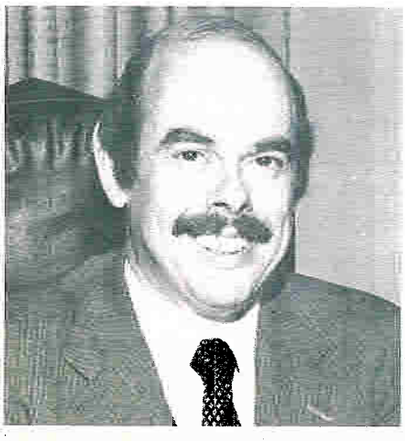

Congressman Henry A. Waxman's *Washington Reporter*

Special Edition on Cancer

Washington Office
2418 Rayburn House Office Bldg.
Washington, D.C. 20515

District Office
8425 W. Third St.
Los Angeles, Calif. 90048

VOL. 6 NOVEMBER 1985 NO. 2

Are We Winning the War Against Cancer?

The results of the decades-long fight against cancer are mixed but encouraging. For an individual with cancer, the chances of successful treatment have improved dramatically in many cases. Some cancers are now considered entirely curable when diagnosed and treated early. Unfortunately, the incidence of certain cancers, particularly the very common and deadly lung cancer, continues to grow. As a result, the frequency of deaths from cancer has remained about the same for a number of years.

Extremely encouraging progress has been made with certain specific forms of cancer such as leukemia among children and cancer of the testicles among young men.

Some of the biggest successes in fighting cancer have come not in curing the disease, but in preventing and detecting it at an early and curable stage. People who do not smoke, or have stopped smoking, have a substantially lower rate of lung cancer than chronic smokers. Yet, the cure rate for those afflicted with lung cancer has changed very little.

Similarly, more success in curing breast cancer is due not so much to new drugs or techniques, but to women using self-examination to detect lumps in their breasts. Doctors report that the average lump removed from the breast nowadays is smaller than a marble. Twenty-five years ago by the time a woman or her doctor detected a lump and had it removed for biopsy, the lump was the size of a golf ball.

Einstein Medical School Awards Honorary Doctorate to Congressman Waxman

Rep. Waxman was awarded the degree Doctor of Humane Letters by the prestigious Albert Einstein School of Medicine in recognition of his contributions to cancer research and other medical programs.

Most of the information in this newsletter comes from reports of The American Cancer Society and The American Cancer Institute. ACS is a non-profit group involved in every phase of the war against cancer. NCI, a federally-funded organization, concentrates on medical research.

Seven Warning Signs of Cancer

1—Change in bowel or bladder habits.
2—A sore that does not heal.
3—Unusual bleeding or discharge.
4—Thickening or lump in breast or elsewhere.
5—Indigestion or difficulty in swallowing.
6—Obvious change in wart or mole.
7—Nagging cough or hoarseness.

If you have a warning sign, see your doctor promptly. Cancer signs are usually no cause for alarm.

Heed Warning Signs

If you have any of the above early warning signs of cancer, you should *immediately* allow your doctor to make a definite diagnosis.

In the vast majority of cases, the signs do not point to cancer, but indicate some other health problem. Usually, the problem is one which can be easily and successfully treated. For example, over 90% of the lumps found in women's breasts are non-cancerous. The problem is solved by simple surgical removal. Similarly, most people suffering from hoarseness or a persistent cough, have a treatable disease of the upper respiratory tract rather than cancer.

You are playing Russian roulette if you have one of the signals and allow time to pass. If you do have cancer, early detection and treatment can save your life. If you don't, a prompt medical diagnosis can put your mind at ease and allow your doctor to treat whatever ailment you have.

If you have more than one of the signs of cancer, you ought to take these warnings very seriously. A negative test for cancer is a minor annoyance, a minor expense, and a major source of relief. A positive test that indicates cancer is present may be worthless if it comes too late.

Second Opinions

Any patient who has been diagnosed as having cancer or any other serious disease ought to seek a second medical opinion before proceeding with treatment. The second opinion ought to come from a doctor certified (Board Certified) as having the advanced training and experience to treat the disease in question.

The doctor giving the second opinion should not be a colleague or friend suggested by the original physician. He or she should be recommended by an outside source and should be free to give an independent assessment.

(continued on page 4)

We have focused in this newsletter on the six most common types of cancer. These common forms of cancer are by no means equally dangerous. The most common, skin cancer, is also the least dangerous form of cancer. It accounts for only a tiny percentage of the cancer deaths. Lung cancer, though less common, has a very low survival rate. It is the most frequent cause of cancer deaths among men and the second most frequent cause of cancer deaths among women.

CANCER	PREVENTION	EARLY WARNING SIGNS
SKIN CANCER: More than 400,000 cases are expected this year.	The lighter an individual's complexion the more need to worry about skin cancer. The disease is most common among fair-skinned light-haired individuals. The best prevention is avoidance of the sun—especially during the hours of 10AM to 3PM. Use of suntan lotions with a high sunscreen rating is recommended.	Watch for skin changes such as white, red, or dark spots, scaling, small mole-type growths which grow bigger and darker and bleed easily.
LUNG CANCER: Will strike over 140,000 Americans this year. Nearly 90 percent will die of this disease within five years.	To prevent lung cancer ***never smoke cigarettes*** or ***give up smoking immediately.*** Places with known cancer causing substances such as asbestos should be cleaned up. The combination of smoking and exposure to cancer causing elements in air, water, and food is especially risky.	Sadly, it is virtually impossible to detect lung cancer at a very early stage. Even heavy smokers often experience few symptoms until the disease has advanced beyond cure. Still, gain can be made from chest X-rays, laboratory analysis of sputum, and medical examination of the bronchial tubes. Smokers should be examined frequently for signs of lung cancer, especially after the age of 40.
COLON-RECTUM CANCER: Expect 138,000 cases this year.	Many scientists believe that the risk of cancer of the colon or rectum can be reduced by changes in diet. They recommend **a diet high in fiber and low in fat.** They also urge people to eat a lot of raw or minimally cooked fruits and vegetables. Broccoli, cauliflower and brussels sprouts are especially recommended as are whole grain cereals, breads, and nuts.	Patients with colon or rectal cancer usually experience no symptoms at first. Early detection depends on screening examinations and keeping a lookout for early signs. **1**—Rectal bleeding, blood in the stool, or change in bowel habits require medical attention. Blood in the stool is often not visible. Either doctor or patient can administer a reliable test for blood. Kits for home testing are available in most drug stores. People over 50 should have this test done every year. **2**—The American Cancer Society recommends a digital rectal examination by your doctor once a year for people over 40. **3**—Neither of these tests detects all cases of cancer. The rectal examination cannot find cancer developing high up in the colon. An office test done by a doctor with the use of a flexible lighted instrument (proctosigmoidoscope) is recommended for those over 50. This thorough test should be done every 3 to 5 years if the individual has had negative test results 2 years in a row. Additional tests may be indicated if the first tests show signs of cancer. Doctors should be reminded to look for cancer of the colon and rectum during *every* "routine" physical examination.
BREAST CANCER: Striking one out every eleven women. 119,000 new cases are expected this year.	There are no known preventive steps one can take to ward off breast cancer specifically. Some believe that dietary changes and less smoking might reduce the incidence of breast cancer.	The best way to detect breast cancer at an early stage is through **careful and frequent self-examination.** All women should know how to detect breast lumps. Though the vast majority of breast lumps are harmless, any lump is cause for a visit to a doctor, but not a cause for alarm. Unfortunately, self-examination misses tiny lumps which may be cancerous. A low-radiation X-ray (mammography) should be taken to spot small lumps. As a woman's age increases she should have professional breast check-ups and mammographies more often.
86,000 cases of PROSTATE CANCER are estimated for 1985.	There are no specific preventive measures for cancer of the prostate. As with many forms of cancer, some believe less smoking and a change in diet might help.	The vast majority of cases of cancer of the prostate occur among men over 55 years of age. The most common early signs are problems with urination. A man should visit his doctor if he has any of these problems: weak urinary flow, frequent urination at night, blood in the urine, pain or a burning sensation while urinating, a urinary flow weaker than normal. Pain in the lower back, pelvis, or upper thighs may be a sign of prostate cancer.
Experts predict 52,000 cases of CANCER OF THE UTERUS this year.	There are no special measures to prevent cancer of the uterus. Though the disease is most common among poor women, we do not know why.	Bleeding or unusual discharge between menstrual periods or in post-menopausal women may be signs of uterine cancer. Fortunately, the *Pap test makes it possible for a doctor to detect cancer at an early stage.* The test is fast, inexpensive and painless. The American Cancer Society recommends a Pap test every third year if the first two tests—done a year apart—are negative. Women in the following groups should have Pap tests more often than the average woman: those who have begun to have sex at an early age, those who have had many sex partners, those who have had estrogen therapy, or women who are overweight or poor.

Below you will find information on the frequency, methods of prevention—if any, early warning signs, usual treatment, and outlook for recovery for each of the six most common types of cancer.

You should bear in mind that the list of body organs and systems which may be plagued by cancer extends far beyond the six types we have examined.

TREATMENT	OUTLOOK
Skin cancer can be treated with surgery, radiation, or destruction of cancerous tissue by heating or freezing.	There are basically 3 kinds of skin cancer. Basal-cell and squamous-cell cancers are easily treated **if detected early.** Up to 95% of patients survive beyond 5 years. The second type of skin cancer, malignant melanoma, is more serious. It may spread to other parts of the body. It is more resistant to treatment. Still, 82% of melanoma victims live beyond 5 years.
Though a variety of treatments are used for lung cancer, including surgery, radiation, and chemotherapy (drugs), none has a high record of success. Lung cancer can sometimes be treated successfully, but it is a particularly difficult challenge. Research over recent years has produced disappointing results. Right now the greatest hope lies in convincing people to ***stop smoking!***	Lung cancer, when detected early, results in about a 40% 5 year survival rate. Most cases are not caught at an early stage. The overall survival rate is 13%—this is one of the lowest survival rates for any form of cancer.
As in President Reagan's case, surgery is generally the appropriate treatment. Many people delay diagnosis for fear that they will require a colostomy. This operation, which results in an abdominal opening for passing intestinal waste, is seldom required. It is used in only 15% of patients whose cancers are detected early. When required, a colostomy is part of the only steps that can save the patient's life. The vast majority of colostomy patients adjust to their condition and can lead relatively normal lives.	With cancer of the colon or rectum the outlook depends heavily on *how early the disease is detected.* The five year survival rate for cancer of the colon detected at an early stage is nearly 90%. The survival rates decline sharply if the disease is not detected until it has deeply penetrated the colon or rectum or has begun to spread to the lymph system or to other parts of the body.
Lumps are surgically removed and tested by biopsy. Depending on the test results one or a combination of these treatments might be used: surgery, drugs, radiation, and hormone treatments. There is much controversy over how much tissue should be removed in breast surgery. The answer depends in part on the details of the patient's case and in part on the doctor's outlook. Before surgery at least two doctors indepedent of each other should be consulted.	The outlook for breast cancer patients is **excellent** if the disease is caught at an early stage and is restricted to a single site. Over 95% of such patients survive beyond five years. Even when cancer has spread, current treatment can save about 70% of the patients. Years ago breast cancer was a personal and psychological disaster even for women who were cured. Advances in plastic surgery and prostheses can now restore virtually normal appearance and enable patients to lead fully normal lives.
Choice of treatment depends on the stage at which the cancer has been identified, whether it is restricted to the prostate gland, the patient's age and general condition. The following treatment methods may be used alone or in combination: surgery, chemotherapy, radiation, and hormone treatments.	The outlook for a man with cancer of the prostate gland depends very much on the type of treatment he has undergone. More than half the cases of cancer of the prostate are discovered in an early stage and respond well to treatment. The five year survival rate is about 70%.
There are two basic forms of treatment for cancer of the uterus: surgery and radiation. Sometimes both methods are used; sometimes one or the other is sufficient. Certain types of cancer of the uterus also may be treated by freezing cancer cells or destroying them with heat.	As with so many forms of cancer those with cancer of the uterus have a high survival rate (80% to 90%) if the disease is detected early. The overall five year survival rate is 65%. The outlook varies considerably depending on the stage the cancer is in and its exact location.

Waxman Battles for Cancer Funds

As Chairman of the House Subcommittee on Health and the Environment, Rep. Henry A. Waxman has fought hard during the past 11 years for maximum federal funding for every aspect of cancer research, treatment, and education. Waxman-sponsored cancer programs will receive $1.37 billion dollars in federal funding this coming year.

Southern California has benefitted especially from generous federal grants to outstanding local institutions. UCLA, The University of Southern California, and Los Angeles Children's Hospital will receive over $30 million this year. As a result of federal funding to these and other local institutions, Los Angeles is recognized as a major cancer research center. In superbly equipped modern hospitals and laboratories an enormous corps of doctors and scientists is working on the frontiers of cancer research.

NEW CANCER DRUGS

In the two years since the Orphan Drug Act became law seven new drugs for the treatment of cancer have been discovered. Each of these drugs was developed for the treatment of a different form of cancer, and they are already being tested for safety and effectiveness at select research centers. Researchers are especially hopeful that new drugs for the treatment of such life-threatening cancers as cancer of the brain, ovaries, and pancreas will prove successful.

Waxman's Orphan Drug Law provided major federal incentives to drug companies to undertake research on drugs not likely to be profitable. Previously, ideas for drugs of lifesaving significance were neglected because companies feared they would be a medical success but a financial failure.

Second Opinion (continued from page 1)

A patient should never feel that seeking a second opinion is an insult or sign of disrespect to the first doctor. A conscientious and competent doctor will always welcome the opportunity to compare diagnoses and treatment plans with a fellow physician.

Seeking a second opinion often makes it possible to avoid unnecessary surgery or other treatment not appropriate. More frequently, the second doctor concurs with the first—thus giving the patient and the patient's family reassurance that they are on the right track.

A pilot study by Blue Cross of New England showed that soliciting a second opinion helped prevent unnecessary surgery, held down health care costs, and increased patients' confidence that they were receiving proper treatment.

Does Cancer Run in Families?

There is a tendency for cancer to "run in families." From a careful study of cancer statistics we know that you are more likely to contract cancer if the number of cases of the disease among your blood relatives is above average.

Patients should share with their doctors details of the cases of cancer in their families. Your doctor may benefit from knowing the types of cancer which occurred, response to treatment, and age at the onset of the illness.

Scientists are not sure of the reasons for the connection between family history and cancer. In some cases cancer-related habits such as smoking may be learned in a family setting. In other cases there may be an inherited predisposition which makes certain individuals more vulnerable to cancer than others.

People who have more than the average incidence of cancer in their family history should begin having examinations for cancer at a younger age than recommended for the general population. They should be sure to ask their doctors if they ought to be examined more frequently than the average patient. Most important, they should become thoroughly familiar with the recommendations made to prevent cancer and the early warning signs of the disease.

Spotting Cancer Quacks

Cancer victims are vulnerable to an array of unproven treatment methods. To help identify and avoid unproven methods of cancer treatment, it may be helpful to know some of their common features.

Some cancer victims are attracted to quack cures because they fear conventional treatment. True, such conventional treatment as surgery or chemotherapy may result in considerable discomfort. Yet these methods hold out real promise of recovery: quack cures do not.

Unproven methods often involve phony salves or natural products to put on the skin, special diets, biological products, and a wide range of machines and devices.

Some proponents of unproven methods may have multiple unusual degrees such as N.D. (Doctor of Naturopathy), Ph.N. (Philosopher of Naturopathy), or Ms.D. (Doctor of Metaphysics). Others may have medical degrees (M.D.) or doctorates (Ph.D.) but lack any association with established scientific facilities or accredited hospitals.

Treatment methods from these persons are often "secret" and available only from them. Proponents may make exaggerated claims and false promises of a cure or marked improvement when a traditional physician has advised that the outlook is not good.

Beware of Foreign Cures

The United States is one of the world's most advanced centers of cancer research and treatment. It is very unlikely that "miracle cures" only available outside the United States are of any value. Mexico has a particularly notorious record of providing sanctuary for unscrupulous practitioners peddling worthless cancer remedies to naive and often desperate Americans. Never seek cancer treatment abroad without checking with reliable American medical authorities.

Most important, patients with curable cancer may waste precious time undergoing worthless treatments—time during which treatment by accepted methods could be lifesaving. People with untreatable cancer may invest substantial sums of money pursuing false hopes from these proponents of unproven treatments.

CANCER INFORMATION AND REFERRAL

Cancer Information Service
1-800-422-6237 (call toll-free)

UCLA Cancer Counseling Line
1-800-352-7422 (call toll-free)

American Cancer Society
(213) 386-1605

American Cancer Society, Los Angeles Central Unit
(213) 386-6102

American Cancer Society, San Fernando Valley Unit
(818) 989-5555

LAC/USC Comprehensive Cancer Center
(213) 226-2374

UCLA Jonsson Comprehensive Cancer Center
(213) 206-6017

Community Cancer Control, Los Angeles, Inc.
(213) 938-2608