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The New York Times

CITY EDITION

Register, Mail, News, etc. 1970
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Printed in the United States of America
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VOL. CXIX, No. 41,040

NEW YORK, FRIDAY, MAY 26, 1970

Higher newspaper prices in all delivery zones

15 CENTS

Experts Ask That National Records Be Kept on Cancer

By LAWRENCE K. ALTMAN

Special to The New York Times

HOUSTON, May 27 — Three New York State health experts proposed today that cancer be reported nationally through tumor registries in each state.

Dr. Peter Greenwald and Dr. William S. Burnett of the New York State Department of Health at Albany, and Dr. Charles D. Sherman, a surgeon in Rochester, made the suggestion in a report at the 10th International Cancer Congress here.

Such registries, Dr. Greenwald said in an interview, could be used to prevent deaths from certain cancers, improve the quality of medical care in the state — but excluding and cancer therapy, provide a means of continuing education for practicing physicians and, as a byproduct, recognize causes to environmental causes of cancer. Many cancer researchers suspect that chemicals or combinations of such agents in the environment can cause cancer.

Just six states, including New York and Connecticut, have tumor registries. In other states, hundreds of hospitals have individual registries without statewide coordination. Several foreign countries, including Israel, Denmark, Norway and Russia, have national cancer registries.

Savings in human lives and dollars, Dr. Greenwald said, would more than offset the estimated yearly operating cost of \$15-million for such registries.

Pilot Program Urged

Dr. Greenwald, who directs the state's Bureau of Cancer Control, suggested that staffs could be trained to develop a nationwide system over a 10-year period if pilot programs proved successful.

"The costs could be funded as part of good patient care in the hospitals where almost all victims of cancer go," Dr.

Greenwald said. "Such costs," he added, "would be a small part of total expenses of cancer treatment."

Other physicians suggested that such registries could be integrated into the country's Regional Medical Program.

"A good registry staff will insure follow up in the event the physician dies, the patient changes doctors without knowing his diagnosis, or the patient moves," Dr. Greenwald said. The value of such registries, he emphasized, depends on the interest of the health workers running it.

Since 1940, Dr. Greenwald said, the law has required doctors, hospitals and laboratories in New York City — to report all new cases of cancer to the Health Department.

From such reports, doctors can learn the usual incidence of more than 100 different forms of cancer, and thereby detect unusual incidences of a particular type.

Data Used in Analysis

For example, Dr. Greenwald said that the Health Department was using such data to analyze cases of cancer of the cervix. Preliminary results, he said, suggest differences in the rates of cervical cancer in several New York counties.

By using the so-called Papanicolaou smear, doctors can detect and offer treatment at the earliest stages of cervical cancer. This provides the patient with the greatest chance of cure.

If further analysis confirms such variations, Dr. Greenwald said that health departments would encourage more Papanicolaou smear programs in those areas

with the highest rates of cervical cancer.

Though the New York Health Department has not analyzed the survival rates from certain cancers to determine the quality of medical and surgical treatment, Dr. Greenwald said that registry information could be used for this purpose.

Doctors in one county, he said, could evaluate their results with those of their colleagues in another county. Also, if each state uses identical classifications, physicians could compare their results with doctors elsewhere in the country.

Another Use

Rachel Carson's book, "Silent Spring," which caused concern about a possible increase in cancers from pesticides, exemplified another use. Department of Health physicians, also concerned about this possibility, used its registry to see if the numbers of cancers of liver, bladder, brain and other organs had risen during the 15-year period after pesticide use became widespread. No increase, Dr. Greenwald said, was found. "Our repository made it possible to do the study without spending thousands of extra dollars," Dr. Greenwald said.

adding that without the accurate statistics collected from previous years, such a study might have been impossible.

Though each state does not need a registry to answer these questions of national concern, such programs could provide data useful to state and local communities.

By utilizing such information, Dr. Greenwald said that doctors might gain clues for the association of certain types of cancer with environmental agents.

For example, Dr. Irving Selikoff of Mount Sinai Hospital in New York City, and other doctors have linked a cancer called mesothelioma with occupational exposure to asbestos. Though mesotheliomas are rare, asbestos workers, particularly those who smoke, have an unusually high incidence of this cancer. Dr. Greenwald said he suspected that a registry could be used to detect similar occupational or environmental associations.

"You wouldn't run a multi-million-dollar business without accurate figures on how it performs," Dr. Greenwald said, "but that's what we're doing with cancer."

\$1.5-Billion Integration Bill Given to Senate by Javits

WASHINGTON, May 26 (UPI)

—Senator Jacob K. Javits, New York Republican, Tuesday introduced President Nixon's \$1.5-billion proposal to help school desegregation after the Administration backed down on its stored prohibition against busing to achieve racial balance.

Senator Javits had refused to introduce the legislation on behalf of the Administration in the draft form submitted to Congress last week.

Since then, however, the restriction against busing has been stricken, the establishment of an advisory committee to oversee the act has been rescinded, and the bill has been broadened to include "linguistic minorities."

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WRG-142