank D. Gullielmo (Roswell)  
Mr. Patrick A. Leon (Anderson)  
Dr. Albert Owens, Jr. (Hopkins)  
Dr. William Singleton (Duke)  
Dr. Chester Stock (Memorial)  
Mr. William Weitekamp (Southern California)  
Mr. Robert W. Goehle (Roswell)



TASK 7 - CANCER LITERATURE AND RETRIEVAL SYSTEMS

Ms. Marie Harvin, Chairperson (Anderson)  
Dr. R. Lee Clark (Anderson)  
Dr. Michael Colvin (Hopkins)  
Mr. Nelson Gilman (Southern California)  
Dr. Siegfried Heyden (Duke)  
Mrs. Ann Hutchinson (Roswell)  
Mr. Patrick A. Leon (Anderson)  
Dr. Dennis Serriane (Memorial)

TASK 8 - PATIENT MANAGEMENT AND PLANNING TECHNIQUES

Dr. David T. Carr, Chairman (Mayo)  
Dr. Edward J. Beattie, Jr. (Memorial)  
Ms. Patricia Burns (Roswell)  
Dr. C. Stratton Hill (Anderson)  
Dr. Wayne Rundles (Duke)  
Dr. Lyle L. Sensenbrenner (Hopkins)  
Dr. Ernst L. Wynder (Naylor Dana)  
Dr. Joseph R. Bateman (Southern California)

TASK 9 - RESEARCH MANAGEMENT AND PLANNING

Dr. Henry Pitot, Chairman (Wisconsin)  
Dr. Michael Brennan (Michigan)  
Dr. Charles Evans (Hutchinson)  
Dr. Robert Good (SKI)  
Dr. Felix Haas (Anderson)  
Dr. Paul Marks (Columbia)  
Dr. Chester Stock (Memorial)  
Dr. Francis Watson (CRC)  
Dr. Timothy E. O'Connor (NCI Consultant)

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

Dr. Gordon Zubrod, Chairman (Miami)  
Mrs. Birch Bayh  
Dr. William L. Caldwell (Wisconsin)  
Dr. Emil Frei, III (Farber)  
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 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 Hesley (Miami)  
Dr. Alton Sutmick (Fox Chase)  
Dr. Jan van Eys (Anderson)  
Dr. Robert J. McKenna (Southern California)

Studer & Co  
New York

II.

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

✓ Dr. C. Ronald Koons  
Associate Medical Director  
Mountain States Tumor Institute  
151 East Hancock  
Boise, Idaho 83702

✓ Dr. Hamlet Nazim  
Executive Director  
Clinica Oncologica "Andres Brillaesca de la Asociacion Para la Lucha Contra  
el Cancer  
Centro Medico de Ponce  
Apartado 1374  
Ponce, Puerto Rico 00731

✓ Dr. Ramon E. Llobet  
Medical Director  
I. Gonzalez Martinez Oncologic Hospital  
University Medical Center  
P. O. Box 1811  
Hato Rey, Puerto Rico 00919

✓ Mr. John Petit  
Michigan Cancer Foundation  
110 East Warren Avenue  
Detroit, Michigan 48201

✓ Dr. C. Gordon Subrod  
Director  
Comprehensive Cancer Center of Greater Miami  
University of Miami  
School of Medicine  
P. O. Box 875  
Biscayne Annex  
Miami, Florida 33152

✓ Dr. D. T. Carr  
Acting Chairman  
Mayo Comprehensive Cancer Center  
Mayo Foundation  
Rochester, Minnesota 55901

✓ Dr. Edwin A. Mirand  
Associate Institute Director  
Roswell Park Memorial Institute  
New York State Department of Health  
666 Elm Street  
Buffalo, New York 14203

✓ Dr. John Montgomery  
Southern Research Institute  
Kettering-Meyer Laboratory  
2000 Ninth Avenue South  
Birmingham, Alabama 35205

Comprehensive Plan - AACI Draft (July 73) Mailing List

- ✓ Dr. N. G. Anderson  
Biomedical and Environmental Sciences  
P. O. Box X  
Oak Ridge National Laboratory  
Oak Ridge, Tennessee 37830
- ✓ Dr. Phillip Issenberg  
Associate Director  
Eppley Institute for Research in Cancer  
University of Nebraska Medical Center  
42nd and Dewey Avenue  
Omaha, Nebraska 68105
- ✓ Dr. George E. Foley  
Associate Director for Laboratories  
Sidney Farber Cancer Center  
35 Binney Street  
Boston, Massachusetts 02115
- ✓ Dr. Michael J. Brennan  
President  
Michigan Cancer Foundation  
110 East Warren Avenue  
Detroit, Michigan 48201
- ✓ Dr. Stephen B. Shohet  
Associate Professor and Chief of Hematology  
University of California  
School of Medicine  
San Francisco, California 94143

As of August 1971  
10.1

TASK LEADERS AND COMMITTEES FOR THE  
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Mrs. Terry O'Connor (Yale)	Dr. Martin Semple (Denver)
Dr. John L. Cutler (NCI)	Ms. Cynthia Sewell (NCI)
Dr. Joseph C. Eggleston (Hopkins)	Dr. John H. Schneider (NCI)
Mr. Steven Entine (Wisconsin)	Dr. David Schottenfeld (Memorial)
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Dr. John C. Ivins (Mayo)	Dr. Roger Terry (Southern California)
Dr. Robert Johnson (Wisconsin)	Dr. Donovan J. Thomson
Dr. Emanuel Mesel (Birmingham)	Dr. Josef Vana (Roswell)
Dr. Edwin A. Mirand (Roswell)	Dr. John Yarbrow (NCI)
Dr. Brant S. Mittler (Duke)	Dr. Stuart Zimmerman (Anderson)
Dr. Guy R. Newell (NCI)	

TASK 6 - ORGANIZATION

Mr. H. Donald Putney, Chairman (Fox Chase)  
Dr. John Durant (Alabama)  
Mr. Frank D. Gulielmo (Roswell)  
Mr. Patrick A. Leon (Anderson)  
Dr. Albert Owens, Jr. (Hopkins)  
Dr. William Shingleton (Duke)  
Dr. Chester Stock (Memorial)  
Mr. William Weitekamp (Southern California)  
Mr. Robert W. Goehle (Roswell)

TASK 7 - CANCER LITERATURE AND RETRIEVAL SYSTEMS

Ms. Marie Harvin, Chairperson (Anderson)  
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Dr. Lyle L. Sensenbrenner (Hopkins)  
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TASK 9 - RESEARCH MANAGEMENT AND PLANNING

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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)

INTERNATIONAL UNION AGAINST CANCER  
UNION INTERNATIONALE CONTRE LE CANCER


UICC

31/7

Dr. R. Lee Clark ✓

*With the compliments  
of the  
Executive Secretary  
CICA*

*I sent a photocopy to  
Mrs M. Wolff-Terraine*

  
Mailing address :  
Post Box No 400  
1211 Geneva  
Switzerland

JB 70.1

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.

13 Cancer Centres.



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)

101

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

RLC:ag





# association of american cancer institutes

## OFFICERS

**President** R. Lee Clark, M.D.  
The University of Texas System Cancer Center, Houston, Texas  
**Vice President** Albert H. Owens, Jr., M.D.  
Johns Hopkins University Oncology Center, Baltimore, Maryland  
**Secretary-Treasurer** E. A. Mirand, Ph.D.  
Roswell Park Memorial Institute, Buffalo, New York

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

## Members, Board of Directors

Edward J. Beattie, M.D.  
New York, New York  
Murray M. Copeland, M.D.  
Houston, Texas

Donnan Hammond, M.D.  
Los Angeles, California  
William W. Shingleton, M.D.  
Durham, North Carolina  
John S. Spiett, Jr., M.D.  
Columbia, Missouri

Timothy R. Talbot, Jr., M.D.  
Philadelphia, Pennsylvania  
John E. Ullmann, M.D.  
Chicago, Illinois

MEMBERSHIP LISTASSOCIATION OF AMERICAN CANCER INSTITUTESInstitutes

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

Cancer Research Center  
Columbia University Faculty of Medicine  
630 West 168th Street  
New York, New York 10032

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. Tomio Hirohata,  
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. Derman 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 Koens  
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. Gochle  
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. Ulmann, 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) - 3000

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 Bergonié  
180, rue de Saint Genes  
33076 Bordeaux, France

Professor Claude Lagarde, Director

Dr. Jean F. Duplan

Dr. Bernard Hoerni

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

Dr. John Higginson, Director

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. Hryniuk  
Director of Medical Oncology



*Sept 11 - 1975*  
*Madison, Wis*  
*Totally Computerized*  
*Name info separated from other info & recorded that recalled as separate printouts*  
*Rec*  
*101*

The University of Wisconsin Center for Health Sciences

Richard B. Friedman, M.D. 427 Lorch St., Rm. 225, University Hospitals  
Madison, Wisconsin

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	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 <u>6 months</u> ? | don't know | no        | yes       |      |
| 2. Have you lost more than 10 pounds over the last <u>6 months</u> ?   | don't know | no        | yes       |      |
| 3. What has your temperature been the <u>last week</u> ?               | don't know | below 99° | above 99° |      |
| 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 <u>6 months</u> ? | 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 <u>ever</u> 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    | fuzzy 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 |

NOSE

- |  |       |      |       |      |
|--|-------|------|-------|------|
| 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 headcolds ?  | 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 |

MOUTH AND THROAT

- |   |       |      |       |      |
|---|-------|------|-------|------|
| 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).

## UWH Patient Questionnaire

\*\*\*\*\*

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

unless another time period is stated.

\*\*\*\*\*

- |   |       |          |           |      |
|---|-------|----------|-----------|------|
| 43. Have you had a sore tongue for a long time ?                    | no    | yes      |           |      |
| 44. Do you have trouble moving your neck ?                          | never | rare     | occas     | freq |
| 45. Have you noted swollen glands in your neck ?                    | never | rare     | occas     | freq |
| 46. Were you ever told by a Doctor that your thyroid was abnormal ? | no    | yes      |           |      |
| 47. Does cold or hot weather bother you very much ?                 | no    | hot only | cold only | both |

CHEST

- |   |            |                    |                |       |
|---|------------|--------------------|----------------|-------|
| 48. Have you noticed lumps, nodules or any abnormal changes in your breasts ? | no         | yes                |                |       |
| 49. Have you <u>ever</u> had an operation on your breasts ?                   | no         | yes                |                |       |
| 50. Have you <u>ever</u> had a discharge from your breasts ?                  | no         | yes                |                |       |
| 51. Do you have chest pains ?   | no         | only with exertion | at other times | yes   |
| 52. Do you have a cough ?   | never      | rare               | occas          | freq  |
| 53. Do you cough up sputum ?  | never      | rare               | occas          | freq  |
| 54. Do you cough up blood ?   | no         | yes                |                |       |
| 55. Have you noticed a wheeze or whistle in your chest on breathing ?         | no         | yes                |                |       |
| 56. Have you had the flu during the last <u>2 years</u> ?                     | don't know | never              | once           | twice |

3 or more times

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.

\*\*\*\*\*

- |   |            |       |      |       |                 |
|---|------------|-------|------|-------|-----------------|
| 57. Have you had pneumonia during the last <u>5 years</u> ? | don't know | never | once | twice | 3 or more times |
|---|------------|-------|------|-------|-----------------|

HEART

- |  |       |      |       |      |  |
|--|-------|------|-------|------|--|
| 58. Were you <u>ever</u> told by a Doctor that you had high blood pressure ?   | no    | yes  |       |      |  |
| 59. Were you <u>ever</u> told that you had a heart murmur ?                    | no    | yes  |       |      |  |
| 60. Were you <u>ever</u> 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 |  |

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\*\*\*\*\*

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- |   |               |       |                 |                     |
|---|---------------|-------|-----------------|---------------------|
| 71. Have you <u>ever</u> vomited blood ?                                  | don't<br>know | no    | yes             |                     |
| 72. Are you constipated ?   | never         | rare  | occas           | freq                |
| 73. Do you have attacks of diarrhea<br>(frequent loose stools) ?          | never         | rare  | occas           | freq                |
| 74. Have you passed bright red blood<br>in your bowel movements?          | never         | rare  | occas           | freq                |
| 75. Have you had a black bowel movement ?                                 | never         | rare  | occas           | freq                |
| 76. Have you had bowel movements that<br>are very light (clay) in color ? | no            | yes   |                 |                     |
| 77. Have you <u>ever</u> had intestinal worms<br>or parasites ?           | don't<br>know | never | in<br>childhood | in<br>adult<br>life |

URINARY SYSTEM

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

(females skip to #92)

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## UWH Patient Questionnaire

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

unless another time period is stated.

\*\*\*\*\*

MALE GENITAL SYSTEM

- |  |       |      |       |      |
|--|-------|------|-------|------|
| 83. Have you ever been told that you had prostate trouble ?      | no    | yes  |       |      |
| 84. Are you circumcised ?  | no    | yes  |       |      |
| 85. Do you have trouble developing an erection ?                 | never | rare | occas | freq |
| 86. Are your erections painful ?                                 | never | rare | occas | freq |
| 87. Are your testicles painful and sore ?                        | never | rare | occas | freq |
| 88. Have you noted a discharge from your penis ?                 | never | rare | occas | freq |
| 89. Do you suffer from itching of your genital area (privates) ? | never | rare | occas | freq |
| 90. Have you ever tried but were unable to have children ?       | no    | yes  |       |      |
| 91. Have any of your children weighed over 9 lbs. at birth ?     | no    | yes  |       |      |

(males skip to #115)

FEMALE GENITAL SYSTEM

- |  |            |       |      |       |
|--|------------|-------|------|-------|
| 92. Have you had vaginal infections ?                  | don't know | never | rare | occas |
| 93. Do you suffer from itching of your genital area ?  | don't know | never |      | occas |
| 94. Have you <u>ever</u> taken estrogens or hormones ? | don't know | no    |      |       |
| 95. Age at first sexual experience : _____ (Optional)  |            |       |      |       |

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

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

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\*\*\*\*\*

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

unless another time period is stated.

\*\*\*\*\*

- |  |                    |                    |             |              |                   |
|--|--------------------|--------------------|-------------|--------------|-------------------|
| 110. Do you have any bleeding or discharge between periods ? | never              | sometimes          | many times  | all the time |                   |
| 111. Do your menstrual periods come less often now ?         | no                 | yes                |             |              |                   |
| 112. If you stopped menstruating, how long ago ?             | still menstruating | less than 1 yr ago | 1-2 yrs ago | 2-8 yrs ago  | 8 or more yrs ago |
| 113 Have you had a hysterectomy ?                            | no                 | less than 1 yr ago | 1-2 yrs     | 2-8 yrs      | 8 or more yrs ago |
| 114. Do you have hot flashes ?                               | no                 | yes                |             |              |                   |

#### MUSCULOSKELETAL SYSTEM

- |   |            |      |       |                 |
|---|------------|------|-------|-----------------|
| 115. Do you have varicose veins ?   | don't know | no   | yes   |                 |
| 116. Do the calves of your legs ache after a short walk ?                           | never      | rare | occas | freq            |
| 117. Have you ever had phlebitis (blood clots in your legs) ?                       | don't know | no   | yes   |                 |
| 118. Did you ever have painful or swollen joints ?                                  | no         | yes  |       |                 |
| 119. Have you ever broken or fractured a bone ?                                     | never      | once | twice | 3 or more times |
| 120 Do you suffer from muscle pains or cramps ?                                     | never      | rare | occas | freq            |
| 121. Do you have backaches ?  | never      | rare | occas | freq            |
| 122. Do you have <b>back</b> trouble that prevents you from normal daily activity ? | never      | rare | occas | freq            |

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\*\*\*\*\*

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unless another time period is stated.

\*\*\*\*\*

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 <u>ever</u> 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 nightsweats ?	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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## UWH Patient Questionnaire

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

unless another time period is stated.

\*\*\*\*\*

- |  |            |      |       |      |
|--|------------|------|-------|------|
| 140. Do you feel that people take advantage of you ?                         | never      | rare | occas | freq |
| 141. Do you get irritated or upset ?   | never      | rare | occas | freq |
| 142. Do you think you hear voices when no one is around ?                    | never      | rare | occas | freq |
| 143. Do you find that you forget things more often than you did a year ago ? | don't know | no   | yes   |      |
| 144. Do you feel more irritable now than you used to be ?                    | no         | yes  |       |      |
| 145. Do you wish you were dead and away from it all ?                        | never      | rare | occas | freq |
| 146. Does life look entirely hopeless ?                                      | never      | rare | occas | freq |

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\*\*\*\*\*

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unless another time period is stated.

\*\*\*\*\*

PAST MEDICAL HISTORY

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

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DID YOU EVER HAVE:

156. Stomach ulcer .....	don't know	no	yes
157. Other type of ulcer .....	don't know	no	yes
158. Liver or gallbladder disease .....	don't know	no	yes
159. Gallstones .....	don't know	no	yes
160. Kidney or bladder disease .....	don't know	no	yes
161. Kidney stones .....	don't know	no	yes
162. Hernia (rupture) .....	don't know	no	yes
163. Hemorrhoids (piles) .....	don't know	no	yes
164. An appendectomy .....	don't know	no	yes
165. A tonsillectomy .....	don't know	no	yes
166. Rheumatic fever .....	don't know	no	yes
167. German measles .....	don't know	no	yes
168. Measles .....	don't know	no	yes
169. Polio .....	don't know	no	yes
170. Chicken pox .....	don't know	no	yes
171. Whooping cough .....	don't know	no	yes
172. Mumps .....	don't know	no	yes
173. Diphtheria .....	don't know	no	yes
174. Typhoid .....	don't know	no	yes
175. Malaria .....	don't know	no	yes
176. Arthritis .....	don't know	no	yes
177. Glaucoma .....	don't know	no	yes
178. Cataracts .....	don't know	no	yes
179. Trouble seeing colors .....	don't know	no	yes
180. Hay fever .....	don't know	no	yes
181. Asthma .....	never	in childhood	age 18-30 30+
182. Syphilis .....	don't know	no	yes

## UWH Patient Questionnaire

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    age 18-30    30+
186. Thyroid disease or goiter ..... never    in childhood    age 18-30    30+
187. Diabetes ..... never    diagnosed in childhood    age 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.

	Don't know	Never	Taken in the past	Taken every day	Taken one or more times a week	Taken one or more times a month
204. Aspirin	_____	_____	_____	_____	_____	_____
205. Antacids	_____	_____	_____	_____	_____	_____
206. Laxatives	_____	_____	_____	_____	_____	_____
207. Prescription Painkillers	_____	_____	_____	_____	_____	_____
208. Prescription Sleeping Pills	_____	_____	_____	_____	_____	_____
209. Nonprescription Sleeping Pills	_____	_____	_____	_____	_____	_____
210. Prescription Diet Pills	_____	_____	_____	_____	_____	_____
211. Nonprescription Diet Pills	_____	_____	_____	_____	_____	_____
212. Prescription Tranquilizers	_____	_____	_____	_____	_____	_____
213. Nonprescription Tranquilizers	_____	_____	_____	_____	_____	_____
214. Prescription Antihistamines	_____	_____	_____	_____	_____	_____
215. Nonprescription Antihistamines	_____	_____	_____	_____	_____	_____
216. Prescription Vitamins	_____	_____	_____	_____	_____	_____
217. Nonprescription Vitamins	_____	_____	_____	_____	_____	_____
218. Cortisone or Steroids	_____	_____	_____	_____	_____	_____
219. Thyroid Medication	_____	_____	_____	_____	_____	_____
220. Female Hormone Replacement	_____	_____	_____	_____	_____	_____



	Don't Know	Never	Taken in the past	Taken every day	Taken one or more times a week	Taken one or more times a month
221. Medicine to Prevent Seizures	_____	_____	_____	_____	_____	_____
222. Medicine for High Blood Pressure	_____	_____	_____	_____	_____	_____
223. Medicine for Heart Disease	_____	_____	_____	_____	_____	_____
224. Anticoagulants (blood thinner) (Coumadin, Heparin)	_____	_____	_____	_____	_____	_____
225. Diuretics (water pills)	_____	_____	_____	_____	_____	_____
226. Medication for Arthritis	_____	_____	_____	_____	_____	_____
227. Vitamin B-12 Injections	_____	_____	_____	_____	_____	_____
228. Other Medications	_____	_____	_____	_____	_____	_____

## SMOKING HABITS

229. Did you <u>ever</u> smoke ?	no	cigarettes	cigars	pipes			
IF <u>NO</u> , 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 stopped	yes but started again	less than 5 yrs. ago	5-10 yrs. ago	10-15 yrs. ago	15-20 yrs. ago	20 or more yrs. ago
232. How many packs of cigarettes per day ?	none	1/2 pack or less	1/2-1	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.

	none	less than once a week	1-3 times a week	4-6 times a week	several times a day
235. Decaffeinated coffee (cups)	_____	_____	_____	_____	_____
236. Regular coffee (cups)	_____	_____	_____	_____	_____
237. Tea (cups)	_____	_____	_____	_____	_____
238. Soft drinks or pop (12 oz. can, bottle)	_____	_____	_____	_____	_____
239. Wine glasses (about 4 oz. per glass)	_____	_____	_____	_____	_____
240. Beer cans, bottles, glasses (8-12 oz.)	_____	_____	_____	_____	_____
241. Other alcohol, (1-2 oz. shot glasses)	_____	_____	_____	_____	_____
242. If you drink alcohol, has it <u>ever</u> interfered with your health, work, or family life ?			no	yes	

## EATING HABITS

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

	never	less than once a week	1-2 days a week	3-5 days a week	every day
243. Meat (beef, pork lamb)	_____	_____	_____	_____	_____
244. Chicken or fish	_____	_____	_____	_____	_____
245. Bread	_____	_____	_____	_____	_____
246. Cake, pie, ice cream, candy	_____	_____	_____	_____	_____
247. Fruits or Vegetables	_____	_____	_____	_____	_____
248. Butter or cream	_____	_____	_____	_____	_____
249. Do you cook with butter or lard ?	_____	_____	_____	_____	_____

## UWH Patient Questionnaire

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.

### Examples

Mother's Father

### Father's Father

## Father

## Mother's Sister's Number ( )

Mother's Brothers-Number (

B/75

PLEASE COMPLETE THE INFORMATION REQUESTED ON ALL FAMILY MEMBERS

	Approx. Age	If ever had cancer, approx. age diagnosed	What kind of cancer or where was it?	Approx. age at death	Cause of death	No. of children
<u>Examples</u>						
Mother's Sister	about 40	about 28	breast	70's	heart attack	3
Mother's Father	70's					2
<u>GRANDPARENTS</u>						
Mother's Mother						
Mother's Father						
Father's Mother						
Father's Father						
<u>PARENTS</u>						
Mother						
Father						
<u>AUNTS, UNCLES</u>						
Mother's Sister-Number( )						
Mother's Brothers-Number( )						

## RELATION

## AUNTS, UNCLES

Father's Sisters-Number( )

Father's Brothers-Number( )

YOUR SISTERS - Number ( )

YOUR BROTHERS - Number ( )

YOUR CHILDREN - Number ( )

Approx. Age

If ever had  
cancer, approx.  
age diagnosedWhat kind of  
cancer or where was  
it ?Approx.  
age at  
deathCause of  
deathNo. of  
children

8/75

page 23

RELATION

Approx. Age

Relationship  
to youIf ever had  
cancer, approx.  
age diagnosedWhat kind of  
cancer or where  
was it?Approx. Age  
at deathCause of  
deathNo. of  
children

YOUR COUSINS  
(list any of  
your cousins  
who have ever  
had cancer)

8/75

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: \_\_\_\_\_

\_\_\_\_\_



ASSOCIATION OF AMERICAN CANCER INSTITUTES  
United States of America

10.1  
R. Lee Clark, M.D.  
The University of Texas System Cancer Center  
M.D. Anderson Hospital and Tumor Institute  
Houston, Texas

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 a 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.

## TASK 12 - CANCER CONTROL

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 INSTITUTESINSTITUTEREPRESENTATIVE

- |         |  |   |
|---------|--|---|
| 1. (S)* | American Health Foundation<br>Naylor Dana Institute for Disease<br>Prevention<br>Valhalla, New York 10595                                  | ✓ Dr. Ernst L. Wynder, President<br><br>Dr. John H. Weisburger<br>Vice President for Research<br>(212) 489-8700 N.Y.C.<br>(914) 592-2600 - Valhalla, N.Y.             |
| 2. (S)  | Cancer Center of Hawaii<br>Cancer Research Laboratory<br>1997 East-West Road, Room 254<br>Honolulu, Hawaii 96822                           | ✓ Dr. L. H. Piette, Director<br>(808) 948-7173<br>Dr. Noboru Oishi, Dir. Clin. Res.<br>Dr. Tomio Hirohata, Dir. Epidem.<br>and Demography                             |
| 3. (C)  | Cancer Research Center<br>Business Loop 70 and Garth Avenue<br>Columbia, Missouri 65201<br>(Ellis Fischel Cancer Hospital)                 | ✓ Dr. John S. Spratt, Jr., Director<br>(314) 443-3103, x 274<br><br>Francis R. Watson, Ph. D.<br>(314) 443-3103, x 251  |
| 4. (S)  | Cancer Research Center<br>Albert Einstein College of Medicine<br>Yeshiva University<br>1300 Morris Park Avenue<br>Bronx, New York 10543    | ✓ Dr. Harry Eagle, Scientific Director<br>(212) 430-2000<br>Dr. J. T. August, Chairman,<br>Dept. Molec. Biol.<br>Dr. Matthew D. Scharff, Chairman<br>Dept. Cell Biol. |
| 5. (S)  | Cancer Research Center<br>Columbia University Faculty of Medicine<br>630 West 168th Street<br>New York, New York 10032                     | Dr. Paul A. Marks, Director   |
| 6. (S)  | Cancer Research Institute<br>University of California School of<br>Medicine<br>3rd Avenue and Parnassus<br>San Francisco, California 94143 | ✓ Dr. Stephen B. Shohet, Director<br><br>Dr. Lois B. Epstein<br><br>Dr. John C. Klock   |

- \* (S) Special  
(C) Comprehensive  
(A) Affiliate

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9. (C) Comprehensive Cancer Center for the  
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- Dr. David Clayson, Deputy Director  
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- Dr. Charles A. Evans



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22. (C)	Mayo Comprehensive Cancer Center Mayo Foundation Rochester, Minnesota 55901	✓ Dr. David T. Carr, Director (507) 282-2511 Dr. Oliver H. Beahrs
23. (C)	Memorial Sloan-Kettering Cancer Center 1275 York Avenue New York, New York 10021	✓ Dr. Lewis Thomas, President (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)
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25. (S)	Mountain States Tumor Institute 151 East Bannock Boise, Idaho 83702	✓ Dr. C. Ronald Koons Associate Medical Director (208) 345-1780
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Dir. Radiation Oncology

Dr. W. Hrynuk  
Dir. Med. Oncology

Membership

36 Regular

1 Affiliate

3 Corresponding

40 Total Members



## DEPARTMENT OF COMMERCE

Domestic and International Business  
AdministrationFRED HUTCHINSON CANCER  
RESEARCH CENTER

## 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 640 of the Educational, Scientific, and Cultural Materials Importation Act of 1966 (Public Law 89-631, 80 Stat. 897) and the regulations issued thereunder as amended (40 CFR 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. 20230.

DOCKET NUMBER: 75-00246-33-46040. APPLICANT: Fred Hutchinson Cancer Research Center, 1102 Columbia Street, Seattle, Washington 98104. ARTICLE: Electron Microscope, Model Corinth 500 and accessories. MANUFACTURER: AEI Scientific Apparatus Ltd., United Kingdom. INTENDED 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 actual tumors removed at surgery or tissue obtained using various biopsy techniques, tissue culture cells, cell suspensions and pellets (bone marrow, blood cells, etc.).

COMMENTS: No comments have been received with respect to this application.

DECISION: Application denied. An instrument or apparatus of equivalent scientific value to the foreign article, for such purposes as this article is intended to be used, is 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 operator, it also allows comparison of four (4) specimens without alternate removal and replacement.

c. Transmission Screen—The large (6 1/2 x 6 1/2") viewing screen enables the investigator to view a much larger sample area without moving the specimen.

d. 70 mm Roll Camera—allows 50 pictures to be taken without changing film, which in turn gives the instrument users a much higher volume of exposures 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 instrument. HEW further advises that the applicant provides no pertinent specification within the meaning of Subsection 301.2(n) of the regulations upon which duty-free entry could be based. As to the specific allegations of the applicant in reply to Question 8, in the order listed above, the following is noted:

(a) HEW advises that the serial section holder is a convenience which is not pertinent to the work planned by the applicant.

(b) A multiple grid specimen holder is available for the EMU-4C. Further, HEW advises that the multiple specimen holding capability of the EMU-4C is equivalent to that offered by the foreign article.

(c) HEW advises that the size of the viewing screen is a convenience which is not pertinent to the work planned by the applicant.

(d) A 70 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. 11.105, Importation of Duty-Free Educational and Scientific Materials.)

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

(FR Doc 75-20021 Filed 7-31-75; 8:45 am)

## National Bureau of Standards

FEDERAL INFORMATION PROCESSING  
DATA ENCRYPTION

## Proposed Standard

Under the provisions of Public Law 89-306 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. Decrypting 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, pro-

vided that encryption techniques of adequate strength are devised, validated and integrated into a system. In order to insure compatibility of cryptographically protected data, it is necessary to establish a Data Encryption Standard and develop guidelines for its implementation and use.

Solicitations for computer data encryption algorithms were published by NBS in the FEDERAL REGISTER issues of May 15, 1973 (38FR12763) and of August 27, 1974 (39FR30961). An algorithm was received 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 issue of March 17, 1975 (40FR12134) 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 128. 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 applicability, 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  
Publication

Date \_\_\_\_\_

ANNOUNCING THE DATA ENCRYPTION  
STANDARD

Federal Information Processing Standards Publications are issued by the National Bureau of Standards pursuant to the Federal Property and Administrative Services Act of 1949 as amended, Public Law 89-306 (79 Stat. 1127) as implemented by Executive Order 11717 (38 FR 12315, dated May 11, 1973), and Part 6 of Title 15 CFR (Code of Federal Regulations).

Name of Standard: Data Encryption Standard (DES)

Category of Standard: ADP Operations, Computer Security

## Department of the Treasury

JUL 18 1975



StL:EO:75:955

## Internal Revenue Service

Date  
JUL 16 1975In reply refer to:  
EP/EO:802:W. Bosch  
314-425-5651

Association of American Cancer Institutes  
115 Business Loop 70 West  
Columbia, Missouri 65201

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 Voshell*

District Director



THE UNIVERSITY OF TEXAS  
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE AT HOUSTON  
STATUS OF ACCOUNT  
ACCOUNT NO 188346

BACE FUND FOR MISCELLANEOUS EXPENSES  
R. I. CLARK

AS OF 04/30/78

***** TRANSACTION *****	PURCHASE	DOCUMENT	PROJECT	BUDGETED		PURCHASE ORDER	
DESCRIPTION	DATE	ORDER NO	REFERENCE	CLASS	APPROP/RCPT	EXPENDITURES	ENCUMBRANCES
BALANCE LAST MONTH					500.00	10.47	
S W BELL TELEPHONE MAY	6 24 78		J6164	21		7.62	
POSTAGE FOR JUNE	6 30 78		J6338	20		91.92	
ENDING BALANCE					500.00	110.21	389.79

## CORRECTION OF RECORD

Mr. DANIELSON. Mr. Speaker, in my remarks of April 30, 1973, which appeared in the CONGRESSIONAL RECORD beginning at page H3169, I inserted a listing of disasters which have struck the United States since 1959. Unfortunately, the heading "Florida" was omitted which resulted in the disasters of both Florida and Delaware being combined under the single heading "Delaware."

I ask unanimous consent that the CONGRESSIONAL RECORD be corrected by inserting the heading "Florida" in the second column on page H3169, 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. DULSKI) is recognized for 15 minutes.

Mr. DULSKI. 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, N.Y.

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 of the Honorable PAUL G. ROBERTS, as the main speaker.

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

## MODERN BEGINNING

Roswell Park's beginning was modest, especially in terms of comparable ventures today. Dr. Roswell Park acted the New York State Legislature in 1897 for \$7,500 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 consultation with Edward H. Butler, Sr., then publisher of the Buffalo Evening News, Dr. Park tried again the following year—75 years ago—and came up with a \$10,000 grant from the State which the Governor was persuaded to sign.

This initial evidence of persistence has been repeated ever and over by Dr. Park and his successors in the long effort to find an answer to the scourge of cancer.

The highly dedicated team of physicians, surgeons, scientists, and technical assistants has made great strides and major scientific discoveries. Innovative treatment has been developed and utilized so that literally hundreds of thousands of individuals have benefited from

Roswell Park Memorial Institute research.

Medical research and treatment are combined at Roswell Park Memorial Institute. When medical discoveries become acceptable for use they are tested on patients under carefully controlled and supervised conditions.

## CURE IS ULTIMATE AIM

Roswell Park Memorial Institute researchers work closely with their counterparts in other centers elsewhere in the United States and abroad. Indeed, exchange visits of key staff personnel are encouraged.

The end result of a cancer cure is the ultimate aim, and no avenue of potential is left unexplored.

Mr. Speaker, I have had the opportunity to come to know well and work closely with the present outstanding director, Dr. Gerald P. Murphy, and his two immediate predecessors, Dr. George E. Moore and the late Dr. James I. Grace, Jr.

These men, each in his personal and separate way, personally dedication to the 8th degree and their leadership is contagious throughout the institute.

Roswell Park has been the proving grounds for many distinguished specialists. As I mentioned earlier, today's international symposium at the institute features nine outstanding scientists, eight of them RPMI alumni.

Dr. Morton L. Levin and Dr. Abraham M. Lilienfeld, of the Johns Hopkins University at Baltimore, Md., are discussing cancer epidemiology, with Dr. Levin giving the current status and Dr. Lilienfeld the future prospects.

## WELL-KNOWN RESEARCHERS

Dr. Joseph A. DePaolo, of the National Cancer Institute at Bethesda, Md., is discussing "Chemical Carcinogenesis, 1761-1973."

Dr. Ross H. Hall, of McMaster University, Hamilton, Ontario, is discussing "Molecular Biology in the Electric Age."

Dr. Donald P. Pinkel, medical director of St. Jude Children's Research Hospital, Memphis, Tenn., is discussing "Treatment of Acute Lymphoblastic Leukemia in Children."

Dr. D. Bernard Ames, of Duke University, Durham, N.C., is discussing "Immunological Reactions to Asbestos Tumors."

Dr. Donald Metcalf, of the Walter and Eliza Hall Institute of Medical Research, Melbourne, Australia, is discussing "Tissue Culture Monitoring Systems in the Management of Granulocytic Leukemia."

The final discussion is being led by Dr. Arnold S. Yulin, of Ohio State University, Columbus, Ohio, on the subject "Oncogenic Viruses: Fact, Fantasy and Future."

The only nonalumni of RPMI participating in the program is Dr. B. Lee Clark, of M. D. Anderson Hospital and Tumor Institute, Houston, Tex., whose discussion concerns "Surgical Oncology—A Perspective for Improved Care of Medical Patients."

## WORKS ASIDE CITATIONS

In connection with today's anniversary observations, three key individuals in the institute's history are being cited

for their work, one of them posthumously. Citations will be presented tonight by Dr. Murphy. They are:

To Dr. William H. Wehr, acting institute director from 1943 to 1948. The citation reads:

To William H. Wehr, M.D., in celebration of the 75th Anniversary of the founding of Roswell Park Memorial Institute, the institute staff would like to express their appreciation for your many years' dedication to the goals of the Institute and its employees, winning the confidence and admiration of your associates in 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, posthumously to James T. Grace, Jr., M.D., 8th Institute Director of 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, institute director from 1952 to 1967. There are two citations: one from the institute and the other from the board. The text follows:

To George E. Moore, M.D., Ph.D., in celebration of the 75th Anniversary of the founding of Roswell Park Memorial Institute, the institute staff would like to express their appreciation for your prodigious contributions toward the growth of the institute through your continual efforts to expand its physical facilities and its scientific and clinical programs.

The Board of Directors hereby acknowledges the invaluable contributions of George E. Moore, M.D., Ph.D., to the development of Roswell Park Memorial Institute in his capacity as Institute Director from 1952 to 1967. Without his dedication, its stimulating presence, persistence and scientific vision, including innovative cancer programs and expanding the physical plant, the Institute would not have attained the significant position it holds in the national and international scene.

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

The institute is one of our city's—and our Nation's—great assets. Its work is vital.

## PRAISE 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 the institute and his presence here is awaited.

Roswell Park Memorial Institute is a team operation which only personal contact can truly appreciate. I have had this opportunity on many occasions since its 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 on this 75th anniversary.

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

Mr. KEMP. Mr. Speaker, I am happy and honored to join my distinguished

minute, to revise and extend his remarks and include extraneous matter.

Mr. GAYLORS. 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 in or coast to coast while adding 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 exclusively a motorcycle maker, Cushman, Westinghouse, and Otis Elevator. New ones have scooped into 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 as intent on penetrating as deeply this now strictly U.S. business as they have our TV and radio sets market and as effectively as they are competing with Detroit with increasing sales here of Toyotas, Datsuns, and Mazdas.

In the April 1972 edition of *Golfdom*, "the business magazine of golf," columnist Herb Graffis tells of the presence of "studious" Japanese at the Professional Golfers' Association and Golf Course Superintendents' Association equipment and supply show in Boston.

Writes Mr. Graffis:

As Division the Japanese visitors were busy photographing machinery from all angles. At Palm Beach Gardens, where PGA officials banned picture taking, golf carts received close attention—from the Japanese on hand there. Naturally American golf cart makers wonder if the Japanese delegation won't be interested in making golf carts to compete in the American market.

Why else, I might add to Mr. Graffis' report, would 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 golf and women caddies are "cheap, swift, vigilant, sturdy, and satiated."

factory." The money these caddies earn, Mr. Graffis explains, 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 6-inch putt that the Japanese mean to come into our market with a low labor cost and perhaps government-subsidized golf machine to undercut 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 a rather nonquota steel-made product. They are 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-way street with Japan in competing products. The golf cart matter brings up the fact that, although our long-experienced companies turn out much better clubs than do Japanese come-latelies to the craft, U.S. woods and irons are charged such high import duties in Japan that they sell there for twice the price of homemade sets.

Some of us remember when, as youngsters, we played baseball with Spalding and other American-made gloves, mitts and bats, many bearing names which have passed away entirely. Check the sporting goods departments in our stores today and see what has happened. The label "Made in Japan" is everywhere because the Japanese, unchecked by us, have taken over the mass baseball equipment market here. Are we going to yield to them our golf business also and allow more American jobs to fade away with U.S.-made golf carts? I insist that we must get as tough on competitive Japanese imports as Japan is tough on ours.

#### HIGHER BEEF PRICES IN EASTERN CITIES

Mr. MELCHER asked and was given permission to address the House for 1 minute, to revise and extend his remarks and include extraneous matter.

Mr. MELCHER. Mr. Speaker, for several months I have kept a running account of the difference in retail price of round steak, rump roast, and hamburger

at five northeastern metropolitan areas compared to Chicago. They are New York, Washington, Baltimore, Philadelphia, and Boston. With all of the concern expressed by consumers throughout the country on the price of meat, the difference as reflected in these retail prices should be weighed carefully if consumers are anxious for better beef buys. Differences up to 33 cents per pound are not justified by legitimate costs.

Transportation charges from Chicago to any of these five cities represents about 3 cents of the retail price for a pound of meat. Labor costs in the Chicago and the northeastern cities are comparable. So the additional retail prices for these cuts of beef cannot be explained away easily.

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

Until we know the extent of racketeering in meats 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 cuts in the other eastern metropolitan areas that I have listed until we know whether racketeering rackets are being reflected there and being paid for by consumers.

The substantial differences in prices have existed for several years in these metropolitan areas as compared to Chicago. The consumers in these metropolitan areas are entitled to a full explanation for the continually high prices they are having to pay at retail levels.

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

(in cents)

	Chicago	Baltimore	Washington	New York	Philadelphia	Boston	Weighted average
Round steak							
Chicago	1.00						
Baltimore	1.00	1.00					
Washington	1.00	1.00	1.00				
New York	1.00	1.00	1.00	1.00			
Philadelphia	1.00	1.00	1.00	1.00	1.00		
Boston	1.00	1.00	1.00	1.00	1.00	1.00	
Weighted average	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Rump roast							
Chicago	1.00						
Baltimore	1.00	1.00					
Washington	1.00	1.00	1.00				
New York	1.00	1.00	1.00	1.00			
Philadelphia	1.00	1.00	1.00	1.00	1.00		
Boston	1.00	1.00	1.00	1.00	1.00	1.00	
Weighted average	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Hamburger							
Chicago	1.00						
Baltimore	1.00	1.00					
Washington	1.00	1.00	1.00				
New York	1.00	1.00	1.00	1.00			
Philadelphia	1.00	1.00	1.00	1.00	1.00		
Boston	1.00	1.00	1.00	1.00	1.00	1.00	
Weighted average	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Source: Compiled by the Bureau of Labor Statistics.

colleague, Mr. Dulski, today in this tribute to Roswell Park.

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 institute which bears Dr. Park's name, Roswell Park Memorial Institute, has become a multimillion-dollar institute that includes a modern 316-bed hospital, as well as some of the best-equipped cancer research laboratories 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 1898, 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, my very good friend, have served many of my constituents through the institute's services to cancer patients and through programs in cancer research and education. 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. Ed Klein, who I am also very proud to call a close 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 paragraph from the Time article entitled: "Toward Cancer Control."

Dr. Edmund Klein of Roswell Park Memorial Institute in Buffalo has used BCG to stimulate an immune reaction against malignant melanoma, mycosis fungoides and other cancers that originate on the skin, as well as against such deep-seated tumors as breast cancer. He has also experimented with vaccines made from tumors similar to those of the patient, injecting the substance into cancer victims in the hope of triggering not a general immune reaction but one that is specifically directed against the cancer. Of these patients who responded immunologically, most showed marked improvement.

Roswell Park Memorial Institute is composed of several campuses including the extensive main facility in Buffalo. Six major research laboratories are located in or near the main installation. 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, viral oncology, molecular and cellular biology, membrane structure, growth control, molecular structure, and molecular interaction. Among its educational activities, the institute offers lectures, 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 programs 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 education building.

The center houses Roswell Park's departments of graduate education, nursing education, biostatistics, epidemiology, medical illustration, and photography. Also located in the center are the research participation program, the computer center as well as an expanded library and an auditorium for an audience of 600. The center has 8 stories plus basement, containing about 100,000 square feet of floor space.

The research studies center reflects on the educational role of the institute, which has been granting masters' and doctors' degrees for many years. There has been a rapid 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.

The 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 go beyond the limitations of surgery and radiotherapy. The immense potential in this field of therapy should bear fruit much sooner than otherwise, nurtured as it now will be with well-equipped laboratories, proximity to clinical facilities and the critical mass of intellect. Roswell Park's Cancer Drug Center will greatly increase the opportunity to develop drugs which can act selectively to destroy cancer cells without harming healthy tissue.

A Federal construction grant of \$5.5 million was approved for a cancer cell center at Roswell Park and completion of the center is expected in 1975.

The facility, which would house two research projects, biochemistry and experimental pathology, is needed for "an expanded cooperative and coordinated program involving study of the cancer cell and its interaction with the host." The new center will provide cooperating investigators with adequate and contiguous laboratory facilities so that effective communications and collaboration 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 achievements. Before coming to Roswell Park, he was research associate and chief in the Department of Surgical Physiology at the Walter Reed Army Institute of Research in Washington, D.C., and assistant professor of urology at the Johns Hopkins Medical School. Since 1968 Dr. Murphy has established important programs of research, particularly involving kidney physiology and transplantation, at the institute. After becoming Director in 1971, he has been largely responsible for the major expansion of the institute's clinical and research facilities. On March 7, 1972, President Nixon announced the appointment of Dr. Murphy to the newly created 18-member National Cancer Advisory Board.

Mr. Speaker, I have just cited many impressive facts 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 institute's many professionals—these cannot be sufficiently expressed.

It is both an honor and a pleasure to pay tribute today to Roswell Park Memorial Institute, and to Dr. Gerald P. Murphy 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 spirit 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 used by Roswell Park scientists. A publisher 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, 1973]

#### ROSWELL PARK SCIENTISTS USE SOUND WAVES TO DIAGNOSE TUMORS WITHOUT SURGERY (By Arthur Page)

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, involves the sending of a sound wave and the reception of the echoes when that sound reflects off organs and tissues in a person's body.

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

Dr. Alan R. Winterberger, associate chief of diagnostic radiology at Roswell Park, explained that ultrasonography allows him to "view" the contents of a person's body within a 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 in using 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 noise-transmitter 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 oscilloscope which converts them to lines or shadows on a television-like screen.

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

Compound scanning ultrasonography, a more complex method often used by Dr. Winterberger, results in shadows and bright areas on the screen which the doctor can interpret because "most organs have characteristic shapes when seen by ultrasound," he said.

Dr. Winterberger explained that each substance within a person's body—including fluids, tissues and organs—has a specific property called acoustic density.

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

While some of the sound wave penetrates each substance, some is reflected. How much is reflected as an echo depends on each substance's acoustic density.



And each time the sound encounters an acoustic interface—the boundary between two substances of different acoustic densities—it sends back a report in the form of a new echo.

"Wherever you have different acoustic densities you're going to get an echo, a reflection," Dr. Winterberger said. "And each time an echo comes back, it's recorded on the oscilloscope screen as a light beam."

The device also is sensitive to the minute spans of time between echo changes and translates them into measures of distance on the oscilloscope screen.

In other words, the larger the time span between echo changes, the larger the shaded space between bright spots on the screen.

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

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

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

Ultrasound also has been used to check for multiple pregnancies and shifts in 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 arteries and veins.

Dr. Winterberger also said ultrasonography is the "preferred method" for checking for fluid around the heart.

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 increases the magnification power of a microscope, Dr. Winterberger can receive additional echoes from the interior of the suspicious mass.

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 cyst.

Although ultrasound has been around since the 1940s when it was used in physical 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 "no 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 gentleman from New York (Mr. ROBISON) is recognized for 15 minutes.

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 on several occasions it has been suggested that even a low-key discussion of the topic is undesirable, regardless of the substance of that discussion. Recently, I received a thoughtful presentation of this point of view from Prof. George Anastaplo of the University of Chicago. His remarks, which appeared in the Chicago Tribune, carefully explain why he feels amnesty is not 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?

(By George Anastaplo)

Several legislative proposals have been made 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 declared themselves opposed to any wholesale "forgiveness" of men who evaded military service during the war. These evaders, it is insisted, should "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 had to be performed by someone else in their place.

But, it will be answered, it was service which no one should have been called upon to perform, because it was immoral and even criminal.

And so the debate goes.

#### II

There may be something rather artificial about this entire debate at this time. For do we not have, in effect, 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 all cases together and quite another way (rather generously) if left to make judgments on a case by case basis? Indeed, our most pressing question may not be whether we should have amnesty, but whether we should have extensive, and hence divisive, discussions of amnesty.

The war does 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 prosecutors will be inclined not to notice them, especially since there are more than enough other kinds of criminal cases to occupy the time of all available legal personnel, cases which now have a more compelling interest for the public.

Thus, it will become—it may already be—obviously impolitic, with the war over, to prosecute draft evasion cases in a young man's own community. He is strongest there, while this kind of case is weakest in Washington, where sensationalism and posturing are more likely to be resorted to, especially if a television camera should be watching. 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 them-

selves reluctant to allocate scarce resources to the effort to punish the "misguided" children of local taxpayers and voters. When they do prosecute deals will usually be made: a liberal use will probably be made of probation. Otherwise, alleged draft offenders would clog the courts and their indignant relatives would have to be reckoned with. Furthermore, any government which puts thousands of unusually articulate young men into our already overcrowded prisons will have to reckon with the agitation and disruption which its imprudence will have made inevitable.

Of course, fugitives from military service may want, before they dare return home, more reassurance than the tacit amnesty I anticipate. Are they entitled to more than this? Is it good that they get it? What is 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 Indochinese role has already been repudiated by most sensible men. Even most of those Americans who once supported the war now believe that it went on far too long or that it was too costly at home or that it was conducted the wrong way. No matter what is said now about peace with honor, the war appears to have been a dubious venture for the United States: it has raised serious questions abroad about our political morality and undermined respect at home for legitimate authority.

What might be gained, as we disengage ourselves from this misconceived war, by showing up the war even more than 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 understood by many as an official repudiation of 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 prosecutors and judges will be obliged to rely upon the tacit amnesty I have described here.

The President's recent remarks about amnesty, however intemperate they might have been, reflect the passions of a significant portion, perhaps even a majority, of the country. What are these people concerned about? 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 or went underground may have done so primarily to serve their own interests. (By acting as they did, it can be further argued, they relieved pressure on the vulnerable Selective Service system and the courts and hence did not question the morality of the war as effectively as they and their families could have done by standing up against the draft in this country.)

That is, it is hard for most people to consider life in so civilized a country as Canada to be much of a witness against American misconduct in Indochina. It is much easier for them to interpret flight as serving mere self-interest. Indeed, most people today (including many who are against amnesty) may even be willing to grant that the real American heroes of the Indochina war may turn out to have been neither the soldiers who went to Vietnam nor the men who took refuge abroad but rather the men and women who attempted to instruct public opinion by

ACTIONRESPONSIBILITY

10.1

1. TASK #1
  - Write task order to Roswell Park for: expansion and updatingDr. Clark  
(JRB Draft)
2. TASK #2
  - Resolve scope of work with NCI
  - Resubmit proposal with cost estimateDr. Zimmerman  
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 IIDr. Hickey
4. TASK # 6, 8, 9, 10, 11, 12
  - Designate AACI teams
  - Designate NCI Assistant project officers
  - Conduct planningDr. 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 estimateDr. Clark

## CONTRACT AND FUNDING PLAN

### CONCEPT OF PHASES

Submit  
Proposal



#### 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 (Gugliamo)  
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

TASK 9

D. Coffey



TASK 10

Zusatz

Dr. Laszlo

Dr. Ulmann - Steinert

Freerich - Chemotherapeut

Mauer - Ped

- Surgeon

- Path (usc)

- Radiologist (yale)

Schneiderman - Stat

Behen

- Gynecologist

TASK 11

*Spratt, -*

Dr. Shingleton

Dr. Kirsten

R. Humphrey

*Lew Thomas*

*Al Owens*

*Blumenschein*

~~*Moran*~~

Mirand

Suggestions for Possible Members of Task Committee for  
Cancer Control (Task 12)

TENTATIVE ONLY

Surgery

Dr. Shingleton

Medicine

J. Durant -CC  
R. Lenhard  
Aungst  
V. Guinee  
A. Sutnick  
Ron Koons (IM  
RT)

Radiation Therapy

P. Cavanaugh  
R. Johnson

Public Health

Al Frechette  
Abraham Brickner

Pediatrics

J. Hartman  
C. Holt <sup>man</sup> (?)  
A. Mauer (?)

Epidemiology

B. Henderson  
S. Heyden

*Van Eys*

Task Leader: D. Hammond

Board of Directors:

Dr. Ultmann  
Dr. Talbot  
Dr. Beattie  
Dr. Copeland  
Dr. Shingleton  
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. Shingleton  
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)  
AACI with American College  
of Surgeons  
AACI with ACCC  
AACI with ACS

Dr. Clark  
Dr. Copeland  
Dr. Hammond  
Dr. Murphy



101

COMPREHENSIVE CANCER CENTERS COMMUNICATIONS  
NETWORK

# NCI-CN-55174-03

(COPY)

- No "real" contact with ACS
- Deceptive, dishonest with NCI Re ACS contacts
- Want \$ to do things already done by MDA or ACS
- Furniture, Rent, etc !!
- Travel could be done free by Volunteers
- Newspapers would/could do for nothing
- TV films should be ACS
- Will be recruiting ACS volunteers or paid staff
  - ∴ wasteful &  
duplicative  
anti NCI-ACS intent.
- 3x more costly than any other Center
- A flagrant rape ... Disgraceful
  - Will fight via Congress if necessary.



# aaci

association  
of  
american  
cancer  
institutes

## 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. Ernst L. Wynder, Director

Cancer Center of Hawaii  
Honolulu, Hawaii  
Dr. L. H. Piette, Director

Cancer Research Center  
Columbia, Missouri  
Dr. John S. Spratt, Jr., Director

Cancer Research Institute  
Boston, Massachusetts  
Dr. William V. McDermott, Jr., Director

Clinica Oncologica "Andrés Bello"  
Ponce, Puerto Rico  
Dr. Hamlet Hazim, 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. C. Gordon Zubrod, Director

Duke Comprehensive Cancer Center  
Durham, North Carolina  
Dr. William W. Shingleton, Director

Eppley Institute for Research in Cancer  
Omaha, Nebraska  
Dr. Philippe Shubik, Director



Sidney Farber Cancer Center  
Boston, Massachusetts  
Dr. Emil Frei, III, Director

Fels Research Institute  
Philadelphia, Pennsylvania  
Dr. Sidney Weinhouse, Acting Director

Fox Chase Cancer Center  
Philadelphia, Pennsylvania  
Dr. Timothy Talbot, Jr., Director

Howard University Cancer Research Center  
Seattle, Washington  
Dr. Jack E. White, Director

Fred Hutchinson Cancer Research Center  
Seattle, Washington  
Dr. William B. Hutchinson, Director

Institute for Medical Research  
Camden, New Jersey  
Dr. Lewis L. Coriell, Director

International Agency for Research on Cancer  
Lyon, France  
Dr. John Higginson, Director

Johns Hopkins University Oncology Center  
Baltimore, Maryland  
Dr. Albert H. Owens, Jr., Director

Los Angeles County — University of Southern  
California Cancer Center  
Los Angeles, California  
Dr. G. Denman Hammond, Director

I. Gonzalez Martínez Oncologic Hospital  
Hato Rey, Puerto Rico  
Dr. Ramon E. Llobet, Director

Mayo Comprehensive Cancer Center  
Rochester, Minnesota  
Dr. David T. Carr, Director

Memorial Sloan-Kettering Cancer Center  
New York, New York  
Dr. Lewis Thomas, Director

Michigan Cancer Foundation  
Detroit, Michigan  
Dr. Michael J. Brennan, Director

Mountain States Tumor Institute  
Boise, Idaho  
Dr. James K. Luce, Director

National Cancer Institute  
Bethesda, Maryland  
Dr. Frank J. Rauscher, Jr., Director

Oak Ridge National Laboratory  
Oak Ridge, Tennessee  
Dr. C. R. Richmond, Director

Roswell Park Memorial Institute  
Buffalo, New York  
Dr. Gerald P. Murphy, Director

Southern Research Institute  
Birmingham, Alabama  
Dr. Howard E. Skipper, Director

St. Jude Children's Research Hospital  
Memphis, Tennessee  
Dr. Alvin M. Mauer, Director

University of Alabama  
Cancer Research and Training Center  
Birmingham, Alabama  
Dr. John R. Durant, Director

University of Chicago Cancer Research Center  
Chicago, Illinois  
Dr. John E. Ultmann, Director

The University of Texas System Cancer Center  
M. D. Anderson Hospital and Tumor Institute  
Houston, Texas  
Dr. R. Lee Clark, President; Dr. R. C. Hickey, Director

University of Wisconsin Clinical Cancer Center  
McArdle Laboratory for Cancer Research  
Madison, Wisconsin  
Dr. Harold P. Rusch and Dr. Henry C. Pitot, Directors

## Classes of Membership

### 1. Regular

- 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.
  - 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.
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  - 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. Mirand, Secretary-Treasurer, at Roswell Park Memorial Institute, 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.



**PRESIDENT**  
Dr. R. Lee Clark

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 intramural 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



**VICE PRESIDENT**  
Dr. Albert H. Owens



**SECRETARY TREASURER**  
Dr. E. A. Mirand

10.1

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

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Durham, North Carolina

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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 Frei, 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

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Dr. Harold P. Rusch  
Dr. Henry C. Pitot

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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
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## AACI BROCHURE

(Statement by the President)

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R. Lee Clark, M.D.  
President, AACI









association of american cancer institutes

OFFICERS

President R. Lee Clark, M.D.  
The University of Texas System Cancer Center, Houston, Texas  
Vice President Albert H. Owens, Jr., M.D.  
Johns Hopkins University Oncology Center, Baltimore, Maryland  
Secretary-Treasurer E. A. Mirand, Ph.D.  
Roswell Park Memorial Institute, Buffalo, New York

June 2, 1975

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

PAL:ag

Distribution:

Dr. R. Lee Clark (Anderson) ✓  
Dr. M. Copeland (Anderson)  
Dr. E. Mirand (Roswell)  
Dr. Albert Owens, Jr. (Hopkins)  
Dr. Timothy Talbot (Fox Chase)

Mr. H. Donald Putney, Chairman (Fox Chase)  
Mr. Patrick A. Leon (Anderson)

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New York, New York

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John E. Spratt, Jr., M.D.  
Columbia, Missouri

Timothy R. Talbot, Jr., M.D.  
Philadelphia, Pennsylvania  
John E. Utman, M.D.  
Chicago, Illinois

POSTITION PAPER  
ON  
MANAGEMENT OF THE AACI

JUNE 2, 1975

## TABLE OF CONTENTS

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I. THE NEED	1
II. DISCUSSION	3
III. CONCLUSIONS	9
IV. RECOMMENDATIONS	9

## 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:

- . Is there adequate continuity among AACI presidents in understanding and pursuing AACI goals?
- . Where does the leadership rest? With the president, the implementation committee, the contractor, or combination? Where should it be?
- . Where is there continuity of experience and knowledge about on-going projects? Where should it be? Contractor or an executive director?
- . A contractor, JRD Associates, has been doing some program coordination. Should an executive director take on this role?
- . What is the advantage to setting up the office of AACI executive director? Or executive vice-president?





## II. DISCUSSION

### AACI Objectives

The prime near term objective is to get each of the 12 AACI 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 AACI have been full time directors of major cancer centers, without administrative staffs for AACI 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 AACI.

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 AACI meetings in Detroit and Florence
- . Print the AACI 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
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#### EXPENSES

. Telephone @ \$200 / mo.	2,400
. Travel	7,200
. Supplies	2,400
. Insurance, copying/printing	3,500
. Conference Costs	3,000

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74,220

#### EQUIPMENT AND FURNISHINGS

(One-time cost only)	5,500
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79,720

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\*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).

DRAFT

## AACI ADMINISTRATION

6/2/75

Director

TASK	President	Executive Committee	Executive-Secretary (Program Coordinator)	Secretary-Treasurer	Legislation Committee	Task Committee	Fiscal Manager
<b>I. PLANNING</b> <ul style="list-style-type: none"> <li>Identify New Tasks               <ul style="list-style-type: none"> <li>Recommend</li> <li>Review and Approve</li> </ul> </li> <li>Appoint Task Committees               <p>Each task will be performed by committees made up of members from AACI institutions. Appointments will be made on the basis of expertise, individual interest and geographic location.</p> </li> <li>Prepare Plans for Each Task               <ol style="list-style-type: none"> <li>A task plan should contain these parts: objective, description of work to achieve the objective, schedule, and budget.</li> <li>The steps to prepare a plan in final form should include:                   <ul style="list-style-type: none"> <li>Prepare a Draft Plan</li> <li>Review &amp; Comment</li> <li>Prepare a Final Plan</li> <li>Approve</li> </ul> </li> <li>Each plan will form the basis for:                   <ol style="list-style-type: none"> <li>A proposal to the NCI for implementing the plan, or</li> <li>The plan will become the scope of work for an RFP to be issued by the NCI.</li> </ol> </li> </ol> <p>Notes:</p> </li> </ul>	• •	Assist	Assist	Assist	• •		
<b>II. AACI CONTRACTS WITH NCI</b> <ul style="list-style-type: none"> <li>Submit Proposals to the NCI               <ul style="list-style-type: none"> <li>Write Proposal</li> <li>Review &amp; Approve</li> <li>Sign Proposal</li> <li>Follow Up</li> </ul> </li> <li>Negotiate Contracts with NCI               <ul style="list-style-type: none"> <li>Negotiate</li> <li>Approve and Sign Contract</li> </ul> </li> </ul>	• •		Assist • •				Assist Assist
<b>III. CONTRACTS WITH AACI MEMBERS</b> <ul style="list-style-type: none"> <li>Review Proposals</li> <li>Write and Negotiate Contracts</li> <li>Approve Contractual Arrangements</li> </ul>	•		• •		•		Assist
<b>IV. TASK IMPLEMENTATION</b> <ul style="list-style-type: none"> <li>Authorize Start Work</li> <li>Direct and Perform the Task</li> <li>Monitor Work in Progress</li> <li>Prepare Reports AACI Management</li> <li>Review, Approve, and Sign Reports to NCI</li> <li>Reproduce</li> <li>Submit Progress Reports to NCI</li> <li>Submit Final Reports to NCI</li> </ul>	•		• • Assist • •			• • •	
<b>V. CONTRACT ADMINISTRATION (Contracts with the NCI)</b> <ul style="list-style-type: none"> <li>Modification to Contracts               <ul style="list-style-type: none"> <li>Prepare</li> <li>Approve</li> <li>Submit</li> <li>Negotiate</li> <li>Sign</li> </ul> </li> <li>Progress Reports               <ul style="list-style-type: none"> <li>Prepare</li> <li>Approve</li> <li>Submit</li> </ul> </li> <li>Fiscal               <ul style="list-style-type: none"> <li>Prepare Budget</li> <li>Monitor Expenditures</li> <li>Prepare Fiscal Reports to NCI</li> <li>Submit Reports to NCI</li> </ul> </li> </ul>	• • •		• • • • • • • •				Assist • Assist •
<b>VI. NEWSLETTER</b> <ul style="list-style-type: none"> <li>Provide News Items</li> <li>Prepare Draft Newsletter</li> <li>Review &amp; Comment</li> <li>Prepare Final</li> <li>Print &amp; Distribute</li> </ul>	•		• • •	ALL AACI MEMBERS			
<b>VII. AACI ANNUAL &amp; SPECIAL MEETINGS</b> <ul style="list-style-type: none"> <li>Notify Members as to Time and Place</li> <li>Prepare Agenda</li> <li>Arrange for Meeting (Room and Support Services)</li> <li>Record Minutes</li> <li>Preside</li> </ul>	•		• • •	HOST INSTITUTION			
<b>VIII. FISCAL</b> <ul style="list-style-type: none"> <li>Collect, Safeguard, and Disburse Dues</li> <li>Contract Funds               <ul style="list-style-type: none"> <li>Collect</li> <li>Hold and Account for</li> <li>Disburse</li> </ul> </li> </ul>				•			•



### 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.

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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.

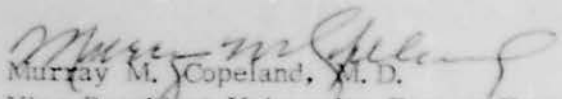
Editorial work should receive the support of Publication Departments of the various large centers. This work can be shared on a rotation basis.

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/mt

cc: Dr. R. Lee Clark  
Mr. Patrick Leon

ASSOCIATION OF AMERICAN CANCER INSTITUTES

COMMITTEES - 1975

10.1

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10.2  
John S. Spratt, Jr., President  
Cancer Research Center, Columbia, Missouri 65201  
Edwin A. Mirand, Secretary-Treasurer  
Roswell Park Memorial Institute, Buffalo, N. Y. 14203

30 January 1975

Edwin A. Mirand, Ph.D.  
Secretary Treasurer  
Association of American Cancer Institutes  
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.

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23 7410581

Association of American Cancer Institutes

Ellis Fischel State Cancer Hospital

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Boone

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**CANCER RESEARCH CENTER**



PHONE 314 443 3103  
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COLUMBIA MO 65201

10-1

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,

A handwritten signature in dark ink, appearing to be "John S. Spratt, Jr.".

John S. Spratt, Jr., M.D.  
Director