National Cancer Act of 1971—An Editorial

With the signing of the National Cancer Act of 1971, President Nixon inaugurated a new era of expanded cancer effort, which in his words represents "... a total commitment of Congress and the President ... to provide the funds ... for the conquest of cancer." The signing ceremonies, shown in the photograph on this month's cover, were held in the White House on December 23, 1971, and were witnessed by leading cancer researchers and administrators and a number of senators and congressmen who led the Bill through its passage in the House and Senate.

The Act establishes a national cancer program to be administered by the Director of the National Cancer Institute (NCI) (which will remain within the National Institutes of Health in contrast with an earlier Senate version of the Bill which would have created a separate National Cancer Agency).

The Bill has a number of unique features which places cancer in a special position with the NIH. It provides that both the Director of NCI, as well as the Director of NIH, will be appointed by the President and that the overall program will be monitored by a three-member, presidentially appointed Cancer Panel. The Chairman of this Panel is Benno C. Schmidt, a financier with considerable background of experience in the management of cancer research activities. He is Chairman of the Board of Memorial Hospital for Cancer and Allied Diseases and Vice-Chairman of Memorial-Sloan Kettering Cancer Center, New York, and has served as Chairman of the Congressionally established National Panel of Consultants on The Conquest of Cancer, whose report 18 months ago was instrumental in development of the present legislation. The other members, recently appointed by President Nixon, are R. Lee Clark, President of the M. D. Anderson Hospital and Tumor Institute, Houston, and Robert A. Good, Professor and Head, Department of Pathology, University of Minnesota, Minneapolis, Minn. This Panel will meet at least 12 times a year to evaluate progress and to make suggestions for improvements, and it will report directly to the President. The Bill also calls for a 23-member National Cancer Advisory Board to replace the National Advisory Cancer Council and to assume and expand the present functions of the Council. Among the 23 appointees are the Secretary of the Department of Health, Education and Welfare; the Director of the Office of Science and Technology; the Director of NIH; the Chief Medical Officer of the Veterans Administration; and a Medical Officer designated by the Secretary of Defense. This Board is authorized not only to advise and assist the NCI Director but also to hold hearings and to take testimony on the activities and accomplishments of the program. Although, as before, the NCI Director will report directly to the Director of NIH, the NCI budget is to be submitted directly to the President with comments, but not changes, by the NIH Director and the Secretary of Health, Education and Welfare.

Regular reports on the progress of the National Cancer Program will be required. These include an annual report, to be prepared by the NCI Director and transmitted by the President to Congress, on the activities and accomplishments of the program and a plan for the next 5 years. In addition, the Bill requires annual reports by the National Cancer Advisory Board to the President, an annual report by the 3-member Cancer Panel to the President, and a report by the President to Congress on the administration and execution of the program as well as recommendations for necessary legislative changes.

Perhaps of greatest significance to cancer researchers are authorizations for two appropriations: a large expansion over current funding with limits of $400, $500, and $600 million, respectively, for the fiscal years 1972, 1973, and 1974, and appropriations of $20, $30, and $40 million over the same periods for cancer control programs. The Bill also calls for accelerated programs within the NIH for exploration of opportunities in areas of special promise; the utilization of industrial facilities, where necessary, to collect, analyze, and disseminate data which can be applied to prevention, diagnosis, or treatment of human cancer; the establishment of an international data bank; and the establishment of cancer control programs in cooperation with State and other health agencies.

An important feature of the Bill is authorization for the establishment of 15 new centers for clinical research training and demonstration of advanced diagnostic and treatment methods; it also authorizes cooperative agreements with public and private nonprofit agencies to strengthen and support either existing or new cancer centers.

The legislative negotiations for the expanded cancer effort had a somewhat stormy course. Many leading spokesmen argued vociferously for establishment of a new agency divorced from the NIH, and indeed this was the major thrust of an earlier Senate-approved version, sponsored by Senator Edward Kennedy. There was, however, strong and concerted opposition to such an Agency by many of the Scientific Community who felt that (a) cancer should not be singled out to follow a track outside of the main network of biomedical science and (b) creation of such an Agency would lead to similar agencies for other major diseases and thus lead to the ultimate dissolution of the NIH.

The present Bill should satisfy all parties concerned. It
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maintains the cancer effort within the NIH but bypasses several layers of administration between the President and the NCI, and it broadens the powers of the NCI to facilitate its broadened mission. The scientific community owes much to the statesmanship of Congressman Paul G. Rogers, whose skillful leadership was vital in the passage of the Bill.

Members of the scientific community have been apprehensive about a cancer crusade, carried out in a constant blaze of publicity and with unprecedentedly large sums, because they feel that the obvious, applied, short-term projects of limited significance will be overfunded, while truly original innovative programs of basic science, without superficially obvious relevance to cancer, will be overlooked. In our present state of ignorance of the biology of neoplasia, truly important answers are more likely to come from the latter than from the former type of project. Scientists can be reassured, however, by the planning efforts already well underway, led by Dr. Carl Baker, Director of the NCI, and his staff. Wide segments of the scientific community have been recruited and are actively participating in the formulation of a comprehensive cancer plan that envisions expanded funding of all facets of cancer research from basic, exploratory programs of cellular and molecular biology to the care and treatment of the cancer patient.

The public has challenged medical science to no less a task than to solve the cancer problem. This is an awesome responsibility the outcome of which only time can determine. However, one thing is sure, and that is that the solution will be reached by a progression of small advances and that these advances will be made by scientists working in the laboratory or in the clinic, and not by administrators or committees. With wise administrative leadership as well as the wholehearted enlistment of the entire scientific community, there is reason to anticipate that this confidence will not be misplaced.

Sidney Weinhouse
Editor
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