

CANCER CONTROL

The reduction of cancer incidence, morbidity, and mortality through an orderly sequence from research on interventions and their impact in defined populations to the broad, systematic application of the research results.

CANCER CONTROL: A LEGISLATIVE SUMMARY

Review of congressional language regarding cancer control from the enactment of the National Cancer Act of 1971 through the most recent reauthorization in December of 2006. Emphasis is placed on the evolving congressional definition of cancer control, criticisms of NCI's approach to cancer control activities, and recommendations and directives regarding the allocation of resources for cancer control.

National Cancer Act of 1971 (P.L. 92-218)

"The Committee was very disturbed to find in its study of the cancer problem that identifiable funding for cancer control programs ceased with fiscal year 1970, and that a number of the activities previously supported through these programs have in one way or another been terminated or allowed to lapse. Disease control programs in cancer and other areas have long been a part of the public health scene, and their importance is incontrovertible, for they are a means of bringing into general medical applications the most practical fruits of research in terms of improved methods of treatment and control. Especially when a major national effort is being mounted to develop new cancer knowledge, it seems ill-advised if not irresponsible to eliminate any useful means for speeding that new knowledge to application for the benefit of the public. The Committee has concluded that alternative program mechanisms--irrespective of stated intentions--have not been successful in assuring adequate attention to cancer control activities. Accordingly, in order that States and other public or non-profit agencies can once again receive funding for cancer control activities, the Committee has inserted in its bill authority for the Director of the National Cancer Institute to "establish programs in the prevention, control, and eradication of cancer"; and has included *specific authorizations to help make sure that these funds intended to help in the attack on cancer are not diverted.*

"...the Committee sees an important role for NCI in bridging of the gap between research and general medical application. Once the effectiveness of these findings can be demonstrated--to the satisfaction of the scientific community--these results or techniques should be expeditiously communicated to the medical practitioner. The *NCI should develop an aggressive and coordinated program to demonstrate the application of recent research discoveries as rapidly as possible, using whatever community resources are available, and communicate these findings to practitioners where these findings can be applied.*" (House Report No. 92-659, p. 24)

Community Mental Health Centers Act of 1978 (P.L. 95-622)

Director, NCI shall establish and support demonstration, education, and other programs for detection, diagnosis, prevention, and treatment of cancer and for rehabilitation and counseling respecting cancer; Cancer Control Programs Office of NCI to establish information exchange networks between groups of medical practitioners (House Report 95-1192, p. 26)

Health Research Extension Act of 1985 (P.L. 99-158)

Added to cancer control section research on continuing care of cancer patients and their families as well as rehabilitation and counseling for care givers (Conference Report 99-157, p. 79)

The NIH Revitalization Amendments of 1993 (P.L. 103-43)

"...the Conferees expect the Director of NCI to assure that DCPC is concentrating its limited resources on preventing the development of cancer or reducing the incidence of cancer by modifying risk factors through changes in behavior (Conference Report 103-100 p. 113).

"The Conferees are particularly interested in seeing DCPC fund initiatives such as:

- (1) large scale community intervention trials to study methods of reducing the risk and mortality of cancer;
- (2) community and physician education programs to determine effective methods of encouraging screening;
- (3) psychosocial interventions to improve quality of life and increase treatment compliance. Particular attention should be given to underserved populations, including racial/ethnic minorities, inner-city and rural populations, elderly, and low-literacy.

"The conferees expect the NCI, acting through the DCPC, to *assume increasing leadership in the demonstration, implementation and operation of programs to reduce or control the incidence of cancer....the Conferees encourage the NCI to intensify and expand support for cancer control programs that target special high-risk populations which experience excessive cancer rates and are underserved in terms of cancer control programs such as NCI's Minority-based Community Clinical Oncology Program, cancer leadership initiatives and the Community Clinical Oncology Program.* Findings from programs such as ASSIST, the SEER registries, and special populations studies are important for the continued improvement of the Nation's cancer control efforts. The conferees also expect NCI to expand its commitment of resources to prevention research to accelerate the understanding of such issues as the role of dietary fat in various cancers, identifying improved methods of early detection of breast and other cancers, and increasing the knowledge of preventable risk factors for breast and other cancers.

"The Conferees have also agreed to provisions to strengthen existing cancer control directives in Section 412 by authorizing NCI to give priority to breast cancer programs using community-based initiatives designed specifically to assist women who are medically underserved, low-income, or members of minority groups. Such programs include public health system models involving hospitals and community health centers to emphasize prevention, detection, and efforts to guide patients through referral and treatment processes." (Conference Report 103-100, p. 113-114).

Authorized amounts for cancer control: mandated set-aside as percent of appropriation (FY94 - 7 percent; FY95 - 9 percent; FY96 - 10 percent)

Other relevant language: NCI is expected to work with CDC in implementing projects to reduce the behaviors that put citizens at risk; Conferees expect that increased funding for cancer control programs will fully fund 17 existing ASSIST states and support related programs in 33 States without ASSIST programs; NCI is encouraged to intensify and expand support for cancer control programs that target special high-risk populations which experience excessive cancer rates (p. 114).

The National Institutes of Health Revitalization Act of 2006 (P.L. 109-482)

No statutory changes or report language.