Comprehensive Cancer Centers—
From Concept to
Clinical Application

The Editor interviews:
R. Lee Clark, M.D.
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American Cancer Society and
President of the
University of Texas System
Cancer Center
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Tumor Institute
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Editor: Why did the National Cancer Act of 1971 specifically provide for the development of more comprehensive cancer centers?

Dr. Clark: The major goal of the National Cancer Act was to coordinate basic and clinical research to insure the rapid transfer of technology from concept to clinical application. Additional comprehensive cancer centers, modeled after existing centers, and geographically distributed throughout the country, were seen as the most efficient means of achieving this kind of acceleration.

Editor: What makes a cancer center "comprehensive?"

Dr. Clark: Simply stated, a comprehensive cancer center is one that is dedicated to excellence in cancer research, cancer education and patient care, including the latest and best methods of prevention, diagnosis, treatment and rehabilitation. It not only conducts programs to produce new information, but it distributes this knowledge as widely and as quickly as possible.

Editor: How can this best be accomplished?

Dr. Clark: The process begins with an idea, for which a research protocol is developed. Laboratory research is followed by clinical trials of patients in various stages of disease. Acceptance as standard medical practice is hopefully the final result.

It now takes approximately 15 years from initial research to clinical application. It is our goal that the comprehensive cancer centers can cut this time in half. However, to do so requires the cooperation of all physicians, as well as the involvement of community and voluntary health organizations.

Editor: Where does the primary physician fit into this scheme?

Dr. Clark: I cannot over-emphasize the extremely important role of the pri-
mary physician. He is the key individual in accomplishing an earlier diagnosis of cancer and, therefore, in promoting a higher cure rate.

The cancer centers rely heavily on referrals from primary physicians. New knowledge cannot be produced without patients who present a wide spectrum of diseases at all stages. In addition, the physician becomes aware of the newest methods of treatment being given to his patients at the center. The comprehensive cancer centers assure physicians and local community hospitals of access to immediate and expert consultation, equipment and protocols for treatment.

Editor:  
As President of both the American Cancer Society and M.D. Anderson Hospital and Tumor Institute, how do you see the relationship between the ACS and the comprehensive cancer centers?

Dr. Clark:  
I see a partnership that is both symbiotic and synergistic. We can certainly accomplish more by working together than separately; progress for each is additive rather than competitive. Since the comprehensive cancer centers’ greater emphasis is on research and treatment, they must cooperate with the American Cancer Society, especially in the areas of cancer prevention and dissemination of information. While the centers may have their own communications systems, they will be aided by the Professional and Public Education programs and materials of the American Cancer Society to develop an effective, dynamic community-oriented program that disseminates cancer-related information.

Through the joint programs of the American Cancer Society and the comprehensive cancer centers, the primary physician will be able to identify high-risk patients who need close monitoring by periodic examinations and special detection procedures, such as Pap smear, mammography, occult blood in stool, etc.

In addition, voluntary organizations can encourage public involvement and constructively harness that energy in health programs. Of course, the organization’s fund-raising capacity is essential to support cancer research, education and other programs, but they can also provide valuable services more directly. For example, a blood donorship program is now being studied by the American Cancer Society. Volunteers might assist the comprehensive cancer centers by providing blood components so needed by cancer patients. In fact, if each of the two million volunteers of the American Cancer Society donated one pint of blood or recruited a friend to give a pint, approximately $50 million in actual funds could be redistributed for other types of care for cancer patients.

Editor:  
How do comprehensive cancer centers interact with other cancer institutions as well as one another?

Dr. Clark:  
In addition to the existing 18 comprehensive cancer centers (Table), there are many other specialized and coordinated cancer institutions that have joined together as the Association of Ameri-
# Table: Comprehensive Cancer Center Communications Network Contacts

| Comprehensive Cancer Center | Director | Center Contact |
|-----------------------------|----------|---------------|
| Colorado Regional Cancer Center | Ernest Sorek, Ph.D. | Mr. Roger Shafer  
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| Comprehensive Cancer Center for the University of Miami School of Medicine and the Jackson Memorial Medical Center | C. Gordon Zubrod, M.D. | Beth Strunk, R.N.  
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| Duke Comprehensive Cancer Center | William W. Shingleton, M.D. | Diane McGrath, Ph.D.  
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Director, Comprehensive Cancer Center  
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Durham, North Carolina 27710  
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| The Fox Chase and University of Pennsylvania Cancer Center | Timothy R. Falk, M.D. | Mr. David Bennett  
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| Fred Hutchinson Cancer Research Center | William B. Hutchinson, M.D. | R. Clinton Howard  
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| Georgetown University—Howard University Comprehensive Cancer Center | John F. Porter, M.D. | Mr. Godfrey C. Jacobs, III  
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| Illinois Cancer Council | Samuel G. Taylor, III, M.D. | Mrs. Lorraine Hannah  
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| Johns Hopkins University Oncology Center | Albert H. Gwens, Jr., M.D. | Mr. Lee M. Menzies  
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| Mayo Comprehensive Cancer Center | David T. Gerr, M.D. | Mr. Robert W. Derringer  
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| Comprehensive Cancer Center | Director | Center Contact |
|-----------------------------|----------|----------------|
| Memorial Sloan-Kettering Cancer Center | Lewis Thomas, M.D., President | Ms. Miriam Adams, Director of Cancer Communications, 1275 York Avenue, New York, N.Y. 10021 (212) 872-3000 ext. 2085 |
| Roswell Park Memorial Institute (800: 462-7755) | Gerald P. Murphy, M.D., Institute Director | Ms. Eileen Simas, Cancer Control Communications Officer, 566 Elm Street, Buffalo, New York 14203 (716) 845-4402 |
| Sidney Farber Cancer Center (800: 952-1420) | Emil Frei III, M.D., Director and Physician-in-Chief | Ms. Diana L. Siegel, Coordinator, Cancer Control Program, 35 Binney Street, Boston, Massachusetts 02115 (617) 734-7856 ext. 3800 |
| University of Alabama in Birmingham Cancer Research and Training Center | John R. Denton, M.D., Director, Cancer Research & Training Center | Jan Walker, Information Officer, Cancer Communications Office, University of Alabama in Birmingham, University Station 205 Mottimer Jordan Hall, Birmingham, Alabama 35294 (205) 934-2601 |
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| The University of Texas System Cancer Center (800: 392-2040) | R. Lee Clark, M.D., President | Ms. Sandy Pinto, Deputy Information Officer, M.D. Anderson Hospital, Texas Medical Center, 1100 Holcombe Boulevard, Houston, Texas 77025 (713) 792-3303 |
| University of Wisconsin | Harold P. Rusch, M.D., Director of Wisconsin Clinical Cancer Center | Mrs. Naomi French, Public Information Officer, 701 University Hospitals, 1300 University Avenue, Madison, Wisconsin 53706 (608) 262-0046 |
| Yale Comprehensive Cancer Center (800: 922-0624) | Jack W. Cole, M.D., Director, Yale Comprehensive Cancer Center | Ms. Marjorie E. Morris, Program Manager — Communications, Yale Comprehensive Cancer Center, 333 Cedar Street, New Haven, Connecticut 06510 (203) 435-0517 |
| Ohio State University Comprehensive Cancer Center | David S. Yohn, Ph.D., Director | Jane H. Taylor, Community Program Coordinator, Suite 357, 1880 Cannon Drive, Columbus, Ohio 43210 (614) 422-5022 |
can Cancer Institutes. These institutions communicate information among themselves and with similar institutions in this country and around the world. The AACI is cooperating with the National Cancer Institute and the International Union Against Cancer (UICC) to perfect an International Cancer Data Bank.

Editor:  

Are medical schools cooperating with the comprehensive cancer centers?

Dr. Clark:  

Although the comprehensive cancer centers may spring from universities, or have an academic affiliation, the concept doesn’t conform to the long-standing organizational structure common to medical schools. Originally, many medical schools were opposed to categorical comprehensive cancer centers, but now many schools have created departments of oncology. This is a step in the right direction. If the comprehensive cancer center is to survive as an organized activity in a medical academic environment, the Director must have internal autonomy to sustain multidisciplinary research and treatment.

Hopefully, the medical schools will become even more involved. The centers are dependent on them to supply physicians and scientists whose intellectual curiosity and training are needed in treatment and research. It is also vital to the cancer cause that medical schools instill a “cancer consciousness” in all future physicians.

Editor:  

Have the comprehensive cancer centers been successful in meeting their goals?

Dr. Clark:  

It is perhaps too early to discuss goals and achievements, since many comprehensive cancer centers are still being organized. The new centers were selected mainly on the basis of their potential for and commitment to specific requirements on a broad range of activities extending from basic research to rehabilitation. We expect they’ll all attain their goals in a progressive fashion.

Editor:  

What are the biggest challenges facing the comprehensive cancer centers?

Dr. Clark:  

The centers must be accepted by and integrated into the medical community. The ideal comprehensive cancer center is oriented toward specialized and coordinated health care. Essential to its success is the interest and involvement of physicians in private practice, community hospitals and clinics that treat cancer patients, as well as voluntary organizations and governmental branches interested in cancer. This requires the cooperation of researchers, clinicians, technologists and lay volunteers, all working together for the better care of cancer patients. Better cancer control while working for cancer prevention is our mission.

Editor:  

Thank you, Dr. Clark.