NATIONAL PRESS CLUB LUNCHEON WITH DR. JOHN SEFFRIN, CEO, AMERICAN CANCER
SOCIETY

SUBJECT: THE POLITICS OF CANCER

MODERATOR: JERRY ZREMSKI, VICE PRESIDENT, NATIONAL PRESS CLUB

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MR. ZREMSKI: Good afternoon and welcome to the National Press Club.

My name is Jerry Zremski and I'm national correspondent for the Buffalo News and vice president of the press club this year.

I'd like to welcome club members and their guests, as well as the audience watching today on C-SPAN.

Please hold your applause during the speech so that we will have as much time for questions as possible. For our broadcast audience, I'd like to explain that if you hear applause during the speech, it may be from guests and members of the general public, who attend or luncheons, not necessarily from the working press. (Laughter.)

The video archive of today's luncheon is provided by ConnectLive and is available to members only by the National Press Club at our website at www.press.org. Press club members can also access free transcripts of our luncheons at our website. Nonmembers may purchase transcripts, audio and videotapes by calling 1-888-342-1940.

For more information about joining the press club, you can call us at 202-662-7511.

If you have any questions for our speaker, please write them down on those cards that you have on your tables there and pass them up to me. I will ask as many questions as we have time for.

Before introducing our head table, I'd like to remind you of some of our upcoming speakers. First of all, on June 28th, Marva Smalls, executive vice president of Nickelodeon Television, will be here, along with special guests Romeo, the star of TEENick's series, "Romeo!," and Miranda Cosgrove, co-star of TEENick's series, "Drake and Josh." And most importantly of all, we will have SpongeBob SquarePants and Dora the Explorer. (Laughter.)

Then on July the 6th, we will have Dale Petroskey, president of the Baseball Hall of Fame; and on July 10th, Senator Arlen Specter will be our guest.

I'd also like to remind you all about the annual 5K run and walk that the press club puts on to benefit its Ellen Persina scholarship for aspiring journalists of color. This event will take place on September the 9th and we're already taking registrations at our website, again, at www.press.org.

Now I'd like to introduce our head table guests and ask them to stand briefly while their names are being called. Please hold your applause until all the head table guests have been introduced.

From your right we have Barbara Culliton from the journal, "Health Affairs" and a member of the club; Charles Marwick, who's retired from "The Journal of the American Medical Association" and also a member of the press club; Brenda Crane (sp), director of Media Relations for the American Medical Association in Washington and a member of the club; next, John Niederhuber, acting director of The National Cancer Institute; Bob Rosenblatt, senior fellow at the National Academy of Social Insurance and a member of the club; Peggy Eastman (sp), who's a Washington writer for "Oncology Times" and a press club member.

Skipping over the podium, we have Angela Greiling Keane, associate editor of "Traffic World" and vice chair of the National Press Club's Speakers Committee; skipping over our speaker for one moment, we have Ira Allen, vice president of public affairs at the Center for the Advancement of Health and the NPC member who organized today's lunch; John Barton, who's retired from UPI and former vice

chair of the NPC board; Kay Kahler Vose of Porter Novelli and a former president of the National Press Club; Mary Woolley, president of Research!America and a member of the club; and finally, John Manuel Andriot (sp), founder and president of Health and Science Reporting, Inc., and a member of the club. (Applause.)

The biggest news in medicine today is very often about cancer: how to prevent it, how to live with it and one day, how to cure it. Researchers are discovering new therapies and new technologies for early detection. They're identifying genes that might turn cancer on

or off. And they continue to find that cancer disproportionately strikes minorities.

But cancer is also a political issue. Federal funding for scientific research has gone flat and by some measures, declined. And while cancer rates have declined in recent years, this disease remains the number two killer around the world, second only to heart disease. It exacts tremendous costs on our health care system, and dollars; and an even larger cost in terms of personal sorrow and premature death.

Our guest today knows firsthand that cancer is both a political and a personal issue. Dr. John Seffrin has been CEO of the American Cancer Society since 1992, but his first encounter with this disease dates to his childhood. His grandmother was living with his family at the time, and she died of cancer when he was only 10 years old. He has since lost his mother to cancer and his wife of 40 years, Carole, is a breast cancer survivor.

In the political realm, Dr. Seffrin has transformed the world's largest voluntary cancer-fighting group into one of the world's most progressive public health organizations. When Dr. Seffrin last appeared here, nearly three years ago, he noted that two-thirds of all cancers can be prevented through lifestyle change. And since then, he has spearheaded an unprecedented collaboration among the Cancer Society, the American Heart Association and the American Diabetes Association. Together, those organizations are spreading the word that healthy lifestyles lead to longer lives.

Under Dr. Seffrin's leadership, the American Cancer Society has also become a leading advocacy organization. It published voter guides and prints voter records, thereby holding lawmakers accountable to every American citizens touched by cancer.

But Dr. Seffrin's fight against cancer doesn't stop at the U.S. border. He is a preeminent leader of the international crusade to reduce tobacco-related disease and death. He was the leader in creation of the National for Tobacco-Free Kids, serving as its initial board chair; and in addition, Dr. Seffrin has served as president of the International Union Against Cancer for the past four years. Not surprisingly, Dr. Seffrin's work has made him imminently familiar with the politics of cancer, and that's what he will discuss with us here today.

Ladies and gentlemen, please welcome Dr. John Seffrin.
(Applause.)

MR. SEFFRIN: Good afternoon. It's indeed a privilege to be back at the National Press Club and to have a few moments to share with you some important thoughts about what we need to do about this disease.

First, let me thank my friend, John Niederhuber, the acting director of the National Cancer Institute, who was already introduced.

John, we have an idea about your schedule's like. He's only running
the largest biomedical research institute in the world. And we really appreciate the leadership you're showing there and thank you for being

here.

And Mary Woolley, who also was introduced. She's president and chief executive office of Research!America. And Mary, thank you for being here. We were tickled to death to be a part and a partner with Research!America as it led the charge to double the NIH budget over a five-year period of time. It had never happened before in the history of our republic, and I think most of us know it wouldn't have happened without your leadership and Research!America's leadership. We appreciate that.

There are several people here -- and I can't acknowledge everybody, and I'll apologize in advance -- but I do want to acknowledge my friend Bill Novelli who's here. And he, along with Erik Olsen, are representing AARP, a great partner of the American Cancer Society. And a great job, Bill, you're doing running that magnificent organization. It's great to have you.

John Clymer, who's the president and CEO of Partnership for Prevention, an incredible organization that does the number crunching and the data analysis to recommend to our federal government the kinds of things they know can be done in the area of prevent that not only will save lives, reduce suffering, but save money. So it's great to have you here.

And Bill Corr and Matt Myers, the president and CEO and the executive vice president of the National Center for Tobacco-Free Kids, an incredible institution. And nothing gives me more goose flesh than to think about the fact that the American Cancer Society stepped up with the Robert Wood Johnson Foundation and found that institution a decade ago. And what a difference it's made in the lives of people in protecting our youth from tobacco. And thank you for your great leadership.

I also want to acknowledge, in front of me a couple -- I missed Henry Simmons and I looked around, but didn't see him, but I know he's here. There he is! I can see you now. The light's shining. Henry Simmons is the president and CEO of the National Coalition on Health Care. And it's the largest coalition in all of America that has both

labor and business at the table trying to figure out how to fix our very broken health care system. And among many other things, they've developed five basic principles, that we know if we redesign our health care system around it, we can indeed have a health care system that gives us much better results much more effectively.

And then in this entire room there's no one more important to the health in American than the Honorable Paul G. Rogers. A dear friend, a mentor of mine, and someone who served ably in Congress for well over two decades and sponsored enough legislation that he became known as "Mr. Health."

A little bit of trivia -- but it's not trivial, it's very important -- he is the only legislator who has something at the NIH named after him, the Paul G. Rogers Plaza in front of Building Number One. And that's because, of course, many appropriators get their names on buildings for allocating money, but he had the foresight and

vision to legislate things, intimately involved in the National Cancer Act, which I'll mention more formally in just a minute. But Paul, thank you for being here.

And finally, last but certainly not least, my bride of 40 years -- as was mentioned -- Carole Seffrin, who I'm tickled to death to have here. And she's living proof that people do survive cancer today.

A round of applause for all of those that I've mentioned, if you please. (Applause.)

Ladies and gentlemen, we are winning. Indeed, for the first time, we can today state that we are winning the war on cancer. We are winning. But having grown up in Indiana, I understand this: that when you get in the lead in the second half, and you've got the ball, it means that you certainly can win the game or you can, now that we're winning the battles, win the war on cancer, but it's not a sure victory. It depends on what you do with that lead.

What is even more important than knowing that we are winning the war is that we know now, essentially, what it will take to finish the job. That is, eliminating cancer as a major public health problem, first here in the United States and throughout our global village.

Indeed, the progress made in our understanding of the cancer problem is so great, so substantial that we find ourselves in a very different place and in a very different situation than when the American Cancer Society, for example, was founded in 1913 or even when the National Cancer Act, Paul, was signed in 1971. Today we know more about cancer than ever before. We understand many of its causes. We know how to prevent it in most cases, and we increasingly know how to cure it, especially in its early stages.

Despite the significant growth in the knowledge base, we have not yet succeeded in stemming the growing burden of cancer. And that's

why I'm here to talk with you today. The gap between what is and what could be in cancer control and cancer care is the single most important issue facing our cancer community in the world today.

So it's in this context that I would like to share with you these four facts of life, or if you prefer, "new realities" which form the core of my message today: One, for the first time we know what it will take to win the war on cancer -- knowing, meaning based on evidence and outcomes that we've achieved already. Two, we can eliminate cancer as a major public health problem in the United States in this century and earlier, rather than later, if we do the right things. And three, however, if we fail to intervene, if we fail to do the right things, cancer will become the leading cause of death in the United States and eventually, highly likely to be the leading cause of death in the world.

Four, so the conquest of the world's most feared disease is a question of choice, priority, resources and resolve, not luck or a magic bullet or a single miracle cure. While the hopeful side of cancer has never been more hopeful in my lifetime, and the prospects

of saving and improving lives are truly extraordinary, science alone, public health alone or public policy alone cannot get us where we need to be to realize this very possible dream. It will take all three and a lot of commitment and collaboration to make it happen.

Indeed, in the interest of full disclosure, as I speak the cancer burden is actually getting worse, not better. And cancer will kill more people in the world this year than HIV/AIDS, tuberculosis and malaria combined.

Now, I use those three as an example, because those three: HIV/AIDS, tuberculosis and malaria are all on the GA health agenda. Cancer is not. How do you explain that? Perhaps it's a bit of a bitter irony that in the last 60 years, science has made remarkable progress toward unraveling the mystery of cancer. It is, as was said in the papers almost daily, but so much of what we know about cancer is not being adequately translated into what we do about cancer.

As a result, if current trends continue -- if current trends continue and we don't do the right things, by 2020, the number of new cancer cases worldwide will grow to 15 million and the number of deaths will double to 12 million. By the way, an estimated 70 percent of these deaths will occur in developing countries which, obviously, are least prepared to address the growing cancer burdens, particularly late-stage cancer problems.

With recent advances in our understanding of cancer, these are people whose lives need not be lost. We often don't start and think of it quite that way, but we have to recognize that what we're talking about are losses of lives that today we can keep from happening. They continue to experience unnecessary suffering and death, not because we don't know how to prevent it or to detect it earlier or to treat it, but because we refuse to ensure that all people and all nations, including our own, have equal access to life saving cancer advances.

That's why this July -- in fact, in just a few days -- the American Cancer Society is doing something that's never been done before: we're bringing together two, not one but two world conferences that have rarely been held in the same year and never in the same country. We're bringing here the UICC -- the International Union Against Cancer based in Geneva, Switzerland, its world cancer conference; and the 13th World Conference on Tobacco OR Health.

These two conferences will bring together over 5,500 participants from more than 130 countries.

We'll have oncologists, public health leaders, tobacco control advocates, cancer association leaders, health ministers and journalists all congregated in our nation's capital. These meetings will reach across the entire breadth of cancer control and cancer care to focus energy and attention not just on talking about the cancer problem and wringing our hands, but on identify and sharing solutions that can make a lifesaving difference in communities around this nation and around the world now, today.

Why it is so critical to unite, why, you might ask, is it so critical to unite the global cancer and tobacco communities? Because

as Stephen Covey says, it's best to start with the end in mind. And if the end in mind is that we want to solve the cancer problem, then these two issues are really inseparable with tobacco causing, essentially, 30 percent of all human cancer death.

The world is on a collision course and for the journalists in the room, I would like to put a fine point on this: the world is on a collision course if we fail to take action against the scourge of tobacco. Indeed, it is a train wreck not waiting to happen. Indeed, it's already happening and its repercussions will have a public health and economic impact unlike any we have ever witnessed before in the history of the world.

As the only consumer product to kill more than half of its regular users, tobacco will be responsible this year for 4.9 million deaths worldwide -- 4.9 million. Today, that burden is almost evenly shared between developing and developed nations like ours, but the trend is rapidly changing and in fact, in 20 years 70 percent of those deaths will be in the developing part of the world.

Now, if we fail to act to prevent this tragedy in the making, the consequences will most certainly be dire and I believe, destabilizing. As a direct result -- these are based on current trends, Jerry -- as a direct result of tobacco use, 650 million people alive today will eventually be killed by tobacco. Half of them are our children. Half of these people will die in midlife, when they are most productive for their economies, most important to their communities and certainly most needed by their families.

Let me put it another way, because the proportionality of what we're looking at has not, to date, been able to capture the

imagination of the press and therefore is largely unknown by the public, if in the last century -- from 1900 to the year 2000, tobacco use killed 100 million people. If left unchecked, based on current trends, tobacco will kill more than 1 billion people in this century. And if we let that happen and don't do the right thing, it will be worse case of avoidable loss of life and human suffering in all of world history.

Yet we know -- the National Center for Tobacco-Free Kids and other people have demonstrated -- that comprehensive, concerted action can eliminate the global scourge of tobacco and save hundreds of millions of lives within the next few decades, if we do the right thing.

Let's take the United States as a quick example. We have enjoyed many resounding victories against big tobacco that are making a real difference in the ultimate bottom line, and that is promoting health and saving lives. More than 2,200 communities nationwide have enacted smoke-free laws and are protecting the health of millions of Americans. In fact, tomorrow, our surgeon general will release the first report in two decades focusing on secondhand smoke, and we expect it to confirm the public health and economic benefits of clean indoor air laws.

However, as smoking rates decline in the U.S. and many other,

quote "developed and industrialized" nations, the tobacco industry has dramatically stepped up its efforts in emerging markets. Because tobacco kills the majority of its customer base, the industry must persuade millions of people to become new smokers each year, just to break even. In the largely unrestricted markets of the developing world, that means that no one is immune to the industry's tactics, especially the most vulnerable people of all: the children.

Fortunately, thanks to the rigorous educational, scientific and advocacy efforts, something very important has happened since I was here last. And that is, we have now our first ever treaty from the World Health Organization called the Framework Convention on Tobacco Control. And it is an evidence-based treaty that has now taken the force and effect of international law, and it has been ratified by over 130 countries.

The treaty hits the tobacco companies where they live by restricting their insidious and immoral marketing practice. It gives nations, particularly low income nations, the tobacco companies target as their most promising markets, powerful new tools to protect their citizens from tobacco industry's deception.

Now, the U.S. is to be commended for supporting adoption of the treaty. We actually voted for it in the World Health Assembly, but our nation's role in this arena has been halted, because we have so far refused to ratify it. As of June 20, 2006, literally 131 countries covering 75 percent of the world's population, already have ratified the treaty, making it the most rapidly embraced treaty in the history of the United Nations.

Why are we lagging behind? The United States' ratification and effective implementation of the treaty is essential to turning the tide of the global tobacco pandemic. To that end, I have urged President Bush to send the treaty to the Senate for ratification. And since many of the ratifying countries will be represented at the upcoming conferences here in Washington, we will use that opportunity to bring pressure to bear on the administration and the United States Senate, to promptly join the rest of the world in ratifying this important lifesaving treaty.

When ratified and implemented, we know -- we know from experience and evidence -- that human suffering will be reduced and lives will be saved. The important part of this treaty, different from some treaties, its protocols are based on evidence of what has worked throughout the world to solve the tobacco problem.

In addition to taking immediate action against tobacco, there are three actions I believe it will take to eliminate cancer as a major public health problem at the earliest possible time. First, we must accelerate discovery by redoubling and balancing our cancer research portfolio. Thanks to decades -- decades of well-funded peer reviewed research, cancer research has gone in my lifetime from a good bet to a sure bet. Does that mean every experiment works? No, that's not the point.

The point is, we know how to fund good science. And remarkable achievements such as the mapping of the human genome that Jerry

mentioned make new cancer cures virtually inevitable if we do the right things. And that means fully funding NIH and its National Cancer Institute. Further progress is guaranteed if research funding keeps pace.

Landmark discoveries such as cancer vaccines and better and more targeted therapies are inevitable, absolutely assured, but only if we fuel the engines of discovery. And we know -- we know that's what the American public and American taxpayers and voters want us to do. Research!America has documented that in virtually every congressional district that they've done polling.

And we must, as the same time, balance our research portfolio to include applied behavioral research, psychosocial research, translational research, prevention research and evidence-based prevention interventions. That's a mouthful, but it's the kind of active, applying what we've learned in the laboratory into communities where communities where it can really help people and their families.

If we redouble, on balance, cancer research efforts, the number of lives that we could improve and save is virtually unlimited over time. Now, unfortunately, as I stand here today -- as was alluded to -- funding for NIH is jeopardy. The worldwide leader among cancer research institutions is in jeopardy. If we fail to continue stoking the engines of research, we will effectively renege on our nation's

commitment in the war against cancer and its commitment to the American people, and that would be wrong.

Second, we must promote and elevate prevention into public policy and standard practice nationwide. One example of the enormous potential of prevention is cervical cancer. In nations like ours, where screening tests are available -- not to all, but most -- and early detection is standard practice, screening and follow-up treatment has reduced cervical cancer deaths by 80 percent. And yet, despite these advances in prevention, in many parts of the world, cervical cancer is still a leading cause of cancer death in women.

As you all know, and as the press covered appropriately, recent FDA approval of the HPB vaccine -- the first vaccine targeted specifically to preventing cancer in humans is one of the most important advances in women's health in recent decades. Successful global implementation of an effective HPB vaccine offers a truly unprecedented opportunity to prevent millions of deaths and dramatically reduce the world's cancer burden. The challenge is to make such advances available to every woman who needs it.

This is typical of the challenge facing cancer-control advocates worldwide. Science has given us tools to save lives, but our medical care and political systems are not equipped to deliver on those advances, which brings me to the third point: we must drive delivery of state-of-the-art, state of the possible cancer cure and cancer control at the community level. In places where public health organizations, governments and the private sector have worked together to drive delivery at the community level, there have been impressive, impressive results.

With state-of-the-art cancer care, as many as 75 percent of cancer patients in this could survive on a long-term basis. Tragically, no where near that many receive treatment that fully takes advantage of what science has taught us. Access to the means for the attainment and preservation of health is a basic human need and right, and not a privilege for just a few. If we fail to do the right things, it will not only result in an otherwise avoidable public health catastrophe, but also, an economic missed opportunity.

For example, here in the United States, a 20 percent reduction in cancer mortality will yield a $10 trillion value to the American people, according to a study just published by Murphy and Topel on the economic value of medical research. Because cancer tends to strike and kill in the prime of life, the human and economic impact is difficult to exaggerate. Truly, a nation's very competitiveness in the future will be tied to how healthy its citizens are.

So underlying key -- the underlying key to achieving each of these goals is advocacy. Each of them -- whether it's redoubling research, whether it's prevention or providing access to care, advocacy is critical and will either undermine or undergird the

solution. Cancer is as much a political and public policy issue as it is a medical and public health issue.

Remarkable advances in prevention, early detection and treatment virtually guarantee lower incidents in mortality rates, if they are available to everyone who needs them. That means our most pressing challenge is to make cancer policy a priority, to educate lawmakers, governments, civic leaders about the urgency of cancer control and inspire their commitment to enact public policies that will make cancer advances available to all people everywhere.

Obviously, this is an enormously complicated task, but it can be done. We have the evidence that shows when shape policies in certain ways we get an impact that we're looking. A concrete example: Right now, what's different from when I was here before? And that is, we now have more former smokers in America than current smokers for the first time, which means about 47 million people have successfully quit smoking. And our ability to help people quit has never been greater and we know, of course, if we can have more people quit, we can prevent lethal disease.

And let me cite one contemporary example, because it happened literally in the last fortnight. Recently, the American Cancer Society's Cancer Action Network -- what we call ACS CAN, the society's 501(c)(4) advocacy organization -- took action against small business health care legislation known as, quote, "Health Insurance Marketplace Modernization and Affordability Act" -- sounds good -- or Senate Bill 1955, which would have effectively gutted state laws that require health insurers to cover lifesaving cancer screenings and treatments. But working with our partners, the AARP and American Diabetes Association, ACS CAN launched an immediate advertising campaign that received an immediate strong response from our grassroots with more than 170,000 e-mails pouring in to the U.S. Senate offices and more than 10,000 phone calls over a two-week period to the targeted Senate offices. I'm proud to report that our collaboration and hard work

ultimately ended in success, and on May 12th, the bill was stopped in the U.S. Senate.

But although we've made extraordinary progress, we still have, of course, a long way to go. And that's why ACS CAN, the American Cancer Society Cancer Action Network, is planning to bring 10,000 energetic advocates representing every single congressional district -- all 435 of them in the country -- to Capitol Hill on September 19 and 20 next for what we're calling "Celebration on the Hill" to meet with their elected officials and participate in activities on the National Mall with an important message that we care about cancer and we will be heard. And we'll do our part, but you've got to do yours, and we will not take no for an answer. Cancer survivors, I can tell you living with one, don't take life and health for granted. And they vote with their feet and voice as well as with their ballots.

In conclusion, our ability to make a difference in the lives of people touched by cancer increases exponentially when we help pass

laws and establish public policies that secure investments and research and prevention and access to quality health care. Ultimately, the challenge for all of us will be to do what we can to redouble our efforts in pursuit of our common cancer-fighting agenda. This means we must have the courage to share, the courage to take responsible, bold risks and the courage to persevere. In other words, we must have the courage to transform what is into what could be, what we now know can be.

I leave you with the following truth. When the American Cancer Society was founded in 1913, the diagnosis of cancer was a virtual death sentence only to be preceded by an often protracted period of pain and suffering full stop. Due to an indefatigable commitment to research and intervention at the community level, cancer and the problem of cancer has been transformed. And today, cancer, this day, is potentially the most preventable and the most curable of the major life-threatening diseases facing humankind. That's progress by any measure. We now have the knowledge and the know-how to turn that potentiality into reality if we do the right things.

And may God speed that day. Thank you very much. (Applause.)

MR. ZREMSKI: Thank you very much, Dr. Seffrin.

We have a very large number of questions from the audience, and I'm going to go through as many as I can in the time we have remaining.

First of all, one of our members of the audience, someone here, asked the question about the treatment you referred to and the fact that there have been delays in sending it to the Senate and that this might be like the Kyoto treaty all over again. And I'm just wondering what you would have to say about that.

MR. SEFFRIN: Well, I think that's a legitimate concern and fear, and that's why I think we intend to make sure we don't leave any stone unturned of trying to get the attention of the administration and the Senate. And we're hoping to actually have a meeting when we have our

colleagues from 131 countries here on the Hill about this very issue. But it is definitely a concern because, while our country voted -- and by the way, this treaty passed unanimously. All of 191 nations belonging to the World Health Organization, the largest part of the U.N., all voted for it. And indeed, our secretary of Health and Human Services actually went to New York and signed the treaty. So we believe, simply, that it should be given a full airing, and we think that the public will express itself to saying this is important to do.

But there is legitimate concern as to why we've heard very little about the treaty since it has now been ratified. It only needed 40 countries to be ratified and become an effective treaty for the world. And as I said already, 131 countries have ratified it. It's time that we do the same thing.

MR. ZREMSKI: Congress is distracted by a large deficit, the war in Iraq, low approval ratings and a host of other issues. Are these distractions getting in the way of medical research funding?

MR. SEFFRIN: I think the answer to that is that they absolutely are. But in answering that, we should not accept that as an alternative, and there's a very important reason why. And that is that this nation spends an extraordinary amount of money on health care. It will be $2 trillion this year. A relatively small percentage of that is spent on the kind of research that would solve the problem and actually reduce, over time, the costs that we spend.

Yes, of course, it's tough with all those distractions to get -- but the key point that we have to make over and over and over, we have problems that we face we have to deal with, but we don't honestly know the solution. And here's a problem we deal with where we know the solution. And so it is a moral imperative to do something about it.

There's no question in my mind that the richest country in the world has the assets necessary to solve the cancer problem.

MR. ZREMSKI: Is pharmaceutical research, which in recent years, has come up with products such as Viagra and anti-anxiety drugs and so forth, on the right track? Or does it need some redirection?

MR. SEFFRIN: Well, I think the pharmaceutical industry would need to respond to that.

But let me say the following. I've been encouraged by the fact that more and more of the large pharmaceutical companies and the biotech companies are doing active research in the cancer area. And the pipeline is filling up, if you will, of new targeted compounds. And the experience that we've seen with Gleevec and Erbitux, to just take two, is the beginning of a new era of chemotherapeutic intervention. It is a very promising day.

So clearly, we would want pharmaceutical companies to invest in cancer research. And in my opinion, they are doing that, and the return on that investment can be great because, of course, the cancer problem is such a huge problem. And everyone who has to face it certainly wants to get the best possible treatment.

MR. ZREMSKI: The basic tools for fighting cancer are still chemotherapy, radiation and surgery. These have been used for 60 years now. How can you say that the war on cancer has been won or is in the process of being won if the same crude weapons with terrible side effects are still the standard?

MR. SEFFRIN: Well, as I just mentioned, the good news is is that most of my career, the side of toxic drugs were the drug of choice, and now we do have more targeted kinds of therapeutics that, thankfully, are less morbid. That is to say, there's less illness and

suffering associated with the treatment and better outcomes in terms of survival. But the reason I say that is based on evidence, and we have had 12 successive years. Now remember, throughout your life and all of my life, cancer death rates in America went up and up and up and up and up and up. And now, for 12 straight years, they've gone down. It's been 1 to 1.2 percent per year, but it's been every year.

And indeed, last year, for the first time in the history of the republic, fewer people died of cancer than the year before. Now, that's not saying we've solved the problem. We've got a long way to go. But it is saying that there's no question, it's incontrovertible evidence, that cancer -- that we are winning and that we can win more if we continue to do the kinds of things that I'm talking about.

MR. ZREMSKI: In the progress that's been made, has more progress been made in the treatment side or the prevention side of this fight?

MR. SEFFRIN: One of the great stories is that we started this study in 1992-93. And Dr. Philip Cole, a cancer epidemiologist and M.D. trained at Harvard, was convinced that we couldn't achieve our 2015 goals. And we went about the business, he went about the business, of looking at the numbers, and that led to the first scientific article that proved what no one knew at the time, which is that cancer mortality rates have already started to go down. And I can still remember and will never forget his phone call to me saying John, all of my career I've thought that the only progress we've made is in prevention. And he said this is clear -- the evidence is abundantly clear -- that it's an add mixture of both prevention and improved therapy.

I think we would have to say the lion's share has been through prevention, but there's no question of what therapy has indeed improved, and people's lives are being saved from both prevention intervention and through improved therapy.

MR. ZREMSKI: You talked about the HPV vaccine. Do you foresee other prevention treatments, for other types of cancers, that are being developed right now?

MR. SEFFRIN: I do indeed, and I think much of the research would indicate that's the case. Let me say -- quote Robert Weinberg, a friend of mine who's a distinguished American Cancer Society professor at MIT, who made the following statement several years ago and in scientific literature, and that was how cancer develops is no longer a mystery -- period. Now, it doesn't mean we have all the answers, of course, and there's still much research to be done. What his point

was, simply, we've broken open the black box of cancer.

And so now, with respect at the molecular level, as you begin to develop compounds that can be developed better now because of the human genome being done, we have every reason to be optimistic that the clinical picture will simply get better and better and better. Better in terms of long-term outcomes and survival, but also better in terms of the treatments being far less morbid.

MR. ZREMSKI: Are you concerned that there may be too much cancer screening going on, and that it could possibly harm people who are not at risk?

MR. SEFFRIN: That's a very important question, because typically -- and as John Clymer knows -- we know that if we could get more people to have colon cancer screening, we could reduce in 36 months about 60 percent of colon cancer mortality. And think about what that would mean -- the second leading cause of death in men and women, second only to lung cancer.

The question, of course, is but can you over screen? And the answer is, of course, you can over screen, and that's why the American Cancer Society, ongoingly, working with others, of course, sets up guidelines about when you should be screened and how you should be screened. And typically, the real answer to this question is is that the screening test that's best is the one that you get.

But it is important to make a point here and that is that one can be over screened in the sense that, for example -- it's not so much today, but a year or two ago -- there were inserts in the newspaper that said, you know, get a whole body scan and those kinds of things for three (hundred dollars) or $400. And the problem with that, of course, if you live long enough and you do a screen, there's going to be something show up. In all probability innocent, and then you can have interventions that lead to morbidity or problems from invasive tests.

So yes, there can be over screening although, by and large in America, that's not our problem today. The problem is under screening with people not getting tests, either because they don't have access to it or they're not educated to get them.

MR. ZREMSKI: What would the relationship between expanded health insurance coverage and lower cancer rates?

MR. SEFFRIN: Well, it would be huge. It would be absolutely huge. My prayer is that during my lifetime we will be able to address the lack of health care in this nation in a mature way. Basically, we know, today, how to prevent a lethal cancer event in most people for an entire normal human life span. And when you put it that way, it begins to make it so obvious well, how do we make that happen? And that means that everyone has to have access to health promotion -- disease prevention screening at the age appropriate, et cetera, et cetera.

Just take an example -- the reimbursement for smoking cessation. You know, if we can help a woman quit smoking before her 50th

birthday, we can save her life, because her risk -- absolute risk -- of dying in midlife, according to the study -- we followed a million people -- her risk of dying in midlife is the same as a woman who's never smoked. So it's a tremendous opportunity if we provide access to reducing cancer incidence, cancer morbidity and cancer mortality.

And I'll turn that question around this way, and that is -- and this is a sobering thing that I have to live with every day, because we've got so much work to do. But we have, meaning the American Cancer Society, have to engage in this issue about reforming our health care system, because we can never solve the cancer problem completely without a change in the health care system, even with research. Doing the best we can, still, if you systematically exclude from the health care system 45 million people, you're not going to be able to solve cancer as a major public health problem.

MR. ZREMSKI: Do you think there will be a fight from certain political elements against actually using the HPV virus among young girls? And what is the Cancer Society's position on this?

MR. SEFFRIN: Our position is that we have, thankfully, for the first time, the first proven vaccination against an important human cancer, and that it should be immediately and as soon as possible be made available to the population on a global basis. And when and if that happens, we will effectively eliminate cervical cancer mortality as a significant cause of cancer death in women. We should move forward.

There are always concerns about things, and there's nothing in life -- in this life -- that I know of that's perfect. But the truth is, there's no reason to think that having an HPV vaccine is likely to have a negative behavioral impact on a young woman, any more than if we encourage people to wear helmets riding a bicycle and then assume that somehow they're going to be risky or more reckless in their riding bicycle behaviors.

MR. ZREMSKI: Why has the Cancer Society not taken a stronger position on toxic chemicals, such as those used in many consumer products?

MR. SEFFRIN: We constantly monitor those. And let me quickly say that the American Cancer Society is conducting both cancer prevention study number two, which is ongoing and has been going on now almost for two decades. We are following 1.2 million people through their whole life. And that's a kind of study that the government could never afford to do. We're able to do it because we

use volunteers, and we're tracking those people. And that allows us to pick up subtleties about cancer incidence in a huge cohort that you would never find if you were only following a handful of people. We have advisory committees and we constantly review the science, particularly that of IARC, the International Agency for Research on Cancer, which is the official agency that determines what is and what is not a known human carcinogen.

The bottom line is is that we spend a lot of time on that. We don't make a lot of noise. We know that approximately 3 percent of

the cancers that we observe appear to occur environmentally for reasons that we haven't yet figured out. That is significant if you're one of the 3 percent and we understand that. We have to spend and make the most amount of noise about those things we know for sure, such as tobacco, that cause 30 percent -- not three, 10 times that many -- and we know what to do to solve that problem.

Nonetheless, it's an important issue and one we do continue to work on. The one thing, though, that makes the American Cancer Society different from some groups is the fact that we have an unblemished track record of never going to the American public, or the world at large, and saying this causes cancer, only to come back red-faced a year later and saying oops, we got it wrong. And so we have to have a high-bar standard of determining what is and what is not a significant human carcinogen.

MR. ZREMSKI: Should tobacco be banned? Or should it be taxed more heavily? And if so, how heavily?

MR. SEFFRIN: To my knowledge, there's no one working in the tobacco field -- advocacy field -- that has recommended a ban on tobacco. But we absolutely believe that it should be taxed more heavily. And of course, increasing the tax on cigarettes has been one of the most robustly proven, over and over, effective interventions to reduce consumption, particularly among children. So we absolutely encourage and are proud to work with the National Center for Tobacco Free Kids and many other groups. And we now have -- well, I've forgotten -- but a number of -- we've even been able to raise the excise tax, I think, in Kentucky, didn't we, Matt? But we definitely think that that's an important public health intervention and one of a number of ways in which we can solve the tobacco problem over time.

MR. ZREMSKI: How long do you think it will take before indoor smoking bans are really the standard in America? And what is the status of such smoking bans worldwide?

MR. SEFFRIN: Well, I think that we are headed -- and tomorrow's surgeon general's report will be very important on this issue. And we need to see what that report says, but I think my prediction is that that report will be replete with evidence showing the efficacy, how effective smoking bans are. I believe we're headed well on our way to having a smoke-free society. And I can remember my friend Chick Koop -- Dr. C. Everett Koop -- when he became surgeon general talking about a smoke-free society. And some of the experts -- and, of course, he was a pediatric surgeon and had never done work in tobacco -- and they said, you know, that's a little bit far-fetched. Well actually, I think he wanted to do it by 2000. We're not there by 2000, but we will get there soon, I believe, because we're at a tipping point now with 2,200 communities, some 16 states are smoke free. I think we're well on our way.

The rest of the world -- it's a mixed situation. But it is improving, and it's a part of the framework -- commission on tobacco control treaty -- meaning that you provide clean indoor air, workplaces, and we know that that will not only reduce disease, but help people who have a difficult time quitting quit.

MR. ZREMSKI: What is the Cancer Society doing to reduce the prohibitively high costs of lifesaving or life-extending pharmaceuticals?

MR. SEFFRIN: Well, we're recommending that these products, when proven, that we look for plans in which everyone can have access to them. What I would like to say to you today is the following: That we are now spending very close to $6,000 per person, per year on health care. And we believe that that amount of money, even if there weren't new tax dollars, could improve dramatically the outcomes. And part of that would be making sure that people have access to what it is they need when they need it. We need to work on that.

And let me also add a point here, because it's important. The $6,000 per person, per year, if redeployed, could move us dramatically towards a much healthier nation. We're only about 18th for women and 24th for men in life expectancy in the world. And if you think about that, we spend more than twice as much as the next highest-paying nation on health care. So redeployment of the dollars we're now spending could get fantastic, fantastic outcomes.

And the last thing I'll say on that is that Research!America has done research and year in and year out -- not one time, but year in and year out -- the citizens of America, the voters, say we would be willing to pay an extra dollar per week to fund research for products if it would help me and my family with respect to our health status.

MR. ZREMSKI: Does the American Cancer Society have any difficulty justifying such a strong foreign program? And how do you divide your time between the domestic and international stages?

MR. SEFFRIN: Well, of course, as you might expect, most of our time is spent right here domestically. And the time I have spent as the national CEO of the American Cancer Society, as the international president has been as a volunteer. But the society does believe it, the American Cancer Society, can't be, as it were, just concerned about cancer here within our borders. Two of the 11 purposes for our reason to exist, filed with the government and the IRS, is, quote, "to do something important about the worldwide fight against cancer."

As I speak today, we spend no more than three-tenths of 1 percent of our total revenue on the worldwide fight against cancer. And we try and do go out and raise money from foundations who aren't interested in doing anything within the country, but are interested in doing something about cancer outside the country. And we've been able to cobble those resources together and, I think, launch an effective international program that is and will make a difference.

MR. ZREMSKI: Beyond the treaty that you discussed, is there anything else the U.S. government or the World Health Organization to do to reduce the spread of tobacco in developing countries?

MR. SEFFRIN: Well, certainly, the implementation of the treaty would be the single-most effective thing, because the treat envisions dealing with things such as clean indoor air, such as restricting, prohibiting the marketing of the products, especially to children. It

envisions adding tax and tariffs. And it implements a protocol to avoid things such as smuggling.

But of course, there are other things that can be done. And when you think about the importance of tobacco as being public health enemy number one and the single-largest cause of preventable death here and around world, then it's important and I think every nation determine that the control of tobacco and the eradication of cancer has to be the top issue on the health agenda.

MR. ZREMSKI: Some so-called orphaned disease groups believe that diseases such as cancer and HIV/AIDS get too much research attention compared with other illnesses. How would you respond to that?

MR. SEFFRIN: Well, I have great sympathy for that feeling, because I think when a person or a family is afflicted with a serious, life-threatening disease, all of a sudden, that becomes the most important disease to you in the world. In truth, I think that our nation does a pretty balanced and good job, but we can do better. And orphaned diseases do need special attention.

But clearly, when you have a disease like cancer that affects one out of every three women and one out of every two males, nine out of 10 households, is the second-leading cause of death and the first-leading cause of death below age 85, you have to put a lot of resources into that.

One point, though, that's often overlooked by those people concerned about orphaned diseases and that is the basic research going on at the National Institutes of Health, the National Cancer Institute often will benefit other diseases as well. And there are many classic examples of that where there's research going on in another institute

that helps the cancer problem, and there's research going on at the National Cancer Institute that helps other diseases.

Having said all of that, it is true that we constantly need to monitor, that we pay attention to some very important diseases that are considered orphaned diseases because they don't affect that many people.

MR. ZREMSKI: The American Cancer Society is collaborating with the American Diabetes and Heart Associations. Poverty is a common denominator in all these diseases, as it is with HIV/AIDS. How can you work with HIV/AIDS, TB and malaria organizations to address the shared roots of poverty of all of these diseases?

MR. SEFFRIN: Well, that's a big issue, and I think we're prepared to collaborate, and I think we've demonstrated that, particularly over the past decade, that we're willing to reach out and work with just about anybody where we can identify a shared concern. I would rephrase it slightly and say that we are convinced that it's an issue of access. And admittedly, there's a huge overlap between poverty and access. I understand that. But if we can crack the nut of access, we can do a huge amount to solve many health problems such, as you mentioned, including cancer.

We are now doing an analysis -- we do not have the data -- but it is my considered opinion that if we don't do something to fix the health care system and provide access to people, that before I'm finished, lack of access will be a bigger killer of cancer than tobacco. And if we let that happen, shame on us.

MR. ZREMSKI: Doctors are not reimbursed uniformly for tobacco cessation counseling. Why not?

MR. SEFFRIN: That's a very good question. They should be. As you know, Medicare now will reimburse for counseling for smoking cessation in older Americans. There's every reason that it should be. That's the kind of thing that we can fix. That's the kind of thing that can be changed.

Instead of spending, as often happens, a fourth of all Medicare expenditures -- $394 billion in 2003 -- on people during the last month of their life with heroic care, with the end not being changed -- if some of that money can be spent early, up-front on things like helping people break an addiction, it's a win-win. We save a life, but we also save a huge amount of money.

MR. ZREMSKI: All right. Now, before I ask our last question, I just wanted to make a couple of presentations here.

We have a plaque by which you can remember us.

MR. SEFFRIN: Thank you.

MR. ZREMSKI: And you can take your tea and all its healthy antioxidants -- (laughter) -- in a National Press Club mug.

MR. SEFFRIN: Thank you, Jerry, very much. I appreciate that. Thank you. (Applause.)

MR. ZREMSKI: And now, all of us journalists want to know do you actually know what the surgeon general will announce tomorrow and will you give us a leak on it? (Laughter.)

MR. SEFFRIN: Well, I can honestly say, although I've been advised by some people closer to it than I am, that the report itself will be a fantastic report. But I can't scoop it because I don't honestly know.

I will say this that we're living in a time when many questions are being asked -- should we do this, and should we soft-peddle that? We must remember that we are at a different place, as I said at the beginning of my speech, than we've ever been before. And that's because we now know what will happen if we do the right things. And we know what's going to happen if we don't.

And so, as I leave here and go through the airport and I have to take my shoes off to get on that airplane, I ask you to think with me about your confidence that that really is going to change the world. There are some problems we have, we don't know. We have to work on the solutions, but we don't know the solutions. When it comes to the problem of cancer, we know what the problem is and we know what the

solutions are. And it's time that we move forward with them. (Applause.)

MR. ZREMSKI: Thank you very much, Dr. Seffrin. Thank you.

Thank you all for coming today.

Again, thank you, Dr. Seffrin, for being with us. I'd also like to thank National Press Club staff members Melinda Cooke, Pat Nelson, Jo Anne Booze and Howard Rothman for organizing today's lunch. And also thanks to the NPC library for its research.

We're adjourned. Thank you.

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