Letter to the Editor

Preventive Oncology: An Opportunity for Clinical Cancer Centers

SIR: Life-style factors and cancer incidence have been unquestionably linked by epidemiologic, clinical, and experimental research.[1-5] Their relationship is well known among most health professionals and to the general public. Despite this knowledge, there have been only isolated instances of broad societal trends toward the adoption of more healthful behavioral patterns. When such changes have occurred, they have been observed primarily among selected populations. For example, cigarette smoking is clearly associated with cancer. Yet only among white males has there been a sharp reduction of smoking. Among women and black males smoking has actually increased. Rising incidence rates of lung cancer among this group provide tragic confirmation of a fact that behavioral scientists have long been aware of: Increased knowledge does not necessarily lead to changes in behavior.

Other such examples abound. For instance, dietary fat is considered an important risk factor in the etiology of a number of cancers, including cancers of the colon, breast, and prostate gland. Yet, despite this knowledge, most Americans continue to consume diets that are not only high in fat, but also low in fiber, a dietary component putatively correlated with a decreased incidence of colon cancer.

Why then have these habits persisted? And why, when presented with facts, do most people ignore them and resist the opportunity to prevent a devastating and life-threatening illness? The answer, I suggest, is posits that health promotion today lacks certain critical ingredients. Perhaps the most important of these is the enthusiasm of the medical profession as a whole to acknowledge behavior change as a significant factor in the prevention of cancer. Cancer prevention through health promotion remains low in the hierarchy of medical practice. Of course, the obstacles to health promotion confronting health providers are both many and well known (table 1). Still, the lack of proper involvement in health promotion that we, as health professionals, have shown almost ensures that these obstacles will remain. Only when academic rewards and adequate economic remuneration for health promotion are provided will cancer prevention programs be established in our offices and clinical centers.

TABLE 1.—*Obstacles to health promotion*

For the individual:
"Illusion" of immortality
Lack of social and peer support
Low self-esteem (sense of powerlessness)
Satisfaction (today) versus benefits (future)
Marketing disease-producing products
For the health professional:
Insufficient financial incentives
Lack of evident academic reward
Lack of support from the medical care and insurance system

The opportunities in health promotion, including those afforded by the establishment of outpatient prevention clinics in each clinical cancer center, warrant our effort to overcome all obstacles (table 2). Certainly, the spiraling disease care costs, the unnecessary pain and suffering, loss of income, and loss of life due to avoidable illness should provide the more than sufficient incentive to adopt a preventive approach.

Solutions involve finding strategies whereby preventive services provided within the confines of clinical cancer centers could play an important role. The establishment of such preventive services in a clinical setting could have dramatic medical and social impact not only on hospitalized patients, but also on all who come in contact with the hospital. With a minimum investment, outpatient clinics could establish smoking cessation and nutrition clinics, provide counseling on occupational safety, and organize a network for disseminating cancer detection information. Once in operation, such services should become economically self-sustaining through cost reimbursement fees, although initially they could be staffed from within by those already involved and experienced in disease prevention.

A concentrated health promotion effort across the country with continuing research into the behavioral components of health—i.e., how health and illness-associated habits are established, maintained, and reshaped—could have a broad public health impact, especially if society follows the other opportunities listed in table 2 with equal energy.

TABLE 2.—*Opportunities in health promotion*

For the individual:
School health promotion
Parental health education
Community-wide health education
Organized religions
For the health professional:
Increasing public awareness of benefits of preventive health care
Outpatient preventive care services
Organizing work-site programs
Influencing insurance policies covering preventive health care services

[1] REDDY BS, COHEN LA, MCCOY GD, et al. Nutrition and its relation to cancer. Adv Cancer Res 1980; 32:237-345.

[2] CARROLL KK. Neutral fats and cancer. Cancer Res 1981; 41 3695-3699.

[3] FISH DJ, KRITCHEVSKY D, eds. Workshop on fat and cancer. Cancer Res 1981; 41 (part 2):3681-3826.

[4] FOX BH. A psychological measure as a predictor in cancer. In: Cohen J, Cullen JW, Martin LR, eds. Psychosocial aspects of cancer. New York: Raven Press, 1982:275-296.

[5] HAENSZEL W. Migrant studies. In: Schottenfeld D, Fraumeni JF Jr, eds. Cancer epidemiology and prevention. Philadelphia: Saunders, 1982:194-207.

Who will provide the leadership for this effort? We appeal to the oncological community which knows so well the price of cancer, both in terms of human suffering and economic terms, to examine the opportunities afforded by health promotion and to act upon them in their own cancer centers or individual practices. It is incumbent upon each of us in the health professions who deals with the complex issues of cancer in our everyday lives to be in the "business" of preventive care.

In 1949 the late Dr. Everts Graham in discussing our data on the association between smoking and lung cancer remarked, "We are going to face much opposition. In fact, we have only one thing on our side—we happen to be right." The same is true today for preventive oncology. However, it is not enough just to be right. We must act on our belief that there can be no finer treatment than prevention.

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