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### Association of Cancer Institute Directors (ACID), 1964

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

BETHESDA 14, MD.

NATIONAL INSTITUTES OF HEALTH  
Tel: 656-4000

December 7, 1962

Dr. Lee Clark  
M. D. Anderson Hospital  
and Tumor Institute  
Texas Medical Center  
Houston 25, Texas

Dear Dr. Clark:

It was a pleasure to attend the meeting of the Association of Cancer Institute Directors in Detroit last week. I am mailing under separate cover today copies of the documents the Association members requested. The documents are as follows:

1. The U. S. Public Health Service Patent Policy, especially as it relates to research grant activities.
2. The Fountain Committee Report.
3. Dr. Heidelberger's narrative of his trip to Russia.
4. Our latest publications describing research and related programs of the National Cancer Institute and a review of intramural research at the National Institutes of Health (these documents are in lieu of our annual report - I really feel that these will be much more informative for your members than our annual report which is extremely detailed and contains a great deal of information about which they may not be interested).
5. A copy of the Medical World News report on drug testing.

Within the next week we will send you, under another separate cover, information concerning radiation therapy training program; this is being brought up to date and will be more useful to you in its new form.

- 2 -

Again I want to thank you for the courtsey extended me by your Association, and I look forward to meeting with you and your members in the future.

Sincerely,

*Robert W. Weiger*

Robert W. Weiger, M. D.  
Assistant Director  
National Cancer Institute



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

BETHESDA 14, MD.

NATIONAL INSTITUTES OF HEALTH  
Tel. 645-4000

January 14, 1963

*This is prog 4 5 yr program  
Budget -*

Mrs. Betty Michalek  
Administrative Secretary  
M. D. Anderson Hospital  
and Tumor Institute  
The University of Texas  
Houston 25, Texas

Dear Mrs. Michalek:

Your letter to Dr. Weiger dated January 10, 1963 was received today. The five documents you mentioned were mailed to Dr. Clark on the same day as Dr. Weiger's letter of December 7. Due to the Christmas rush and volume of mail, the package must have been misplaced or lost. I am very sorry about this and have just mailed another set to Dr. Clark.

As to the information concerning the radiation therapy training program, there has been a delay in bringing it up to date because of a very heavy work load. We will send the material to you as soon as it is received in our office.

Thank you for your patience.

Sincerely,

*Janet A. Fisher*

(Mrs.) Janet A. Fisher  
Secretary to Dr. Robert W. Weiger  
Assistant Director  
National Cancer Institute



## ACID MEETING

APRIL 29-30, 1963

	<u>Meeting</u>		<u>Open House</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Dr. H. M. Lemon	X		X	
Dr. J. R. Heller	X		X	
Dr. Sidney Farber		X		X
Dr. Kenneth M. Endicott	X		X	
Dr. Leonard P. Eliel	X		X	
Dr. Harold P. Rusch	X		X	
Dr. W. Bradford Patterson		X		X
Dr. George E. Moore	X		X	
Dr. Shields Warren		X		X
Dr. David A. Wood		X		X
Dr. Timothy R. Talbot, Jr.	X		X	
Dr. William L. Simpson	X		X	

AGENDA  
ASSOCIATION OF CANCER INSTITUTE DIRECTORS  
April 29-30, 1963  
Houston, Texas

Monday, April 29, 1963

USE OF COMPUTERS IN RECORD KEEPING, DATA  
PROCESSING, RESEARCH AND CLINICAL PROBLEMS

9:00 - 9:05 a.m.	Introduction - Dr. Robert C. Hickey, Associate Director (Research)
9:05 - 9:20 a.m.	Miss Eleanor Macdonald, Head, Department of Epidemiology "Data Processing in Cancer Epidemiological Studies"
9:20 - 9:35 a.m.	Dr. Stewart A. Wilber, Associate Anesthesiologist "Patient Monitoring in Surgery"
9:35 - 9:50 a.m.	Mr. Walter Kilborn, Consultant to the Computation Center "The Use of Computers with Medical Records"
9:50 - 10:15 a.m.	Dr. Robert J. Shalek, Head, Department of Physics "Computer Methods in Radium Dosimetry and Comments on Information Retrieval"
10:15 - 10:30 a.m.	Coffee Break
10:30 - 10:45 a.m.	Mr. Joe E. Boyd, Jr., Administrator "Business Applications of Computers"
10:45 - 11:00 a.m.	Dr. Reimut Wette, Assistant Biometrician "Biomathematics in Analytical Computing"
11:00 - 11:15 a.m.	Dr. Clifton F. Mountain, Assistant General Surgeon (Thoracic) "An Orientation into Educational Opportunities in Biomathematics"
11:15 - 12:00 noon	Discussion
12:00 - 1:30 p.m.	Lunch Directors Conference Room

Monday, April 29, 1963 (cont'd)

Afternoon

1:30 - 3:30 p.m.

Business Session and General Program

Budget requests from Institutes  
Fountain Committee - A. C. I. D. reaction  
National Cancer Control Program and legislation  
pertaining to Cancer Research

- a. New FDA regulations - related to CCNSC
- b. General research support grants
- c. Basis for indirect cost allowances
- d. New NIH regulations on patents and grant administration
- e. Report from subcommittee on patent policies

3:30 - 3:45 p.m.

Coffee Break

3:45 - 5:00 p.m.

Continuation of Business Session

Tuesday, April 30, 1963

9:00 - 9:30 a.m.

Objectives and future program of the Association of  
Cancer Institute Directors

9:30 - 10:30 a.m.

Information and discussion items:

- a. United Health Foundation
- b. United Cancer Council
- c. U. S. S. R. - Status of trip by A. C. I. D.
- d. Special problems submitted by members of A. C. I. D.

10:30 - 10:45 a.m.

Coffee Break

10:45 - 11:10 a.m.

Dr. Murray M. Copeland, Associate Director (Education)  
"Presentation on the Clinical Classification Program  
of the American Joint Committee for Cancer Staging  
and End Results Reporting"

11:10 - 11:25 a.m.

Dr. Murray M. Copeland  
"Senior Fellowship Program"

Tuesday, April 30, 1963 (cont'd)

11:25 - 11:45 a.m.	Dr. Murray M. Copeland "Presentation outlining specific details on general aspects of M. D. Anderson Hospital educational program"
11:45 - 2:00 p.m.	Lunch Criterion Club, 16th Floor, Fannin Bank Building Main and Holcombe Streets
2:00 - 5:00 p.m.	Presentation by M. D. Anderson Hospital staff of scientific programs and visit to laboratories

MEMORANDUM

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April 24, 1963

TO: R. Lee Clark, M.D., Director  
FROM: William O. Russell, M.D. *WOR*  
SUBJECT: Association of Cancer Institute Directors -  
Meeting April 29 - 30, 1963 *Re Acad*

In response to your memorandum of April 22nd, I should like to submit the following topics for your consideration to be presented:

"Autopsies in 30 Cases of Thyroid Carcinoma"

by Michael Ibanez, M.D.

"Recent Developments in Pathologic Diagnostic Procedures in This Institution"

by Jeffrey P. Chang, Ph.D.

I am sorry that I will be out of town on these dates, but as you know, I will be attending the Executive Meetings of the ASCP and CAP, as well as attending the Annual Meetings of the AAPB and IAP.

WOR/rc

THE UNIVERSITY OF TEXAS  
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE

## Interoffice Memorandum

TO: R. Lee Clark, M. D.  
Director

DATE: April 25, 1963

FROM: Clifton D. Howe, M. D.  
Head, Department of Medicine

SUBJECT: Association of Cancer Institute Directors-  
Meeting April 29-30, 1963

I am unable to suggest any special topics for presentation by our staff as you requested in your memo of April 22, 1963

The program you have scheduled looks most interesting and I regret that several of the staff men, including myself, will not be here to participate. Dr. Shullenberger and I will be in Dallas attending the Texas Medical Association meeting which, unfortunately, is scheduled for the same dates. Dr. Bergsagel has also made previous commitments to attend conferences in New York City.

CDH



Cond May  
April 22, 1963

Memorandum

To: Dr. Gilbert H. Fletcher • Dr. William O. Russell  
Dr. Felix L. Haas Dr. Robert J. Shalek  
Dr. C. D. Howe Dr. Darrell N. Ward  
Miss Eleanor Macdonald Dr. E. C. White

Subject: Association of Cancer Institute Directors -  
Meeting April 29-30, 1963

The Association of Cancer Institute Directors, of which I am President this year, will meet here, in the Fifth Floor Conference Room, on April 29 and 30. A copy of the program is attached for your information.

On Tuesday afternoon, April 30, time has been allotted for selected presentations by our staff. Department heads who wish to suggest one or two topics believed to be of special interest are encouraged to do so. It is contemplated that a total of approximately six will be selected from the group for presentations of fifteen minutes each.

Following these presentations, some of the laboratories will be visited by the meeting participants.

R. Lee Clark, M. D.  
Director

RLC/bm

cc: Dr. Murray M. Copeland  
Dr. Robert C. Hickey  
Atts.

## EDITORIAL

### UNITED HEALTH FOUNDATIONS, INC.

Medical science and its application in this country was built on private philanthropy provided by personal or family wealth which had its beginnings in the days of laissez faire, when the industrialist might give little thought to his employees and when government left him relatively unhampered by taxes or statutory control. Even in those days, however, there began to develop a broader viewpoint of contributions to the advancement of medical knowledge. The American Cancer Society was founded in 1913. Later the American Heart Association (1924) and the National Foundation for Infantile Paralysis (1938) came into being. (The American Red Cross and the National Tuberculosis Association have had well over a half century's experience in relief and assistance to the ill.) By now some three dozen and more fund raising health agencies are in the field with varying interests in health education, research and service.

Out of governmental sponsorship of scientific research during World War II grew a permanent commitment to support research by tax-dollars. In the area of medicine there developed as a major effort the National Institutes of Health, whose constant expansion for a decade and more is illustrated in comparing the Extramural Research Project Grants for 1959 and 1960 alone—9,166 and 11,572 grants for \$142,627,730.00 and \$198,719,397.00 respectively.<sup>1</sup>

Some in public life have visualized that research in science might well become solely a function of government. This brings up tax supported versus private endeavors, and the necessary hedges in the use of public funds. In research, and in an effort to at least partially control waste, it must be categorical. (The new institutional grants may break down the rigidity of categorical grants. It is too early to comment on this.) Against this no mean contribution has been made in the same decade by private contributions notably through the voluntary major health agencies, both financially and effectively. Such funds, however, by the very nature of the organization and its

fund raising slogans, have also needed to be earmarked for categorical research. (This is pointed up by the lobbying of officers of certain of these agencies in Congress toward increasing the budgets for the National Institute twin to the agency's interest.)<sup>2</sup>

Within the past five years or more a new source of private funds for research has been made available as a result of the battle between the voluntary health agencies and United Fund drives. Well over a hundred of the latter have within their budget funds earmarked for research or health education. Here were funds to some extent at "loose ends" without professional guidance for allotment to worthwhile projects, and subject to "pressures" if more than one medical school or other research institution was in the area. Until the end of 1961 the Medical Research Program of the National Fund for Medical Education offered a repository and channel of disbursement for many of these funds.

With 1962, the United Health Foundations, Inc., was set up. It is an outgrowth on a national scale of its prototype born in 1957, in Boston, as the Medical Foundation when this city went into a United Fund type of money raising campaign. This is described in a recent issue of *The New England Journal of Medicine*.<sup>3,4</sup> It has provided "seed money" for projects "unusual in nature and in an area of investigation for which ready financing is not available." In its several years this Boston Foundation has given 40 three-year fellowships; 9 of the fellows have remained in academic medicine or health research. Its "Board of Directors consisted of community leaders in industry, labor and the medical profession, with the latter in the minority." Its \$450,000 annual allotment has been assigned by two committees, a Research Allocations Committee and a Health Education Committee.

The United Health Foundation has been reinforced also by the Medical Research Foundation of North Carolina through which United Funds of the state have been

allocating upwards of \$100,000 annually to its three medical schools—Bowman-Gray, Duke, and University of North Carolina. The Health Research and Services Foundation in Pittsburgh and other community Health Foundations have similar objectives. The national organization as its Boston prototype has a Board of Directors, representatives from the country at large. It has elected its officers and has or will appoint the two important working committees, the Scientific Advisory Committee and the Health Education Advisory Committee to give country-wide representation in the medical and health fields.

The services the United Health Foundations offer are: (1) through its advisory committees it will certify and approve the research programs supported by United Fund drives or other organizations either within the community (as in Boston) or within the area (as in North Carolina) if the funds are so earmarked; (2) it will pool funds, not earmarked for use within a geographic area, for allotment on a national scale; (3) it will allot research grants, if requested by the lesser health agencies which may lack the organization and direction as provided in the major agencies, especially if designated for local use; and (4) it will stand ready to advise how best to utilize the community's money set aside for health education of its people. Since the activities of the United Health Foundations are fi-

nanced by a 3% of the total research funds of its voluntary members, it will not conduct a national fund-raising or promotion campaign.

Here then is a provocative experiment in the assignment of private funds for research by providing unbiased scientific advice from without a community, thereby assuring the least possible waste upon research projects of dubious merit. Of especial importance is the feasibility of making small grants of a noncategorical nature. (Too many of the small grants went "out the window" with "big business" in grants.)

We will watch this experiment with interest not only because of the newness of its approach, but also because one of TSMA's members of many years, Dr. John B. Youmans, former Dean and Professor of Medicine, Emeritus, Vanderbilt University School of Medicine, is the President of this new Organization.

R. H. K.

#### References

1. The Medical Almanac, 1961-62. Philadelphia. W. B. Saunders Co., 1961.
2. Bornet, Vaughn Davis: Welfare in America. Norman, Oklahoma. University of Oklahoma Press, 1960.
3. Denmone, Jr., Harold W.: The Medical Foundation Incorporated: A New Approach to Voluntary Health Programming, *New England J. Med.* 266:919, 1962.
4. Editorial, *Ibid.* 266:950, 1962.

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56:26 (January) 1963



1963

CONFERENCE REPORT

Indianapolis, Indiana

February 14-15, 1963

LOOKING OVER OUR SHOULDER .....

We have travelled far, geographically and in the realm of experience, since the first meeting of the independents in South Bend, Indiana, August 13, 1959.

Although we do not have the names of all the individuals attending that meeting, we do have the organizations who were represented -- the real charter members of today's United Cancer Council.

Gathered together in that first one-day meeting to plan a mutual assistance program were Indianapolis, Fort Wayne, Elkhart, LaGrange, LaPorte, Wabash, Marion and South Bend, Indiana; Rochester, New York; New Orleans and Baton Rouge, Louisiana; Detroit and Niles, Michigan and Findlay, Ohio.

The meeting was called to order by Mrs. George Coquillard, then president of the St. Joseph County Cancer Society. In her opening remarks she said:

"This is in no sense an effort to start a new cancer national organization, but it is simply an attempt to save cost and time by pooling ideas and resources ... we meet for a free exchange of ideas for the procurement and production of educational materials."

There was active participation on the part of every representative there. Mrs. Rosemonde Christman, then executive secretary of the St. Joseph County group, offered to keep the lines of communication open among the participants with a mimeographed newsletter type of memorandum. This indeed proved to be the lifeline of the independents, without which it is doubtful that there would have been a United Cancer Council.

The following November these same groups met in Detroit. Annual meetings followed in Dayton, Indianapolis and East Lansing, with Marion County Cancer Society as host not

only to the 1961 meeting but to the organizational meeting in Indianapolis February 14-15 of this year.

A DREAM COMES TRUE .....

A four-year dream of a united front against cancer has come true for 30 independent cancer control agencies from nine different states.

At a meeting held Thursday and Friday, February 14-15 in the Marott Hotel in Indianapolis, adoption of a Constitution and By-laws welded into a United Cancer Council 30 charter member organizations, with the door left open for others to join.

A social hour, held Thursday evening by courtesy of the board of trustees of the Marion County Cancer Society in Indianapolis, provided an opportunity for early arrivals to renew acquaintanceships and enjoy the relaxation of music, dancing and refreshments.

Friday's general session saw the adoption of the Constitution and By-laws, a report of the interim President, Alfred R. Glancy Jr., and of the financial and credentials committees and appointment of a nominating committee.

Luncheon, at which C. Chester Stock, Ph.D., Vice-President for Research, Sloan Kettering Institute, was the principal speaker, was followed by resumption of the general session in which recommendations made by the nominating committee as to members of the board of directors were voted upon; officers were named and sub-committee chairmen were appointed to set the pace for the future of the United Cancer Council.

A general news release was prepared for use by individual groups in their local  
( continued )



communities and publicity pictures were taken to be airmailed within the next few days to the respective groups.

The close of the day brought the first meeting of the Council's board of directors called to order by its newly-elected president, Mr. Glancy.

By 6 p.m. the meetings were all over -- most bags were packed -- and by bus, car, plane and train delegates to the first United Cancer Council were on their way home -- to other parts of Indiana -- to Michigan, Ohio, Virginia, New York, Washington, Louisiana, Kansas, North Carolina and Pennsylvania.

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#### BOARD MEMBERS ARE ELECTED

Members of the board of directors elected at the organizational meeting of the United Cancer Council were as follows:

Those whose terms of office will expire in October, 1965 - Dr. Oscar D. Stryker, Detroit, Mich.; Alfred R. Glancy Jr., Detroit, Mich.; Fred Edwards, Elkhart, Ind.; Robert L. Punskey, Fort Wayne, Ind.; Mrs. Joe Lipsey, Baton Rouge, La.; Robert F. Freeman, Dayton, Ohio; Dr. P. E. Heibert, Kansas City, Kansas; Fitzhugh L. Hiltzheimer Jr., Danville, Va.; Mrs. Howard S. Williams, Jr., Indianapolis, Ind. and Edwin J. Maurer, Findlay, Ohio.

Elected to office until October, 1964, were Ned S. Arbury, Midland, Mich.; Dr. Carl S. Culbertson, South Bend, Ind.; Dr. Raymond M. Rice, Indianapolis, Ind.; Dr. Donald R. Taylor, Muncie, Ind.; William J. Guste Jr., New Orleans, La.; Charles Schwartz Jr., New Orleans, La.; Dr. Damon D. Blake, Winston-Salem, North Carolina and J. Quint Salmon, Rochester, Pennsylvania.

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#### WHAT ARE OUR OBJECTIVES?

Just so there will be no confusion as to the purpose and objectives of the United Cancer Council, they are clearly stated in the Constitution as follows:

- 1) To promote, encourage and assist in programs of
  - a. research designed to find the cause and cure of cancer,
  - b. public and professional education with regard to cancer,
  - c. service to cancer patients.
- 2) To coordinate the efforts of Member Agencies engaged in these works.
- 3) To facilitate the exchange of ideas, plans, programs and procedures among associations engaged in research, care, service, and professional and public education in the field of cancer.
- 4) The Council in relationship to its Member Agencies shall at all times recognize that
  - a. Each retains complete autonomy in the conduct of its affairs and programs;
  - b. Each associates in and with the Council on a completely voluntary basis;
  - c. Other than dues, none are subject to tax or assessment or legislation by the Council.

# CHARTER MEMBERS LISTED AT FEBRUARY 15 MEETING

Charter members of the United Cancer Council, all of which were members in good standing at the organizational meeting February 15, 1963 in Indianapolis, Indiana, were:

From Indiana: Marion County Cancer Society, Indianapolis; Cancer Society of Elkhart County, Elkhart; Delaware County Cancer Society, Muncie; Cancer Society of Henry County, New Castle; Wabash County Cancer Society, Wabash; LaPorte Community Cancer Association, LaPorte; LaGrange County Cancer Society, LaGrange; Allen County Cancer Society, Fort Wayne; Boone County Cancer Society, Lebanon; Community Cancer Unit of Grant County, Marion; Cancer Society of St. Joseph County, South Bend and Cancer Association of Marshall County, Plymouth.

From Pennsylvania: Cancer Society of Elk County, St. Mary's; Beaver County Cancer Society, Rochester.

From Louisiana: Cancer Association of Greater New Orleans; Cancer Society of Greater Baton Rouge.

From Ohio: Guernsey County Cancer Society, Cambridge; Erie County Cancer Society, Sandusky; Montgomery County Society for Cancer Control, Dayton.

From North Carolina: Forsyth Cancer Service, Winston-Salem.

From Virginia: Halifax County Cancer Association, Clover; Tidewater Cancer Society, Norfolk; Danville Cancer Association, Danville.

From Washington: Spokane County Cancer Association, Spokane.

From Michigan: Michigan Cancer Foundation, Detroit; Midland County Cancer Society, Midland; Cancer Service for St. Clair County, Port Huron.

From Kansas: Cancer Association of Wyandotte County, Kansas City.

# CHARTER GROUPS BECOME REAL CHARTER MEMBERS

An interesting factor in the election of officers for the United Cancer Council is that each person elected is representative of a group which was among the first to meet in South Bend four years ago.

Alfred R. Glancy Jr., elected President of the United Cancer Council, is chairman of the board of trustees for the Michigan Cancer Foundation in Detroit. William J. Guste Jr., Vice-President, is a past president of the Cancer Society of Greater New Orleans.

Mrs. Howard S. Williams Jr., Vice-President, is a member of the board of trustees for the Marion County Cancer Society, Indianapolis; Robert L. Punskey, past president and member of the executive committee of the Allen County Cancer Society, Fort Wayne, Secretary; Fred Edwards, Treasurer, is treasurer of the Cancer Society of Elkhart County, Elkhart.

All newly-elected officers will retain their positions until October, 1964.

# HOW ABOUT A FILMSTRIP ON SMOKING?

Proposals have been invited from film producers in Detroit for one of the basic needs expressed by member agencies of the United Cancer Council -- a filmstrip on the incidence of cancer due to smoking to be used in high school educational programs.

It is expected that this, together with other materials necessary for a complete program in this regard, will be available to all United Cancer Council agencies in time to plan for the fall semester. All members are urged to forward any suggestions on visual aid materials, their production or content, to Charles Schwartz, chairman of the Education Committee, c/o Cancer Society of Greater New Orleans.



#### UNITED CANCER COUNCIL EVOLVES FROM WORK AND STUDY OF INTERIM COMMITTEE

Important to the development of the United Cancer Council was the naming of an interim committee to lay the groundwork for the accomplishments in Indianapolis February 15.

This committee, chosen at the 1962 conference in East Lansing, consisted of the United Cancer Council's present officers, Alfred R. Glancy Jr., Mrs. Howard S. Williams Jr., William J. Guste, Fred Edwards and Robert L. Punskey, plus E. W. Tuescher of Detroit and Ralph Werner of Indianapolis.

Even before the committee convened in Indianapolis January 17, 1963, Mr. Guste was actively engaged in revising the proposed Constitution and By-laws in accordance with suggestions made personally and by mail by members of the independents, and setting in motion incorporation procedures which would be necessary with official organization of these groups.

Convening in Indianapolis in January, the committee discussed an agenda to be followed at the February meeting, and decided that letters should be mailed to each agency asking the name of its president, and that each authorize official delegates and guests to be present. It was determined at that time that only one vote per member agency would be permitted and that it must be cast by an official delegate or authorized representative.

Work done by members of the interim committee -- individually and collectively -- is deserving of a vote of thanks by members of the now organized United Cancer Council. Many of these activities were done on the committee members' own time and at their own expense. Many apparently inconsequential and time-consuming factors are legal technicalities and mechanical details which must be dealt with in the setting up of such an organization. It is for this unheralded but very necessary preliminary effort that the committee members deserve the appreciation of each and every member agency of the United Cancer Council.

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#### MEMBER AGENCIES ASKED FOR HELP IN NAMING COMMITTEES

A questionnaire will be mailed very shortly to agencies of the United Cancer Council to help determine membership of the important standing committees whose chairmen were appointed in Indianapolis, according to E. W. Tuescher, Executive Secretary.

"The operation and planning of these committees will be a key factor in the total effectiveness of the Council," he said. "It is upon the workability of these committees and the extent of cooperation they receive from individuals in each agency in the United Cancer Council that the future of the national organization actually depends."

Without thoughtful and sagacious recommendations from individuals within the United Cancer Council, it was pointed out, it will be impossible to designate the best committees. Only agency members know their own people -- the fields in which they are most well-versed and the areas in which they are most knowledgeable.

The success or failure of the United Cancer Council hinges for the most part on getting the best people on each committee and in their ability to work together to bring before the membership at the next annual meeting this fall recommendations that will mean productivity, activity and the general improvement of cancer control programs in all localities.

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A special vote of thanks is in order for the Marion County Cancer Society's board of trustees who were hosts at an informal get-together Thursday evening -- an hour of music and relaxation that set the stage for the business sessions which followed on Friday. Particular thanks go to Ralph Werner and his hard-working staff.



Listening intently to Dr. C. Chester Stock, Vice President for Research, Sloan Kettering Institute, are delegates from all over the United States who attended the organizational meeting of the United Cancer Council in the MacMillan Room of the Marott Hotel in Indianapolis. Dr. Stock, speaking after luncheon Friday, reviewed the most effective means of selecting worthwhile cancer research projects and the most authoritative sources which might be used.



Unanimous vote of all attending delegates from the 30 charter member agencies of the United Cancer Council put in office William J. Guste Jr., (left) as Vice President and Alfred R. Glancy Jr., (right) as President. Mr. Guste is a representative of New Orleans, La., and Mr. Glancy of Detroit, Michigan.

#### FIRST BOARD MEETING CONVENED AT CLOSE OF UCC CONFERENCE

The first meeting of the United Cancer Council board of directors was convened by the president, Alfred R. Glancy Jr., directly following the organizational meeting Friday, February 15, 1963, in the Marott Hotel, Indianapolis.

Present were Mr. Glancy, Robert Punskey, Mrs. Howard S. Williams Jr., Dr. Oscar D. Stryker, Edwin Maurer, Ned Arbury, William J. Guste Jr., Fred Edwards, Charles Schwartz, Dr. Damon Blake and Fitzhugh L. Hiltzheimer Jr.

Mrs. Irene Buckley, executive director of Cancer Care, New York, asked consideration of the board for membership of her organization in the Council.

A motion to accept a formal application for membership from Cancer Care was made by Mr. Punskey and seconded by Dr. Stryker. The motion was adopted by unanimous vote.

Committee chairmen were appointed as follows:

Fred Edwards - Budget and Finance;  
Charles Schwartz - Education; Robert Punskey - Membership and Mrs. Howard Williams - Service and Volunteer Activities.

It was decided that the headquarters of the United Cancer Council should be established at 4811 John R., Detroit, Michigan, and that E. W. Tuescher, Executive Vice President of the Michigan Cancer Foundation, be appointed Executive Secretary and Assistant Secretary-Treasurer of the Council.

Approximately 50 delegates and guests of independent cancer control agencies came to join, or to observe, the United Cancer Council at its organizational meeting in Indianapolis February 15.

Agencies and representatives in attendance were:

ALLEN COUNTY CANCER SOCIETY, Fort Wayne, Indiana: Robert L. Punsky, Jeanette Sheehan.

BEAVER COUNTY CANCER SOCIETY, Rochester, Pennsylvania: Mr. and Mrs. L. R. Davis.

BOONE COUNTY CANCER SOCIETY, Lebanon, Indiana: Mrs. Henry Cawthra, Mrs. Dale Martin, Mrs. Lee Trippier.

CANCER ASSOCIATION OF GREATER NEW ORLEANS, Louisiana: William J. Guste Jr., Mrs. Dorothy DeLaurel, Charles Schwartz Jr.

CANCER ASSOCIATION OF MARSHALL COUNTY, Plymouth, Indiana: Mrs. Hayden Patz, Mrs. Clifton Einspahr.

CANCER ASSOCIATION OF WYANDOTTE COUNTY, Kansas City, Kansas: Mrs. Maxine Bowers.

CANCER CARE INC., New York, New York: Mrs. Irene G. Buckley.

CANCER SOCIETY OF GREATER BATON ROUGE, Louisiana: Anna Jane Warriner.

CANCER SOCIETY OF ST. JOSEPH COUNTY, South Bend, Indiana: Mrs. W. M. Knutson, Mrs. Frances Fick, Dr. Lawrence Baldinger.

COMMUNITY CANCER UNIT OF GRANT COUNTY, Marion, Indiana: Frieda Schultz, Mrs. F. Murray Thompson.

DANVILLE CANCER ASSOCIATION, Danville, Virginia: W. C. Overton, Fitzhugh Hiltzheimer Jr.

DELAWARE COUNTY CANCER SOCIETY, Muncie, Indiana: Mrs. Ralph Whiting, Mrs. Ethel Vlaskamp.

ELKHART CANCER SOCIETY, Elkhart, Indiana: Mrs. Josephine Hookey, Fred Edwards, Mrs. W. M. Stubbins.

FORSYTH CANCER SERVICE, Winston-Salem, North Carolina: Dr. Damon Blake, Mrs. Lacy Butler.

HANCOCK COUNTY CANCER SOCIETY, Findlay, Ohio: Edwin J. Maurer.

LaPORTE COMMUNITY CANCER ASSOCIATION, LaPorte, Indiana: Mrs. C. D. Chipman.

MARION COUNTY CANCER SOCIETY, Indianapolis, Indiana: Dr. and Mrs. Howard S. Williams Jr., Mr. and Mrs. Ralph Werner, Chester Barney, Dr. Pierson, Mrs. Roberta White, Miss Judy White.

MICHIGAN CANCER FOUNDATION, Detroit, Michigan: Alfred R. Glancy Jr., Dr. Oscar D. Stryker, E. W. Tuescher, Winifred Brand, Gladys Sikora.

MIDLAND COUNTY CANCER SOCIETY, Midland, Michigan: Ned S. Arbury.

MONROE COUNTY CANCER ASSOCIATION, Rochester, New York: Dr. Charles D. Sherman, Edwin S. Smith.

MONTGOMERY COUNTY SOCIETY FOR CANCER CONTROL, Dayton, Ohio: Lee E. Eiler, Margaret C. Davis, Dorothy Lehey.

SUMMIT COUNTY CANCER COMMITTEE, Akron, Ohio: Richard Swanson.

#### MEMBERSHIP CERTIFICATES ARE IN PRODUCTION

Certificates of Membership in the United Cancer Council are now being designed and will be mailed shortly to all agency members of the Council.

Letterheads and envelopes with brown and gold insignia on light buff stock also have been designed as official stationery for the United Cancer Council and will be available in the near future.





Dr. Richard S. McCaughey, Medical Director of Yates Memorial Clinic, held the interest of more than 200 nurses at the Nursing Institute March 28 as he spoke on "Marital Factors in the Development of Cancer of the Cervix". The Institute was co-sponsored by the Michigan Cancer Foundation and the Detroit and Tri-County League for Nursing.

### MACOMB EDITORS ATTEND PARTY TO DISCUSS CRUSADE PUBLICITY

Macomb County newspapers were well represented at a Crusade Press Party held recently at the Elks Club in Mt. Clemens at which the editors were thanked for their year-round co-operation and plans for this year's crusade were outlined.

Jaxon Wysong, Crusade Chairman for the Macomb County Unit of the Michigan Cancer Foundation, was chairman. Representing local newspapers were S. I. VanderVen, *Utica Sentinel*; Melvin Blich, *Romeo Observer*; Walter Schultz, *Armada, New Haven and Memphis Times*; Fletcher Spears, *Richmond Review*; John McPartland, *Anchor Bay Beacon*; Maury Vincent, *Mt. Clemens Daily Monitor Leader*; Doris Yata, *Community News*, and for Radio Station WBBB, Charles Park.

### 8-Hour Day A Labor of Love

Miss Angie Vacarro, a volunteer for the Michigan Cancer Foundation, is being mistaken for one of the paid staff these days. Preparing for the April educational crusade, Angie is coming to the Cancer Center three days a week at 8-15 a.m.—clocking in with the staff employees. This is Angie's schedule for three out of the five working days. The only way she knows she's still a volunteer is that she quits at 4 p.m. instead of 5.

### Gift Purse Given to Help Cancer Foundation Program

What began as a gay Christmas party joke ended in a contribution to the Michigan Cancer Foundation when employees of the cosmetics department at Sam's Campus Martini store started dropping coins in a gift purse received by Miss Faye Later. The do-

## 100 OFFICE VOLUNTEERS GET TRAINING

Almost 100 volunteer office workers from the units of the Michigan Cancer Foundation gathered for one of the most successful training meetings of its kind January 9 in the Cancer Center in Detroit.

E. W. Tuescher, Executive Vice President of the Foundation, outlined in detail the background, policy and objectives of the Foundation, and the staff directors of public education, information, service, field services and office management gave brief resumés of each program area.

"Chairmen of the day," explained Mrs. Bebe C. Adams, administrative assistant in charge of office management, "are the first contact the public has with the Michigan Cancer Foundation. No matter what the problem or the question is, to the person asking it this volunteer IS the Michigan Cancer Foundation. Therefore she should know the right answers—or at least to whom the issue can be referred for the right answer. Because of this, it is well that she knows the basics of every phase of the Michigan Cancer Foundation program."

Luncheon was served and the program was closed with a panel discussion initiated by questions from the audience.

nations amounted to \$15—and then no one knew what to do with the \$15. They put their heads together and came up with the perfect solution. The coins were converted into a check for the Michigan Cancer Foundation.

## Labor Officers Pledge Support

The voice of labor was heard in questions about cancer control at a recent meeting of Wayne County AFL-CIO union counsellors and officers held in the Cancer Center auditorium.

Called to order by Bernard Dancy, Staff Representative of the Wayne County AFL-CIO and Eric DeRoss, labor representative to United Foundation, the meeting got under way with a welcome by Dr. Oscar D. Stryker, president of the Michigan Cancer Foundation and a discussion of its background, policy, and program by Ray Smart, director of field services. Other phases of the Foundation's activities were outlined and discussed by Mark Entorf, director of public education; Winifred Brand, director of public information and April Legel, director of service.

A spirited discussion followed, after which refreshments were served and the meeting was adjourned. All participants agreed to carry the message of the Foundation back to their local unions and gain the full support of their membership for the Crusade plans of the cancer control organization. Inclusion of MCF in United Foundation as a recipient of Torch Drive funds further cemented the mutual support of the AFL-CIO and the Foundation.

### BROWNIES GROW UP, STILL GIVE SUPPORT

Little girls grow into big girls, but their interest in helping the Michigan Cancer Foundation never wavers.

For several years the girls of Detroit Senior Girl Scout Troop 220 have devoted their spare time during the early part of April to helping the Michigan Cancer Foundation with its Crusade plans. After school hours, the girls, accompanied by their supervisors, Mrs. Wanda Hetkowski and Mrs. Jean Zdanowicz, gather in the auditorium of the Cancer Center and do whatever job needs to be done. This month it has been stuffing envelopes for the membership mailing which goes out every April.

Donating their leisure time were Verda Jones, Rosalyn Flowers, Justine Bell, Phyllis Hetkowski, Julia Brock, Nancy Zdanowicz, Lee Mary Danielson, Nancy Stasik, Loraine Schick, Betty Gunter, Derys Cesarek, Irene Wskretowicz, Kathy Wilk and Pat Kuznia. Accompanying the supervisors were Mrs. Helen Stempowski and Mrs. Ida Bell.



Luncheon over and festivities behind them, following a successful party for the press, organizers of the Macomb County unit crusade go into a huddle over maps and charts for their house-to-house survey. Pictured above are Standing, left to right—George Paris and Ray Apley; seated—Mrs. Philip T. Mulligan, Miss Jane Brister, Jaxon Wysong and Mrs. Francis Castellucci.

## THANK-U-GRAMS ARE ADOPTED BY CANCER FOUNDATION VOLUNTEERS

Expressing thanks for time, talent or material contributions sometimes loses its warmth in the stereotyped format of a business letterhead. For this reason, Michigan Cancer Foundation volunteers have adopted the following telegram type means of communication to say "thank you". A personal message is typed on the form, signed by the sender and dispatched by first class mail.

# THANK- U -GRAM

In recognition of the good you have done

MICHIGAN CANCER FOUNDATION INC.  
4811 John R., Detroit 1, Michigan

Return Postage Guaranteed

Please Return if Undeliverable



This was the Plymouth office of the Michigan Cancer Foundation (see sign over windows) when firemen started trying to extinguish a fire which broke out in the basement. By the time the fire was under control, one crumbled wall was all that was left of the cancer control center. Plymouth patients are now being provided for in the Livonia office.

## Nursing Institute Gets Orchid From Dearborn Health Dept. Nurse

The following letter, written by Mary A. Finnison, Supervising Nurse for the Dearborn Department of Health, came as an unexpected and much appreciated tribute to the work and planning that went into the first of three one-day seminars on nursing co-sponsored by the Michigan Cancer Foundation and the Detroit and Tri-County League for Nursing.

**CITY OF DEARBORN**

DEPARTMENT OF HEALTH

OFFICE OF THE SUPERVISING NURSE

10000 E. 12 MILE AVE. DEARBORN, MICH. 48124

DATE: 10/10/68

TO: MRS. J. J. FINNISON, SUPERVISING NURSE, MICHIGAN CANCER FOUNDATION, 4811 JOHN R., DETROIT 1, MICH.

FROM: MARY A. FINNISON, SUPERVISING NURSE, CITY OF DEARBORN, 10000 E. 12 MILE AVE., DEARBORN, MICH. 48124

SUBJECT: ORCHID

RE: A letter from you dated 10/10/68, regarding the Michigan Cancer Foundation's 10th Anniversary celebration, was received in the City of Dearborn. The letter was forwarded to the appropriate departments for their consideration. The City of Dearborn is pleased to contribute to the celebration by presenting you with an orchid.

Very truly yours,  
Mary A. Finnison, Supervising Nurse

Non-Profit Org.  
U. S. Postage  
**PAID**  
Detroit, Mich.  
Permit No. 1579



BY THE MICHIGAN CANCER FOUNDATION

PUBLISHED BY MICHIGAN CANCER FOUNDATION

SPRING EDITION

VOL. 3, NO. 1



Betty Glancy, First Lady of the Michigan Cancer Foundation, had the attention of both Harold G. Warner (far left), 1963 Crusade Chairman, and Pat O'Brien, famed film star, at the Annual Press luncheon held at the Detroit Press Club March 14. Pat O'Brien, pinch-hitting for previously-scheduled Hedda Hopper, made a flying trip from Chicago to address the luncheon, returning in time for an evening performance in which he was starring at the Drury Theater.

## Nursing League Joins MCF In Planning Cancer Seminar

More than 200 nurses, most of them members of the Detroit and Tri-County League for Nursing, thronged the auditorium of the Wayne County Medical Society headquarters in Detroit for the first of a three-day seminar on nursing sponsored by the Michigan Cancer Foundation and the Detroit and Tri-County League for Nursing.

Held on Thursday, March 28, the day's program started with a series of lectures including "Mammography of the Breast" by Dr. John Wolfe, instructor in radiology, Wayne State University, and "The Role of a Central Registry in Cancer Control" by Dr. Isidore Selzer, director of the Michigan Cancer Registry.

Following luncheon, the nurses studied exhibits displayed by the Michigan Cancer Foundation and resumed the program in the auditorium. Dr. Richard S. McCaughey, medical director of Yates Memorial Clinic, opened the afternoon program with a discussion of "Marital Factors in the Development of Cancer of the Cervix". Dr. Philip G. Stansly, Research Associate, Detroit Institute of Cancer Research, discussed "Viruses and Cancer" and Dr. Michael Brennan, physician in charge, oncology division, Henry Ford Hospital, brought the program to a close with "Recent

Developments in Chemotherapy in the Treatment of Cancer".

Question and answer periods followed each presentation. E. W. Tiescher, executive vice president of the Michigan Cancer Foundation, moderated the program and a welcome on behalf of the Nursing League was given by Mrs. Gilbert Pingree, president. A welcome on behalf of the Foundation was made by Mrs. Alfred R. Glancy Jr., Volunteer Activities Chairman.

A second day-long session on "Rehabilitation" will be held April 23, and a third on "Resources" will close the 1963 Nursing Institute on June 6.

## MCF MOVES INTO MONROE COUNTY

The Michigan Cancer Foundation expanded its tri-county cancer control program upon invitation of the Monroe County Medical Society to open a local information center and organize a unit in that county.

A cancer control program initiated in Monroe more than 15 years ago by the American Cancer Society had so disintegrated, according to Dr. Vernon L. Weeks, president of the Monroe County Medical Society, that

*Continued on Page 4*

## Glancy Voted President Of Cancer Council

The Michigan Cancer Foundation became a charter member of the United Cancer Council, a newly-organized association of independent cancer control agencies at a meeting held February 14 in Indianapolis, Indiana. Alfred R. Glancy Jr., chairman of the Foundation's board of trustees, was elected president of the Council. Oscar D. Stryker, M.D., Foundation President, was named a member of the UCC board of trustees, and E. W. Tiescher, executive vice president of MCF, was elected Executive Secretary



A. R. Glancy, Jr.

and assistant secretary-treasurer.

All members of the United Cancer Council are former affiliates of the American Cancer Society which have withdrawn from the national society either through voluntary surrender or revocation of their charters. Charter member agencies are representative of Louisiana, Washington, Michigan, Indianapolis, Ohio, Virginia, Pennsylvania, Kansas and North Carolina, while other organizations not yet officially registered are located in many other states.

The basic principles of the United Cancer Council are autonomy of local policy-making and programming and mutual assistance in research support and production of educational materials.

*Continued on Page 3*





Mrs. Alfred R. Glancy Jr., Volunteer Activities Chairman, and Dr. Oscar D. Stryker, president, accept a new American flag on behalf of the Michigan Cancer Foundation. The flag was presented to the Foundation by Forrest E. Beemer, president of the George Washington Post No. 88, American Legion and by Mrs. J. Alvin Johnston, president of the Post Auxiliary (left). The flag replaced one given to the foundation by the George Washington Post more than ten years ago.

## RADIO, TV GET BEHIND CRUSADE PLANS OF MCF

The Michigan Cancer Foundation moved into Cancer Control Month this year with the most widely diversified and independently operated Cancer Crusade in its history.

Each of its units planned programs of interest to each of its own particular localities. Some concentrated on the house-to-house surveys planned on a general scale by the Foundation. Others encouraged high school programs, movie showings or other affairs of local interest.

April 1 found immediate response in the fields of radio and television, as WXYZ-TV introduced pretty Lynn Martin as Sunny Seven for April—the girl who spends the entire month with messages from the Michigan Cancer Foundation.

Dr. Gerald Wilson, a member of the Foundation board of trustees and former medical director of Yates Memorial Clinic, discussed the month-long crusade with Lee Murray on her Conversation show on WJR. Other guest speakers on radio and television programs the first week of the month included Mrs. Alfred R. Glancy Jr., Volunteer Activities Chairman, Dr. James E. Lofstrom, Harold G. Warner, Dr. Norman Nigro, Miss Stephanie Horeglad, Dr. Melvin Reed, Dr. William L. Simpson and Dr. Rosser L. Mainwaring.

The newest unit of the Michigan Cancer Foundation—Monroe County—launched an ambitious program of infiltrating every home with notices of a special theater program at the Monroe Theater showing "A Breath of Fresh Air" and including a panel of eight local doctors who agreed to be on hand to discuss any and all

questions from the audience. A special film in which Dr. S. N. Kelso Jr., president of the new unit, and Dr. D. W. Douglas, president-elect of the Monroe County Medical Society, explained the reason for the Michigan Cancer Foundation's expansion to Monroe County was shown at the beginning of each showing.

Throughout the entire area of Southeastern Michigan volunteers took their kits and went from door to door in their own neighborhoods, leaving the Foundation's educational literature and getting the answers to many questions on cancer control. These questionnaires will be used to good advantage by the Michigan Cancer Foundation—both for the purpose of extended research programs and for improvement of service and educational approaches in the area.

### Injured Volunteers Recovering At Homes

All Michigan Cancer Foundation volunteers will be happy to know Bernice Henshaw and Mary Keyte are fully recovered from their recent misfortunes. Mrs. Henshaw fractured her hip when she slipped and fell while attending a volunteers' training meeting in the Cancer Center. Mrs. Keyte, a South Oakland County Unit volunteer, badly lacerated a finger helping to load a hospital bed at the unit office.

Mrs. James E. Atkinson, longtime volunteer and board member, also is at home again after several weeks in hospital with a broken pelvis suffered when she fell on the ice.

## Pat O'Brien Guests MCF Press Party

The educational crusade now being carried on by volunteers of the Michigan Cancer Foundation is not a "Topsy" which "just grewed". All of the visibility achieved—the radio and newspaper coverage now being realized—the door-to-door survey which is reaching its conclusion—all had their beginnings in a great deal of hard work and preliminary planning.

One of the most successful preliminary events was the annual Press Luncheon held this year at the Detroit Press Club March 11. More than 100 newspaper, radio and television representatives attended and the star attraction was none other than Pat O'Brien, long time favorite of screen and stage fans of two generations.

O'Brien, who was appearing with his wife in the play, "Dear Ruth", at the Drury Theater in Chicago, was pressed into service when the scheduled speaker, Hedda Hopper, cancelled her engagement due to illness two days before the Press Luncheon. Pat O'Brien, contacted in Chicago, agreed to fly to Detroit in time for the luncheon engagement, allow enough time for publicity pictures and interviews and return to Chicago in time for the evening performance at the Drury Theater.

Needless to say, he charmed his audience completely, not only with his dramatic ability in the re-enactment of part of his role as the great Knute Rockne and his ability to tell Irish tales, but with the genuine sincerity of his interest in the cancer control program.

Harold G. Warner, General Manager of the Cadillac Motor Car Division of General Motors Corporation and 1963 Crusade Chairman for the Foundation, was host. Other speakers included Dr. Oscar Stryker, who delivered a welcome as president of the Foundation, and Mrs. Alfred R. Glancy Jr., Volunteer Activities Chairman and chairman of the crusade women's committee.

Mrs. Janet Warren, of Madison Heights, has exchanged her responsibilities as Public Education Chairman for the South Oakland County Unit for those of Volunteer Activities Chairman for that unit.

## MILLION HOMES CRUSADE TARGET

Thirty thousand women will be involved this month in the educational crusade against cancer sponsored by the Michigan Cancer Foundation. Armed with questionnaires and informational pamphlets, they are expected to contact approximately one million homes in the four counties in Southeastern Michigan.

The house-to-house survey this year is designed to gather factual information on the public concept of cancer and of the Michigan Cancer Foundation's cancer control program along with distribution of the Foundation's educational program.

The entire four counties serviced by MCF has been divided and subdivided until each neighborhood is contacted by a local volunteer. The house-to-house survey started March 25, to be continued throughout April.

Results of this survey are expected to add a great deal to the overall cancer control program and to point up the means by which the Foundation's service and educational programs may be improved for the residents of Wayne, Oakland, Macomb and Monroe counties.

## FILMS READIED FOR FALL TERM

When biology teachers in Wayne, Oakland, Macomb and Monroe county high schools plan a course of study for next semester they not only may plan on using the Michigan Cancer Foundation's latest film, "Cancer—Life Against Itself", but they also will be supplied with study books to supplement the film.

Other educational features, both for high school and general adult audiences, include three sound and color films now in production. One will deal with a study of early detection of uterine cancer; another a general informational treatise for men and the third a film on the care of a colostomy.

## GLANCY PRESIDENT OF UNITED COUNCIL

*Continued from Page 1*

Besides Mr. Glancy and Mr. Tiescher, other officers elected include William J. Guste Jr., of New Orleans and Mrs. Howard S. Williams Jr., of Indianapolis, Indiana, vice-presidents; Robert L. Pinsky, Fort Wayne, Indiana, secretary and Fred Edwards, of Elkhart, Indiana, treasurer.



Here's a member of the fair sex who's not afraid of mice. Pretty Lynn Martin, mother of three-year-old twin boys, and Sunny Seven for WXYZ-TV for the month of April, toured the Cancer Center to get first hand information on the nightly message she will deliver for the Michigan Cancer Foundation during this month. Although this little fellow from the laboratories of the Detroit Institute of Cancer Research bit the hand that petted him Lynn suffered no ill effects and was so impressed with the magnitude of the Foundation's program and resources she has become a staunch supporter of the group.

## CECO Girls On the Job

Although there is nothing unusual in the Campbell Ewald Company's Girls' Club volunteering their services to the Michigan Cancer Foundation, this year finds them really working at top speed.

Not only are the girls addressing envelopes for the mailing of all 1966 letters which go to all members of the Foundation during April, but they also were responsible for the assembling of the pages in the Crusade Handbook, written for the training of Crusade volunteers, and for the collating of a questionnaire to be used in the house-to-house survey in this year's crusade.

Working under the direction of the president, Miss Helen Barker, the advertising agency girls are responsible for a large part of the Foundation's excellent organization for this year's project which will call for 30,000 volunteers and a target of one million homes in Wayne, Oakland, Macomb and Monroe counties.

Breast cancer—leading cancer killer among women—CAN be prevented. For details on educational literature, films or speakers for club meetings, call your Michigan Cancer Foundation, Temple 5-0710.

## UNIT CHAIRMEN NAMED IN P. I.

Mrs. John L. Meehan (formerly Mrs. Mabel Kope), Public Information Chairman for the Western Wayne County Unit of the Michigan Cancer Foundation, has accepted an appointment as Foundation P.I. Chairman. Newcomers in the four-county P.I. program for the Foundation include Mrs. George Barnetson, unit chairman for South Oakland County; Mrs. Jerry May, Monroe County and Mrs. William Sims, Macomb County. Other Unit P.I. Chairmen include Mrs. Milo D. McIntock, North Oakland County and Mrs. Raymond O'Connell, Downriver.

## YOUTH POINTS WAY TO HEALTH

An outstanding example of what can be accomplished when youth is aroused was indicated by a most successful cancer control program sponsored by the Future Nurses of Armada High School. Mrs. Victor Curatolo, public education chairman for the Macomb County Unit of the Michigan Cancer Foundation, started the ball rolling when she showed the gathering of 75 girls a new cancer education film, "Cancer, Life Against Itself", distributed literature and set up displays in the school assembly room.

Their interest aroused, the girls immediately launched into plans for a program in which they planned to show "A Breath of Fresh Air" and "A Chance to Live", educational films on early detection of breast and uterine cancer, respectively.

A dinner meeting for mothers and other female members of the Future Nurses' families was planned. The girls printed programs, arranged displays and decorations and involved Mrs. Curatolo and her husband, Dr. Victor Curatolo, as speakers. Approximately 140 attended.

"These young girls did a terrific job," Mrs. Curatolo said. "They were very interested in the films and . . . asked most of the questions after the films were shown. I passed out slips of paper and told them they could write their questions down if they wished or ask the questions directly. All the questions were asked directly . . . most intelligent questions, and they all kept to the subjects in the films."

Cancer is not contagious—according to the Michigan Cancer Foundation. For educational film showings for club meetings, call your local Michigan Cancer Foundation office.



Mothers, units and women from the neighborhood gathered recently at a dinner meeting and cancer education program sponsored by the Future Nurses at Armada High School. The girls planned the program, showing Michigan Cancer Foundation educational films focusing on early detection of breast and uterine cancer.

## Yule Greetings Net MCF \$14,000

The Christmas card program for 1962 excelled by far any of its previous successes, according to financial reports just recently completed.

A net return of more than \$14,000 and the distribution of approximately 150,000 cards is the record for 1962. Christmas card chairmen responsible for the various unit sales were Mrs. Dorothy Kralick, Downriver; Mrs. Peg Bridenbaugh, Macomb County; Mrs. Phyllis Wainwright, North Oakland County; Mrs. Sophie Whitaker, South Oakland County and Mrs. Mary Perdomo, Western Wayne County.

## MOTHER, SON MAKE TEAMWORK PAY OFF

The continuing need for volunteer drivers for cancer patients undergoing out-patient cobalt and radiation treatments in Detroit hospitals points up the services of Mrs. Rosa Harris, a Michigan Cancer Foundation volunteer. Mrs. Harris, who is a volunteer driver, does not actually drive an automobile. However, she does press into service her 20-year-old son, Herman Jr., who readjusts any schedule he might have as a photographer (the means of his own livelihood) to transport patients for the Foundation. Mrs. Harris goes along to help the patient and to spread cheer that she garners from reading while waiting for the duration of the treatments.

## DICR SCIENTIST ADDRESSES 900 AT FRASER HIGH

What an aspiring young scientist may expect from a career dedicated to the pursuit of a cure for cancer highlighted a talk given recently before an audience of more than 900 students at the Fraser High School. The lecture was given by Dr. Samuel Albert, research associate at the Detroit Institute of Cancer Research, and was part of a program planned by Mrs. Ginny Curatolo, public education chairman of the Michigan Cancer Foundation - Macomb County Unit.

Dr. Albert is basically interested in the relationship of people to their environment, and directs most of his studies in the Research Institute laboratories to the problem of why under similar conditions some people become ill and others do not. The search for an answer is conducted with experimental animals subjected to varying environmental and hereditary influences.

The program was typical of lecture sessions, sometimes accompanied by educational film showings, offered to all high schools in Wayne, Oakland, Macomb and Monroe counties by the Michigan Cancer Foundation.

Can a blow or bruise cause cancer? Actually no. Constant irritation may—but the bruise itself will not. The Michigan Cancer Foundation uses your Torch Drive contributions to provide you with the latest information on cancer. Call your community MCF office today for free literature.

## MCF Organizes Monroe County Unit

*Continued from Page 1*

service and educational facilities were practically non-existent and volunteers were fast losing interest.

The Michigan Cancer Foundation accepted the challenge of the expanded program, opening an office at 111 S. Monroe Street, Monroe, and inviting leading citizenry of the county to accept board of trustees membership.

Since early December, when the Monroe County Unit was organized, 40 active year-round volunteers have been recruited and almost 300 are now engaged in the house-to-house fact-finding survey which is the focal point of the Foundation's month-long cancer crusade.



Jim Gallette, field representative for the Michigan Cancer Foundation (far right), found himself on the receiving end of a Christmas donation to the foundation when employees of the F. J. Lanch and Fab-Tec Company decided to give to cancer instead of to each other. Looking on as Mrs. Pat Zukowski, committee chairman, presents the check, is Lawrence Orlick, advertising manager. The gift came from the Engineering Department and Office Personnel.

## TO REVISE DIARY

Mrs. Irene O'Connell, recently appointed public information chairman for the Downriver Unit of the Michigan Cancer Foundation, is recruiting help to revise the unit newsletter, Downriver Diary. Mrs. O'Connell, who will do the writing, welcomes any item of interest to Downriver volunteers. Her telephone number is DUmkirk 2-1658.



# ONE YEAR OF UHF--A PROGRESS REPORT

J. Stanley Purnell and George B. Plain, M.D.  
report on UHF to the UCFCFA United Fund  
Advisory Council and Board of Directors.

..... Single copies free

# THE ROLE OF HEALTH FOUNDATIONS IN UNITED FUNDS

One of the founders of both UHF and the  
Medical Foundation in Boston, James M.  
Faulkner, M.D. explains why Boston United  
Fund established the Medical Foundation,  
how it functions and why Boston helped in  
forming UHF ..... Single copies free

# LOCAL HEALTH FOUNDATIONS--WHY AND HOW

A how-to-do-it manual for the local com-  
munity interested in developing its own pro-  
gram in the voluntary health field.  
..... 75¢ each, less in quantity

## A REAL THREAT TO RESEARCH

Health and welfare leaders who have tried to persuade local communities to develop fluoridation programs in spite of bitter opposition from health cultists and others of an anti-scientific bent will appreciate the problem facing medical researchers, now under concerted attack from a fringe group of anti-vivisectionists. Early this fall, a Congressional subcommittee held hearings on proposed legislation regulating the use of animals in federal-supported research. This legislation, according to the National Society for Medical Research, would effectively hamstring further medical research using animals and could mean considerable delay in preventing loss of life. The Committee has received literally thousands of pieces of mail demanding passage of the legislation (which incidentally does not have the support of the Humane Society or A.S.P.C.A.). Newspapers have been subjected to letter-writing drives as well.

The medical profession and research leaders generally have sought to explain the facts patiently to key laymen and the general public. The National Society for Medical Research and its state affiliates have been charged with giving leadership to this endeavor. UHF President Youmans serves as a vice-president of NSMR, along with a number of other medical leaders. But the seeming effectiveness of this anti-vivisectionist fringe in reaching Congress indicates the need for wider support of the NSMR's efforts, particularly among non-medical leaders with an interest in research and knowledge of its problems.

## INTRODUCING....

One year ago this month, the State of New York approved the Certificate of Incorporation for United Health Foundations. It is fitting therefore, that UHF celebrate its legal birthday with its first periodical.

UHF REPORTS is designed to be a brief and informal roundup. It is geared to the interests of the men and women who make up the Boards of Directors, committees and staffs of local United Funds, health foundations and other United Fund-supported agencies interested in health. Present plans are for publication five times a year.

As you can see from this first issue, UHF REPORTS will not confine itself strictly to UHF matters or federation activities. First of all, it is impossible to draw a suitable line of distinction. But more important, the entire field of health is of direct concern to the community leaders that are the lifeblood of the United Fund movement.

We hope to devote a major portion of UHF REPORTS to brief progress notes about local United Fund or health foundation activities. Since people remain the essential ingredient of news, we want to record the achievements, special distinctions and other noteworthy activities of volunteers and staff in the fields of health research and education. Finally, we welcome opinion and comment, and will gladly publish letters of general interest and importance. As a starter, we solicit your reactions to this first issue of UHF REPORTS.

A TIGHTER REIN ON  
THE PUBLIC  
RESEARCH DOLLAR?

The December 28 issue of Science magazine featured a detailed article by its Washington correspondent, D. S. Greenberg, on a new Research Grant Manual distributed by the U.S. Public Health Service. The new manual, says Greenberg, was issued in response to Congressional criticisms of NIH grants procedures in a report of a House Government Operations Subcommittee, headed by Representative L. H. Fountain (N.C.).

The article notes that the new manual, while meeting some of the Committee's objections, does not go anywhere nearly as far as the Committee desired. It does not modify basically the NIH position that "research is an activity

fundamentally different from government procurement..." (NIH Director Shannon) and that therefore the usual governmental controls "should not be uncritically applied..." Greenberg goes on to predict that further "reforms" will be forthcoming and that Congress in coming years will hold to the view "that NIH's yearly growth should conform to the administration's recommendations, rather than to the established practice of generously exceeding the administration request."

While federal grants continue to be the largest single source of research funds, further action by Congress will undoubtedly place even a higher premium on the voluntary research dollar. Even before this development, local health foundations (as well as other voluntary research programs) were reporting that they had in hand more worthwhile requests than funds with which to underwrite them.

Single copies of the Fountain Committee report are available from UHF on a first-come first-served basis, or in quantity from Congressman L. H. Fountain, House Building, Washington 25, D.C.

#### ANNUAL MEETING

The annual membership meeting of United Health Foundations, Inc. will be held on Thursday afternoon, February 28, at 2:00 P.M. at O'Hare Inn, Chicago. The meeting will elect members of the Board of Directors in accordance with the provisions of the By-laws. Voting for members of the Board will be by authorized representatives of UHF members. UHF members that have not as yet chosen such representatives are urged to do so immediately. All UHF members and participants, as well as committee members and other interested persons, are cordially urged to attend.

The membership meeting will be followed immediately by a meeting of the UHF Board of Directors which will elect officers and Executive Committee members for the coming year; adopt the 1963 budget; approve research grants; and conduct other such business as may come before it.

The place and time of the annual meeting were chosen in relation to the UCFCA Midwest Conference, which will take place in Springfield, Ill. February 24-27. The location, about five minutes from Chicago's O'Hare International Airport by courtesy car, assures easy accessibility from all parts of the country.

#### HEALTH AT UCFCA REGIONAL MEETINGS

The regional meetings of UCFCA are generally good weathervanes as to the temper and concerns of local United Funds (and their communities). So it is of significance that



health matters are on the agenda at these conferences this spring.

UHF officers and staff, in addition to appearing as speakers and panel members, will be present at the regional meetings for consultation. A UHF exhibit and publication display will also be on hand. UHF staff will be available for a limited number of local visits around the time of the meetings.

# CLOSING THE GAP BETWEEN RESEARCH AND PRACTICE

Health education in its broadest implications is a "natural" for the network of educational television stations now springing up around the country. With all-channel receivers mandated within the next few years, the possibilities for ETV look their brightest today.

How effective is ETV as a health education medium? As yet there is little experience to develop a qualified judgment, particularly in such areas as continuation education for doctors, nurses and other professional personnel. To help find out some of the answers, UHF is underwriting the evaluation of an experimental 13-week series of continuation education programs. The series, under the sponsorship of the New York Academy of Medicine, is being beamed at the 19,000 general practice physicians in the New York metropolitan area over WNYC-TV, the city-owned station (Channel 31). Evaluation of the series' effectiveness will be made by the Bureau of Applied Social Research of Columbia University.

Continuation education for physicians is a major interest of the American Medical Association, Association of American Medical Colleges and other such bodies. At present most continuation education under voluntary auspices is confined to specialized fields, such as heart disease or cancer. A joint committee of major medical groups including those mentioned above has just completed a study in this area. Study Director was Bernard V. Dryer, M.D. of Western Reserve University, Cleveland, a member of the UHF Health Education Advisory Committee, and author of "Lifetime Learning for Physicians."

# HAVE YOU SEEN THESE?

Recent publications of UHF are available on request:

# SHOULD FEDERATION SUPPORT RESEARCH?

Written by UHF President John B. Youmans, M.D., this reprint from Community Magazine answers a question often asked by thoughtful citizens. . . . . Single copies free

Acid file

ACID  
January 17, 1963

Dear ID:

Please excuse the use of a dittoed letter, but this will speed up distribution of materials to all of ACID members. With this letter you will find a set of unapproved minutes of our meeting on November 26 and 27, 1962. I have tried to check or underline those portions of the minutes dealing specifically with you and your institution.

Possibly the most urgent matter concerning each of the directors is that of supplying information on the financial needs of his institute for fiscal 1964. As noted at the top of page three of the accompanying minutes, we did agree to document and try to justify institutional needs for fiscal '64 and also attempt to project our needs for the next three to five years after that. Dr. Clark has advised me that such information will be useful in preparing testimony for the Citizens Advisory Panel only if it can be in his hands to be summarized before the end of January.

As a part of the same action, it was agreed that each director would attempt to define those areas of research he considered most promising for major expansion at the present time.

One other matter of general concern is that of institutional policies on patents. You may recall, as noted in the fourth paragraph of page two of the minutes that Dr. Lemon, Dr. Rusch and I were asked to collect patent policies from the directors so that they might be analyzed and evaluated by the sub-committee. Will you be good enough to let me have a copy of your patent policy or a statement that you have no such policy as soon as possible? I will attempt to collate these for review by the whole committee.

TMA  
Jan 28-30

As requested at the last meeting, I have reviewed published meeting schedules for the period April 15 to May 15, 1963 and find that there appears to be no major conflict with a meeting of ACID in Houston on Monday and Tuesday, April 29 and 30. Will you please let me know as soon as possible if these dates are suitable for you.

In addition to the minutes, I have included some other supplemental material. First, you will find a mailing list for the membership of the Association and opposite each name the number of copies of pre-publication abstracts believed desirable on the basis of our earlier discussions. It has been generally agreed that each institution wishing to participate in this program of distribution of pre-publication abstracts will duplicate enough copies to meet these needs and mail them directly to the separate institutes.

I have also enclosed copies of a memorandum related to the tissue procurement program and a reprint of an article by Ed Mirand on the Roswell Park Memorial Institute. There is also a copy of the announcement of the Roswell Park Memorial Institute Summer Program for 1963.

Cordially,

*W. L. Simpson*  
William L. Simpson, M.D.  
Secretary

WLS:mv  
encl.

Mailing List for Distribution of Pre-publication Abstracts of Papers  
from Cancer Research Institutes

January 17, 1963

R. Lee Clark, M.D. M. D. Anderson Hospital and Tumor Institute Texas Medical Center Houston 25, Texas	15 copies
Leonard P. Eliel, M.D. Oklahoma Medical Research Institute 825 Northeast Thirteenth Street Oklahoma City 4, Oklahoma	5 copies
Kenneth M. Endicott, M.D. National Cancer Institute National Institutes of Health Bethesda 14, Maryland	15 copies
Sidney Farber, M.D. The Children's Cancer Research Foundation 35 Binney Street Boston 15, Massachusetts	10 copies
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H. M. Lemon, M.D. Eppeley Institute The University of Nebraska College of Medicine 42nd and Dewey Avenue Omaha 5, Nebraska	2 copies
George E. Morre, M.D. Roswell Park Memorial Institute Buffalo 3, New York	15 copies
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San Francisco, California

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September 29, 1961

MEMORANDUM

TO: Members of the Human Studies Panel and Virology Research Resources Branch Staff

FROM: Chief, Tissue Pathology Unit, Cell Culture Program, VRRB, NCI

SUBJECT: Suggested Requirements for the Tissue Procurement Program

Background Information

A need for readily available, properly obtained and diagnosed tissue is well recognized by all students of malignant diseases. Unfortunately, procurement of such tissues presents a large problem to a number of workers engaged in cancer research. A survey conducted by the Virology Research Resources Branch, National Cancer Institute, has shown that many senior investigators throughout the United States are unable to obtain normal, neoplastic, and embryonic human tissues which they wish to use for research purposes in their respective laboratories. These investigators have indicated that, if some arrangement were made whereby they could be supplied with such tissues, it would make their task considerably easier. In order to aid these research workers and, by so doing, enhance work in the study of cancer, the National Advisory Cancer Council recommended that the National Cancer Institute make plans to establish several tissue procurement and collection centers throughout the country. These collection centers will attempt to supply human tissues to the respective investigators, giving preference at first to grantees of the National Cancer Institute engaged in cancer research. Concomitantly, the well recognized

need for better utilization of already available human material for research purposes will be facilitated by the establishment of such centers. A need for closer cooperation between various groups of investigators engaged in cancer research is likewise recognized by various advisory groups. It is particularly lacking between the groups using a morphological approach to the problem and those engaged in virus research. Availability of well preserved and properly diagnosed tissues to the virologists might stimulate mutual interest in the respective fields.

#### Availability of Tissues

Most hospitals and medical centers in the United States have at their disposal a wealth of human tissues which are submitted to the departments of pathology primarily for the establishment of a pathological diagnosis. This material may be received as bodies designated for performance of autopsies or as specimens obtained at various surgical, gynecological and obstetrical procedures. In the majority of instances, the tissues so designated could be brought into a laboratory either immediately after their removal from a living patient or soon after the death of a patient.

The tissues thus available to various institutions range from completely normal ones to those containing organs affected by disease. Only a small portion of these tissues is needed for the establishment of a pathological diagnosis, the remaining tissues usually being discarded.

Such a disposition of human tissues, of course, has led to the currently prevailing opinion that in a majority of instances tissues routinely available for pathological investigation are not being fully utilized for research purposes. Most institutions and individual laboratories, to whom human tissues are referred for study, use them mainly for establishing a diagnosis. After this is accomplished, the specimens are either discarded, or some portions of such are placed in formalin or other fixative. Such treatment makes this potentially valuable material useless to many investigators who could otherwise utilize it in their laboratories.

#### Tissue Collection

Past experience has shown that it is very difficult to make surgeons, obstetricians and pathologists collect specimens unless they are personally interested in the research for which these specimens are to be used. For this reason, it is absolutely essential that the tissue collection program be supervised by a senior staff member who has the motivation and background to do this work and is himself, or has available, a trained motivated pathologist. The function of a pathologist to insure proper collection of the specimen, thereby eliminating the possibility of collecting partially necrotic, grossly infected, or other unsuitable tissues, cannot be overemphasized. He would also follow the case from the procurement area to the morgue where the remainder of the autopsy would be performed to see that the proper kind and amount of specimens are taken to establish the extent of, or freedom from, disease in the body.

With regard to securing specimens from surgical procedures, an ideal system would be for a pathologist to come into the operating room, cut the specimen provided by the surgeon and aseptically remove such portions of the specimen as fulfill the needs of the pathology department. The remainder of the specimen could then be used for laboratory work. The procedure for obtaining autopsy specimens is reversed. The tissues necessary for tissue collection would be obtained first, and then the body would be submitted for an autopsy. The pathologist, of course, should be actively associated with a department of pathology. This is of some importance since the attitude of a pathology department may either facilitate or seriously hamper the collection program because, by custom, such tissues become the "property" of that department.

For many years, a number of pathologists have displayed great reluctance to alter pathological specimens so as not to interfere with such routine procedures as taking photographs, preparing teaching and museum specimens, etc. On the other hand, more pathologists now have come to feel that in actuality only a small portion of any specimen is necessary to establish a diagnosis, determine the extent of disease and adequacy of treatment. The remainder of the specimen thus becomes available for research purposes. The adoption of this latter attitude by a department which would undertake a tissue procurement program seems desirable.



### Processing

After aseptic removal, the tissues will be given a code number and immediately transported to the processing area, where they will be cultured bacteriologically. This will necessitate having available a well-equipped and staffed bacteriological laboratory or making some arrangements with an already existing adequate bacteriological service.

Human tissues obtained through this program will be used exclusively for research purposes. Because of the exact nature of the work in which this material is to be employed, it must conform to certain minimum specifications. The cases from which these tissues are to be obtained must be carefully screened and selected. The tissues themselves must be collected under the strictest aseptic conditions. Detailed patients' histories including any drug therapy should be available in selecting cases, and a pertinent abstract should accompany each specimen. All tissues from any given case should be examined histologically and as accurate a diagnosis as possible must be made. Because a large portion of this material is to be used in virus isolation, particular attention will be paid to cytological aberrations seen commonly in some virus diseases. This will call for a variety of histological and cytochemical techniques in addition to routinely prepared hematoxylin and eosin sections. Likewise, additional duplicate sections will have to be made. The pertinent duplicate sections will be sent to the individual

investigators along with the specimens. The others will be used for consultation purposes should a need for such arise.

All these considerations bring about the necessity for performing an autopsy of a "research" caliber. This means that each body should be diligently searched for the presence of pathological changes, no matter how slight. An unusually large number of tissue samples will have to be taken and sections examined. It is estimated that approximately 80 to 120 blocks will have to be taken from each case. These sections will be taken routinely and special stains made on the designated specimens. This will necessitate fixing specimens in several fixatives. Serum specimens will be collected at autopsy and sent to the processing area along with the sterile tissues. At the end, the carefully taken clinical history and laboratory data will be assembled together with the pathological findings.

The concept of a "research" autopsy combined with that of aseptic tissue procurement will obviously, in some hands, interfere with that of a "routine" autopsy. Consequently, departments of pathology which undertake tissue procurement programs should make plans to provide the additional time and effort necessary for performing this service.

#### Preservation

The preservation of aseptically procured human tissues could be accomplished by several general methods. In all instances, an

attempt will be made to preserve and process the material according to the individual investigator's needs. In general, four methods of preservation could be used. The first would involve a quick freeze method designed for the preservation of viruses and micro-organisms without regard to preservation of cell viability. Material prepared in this manner can be stored in a deep freeze or in partial vacuum after freeze-drying. The second method would preserve material in a nutrient media at about 4°C. This method of preservation is widely used and presumably insures retention of both viability of cells and the virus. However, material treated in this manner could be stored for only a limited period of time. The third method involves the incorporation of glycerol, dimethyl sulfoxide or some other preservative with the tissues and then freezing them at a controlled rate to liquid nitrogen temperature. This process has been designated specifically for preservation of cell viability and prolonged storage. It appears that liquid nitrogen freezing and storage units are most convenient. However, in certain cases, a CO<sub>2</sub>-alcohol mixture may be used. The fourth method simply involves immersing pieces of tissue into various fixing fluids, and then storing them either at room temperature or in an ice box. This method, of course, kills the tissue cells, bacteria and presumably the viruses. While the various fixatives will be constantly used in the study of tissue for diagnostic purposes, the tissues treated in such a way will be supplied to the investigators only under exceptional

circumstances. This step will have to be taken because an adequate supply of fixed tissues is usually available to most investigators.

### Viability

It is common knowledge that following clinical death certain tissues maintain viability for surprisingly long periods of time. On the other hand, some tissues lose viability relatively soon after the heart stops beating. In this connection, almost immediately some difficulty arises in the definition of viability. In the case of laboratory animals, relatively good biological indications of successful cell preservation in vitro or tissue preservation following animal's death are available. These biological tests have been worked out primarily on bone marrow and are concerned with the ability of bone marrow transplants to protect animals against lethal radiation. The other tests utilize successful "takes" of tissues in susceptible animals. Such a limited and inadequate definition of viability has naturally produced somewhat controversial information. In addition to biological assessment of viability, a number of laboratory tests have been devised for the same purpose and then must be completely relied upon in humans. Again the laboratory tests currently in use were originally designed for bone marrow and tissue culture cells. The most common ones include motility studies, transformation, counting mitotic figures, assessment of enzymatic activity, C-14 formate uptake, titrated thymidine uptake, and the dye



exclusion tests. Most of these tests require tissue culture environment and are subject to individual interpretation. Each of these tests carries its own limitation and could not be solely relied upon to determine cell viability. Obviously, a combination of several techniques is required even to get an approximate idea as to cell viability. Because cell death is associated with certain chemical changes in the nucleus and the cytoplasm, it would be advisable to make correlation between the morphological appearance, the cytochemical studies in cultured cells and tissue sections with existing viability studies. This could possibly provide a baseline for determining the state of cells in tissue sections obtained at autopsy. Such a study would be of particular value since it is exceedingly difficult to determine a specific cell type surviving in culture.

#### Physical facilities

At present, the National Cancer Institute is planning to establish three tissue collection and procurement centers: one for collection of normal human tissues, one for collection of neoplastic tissues and one for collection of embryonic material. One of the institutions delegated responsibility for collection of tissues will also serve as a central laboratory and an administrative center. This laboratory will attempt to solve, at least partially, problems which will arise in connection with the preservation and distribution of human material. Because of the large scope of operation, the laboratory will be adequately staffed and provided with the necessary equipment.

The physical facilities for the primary tissue procurement center will require approximately 2400 square feet. This space will include areas for aseptic tissue procurement, storage of specimens, laboratories and offices. The floor plans for this facility could vary considerably and will depend largely on the institution participating in the tissue procurement program. However, one requirement should be that the sterile autopsy room be located somewhere near the morgue, thus eliminating the time loss which would result if bodies were transported from one building to another.

The physical facilities for the program concerned with procurement of neoplastic tissues will be similar to those used for the collection of normal tissues. The total space requirements will depend on the size of storage space and most likely will amount to somewhere between 2500 and 3000 square feet. This space will again include room for aseptic tissue procurement, processing area, storage area, laboratories and offices.

The space requirements for one or more embryonic tissue collection centers will be considerably less and could probably be met by a room from 250 to 300 square feet in size. These centers will serve only as collection stations. The tissues will be processed at the central laboratory.

### Shipment

Some refrigerated, light-weight container is most desirable for shipping. The specimen can be packed in dry ice and shipped to individual investigators by air express. To keep the specimen at an even temperature, it could be placed into an insulated container. Such containers have been used satisfactorily for transport of frozen bull semen. Specimens frozen in liquid nitrogen will be shipped in liquid nitrogen refrigerators or containers specially developed for this purpose. The material will be shipped to individual investigators directly from the procurement centers at a request by the National Cancer Institute Project Officer.

### Conclusions

In the past several decades, human cancer research has been aimed primarily at the control of cancer either through improved methods of early recognition or improved treatment methods. Studies in epidemiology and natural history of the disease have made significant contributions to the prevention and cancer control program. Yet, despite these advances, very little has been done in establishing the etiology of human tumors. Consequently, no effective treatment of advanced disease exists as yet.

On the other hand, viral etiology of chicken sarcoma animal tumors was demonstrated by Rous as early as 1911. Since then, a number of cancer-producing viruses have been isolated from various laboratory animals. The reluctance to apply same techniques, so successful in animals, to humans can be easily explained by inherent difficulties arising from human experimentation. However, one major stumbling block has been undoubtedly the difficulty in obtaining human tissues for laboratory work. If this could be successfully overcome by the establishment of a tissue procurement program, we could rightfully expect a speedy development of knowledge in the field of cancer virology and perhaps even hope for a better insight into the etiology of malignant disease.

Theodore Malinin, M. D.

TAM/smb



## CURRENT AND IMMEDIATE NEEDS OF CANCER CENTERS OF AMERICA

INSTITUTION	PRESENT BLDG.	FUTURE ADDITIONS TO BLDG.	PRESENT BUDGET	FUTURE BUDGET
1. MEMORIAL-SLOAN-KETTERING CANCER CENTER, NEW YORK, N.Y.		40	24	35
2. ROSWELL PARK MEMORIAL INSTITUTE BUFFALO, NEW YORK		14	14	20
3. NATIONAL CANCER INSTITUTE BETHESDA, MARYLAND		10	16	20
4. THE UNIVERSITY OF TEXAS M.D. ANDERSON HOSPITAL AND TUMOR INSTITUTE, HOUSTON, TEX.	14	10	9.5	15.5
5. PONDVILLE HOSPITAL WALPOLE, MASSACHUSETTS		6	2	4
6. INSTITUTE FOR CANCER RESEARCH PHILADELPHIA, PENNSYLVANIA		5	1.6	4.2
7. CHILDREN'S HOSPITAL BOSTON, MASSACHUSETTS		5	2.6	4.6
8. DETROIT INSTITUTE FOR CANCER RESEARCH, DETROIT, MICHIGAN		3	.5	2
9. MCARDLE MEMORIAL LABORATORY FOR CANCER RESEARCH, MADISON, WISC.		3.6	1	2
10. CANCER RESEARCH INSTITUTE UNIVERSITY OF CALIFORNIA MEDICAL CENTER, SAN FRANCISCO		1.1	.7	1.2
11. OKLAHOMA RESEARCH INSTITUTE OKLAHOMA CITY, OKLAHOMA	2	2	1.2	3
12. CANCER RESEARCH INSTITUTE UNIVERSITY OF NEBRASKA OMAHA, NEBRASKA		2	.1	1
		101.7	73.2	112.5

CROSS REFERENCE

SEE FILE Information Retrieval - Special Projects

FOR PERTINENT INFORMATION DESCRIBED BELOW:

Letter \_\_\_\_\_ Memo \_\_\_\_\_ Other \_\_\_\_\_

From ACID Mtg. 1964 To <sup>Information</sup>  
~~Literature~~ Retrieval - Special Projects

Date 1/18/65

1. Report on Scientific & Technical Information Communications in Relation to the Cancer Institutes of the Nation (A Note to ACID Members) by F. M. Hemphill dated Nov. 6, 1964
2. Correspondence to and from Robert K. Ausman & F. M. Hemphill on combined efforts with SDI program.
3. Report: Data Processing Studies  
Roswell Park Memorial Institute (received during 1964 ACID mtg.)

ACID

THE UNIVERSITY OF TEXAS  
M.D. ANDERSON HOSPITAL  
AND TUMOR INSTITUTE



R. LEE CLARK, M.D.  
DIRECTOR

TEXAS MEDICAL CENTER  
HOUSTON 25

November 3, 1964

MEMORANDUM

TO : Members of the Association of Cancer Institute Directors  
SUBJECT : Proposal Concerning THE CANCER BULLETIN

The enclosed document concerning THE CANCER BULLETIN has been prepared by Dr. Russell W. Cumley and represents a proposal for that journal to become the official organ for the Association of Cancer Institute Directors.

We feel that this has several advantages in that THE CANCER BULLETIN is an existing journal which has become well known during its fifteen years of publication. At one time its circulation was 107,000 in this country and abroad.

It would be easy to develop THE CANCER BULLETIN into a comprehensive journal for our various institutions. At the present time it is designed to report to the practicing physician recent developments in cancer care and to emphasize the best practices in diagnosis and treatment. If the ACID group should decide that they would be interested in participating in its production, the emphasis could be changed to present the information arising from each of our institutions, thereby serving as a medium of information on the practical application of research projects to patient care. Also, we could include reviews of progress in development and research in the clinical areas. It would still be aimed at the practicing physician. The institutions participating in the program would furnish representatives on the editorial board and would have the privilege of an individual page for the physicians of their state or region. We have found this journal to be one of the better means of acquainting the physicians of our area with our activities, and it has been entirely acceptable to them.

We shall plan to discuss this at the coming ACID meeting.

*R. Lee Clark*  
R. Lee Clark, M. D.

*Let plus enclosure to  
each acid member plus  
copy to Dr. Copeland 11-4-64*



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PROPOSAL  
for  
The Cancer Bulletin  
To Become the Official Organ of  
The Association of Cancer Institute Directors

1. History of The Cancer Bulletin

- a. Created in 1948.
- b. Circulation rose to 103,000 by 1950.
- c. Distributed in bulk to state health officers, the purchasers, who send it to physicians in their respective states.
- d. As new cancer programs developed, funds for this distribution have been curtailed, and circulation has declined.
- e. Present circulation, 31,180, to physicians in 19 states.

2. Reception of The Cancer Bulletin among physicians.

Surveys by health department officials have been conducted in 9 states, districts, and Canadian provinces, to determine the reception of The Cancer Bulletin by physicians. Physicians were asked various questions, of which one was "Does The Cancer Bulletin help you in your practice?" In most cases, if the official did not receive a reply within two weeks, a follow-up was sent out. Results are tabulated below. The state, the number of physicians queried, the percentage that replied, and the percentage of those that replied who stated that The Cancer Bulletin helps them in their practice are tabulated.

Note that over 60% of all physicians queried responded, if a follow-up was sent out. Of those that replied, over 80% stated that The Cancer Bulletin helped them in their medical practice.

<u>State</u>	<u>Number Queried</u>	<u>Per cent Responded</u>	<u>% that state TCB helps in practice</u>	
Arizona	250	91	84	
District of Columbia	1,906	59	89	(no follow-up)
Texas	6,741	67	92	
Alberta, Canada	750	72	85	
Nevada	98	96	87	
Michigan	6,425	43	84	(no follow-up)
Pennsylvania	10,500	28	80	(no follow-up)
Oregon	1,480	88	87	
Arkansas	1,183	70	93	

### 3. Costs

- a. With present circulation, magazine costs 32¢ per copy, and is breaking even.
- b. By increasing circulation to 100,000-125,000, the magazine could be sold for approximately 22¢ per copy or \$1.32 per annual subscription (6 issues).

### 4. Circulation in states receiving journal compared with that in states in which ACID institutions are located.

- a. Present circulation in 19 states and territories - total circulation 31,180.

- b. In only 3 of these states is there an ACID institution:
  - (1) Wisconsin, whose subscription will expire this year, and probably not be renewed
  - (2) Michigan, with a physician population of 8,700, but to only 3,700 of which the magazine is circulated
  - (3) Texas, with a physician population of 11,000, of which 2,000 do not receive The Cancer Bulletin.
- cc. Physicians who do not receive The Cancer Bulletin in the 11 states in which ACID institutions are located number approximately 100,000.

5. Proposal to ACID

- a. The Cancer Bulletin to become the official organ of ACID in states in which ACID institutions underwrite distribution.
- b. ACID institutions purchase subscriptions for all physicians within their respective states, and if desired, nearby states.
- c. Revise editorial board to represent all ACID institutions.
- d. ACID institutions provide signed manuscripts for publication in The Cancer Bulletin.
- e. Magazines will carry the credit line of the purchaser.

6. Costs involved if each ACID institution purchased subscriptions for all physicians in their respective states at \$1.32 per year:

<u>State</u>	<u>Institution</u>	<u>Number Physicians</u>	<u>Annual Cost</u>
Oklahoma	O. Med. Res. Found.	3,103	\$4,095
Maryland (incl.D.C.)	N.C.I.	6,613	8,729
Massachusetts		(8,537)	
	Ch. Ca. Res. Found.	2,846 (1/3)	3,756
	Walpole	2,846 (1/3)	3,756
	N. E. Deaconess	2,846 (1/3)	3,756
New York		(31,112)	
	Sloan Kettering	10,371 (1/3)	13,689
	Memorial	10,371 (1/3)	13,689
	Roswell Park	10,371 (1/3)	13,689
Nebraska	Univ. of Neb.	1,371	1,809
Wisconsin	McArdle Mem'l.	4,023	5,310
Michigan		(8,700)	
	Detroit Inst.	5,000	6,600
	(Mich. Ca. Fdn.	2,200	2,904)
Pennsylvania	Inst. for Ca. Res.	16,501	21,781
California	Ca. Res. Inst.	23,526	31,054
Texas		(11,000)	
	M.D.A.H.	2,000	2,640
	(Tex. Dept. Health	4,539	5,991)
	(A.C.S., Tex. Div.	4,487	5,923)
Missouri	Ellis Fischel	4,645	6,131
		-----	
		117,657	



## 7. Results of proposal

If the proposal is accepted, the circulation of The Cancer Bulletin will approximate 130,000 physicians.

## 8. What will this distribution achieve for the ACID institutions?

- a. Increase physician-institution rapport within the state;
- b. Serve as a medium of postgraduate education among practicing physicians of the state;
- c. Improve diagnostic accuracy at the community level, thereby assuring that patients will be referred to the ACID institution earlier in the course of the disease;
- d. Improve therapeutic practices among physicians within the state;
- e. Assure the rapid dissemination of newly acquired knowledge among the practicing physicians;
- f. Provide a medium for rapid publication (3 months) of newly found results;
- g. Provide a stimulating medium for their residency training program;
- h. Stimulate physicians within the state to do a better follow-up of patients;
- i. Reinforce the image that physicians of the state have regarding the institution;
- j. In general, up-grade the patient-care and educational activities among physicians.

## 9. Masthead

Revised masthead will include all directors of ACID institutions as members of the Advisory Editorial Board.

10. Examples of articles printed in The Cancer Bulletin, January, 1962-December, 1964

a. Editorial articles:

- 1) Gastric Lymphoma
- 2) Thrombophlebitis and Cancer
- 3) Carcinoma of the Gallbladder
- 4) Management of Pain
- 5) Rectal Bleeding
- 6) Abnormal Nipple Discharge
- 7) Islet Cell Tumors of the Pancreas
- 8) Carcinoid Tumors
- 9) The Pediatric Patient
- 10) The Patient With an "Ileal Bladder"
- 11) Carcinoid Tumors
- 12) Multiple Myeloma
- 13) Thyroid Cancer -- A Lethal Disease
- 14) Cushing's Syndrome and Tumors of Nonendocrine Origin
- 15) Exfoliative Cytology: Its Potential in Cancer Detection
- 16) Unusual Manifestations of Lung Cancer
- 17) Gastric Cancer: New Approaches to Diagnosis
- 18) Cancer Detection in Office Practice
- 19) Hypercalcemia and Hypoglycemia
- 20) Carcinomatous Polyneuromyopathy

## b. Meetings:

- 1) American College of Surgeons' 47th Clinical Congress
- 2) American Association for Cancer Research 1962 meeting
- 3) Eighth International Cancer Congress, 1962, Moscow
- 4) American Association for Cancer Research, 1963 meeting
- 5) American College of Surgeons' 50th Clinical Congress  
(scheduled for January-February, 1965)

## c. Special issues:

- 1) Mammography issue (November-December, 1962)
- 2) Head and neck issue (November-December, 1964)

## d. Tumor Clinic Conferences from ACID institutions:

- 1) Roswell Park Memorial Hospital  
J. W. Pickren, M.D., and Julian L. Ambrus, M.D.  
on gastric cancer, May-June, 1963
- 2) Eugence C. Eppley Institute for Research in Cancer  
and Allied Diseases, University of Nebraska  
H. M. Lemon, M.D., et al., on metastatic breast  
cancer in November-December, 1963
- 3) Memorial-Sloan Kettering Cancer Center, New York City  
W. F. Whitmore, Jr., M.D., on cancer of the kidney  
in January-February, 1964
- 4) The University of Texas M. D. Anderson Hospital and  
Tumor Institute, Houston, Texas  
R. L. Clark, M.D., and R. G. Martin, M.D., on  
soft tissue sarcoma, March-April, 1964

- 5) Ellis Fischel State Cancer Hospital, Columbia, Mo.  
J. S. Spratt, Jr., M.D., et al., on epidermoid  
carcinoma of the lower extremities, July-August,  
1964

e. Tumor Clinic Conferences by nonACID members:

- 1) F. C. Bloedorn, M.D.
- 2) E. M. Daland, M.D.
- 3) C. W. Mayo, M.D.
- 4) C. Eckert, M.D.
- 5) W. C. Cole, M.D.

f. Special features:

- 1) Smoking and Lung Cancer by Joseph Berkson, M.D.
- 2) American College of surgeons: Minimum Standards for  
Approval of Cancer Programs
- 3) Cancer Comments from Poland and Thailand (interview  
with Professors W. J. Rudowski, Warsaw, and Amnuey  
Smerasuta, Dhonburi, Thailand)
- 4) Cancer Therapy in Sao Paulo (interview with Professor  
Fernando Gentil)

g. Cancer institutions:

- 1) Instituto Nacional de Brazil
- 2) The Royal Marsden
- 3) Princess Margaret Hospital



## h. Interviews:

- 1) H. W. Clatworthy, Jr., M.D.
- 2) Brian Blades, M.D.
- 3) D. C. Dahlin, M.D.
- 4) Johannes Clemmesen, M.D.
- 5) Ralston Paterson, M.D.
- 6) G. D. Dodd, Jr., M.D.
- 7) A. B. Hagedorn, M.D.

The University of Texas  
M. D. Anderson Hospital and Tumor Institute  
11-15-63

FIVE-YEAR BUDGET PROJECTION

	<u>1963-64</u> <u>1963-64</u>	<u>1964-65</u> <u>1964-65</u>	<u>1965-66</u> <u>1965-66</u>	<u>1966-67</u> <u>1966-67</u>	<u>1967-68</u> <u>1967-68</u>
I <u>OPERATING BUDGET</u>					
A. <u>INSTITUTIONAL BUDGET</u>					
(1) CLINICAL COSTS	\$ 4,100,000	\$ 4,250,000	\$ 4,400,000	\$ 4,400,000	\$ 4,500,000
(2) RESEARCH COSTS	3,300,000	3,450,000	3,700,000	3,700,000	3,900,000
TOTAL	<u>\$ 7,400,000</u>	<u>\$ 7,700,000</u>	<u>\$ 8,100,000</u>	<u>\$ 8,100,000</u>	<u>\$ 8,400,000</u>
(3) BED CAPACITY	300	300	300	300	300
(4) PERSONNEL POSITIONS	1,220	1,235	1,250	1,265	1,280
B. <u>RESEARCH SPONSORED BY OTHER FUNDS</u>					
(1) CANCER CLINICAL RESEARCH CENTER (IF ANY)	\$ 600,000	\$ 600,000	\$ 600,000	\$ 600,000	\$ 600,000
(2) BASIC AND CLINICAL RESEARCH COSTS	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000
TOTAL	<u>\$ 3,100,000</u>	<u>\$ 3,600,000</u>	<u>\$ 4,100,000</u>	<u>\$ 4,600,000</u>	<u>\$ 5,100,000</u>
(3) PERSONNEL POSITIONS	250	280	310	340	370
II <u>PHYSICAL FACILITIES</u>					
A. <u>INSTITUTIONAL BUDGET</u>					
(1) EQUIPMENT	\$ 300,000	\$ 200,000	\$ 200,000	\$ 175,000	\$ 200,000
(2) CAPITAL IMPROVEMENTS, NEW BUILDINGS, ETC.	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
TOTAL	<u>\$ 300,000</u>	<u>\$ 200,000</u>	<u>\$ 200,000</u>	<u>\$ 175,000</u>	<u>\$ 200,000</u>
B. <u>ADDITIONAL RESEARCH FACILITIES FROM OTHER FUNDS</u>					
(1) EQUIPMENT	\$ 250,000	\$ 250,000	\$ 300,000	\$ 500,000	\$ 250,000
(2) CAPITAL IMPROVEMENTS, NEW BUILDINGS, ETC.	350,000	2,500,000	3,000,000	1,000,000	
TOTAL	<u>\$ 600,000</u>	<u>\$ 2,750,000</u>	<u>\$ 3,300,000</u>	<u>\$ 1,500,000</u>	<u>\$ 250,000</u>
III <u>SUMMARY (ALL SOURCES)</u>					
A. <u>INSTITUTIONAL BUDGET</u>					
(1) OPERATING	\$ 7,400,000	\$ 7,700,000	\$ 8,100,000	\$ 8,100,000	\$ 8,400,000
(2) PHYSICAL FACILITIES	300,000	200,000	200,000	175,000	200,000
B. <u>OTHER FUNDS</u>					
(1) OPERATING	3,100,000	3,600,000	4,100,000	4,600,000	5,100,000
(2) PHYSICAL FACILITIES	600,000	2,750,000	3,300,000	1,500,000	250,000
GRAND TOTAL	<u>\$ 11,400,000</u>	<u>\$ 14,250,000</u>	<u>\$ 15,700,000</u>	<u>\$ 14,375,000</u>	<u>\$ 13,950,000</u>

FIVE-YEAR BUDGET PROJECTION

I OPERATING BUDGET

A. INSTITUTIONAL BUDGET

	<u>1965-66</u>	<u>1966-67</u>	<u>1966-67</u>	<u>1966-67</u>	<u>1967-68</u>
(1) CLINICAL COSTS	\$ 4,100,000	\$ 4,250,000	\$ 4,400,000	\$ 4,400,000	\$ 4,500,000
(2) RESEARCH COSTS	<u>3,300,000</u>	<u>3,450,000</u>	<u>3,700,000</u>	<u>3,700,000</u>	<u>3,900,000</u>
TOTAL	<u>\$ 7,400,000</u>	<u>\$ 7,700,000</u>	<u>\$ 8,100,000</u>	<u>\$ 8,100,000</u>	<u>\$ 8,400,000</u>

(3) BED CAPACITY	300	300	300	300	300
(4) PERSONNEL POSITIONS	1,220	1,235	1,250	1,265	1,280

B. RESEARCH SPONSORED BY OTHER FUNDS

(1) CANCER CLINICAL RESEARCH CENTER (IF ANY)	\$ 600,000	\$ 600,000	\$ 600,000	\$ 600,000	\$ 600,000
(2) BASIC AND CLINICAL RESEARCH COSTS	<u>2,500,000</u>	<u>3,000,000</u>	<u>3,500,000</u>	<u>4,000,000</u>	<u>4,500,000</u>
TOTAL	<u>\$ 3,100,000</u>	<u>\$ 3,600,000</u>	<u>\$ 4,100,000</u>	<u>\$ 4,600,000</u>	<u>\$ 5,100,000</u>
(3) PERSONNEL POSITIONS	250	280	310	340	370

II PHYSICAL FACILITIES

A. INSTITUTIONAL BUDGET

(1) EQUIPMENT	\$ 300,000	\$ 200,000	\$ 200,000	\$ 175,000	\$ 200,000
(2) CAPITAL IMPROVEMENTS, NEW BUILDINGS, ETC.	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>	<u>- 0 -</u>
TOTAL	<u>\$ 300,000</u>	<u>\$ 200,000</u>	<u>\$ 200,000</u>	<u>\$ 175,000</u>	<u>\$ 200,000</u>

B. ADDITIONAL RESEARCH FACILITIES FROM OTHER FUNDS

(1) EQUIPMENT	\$ 250,000	\$ 250,000	\$ 300,000	\$ 500,000	\$ 250,000
(2) CAPITAL IMPROVEMENTS, NEW BUILDINGS, ETC.	<u>350,000</u>	<u>2,500,000</u>	<u>3,000,000</u>	<u>1,000,000</u>	<u>250,000</u>
TOTAL	<u>\$ 600,000</u>	<u>\$ 2,750,000</u>	<u>\$ 3,300,000</u>	<u>\$ 1,500,000</u>	<u>\$ 250,000</u>

III SUMMARY (ALL SOURCES)

A. INSTITUTIONAL BUDGET

(1) OPERATING	\$ 7,400,000	\$ 7,700,000	\$ 8,100,000	\$ 8,100,000	\$ 8,400,000
(2) PHYSICAL FACILITIES	<u>300,000</u>	<u>200,000</u>	<u>200,000</u>	<u>175,000</u>	<u>200,000</u>

B. OTHER FUNDS

(1) OPERATING	<u>3,100,000</u>	<u>3,600,000</u>	<u>4,100,000</u>	<u>4,600,000</u>	<u>5,100,000</u>
(2) PHYSICAL FACILITIES	<u>600,000</u>	<u>2,750,000</u>	<u>3,300,000</u>	<u>1,500,000</u>	<u>250,000</u>
GRAND TOTAL	<u>\$ 11,400,000</u>	<u>\$ 14,250,000</u>	<u>\$ 15,700,000</u>	<u>\$ 14,375,000</u>	<u>\$ 13,950,000</u>

Marion:

This is the form which we discussed this afternoon.

BR

11-14

Bill - De Clark had this with him  
as mty of AC10 here in April '63.

There's another mty ~~AC10~~ of AC10  
next cub & this subject is on agenda - you  
Should it be changed any? (He leaves Sun 17<sup>th</sup>  
for AC15 & stays for AC10)  
m. w.



*Draft only - in form letter  
as to be revised  
& forms to be revised*

# **FIVE-YEAR BUDGET PROJECTION**

	1962-63 1960-61	1963-64 1961-62	1964-65 1962-63	1965-66 1963-64	1966-67 1964-65
<b>I OPERATING BUDGET</b>					
<b>A. INSTITUTIONAL BUDGET</b>					
(1) CLINICAL COSTS	\$3,800,000	\$4,000,000	\$4,000,000	\$4,200,000	\$4,200,000
(2) RESEARCH COSTS	2,900,000	3,200,000	3,200,000	3,600,000	3,600,000
TOTAL	<u>\$6,700,000</u>	<u>\$7,200,000</u>	<u>\$7,200,000</u>	<u>\$7,800,000</u>	<u>\$7,800,000</u>
(3) BED CAPACITY	300	300	300	300	300
(4) PERSONNEL POSITIONS	1,190	1,210	1,225	1,250	1,260
<b>B. RESEARCH SPONSORED BY OTHER FUNDS</b>					
(1) CANCER CLINICAL RESEARCH CENTER (IF ANY)	\$ 600,000	\$ 600,000	\$ 600,000	\$ 600,000	\$ 600,000
(2) BASIC AND CLINICAL RESEARCH COSTS	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000
TOTAL	<u>\$2,000,000</u>	<u>\$3,100,000</u>	<u>\$3,600,000</u>	<u>\$4,100,000</u>	<u>\$4,600,000</u>
(*) PERSONNEL POSITIONS	190	230	260	290	310
<b>II PHYSICAL FACILITIES</b>					
<b>A. INSTITUTIONAL BUDGET</b>					
(1) EQUIPMENT	\$ 150,000	\$ 200,000	\$ 175,000	\$ 200,000	\$ 175,000
(2) CAPITAL IMPROVEMENTS, NEW BUILDINGS, ETC.	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
TOTAL	<u>\$ 150,000</u>	<u>\$ 200,000</u>	<u>\$ 175,000</u>	<u>\$ 200,000</u>	<u>\$ 175,000</u>
<b>B. ADDITIONAL RESEARCH FACILITIES FROM OTHER FUNDS</b>					
(1) EQUIPMENT	\$ 150,000	\$ 175,000	\$ 200,000	\$ 250,000	\$ 300,000
(2) CAPITAL IMPROVEMENTS, NEW BUILDINGS, ETC.		500,000	2,500,000	3,000,000	500,000
TOTAL	<u>\$ 150,000</u>	<u>\$ 675,000</u>	<u>\$ 2,700,000</u>	<u>\$ 3,250,000</u>	<u>\$ 800,000</u>
<b>III SUMMARY (ALL SOURCES)</b>					
<b>A. INSTITUTIONAL BUDGET</b>					
(1) OPERATING	\$6,700,000	\$7,200,000	\$7,200,000	\$7,800,000	\$7,800,000
(2) PHYSICAL FACILITIES	150,000	200,000	175,000	200,000	175,000
<b>B. OTHER FUNDS</b>					
(1) OPERATING	2,600,000	3,100,000	3,600,000	4,100,000	4,600,000
(2) PHYSICAL FACILITIES	150,000	675,000	2,700,000	3,250,000	800,000
GRAND TOTAL	<u>\$9,600,000</u>	<u>\$11,175,000</u>	<u>\$13,675,000</u>	<u>\$15,350,000</u>	<u>\$13,375,000</u>

acid

# AMERICAN CANCER SOCIETY, INC.

219 EAST 42ND STREET • NEW YORK, N. Y. 10017 • MURRAY HILL 6-4300



November 17, 1964

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

Dear Lee:

I have received the proposal suggesting that THE CANCER BULLETIN be sponsored by the Association of Cancer Institute Directors. Naturally my comments are of little value since I am no longer a Cancer Institute Director, but I still retain a deep interest in the group and the institutions represented.

At first blush the idea seems to be a good one, but I am inclined to doubt the ability of the several institutions financially to provide the support suggested. Since I cannot speak for Memorial Sloan-Kettering Cancer Center, you will have to depend on Frank Horsfall and Leo Wade for any reactions. Certainly anything that assists in reaching the practicing physicians would be worthwhile, and I like the idea of aiming the BULLETIN at them and emphasizing developments in cancer care.

I shall look forward to hearing more of the idea.

It was good to see you in New York if only briefly and I hope that all is well with you and your group.

With best wishes,

Sincerely yours,

J. R. Heller, M. D.  
Special Consultant on International,  
Medical and Scientific Affairs

RESEARCH  
EDUCATION  
SERVICE

*ex longw  
ACIP member*

File  
"ACID"  
with Cancer  
Research and  
"Pilot Center"

**CONFIDENTIAL**

May 10, 1964

Mr. William L. Simpson  
Scientific Director  
Detroit Institute of Cancer Research  
4811 John R. Street  
Detroit, Michigan

Dear Bill:

I believe that all members of the ACID group are expected to communicate with you regarding the present and future needs of their institutions and that you in turn will then communicate this information to Doctor Farber as Chairman of the Subcommittee on Cancer of the President's Commission on Heart Disease, Cancer and Stroke. Our needs are projected below and are numbered to facilitate reference.

We are at the present time finishing a campaign to add 230,000 square feet of research space to our institution. We have estimated \$8,000,000 for this building program. We would like to have included two additional areas (Paragraphs 2 and 3 below) in this program; however our building funds had to come from other than State appropriations and although we can expect considerable support for operation of the expanded effort from State sources, the approximately \$8 million which we have for this project is all that the traffic will bear at the present time.

1. Remodeling the old, and equipping the new research areas is estimated at a cost of \$2,000,000.

2. We would like to add two complete floors to our existing research center and to bring the new building up to include these additional floors. This would comprise approximately 45,600 square feet per floor, or 91,200 additional square feet above and beyond our program as presently projected. This would require an estimated \$1,192,000 based on \$35.00 per square foot.

3. Our activities (for instance our Annual Symposium on Fundamental Cancer Research) have long since outgrown the size of our auditorium. There is a need for a comprehensive facility for medical communications (audio-visual seminar rooms, etc.) designed especially for continuation of education of which the auditorium would be a part. This would constitute an estimated half million dollars.

4. There are many areas especially of clinical research which are being neglected in the cancer picture. It is our feeling that a specially designed accommodation for beds and appropriate laboratories would allow greater and more meaningful activity in regard to cancer in children, neoplasms of the brain and nervous system, endocrinologically oriented malignancies and developmental problems in x-ray diagnosis. Envisioned is the addition of a wing to encompass these areas, providing both laboratory space and perhaps 100 to 200 additional beds, depending on the results of the final study. In the design of our present building, the possibility of such an addition was anticipated so that our functional flow pattern would not be disturbed. It would comprise approximately 120,000 square feet and require approximately \$4.5 million to build and equip.

5. All of our beds, except perhaps the 20 used in clinical research, are in great demand and we have a waiting list for admissions. We therefore observe the policy of using our beds essentially for critical care. The average length of hospitalization is 16 days. Surgical patients who have passed the critical phase are discharged and seen on an ambulatory basis. Approximately 95 per cent of our medical diagnostic evaluation is done on an ambulatory basis, and we now see over 400 patients per day in the outpatient clinic. Additionally, 85 to 90 per cent of our radiation therapy is done on an ambulatory basis. These ambulatory patients occupy motels and hotels in the area. There is a great need for an open or nursing home where they can be housed under nursing supervision but at a minimum level. Many are old and from small towns and need some help in their daily activity. Such a facility would make the most effective use of our beds and would allow us to continue much of our clinical investigations on an ambulatory basis at a greatly reduced cost. We have an "experimental" such home at the present time which houses 60 indigent patients, and we are able to keep them at a cost of \$6.00 per day rather than the \$38.50 per day required for them to stay in the hospital. This need could be met by a facility for approximately 100 beds for ambulatory patients in the immediate vicinity of the Texas Medical Center. This could be added to either of the additions proposed in Paragraphs 2 and 4 above and I believe it could be done for approximately one million dollars.



6. There is a great need to implement in depth certain areas of research. We shall be able to do much of this in our new additions already financed, however we would consider, particularly, stressing virology, immunology, human genetics, experimental therapeutics, experimental surgery (organ transplantation) and clinical research if we could obtain the additional two floors. I would estimate that we would require additional support in physical plant operation and maintenance and personnel (including senior scientists) at the level of approximately \$2 million for the research area and an additional \$2 million for the bed area.

Our future needs described above are recapitulated in a brief table, attached.

Of course these are projections which might well be altered with detailed study. It is my proposal that, for the magnitude of such an effort as we envision, we have a planning committee and make a very accurate study of the precise needs and costs. I believe that this could be accomplished for \$50,000, perhaps less.

It is expected that at least half, or up to 60 per cent of the total budget expressed in our present operations and future projections would come from State appropriation. The remainder would have to come from gifts, grants and contractual operations.

If I can be of any further help in preparing the document for the Commission please let me know.

Sincerely yours,

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

RLC:ef  
Attachment

cc: Dr. Sidney Farber

bcc: Dr. Murray M. Copeland - CONFIDENTIAL Copy #1  
Dr. Grant H. Taylor - CONFIDENTIAL Copy #2  
Mr. Joe E. Boyd, Jr. - CONFIDENTIAL Copy #3  
Mr. Robert A. Kolvoord - CONFIDENTIAL Copy #4 (for model)

THE UNIVERSITY OF TEXAS  
M. D. ANDERSON HOSPITAL

TEXAS MEDICAL  
CENTER  
HOUSTON 25

	<u>Average Regular Inpatient Per Dien Costs</u>	<u>Per Dien Costs For Full Research Patient</u>	<u>Clinic Visit Costs</u>
Administrative and General Expense	\$ 4.10	\$ 6.94	\$ 1.32
Physical Plant (a)	2.30	2.30	.51
Housekeeping	.98	.98	.22
Laundry	.70	.70	.15
Medical and Surgical Supplies (Includes blood, anesthesia and sterile supplies)	5.24	6.43	.62
Food Service	3.33	6.88	
Laboratory (b)	1.98	21.91	.73
Pharmacy	2.01	2.01	.38
X-Ray (b)	.80	1.42	1.86
Nursing	13.00	24.39	.90
Other Expense (Includes Medical Records, Medical Social Service, Volunteer Service, etc.)	1.35	2.26	1.30
Totals (b)	<u>\$35.88</u>	<u>\$76.22</u>	<u>\$ 7.89</u>

- (a) Does not include building use or depreciation costs.  
(b) Does not include costs of clinical staff.

THE UNIVERSITY OF TEXAS  
M. D. AMMERSON HOSPITAL AND TUMOR INSTITUTE

Present and Future Needs

ITEM	NEWS	SQ. FEET	BUILDING COST	OPERATING COST
<b>I. <u>Existing, or planned, and financed:</u></b>				
Present building	300	350,000	12,900,000	12,000,000
To be constructed	Research only	220,000	8,000,000	3,500,000
<b>II. <u>Projection of future needs:</u></b>				
Remodel old and equip new research area			2,000,000	
Research area		91,200	3,192,000	2,000,000
Communications facility for continuation education		For study	500,000	250,000
Bed space and clinical cancer research	200	120,000	4,500,000	2,000,000
Ambulatory patient facility	100	For study	1,000,000	250,000

APRIL 27 + 28, 1964  
BUFFALO ACID

1. Approval of Nov minutes

2. Summer Programs

1) { Hi School  
College Students

2.) Roswell Park

Hi Sch. Emphasis - 112 this yr.  
assigned to a sponsor for summer - 80%  
time in lab. 20% girls

3.) Memorandum

Started 1948

Priority to those interested  
in career in Sci - Higher for Med Sch.  
interest.

Few formal classes - but more like  
a junior technician

500 applicants this year

No High School as yet

80 to 100 3<sup>rd</sup> + 4<sup>th</sup> yr students.

Between 250 - 350 per mo.

4.) Detroit -

for Sr. Hi School

12 out of 80 participants.



3. General discussion of Philosophy  
of Ed in Categorical Institutes

4. New Endicott

1) Graded 2 m. to another institute  
so can pay all approved grants  
but lower 10%

2) This YR. - coming up 1965

Pres Budget will allow  
60% of Competing Funds  
- approved

App. already passed House Rep &  
reduced Pres Budget by  
amt. to pay indirect costs  
Senate vote held up by civil  
rights bill.

3) YR. After next - 1966

Should be a better YR  
must redefine areas

of cancer research so that  
new sources of money  
may be utilized for  
those that are marginal  
to cancer.

4.) Hoolbridge Committee - appointed  
by Kennedy to check out all  
practices pertaining to NIH  
grants & funds.

Made up of numerous panels  
Administration Committee  
made up of non scientific persons  
and they are asking should  
grants be a part of NIH program

5.) Pres Com on Heart, Ca, Stroke -

HCB

Panels - 8

May have a real effect in mobilizing  
executive dept. aid in mobilizing  
new efforts in Ca research - which  
should be felt by 1966

Exec. & Academic Committees on big science  
space, defense, etc.

## 5. Cooperative Res. Programs.

Information Centers.

Library Programs.

Res Programs - Views Task Program  
example

Colon - no research

What to do about study sections  
and their negative attitudes to  
developmental research

## DR. FARBER'S Comments

### The President's Commission

1. Send list of our needs to Dr  
Simpson

2. <sup>Nov 5 fall</sup> Discovery Evaluation  
Development Application

Endorst Regional Center for Diag + Rx of Ca  
with or without a Research Center  
" " " a Education Center

Endicott Math - Eng - Phys now  
supported 90% Federally  
Medicine - in region of 50 to 55%  
support.

Now 1 Billion for Health payr  
15 Billion by 1980 probably  
15 Million now in Clinical  
Centers - 10% of all concepts

State Participation

Endicott: To start this year:

Providing for ambulatory  
care of leukemia pts  
undergoing Chemotherapy  
Trials

See "Science" on Exchange  
program with Russia.



# Russian trip off

7. Quackery

Cancer test, new drug

Jackson's juice

Harris = face toward the

8. How app. Hearing (Dr. Endicott)

Fundamental Biology & Carcinogenesis

Ear marked funds for support  
of institutes on Environmental  
Factors - Viruses } Molecular  
Heredity } Biology

A Major Strong New Prog.  
is essential

with a cancer slant

Sandra Hill

*Handwritten: Mr. Adams  
ACID  
Bethesda, Maryland  
Nov 8, 1964*

ACID

November 1964

Mr. Scott Adams -

Library of Medicine

History - Old Surgeon General's Library  
1,500,000 items - 2,200 Journals.  
1956 - Kennedy-Hill bill transferred Lib.  
to U.S.P.H.S.

Two missions

Global Collection  
QciMedicus - since 1889 and Medlarsis  
a continuation of 85 year old tradition of  
collection and indexing of information. Now  
automated and mechanized. One million items  
added a year. Since January, the ~~Medlarsis~~ <sup>Medlars</sup> (2)  
system has been active and MESH (Medical  
Subject Heading) now key to all indexing -  
photon machine, composes one page per minute  
6,500 subject headings now used.

Purpose:

1. Listing
2. Selected bibliographies
3. Demand search and retrieval capabilities

Future:

To decentralize tapes - for regional service.  
\$250,000.00 for beginning of decentralization  
and converting to \_\_\_\_\_ (7094 IBM) from  
M. Honeywell equipment.

1965 - asking for 7 centers for MEDLARS Search  
installation

*Handwritten: m*

Notes taken by Robert Clark at the  
November 8-9 Meeting of ACID  
1967

Selection of 7 from 28 requests on:

Back stopping - Library back up  
Diversity and volume of needs

NASA - has tapes to 19 universities and NASA centers

Service - photocopy furnished by NMLIB free to any library that requests it, but not directly to individual. Cheaper than loans.

63 out of 100 most used journals for photocopy are American and all but 7 are owned by a scientific organization.

Tapes are loaned for both retrieval and for experimentation. Specialized tapes are a future effort:

- Shell - for cross indexing
  - 20 staff for indexing
- Searcher - is the man-machine intermediary
- Auto-indexing - is strictly experimental now

Facsimile - transmission equipment is now here but too costly - 50¢ page, will be practical when 15¢. Date - about 6 months behind in indexing.

ACID - how to cooperate

1. Test of searches - with critical analysis by those who receive the information. Leonard Karel is in charge.

2. Adequacy of terminology

3. MESH - published each January. Check out for accuracy of terminology as relates to Neoplasms, etc.-----

4. MESH - to be especially interested in 1965 in:

- 1. Drugs and chemical
- 2. Behavioral sciences
- 3. Epidemiology

5. Check Provisional Heading (for one year) - now 5 per paper but hopes to go to 10 headings per paper.

6. 200,000 citations on file - 1963 beginning

150,000 citations per year - Now

Will add 250,000 per year - for future

Now 7,000 Journals of Biomedical - 2,400 in MEDLARS

Dr. Farber - Cancer Institutes - Relationship to University.  
How can we better our relationships.

Dedulus - Univ. structure - see this article T. Talbot

Speciality in Graduate Training - between ACID Institutes

Dr. George Moore - scientific techniques - special techniques

Tissue - Leukemia specimens for George Moore (Bob Stephenson  
Joe Luaghter)

Exchange of personnel and teaching

Veterinary (?) viral problems - Henry Lemon

Computers - Outman

Libraries - 1. put clinical cancer articles on tape with Hemphill.

2. NCI - 100,000 vol. with turnover at this point.

Publishing-----

Shubik - Chicago Carcinogenesis

Hollander - Co Carcinogenesis

Joe Moore

Scientific techniques - Special techniques

Tissue - Leukemia specimens to Joe Moore (Bob Stephenson  
Joe Laughter)

Exchange of personnel & teaching

Veterary viral problems - Henry Simon.

Computers - Artman -

Librarians - put clinical Ca articles on tape  
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at this point.

Publishing -

Schubert - Chicago Carcinogenesis

Hollander - Co carcinogenesis

# ACID

Nov 1964

<sup>SCOTT</sup>  
McAdams -

## Library of Med.

Hist - Old Surgeon General's Library

1,500,000 Items - 2700 Journals

1956 - Kennedy-Hillbill Transferred Lib. to USPHS

Two Missions

Global Collection

GCIMEDICALS - since 1889 and

MEDLARS is a continuation of 85 yr old tradition  
of collection & indexing of information. Now  
automated & mechanized. 1 million items added a yr.

Since Jan, the Medlars system has been active, and

THE SH (Medical Subject Heading), now key to all indexing

- Photon machine, composes one page per minute

6500 subject headings now used.

### Purpose:

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2. Selected bibliographies
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### Future

To decentralize tapes - for regional service.

"250,000" for beginning of decentralization and converting

to CORREL (IBM) from M. Honeywell equip.

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(2)

Selection 7 from 28 requests on

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RR

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150 000 " per yr - Now

will add 250 000 " " - for future

Now 7000 Journals of BioMed. - 2400 in Medline

Ad file Ca Cap

Af Ca Cap

Soft Ca Cap

Dr. Farber -

Cancer Institutes - Relationship to University.

How can we better our relationships.

Dedulus - Univ structure - see This article - Tacit

Speciality in Graduate Training. - between Acid & anti

600,000  
18,000,000

Dr. R. W. Cumley

October 13, 1964

Office of the Director

ACID Meeting November 8-9, 1964

Doctor Cumley:

The Association of Cancer Institute Directors is to meet in Bethesda November 8-9, 1964.

We have received in Doctor Clark's absence the agenda for the November meeting and a copy of the minutes of the April 27-28 meeting. Excerpts are quoted below:

Agenda item: "The relationship of the Association of  
November 8-9 Cancer Institute Directors to the Cancer  
meeting Bulletin."

Item in April "Dr. Clark called attention of the Asso-  
27-28 minutes: ciation of Cancer Institute Directors members  
to his hope that clinical reviews could be pre-  
pared by institute directors for publication in  
the Cancer Bulletin. He also suggested that  
the Cancer Bulletin might be used as a journal  
for the Association of Cancer Institute Directors  
with institute directors becoming editors of the  
Bulletin. He agreed to send specific information  
to each of the directors in advance of the next  
meeting at which time the matter is to be dis-  
cussed further."

Do you have, or could you compile information to meet this need?  
Doctor Clark will return October 20, and there will be limited time for  
him to review it and to mail it to members if he so decides.

Marion Wall

MW:bh

*Dr. Clark and Dr. Cumley  
discussed this 10-27-64*

*MW*

October 9, 1964

Memorandum to: Members of the Association of Cancer Institute Directors  
From: William L. Simpson, Secretary-Treasurer  
Re: Fall meeting, November 8 and 9, 1964

Accompanying this note is a draft of unapproved minutes of the Association of Cancer Institute Directors in Buffalo, which was held April 27 and 28, 1964.

As agreed at that meeting, the regular fall meeting of the Association has been scheduled to be held in Bethesda on Sunday evening, November 8, and all day Monday, November 9. Local arrangements for the meeting are being made by Dr. Fay Hemphill, whom most of you know.

*(By Clark, will you please?)*  
The Governor's House Motel in Bethesda has been selected as a place to stay and to have our dinner meeting on Sunday, November 8. They will provide set ups and we will see that there is something to go with them before the dinner.

With this letter I enclose a couple of postcards. Will you please indicate on the one addressed to Dr. Hemphill when you will arrive in Washington, by what route, and if you wish him to arrange accommodations for you at the Governor's House.

On the other card, which is to be returned to me, please indicate if you can attend the meeting and the dinner, and note any additional items you would like to have added to the agenda for Monday's meeting.

In agreement with Dr. Farber and Dr. Endicott, Dr. Hemphill is planning that we may tour the National Library of Medicine and meet with the Director to consider how the Library might cooperate with cancer institutes in more effective communication of scientific data.

Additional items for the agenda include the following:

A discussion of the relationships between cancer institutes and universities

Consideration of cooperative studies among cancer institutes

A review of the survey made of cancer center needs

The relationship of the Association of Cancer Institute Directors to the Cancer Bulletin

Election of officers for 1965

*See - see p. 4.  
of minutes,  
please.*

It is hoped that some time can be given to Dr. Endicott to bring us up-to-date on what is new in the National Cancer Institute.

I hope you can attend and trust that you will return the enclosed cards as soon as possible.

April 27 and 28, 1964

ASSOCIATION OF CANCER INSTITUTE DIRECTORS

Dinner  
Meeting  
April 27

The Association of Cancer Institute Directors met at the Roswell Park Memorial Institute April 27 and 28, 1964. A dinner meeting was held April 27 with the institute directors as guests of the Health Research Foundation, Inc. The dinner was attended by the following members of the Association of Cancer Institute Directors: Drs. Clark, Copeland, Eliel, Endicott, Horsfall, Knox (for Shields Warren), Moore, Rush, Simpson and Talbot. Hosts included the following members of the staff of Roswell Park Memorial Institute: Drs. Ausman, Grace, Mirand, Pickett, Sokol and Weir.

Following dinner Dr. Moore reviewed the facilities and general program of the Roswell Park Memorial Institute.

The Association of Cancer Institute Directors meeting reconvened at 9:00 a.m. April 28 with the following persons present: Drs. Ausman, Clark, Copeland, Eliel, Endicott, Farber, Grace, Horsfall, Knox, Lamon, Mirand, Moore, Rush, Simpson and Talbot.

Minutes  
Approved

Minutes of the meeting of November 21, 1963 were approved as distributed by the Secretary.

Summer  
Programs

The first item considered was that of summer programs for high school and college students. Dr. Horsfall stated that Sloan-Kettering Institute had conducted such a program since 1948 and that they accepted 80 to 100 college students from the junior and senior years, with preference given to those who are headed for graduate or medical school. They spend two to three months in the laboratory as technicians. There are no formal courses. A few students return for a second year and are assigned to a new program when they do. In 1964 there were 500 applications, with approximately 80 percent from medical and academic families. The students are paid from \$250 to \$350 per month from institutional funds. The selection is made by a staff committee. Sloan-Kettering Institute does not accept any high school students.

Dr. Mirand reported on the program of the Roswell Park Memorial Institute and distributed mimeographed copies of reports concerning this program. It was started by Dr. Moore in 1953 for high school and undergraduate college students. The program involves participation in research under the supervision of a senior investigator. It is supplemented by lectures, seminars and films. More than 1,200 students applied for the 1964 program. Approximately 115 students have been accepted. Students are housed in nearby apartments and in the Y.M.C.A. where rooms cost approximately \$15 per week. Each student is required to present two progress reports during the summer and some present seminars. A ratio of 20 percent girls and 80 percent boys is held for the participants. Applications are reviewed and selections made by a six-man staff committee.



Dr. Simpson reported on the program for high school students at the Detroit Institute of Cancer Research, which was started in 1960. The program is limited largely to students who have completed two or three years of high school who will be returning to school in the fall of the year. An effort has been made to select students from many different schools with not more than one or two for any school. Part of the goal is to stimulate students and teachers in various high schools so as to improve the quality of teaching in the sciences at the high school level. Each student is assigned to work with a member of the Institute staff and usually conducts a small research project under supervision. A written report of the research is required in addition to which the student presents orally a ten to fifteen minute paper to his colleagues and to the Institute staff.

**Institute  
Affiliations**

The relationship of institutes to universities and professional schools was next discussed briefly. The following specific comments were made concerning cancer institutes:

1. Sloan-Kettering Institute is a part of the Graduate School of Cornell University. At present they have 23 students enrolled and are responsible directly to the parent university in Ithaca.
2. Dr. Clark indicated his belief that a graduate school affiliation was much to be preferred over an affiliation to a medical school or departmental affiliation. He stated that it had taken from 1948 to 1963 to secure approval of the M. D. Anderson Hospital and Tumor Institute as a part of the Graduate School of the University of Texas.
3. Dr. Moore indicated concurrence that university affiliations were important as far as education was concerned, but he believed that the institutes should be independent as far as research.
4. Dr. Endicott stated that a number of scientists at the National Institutes of Health had joined forces to establish a graduate school and that the state of Maryland had issued a charter to the school so that it might award advanced degrees. He urged that the institutes should become problem solving institutions and not universities.
5. Dr. Farber suggested that more time be devoted to institute-university relationships at the next meeting.

**Methods of  
Support**

The group next turned its attention to the general problem of Public Health Service grant support to cancer institutes. There was general agreement that new methods for support must be discovered so as to provide broader reviews than those of individual projects and that support should be provided to institutes as a whole with some mechanism that the individual investigators would have considerable freedom within a broadly defined program. Dr. Endicott expressed the opinion that the Public Health Service is moving rapidly toward single grant support for institutes. Progress in this direction will require that the individual directors spell out the

programs for their institutes. He stated that in contrast to medical schools where project grants would probably always remain necessary, the categorical institute might hope for 100 percent support of program on the basis of a lump sum budget negotiation. Alternatively it was suggested that the institutes might prefer a long range agreement on a cost-sharing basis for over-all support at some fixed percentage with an occasional review to determine if the level of support is appropriate.

At the request of the Chairman, Dr. Endicott reviewed the fiscal situation with respect to grants by the National Cancer Institute and also pertinent non-budget activities by legislative committees and the newly appointed President's Commission on Heart, Cancer and Stroke.

**Cooperative  
Studies**

Ways in which cancer institutes might contribute to development of a more vigorous research effort were discussed. Dr. Moore suggested the investigation of possibilities for cooperative studies among several institutes. The Chairman asked that this be made a specific item for the agenda of the next Association of Cancer Institute Directors meeting.

Dr. Endicott indicated that the kinds of jobs that could be done by cancer institutes do not usually appeal to study sections and that there was, therefore, a need to revise the kind of support for cancer institutes to contracts or some other form of support outside of the study sections.

**Visit to  
Computer  
Center**

The members adjourned for a visit to the computer center, which has been set up by Dr. Ausman to coordinate chemotherapy studies, following which they returned to the conference room where lunch was served.

**President's  
Commission**

As the newly appointed Chairman of the Sub-committee on Cancer of the President's Commission on Heart Disease, Cancer and Stroke, Dr. Farber outlined the principal objectives of the Commission. In simplest terms the Commission is to advise the President on the ways to reduce mortality on cancer, heart disease and stroke, which now combined make up approximately 71 percent of the causes of death in the States. The Commission will seek to determine the level of present knowledge, the most promising avenues of research and the needs in manpower, facilities, etc. to achieve these goals as rapidly as possible. Information on the current level of operations of the cancer institutes was requested by the Chairman. Specifically he asked that budgets be sent to the Secretary covering annual anticipated expenses for capital improvements for hospitals, laboratories and equipment; for operations, for training, etc. These are desired on a year to year basis for the next several years.

**Cancer  
Centers**

The Association next turned its attention to the discussion of Cancer Centers and the roles they may be expected to play in diagnosis, treatment and research. Dr. Endicott expressed his belief that regional centers are necessary to evaluate the effectiveness

of diagnostic tests, chemotherapeutic agents, etc. There was general agreement that the Federal Government should not be expected to give major support to diagnostic and treatment centers but that the proportion of Federal support for research both in basic and clinical activities may be expected to increase until it is in the range of that now provided in mathematical and physical research, or approximately 95 percent.

**Russian  
Trip**

The Association next turned to the proposed visit to Russian cancer research institutes. Because of the number of institute directors who have become involved in the President's Commission and in other pressing matters, it was agreed to postpone indefinitely the Association of Cancer Institute Directors' visit. Dr. Endicott stated that he would notify the State Department of this change in plans.

**Information  
on Grant  
Applications**

Dr. Endicott was asked to review the situation on disclosure of information that had been submitted as part of grant applications, as provided in the revised grants manual. He stated that although in general relatively little information would be released publicly, there was no way to restrict the flow of information to Congress or to other branches of government. It was suggested that individuals might write to the Wooldridge Committee expressing their views on this subject. It might be possible that current applications could be put back into a confidential classification. There was no action taken by the Association on this matter.

**New  
Treatments**

The current status of proposed new treatments for cancer was discussed. Dr. Endicott provided specific information on the antisera proposed by Dr. De Carvalho and the use of filtered and heat sterilized extracts of liver or spleen of animals or humans with leukemia. The latter has been suggested by Dr. John Harris and has been under study at St. Vincent's Hospital and at Long Island College of Medicine in New York.

**Cancer  
Bulletin**

Dr. Clark called attention of the Association of Cancer Institute Directors members to his hope that clinical reviews could be prepared by institute directors for publication in the Cancer Bulletin. He also suggested that the Cancer Bulletin might be used as a journal for the Association of Cancer Institute Directors with institute directors becoming editors of the Bulletin. He agreed to send specific information to each of the directors in advance of the next meeting at which time the matter is to be discussed further.

**Communication**

Dr. Endicott told the Association of his concern for acceleration of communication among the scientists interested in cancer. He believes the Public Health Service and the National Library of Medicine are in a position to provide annotated bibliographies and brief abstracts very quickly and suggested that such information could be transmitted by wire to appropriate recording equipment in individual institutes.

Next  
Meeting

It was tentatively agreed to set the next meeting for Bethesda on Sunday evening, November 8, and all day Monday, November 9, 1964.

Adjournment

The meeting adjourned at 3:30 p.m. following which members visited various parts of the Roswell Park Memorial Institute prior to their departure from Buffalo.

Respectfully submitted,

William L. Simpson, M.D.  
Secretary





R. LEE CLARK, M.D.  
DIRECTOR

*File*  
*Mail Comm. ACID*

THE UNIVERSITY OF TEXAS  
M.D. ANDERSON HOSPITAL  
AND TUMOR INSTITUTE

TEXAS MEDICAL CENTER  
HOUSTON 25

November 3, 1964

MEMORANDUM

TO : Members of the Association of Cancer Institute Directors  
SUBJECT : Proposal Concerning THE CANCER BULLETIN

The enclosed document concerning THE CANCER BULLETIN has been prepared by Dr. Russell W. Cumley and represents a proposal for that journal to become the official organ for the Association of Cancer Institute Directors.

We feel that this has several advantages in that THE CANCER BULLETIN is an existing journal which has become well known during its fifteen years of publication. At one time its circulation was 107,000 in this country and abroad.

It would be easy to develop THE CANCER BULLETIN into a comprehensive journal for our various institutions. At the present time it is designed to report to the practicing physician recent developments in cancer care and to emphasize the best practices in diagnosis and treatment. If the ACID group should decide that they would be interested in participating in its production, the emphasis could be changed to present the information arising from each of our institutions, thereby serving as a medium of information on the practical application of research projects to patient care. Also, we could include reviews of progress in development and research in the clinical areas. It would still be aimed at the practicing physician. The institutions participating in the program would furnish representatives on the editorial board and would have the privilege of an individual page for the physicians of their state or region. We have found this journal to be one of the better means of acquainting the physicians of our area with our activities, and it has been entirely acceptable to them.

We shall plan to discuss this at the coming ACID meeting.

*R. Lee Clark*  
R. Lee Clark, M. D.

*1 to plus enclosure  
to each Acid member  
plus copy to Dr. Copeland  
11-4-64 JH*



PROPOSAL  
for  
The Cancer Bulletin  
To Become the Official Organ of  
The Association of Cancer Institute Directors

1. History of The Cancer Bulletin
  - a. Created in 1948.
  - b. Circulation rose to 103,000 by 1950.
  - c. Distributed in bulk to state health officers, the purchasers, who send it to physicians in their respective states.
  - d. As new cancer programs developed, funds for this distribution have been curtailed, and circulation has declined.
  - e. Present circulation, 31,180, to physicians in 19 states.
2. Reception of The Cancer Bulletin among physicians.

Surveys by health department officials have been conducted in 9 states, districts, and Canadian provinces, to determine the reception of The Cancer Bulletin by physicians. Physicians were asked various questions, of which one was "Does The Cancer Bulletin help you in your practice?" In most cases, if the official did not receive a reply within two weeks, a follow-up was sent out. Results are tabulated below. The state, the number of physicians queried, the percentage that replied, and the percentage of those that replied who stated that The Cancer Bulletin helps them in their practice are tabulated.

Note that over 60% of all physicians queried responded, if a follow-up was sent out. Of those that replied, over 80% stated that The Cancer Bulletin helped them in their medical practice.

<u>State</u>	<u>Number Queried</u>	<u>Per cent Responded</u>	<u>% that state TCB helps in practice</u>	
Arizona	250	91	84	
District of Columbia	1,906	59	89	(no follow-up)
Texas	6,741	67	92	
Alberta, Canada	750	72	85	
Nevada	98	96	87	
Michigan	6,425	43	84	(no follow-up)
Pennsylvania	10,500	28	80	(no follow-up)
Oregon	1,480	88	87	
Arkansas	1,183	70	93	

### 3. Costs

- a. With present circulation, magazine costs 32¢ per copy, and is breaking even.
- b. By increasing circulation to 100,000-125,000, the magazine could be sold for approximately 22¢ per copy or \$1.32 per annual subscription (6 issues).

### 4. Circulation in states receiving journal compared with that in states in which ACID institutions are located.

- a. Present circulation in 19 states and territories - total circulation 31,180.

- b. In only 3 of these states is there an ACID institution:
    - (1) Wisconsin, whose subscription will expire this year, and probably not be renewed
    - (2) Michigan, with a physician population of 8,700, but to only 3,700 of which the magazine is circulated
    - (3) Texas, with a physician population of 11,000, of which 2,000 do not receive The Cancer Bulletin.
  - c. Physicians who do not receive The Cancer Bulletin in the 11 states in which ACID institutions are located number approximately 100,000.
5. Proposal to ACID
- a. The Cancer Bulletin to become the official organ of ACID in states in which ACID institutions underwrite distribution.
  - b. ACID institutions purchase subscriptions for all physicians within their respective states, and if desired, nearby states.
  - c. Revise editorial board to represent all ACID institutions.
  - d. ACID institutions provide signed manuscripts for publication in The Cancer Bulletin.
  - e. Magazines will carry the credit line of the purchaser.
6. Costs involved if each ACID institution purchased subscriptions for all physicians in their respective states at \$1.32 per year:

<u>State</u>	<u>Institution</u>	<u>Number Physicians</u>	<u>Annual Cost</u>
Oklahoma	O. Med. Res. Found.	3,103	\$4,095
Maryland (incl.D.C.)	N.C.I.	6,613	8,729
Massachusetts		(8,537)	
	Ch. Ca. Res. Found.	2,846 (1/3)	3,756
	Walpole	2,846 (1/3)	3,756
	N. E. Deaconess	2,846 (1/3)	3,756
New York		(31,112)	
	Sloan Kettering	10,371 (1/3)	13,689
	Memorial	10,371 (1/3)	13,689
	Roswell Park	10,371 (1/3)	13,689
Nebraska	Univ. of Neb.	1,371	1,809
Wisconsin	McArdle Mem'l.	4,023	5,310
Michigan		(8,700)	
	Detroit Inst.	5,000	6,600
	(Mich. Ca. Fdn.	2,200	2,904)
Pennsylvania	Inst. for Ca. Res.	16,501	21,781
California	Ca. Res. Inst.	23,526	31,054
Texas		(11,000)	
	M.D.A.H.	2,000	2,640
	(Tex. Dept. Health	4,539	5,991)
	(A.C.S., Tex. Div.	4,487	5,923)
Missouri	Ellis Fischel	4,645	6,131
		<hr/>	
		117,657	

## 7. Results of proposal

If the proposal is accepted, the circulation of The Cancer Bulletin will approximate 130,000 physicians.

## 8. What will this distribution achieve for the ACID institutions?

- a. Increase physician-institution rapport within the state;
- b. Serve as a medium of postgraduate education among practicing physicians of the state;
- c. Improve diagnostic accuracy at the community level, thereby assuring that patients will be referred to the ACID institution earlier in the course of the disease;
- d. Improve therapeutic practices among physicians within the state;
- e. Assure the rapid dissemination of newly acquired knowledge among the practicing physicians;
- f. Provide a medium for rapid publication (3 months) of newly found results;
- g. Provide a stimulating medium for their residency training program;
- h. Stimulate physicians within the state to do a better follow-up of patients;
- i. Reinforce the image that physicians of the state have regarding the institution;
- j. In general, up-grade the patient-care and educational activities among physicians.

## 9. Masthead

Revised masthead will include all directors of ACID institutions as members of the Advisory Editorial Board.



10. Examples of articles printed in The Cancer Bulletin, January, 1962-December, 1964

a. Editorial articles:

- 1) Gastric Lymphoma
- 2) Thrombophlebitis and Cancer
- 3) Carcinoma of the Gallbladder
- 4) Management of Pain
- 5) Rectal Bleeding
- 6) Abnormal Nipple Discharge
- 7) Islet Cell Tumors of the Pancreas
- 8) Carcinoid Tumors
- 9) The Pediatric Patient
- 10) The Patient With an "Ileal Bladder"
- 11) Carcinoid Tumors
- 12) Multiple Myeloma
- 13) Thyroid Cancer -- A Lethal Disease
- 14) Cushing's Syndrome and Tumors of Nonendocrine Origin
- 15) Exfoliative Cytology: Its Potential in Cancer Detection
- 16) Unusual Manifestations of Lung Cancer
- 17) Gastric Cancer: New Approaches to Diagnosis
- 18) Cancer Detection in Office Practice
- 19) Hypercalcemia and Hypoglycemia
- 20) Carcinomatous Polyneuromyopathy

## b. Meetings:

- 1) American College of Surgeons' 47th Clinical Congress
- 2) American Association for Cancer Research 1962 meeting
- 3) Eighth International Cancer Congress, 1962, Moscow
- 4) American Association for Cancer Research, 1963 meeting
- 5) American College of Surgeons' 50th Clinical Congress  
(scheduled for January-February, 1965)

## c. Special issues:

- 1) Mammography issue (November-December, 1962)
- 2) Head and neck issue (November-December, 1964)

## d. Tumor Clinic Conferences from ACID institutions:

- 1) Roswell Park Memorial Hospital  
J. W. Pickren, M.D., and Julian L. Ambrus, M.D.  
on gastric cancer, May-June, 1963
- 2) Eugence C. Eppley Institute for Research in Cancer  
and Allied Diseases, University of Nebraska  
H. M. Lemon, M.D., et al., on metastatic breast  
cancer in November-December, 1963
- 3) Memorial-Sloan Kettering Cancer Center, New York City  
W. F. Whitmore, Jr., M.D., on cancer of the kidney  
in January-February, 1964
- 4) The University of Texas M. D. Anderson Hospital and  
Tumor Institute, Houston, Texas  
R. L. Clark, M.D., and R. G. Martin, M.D., on  
soft tissue sarcoma, March-April, 1964

- 5) Ellis Fischel State Cancer Hospital, Columbia, Mo.  
J. S. Spratt, Jr., M.D., et al., on epidermoid carcinoma of the lower extremities, July-August, 1964

e. Tumor Clinic Conferences by nonACID members:

- 1) F. C. Bloedorn, M.D.
- 2) E. M. Daland, M.D.
- 3) C. W. Mayo, M.D.
- 4) C. Eckert, M.D.
- 5) W. C. Cole, M.D.

f. Special features:

- 1) Smoking and Lung Cancer by Joseph Berkson, M.D.
- 2) American College of surgeons: Minimum Standards for Approval of Cancer Programs
- 3) Cancer Comments from Poland and Thailand (interview with Professors W. J. Rudowski, Warsaw, and Amnuey Smerasuta, Dhonburi, Thailand)
- 4) Cancer Therapy in Sao Paulo (interview with Professor Fernando Gentil)

g. Cancer institutions:

- 1) Instituto Nacional de Br-241
- 2) The Royal Marsden
- 3) Princess Margaret Hospital

## h. Interviews:

- 1) H. W. Clatworthy, Jr., M.D.
- 2) Brian Blades, M.D.
- 3) D. C. Dahlin, M.D.
- 4) Johannes Clemmesen, M.D.
- 5) Ralston Paterson, M.D.
- 6) G. D. Dodd, Jr., M.D.
- 7) A. B. Hagedorn, M.D.

ACID

THE INSTITUTE FOR CANCER RESEARCH

2201 BURHOLME AVENUE

FOX CHASE - PHILADELPHIA, PENNSYLVANIA 19111

915 FIDELITY 2-1000 - CABLE ADDRESS: CANSEARCH

September 29, 1964

TIMOTHY R. TALBOT, JR. M. D.  
DIRECTOR

Dr. R. Lee Clark, Director  
M. D. Anderson Hospital,  
Houston 25, Texas.

Dear Lee:

It was good to see you last week -  
and I can assure you that it was a tough week!

I did not call you to invite you to  
be a witness because Court schedule did not  
permit additions. There is no way of knowing  
how things will turn out. My gratitude to you  
for wanting to help is, however, very great.

We will be in touch re Cancer Bulletin  
in the near future. Also, we will meet soon at  
ACIDs.

With kindest personal regards,

Sincerely,

*Tim*

TBT:T



# Detroit Institute of Cancer Research

4811 JOHN R STREET  
DETROIT 1, MICHIGAN  
August 29, 1964

*File*  
*National Comm.*  
*ACID 1964*

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

Dear Lee:

Your telegram of August 21 was read to me at approximately 10:00 p.m. and I received a copy of it on Saturday morning at the office. On Saturday and during Sunday morning I attempted to summarize the reports from the ACID members and called you at the Statler in Washington at noon thinking that you would be taking a break in your meeting. It was a surprise to find that the meeting had apparently been scheduled only for Sunday morning and that you had checked out of the hotel a few minutes before my call. On calling Houston Monday, the 24th, I learned that you were to be away for a week and I have waited until now to send you information on the ACID requests.

Replies to the questionnaire have come in slowly but we do have some information from Oklahoma, University of California, Missouri, New England Deaconess, McArdle, Eppley (Nebraska), M.D. Anderson, Institute for Cancer Research (Philadelphia), the Argonne Cancer Hospital, the Detroit Institute of Cancer Research, and (as of today's mail) the Institute of Cancer Research at P. & S. New York. There has been nothing received in the way of specific information from Sloan-Kettering, Roswell Park, Children's in Boston, Pondville and University of Wisconsin (Clinical Division). Ken Endicott indicated his belief that it would be improper to include the National Cancer Institute needs as part of the ACID survey and with this I am sure we would both agree.

I have tried to summarize the replies from the <sup>eleven</sup>ten institutions first listed above even though this has required some arbitrary judgements as to the years in which certain expenditures might be made. Because of these arbitrary allocations the totals for any given year may be off considerably but, nevertheless, I have come up with the following figures.

For new buildings and fixed equipment:

<u>1964-65</u>	<u>1965-66</u>	<u>1966-67</u>	<u>1967-68</u>	<u>1968-69</u>
\$10,227,343	\$17,597,343	\$6,570,000	\$14,607,000	\$12,195,882

I have also tabulated the anticipated operating expenses for these same eleven institutions. They are as follows:

\$34,111,583	\$42,019,583	\$46,845,600	\$53,626,000	\$60,339,750
--------------	--------------	--------------	--------------	--------------

Although some of the institute directors supplied usable figures for the value of their present facilities, others either left this portion of the questionnaire blank or in some cases included the original cost of general hospital facilities. Although these discrepancies tend to offset each other, I think that the tabulation of the figures submitted may be of very doubtful reliability. For the eleven institutions replying, the value of present facilities comes to about \$40,000,000. From previous surveys the value of SKI, Roswell Park and Pondville must be at least \$39,000,000 more. If NCI is valued at \$40,000,000

the combined value of cancer institute facilities in the country will be in excess of \$119,000,000 (with nothing in this for Dr. Farber's place, for which I have no figures at all).

When it comes to the number of beds available for clinical investigation and for service patients, I am again skeptical of the completeness and accuracy of the survey. For what it is worth, however, the eleven institutions show 761 beds now available for clinical cancer investigations and some 324 additional beds to be added for this purpose. They report 572 service beds available and anticipate adding 273 more in this category.

Even though there ~~was~~ no effort made to determine what part of the proposed expansion in plants and budgets would have to come from Federal funds, I feel certain that most of the programs cannot be expanded without a very substantial part of the cost being borne by the Federal government.

Even though these data are late and somewhat fragmentary, I hope that they may be of some use to you in subsequent meetings of the President's Commission.

Cordially yours,

*Bill*

William L. Simpson, M.D.  
Scientific Director

WLS:mv

7-21-64

*For discussion with  
Mr. Boyd*

---

Joe:

Attached correspondence from **6** Dr. William Simpson  
is explanatory. You have a copy of Dr. Clark's ltr.  
to him of 5-19-64 re. areas we'd like to add if we  
had funds. He has asked if you would propose  
answers on form and discuss with him.

We have not retained copies of current correspondence  
so will need this back.

mw

*Aug 23  
(Copy of attached to Wash. Dr. Clark)*

# SURVEY OF CURRENT FACILITIES AND PROJECTED NEEDS OF CANCER RESEARCH INSTITUTES

## Existing Facility and Program

	<u>Beds</u>	<u>Sq. ft.</u>	<u>When built</u>	<u>Bldg. cost</u>	<u>Current operating cost</u>
Bldg. for clin. invest.	20	350,000	1954	\$9,122,000	12,000,000
Bldg. for service patients	160				
Research laboratories	xxxx				
Other - specify					
1. Pay patients	120				
2. Equipment				\$3,684,000	
3. Improvements other than buildings				\$598,000	

## Projected Needs for the Future

	<u>Beds</u>	<u>Sq. ft.</u>	<u>Est. date for complet.</u>	<u>Est. cost</u>	<u>*Additional operat. costs</u>
New clinical facilities:					
A. for investigation					
B. for service					
Out Patient facilities					
Research laboratories	xxxx	220,000	September 1967	\$8,000,000	3,500,000
Other - includ. remodeling - specify					
1. Special design units (physical plant, equipment)					
2.					
3.					

## Estimated Budget Resume

	<u>1964-1965</u>	<u>1965-1966</u>	<u>1966-1967</u>	<u>1967-1968</u>	<u>1968-1969</u>
Capital improvements					
A. Building	2,000,000	4,000,000	2,000,000	—	—
B. Fixed or major eqpt.	450,000	450,000	450,000	1,000,000	500,000
Operating expenses	12,000,000	13,000,000	13,000,000	14,500,000	14,500,000
Total	14,450,000	17,450,000	17,450,000	17,500,000	17,000,000

\*Not total but only those attributable to full use of newly added facility.

*Mr. Boyd - Bill  
in general &  
discuss with RLC*

# Detroit Institute of Cancer Research

4811 JOHN R STREET  
DETROIT 1, MICHIGAN  
July 14, 1964

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

Dear Lee:

Enclosed is a copy of a letter being sent  
to members of the Association of Cancer Institute  
Directors.

*(You may have a copy of this letter)*  
Your letter of May 19 has already outlined  
your needs, but I thought you ought to have copies  
of the forms being mailed and that maybe you would  
like to supplement your earlier review so that the  
needs of all the cancer institutes could be summar-  
ized in relation to the anticipated dates of com-  
pletion of new facilities.

Sincerely,

*Bill*

William L. Simpson, M.D.  
Scientific Director

WLS:mv  
encl.



July 14, 1964

Frank L. Horsfall, Jr., M.D.  
Sloan-Kettering Institute for Cancer Research  
New York 21, New York

Dear Frank:

Since our meeting in Buffalo April 28, the newspapers have been so filled with the civil rights debate that most of us have had little idea that any other work was being done by Congress or by Congressional committees. Actually, members of the Association of Cancer Institute Directors have been active along with others in testifying before Senator Hill's Committee on the needs for support of cancer research. Lee Clark has sent me a copy of his testimony urging allocation to complete the existing cancer institutes as a first major step.

The President's Commission on Heart Disease, Cancer and Stroke has also been meeting and expects to prepare a preliminary outline of its report to the President by the end of July. In order to present a complete picture on the needs of the cancer research institutes for incorporation into this report, the Sub-committee on Cancer (of which Dr. Farber is Chairman), should have an up-to-date statement on needs from the cancer institutes. You may recall that we discussed this in Buffalo and were asked by Dr. Farber to have information sent on our immediate needs as well as those for the next several years in the way of capital improvements, funds for operation, training, etc.

I have tried to prepare a form incorporating all of these items and enclose three copies for you. Can you have this filled out as quickly as possible and send one copy to Dr. Farber and one to me, retaining the third for your records? In response to various suggestions I have tried to differentiate between beds (and facilities) for clinical investigation and those required for more or less routine service patients. I have left space ("other") for use to list such needs as animal colony space, classrooms, auditoriums, etc. Please feel free to add comments or explanations for use of the Commission in presenting needs of the cancer institutes to the President.

As a reminder of past surveys I have included copies of the summaries made in 1962 and 1963. I will send you a copy of the summary of the present survey as soon as possible after receiving your data.

Sincerely,

William L. Simpson, M.D.  
Scientific Director

WLS:mv  
encl.

April 13, 1962  
Revised April 30, 1963

CURRENT AND IMMEDIATE NEEDS OF CANCER CENTERS OF AMERICA

Institution	Present Bldg.	Future Additions To Bldg.	Present Budget	Future Budget
1. Memorial-Sloan-Kettering Cancer Center, New York, N.Y.		40	24	35
2. Roswell Park Memorial Institute Buffalo, New York	30	14	15	20
3. National Cancer Institute Bethesda, Maryland	40	10	35	40
4. The University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Tex.	14	10	11	15.5
5. Pondville Hospital Walpole, Massachusetts		6	2	4
6. Institute for Cancer Research Philadelphia, Pennsylvania	2	9	1.6	4.2
7. Children's Cancer Research Foundation Boston, Massachusetts		5	2.6	4.6
8. Detroit Institute of Cancer Research, Detroit, Michigan	.5	3	.65	2
9. McArdle Memorial Laboratory for Cancer Research, Madison, Wisc.	.5	3.6	1	2
10. Cancer Research Institute University of California Medical Center, San Francisco, Calif.		1.1	.7	1.2
11. Oklahoma Research Institute Oklahoma City, Oklahoma	1.5	3	1.5	3
12. Cancer Research Institute University of Nebraska Omaha, Nebraska		2	.1	1
		106.7	95.15	132.5

April 13, 1962

CURRENT AND IMMEDIATE NEEDS OF CANCER CENTERS OF AMERICA

Institution	Present Bldg.	Future Additions To Bldg.	Present Budget	Future Budget
1. Memorial-Sloan-Kettering Cancer Center, New York, N.Y.		40	24	35
2. Roswell Park Memorial Institute Buffalo, New York		14	14	20
3. National Cancer Institute Bethesda, Maryland		10	16	20
4. The University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Tex.	14	10	9.5	15.5
5. Pondville Hospital Walpole, Massachusetts		6	2	4
6. Institute for Cancer Research Philadelphia, Pennsylvania		5	1.6	4.2
7. Children's Hospital Boston, Massachusetts		5	2.6	4.6
8. Detroit Institute for Cancer Research, Detroit, Michigan		3	.5	2
9. McArdle Memorial Laboratory for Cancer Research, Madison, Wisc.		3.6	1	2
10. Cancer Research Institute University of California Medical Center, San Francisco		1.1	.7	1.2
11. Oklahoma Research Institute Oklahoma City, Oklahoma	2	2	1.2	3
12. Cancer Research Institute University of Nebraska Omaha, Nebraska		2	.1	1
		101.7	73.2	112.5

SURVEY OF CURRENT FACILITIES AND PROJECTED NEEDS OF CANCER RESEARCH INSTITUTES

Existing Facility and Program

	<u>Beds</u>	<u>Sq. ft.</u>	<u>When built</u>	<u>Bldg. cost</u>	<u>Current operating cost</u>
Bldg. for clin. invest.	_____	_____	_____	_____	_____
Bldg. for service patients	_____	_____	_____	_____	_____
Research laboratories	XXXX	_____	_____	_____	_____
Other - specify					
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Projected Needs for the Future

	<u>Beds</u>	<u>Sq. ft.</u>	<u>Est. date for complet.</u>	<u>Est. cost</u>	<u>*Additional operat. costs</u>
New clinical facilities:					
A. for investigation	_____	_____	_____	_____	_____
B. for service	_____	_____	_____	_____	_____
Out Patient facilities	_____	_____	_____	_____	_____
Research laboratories	XXXX	_____	_____	_____	_____
Other - includ. remodel- ling - specify					
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Estimated Budget Resume

	<u>1964-1965</u>	<u>1965-1966</u>	<u>1966-1967</u>	<u>1967-1968</u>	<u>1968-1969</u>
Capital improvements					
A. Building	_____	_____	_____	_____	_____
B. Fixed or major eqpt.	_____	_____	_____	_____	_____
Operating expenses	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

\*Not total but only those attributable to full use of newly added facility.

7/14/64

SURVEY OF CURRENT FACILITIES AND PROJECTED NEEDS OF CANCER RESEARCH INSTITUTES

Existing Facility and Program

	<u>Beds</u>	<u>Sq. ft.</u>	<u>When built</u>	<u>Bldg. cost</u>	<u>Current operating cost</u>
Bldg. for clin. invest.	_____	_____	_____	_____	_____
Bldg. for service patients	_____	_____	_____	_____	_____
Research laboratories	XXXX	_____	_____	_____	_____
Other - specify					
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Projected Needs for the Future

	<u>Beds</u>	<u>Sq. ft.</u>	<u>Est. date for complet.</u>	<u>Est. cost</u>	<u>*Additional operat. costs</u>
New clinical facilities:					
A. for investigation	_____	_____	_____	_____	_____
B. for service	_____	_____	_____	_____	_____
Out Patient facilities	_____	_____	_____	_____	_____
Research laboratories	XXXX	_____	_____	_____	_____
Other - includ. remodel- ling - specify					
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Estimated Budget Resume

	<u>1964-1965</u>	<u>1965-1966</u>	<u>1966-1967</u>	<u>1967-1968</u>	<u>1968-1969</u>
Capital improvements					
A. Building	_____	_____	_____	_____	_____
B. Fixed or major eqpt.	_____	_____	_____	_____	_____
Operating expenses	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

\*Not total but only those attributable to full use of newly added facility.

7/14/64



# SURVEY OF CURRENT FACILITIES AND PROJECTED NEEDS OF CANCER RESEARCH INSTITUTES

## Existing Facility and Program

	<u>Beds</u>	<u>Sq. ft.</u>	<u>When built</u>	<u>Bldg. cost</u>	<u>Current operating cost</u>
Bldg. for clin. invest.	_____	_____	_____	_____	_____
Bldg. for service patients	_____	_____	_____	_____	_____
Research laboratories	xxxx	_____	_____	_____	_____
Other - specify					
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## Projected Needs for the Future

	<u>Beds</u>	<u>Sq. ft.</u>	<u>Est. date for complet.</u>	<u>Est. cost</u>	<u>*Additional operat. costs</u>
New clinical facilities:					
A. for investigation	_____	_____	_____	_____	_____
B. for service	_____	_____	_____	_____	_____
Out Patient facilities	_____	_____	_____	_____	_____
Research laboratories	xxxx	_____	_____	_____	_____
Other - includ. remodel- ling - specify					
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## Estimated Budget Resume

	<u>1964-1965</u>	<u>1965-1966</u>	<u>1966-1967</u>	<u>1967-1968</u>	<u>1968-1969</u>
Capital improvements					
A. Building	_____	_____	_____	_____	_____
B. Fixed or major eqpt.	_____	_____	_____	_____	_____
Operating expenses	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

\*Not total but only those attributable to full use of newly added facility.

*Not Committee*  
April 13, 1962  
Revised April 30, 1963

CURRENT AND IMMEDIATE NEEDS OF CANCER CENTERS OF AMERICA

Institution	Present Bldg.	Future Additions To Bldg.	Present Budget	Future Budget
1. Memorial-Sloan-Kettering Cancer Center, New York, N.Y.	35	40	24	35
2. Roswell Park Memorial Institute Buffalo, New York	30	14	15	20
3. National Cancer Institute Bethesda, Maryland	40	10	35	40
4. The University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Tex.	14	10	11	15.5
5. Pondville Hospital Walpole, Massachusetts	2	6	2	4
6. Institute for Cancer Research Philadelphia, Pennsylvania	2	9	1.6	4.2
7. Children's Cancer Research Foundation Boston, Massachusetts	24	5	2.6	4.6
8. Detroit Institute for Cancer Research, Detroit, Michigan	.5	3	.65	2
9. McArdle Memorial Laboratory for Cancer Research, Madison, Wisc.	.5	3.6	1	2
10. Cancer Research Institute University of California Medical Center, San Francisco, Calif.		1.1	.7	1.2
11. Oklahoma Research Institute Oklahoma City, Oklahoma	1.5	3	1.5	3
12. Cancer Research Institute University of Nebraska Omaha, Nebraska		2	.1	1
		106.7	95.15	132.5

*Mo - 2449 Mitchell  
100 lb*

*200 lb*

*File  
National Comm.  
"Acid"*

September 2, 1964

Dr. Wallace A. Reed  
President  
Maricopa County Medical Society  
Academy of Medicine  
2025 North Central Avenue  
Phoenix 4, Arizona

Dear Doctor Reed:

In reply to your letter of August 21, the Association of Cancer Institute Directors was formed a few years ago as the result of a need felt by some of us to share mutual problems and experience with others who also have the responsibility for administration of a cancer institute engaged in research. Dr. Sidney Farber is presently serving as the President of the Association.

Membership is limited to individuals who hold positions as director of either a cancer institute or an independently organized program in cancer research, teaching and service within or associated with a university. The Memorial Hospital of Phoenix is not represented in the present membership of the Association, nor would it be eligible in its present form.

I hope that this is the information you seek.

Sincerely yours,

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

RLC:bh

*cc. Dr. Farber*

# MARICOPA COUNTY MEDICAL SOCIETY

ACADEMY OF MEDICINE  
2025 NORTH CENTRAL AVENUE  
PHOENIX 4, ARIZONA

August 21, 1964

R. Lee Clark, M.D., President  
Association of Cancer Institute Directors  
Anderson Hospital  
Houston, Texas

Dear Doctor Clark:

It has recently come to our attention that there is an organization of Cancer Institute Directors and that you are the President. We would appreciate it very much if you could tell us whether Memorial Hospital of Phoenix is a member of this organization.

Thank you very much for your assistance.

Sincerely,

*Wallace A. Reed*

Wallace A. Reed, M.D.  
President

WAR/do

*File  
"ACID"  
with Coors  
Reference in  
"Pres. Comm."  
as in Future  
Construction 3/5/64*

CONFIDENTIAL

May 19, 1964

Dr. William L. Simpson  
Scientific Director  
Detroit Institute of Cancer Research  
4811 John R. Street  
Detroit, Michigan

Dear Bill:

I believe that all members of the ACID group are expected to communicate with you regarding the present and future needs of their institutions and that you in turn will then communicate this information to Doctor Farber as Chairman of the Subcommittee on Cancer of the President's Commission on Heart Disease, Cancer and Stroke. Our needs are projected below and are numbered to facilitate reference.

We are at the present time finishing a campaign to add 220,000 square feet of research space to our institution. We have estimated \$8,000,000 for this building program. We would like to have included two additional areas (Paragraphs 2 and 3 below) in this program; however our building funds had to come from other than State appropriations and although we can expect considerable support for operation of the expanded effort from State sources, the approximately \$8 million which we have for this project is all that the traffic will bear at the present time.

1. Remodeling the old, and equipping the new research areas is estimated at a cost of \$2,000,000.

2. We would like to add two complete floors to our existing research center and to bring the new building up to include these additional floors. This would comprise approximately 45,600 square feet per floor, or 91,200 additional square feet above and beyond our program as presently projected. This would require an estimated \$3,192,000 based on \$35.00 per square foot.



3. Our activities (for instance our Annual Symposium on Fundamental Cancer Research) have long since outgrown the size of our auditorium. There is a need for a comprehensive facility for medical communications (audio-visual seminar rooms, etc.) designed especially for continuation of education of which the auditorium would be a part. This would constitute an estimated half million dollars.

4. There are many areas especially of clinical research which are being neglected in the cancer picture. It is our feeling that a specially designed accommodation for beds and appropriate laboratories would allow greater and more meaningful activity in regard to cancer in children, neoplasms of the brain and nervous system, endocrinologically oriented malignancies and developmental problems in x-ray diagnosis. Envisioned is the addition of a wing to encompass these areas, providing both laboratory space and perhaps 100 to 200 additional beds, depending on the results of the final study. In the design of our present building, the possibility of such an addition was anticipated so that our functional flow pattern would not be disturbed. It would comprise approximately 120,000 square feet and require approximately \$4.5 million to build and equip.

5. All of our beds, except perhaps the 20 used in clinical research, are in great demand and we have a waiting list for admissions. We therefore observe the policy of using our beds essentially for critical care. The average length of hospitalization is 16 days. Surgical patients who have passed the critical phase are discharged and seen on an ambulatory basis. Approximately 95 per cent of our medical diagnostic evaluation is done on an ambulatory basis, and we now see over 400 patients per day in the outpatient clinic. Additionally, 85 to 90 per cent of our radiation therapy is done on an ambulatory basis. These ambulatory patients occupy motels and hotels in the area. There is a great need for an annex or nursing home where they can be housed under nursing supervision but at a minimum level. Many are old and from small towns and need some help in their daily activity. Such a facility would make the most effective use of our beds and would allow us to continue much of our clinical investigations on an ambulatory basis at a greatly reduced cost. We have an "experimental" such home at the present time which houses 60 indigent patients, and we are able to keep them at a cost of \$6.00 per day rather than the \$38.50 per day required for them to stay in the hospital. This need could be met by a facility for approximately 100 beds for ambulatory patients in the immediate vicinity of the Texas Medical Center. This could be added to either of the additions proposed in Paragraphs 2 and 4 above and I believe it could be done for approximately one million dollars.

6. There is a great need to implement in depth certain areas of research. We shall be able to do much of this in our new additions already financed, however we would consider, particularly, stressing virology, immunology, human genetics, experimental therapeutics, experimental surgery (organ transplantation) and clinical research if we could obtain the additional two floors. I would estimate that we would require additional support in physical plant operation and maintenance and personnel (including senior scientists) at the level of approximately \$2 million for the research area and an additional \$2 million for the bed area.

Our future needs described above are recapitulated in a brief table, attached.

Of course these are projections which might well be altered with detailed study. It is my proposal that, for the magnitude of such an effort as we envision, we have a planning committee and make a very accurate study of the precise needs and costs. I believe that this could be accomplished for \$50,000, perhaps less.

It is expected that at least half, or up to 60 per cent of the total budget expressed in our present operations and future projections would come from State appropriation. The remainder would have to come from gifts, grants and contractual operations.

If I can be of any further help in preparing the document for the Commission please let me know.

Sincerely yours,

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

RLC:sf  
Attachment

cc: Dr. Sidney Farber

bcc: Dr. Murray M. Copeland - CONFIDENTIAL Copy #1  
Dr. Grant H. Taylor - CONFIDENTIAL Copy #2  
Mr. Joe E. Boyd, Jr. - CONFIDENTIAL Copy #3  
Mr. Robert A. Kolvoord - CONFIDENTIAL Copy #4 (for model)

THE UNIVERSITY OF TEXAS  
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE

Present and Future Needs

<u>ITEM</u>	<u>BEDS</u>	<u>SQ. FEET</u>	<u>BUILDING COST</u>	<u>OPERATING COST</u>
<u>I. Existing, or planned, and financed:</u>				
Present building	300	350,000	12,900,000	12,000,000
To be constructed	Research only	220,000	8,000,000	3,500,000
<u>II. Projection of future needs:</u>				
Remodel old and equip new research area			2,000,000	
Research area		91,200	3,192,000	2,000,000
Communications facility for continuation education		For study	500,000	250,000
Bed space and clinical cancer research	200	120,000	4,500,000	2,000,000
Ambulatory patient facility	100	For study	1,000,000	250,000

THE UNIVERSITY OF TEXAS  
M. D. ANDERSON HOSPITAL

TEXAS MEDICAL  
CENTER  
HOUSTON 25

	<u>Average Regular Inpatient Per Diem Costs</u>	<u>Per Diem Costs For Full Research Patient</u>	<u>Clinic Visit Costs</u>
Administrative and General Expense	\$ 4.19	\$ 6.94	\$ 1.22
Physical Plant (a)	2.30	2.30	.51
Housekeeping	.98	.98	.22
Laundry	.70	.70	.15
Medical and Surgical Supplies (Includes blood, anesthesia and sterile supplies)	5.24	6.43	.62
Food Service	3.33	6.88	
Laboratory (b)	1.98	21.91	.73
Pharmacy	2.01	2.01	.38
X-Ray (b)	.80	1.42	1.86
Nursing	13.00	24.39	.90
Other Expense (Includes Medical Records, Medical Social Service, Volunteer Service, etc.)	<u>1.35</u>	<u>2.26</u>	<u>1.30</u>
Totals (b)	<u>\$35.88</u>	<u>\$76.22</u>	<u>\$ 7.82</u>

(a) Does not include building use or depreciation costs.

(b) Does not include costs of clinical staff.

R. LEE CLARK, M.D.

Copy to Dr Farber - 2

Unmailed Copy to:

① Dr Taylor

② Mr. Kolwood (for  
Midel) ~~(for)~~

③ Mr. Boyd -

④ Dr. Capeland

These <sup>latter</sup> four to be  
numbered and marked  
confidential copy



Dr. William Simpson

Dear Bill:

I believe that all members of the ACID group are expected to communicate

with you regarding these ~~separate~~ <sup>Present and future</sup> needs and that you in turn will then communicate this information to Doctor Farber as Chairman of the Subcommittee on Cancer of the President's Commission on Heart Disease, Cancer and Stroke. Our needs are projected below and are numbered to facilitate reference.

We are at the present time finishing a campaign to add 220,000 square feet of research space to our institution. We have estimated <sup>\$ 8,000,000</sup> ~~\$7,743,000~~ for this building program, ~~calculated at \$30.00 per square foot~~. We would like to have included two additional areas (Paragraphs 1 and 2 below) in this program; however our building funds had to come from other than State appropriations and although we can expect considerable support for operation of the expanded effort from State sources, the approximately \$8 million which we have <sup>for this project</sup> is all that the traffic will bear at the present time.

1. Remodeling the old, and squaring the new research area is estimated at a cost of \$2,000,000.  
2. We would like to add two complete floors to our existing research center and to bring the new building up to include these additional floors. This would comprise approximately 45,600 square feet per floor, or 91,200 additional square feet above and beyond our program as presently projected. This would require an estimated \$3,192,000 based on <sup>35.00</sup> ~~\$30.00~~ per square foot.

*activities (finance order)*  
3. Our Annual Symposium on Fundamental Cancer Research ~~has~~ <sup>long</sup> since ~~has~~  
outgrown the size of our auditorium. There is a need for a comprehensive <sup>facility for</sup> medical  
communications (~~audio-visual~~ <sup>since complete</sup>) ~~facility~~ designed especially for continuation  
<sup>of which the auditorium would be a part.</sup>  
education. This would constitute an estimated half million dollars.

<sup>especially</sup>  
4. There are many areas <sup>of</sup> clinical research which are being neglected  
in the cancer picture. It is our feeling that a specially designed accommodation  
for beds and appropriate laboratories would allow ~~much~~ <sup>and more meaningful</sup> greater activity in  
cancer in  
regard to children, neoplasms of the brain and nervous system, endocrinologically  
oriented malignancies and <sup>developmental</sup> problems in x-ray diagnosis. Envisioned is the addition  
of a wing to encompass these areas, providing both laboratory space and perhaps  
100 to 200 additional beds, depending on the results of the final study.  
In the design of our present building, the possibility of such an addition  
was anticipated so that our functional flow pattern would not be disturbed.  
It would comprise approximately <sup>120,000</sup> ~~100,000~~ square feet and require approximately  
<sup>\$4.5</sup> \$4 million to build and equip.

<sup>5</sup>  
5. All of our beds, ~~#####~~ except perhaps the 20 used in clinical  
research, are in great demand and we have a waiting list for admissions. We  
therefore observe the policy of using our beds essentially for critical care.  
The average length of hospitalization is 16 days. Surgical patients who have  
passed the critical phase are discharged and seen on an ambulatory basis.

Approximately 95 per cent of our <sup>medical</sup> diagnostic evaluation is done on an ambulatory basis, and we now see over 400 patients per day in the outpatient clinic. Additionally, 85 to 90 per cent of our radiation therapy is done on an ambulatory basis. These ambulatory patients occupy motels and hotels in the area. There is a great need for an annex or nursing home where they can be housed under ~~a minimum of~~ <sup>but at a minimum level</sup> nursing supervision. Many are old and from small towns and need some help in their daily activity. Such a facility would make the most effective use of our beds and would allow us to continue much of our clinical investigations <sup>on an ambulatory basis</sup> at a greatly reduced cost. We have an "experimental" such home at the present time which houses 60 indigent patients, and we are able to keep them at a cost of \$6.00 per day rather than the \$38.50 per day required for them to stay in the hospital. This need could be met by a facility for approximately 100 beds for ambulatory patients in the immediate vicinity of the Texas Medical Center. This could be added to either of the additions proposed in Paragraphs 1 and 3 above and I believe it could be done ~~##~~ for approximately ~~one~~ million dollars.

6. There is a great need to implement in depth certain areas of research. We shall be able to do much of this in our new additions already financed, however we would consider, particularly, stressing virology, immunology,

experimental therapeutics, ~~and~~ experimental surgery (organ transplantation) <sup>and clinical research</sup> if

we could obtain the additional two floors. I would estimate that we would require additional support in physical plant <sup>operation and</sup> maintenance and personnel (including senior scientists) at the level of approximately \$2 million for the research area and an additional \$2 million for the bed area.

Our future needs described above are recapitulated in a brief table, attached.

are  
Of course these ~~projections~~ which might well be altered with detailed study. It is my proposal that, for the magnitude of such an effort as we envision, we have a planning committee and make a very accurate study of the precise needs and costs. I believe that this could be accomplished for ~~\$50,000~~. <sup>\$50,000, perhaps less.</sup>

It is expected that at least half, or up to 60 per cent of the total budget expressed in our present operations and future projections <sup>would come</sup> from State appropriation. The remainder would have to come from gifts, grants and contractual operations.

~~Good luck to you on this project.~~

cc: ???

<sup>any further</sup> If I can be of help in preparing the document for the Commission please let me know

Sincerely

SH - Borden  
have several  
letters  
made.

23  
THE UNIVERSITY OF TEXAS  
M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE 32

Present and Future Needs 24

ITEM	BEDS	SQ. FT.	BUILDING COST	OPERATING COST
I. <u>Existing, or planned, and financed:</u>				
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Ambulatory patient facility	100	For study	1,000,000	250,000

*Callison  
Specifying  
all of  
on to us  
day*



File Acid

THE INSTITUTE FOR CANCER RESEARCH

1104 BURNHOLME AVENUE

FOX CHASE PHILADELPHIA 11, PENNSYLVANIA

May 11, 1964

TIMOTHY R. TALBOT, JR. M. D.  
DIRECTOR

CC  
to Dr. Clark

Dr. John B. Stehlin, Jr.  
M. D. Anderson Post-graduate School of Medicine,  
Houston, Texas.

Dear Dr. Stehlin:

Many thanks for your kindness  
in talking with me last week.

It was very helpful, and I am  
grateful for the time that you gave me.

Yours sincerely,

*Tim Talbot*

T. R. Talbot, Jr.

TRT:T

May 13, 1964

Dr. William L. Simpson  
Scientific Director  
Detroit Institute of Cancer Research  
4811 John R. Street  
Detroit, Michigan

Dear Bill:

I thought the program this time showed considerable development and maturity. Our time was well occupied and both interesting and profitable.

I am very sorry that the trip to Russia was cancelled. You had done a great deal of work on this and it would have been a fascinating trip to take under your guidance. Circumstances absolutely prohibited my going. I still have hopes of getting over there but will be more positive the next time that I accept. We are all grateful to you for your effort.

Sincerely yours,

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

RLC:bh

May 4, 1964

*File*

NOTES TAKEN BY DOCTOR CLARK  
AT THE  
APRIL 27-28, 1964 ACID MEETING IN BUFFALO, NEW YORK

1. Approval of November Minutes
2. Summer Programs
  - 1) High School  
College Students
  - 2) Roswell Park  
High School Emphasis - 112 this year assigned to a sponsor  
for summer - 80% time in laboratory. 20% girls
  - 3) Memorial  
Started 1948  
Priority to those interested in career in Science -  
Higher for Medical School interest.  
  
Few formal classes - but more like a junior technician  
500 applicants this year  
No High School as yet  
80 to 100 3rd and 4th year students  
Between 250-350 per month
  - 4) Detroit  
Junior and Senior High School  
12 out of 80 participants
3. General discussion of Philosophy of Education in Categorical Institutes
4. Ken Endicott
  - 1) Traded 2 m. to another institute so can pay all approved grants  
but lower 10%
  - 2) This year - coming up 1965  
Pres. Budget will allow 60% of competing grants  
  
- approved  
  
App. already passed House Representatives and reduced Pres. Budget  
amt. to pay indirect costs  
  
Senate vote held up by civil right bill
  - 3) Year after next - 1966  
  
Should be a better year-must redefine areas of cancer research so t  
new sources of money may be utilized for those that are marginal  
to cancer

- 4) Woolridge Committee - appointed by Kennedy to check out all practices pertaining to NIH grants and funds

Made up of numerous panels

Administration Committee made up of non-scientific personnel and they are asking should grants be a part of NIH program

- 5) Pres. Comm. on Heart Disease, Cancer and Stroke

Panels - 8

May have a real effect in mobilizing executive dept. aid in mobilizing new efforts in cancer research - which should be felt by 1966

*Subcommittee*

Elliott & Daderio - Committees on big science space, defense, AEC

5. Cooperative Research Programs

Information Centers

Library Programs

Res. Programs - virus task program

example

colon - no research

What to do about study sections and their negative attitudes on developmental research

Dr. Farber's Comments

The President's Commission

- \* 1. Send list of our needs to Dr. Simpson *all detailed 8/13/64*

2. Horsfall - discovery education

Development application

Endicott - Regional centers for Diag & Res. of Cancer with or without a Research Center - with or without an Education Center

Endicott - Math - Eng. - Phys now supported 90% Federally

Medicine - in region of 50% to 55% support

Now 1 billion for Health per year

15 billion by 1980 probably

15 million now in Clinical Centers - 10% of all cancer pts.

## State Participation

Endicott: To start this year:

Providing for ambulatory care of leukemia pts undergoing chemotherapy trials

See "Science" on Exchange program with Russia.

### Russian trip off

#### 7. Quackery

Cancer treatments - new drug

Jackass juice

Harris - face toward the

#### 8. House App. Hearing (Dr. Endicott)

Fundamental Biology & Carcinogen

Ear marked funds for support of institutes on Environmental Factors

Viruses ---

Hereditiy --- Molecular Biology with a cancer slant

A major strong new prog. is essential



File  
"ACID"



For Dr. Clark's info

WESTERN UNION

500P 45T MAY 4 64 DEERS PRINT

P 111107 TO T EXNA PHILADELPHIA FROM S WOPSDY

DR R LFE CLARK, M D SHREVEPORT HOSPITAL

YOU

PLEASE SEND ME AS SOON AS YOU CAN PERTINENT DATA AND REFERENCES  
ABOUT USE OF PERFORATION COMBINED WITH SURGERY IN MALIGNANT MELANOMA  
OF LOWER EXTREMITY INCLUDING DATA ON FIVE YEAR SURVIVAL IF  
ALREADY PUBLISHED STOP I HAVE SOME INVOLVED IN LOCAL DISCUSSION  
OF THIS SUBJECT RE MY THINGS

TIMOTHY R WALSH MD DIRECTOR INSTITUTE FOR CANCER RESEARCH

(01)

Dr. Copeland: The above wire was given to Dr. Stehlin in Dr. Clark's absence on 5-4-64 (5 p.m.). In checking on it yesterday, 5-5-64, I learned that Dr. Stehlin is uncertain about releasing this data without Dr. Clark's instructions; most of it is unpublished. Would you be willing to discuss it with him so that some disposition can be made? Possibly you would want to call Dr. Talbot. mw

5/6/64

I have talked to Dr. Stehlin and asked him to call Dr. Talbot. which he would today - He is rather loath to release figures until publication. I explained Dr. Talbot's position and his relation to Dr. Clark - - He will report to me in the conversation held.

*(Signature)*

Why Dr. Stehlin has talked to Dr. Talbot. mw (see attached memo)

Murray M. Copeland, M. D.  
Associate Director (Education)

6 May 1964

John S. Stehlin, Jr., M. D.  
Associate Surgeon

Telephone Conversation with T. R. Talbot, M. D.,  
Director, Institute for Cancer Research, Philadelphia

I talked to Doctor Talbot in Philadelphia at noon today regarding our results with perfusion for melanoma. I referred him to several papers which have been published from this hospital and, in addition, apprised him of the basic data we have accumulated during the past four weeks concerning the results of the perfused limbs versus the non-perfused limbs.

JSSjr/njn

cc: Doctor Clark



April 13, 1962  
Revised April 30, 1963

CURRENT AND IMMEDIATE NEEDS OF CANCER CENTERS OF AMERICA

Institution	Present Bldg.	Future Additions To Bldg.	Present Budget	Future Budget
1. Memorial-Sloan-Kettering Cancer Center, New York, N.Y.		40	24	35
2. Roswell Park Memorial Institute Buffalo, New York	30	14	15	20
3. National Cancer Institute Bethesda, Maryland	40	10	35	40
4. The University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Tex.	14	10	11	15.5
5. Pondville Hospital Walpole, Massachusetts		6	2	4
6. Institute for Cancer Research Philadelphia, Pennsylvania	2	9	1.6	4.2
7. Children's Cancer Research Foundation Boston, Massachusetts		5	2.6	4.6
8. Detroit Institute for Cancer Research, Detroit, Michigan	.5	3	.65	2
9. McArdle Memorial Laboratory for Cancer Research, Madison, Wisc.	.5	3.6	1	2
10. Cancer Research Institute University of California Medical Center, San Francisco, Calif.		1.1	.7	1.2
11. Oklahoma Research Institute Oklahoma City, Oklahoma	1.5	3	1.5	3
12. Cancer Research Institute University of Nebraska Omaha, Nebraska		2	.1	1
		106.7	95.15	132.5

THE INSTITUTE FOR CANCER RESEARCH

2101 BURNHOLME AVENUE

FOX CHASE PHILADELPHIA 11, PENNSYLVANIA

April 17, 1964

TIMOTHY R. TALBOT, JR. M. D.  
DIRECTOR

Dr. R. Lee Clark, Director,  
M. D. Anderson Hospital,  
Houston 25, Texas.

Dear Lee:

The only items that I have to suggest at this time that you may want to battle for or to encourage support for are:

1. Why not a general research support grant specifically for cancer? I understand that last year there was \$10,000,000. in the budget or in the appropriation for the NCI that was not spent! Meanwhile, we have to borrow \$1,500,000. or more to build our building and keep it going.
2. The question of renovations is one of our most serious items. If you could find some way of expressing that idea coherently and succinctly I would list it as one of our serious financial problems.
3. Of course, construction money is always a problem - I suppose it always will be, but I continue to hope that something can be done about this for cancer research institutes.

Hope to see you in Buffalo.

Kindest regards,

Sincerely yours,

  
T. R. Talbot, Jr.

TRT:T

*File  
acid*

April 9, 1964

Dr. William L. Simpson  
Scientific Director  
Detroit Institute of Cancer Research  
4811 John R Street  
Detroit 1, Michigan

Dear Bill:

The problem with knowing whom at Ellis Fischel Hospital to invite to the ACID meeting is that there is a Public Health appointee who is Superintendent of the Hospital. I believe that it would be most appropriate to ask the Chief of Staff who I believe is Dr. John Spratt. It would be very good I think to have a representative from Ellis Fischel at this meeting since they have created a foundation and are planning to greatly expand their activities particularly in regard to research. Mr. Dale Purcell is Director of the Foundation and is a most personable gentlemen. If you wish, perhaps you could call him direct and inquire regarding one who would be appropriate to invite to the meeting.

I am sorry that I cannot make the Russia trip but will plan on being present in Buffalo at the next ACID meeting.

Sincerely yours,

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

RLC:bh



# Detroit Institute of Cancer Research

4811 JOHN R STREET  
DETROIT 1, MICHIGAN  
March 30, 1964

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

Dear Lee:

I am extremely sorry to hear that you feel your schedule will not permit you to go to Russia with the group. It is much more important that the largest institutes be represented than that some of the rest of us go when one considers the possibility of attracting young Russian scientists to work in the United States as visitors to be one of the objectives of the tour.

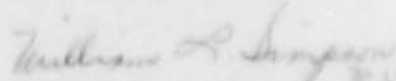
If you really can't make it, is there someone else who could represent the Institute for you? There might still be time to get someone like Murray Copeland cleared and on the list if you feel that he should go in your place.

There is one other matter I should mention to you. At our meeting in Gaithersburg it was agreed to ask a representative of the Ellis Fischel Hospital and Research Foundation as a guest for the next meeting.

We also agreed to ask Al Gellhorn and Leon Jacobson to the next meeting. I am writing to the latter two persons, but I don't know who should be asked from Ellis Fischel.

If you know the name of the director, would you either extend the invitation to him, or let me have his name so that I may do so?

Cordially yours,



William L. Simpson, M.D.  
Scientific Director

WLS:mv

*File  
Acid*

March 24, 1964

Dr. W. L. Simpson  
Scientific Director  
Detroit Institute of  
Cancer Research  
4811 John R. Street  
Detroit 1, Michigan

Dear Bill:

Since returning home and reviewing our building plans, I find that our schedule is such a strenuous one that I should not plan to go to Russia this year. We must let a contract in June and it is necessary that I be here through this period. I regret having to make this decision very much as I had particularly looked forward to the opportunity of viewing the cancer centers of Russia and other countries in Europe through the eyes of my colleagues. Not the least of the trip would be the association with you during this time. You have made excellent plans and I wish for all of you a very informative and pleasant journey.

I shall be present at the meeting in Buffalo.

Sincerely yours,

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

RLC:bh  
cc: Dr. Robert W. Weiger

File  
Committee  
"Acid"

# Detroit Institute of Cancer Research

4811 JOHN R STREET  
DETROIT 1, MICHIGAN

March 18, 1964

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

Dear Lee:

Accompanying this note is a set of minutes from our meeting November 21, 1963. You may find that they are too lengthy and rambling for your taste, but I felt that the matters discussed were of such importance that we should try to provide a reasonably complete outline especially for those who were unable to be present.

A review of these minutes will indicate we have items that had been suggested for inclusion on the agenda of the next meeting.

Those who were at Gaithersburg will recall the general agreement on the need for each of the Institute directors to examine the activities within his Institute to see if they can be described as focused on a limited number of major objectives. This appeared to be one way to begin to strengthen the total cancer research efforts of the institutes so as to meet the challenges described by Dr. Endicott.

Dr. Farber has suggested that such a review of each Institute program would be appropriate for the Buffalo meeting and that in addition, each director might give thought to what would be required to round out the program of his institute so as to make it a strong regional cancer center.

These minutes will be sent to you while I am meeting with Dr. Shabad and Dr. Weiger concerning our proposed trip. I hope to be able to send you more information about the trip within the next few days.

Will you please return the enclosed postcard to indicate if you will be able to attend the meeting in Buffalo.

Sincerely,

*William L. Simpson*  
W. L. Simpson, M.D.  
Scientific Director

*Received 3/18/64  
Copy of all to  
Dr. Clark*

WLS:kg  
Enc.

# MINUTES

## ASSOCIATION OF CANCER INSTITUTE DIRECTORS November 21, 1963

The Association of Cancer Institute Directors met in the Vacation Room of the Washingtonian Motel, Gaithersburg, Maryland, at 9 a.m., November 21, 1963.

- Present** Present were: Drs. Clark, Endicott, Farber, Lambooy, Lemon, Modest, Rusch, Simpson, Warren, Weiger and Wood.
- Absent** Absent: Drs. Eliel, Heller, Moore and Talbot.
- Minutes Approved** On a motion by Dr. Endicott, seconded by Dr. Woods, the minutes of the Association held in Houston on April 29 were approved as distributed by the Secretary.
- Exchange Visit with Russia** Plans for an exchange visit with cancer institute directors of the U.S.S.R. were next considered. Dr. Endicott reported that Dr. Blokhin had recently visited Washington and that he had urged the Association of Cancer Institute Directors visit either in May-June or September-October. Because of the Seventh National Cancer Congress, which is scheduled for September in Philadelphia, it was agreed that the May-June period was preferable. On a show of hands, it was apparent that all of the Directors present would be willing to consider such a trip in the spring of 1964. The Secretary reported that Dr. Eliel had informed him by correspondence of his willingness to undertake a trip with the Association.
- Following further discussion, it was agreed that three institutes in Moscow, one in Leningrad, one in Kiev and one in Sukhumi should be included in the itinerary and that the trip should be arranged from May 24 to June 6, 1964.
- U.S.S.R. Study Visits** The possibility of members of some of the institutes participating in study visits to the U.S.S.R. was discussed. It was stated that four American scientists had thus far been sent to Russia for such visits of variable duration. No one of the members of the Association had any suggestions for additional scientists who might be interested in such study visits. Dr. Endicott pointed out that the major emphasis in the Russian cancer programs fall in the areas of antibiotics and virology. He stated his hope that some common efforts might be suggested and proposed that the general subject of "the cancer threat in immunization programs" might be a suitable area for cooperative research.
- N.C.I. Fact Book** Copies of the National Cancer Institute Fact Book as revised November 1963 were distributed. Using this as a guide, Dr. Endicott reviewed the program of the National Cancer Institute, the way in which its funds are distributed and the way in which the program is being focused on special aspects of the cancer problem.
- N.C.I. Program** In the latter category he reviewed the task forces directed to the study of acute leukemia and human cancer viruses.
- Coffee Break** The group took a break for coffee, during which time Dr. Moore arrived at the meeting.

**N.C.I.  
Financial  
Problems**

Upon reconvening, Dr. Endicott continued his review of the national picture of cancer research discussing first the budget process of the National Cancer Institute. He then pointed out the fact that the National Institutes of Health now receive a large enough allocation to attract attention of various Congressional committees, executive, and legislative advisory committees. Dr. Endicott pointed out that the appropriation for cancer is now less than was requested; this is the first time such a situation has existed since the end of World War II. A number of reasons for this exist, some of which may permit retrenchment without an actual sacrifice of cancer research. With the development of many new institutes and the other government agencies, the National Cancer Institute need not be expected to support as much basic research not closely related to cancer as formerly. Foreign grants have been cut and will probably be eliminated. Cuts in domestic grants will have to be effected by elimination of non-cancer projects.

**Future  
expansion  
of cancer  
research**

Expansion of cancer research will probably require the definition in lay terms of specific targets as objectives of major teams who wish to attack such projects. In discussion of this difficulty, Dr. Endicott expressed his belief that one of the greatest needs for cancer research was the development of programmed activities which might be built around institutes. It was suggested that the institutes may need to examine their individual activities and try to focus more sharply on one or more areas of research in which they can develop very strong programs rather than each trying to cover all phases of the cancer problem. Dr. Farber concurred with this and expressed the opinion that the only strong arguments for increased appropriations will be the demonstration of the need to do new things that we cannot do without new money. He urged the return to the concept of broadly based centers that are focused on special problems. These should be centered in areas of relatively dense population where a favorable environment exists for research.

**Role of  
N.C.I.  
in such  
expansion**

Dr. Endicott stated that the development of a new research area was very difficult in the National Cancer Institute and that the Institute might well approach outside groups either in a cancer research institute or university to take on specific jobs including the organization, staffing, brainstorming and even acting as subcontractors to carry out new and major projects. He suggested that any institute believing it had capacity to undertake such problems and with a desire to do so in a specific field, should discuss them with the administration of the National Cancer Institute.

**Role of the  
Individual  
Institutes**

Dr. Warren urged that other directors not lose sight for the need of some general research and the preservation of excellence in all fields. Drs. Simpson and Rusch both spoke on the need to analyze individual institute programs to determine the areas of maximum competence. Such evaluations would appear to be essential if the institutes are to meet the challenges outlined by Dr. Endicott in the over-all national program.

**Lunch**

The meeting adjourned for lunch in the Executive Alley of the Hotel at 1:30 p.m.

**Pondville**

The group re-convened in the Vacation Room at 2:15 and reviewed briefly the prospects for development of additional cancer research facilities



in the Boston area. It was agreed by Dr. Warren and Dr. Farber that the Pondville Hospital program would still require six to twelve months before a decision could be made on its future.

**New England  
Deaconess  
Expansion**

Dr. Warren reviewed the two new buildings planned for the New England Deaconess Hospital area, the first of which is about to be started. Dr. Farber pointed out that this building had been designated as the Shields Warren Building and that it would be a radiobiology research unit for which more than \$2,000,000 has already been obtained. A joint clinical research-radiology facility will be planned next as a cooperative activity in the medical center. Dr. Farber mentioned that the Children's Cancer Research Foundation would celebrate its 15th anniversary on the Monday following this meeting. The staff now totals 258 covering care, clinical investigation and basic research. Chemotherapy alone and in combination with radiotherapy has been the chief research interest in Dr. Farber's group. Immunology and virology represent secondary interests.

**A.E.C.  
Organization  
Reviewed**

At the request of the Chairman, Dr. Shields Warren reviewed the pattern of organization of research activities sponsored by the Atomic Energy Commission in its several installations.

**Defining  
Areas of  
Interest**

Following this, the possibility of defining the areas of interest within each cancer institute was again considered with informal agreement that each institute director would attempt to make such an evaluation for subsequent presentation to the Association of Cancer Institute Directors with a view to some informal over-all planning of American cancer research activities on the basis of voluntary cooperation.

**New England  
Cancer Insti-  
tute Program**

Dr. Warren reviewed the program of the New England Cancer Institute pointing out that their activities were largely concerned with three major problems. First, radiation carcinogenesis, receiving approximately 40 percent of the budget; adaptive enzymes receiving approximately 20 percent of the budget; and biological aspects of cancer especially related to patterns and methods of metastasis, about 15 percent of the budget. The balance is devoted to a variety of scattered projects ranging from epidemiology to the study of changes in the x-ray diffraction patterns in organic crystals.

**N.C.I.  
Changes**

Dr. Endicott next reviewed the changes brought about in the National Cancer Institute during the past three and one-half years. He stated that a need had been felt for establishment of a more highly structured institute to deal with specific aspects of the cancer problem. This has been done by creation of new programs within the Institute instead of trying to redirect the activities of existing staff members. The existing discipline oriented laboratories and departments have been maintained so as to have experts on hand for consultation in any field. The new program is one conceived and administered through a scientific directorate, which meets as a body for a half day each week. As new personnel are added to the staff, they must accept a dichotomy of responsibilities, part of their activities being related to specific programs and part to their own personal interests in their field of specialization. Carcinogenesis was cited as an example of a highly structured program that has been introduced into the Institute. A contract with the Atomic Energy Commission for joint use of facilities at the Oak Ridge laboratories constituted a first step. Dr. Endicott stated that a new local facility - a "little Oak Ridge" - was needed

where industrial firms would provide laboratories and consultants for extension of this program. Another example of centralization of research efforts was cited in the chemotherapeutic trials that are being conducted with the University of Virginia as a center for control of tests conducted in a number of satellite hospitals.

**FDA  
Regulations**

Dr. Endicott next commented on the general problem of Food and Drug Administration regulations and limitations on local formulation of drugs for human use. He stated that there was an urgent need for pharmacologists in experimental therapy programs and a need to formulate policies on human or clinical pharmacology. He stated that at the National Cancer Institute the Food and Drug Administration had accepted a local medical board decision as adequate authority to proceed with studies in clinical physiology. Dr. Endicott offered to meet with Dr. George Larrick to see if further decentralization of studies in clinical physiology might be acceptable with local medical board controls and a limitation of drugs for injection into humans to those made up in a qualified pharmacy.

Members of the group next considered certain problems which either are or might well be shared by several laboratories. Four specific areas were noted:

1. The use of computers in drug trial inventories
2. The mass production of human cells in vitro
3. Cryobiology
4. Centrifugation techniques applied to biological problems

**Design of  
Instruments**

Problems of developing new instruments for biological research were next considered. Dr. Endicott suggested that the National Institutes of Health ought to have a qualified group of instrument designers to receive specifications from scientists as to what sort of instruments they need. After designs had been prepared, contracts for the actual work of making instruments would be worked out with industry.

**Viruses**

Another area cited by Dr. Endicott as justifying a major cooperative research effort is the relation of viruses in humans and in animals.

**FDA  
Regulations**

Dr. Phillip Waalkes joined the group and was asked to review briefly the progress made toward meeting new Food and Drug Administration regulations with respect to cancer chemotherapeutic drugs. At the request of Dr. Simpson, Dr. Endicott and Dr. Waalkes reviewed the procedures by which the division of biological standards of the National Cancer Institute controls biological materials that are to be entered into interstate commerce. It was pointed out that batch approval was required by the DSS before vaccines, anti-sera, blood, blood products, etc. can be marketed or shipped between states. The procedures for such clearance are very rigid but on a less formal basis than F & D Administration regulations and involve an initial personal contact between the investigator and the DSS.

**Eppler  
Institute**

Dr. Lemon next reviewed progress of the Eppler Institute at the University of Nebraska and outlined plans for its further development and for some

specific research projects for which unusual facilities are available. Notable among these is a six county study of leukemia and lymphomas in western Nebraska. Particular attention is being paid to the possible relationship to bovine lymphoma and to the study of viruses affecting turkey and swine.

U.S.S.R.  
Visit by  
A.C.I.D.  
Members

Dr. Sloan reviewed the background of USSR-US agreements for scientific and cultural exchange visits. She stated that the Association of Cancer Institute Directors visit had originally been scheduled for two to four weeks. She stated that the exchange agreements would be renegotiated probably in January 1964 and that a group of no more than eight persons might anticipate visiting the Russian cancer research institutes at the time previously agreed, that is, the end of May and the early part of June 1964. If the group includes more than eight, she suggested that it be divided with part going at the date mentioned and another going in September. Two specific areas have been proposed for cooperative studies between Russian and United States cancer research directors. One of these is in the field of carcinogenesis (suggested by Dr. Shabad) and the other on cancer chemotherapy screening (suggested by Dr. Larionov). The possibility of setting up some seminars in these areas was considered so that the visitors might have specific contributions to make to the institutes visited.

Adjournment  
for Dinner

Following agreement to adjourn the meeting until after dinner and then to complete the business of the Association, the meeting adjourned. Members of the Association and a number of members of the staff of the National Cancer Institute were guests of Dr. Kenneth Endicott for cocktails and dinner in the Terrace Room of the Washingtonian at 6:30 p.m. Association members and alternates included Drs. Lee Clark, Kenneth Endicott, Dr. and Mrs. George E. Moore, Drs. Ausland, Lambooy, Modest, Rusch, Simpson and Warren. From the National Institutes of Health there were Drs. Meader, Waalkes, Coghill, Sloan, Berlin, Haenszel, Weiger, Leiter and Messrs. Kieley, Brandner and Learmouth.

Meeting  
Re-convened  
New Members

Following the dinner, guests departed and the Association re-convened at 9:40 p.m. The possibility of membership in the Association by representatives of certain other institutions was considered. On recommendation of Dr. Clark, it was agreed to ask a representative of the Ellis Fischel Hospital and Research Foundation as a guest for the next meeting. It was also agreed to invite Dr. Alfred Gailhorn of Columbia University Institute for Cancer Research and Dr. Leon Jacobson, Director of the Argonne Cancer Hospital as guests to the next meeting.

Other names were considered, but no definite decision was made concerning Dr. Currari of the University of Wisconsin, Dr. Kremenz of New Orleans and Dr. Zamsnik of Boston.

Officers  
for 1964

Following discussion of possible officer candidates for 1964, it was moved by Dr. Moore, seconded by Dr. Rusch, that Dr. Farber be elected President and that he be notified by wire at the same time as the congratulations of the Association are extended to him and to the Children's Cancer Research Foundation on the 15th anniversary of the Foundation, Monday, November 25. The motion was unanimously carried (Copy of telegram is appended).

Moved by Dr. Wood, seconded by Dr. Rusch that Dr. Endicott be re-elected as Vice President and that Dr. Simpson be re-elected Secretary-Treasurer for 1964. Motion was carried.

**Miscellaneous  
problems  
discussed**

Members entered into discussion of a variety of miscellaneous problems as indicated in the following notes:

1. It is now useless for organizations to submit resolutions to the Public Health Service or to other official government agencies concerning the policies established for the administration of grants.
2. Regardless of the many efforts to control premature releases of publicity on new grants, the situation has not been improved and in the judgment of Dr. Endicott, it cannot at the present time be altered.
3. Discussions of U.S.P.H.S. patent policies have not led to any clarification. There is an indefinite moratorium between the U.S.P.H.S. and the American Cancer Society concerning competing patent policies, so that institutions may accept money from both agencies. If support for an invention was from co-mingled funds, individual agreements must be worked out with the American Cancer Society and the U.S.P.H.S.
4. Dr. Endicott expressed the hope that we may eventually come to the point of having sophisticated patent policies so that authority to deal with patent matters can be delegated to the institution instead of requiring referral to the Surgeon General. He stated that it is doubtful that the National Institutes of Health will negotiate any new agreements, however, in the near future.
5. The question of legislation concerning the care of laboratory animals was discussed. It was reported that bills providing for such legislation will probably not be reported out of committee at the current session of Congress.
6. The need for budget information from the institutes for presentation of cancer research institute needs to congressional appropriations committees was discussed. It was agreed that each director will send a copy of his budget to the Secretary for collation so that information will be available if requested by our representatives to the hearings in the spring.

**Agenda for  
Next Meeting**

The Association next turned to items for inclusion on the agenda of subsequent meetings. The following were listed:

- a. The need for cancer treatment information centers was suggested by Dr. Moore.
- b. Dr. Simpson suggested the need for rapid and authoritative exchanges of information concerning cancer quacks, "tests," and "cures."

- c. The suggestion was made that the programs for high school students be reviewed with some effort to evaluate the results of such activities. Inasmuch as the next meeting is scheduled for Buffalo where an extensive program has been conducted for some years, it was agreed that this would be included on the agenda for that meeting.

Adjournment      There being no further business, the meeting was adjourned at 11:15 p.m.

Respectfully submitted,

William L. Simpson, M.D.  
Secretary



The following was sent as a Night letter to Dr. Sidney Farber on 11/25/63:

On this day of mourning, your colleagues of the Association of Cancer Institute Directors share with you a welter of conflicting emotions. Along with shock and horror at our nation's tragedy, we take comfort in the orderly succession in our government and in recognition that good works will and must continue. We salute you and the Children's Cancer Research Foundation for your constant efforts on behalf of children throughout the world. By unanimous decision your colleagues of the Association are privileged to ask you to serve as our President for the next year.

William L. Simpson  
Secretary-Treasurer

