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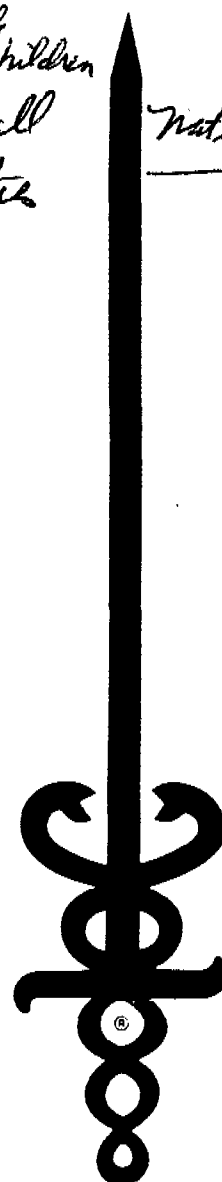
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1965 CANCER FACTS AND FIGURES AMERICAN CANCER SOCIETY

*Incl mch
Infants - Children*

*Cancer is all
mortality
= 17%*

natl / 1 gm for 20 yrs.



FOREWORD

This annual publication presents the latest facts and figures relating to cancer.

It is prepared for writers, editors, speakers, teachers, students, and others who require a concise source of statistical data and background information about this disease phenomenon. As such, it is a practical reference volume for libraries.

The main body of material was prepared by the Statistical Research Section of the American Cancer Society, based upon data from various sources. The most important of these are:

End Results and Mortality Trends in Cancer, Monograph No. 6, National Cancer Institute, 1961.

Morbidity From Cancer in the United States, Public Health Monograph No. 56, U.S. Department of Health, Education and Welfare, 1959.

Cancer in Connecticut, 1935-1951, Connecticut State Department of Health, 1955.

Cancer Mortality for Selected Sites, No. 3, Tohoku University School of Medicine, Japan, 1964.

Current Population Reports - Population Estimates, U. S. Bureau of the Census, 1964.

Survey of Current Business, U. S. Department of Commerce, 1964.

Vital Statistics of the United States, U. S. Public Health Service, National Vital Statistics Division, Annual.

THE SWORD OF HOPE

The Sword of Hope is the symbol that to most Americans means "Help Fight Cancer." As the registered trade-mark of the American Cancer Society, it has for 36 years reflected the ACS image and identity. Today it remains the insignia of the only voluntary health organization fighting cancer on the broad fronts of research, education, service. It is the emblem that guides contributors who seek to make sure that their gifts go to the traditional ACS Cancer Crusade.

For this reason, the Sword of Hope is displayed in all Crusade materials, literature, posters, ads, films, etc., and is shown at all meetings, lectures, exhibits, film showings.

The sword originated out of a nation-wide poster contest in 1928. The blade was meant to express the crusading spirit of the cancer control movement. The twin serpent caduceus forming the hilt emphasizes the medical and scientific aspects of the attack. The original insignia carried the slogan "Fight Cancer With Knowledge." Variations of this theme have been used by the ACS since then. Today's "To Cure More - Give More" supplements the Society's classic theme "Fight Cancer With a Checkup and a Check."

BASIC DATA

What Is Cancer?

Cancer is a disease that is characterized by abnormal growth and spread of cells. If this malignant process is not controlled or checked, the patient will die. However, many cancers can be cured if detected early in their development and treated by surgery or radiation. (For amplification see P. 12).

How Treated?

Cancer today is treated by surgery, x-rays, radioactive substances, and various drugs, chemicals, hormones.

Can It Be Prevented?

Yes. Research has proved that most lung cancers are caused by cigarette smoking, and some skin cancers by frequent overexposure to direct sunlight. These can be prevented by avoiding their causes. Also, certain cancers caused by occupational factors — particularly bladder cancer in the dye industry — have been prevented by eliminating the cancer-producing agents that caused them.

Who Will Get Cancer?

Cancer strikes at any age. It affects children as well as adults, but it strikes with increasing frequency with advancing age.

How Many Will Get Cancer?

About 48 million Americans now living will eventually have cancer; one-in-four persons according to present rates. Cancer will strike over the years in approximately two of three American families.

How Many With Cancer?

This year about 850,000 Americans will be under medical care for cancer.

New Cases Annually

There will be about 550,000 new cancer cases (diagnosed for the first time) in 1965.

How Many Die?

In 1964 an estimated 290,000 Americans died of cancer, and in 1963 it was 285,000. In 1962, 278,562 cancer deaths were reported by the U. S. National Vital Statistics Division. This year about 295,000 will die of the disease; that is, 805 persons a day, one every two minutes. Of every six deaths from all causes in the U.S., one is caused by cancer.

National Death Rate

There was a steady rise in the (age-adjusted) national death rate until 1950. Since 1950 it has leveled off. In 1930 the number of cancer deaths per 100,000 population (age-adjusted) was 112; in 1940 it was 120; by 1950 it had risen to 125; and in 1960 the number was still 125. Except for cancer of the lung and pancreas, and leukemia, age-adjusted cancer death rates in general are leveling and in some cases dropping off. (See charts P. 10.)

Survival Rate Is One-In-Three

In the early 1900's few cancer patients had any hope of cure. In the late 1930's fewer than one-in-five was being saved – that is, alive five years after first being treated. A few years ago one-in-four was being saved. Today one cancer patient in three is being saved. The gain in lives saved amounts to some 46,000 patients each year.

Of every six persons who get cancer today, two will be saved and four will die. Numbers 1 and 2 will be saved. Number 3 will die but might have been saved had proper treatment been received in time. Numbers 4, 5 and 6 will die of cancers which cannot yet be controlled; only the results of research can save these patients. This means that about half of those who get cancer could and should be saved – by early diagnosis and prompt treatment. Thus, the immediate goal of cancer control in the United States is the annual saving of 275,000 lives, or half of those who develop cancer each year.

How Many Actually Being Saved?

About 183,000 Americans will be saved from cancer this year.

How Many More Could Be Saved?

About 92,000 cancer patients will probably die in 1965 who might have been saved by earlier and better treatment.

Over One Million Now Living – Cured

There are now 1,300,000 Americans, alive today, who have been cured of cancer. By "cured" it is meant they are without evidence of the disease at least five years after diagnosis and treatment. An additional 700,000 cancer patients diagnosed and treated within the last five years will live to enter the ranks of those we call cured. This means there are actually 2,000,000 Americans cured of cancer, although 700,000 will not formally be counted as cured until they have completed the five years. The decision as to when a patient may be considered cured, in the sense of being free of the disease, is one that must be made by the individual physician. For most forms of cancer, five years is the accepted time. However, some patients can be discharged as free of the disease after one year, others after three years, while some may be followed much longer than five years.

U. S. Cancer Deaths By Age

Currently there are about 22,500 cancer deaths of patients aged 15 to 44. Cancer is the leading cause of death among women aged 30 to 54. Almost half of all cancer deaths last year were among persons under 65.

U. S. Cancer Deaths By Sex

More men than women died of cancer last year. This has been true since 1949. The ratio in 1965 will be about 55 men to 45 women.

Cancer And Children

This year cancer will take the lives of more than 5,000 children under the age of 15. About half of them will die of leukemia, which is a cancer of blood-forming tissue. More school children will die of cancer than from any other disease. Today there are over 300,000 American children under 18 who have lost their fathers to cancer. Over 250,000 have lost their mothers.

Cancer Status Chart: Leading Sites

SITE	ESTIMATED NEW CASES 1965	ESTIMATED DEATHS 1965	DANGER SIGNAL (WHEN LASTING LONGER THAN TWO WEEKS SEE YOUR DOCTOR)	SAFEGUARDS	COMMENT
BREAST	62,000	26,000	LUMP OR THICKENING IN THE BREAST.	ANNUAL CHECKUP. MONTHLY BREAST SELF- EXAMINATION.	THE LEADING CAUSE OF CANCER DEATH IN WOMEN.
COLON AND RECTUM	73,000	43,000	CHANGE IN BOWEL HABITS; BLEEDING.	ANNUAL CHECKUP, INCLUD- ING PROCTOSCOPY.	CONSIDERED A HIGHLY CURABLE DISEASE WHEN DIGITAL AND PROCTOSCOPIC EXAMINATIONS ARE INCLUDED IN ROUTINE CHECKUPS.
KIDNEY AND BLADDER	29,000	14,000	URINARY DIFFICULTY. BLEEDING — IN WHICH CASE CONSULT YOUR DOCTOR AT ONCE.	ANNUAL CHECKUP WITH URINALYSIS.	PROTECTIVE MEASURES FOR WORKERS IN HIGH-RISK INDUSTRIES ARE HELPING TO ELIMINATE ONE OF THE IMPORTANT CAUSES OF THESE CANCERS.
LUNG	52,000	47,000	PERSISTENT COUGH, OR LINGERING RESPIRATORY AILMENT.	PREVENTION: HEED FACTS ABOUT SMOKING. ANNUAL CHECKUP. CHEST X-RAY.	THE LEADING CAUSE OF CANCER DEATH AMONG MEN, THIS FORM OF CANCER IS LARGELY PREVENTABLE.
MOUTH, LARYNX AND PHARYNX	20,000	9,000	SORE THAT DOES NOT HEAL. DIFFICULTY IN SWALLOWING. HOARSENESS.	ANNUAL CHECKUP. INCLUDING LARYNX.	MANY MORE LIVES SHOULD BE SAVED BECAUSE THE MOUTH IS EASILY ACCESSIBLE TO VISUAL EXAMINATION BY PHYSICIANS AND DENTISTS.
PROSTATE	33,000	16,000	URINARY DIFFICULTY.	ANNUAL CHECKUP, INCLUDING PALPATION.	OCCURS MAINLY IN MEN OVER 60. THE DIS- EASE CAN BE DETECTED BY PALPATION AND URINALYSIS AT ANNUAL CHECKUP.
SKIN	80,000	4,000	SORE THAT DOES NOT HEAL, OR CHANGE IN WART OR MOLE.	ANNUAL CHECKUP. AVOID- ANCE OF OVEREXPOSURE TO SUN.	SKIN CANCER IS READILY DETECTED BY OBSER- VATION, AND DIAGNOSED BY SIMPLE BIOPSY.
STOMACH	21,000	18,000	INDIGESTION.	ANNUAL CHECKUP.	A 40% DECLINE IN MORTALITY IN 20 YEARS, FOR REASONS YET UNKNOWN.
UTERUS	44,000	14,000	UNUSUAL BLEEDING OR DISCHARGE	ANNUAL CHECKUP INCLUD- ING PELVIC EXAMINATION AND PAPANICOLAOU SMEAR.	UTERINE CANCER MORTALITY HAS DECLINED 50% DURING THE LAST 25 YEARS. WITH WIDER APPLI- CATION OF THE "PAP" SMEAR, MANY THOUSAND MORE LIVES CAN BE SAVED.
LEUKEMIA	17,000	14,000	LEUKEMIA IS A CANCER OF BLOOD-FORMING TISSUES AND IS CHARACTERIZED BY THE ABNORMAL PRODUCTION OF IMMATURE WHITE BLOOD CELLS. ACUTE LEUKEMIA STRIKES MAINLY CHILDREN AND IS TREATED BY DRUGS WHICH HAVE EXTENDED LIFE FROM A FEW MONTHS TO AS MUCH AS THREE YEARS. CHRONIC LEUKEMIA STRIKES USUALLY AFTER AGE 25 AND PROGRESSES LESS RAPIDLY. CANCER EXPERTS BELIEVE THAT IF DRUGS OR VACCINES ARE FOUND WHICH CAN CURE OR PREVENT ANY CANCERS THEY WILL BE SUCCESSFUL FIRST FOR LEUKEMIA AND THE LYMPHOMAS.		
LYMPHOMAS	20,000	15,000	THESE DISEASES ARISE IN THE LYMPH SYSTEM AND INCLUDE HODGKIN'S AND LYMPHOSARCOMA. SOME PATIENTS WITH LYMPHATIC CANCERS CAN LEAD NORMAL LIVES FOR MANY YEARS.		

CANCER'S SEVEN DANGER SIGNALS

1. Unusual bleeding or discharge
2. A lump or thickening
in the breast or elsewhere.
3. A sore that does not heal.
4. Change in bowel or bladder habits.
5. Hoarseness or cough.
6. Indigestion or difficulty in swallowing.
7. Change in a wart or mole.

If your signal lasts longer than two weeks, go to your doctor to learn if it means cancer.

Estimated Cancer Deaths by Sex and Site - 1965

SITE	BOTH SEXES	MALE	FEMALE
All Sites	295,000	161,000	134,000
Buccal Cavity & Pharynx	6,850	5,100	1,750
Lip	125	100	25
Tongue	1,625	1,200	425
Salivary Glands	700	450	250
Floor of Mouth	500	400	100
Other & Unspecified Mouth	1,100	750	350
Pharynx	2,800	2,200	600
Digestive Organs	95,000	51,650	43,350
Esophagus	5,400	4,200	1,200
Stomach	18,400	11,400	7,000
Small Intestine	750	400	350
Large Intestine	32,100	14,700	17,400
Rectum	10,800	6,100	4,700
Liver & Biliary Passages	9,500	4,500	5,000
Pancreas	16,300	9,500	6,800
Other & Unspecified Digestive	1,750	850	900
Respiratory System	50,500	43,350	7,150
Larynx	2,650	2,400	250
Lung	47,000	40,400	6,600
Other & Unspecified Respiratory	850	550	300
Breast	26,300	200	26,100
Genital Organs	40,450	16,750	23,700
Cervix Uteri	10,000	-	10,000
Corpus Uteri	3,900	-	3,900
Ovary	8,900	-	8,900
Prostate	15,800	15,800	-
Testis	650	650	-
Other & Unspecified Genital	1,200	300	900
Urinary Organs	14,200	9,500	4,700
Kidney	5,700	3,600	2,100
Bladder & Other Urinary	8,500	5,900	2,600
Skin	4,400	2,600	1,800
Eye	400	200	200
Brain & Central Nervous System	7,000	4,100	2,900
Endocrine Glands	1,450	600	850
Thyroid	1,000	350	650
Other & Unspecified Endocrine	450	250	200
Bone	1,650	950	700
Soft Tissue	1,250	650	600
Leukemia	14,200	8,300	5,900
Lymphomas	15,300	8,800	6,500
Lymphosarcoma & Reticulosarcoma	7,100	4,100	3,000
Hodgkin's Disease	3,300	2,000	1,300
Multiple Myeloma	3,800	2,100	1,700
Other Lymphomas	1,100	600	500
All Other & Unspecified	16,500	8,500	8,000

Estimated New Cancer Cases by Site, by State - 1965

State	All Sites	Stomach	Colon & Rectum	Lung	Breast	Uterus	Prostate	Leukemia
Alabama	8,000	350	750	750	800	1,100	650	250
Alaska	150	10	20	20	10	10	10	10
Arizona	3,500	150	400	350	300	300	250	100
Arkansas	5,500	200	500	450	500	550	450	200
California	47,000	1,800	5,800	4,700	5,700	3,400	2,600	1,400
Colorado	4,500	150	550	350	550	350	300	200
Connecticut	9,000	400	1,200	800	1,000	450	500	250
Delaware	1,500	40	200	150	150	100	80	40
Dist. of Columbia	3,000	100	400	300	350	250	150	60
Florida	18,000	650	2,200	2,100	1,800	1,700	1,200	500
Georgia	9,000	250	850	850	1,000	1,000	600	300
Hawaii	1,000	150	100	100	80	90	40	40
Idaho	1,500	30	200	100	150	150	150	60
Illinois	33,000	1,300	4,800	3,100	4,100	2,700	1,800	1,000
Indiana	14,000	400	2,000	1,300	1,500	1,300	900	450
Iowa	9,000	300	1,300	750	1,000	550	700	300
Kansas	6,500	200	850	600	750	450	450	250
Kentucky	9,000	350	1,100	850	800	850	550	300
Louisiana	9,000	350	950	950	850	800	600	300
Maine	3,500	150	550	300	400	350	200	90
Maryland	9,500	300	1,200	1,000	1,100	750	500	250
Massachusetts	19,000	700	2,800	1,700	2,300	1,200	950	500
Michigan	23,000	950	3,200	2,200	2,500	2,000	1,400	700
Minnesota	10,000	500	1,400	750	1,200	600	750	400
Mississippi	5,500	200	600	500	500	650	500	200
Missouri	15,000	450	1,800	1,400	1,600	1,200	900	450
Montana	2,000	50	250	150	200	100	150	70
Nebraska	4,500	200	650	400	550	300	350	150
Nevada	700	30	100	80	80	60	60	30
New Hampshire	2,000	80	350	200	250	150	100	70
New Jersey	22,000	900	3,500	2,200	2,800	1,500	1,000	600
New Mexico	2,000	100	150	150	200	150	100	60
New York	62,000	2,600	9,400	5,900	7,700	4,100	2,800	1,600
North Carolina	10,000	350	1,000	800	1,100	1,000	700	350
North Dakota	1,500	70	150	90	150	90	150	70
Ohio	31,000	1,000	4,500	2,900	3,500	2,600	1,800	950
Oklahoma	7,500	250	750	750	650	600	500	250
Oregon	5,500	200	650	500	600	400	400	200
Pennsylvania	38,000	1,500	5,900	3,600	4,300	2,800	2,200	1,100
Rhode Island	3,000	150	500	300	400	200	150	80
South Carolina	5,000	200	450	400	450	700	300	150
South Dakota	2,000	90	250	150	200	150	200	80
Tennessee	9,500	300	950	850	1,000	900	650	300
Texas	24,000	950	2,600	2,500	2,400	2,200	1,600	950
Utah	2,000	80	200	100	250	150	150	70
Vermont	1,500	50	200	150	200	150	90	40
Virginia	10,000	350	1,200	1,100	1,100	900	600	300
Washington	8,500	300	1,000	850	950	600	600	300
West Virginia	5,500	200	600	550	500	500	350	150
Wisconsin	12,000	550	1,900	850	1,400	800	750	450
Wyoming	650	20	80	60	80	50	70	30
United States	550,000	21,000	73,000	52,000	62,000	44,000	33,000	17,000

Note: These estimates are offered as a rough guide and should not be regarded as definitive. They are calculated according to the distribution of estimated 1965 cancer deaths by state. Especially note that year to year changes may only represent improvements in the basic data.

Age-Adjusted Death Rates Per 100,000 Population for Selected Cancer Sites for 24 Countries (1960 - 1961)

NOTE: Figures in parentheses are ranks of rates within site and sex group.

	All Sites		Stomach		Colon & Rectum		Lung		Leukemia		Breast	Uterus	Prostate
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Female	Female	Male
United States	141.(14)	107.(18)	12.5(24)	6.2(24)	18.7(11)	16.9(10)	31.3(10)	4.7(10)	7.5(3)	4.9(7)	21.2(10)	13.2(8)	13.9(9)
Australia	133.(20)	96.(22)	18.4(23)	9.7(21)	17.8(13)	17.1(9)	27.7(14)	3.5(18)	6.3(10)	4.4(13)	19.0(14)	9.4(21)	14.7(6)
Austria	193.(1)	134.(3)	45.6(3)	26.5(3)	18.7(10)	13.2(14)	48.9(4)	5.6(6)	6.2(12)	4.1(18)	16.0(18)	20.4(2)	13.4(11)
Belgium	169.(5)	122.(6)	31.4(7)	18.1(7)	21.7(4)	18.3(5)	37.9(6)	3.9(13)	6.6(7)	4.2(17)	20.3(11)	13.9(6)	14.2(7)
Canada	137.(16)	110.(13)	19.5(21)	9.6(22)	20.4(6)	19.8(3)	25.4(16)	3.6(17)	6.5(9)	4.5(11)	23.1(6)	11.3(16)	13.4(10)
Chile	156.(12)	145.(1)	71.0(1)	45.8(1)	5.8(24)	7.4(23)	13.6(21)	5.0(9)	3.7(23)	3.4(21)	9.7(23)	20.6(1)	9.7(19)
Denmark	157.(11)	140.(2)	26.0(16)	16.3(14)	24.7(2)	20.5(2)	29.8(12)	5.5(7)	8.2(2)	5.2(5)	23.7(3)	19.3(3)	13.9(8)
Eng. & Wales	175.(4)	113.(10)	25.4(17)	13.3(19)	22.0(3)	17.9(7)	62.2(2)	8.1(2)	5.6(20)	3.9(19)	23.5(4)	10.6(17)	11.9(15)
Finland	187.(3)	110.(14)	45.2(4)	26.1(4)	9.8(21)	9.5(21)	56.0(3)	3.3(21)	6.2(11)	4.8(8)	13.3(21)	11.3(15)	11.3(18)
France	168.(6)	105.(19)	25.4(18)	12.7(20)	19.0(9)	14.9(12)	22.2(17)	3.4(20)	6.2(14)	4.4(12)	15.4(19)	12.5(12)	15.3(4)
Germany (F.R.)	163.(8)	126.(4)	40.0(5)	23.2(5)	15.6(16)	11.9(17)	34.7(8)	4.5(11)	6.0(17)	4.4(14)	16.2(17)	12.6(11)	11.7(16)
Ireland	133.(19)	109.(15)	23.8(19)	16.7(11)	19.0(8)	17.6(8)	26.1(15)	5.8(5)	5.7(19)	3.3(22)	19.2(13)	7.7(23)	9.6(21)
Israel	121.(23)	115.(9)	22.3(20)	15.0(17)	9.8(22)	9.0(22)	19.1(19)	6.6(3)	9.3(1)	5.4(1)	21.5(8)	5.7(24)	8.1(23)
Italy	139.(15)	98.(21)	34.6(6)	18.5(6)	12.1(19)	10.1(20)	21.5(18)	3.9(14)	5.9(18)	4.3(16)	14.5(20)	13.2(9)	8.4(22)
Japan	135.(18)	96.(23)	69.5(2)	36.8(2)	7.1(23)	6.3(24)	10.0(23)	3.7(16)	3.4(24)	2.6(24)	3.8(24)	15.5(4)	1.4(24)
Netherlands	160.(10)	119.(7)	31.1(9)	16.5(12)	16.7(14)	15.7(11)	42.3(5)	3.4(19)	6.6(8)	5.0(6)	24.2(1)	10.4(18)	13.3(12)
New Zealand	136.(17)	108.(17)	19.0(22)	9.2(23)	19.8(7)	18.3(6)	28.5(13)	4.4(12)	6.0(16)	5.3(3)	22.0(7)	10.0(19)	13.1(13)
No. Ireland	147.(13)	109.(16)	27.9(13)	16.4(13)	21.5(5)	18.9(4)	36.2(7)	5.2(8)	6.1(15)	4.5(10)	18.3(15)	9.6(20)	11.3(17)
Norway	125.(22)	103.(20)	29.1(11)	17.5(9)	12.5(18)	10.2(19)	12.3(22)	2.5(23)	7.1(5)	5.3(4)	17.4(16)	9.1(22)	15.7(3)
Portugal	104.(24)	79.(24)	31.3(8)	17.4(10)	10.6(20)	10.6(18)	8.7(24)	2.4(24)	4.5(22)	3.2(23)	11.4(22)	14.1(5)	9.6(20)
Scotland	188.(2)	126.(5)	26.8(14)	16.1(15)	25.6(1)	21.5(1)	66.1(1)	8.7(1)	5.2(21)	3.6(20)	24.2(2)	11.9(13)	12.1(14)
Sweden	128.(21)	110.(12)	26.1(15)	14.3(18)	16.7(15)	13.0(15)	14.5(20)	3.7(15)	7.1(4)	5.3(2)	19.6(12)	11.4(14)	17.1(2)
Switzerland	162.(9)	113.(11)	30.4(10)	17.6(8)	18.5(12)	12.4(16)	30.3(11)	3.0(22)	6.2(13)	4.4(15)	21.3(9)	12.7(10)	14.8(5)
Un. So. Africa	165.(7)	117.(8)	28.6(12)	15.8(16)	15.3(17)	13.8(13)	32.5(9)	6.2(4)	7.0(6)	4.6(9)	23.3(5)	13.9(7)	19.7(1)

Source: Segi, Mitsuo, et al., Cancer Mortality for Selected Sites, No. 3

Mortality For The Five Leading Cancer Sites By Age Groups And Sex (United States, 1962)

UNDER 15		15 - 34		35 - 54		55 - 74		75 OVER	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
LEUKEMIA 1,120	LEUKEMIA 951	LEUKEMIA 582	UTERUS 478	LUNG 7,006	BREAST 7,950	LUNG 23,513	BREAST 11,564	PROSTATE 7,919	COLON- RECTUM 5,811
BRAIN 514	BRAIN 413	HODGKIN'S DISEASE 432	BREAST 475	COLON- RECTUM 2,418	UTERUS 4,310	COLON- RECTUM 10,949	COLON- RECTUM 8,216	COLON- RECTUM 6,150	BREAST 4,734
RETICULO-AND LYMPHOSARCOMAS 196	KIDNEY 145	BRAIN 375	LEUKEMIA 382	STOMACH 1,490	OVARY 2,502	PROSTATE 6,948	UTERUS 7,028	LUNG 4,601	STOMACH 2,922
KIDNEY 124	BONE 92	TESTIS, ETC. 292	BRAIN 292	PANCREAS 1,376	COLON- RECTUM 2,108	STOMACH 6,567	OVARY 4,340	STOMACH 3,819	UTERUS 2,467
BONE 74	RETICULO-AND LYMPHOSARCOMAS 83	RETICULO-AND LYMPHOSARCOMAS 262	HODGKIN'S DISEASE 282	BRAIN 1,275	LUNG 1,574	PANCREAS 5,207	STOMACH 3,508	PANCREAS 2,091	PANCREAS 2,065

SOURCE: VITAL STATISTICS OF THE UNITED STATES, 1962

Relation of Cancer to Leading Causes of Death: United States, 1962

Rank	Cause of Death	Number of Deaths	Death Rate	Percent of Total Deaths	Rank	Cause of Death	Number of Deaths	Death Rate	Percent of Total Deaths
	All Causes	1,756,720	945.4	100.0					
1.	Disease of Heart	688,009	370.3	39.2	9.	Cirrhosis of Liver	21,824	11.7	1.2
2.	Cancer	278,562	149.9	15.9	10.	Congenital Malformations	21,192	11.4	1.2
3.	Cerebral Hemorrhage (Vascular Lesions)	197,451	106.3	11.2	11.	Suicide	20,207	10.9	1.2
4.	Accidents	97,139	52.3	5.5	12.	Nephritis	12,945	7.0	0.7
	Motor-Vehicle Accidents	40,804	22.0	2.3	13.	Hypertension without mention of Heart	12,497	6.7	0.7
	All Other Accidents	56,335	30.3	3.2	14.	Ulcer of Stomach and Duodenum	12,228	6.6	0.7
5.	Certain Diseases of Early Infancy	64,205	34.6	3.7	15.	Hernia and Intestinal Obstruction	9,723	5.2	0.6
6.	Influenza and Pneumonia	59,995	32.3	3.4		Other and Ill Defined	192,673	103.6	10.9
7.	Arteriosclerosis	36,848	19.8	2.1					
8.	Diabetes	31,222	16.8	1.8					

Source: National Vital Statistics Division

Applying Cancer Statistics Locally

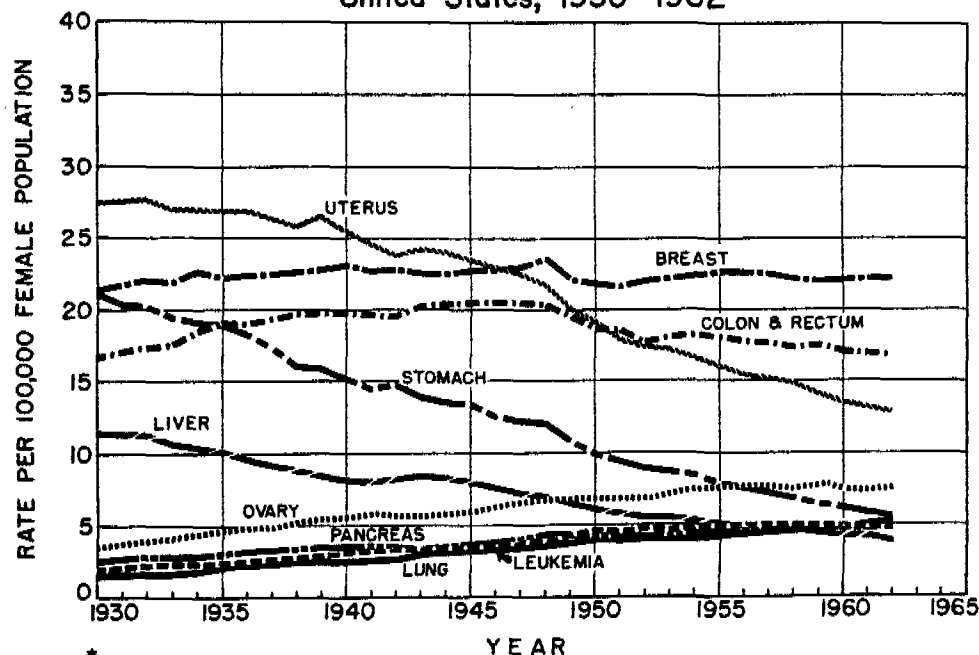
SIZE OF COMMUNITY	ESTIMATED NO. CANCER CASES UNDER MEDICAL CARE IN 1965	ESTIMATED NO. WHO WILL DIE OF CANCER IN 1965	ESTIMATED NO. OF NEW CASES IN 1965	ESTIMATED NO. WHO WILL BE SAVED FROM CANCER IN 1965	ESTIMATED NO. WHO WILL EVENTUALLY DEVELOP CANCER	ESTIMATED NO. WHO WILL DIE OF CANCER IF PRESENT RATES CONTINUE
1,000	4	1	3	1	250	150
2,000	9	3	6	2	500	300
3,000	13	4	8	3	750	450
4,000	18	6	11	4	1,000	600
5,000	21	7	14	5	1,250	750
10,000	43	15	28	9	2,500	1,500
25,000	107	37	70	23	6,250	3,750
50,000	215	75	140	47	12,500	7,500
100,000	430	150	280	93	25,000	15,000
200,000	860	300	560	186	50,000	30,000
500,000	2,150	750	1,400	465	125,000	75,000

NOTE: The figures can only be the roughest approximation of actual data for your community. It is suggested that every effort be made to obtain actual data from a Registry source.

Age-Adjusted Death Rates per 100,000 Population of Selected Sites of Cancer, U. S., 1930-1962

Graphs show the extent of the increase in lung cancer in men and the decrease in uterine cancer in women over a generation. The reasons are explained elsewhere. But the sweeping decrease in stomach cancer and steady increase of leukemia remain mysteries of the kind that only further research will solve.

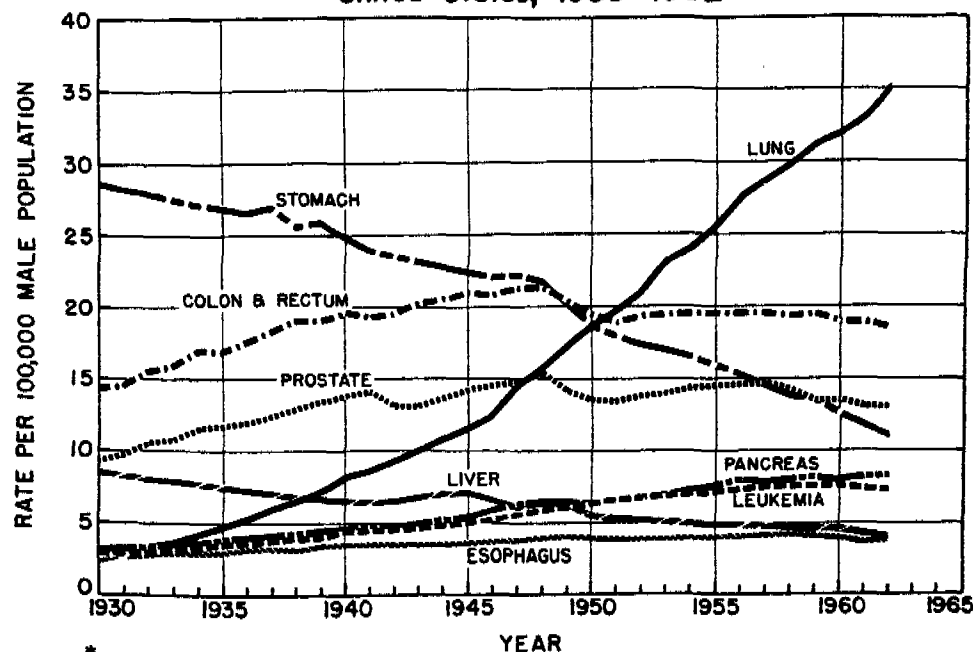
FEMALE CANCER DEATH RATES* BY SITE United States, 1930-1962



* Rates for the female population standardized for age on the 1940 U.S. population.
Sources of Data: National Vital Statistics Division and Bureau of the Census, United States.

Statistical Research Section
Medical Affairs Department
American Cancer Society, 7-64

MALE CANCER DEATH RATES* BY SITE United States, 1930-1962



* Rates for the male population standardized for age on the 1940 U.S. population.
Sources of Data: National Vital Statistics Division and Bureau of the Census, United States.

Statistical Research Section
Medical Affairs Department
American Cancer Society, 7-64

Trends in Age-Adjusted Cancer Death Rates From 1950-52 to 1960-62

Sex	Site	1950-52	1960-62	Percent Change	Comments
Male	All Sites	131.5	143.7	+9%	Slight increase.
Female	All Sites	119.9	109.8	-8%	Slight decrease.
Male	Esophagus	3.8	3.8	-	Constant rate.
Female	Esophagus	1.0	1.0	-	Constant rate.
Male	Stomach	17.9	11.8	-34%	Steady decrease in both sexes for unknown reasons.
Female	Stomach	9.4	5.9	-37%	
Male	Colon & Rectum	19.2	18.8	-3%	Slight decrease in both sexes.
Female	Colon & Rectum	18.3	17.0	-7%	
Male	Pancreas	6.5	8.2	+26%	Steady increase in males. Increase in females, then levelling off. Reasons unknown.
Female	Pancreas	4.1	4.8	+17%	
Male	Lung	19.7	33.4	+70%	Steady increase in both sexes due to cigarette smoking.
Female	Lung	4.0	5.0	+25%	
Male	Breast	0.3	0.3	-	Constant rate. Slight fluctuations; overall no change.
Female	Breast	21.8	22.2	+2%	
Female	Uterus	18.1	13.2	-27%	Steady decrease attributed in part to widening acceptance of regular checkup with "Pap Test."
Female	Ovary	6.8	7.6	+12%	Early increase, later levelling off.
Male	Prostate	13.5	13.2	-2%	Early increase, later decrease.
Male	Kidney	2.8	3.2	+14%	Steady slight increase.
Female	Kidney	1.6	1.6	-	
Male	Leukemia	6.5	7.5	+15%	Steady increase.
Female	Leukemia	4.6	4.8	+4%	

ACS CANCER PREVENTION STUDY

To pinpoint targets for future preventive programs is the purpose of the American Cancer Society's "Cancer Prevention Study," the most extensive medical statistical research project ever undertaken. In 1959, some 68,000 trained volunteer researchers in 1,121 counties enrolled 1,079,000 men and women over the age of 30. Each of these subjects filled out a detailed questionnaire giving information on family history, diseases, physical complaints, diet, environmental exposure, occupation, habits and other factors. Once a year the volunteers trace all of the subjects and once every two years each subject is requested to fill out a follow-up questionnaire. This enormous study, continuing for six years, is made possible by ACS volunteers. Without their assistance, it would be prohibitively expensive.

A major report on smoking and health in humans based on 422,000 subjects followed for three years, was released in December, 1963 (see P. 21). A previous report based on two follow-ups had been prepared earlier in 1963 at the request of the Surgeon General's Advisory Committee on Smoking and Health. The findings in this report contributed largely to the conclusions of the committee that "cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action."

Preliminary studies have indicated that the analysis of the data on physical complaints may provide important information leading to the early detection of cancer of certain sites. It is anticipated that more major analyses will be forthcoming shortly. The study should provide clues as to causative or associated factors leading to the development of cancer of various sites. Among those factors under study are exercise, childbearing, breast feeding, menstrual difficulties, circumcision, air pollution and many others.

WHY WE SAY "FIGHT CANCER WITH A CHECKUP..."

The American Cancer Society urges all adult Americans to do two things to protect themselves against cancer: 1) have a medical checkup annually, no matter how well you feel; 2) learn Cancer's Seven Danger Signals and go to your doctor immediately if one of them lasts longer than two weeks. Here's the reason why:

Cancer typically begins as a "localized" disease. At the start, just one of the tiny cells of the body (or perhaps a few cells) undergoes an unfortunate change — it becomes a malignant cell, cancer. The cancer cell reproduces itself by dividing into two cells which in turn re-divide and so on. All of the descendants of the original cancer cell are themselves cancer cells. Thus the cancer grows.

The great majority of cancers originate on the surface of some tissues such as the skin, the inner surface of the uterus, the lining of the mouth, stomach, intestines, bladder or a bronchial tube, or the lining of a duct in the breast, prostate gland or elsewhere. For a time, such cancers typically remain at the site of origin and are visible only under a microscope, but later growing into a mass that can be seen with the naked eye. While it remains confined to its source of origin this lesion is known as "carcinoma in situ," that is, "cancer in its original site."

After a time, some of the cancer cells penetrate beyond the surface and "invade" the underlying tissues. This is "invasive cancer." After invading, the cancer continues to grow but for a time the cancer cells may remain more or less together as an intact mass, though perhaps spreading irregularly. So long as all of the living cancer cells remain where the disease started, it is said to be "localized."

The more dangerous phases of cancer are the later ones. Some of the cancer cells eventually become detached and are carried through the lymph channels or blood vessels to other parts of the body. This process is known as "metastasis." But the body has a protective mechanism. The detached cancer cells may be trapped in a lymph node in the region of the original organ. This retards the spread for a time. This stage of the disease is known as "regional involvement."

If left untreated the cancer cells eventually spread to many parts of the body. This is "advanced cancer." Death is then almost inevitable, although not necessarily quick.

In theory, all cancers can be cured when it is possible to remove or destroy all of the cancer cells existing in the patient's body. This is easily accomplished by surgery when cancer is found in the "carcinoma in situ" stage. It can usually be accomplished by surgery or radiation therapy when found in the "localized" stage. It can often be done by surgery or radiation therapy when in the "regional involvement" stage. It can almost never be done once cancer cells have spread through the patient's body.

The problem then is to detect cancer before it has spread so that it can be removed by surgery or destroyed by radiation.

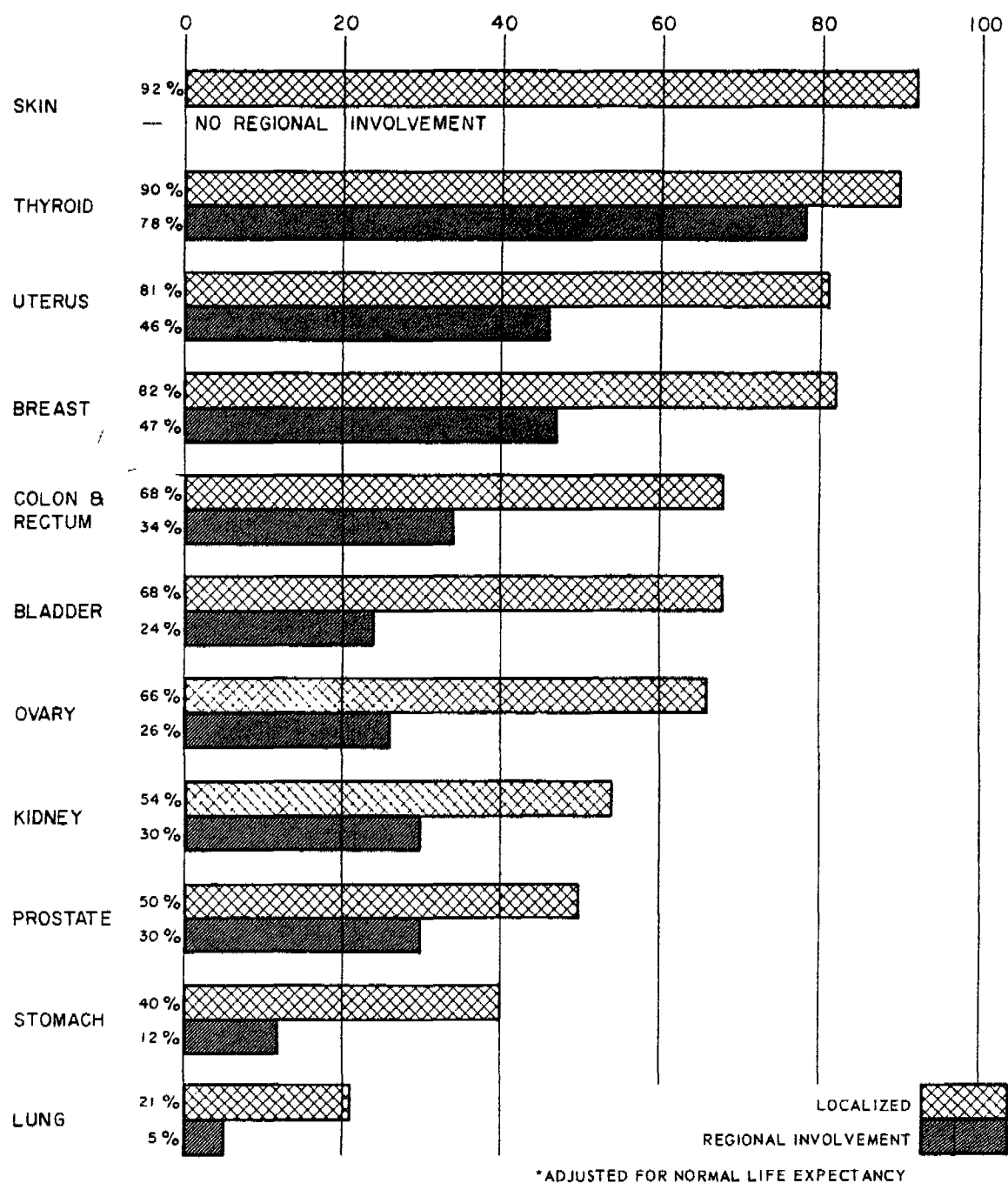
For unknown reasons, some cancers grow and spread slowly while others grow and spread rapidly. Some types spread with such rapidity that they are incurable at the present time. Fortunately, about half of all cancers are of the type that are presently curable.

The table opposite shows the five-year survival rates of cancer of several different sites when treated in the "localized" and the "regional involvement" stages. The "carcinoma in situ" stage is not shown because it is almost 100% curable. Neither is the "advanced" or "distant spread" stage listed because it is virtually incurable.

This is why we urge Americans to "Fight Cancer With a Checkup." This is why we educate them to heed the danger signals. If they do get cancer they will then have a better chance of cure.

We also urge fighting cancer "With a Check," because our dollars support the research that will hasten the day when even advanced cancer can be cured or, better, prevented.

FIVE-YEAR CANCER SURVIVAL RATES FOR SELECTED SITES*



SOURCE: END RESULTS AND MORTALITY TRENDS IN CANCER; NATIONAL CANCER INSTITUTE MONOGRAPH NO. 6

Summary of American Cancer Society Research Grants, Appropriations and Postdoctoral Fellowships

Adrian College, Adrian, Mich. (1)	\$ 20,128.00	Mt. Holyoke College, South Hadley, Mass. (1)	7,487.00
Agricultural Research Service, Michigan (1)	59,886.00	Nassau Hospital, New York (1)	27,317.00
Alabama, University of, Tuscaloosa (1)	15,000.00	Nebraska, University of, Omaha (2)	25,503.00
Alaska, University of, College, Alaska (1)	24,894.00	New England Institute for Medical Research (1)	5,604.00
Albert Einstein Medical Center, Penn. (1)	20,007.00	New England Medical Center Hospital, Boston (1)	35,230.00
Alton Ochsner Medical Foundation, N. O., La. (1)	75,000.00	New York City Department of Health (1)	14,383.00
Allegheny General Hospital, Penn. (1)	25,000.00	New York Medical College, New York (2)	62,338.00
Amherst College, Amherst, Mass. (1)	8,195.00	New York, State University of, Albany (1)	37,409.00
Applied Research Laboratories, Florida (1)	48,120.00	New York University, New York (9)	216,163.00
Arizona, State University of, Tempe (1)	25,418.00	North Carolina, University of, Chapel Hill (2)	26,526.00
Arizona University, Tucson (1)	15,000.00	Ohio State University, Columbus (2)	57,122.00
Arkansas, University of, Fayetteville (2)	30,000.00	Oklahoma Medical Research Institute, Oklahoma City (2)	60,335.00
Baylor University, Houston, Texas (3)	94,119.00	Oklahoma State University, Stillwater (3)	38,670.00
Beth Israel Hospital, Boston, Mass. (1)	37,000.00	Oklahoma, University of, Oklahoma City (1)	27,000.00
Bio Research Institute, Cambridge, Mass. (1)	17,445.00	Oregon State College, Corvallis (2)	17,603.00
Boston University, Mass. (2)	31,800.00	Oregon, University of, Eugene (2)	55,803.00
Brandeis University, Waltham, Mass. (4)	118,707.00	Pasadena Foundation for Medical Research (1)	19,320.00
Brookhaven National Laboratory, Suffolk (1)	30,000.00	Pennsylvania State University, University Park (1)	11,750.00
Brown University, Providence, Rhode Island (3)	45,489.00	Pennsylvania, University of, Philadelphia (6)	232,852.00
Buffalo, University of, New York (1)	44,812.00	Philadelphia Tuberculosis Health Association, Pa. (1)	21,133.00
California Institute of Technology, Pasadena (1)	12,500.00	Pittsburgh, University of, Penn. (7)	191,662.00
California, University of (12)	450,552.00	Presbyterian-St. Luke's Hospital, Chicago (1)	25,938.00
Chicago Medical School, Illinois (3)	59,317.00	Princeton University, New Jersey (2)	47,947.00
Chicago, University of, Illinois (8)	271,252.00	Purdue University, Lafayette, Indiana (2)	31,648.00
Children's Hospital Medical Center, Mass. (1)	21,856.00	Pulman Memorial Hospital (1)	54,180.00
Children's Hospital, Los Angeles, Calif. (1)	19,983.00	Rhode Island, University of, Kingston (1)	28,900.00
Children's Hospital, Washington, D.C. (1)	11,931.00	Rochester, University of, New York (1)	31,000.00
Children's Hospital of Philadelphia, Penn. (1)	49,589.00	Rockefeller Institute, New York (2)	42,905.00
Cincinnati, University of, Ohio (3)	48,308.00	Roscoe B. Jackson Memorial Laboratory, Bar Harbor (6)	87,626.00
Clarkson College of Technology, N. Y. (3)	41,036.00	Roswell Park Memorial Institute, Buffalo (18)	466,460.00
Colorado State Univ., Fort Collins (1)	15,000.00	Rutgers, State University of New Jersey (1)	20,000.00
Colorado, University of, Boulder (4)	60,510.00	Saint Anselm's College, New Hampshire (1)	3,695.00
Columbia University, New York (7)	158,586.00	San Diego County General Hospital (1)	5,376.00
Connecticut, University of, Storrs (2)	30,571.00	Sansum Clinic Research Foundation, Calif. (1)	28,238.00
Cornell University, New York (3)	81,248.00	Scripps Clinic and Research Foundation, La Jolla, California (2)	46,228.00
Creighton University, Omaha, Nebraska (2)	32,759.00	Seton Hall University, Jersey City, N. J. (3)	38,955.00
Dartmouth College, New Hampshire (2)	41,108.00	Sloan Kettering Institute for Cancer Research, New York (14)	527,011.00
Delaware, University of, Newark, Delaware (1)	12,750.00	South Jersey Medical Research Foundation, Camden (1)	50,503.00
Downstate Medical Center, New York (1)	20,920.00	Southwest Foundation for Research and Education (1)	47,945.00
Duke University, Durham, North Carolina (10)	222,632.00	Southern California, University of, Los Angeles (4)	111,658.00
Duval Medical Center, Florida (1)	10,048.00	Southern Illinois University, Carbondale (4)	120,322.00
Emory University, Atlanta, Georgia (2)	40,211.00	Southern Research Institute, Birmingham, Ala. (2)	62,446.00
Fisk University, Nashville, Tenn. (1)	23,423.00	St. Johns Hospital, Santa Monica, Calif. (1)	11,405.00
Florida, University of, Gainesville (3)	48,236.00	St. Louis University, Missouri (1)	18,000.00
Free Hospital for Women, Brookline, Mass. (1)	50,000.00	St. Luke's Hospital, New York (1)	16,137.00
Georgetown University, Washington, D. C. (1)	28,672.00	St. Margaret's Hospital, Boston (1)	14,375.00
Georgia, Medical College of, Augusta (1)	7,000.00	St. Mary's Hospital, Kansas City, Mo. (1)	3,000.00
Graduate Research Ctr. of Southwest, Dallas, Texas (1)	48,579.00	St. Vincent's Hospital, New York (2)	34,545.00
Grasslands Hospital, Valhalla, N. Y. (1)	55,583.00	Stanford University, Stanford, Calif. (5)	112,710.00
Hahnemann Medical College and Hospital, Phila. (4)	69,445.00	Temple University, Philadelphia (1)	25,275.00
Harvard University, Boston (12)	251,961.00	Tennessee, University of, Memphis (2)	55,500.00
Henry Ford Hospital, Detroit, Michigan (1)	13,437.00	Texas, University of, Houston (6)	153,961.00
Highland View Hospital, Ohio (1)	8,608.00	Tufts University, Medford, Mass. (5)	126,586.00
Illinois, University of, Urbana (4)	71,242.00	Tulane University, New Orleans, La. (4)	80,553.00
Indiana University, Bloomington (3)	68,525.00	University of Notre Dame, Indiana (1)	10,000.00
Indiana University Foundation, Bloomington (1)	21,468.00	Utah, University of, Salt Lake City (4)	74,517.00
Institute for Cancer Research, Philadelphia (3)	80,968.00	Vanderbilt University, Nashville, Tenn. (2)	43,000.00
Institute for Disease, Inc., New York (1)	26,303.00	Vermont, University of, and State Agricultural College, Burlington (2)	46,540.00
Iowa, State University of, Iowa City (2)	38,625.00	Veterans Administration Center, New Jersey (1)	60,740.00
Issac Albert Research Institute, New York (1)	50,132.00	Veterans Administration Center, W. Virginia (1)	8,705.00
J. T. Nix Clinic, New Orleans, La. (1)	28,000.00	Veterans Administration Hospital, New York (1)	13,785.00
Johns Hopkins University, Baltimore, Md. (5)	204,811.00	Virginia, Medical College of, Richmond (3)	70,461.00
Kansas, University of, Lawrence (2)	40,000.00	Virginia, University of, Charlottesville (1)	20,000.00
Kent State University, Kent, Ohio (1)	17,703.00	Wake Forest College, Winston Salem, N. C. (2)	19,023.00
Kentucky, University of, Lexington (4)	65,978.00	Washington University, St. Louis, Mo. (6)	211,964.00
Lahey Foundation, Boston, Mass. (1)	24,747.00	Washington, University of, Seattle (3)	104,721.00
Loma Linda University, Los Angeles (2)	42,476.00	Wayne State University, Detroit (3)	112,383.00
Los Angeles County General Hospital (1)	6,003.00	West Virginia University, Morgantown (3)	55,144.00
Los Angeles County Harbor General Hospital (1)	29,286.00	Western Foundation for Clinical Research, Montana (1)	3,900.00
Louisiana State University, Baton Rouge (1)	19,104.00	Western Reserve University, Cleveland (5)	188,263.00
Louisville, University of, Kentucky (1)	10,000.00	Wisconsin, University of, Madison (12)	291,614.00
Loyola University, Chicago (1)	15,000.00	Wistar Institute of Anatomy and Biology, Philadelphia (2)	130,748.00
Maine, University of, Orono (1)	18,863.00	Womans Medical College of Pennsylvania (2)	22,544.00
Marquette University, Milwaukee (3)	39,990.00	Worcester Foundation for Experimental Biology, Mass. (9)	321,037.00
Mary Imogene Bassett Hosp., Cooperstown, N. Y. (1)	10,245.00	Yale University, New Haven, Conn. (9)	343,397.00
Maryland, University of, Baltimore (2)	68,105.00	Yeshiva University, New York (9)	218,259.00
Massachusetts General Hospital, Boston (6)	141,999.00	Postdoctoral Fellowships (27)	329,739.00
Medical College of South Carolina, Charleston (2)	28,412.00	Postdoctoral Research Scholarships (6)	128,618.00
Menorah Medical Center, Kansas City, Mo. (1)	11,262.00	For Support of Journal "Cancer Research" (1)	13,900.00
Miami, University of, Coral Gables, Florida (2)	56,301.00	Special Publication Costs for Journal	
Michigan College of Mining and Technology (1)	11,929.00	"Perspectives in Biology and Medicine" (1)	400.00
Michigan State University, East Lansing (1)	15,000.00	To Provide Partial Support of the Institute of Laboratory Animal	
Michigan, University of, Ann Arbor (5)	327,987.00	Resources of the Division of Biology and Agriculture,	
Milwaukee Health Department (1)	8,500.00	National Academy of Sciences-National Research Council (1)	5,000.00
Minnesota, University of, Minneapolis (7)	277,233.00	To Provide Cost for Cooperative Study on	
Mississippi, University of, Jackson (2)	48,382.00	Thermographic Scanning (1)	10,000.00
Missouri, University of, Columbia (2)	39,201.00	To Support a Symposium on Hormone Related Tumors (1)	34,400.00
Montefiore Hospital Association of West Pa., Pittsburgh (1)	17,500.00		
Montefiore Hospital, New York (3)	166,374.00		
Mount Sinai Hospital, Los Angeles, Calif. (1)	37,500.00		
Mount Sinai Hospital, New York (1)	34,114.00		
		Total (473)	\$11,980,175.00

NOTE: Numbers in parentheses indicate number of grants per institution as of July 31, 1964.

RESEARCH

THE GOAL: To find what causes cancer. To find new ways to cure it. To find ways to prevent it. To alleviate pain and suffering.

THE PROGRAM: In fiscal 1963-64 (through August 31, 1964) the American Cancer Society had national research expenditures of \$12,404,429. Of this, \$11,980,175 was awarded in grants through July 31 (See P. 14).

The National Office and Divisions have devoted more than \$138 million to cancer research since the support program began in 1945. From 1937 through 1964, the American Cancer Society and the National Cancer Institute, major supporters of cancer research, have devoted approximately \$900 million to this work—a great deal of money expended over 27 years, but only about one quarter of the 1963 appropriations for one year of the National Aeronautics and Space Administration.

The Society in 1965 is helping to support research by more than 1,000 key investigators working in American hospitals, universities and other institutions, plus thousands more of young men and women serving as technicians or being trained for larger responsibilities. This is done through research grants, institutional research grants, and six different categories of personnel grants. Additionally, the ACS now supports the Eleanor Roosevelt International Cancer Fellowship Program; in February, 1964, 22 Fellowships were awarded to investigators of 17 countries, and 72 scientists from 27 countries have been aided since the program began in 1961.

Advisory Groups

To help the Society evaluate the many applications received from scientists, there have been established five Advisory Committees, each with 15 members, in the fields of: 1 — etiology (cause); 2 — pathogenesis (course); 3 — therapy (treatment); 4 — institutional grants; 5 — personnel grants. Serving on the parent Research Advisory Council are 11 committee members. These 86 men include leading scientists of the nation. Many are professors, deans or heads of departments at universities and medical schools. Practically all scientific disciplines are covered: surgeons, biochemists, radiologists, virologists, internists, biologists, pathologists, immunologists, anatomists, physiologists.

The committees meet three times a year — December, March, June — to conduct their screening of applicants to decide which among them shall be judged most worthy of ACS financial support. From the Research Advisory Council the recommendations go to the Research Committee of the Society's Board of Directors and then to the Board itself for final approval.

Research Grants

As of September 1, 1964, the Society had 395 research project grants in effect that were aimed at finding answers to fundamental questions about cancer.

In the area of etiology — what are the causes? Why does cancer begin in one cell, one organ, or one individual and not in another? What biochemical molecules within cells show the first signs of abnormality? Is a virus, a chemical, a hormone, an irritant, the provoking agent? Are there patterns of diet or health habits that offer clues to cancer incidence?

In the area of pathogenesis — after cancer begins, what holds the early malignant growth in check or permits its spread? What is the controlling role of hormones, of the body's immune mechanisms, of enzymes, of abnormal proteins in the blood? What biochemical differences exist between normal and cancerous cells which, if properly understood, could be corrected?

In the area of therapy — how can the treatment of cancer patients be improved? What are the newest advances in surgical and radiation techniques, in immunology, in the search for new drugs which can add comfort and years to the lives of these patients? What new diagnostic procedures can be found to detect cancers such as leukemia, lung cancer, breast cancer, and cancer of the pancreas, prostate, kidney or bone, which would permit earlier, more effective treatment?

Institutional Research Grants

The Institutional Research Grant was pioneered by the Society to meet a basic need. Such a grant is a fluid fund awarded to an institution to support research pertaining to cancer which cannot be financed by other forms of support. The grants go to selected universities and other institutions, where they are allocated by local administrative committees of physicians and scientists to qualified investigators who wish to explore a new idea, develop a tangential approach to their main line of endeavor, perfect a new laboratory technique, engage in research on a part-time basis, or stimulate a student — undergraduate, graduate or medical — to interest himself in the cancer research field. Present average institutional grant is \$25,000. In the past six years, several thousands of individual allocations — most of them for well under \$3,000 — have been awarded under this program for fresh ideas and techniques by local committees in 78 institutions throughout the country. Totally, the ACS has invested \$13,049,380 in this program since 1956.

Personnel Grants

The six types of grant offered under this category are designed to meet specific investigative needs in these fields:

1. **Postdoctoral Fellowships**, for individuals who have completed their M.D. or Ph.D. training but who require further training on some specific aspect of cancer research.
2. **Postdoctoral Research Scholarships**, for those who have trained as M.D.'s but who desire training in the basic sciences, and those trained as Ph.D.'s in fundamental research but who lack training and experience with clinical medicine.
3. **Predoctoral Research Scholarships**, for exceptionally promising medical students whose objectives are careers in academic and investigative medicine, in order to train them simultaneously in both the basic and clinical sciences.
4. **Scholars**, for established investigators who require some additional training in one specific area necessary for the further progress of their research activity.
5. **Faculty Research Associates**, for individuals who have received all the training required for independent research work, but who need an academic appointment that provides opportunity to conduct research of their own design.
6. **Research Professorships**, to help universities provide lasting positions for extraordinarily gifted and promising investigators in the field of cancer research, the Society has established ACS Research Professorships for the academic lifetime of these scientists. These are permanent positions for top men in the medical, biological and related physical sciences. Each grant is backed up with a \$100,000 trust fund, with yearly stipends coming out of current Crusade contributions. As of September 1, 1964, there were 22 such Professorships.

PROFESSIONAL EDUCATION

THE GOAL: To bring to the all-important medical and allied professions useful information on cancer and the latest developments in diagnosis and treatment so as to reduce death and suffering. To help assure optimum treatment for cancer patients, the Society provides opportunity for physicians and dentists to obtain advanced clinical training so that they may become skilled clinicians and future leaders and teachers in the fight against cancer (see below).

THE PROGRAM: The day-to-day function is to see that doctors, nurses and others involved in the medical sciences, including medical students, be advised of the changing clinical methods growing out of ongoing research and practical experience and persuaded to utilize them. Each year the Society sponsors scientific sessions and cancer conferences (i.e., the 5th National Cancer Conference at Philadelphia in 1964, with the NCI), and many refresher and postgraduate courses for physicians are conducted in collaboration with national, state and county medical societies. The ACS also publishes and distributes its own professional journals and such educational aids as monographs, films, exhibits, etc.

CLINICAL FELLOWSHIPS

The Society's National Clinical Fellowship program, which started in July, 1948, has invested up to July 1, 1964, a total of more than \$8 million for the training of over 1,800 physicians and dentists. Through this program – now exceeding the million dollar a year level – the Society provides postgraduate training in cancer for physicians and dentists at approved teaching centers. These doctors then bring the special knowledge and ability gained to the areas in which they practice, sharing their experience with other physicians through tumor clinics and medical societies and making it of benefit to cancer patients in local communities across the nation. During the past year, 1963-64, 189 clinical fellows and 36 advanced clinical fellows were trained. For the 1964-65 year, 208 clinical fellows and 36 advanced clinical fellows began their training on July 1.

SERVICE

THE GOAL: To aid in saving lives from cancer by supporting physicians' efforts to provide earlier and improved treatment of cancer, and their continuing evaluation of end-results. To bring greater comfort to cancer patients and to ease the burden on their families.

THE PROGRAM: The Society expects all of its organized Units to conduct a minimum service program, outlined in a new Service manual, which includes a local information and counseling service approved by the local service committee and medical society. This provides pertinent information and assistance to the cancer patient or his family concerning community medical and social resources, loan and gift services, and transportation service. Depending on local needs and means, the program may be expanded by Units to include medication, nursing, home-maker services and rehabilitation. Community projects having the endorsement of state and local medical societies may be supported to include cancer detection in physicians' and dentists' offices and at detection centers, diagnostic services, and community programs including term support of cancer registries and hospital cancer clinics.

PUBLIC EDUCATION

THE GOAL: To help save lives by reaching Americans where they live, where they work, where they meet, and persuading them to consult their physicians at a time when many cancers are curable — at the early recognition of a danger signal or by the annual health checkup. This leads to early diagnosis, early treatment, and more cures.

THE PROGRAM: Through meetings of every sort, through mass media, leaflets, and films, etc., the Society spreads its message. The most effective educational technique is the two-way exchange, in which people have the opportunity to voice their own ideas, their own fears, their questions about cancer and to hear the facts from the American Cancer Society. Special programs are slanted to reach people in age or sex groups with high incidence rates. Other programs cover "priority sites," such as lung, uterus, breast, and colon-rectum, which have both a high incidence rate and a high life-saving potential and where early diagnosis is the first vital objective.

The scope of this program is indicated in current public education projects emphasizing:

- 1) Increasing efforts to inform the public of the causal relationship between cigarette smoking and lung cancer with special emphasis on reaching school children before the habit is formed or becomes deeply rooted. Latest ACS educational tools are three films, Is Smoking Worth It?, The Huffleless, Puffless Dragon, for children, and Who, Me?, for adults.
- 2) Stressing the value of the life-saving health habit of regular monthly breast self-examination. Focal point of this program is the film, Breast Self-Examination.
- 3) Stressing importance of the "Pap test", as part of an annual physical examination, in the early detection of uterine cancer. Latest ACS film, Time and Two Women.
- 4) Encouraging all U.S. adults to request a colon-rectum examination at the time of the annual checkup. Latest ACS film, Life Story.
- 5) Increasing emphasis on reaching men, and persuading them to have the annual health checkup.
- 6) Encouraging person-to-person programs such as "Save-a-Life" parties, house-to-house visits, special exhibits and open forums. The annual "Tell Your Neighbor" campaign, conducted as part of the April Cancer Crusade, is focal point for this phase of the life-saving drive.

CONQUER UTERINE CANCER!

Uterine cancer, once a most dreaded form of disease, could be dramatically arrested as a cause of death — if every adult woman would have a "Pap" test as part of the annual health check-up.

Though the disease can now be detected before symptoms appear, at a time when it is most curable, some 14,000 women will die in 1965 of cancer of the uterus, or womb. About 44,000 new cases of uterine cancer will be diagnosed this year. Most uterine cancer occurs in the cervix or neck of the uterus.

The U.S. death rate for uterine cancer shows a steady decline. It has been cut almost 50 per cent in 25 years among white women. Among Negro women, where the rate of incidence is twice as high as for white women, the death rate has been cut 35 per cent. Two factors contribute to this progress: the unremitting program of education for women which the Society has conducted since 1937, and improvement in detection and treatment. The educational campaign is now seen to have paralleled a gradual but steady drop in death rates. In 1942, the age-adjusted death rate per 100,000 females was 23.8. By 1947, this had declined to 22.7. By 1962 the long-term effects of the program had helped bring the figure to 12.9.

The "Pap" smear is based on the study of cast-off cells which are shed normally by living tissue. In a checkup, a physician can take a uterine sampling simply, quickly, and without pain. The technique is named for Dr. George N. Papanicolaou who developed it with financial support from Cornell University, the Commonwealth Fund, the National Cancer Institute, and the American Cancer Society, which invested about \$1 million in research and in winning acceptance for this method of cancer detection.

The acceptance of the habit by women and their physicians is encouraging. The rate of progress is shown in these findings from a study recently completed by the Gallup Organization in the United States: In 1961, 30 out of every 100 women reported that they had the "Pap" test at least once; by 1963, 48 out of 100, a substantial increase, said they had had it once. In 1963, 22 out of 100 had the test; in 1960, 13 out of 100 had it. In 1963, 77 of every 100 women reported they had heard of the test; in 1961, this figure was 59.

Relating these figures to the 58 million women in the United States, it is estimated that some 44 million have heard of the test and some 27.8 million have had it. About 12 million had it in 1963, almost double the 1960 figure. Thus, some 16.2 million women have heard of the test but have not yet had it, and of the 27.8 million who have had it, about one-third had it in 1960 or earlier, and should have it again, and annually.

The Society's latest drive to "Conquer Uterine Cancer!" combining research, professional and public education and service to patients, was launched in 1961. In 1962 the program was wholeheartedly endorsed by the 14,500-group General Federation of Women's Clubs which cooperated promotionally and urged "Pap" smears on its entire 300,000 membership. This continuing drive has since won organizational acceptance by the National Council of Catholic Women, the National Council of Negro Women, the Pilot Club International. Future efforts will reach the so-called "high-risk groups" among the low-income population where cancer of the cervix has a higher incidence and results in a greater death toll.

An outstanding example of broad civic action against uterine cancer is the PAP (Prompt Action Prevents) program begun in Cuyahoga County, Ohio, cosponsored by the local Unit of the ACS and the Cleveland Academy of Medicine. In one year almost one half of the 500,000 Cleveland women over the age of 21 went to their physicians, or to clinics, for the pelvic examination and cytologic study, as a result of this program. What is unique about it is the meticulous planning that unites all the county's physical resources and many of its leading citizens and physicians in a common effort to wipe out a form of cancer that has been described as "almost entirely preventable."

To test whether women would be more responsive to gathering material for the "Pap" smear themselves, rather than going to a physician, the Society's Maryland Division undertook a pilot project employing an irrigation kit, simple instructions, and a mailing tube to be sent to a central cytologic laboratory.

To validate this experiment, the Society's Board of Directors voted a grant of \$60,940 to initiate a broad quality control program at the Jackson Memorial Hospital of the University of Miami in Florida over a two-year period to September 1, 1965. Working with three separate control groups, the program is intended to ascertain if the irrigation method is as reliable for the detection of uterine cancer as the known method of highest reliability, the cervical scrape. The program will also determine if the irrigation method performed under optimum conditions—by the doctor—is as reliable as the cervical scrape, and if it is as reliable if the patient performs it herself. The state of Florida was chosen for this project because of its diversified ethnic and age groups.

Other studies to find and correct problems in this new method are supported by the Society, and the USPHS is conducting a similar test at Marquette University in Milwaukee.

BREAST CANCER

This is the leading cause of cancer death in women today. There will be an estimated 62,000 new cases in 1965 and an estimated 26,000 deaths. It was the first site of cancer to be singled out by the ACS as target for a national public education program. Physicians know that earlier detection could save more lives; for this reason the Society encourages regular breast self-examination in all its educational materials. A Breast Self-Examination film produced in 1950 was replaced by a new one released last year with the same title. Despite all efforts to date, the breast cancer death rate remains high. This could change for the better if more women regularly practiced self-examination and consulted their physicians at first symptom. Delayed treatment is not only dangerous for the individual, but frustrating to the physician — who knows that the five-year survival rate for localized breast cancer is 82 per cent as against 48 per cent when there is regional spread beyond the original site. To help reduce these odds, the ACS Minnesota Division originated a program to assist in detecting early breast cancer and to instruct women in the technique of self-examination; a one-day session at Crookston screened 1,122 women and referred 51 suspicious cases to private physicians for follow-up. Similar clinics have been held successfully in Rhode Island and Suffolk County, N.Y.; more are planned for 1965.

COLON-RECTUM PROGRAM

Cancer of the colon and rectum will strike 73,000 Americans this year, more than any other type of cancer, and it occurs about equally in men and women. Some 43,000 die of it annually—though three out of four patients can be saved by early diagnosis and treatment.

Key to early diagnosis is proctoscopy as part of the health checkup. This is an examination with a lighted tube which is passed into the rectum and lower colon by which the physician can inspect the walls visually. Medical authorities feel that this procedure can today help save more lives from cancer than any other step in the annual checkup.

In conjunction with professional education aimed against cancer of this site, the American Cancer Society is conducting a public education program. Chief tool is a documentary film, Life Story, telling in simple, direct terms the facts about cancer of the colon and rectum, how it is detected and stressing the hopeful aspects of the disease if treated early. As physicians' groups endorse it, the program is being introduced in community after community. Goal is a proctoscopic examination as part of every annual checkup; a film showing technique titled Proctosigmoidoscopy, A Part of the Physical Examination, produced by the Oregon Division, is being widely shown to the medical profession and medical students, and some ACS Divisions are sponsoring special training courses for physicians in these techniques.

SMOKING AND HEALTH

Surgeon General's Report

"Cigarette smoking is causally related to lung cancer in men; the magnitude of the effect . . . far outweighs all other factors. The data for women, though less extensive, point in the same direction. The risk of developing lung cancer increases with duration of smoking and the number of cigarettes smoked per day, and is diminished by discontinuing smoking."

A vast body of clinical, epidemiological, experimental, pathological and other evidence amassed in many countries for over a decade was thus affirmed on January 11, 1964, by the long-awaited report on Smoking and Health of the U.S. Surgeon General. The 387-page report grew out of a 14-month study into all the available evidence by an impartial commission whose members were cleared by the tobacco industry and the concerned health agencies.

It stated that not just lung cancer is involved, that the mortality ratio of cigarette smokers over nonsmokers is particularly high for a number of other diseases including bronchitis and emphysema, cancer of the larynx, oral cancer, cancer of the esophagus, and peptic ulcer. Smoking cigarettes was also cited as a factor in heart and circulatory diseases.

This U.S. Public Health Service "Advisory Committee on Smoking and Health" was appointed in 1962—a blue ribbon jury of eminent scientists. The American Cancer Society, together with the American Heart Association, the National Tuberculosis Association and the American Public Health Association, had urged such action in an earlier (1961) joint letter to President Kennedy which suggested that such a commission might also assess the social responsibility of business, the voluntary agencies and of government in the education of youth and the protection of the public.

FTC, Other Actions

The Federal Trade Commission lost no time in following up the Surgeon General's report. One week later the FTC came out with the recommendation that cigarette packages, cartons and advertising carry a warning to the effect that smoking them is a health menace and may cause death from cancer and other diseases. Also proposed was a ban on advertising that suggests smoking promotes good health or well-being, or that one brand is less dangerous than others. These proposals were adopted by the FTC in June, following hearings, as an official ruling to take effect in 1965. However, there are indications it will be challenged in the courts.

The cigarette companies established a voluntary "code" to be administered by former Governor Robert B. Meyner of New Jersey which is intended to curb some advertising and promotional abuses within the industry.

The National Cancer Institute is beginning a program of basic research to further explore the factors involved in the cigarette-lung cancer linkage, and the National Heart Institute is looking into the effects of quitting smoking.

And a \$10 million fund for research into the general relationship of smoking to disease was given by six major tobacco companies—American, Brown & Williamson, Liggett & Meyers, P. Lorillard, Philip Morris and R. J. Reynolds—to the American Medical Association which, in December, appropriated a supplemental \$500,000 to launch an independent research program that would seek, in the words of its chairman, Dr. Maurice H. Seevers, of the University of Michigan, "to find what in the tobacco is harmful, the mechanism of the injury and what can be done to remove it."

The AMA, at its June 1964 convention, formally recognized "a significant relationship between cigarette smoking and the incidence of lung cancer and certain other diseases, and that cigarette smoking is a serious health hazard." The AMA urged elementary and secondary schools to include programs on smoking and health in their health education curricula and dissemination of "vital health education material on the hazards of smoking to all age groups through all available means of communication."

Added Smoking Data

A month before the Surgeon General's report, Dr. E. Cuyler Hammond, ACS Director of Statistical Research, reported to the annual clinical meeting of the American Medical Association some early results of a six-year ACS Cancer Prevention Study.

Based on a continuing study of 422,094 men for an average 34.3 months, this report: 1) confirmed earlier smoking studies; 2) showed a higher death rate for those who begin smoking cigarettes under age 15 and, prospectively, a death rate increasing with degree of inhalation; 3) determined that 50 per cent more heavy smokers were hospitalized over a two-year period than nonsmokers; 4) answered those who suggest that the observed statistical association does not take into account fundamental differences between individuals; showed in a "matched

pair" analysis of 36,975 sets of persons (alike in various hereditary and environmental respects except that one group smoked and the other didn't) that smokers had about twice as many deaths as nonsmokers.

Since then, some other facts concerning the smoking habits of women and of doctors came to light. Separate studies revealed that women are smoking more cigarettes; doctors are smoking less. A Harvard study showed that more women than men are now smoking cigarettes—57.4 per cent of the mothers of Newton, Mass., vs. 49.9 per cent of the fathers. A report on the smoking habits of 56,000 physicians published in the March 1964 Modern Medicine, indicated that more than three fourths of them are not now smoking cigarettes.

ACS Intensifies Drive

Since issuance of the USPHS report, the American Cancer Society has taken a number of actions to intensify its own continuing role in the cigarette-and-health denouement which its famous Hammond-Horn study of 1952-55 did so much to help pioneer. The Society endorsed the FTC recommendations and urged the development of a uniform way of measuring tar and nicotine content in cigarette smoke to facilitate proper labelling.

The Society's Board of Directors, recognizing its responsibility in encouraging and developing research to find ways to help smokers who want to give up the habit, approved a grant of \$59,518 to Roswell Park Memorial Institute, Buffalo, N.Y., in support of clinical studies designed to test various techniques of withdrawal. As of March 1, 1964, the ACS had six grants in effect, totalling \$255,293 on "Smoking and Health."

Another major forward step by the Society was to call a "National Conference on Cigarette Smoking and Youth" with 11 cosponsoring organizations, which was held in New York City June 10-11, 1964. Sixty-eight national agencies concerned with the health, welfare and education of youth were invited to send one national board member and one staff member; 44 agencies did. Attendance totaled 168 persons, including leaders in the communications field—newspapers, magazines, radio, television—and board members from the cancer, heart and tuberculosis health agencies. Keynote speaker was the Surgeon General, Dr. Luther Terry. Eight workshop sessions covered the fields of: 1) schools and colleges; 2) communications; 3) doctors and dentists; 4) youth-serving organizations. Proceedings of the conference are to be published and widely distributed.

Interagency Council Established

In July, the USPHS took leadership in the establishment of a National Interagency Council on Smoking and Health, a voluntary association of national agencies and organizations organized "to develop and implement effective plans and programs aimed at combatting smoking as a health hazard" and dedicated "to the promotion of the public health through cooperative action."

The Council includes the following agencies: American Association of School Administrators, American Cancer Society, American Dental Association, American Heart Association, American Public Health Association, Association of State and Territorial Health Officers, Department of Classroom Teachers of the NEA, National Congress of Parents and Teachers, National Tuberculosis Association, U.S. Children's Bureau, U.S. Office of Education, U.S. Public Health Service.

Dr. Lewis C. Robbins, Chief of the USPHS Cancer Control Program, acted as interim chairman; Dr. Harold S. Diehl, Senior Vice President for Medical Affairs and Research of the American Cancer Society, was named vice chairman.

Teen-Age Program

Children whose parents, mentors, idols, peers smoke are more likely to acquire the smoking habit than others; this was learned as long as 1958 when the ACS conducted a pioneering study of the smoking patterns of 22,000 Oregon high school students. Later studies have yielded further relevant data suggesting that increasing educational efforts should be made to reach children in the pre-teen age brackets. To this end, the ACS has produced a new film for 6th graders titled The Huffless, Puffless Dragon.

Key tools for elementary and junior high school students is a film Is Smoking Worth It? and a filmstrip titled I'll Choose the High Road. For secondary school distribution there is yet another filmstrip, To Smoke Or Not To Smoke?, of which almost 33,000 copies have been issued since 1963. A student leaflet, Shall I Smoke? has reached a distribution of almost 10 million.

Who Me? is a new film, for adult audiences, produced by the Society in 1964.

Lung Cancer Death Rate

Lung cancer in 1965 will kill approximately 47,000 persons in the United States, some 40,000 men and 7,000 women. The increase in this disease in men is continuing at a rate unequalled by any other disease, and is the leading cause of male cancer deaths—the rate being 10 times what it was 30 years ago. Lung cancer is a largely preventable disease; it is estimated that more than 75 per cent of lung cancer is caused by cigarette smoking. It is not felt that cigarettes are the only cause of lung cancer; air pollution is also considered a factor. Unfortunately, it is difficult to diagnose lung cancer in time for cure. Only about five per cent of all cases are being cured today.

More men in the United States die from lung cancer than from automobile accidents. Published figures show that there are approximately 100 male deaths a day from lung cancer alone and it is estimated there are about 500 deaths a day from cardiovascular and pulmonary conditions attributable to cigarette smoking.

The report of the Special Committee on Smoking and Health of the New York State Senate, dated March 10, 1964, contains the statement that 36 per cent of all deaths among men aged 50 through 69 in the State of New York are caused by diseases related to cigarette smoking.

As President of the ACS, Dr. Wendell G. Scott, of St. Louis, Mo., told the FTC that the Society will concentrate education efforts on teen-agers "because in them the habit has not been formed or deeply rooted" and on physicians "because they are the leaders in forming health opinion and health habits." Dr. Scott added: "...we are dealing with a major health problem that requires thoughtful, vigorous action from all of us."

LEUKEMIA

Leukemia is cancer of the blood-forming tissues. Long considered primarily a disease of children, it actually strikes many more adults, and at an increasing rate. In children it is usually the acute form and the survival period is shorter. Leukemia can be arrested for a time by newly developed drugs and combinations of drugs. There is no preventive or cure. Many scientists believe, however, that cures will be found for leukemia sooner than for any other cancer.

In 1964, the ACS—already doing more against leukemia than any other national voluntary health organization—stepped up its service program for leukemic patients in accordance with existing service policies. The expanded program guide defines minimum services that should

be made available. Nature and scope of support for a patient will differ from Division to Division, from Unit to Unit, and will depend on local ability to meet the need through available resources and funds. Leukemia patients often have extraordinary needs, and the expanded service program will endeavor to supply them where feasible. In many areas, the services already offered by the Society and the community are excellent. If leukemia strikes, families in need are urged to consult the nearest ACS Unit to find out what help is available from the Society and other community agencies.

As a service to physicians the Society has published a background booklet, Leukemia, dealing with diagnosis, treatment, differences between acute and chronic leukemia, and supportive therapy techniques. As a service to the general public, the Society issued a pamphlet, Facts About Leukemia. Also contributing to a better understanding of this cancer form was the issuance of the Public Affairs Committee, Inc. pamphlet Leukemia: Key To The Cancer Puzzle? written by ACS Science Editor Pat McGrady.

There will be 17,000 new victims of leukemia in 1965, and over 14,000 deaths. The disease strikes both sexes and all ages. Most victims are adults. However, the disease constitutes approximately half the cancer cases of American children between ages 3-14 where cancer is the leading disease death cause.

The ACS has always been in the forefront in the leukemia fight. The Society grants more money to research in leukemia than to any other site of cancer; 477 grants totaling \$12,491,379 in the past seven years. In March 1964 there were 76 grants in the amount of \$2,281,870 that were directly or indirectly related to leukemia. This program embraces the quest for a simple practical test to detect leukemia before it develops in the blood stream, the search for more effective drugs for treating the disease, and studies relating to radiation, viruses and basic leukemic cell structure and function.

INTERNATIONAL ASSOCIATION OF LARYNGECTOMEES

Dedicated to the rehabilitation of those who have lost their voices to cancer, the IAL is the largest known voluntary organization of its kind. It was founded in 1952, and is supported by the American Cancer Society. It is composed of 100 member clubs in 38 states of the United States, in Canada, Israel, Australia, Japan and New Zealand. Other clubs in the U.S. and abroad are in process of formation.

Stated purpose of the IAL is: "to promote and support the total rehabilitation of laryngectomized persons by the exchange and dissemination of ideas and information to the clubs and to the public; to facilitate the formation of new clubs; to foster improvement in laryngectomy programs; and to work towards the establishment of minimum standards for teachers of post-laryngectomy speech."

Programs of the IAL include: 1) seminars and institutes for prospective teachers; 2) public and professional education in first aid and artificial respiration required for laryngectomees; 3) registry of laryngectomized postlaryngectomy speech instructors; 4) international annual meetings; 5) encouragement of the new patient with helpful literature; 6) assistance in overcoming the prejudices of employers, so that laryngectomees may obtain employment or re-employment.

IAL activities are administered by volunteer international officers and directors elected by delegates of member clubs, and an appointed executive secretary, all laryngectomees. Voice therapists, physicians and rehabilitation workers form an advisory board to act as voluntary consultants.

Official publication of the Association is the bimonthly IAL News, circulated free to 15,000 persons in 45 countries.

Ranging in membership from 10 to 300 laryngectomees, IAL clubs provide such services as individual and group speech therapy, psychological counseling, visits to new patients, safety training, public education and social activities. Assistance to clubs is encouraged by the ACS Service manual as a set policy of the Society. Many of the clubs are sponsored by Units and Divisions, and the club members, in turn, assist in the programs, projects and Crusade of the Society.

UNFOUNDED CLAIMS FOR TREATMENT

The ACS provides information to physicians and the public on unfounded claims concerning new or unproved methods of treatment for cancer, and aids in the creation or strengthening of state laws to control worthless cancer remedies. An index to such new or unproved methods in the Society's files has been issued.

ECONOMIC LOSS CAUSED BY CANCER

Each year cancer illness costs the national economy about 50,000 man-years of productivity. Cancer also costs American business and industry the loss of valuable executives at the peak of their efficiency and of trained workers at the height of their productivity. The dollar loss is inestimable. The annual hospital bill for cancer is estimated at about \$450 million.

Man's Progress Against Cancer

CATEGORY	1937	1964
Saved (alive five years after treatment)	Fewer than one-in-five	One-in-three
Uterine cancer	Chief cause of cancer death in women	Death rate cut 50%. Could be reduced much more
Lung cancer	Mounting; no hope of control	Still mounting; but upward of 75% could be prevented
Research support	Less than \$1,000,000	More than \$215,000,000
Cancer clinics and registries approved by American College of Surgeons	240 in USA and Canada	963 — plus expansion of teaching, research, treatment centers
State control measures	Seven states	All 50 states
Chemotherapy	Almost no research	Major research attack has produced 24 useful drugs
One-in-two patients could be saved today by early diagnosis and prompt treatment.		

OPPORTUNITIES FOR GROWTH

While notable progress was made in 1964 in the fight against cancer, opportunities unmet because of insufficient funds continue to exist. Growth of the Society's programs, steadily maintained since the war, can be continued only through increasing public support. There follows a sampling of projects for which money is needed.

1. In research, the ACS last year spent approximately \$12 million, but needs at least double that to adequately carry out its voluntary role in this field. Merely to maintain the pace in cancer research today, we need approximately \$1 million, above to the current level of support, to meet needs for new equipment and added salary needs. We need an additional \$2 million to allow ACS-supported scientists to explore the new ideas which arise in their laboratories. We need \$2 million to allow new young scientists to enter our research program. We need an additional \$1 million to continue to train new people entering this research field, and at least \$750,000 additional to implement the Institutional Grants program.

2. The Society needs to stimulate research in the following areas: a) breast cancer, its cause and more effective diagnosis and treatment, as well as more research in basic endocrinology; b) epidemiology, further research into why certain individuals get cancer and others do not, and what their habits of living have to do with cancer prevalence and incidence; c) immunology, whether or not the body has a defense mechanism against cancer and, if so, ways to correct this system when it fails; d) behavior research, to find out why people, particularly young people, begin to smoke and why they find it difficult to give up the habit. These areas of research could absorb \$5 million.

3. Expansion of the Clinical Fellowship program for training physicians in cancer. The Society should double the amount expended in this important life-saving area. Applications received for the new award period beginning July 1965 numbered 387. Funds could support 243. In the Advanced Clinical Fellowship program for 1964-65, there were applications from 59 candidates, 35 of whom were under training July 1, 1964.

4. A new program of physician education is needed for short-term training of specialists in highly skilled techniques of cancer treatment such as the application of chemotherapeutic agents, new super-voltage x-ray therapy techniques and most recently developed surgical procedures. Each physician would receive 3 to 6 months of such training at \$300 per month. Needed, another \$1 million.

5. Some scientists believe that long before symptoms appear people who are to become ill differ biochemically from the healthy. The Society proposes an initial program to be conducted administratively with a major medical center in a large city—probably New York City—which would collect and store samples of blood plasma from 60,000 healthy persons each year for six years, then freeze it to dormancy so that it could be compared biochemically with another plasma specimen taken later when any of these people become seriously ill. Cost, about \$6 million.

6. Employment of qualified personnel to initiate and conduct more imaginative service programs in Units and Divisions by enrolling and training volunteers who will marshal all the diverse manpower and resources of the community—nursing service, social workers, drugs, prostheses, medical supplies, etc.—to provide whatever will contribute to the recovery or easement of the medically indigent cancer patient who is referred by his doctor. Needed here, up to \$1 million to get such programs going in key communities throughout the land.

7. The Society has drafted a major public education attack on cancer to: a) recruit skilled health educators to enlist and train thousands of volunteers to intensify public education efforts in high-population areas; b) strengthen program through exploratory and evaluation studies of health behavior and present educational techniques; c) provide more educational materials, particularly for training volunteers. Estimated cost: \$300,000 first year, expanding to \$1 million in fifth and last year.

THE VALUE OF THE ACS CRUSADE

The annual Cancer Crusade saves lives and raises funds. During the Crusade, volunteers bring their neighbors life-saving information and at the same time accept contributions to vital programs of research, education and service.

The Crusade focuses national, state and local attention on cancer — on progress being made, on problems lying ahead. During this period people learn more about this disease and how to take personal action against it. In newspapers, on television and radio, in magazines, in person-to-person appeals, the story of the individual's role in cancer control and of the need for funds is told. The Crusade is a key opportunity for men and women to demonstrate actively their concern for one of our nation's critical problems.

Independent drives are part and parcel of the American way of life. Colleges, museums, hospitals, and other civic projects are largely supported by separate drives. Independent drives raise the largest share of the \$9.3 billion contributed annually to private philanthropy. Over \$500 million are raised by United Funds. In city after city there are strong United Funds and strong independent drives. Both ways of fund raising have advantages; the one need not and usually does not weaken or attack the other.

Over the last 25 years cancer has taken the lives of more than 5,400,000 American men, women and children. Many who have lost a relative or close friend to cancer are leaders in the Society's 2,000,000 volunteers. Their personal experience with cancer gives them a motivation; they could not be satisfied to work with an organization whose purposes, goals, and message were merged with dozens of others in a United Fund. United Funds in general increase their allocations to member agencies as the community grows; their programs are related to the expansion and the competing demands of the community. That is why, even in the days when the Society followed a policy of local option, the great majority of its Units were never members of United Funds.

One of the central concepts of the volunteers of the American Cancer Society is their sense of urgency. They want the killer cancer brought under control as quickly as possible. The deaths last year of some 290,000 Americans vividly demonstrate the need for far more funds than are now being raised.

Volunteers for the American Cancer Society feel they work, give, and collect funds for a national need that is overriding in its importance — the need to end the waste, anguish, and despair caused by cancer. National research committees carefully screen and approve research projects, in all parts of the country. Films and brochures that deal with the extraordinary complexities of cancer are prepared by national staff working with national committees of volunteers. The national perspective is vital in the fight on cancer.

Every home owner knows the nuisance of too many drives, too many people calling and asking for funds by telephone, by letter, by visit. Several years ago the American Cancer Society joined the American Heart Association in a call for a responsible study of multiple health campaigns to set priorities and standards for giving for the public. The Society scrupulously observes high standards of fund raising and the standard accounting principles of the National Health Council.

Based on careful studies by committees of scientists and laymen, the Society hopes to increase its annual support of research, education and service to \$60 million in 1970. This will require the kind of dedication, the intense determination, that volunteers feel after they have been close to cancer's cruelty. When control of cancer is finally achieved the ACS will close its doors forever. The more successful each Crusade, the sooner that day.

THE ACS AND THE CANCER CRUSADE

The Society

WHAT THE ACS IS: The American Cancer Society, Inc., is a voluntary organization of more than 2,000,000 Americans united to conquer cancer. It is the only national organization fighting cancer through balanced programs of research, education and service. A fundamental policy of the Society is the decision of its Board of Directors to terminate its activities when the control of cancer is finally established.

HOW ORGANIZED: The American Cancer Society, Inc. is composed of a National Society, with 59 chartered Divisions, and 3,104 Units.

THE NATIONAL SOCIETY: A 176-member "House of Delegates" provides a basic representation from the 59 Divisions and additional representation on the basis of population. It is governed by a Board of Directors of 104 voting members, half physicians and half laymen. The National Society is responsible for over-all planning and coordination, and provides technical help and materials to Divisions and Units. The National Society administers the ACS research program, a program of medical grants and clinical fellowships, and is charged with carrying out programs of public and professional education on the national level.

THE 59 DIVISIONS: These are governed by 3,222 members of Divisional Boards of Directors, again half medical and half lay, in all the states, including Alaska and Hawaii, eight metropolitan areas, and the District of Columbia. More than 14,000 physicians and dentists serve as volunteers on Division and Unit Boards.

THE UNITS: The Society's 3,104 Units are slightly more numerically than the total number of counties in the U.S. — 3,070. There are 54,883 community leaders who direct the Society's programs at this "grass-roots" action level. The strength of the Society lies in the more than 2,000,000 volunteers fighting cancer in their communities.

The Cancer Crusade

THE TIME: The Spring, reaching a climax in April, which is designated "Cancer Control Month" by the President of the United States.

THE GOAL: Unlimited dollars to wage an unlimited fight to help save through research all Americans who now die of cancer, and to conduct the Society's life-saving education and service programs.

THE THEME: "1,300,000 Americans are Cured of Cancer; to Help Cure More, Give More" supplementing the slogan "Fight Cancer With a Checkup and a Check."

THE CRUSADERS: More than 2,000,000 volunteers join in bringing an encouraging message of hope and educational materials about cancer to their friends, their neighbors and their colleagues — and accept contributions for the cancer control program.

THE TEMPO: The public has given generous and growing support to the Crusade. In 1944, the Society raised \$800,000; in 1954, the figure was \$21,700,000; in 1964, more than \$33 million, giving the Society a total of over \$41 million from all sources.

SOURCES OF INCOME

Financial support of the American Cancer Society in 1964 reached over \$41 million from all sources. The Cancer Crusade raised over \$33 million. National Headquarters and chartered Divisions received more than \$8 million from bequests and legacies.

Legacy Income

Legacies — in which the Society becomes beneficiary of willed funds — is an increasingly important source of ACS income. Income from legacies indicates confidence in the leadership of the Society and a determination by many to continue the fight against cancer even after their lifetime. This form of income, since 1952, in relation to Crusade receipts, is shown in the following table:

Year	Crusade	Legacies	Year	Crusade	Legacies
1952	\$16,438,184	\$ 590,123	1958	\$29,796,676	\$2,894,239
1953	19,802,980	883,959	1959	30,372,944	4,237,179
1954	21,670,152	1,181,207	1960	28,356,626	5,372,115
1955	24,427,102	1,183,439	1961	30,791,708	6,151,247
1956	27,234,613	1,765,849	1962	33,313,773	5,758,100
1957	29,659,508	2,281,479	1963	33,151,138	7,608,928

HOW ACS FUNDS ARE ALLOCATED

RESEARCH (34%)	— Providing grants to key scientists, program grants to institutions, and epidemiological research studies.
PUBLIC EDUCATION (20%)	— Providing the programs and materials which bring people to physicians in time for early detection, when most cancers are readily curable.
PROFESSIONAL EDUCATION (9%)	— Providing physicians with latest information growing out of ongoing cancer research and clinical experience.
SERVICE (19%)	— Providing detection, diagnosis, treatment and rehabilitation facilities, plus home services for patients and their families.
FUND RAISING (10%)	— Providing for the Society's annual Crusade meetings, travel, training schools for volunteers, etc.
ADMINISTRATION (8%)	— Providing support of programs, Board and committee meetings, travel, purchasing, accounting, etc.
TOTAL (100%)	— 1963-1964 PROGRAM BUDGET

WHAT ACS DOLLARS BUY

Here are examples of a few of the actual expenditures met by the American Cancer Society in support of its cancer control programs. In connection with research items, costs vary from institution to institution, and the prices listed below can only approximate what the cancer research dollar buys.

\$1 . . .	One chemical flask
\$5 . . .	Five dozen tissue culture tubes
\$10 . . .	One month's supply of microscope slides
\$15 . . .	Ten rats, three pure-bred rabbits, or food and care of 1,500 mice for one day
\$20 . . .	One mouth rebreathing apparatus and nebulizer
\$35 . . .	One day's supply of radium needles
\$50 . . .	One instrument sterilizer
\$70 . . .	One blood cell calculator, used in leukemia studies
\$100 . . .	One week's salary for a research associate having an advanced technical degree
\$125 . . .	One lead shield for radiation experiments
\$135 . . .	One clinical centrifuge
\$150 . . .	Two monkeys
\$200 . . .	One camera lucida
\$250 . . .	One isotope scanner
\$500 . . .	Microvolt ammeter
\$1,000 . . .	Fifty units of human serum
\$2,600 . . .	One heart-lung machine for drug perfusion
\$6,000 . . .	One half gram of cobalt 60 for radiation research
\$35,000 . . .	One electron microscope
\$100,000 . . .	High-voltage, total body radiation instrument
\$1,000,000 . . .	One adequately equipped cancer research laboratory for 25 technicians

How ACS Total Income Compared With Other Types of Voluntary Spending in 1963

(ACS Total Income, 1963: \$40,760,066)

<u>Category</u>	<u>Approximate Amount</u>	<u>Ratio to Cancer Contributions</u>
Alcoholic Beverages	\$11,080,000,000	272 times as much
Tobacco Products	8,112,000,000	199 times as much
Toilet Articles and Preparations	3,525,000,000	86 times as much
Jewelry and Watches	2,260,000,000	55 times as much
Admission to Motion Pictures	1,275,000,000	31 times as much
Pari Mutuel Net Receipts	616,000,000	15 times as much
Admission to Spectator Sports	301,000,000	7 times as much

THEY MIGHT HAVE LIVED

Cancer strikes all people, from the noblest to the meanest, richest to poorest, and some of the most gifted are among its victims. Each year cancer takes many leaders from the worlds of government, science, sports, the arts—frequently at the height of their careers. If a general cure or preventive for cancer had been found in their time, some of the following might have lived longer to influence their respective fields and the course of contemporary history.

From August 1963 to September 1964, chronologically, cancer took the lives of these well-known figures, among others: Playwright Clifford Odets, Bridge Expert Sidney Silodor, Ambassador James D. Zellerbach, Actor Richard Barthelmess, Orchestra Leader Glen Gray, Pacific Gas & Electric Chairman Norman R. Sutherland, Sculptor Bernard Reder, General Mills Chairman Harry A. Bullis, Golf Champion Horton Smith, General John Reed Hodge, Author Aldous Huxley, Hearst Publications Chairman J. D. Gortatowsky, Colorado's ex-Governor John C. Vivian, Yale Professor Alexander M. Witherspoon, Expressionist Painter Nicholas Takis, Football Coach Ray (Scooter) McLean, New York City's First Lady Susan Edwards Wagner, King Paul of Greece, Movie Magnate George P. Skouras, Author-Naturalist Rachel Carson, Painter-Sculptor Rico Lebrun, Novelist Hamilton Basso, Mining Heiress Margaret Schulze Downey, Industrialist Arthur H. Bunker, Lieut. Gen. Alexander R. Bolling, Author-Historian Bradford Smith.

Other cancer victims especially eminent in their fields were: Secretary of State John Foster Dulles, House Speaker Sam Rayburn, Senators Robert A. Taft and Brien McMahon, Ambassador Joseph Drexel Biddle, Generals Claire L. Chennault, Hoyt S. Vandenberg, Joseph (Vinegar Joe) Stilwell, Yale University President A. Whitney Griswold, Ford Foundations President Horace R. Gaither Jr., Nuclear Scientists Enrico Fermi and Martin D. Whitaker, Jungle Doctor Tom Dooley, Dr. John Von Neumann.

From the arts: Painter William Baziotes, Pianist Alec Templeton, Ballet's the Marquis de Cuevas, Choreographer Doris Humphrey, Architect Eero Saarinen, Gastronomist Duncan Hines, Coloratura Amelita Galli-Curci, Baritone John Charles Thomas, Composer Percy Grainger, Jazzman Sidney Bechet, Bandleader Leo Reisman, Designers Jacques Fath and Claire McCordle.

Authors: Ludwig Bemelmans, Oliver La Farge, Van Wyck Brooks, Boris Pasternak, Damon Runyon, James Hilton, Betty McDonald, Vicki Baum, Harold Lamb, Gertrude Stein.

Movie stars: Gary Cooper, Dick Powell, ZaSu Pitts, Charles Laughton, Thomas Mitchell, Hoot Gibson, Jack Carson, Humphrey Bogart, Kay Kendall, Marion Davies, Leo Carillo.

The theater's: Oscar Hammerstein II, Guthrie McClintic, Mark Hellinger, George M. Cohan, Gertrude Lawrence, Jane Cowl.

Sports figures: Ernie Davis, George Trautman, Robert Carl Zuppke, Willie Hoppe, Babe Ruth, Ty Cobb, Babe Didrikson Zaharias, Ed (Porky) Oliver, Bill Corum, Bill Cunningham.

Industrialists: Irving Sands Olds, Frederick Maytag II, Robert Ellsworth Gross, Samuel Zemurray, Charles R. Hood; Banker George Whitney; Investment Counsellors Ira Haupt and Paul V. Shields.

CHARTERED DIVISIONS OF THE AMERICAN CANCER SOCIETY, INC.

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Baltimore, Maryland 21202

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Boston, Massachusetts 02116

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