PUBLIC HEALTH

Cigarettes and Cancer

One year after the Surgeon General's report on smoking, definite steps are being taken against the cigarette and the tobacco industry—By Charles A. Betts

A NEW and revitalized campaign against the cigarette is now underway with impetus from the "Report to the Nation on Smoking and Health—One Year Later."

This report is the follow-up to the original campaign.

This report is the follow-up to the original survey a year ago linking cigarette smoking and lung cancer.

The anniversary report is significant on two points. One, it accepts without challenge the medical conclusion that cigarette smoking is a health hazard. Second it outlines the course of the anti-smoke campaign in the year ahead.

Actions either directly called for or broadly hinted at in the report include:

A ban on cigarette advertising.

Strong and meaningful legislation to regulate the tobacco industry, with emphasis on placing warnings on cigarette package labels.

A continuing effort to develop successful stop-smoking clinics.

A strong, nationwide educational program directed at curbing cigarette smoking among youths.

The report is sponsored by the National Interagency Council on Smoking and Health. This group was formed last year to coordinate implementation of the Surgeon General's report.

Four speakers presented different phases of the study. They were Emerson Foote, chairman of the council; Dr. Luther L. Terry, Surgeon General; Sen. Maurine Neuberger (D-Ore.), and Dr. Malcolm H. Merrill, director of public health, State of California.

The tobacco industry emerges as the number one target in the campaign ahead. The report fell short of recommending legislation prohibiting all cigarette advertising. Instead, Mr. Foote called upon the industry to suspend such advertising voluntarily. "We believe," he said, "that most decisive

"We believe," he said, "that most decisive progress toward reducing cigarette consumption cannot be made while cigarette advertising is allowed to flourish unchecked."

Sen. Neuberger strongly criticized the industry in her call for legislation at the Federal level to regulate, if not ban, cigarette advertising. "Congress must not be permitted," she said, "to enact legislation so mild as to be meaningless."

She went on to call for an end to the success of the "tobacco lobby and its congressional friends" in blocking restrictive action.

Dr. Terry presented Public Health Service statistics showing that cigarette smoking in adult males dropped from 59% in 1962 to 52% now.

The Surgeon General interpreted this as meaning that nearly one out of every four adult men has given up cigarettes, and that there are now nearly as many men who do not smoke as there are those who do.

Smoking among women, he reported, has also declined for the first time in history. The drop is an estimated two to three percentage points.

Dr. Terry concluded that the answer is an obvious "yes," to the key question raised after his initial report last year, which was, "would a substantial number of people stop smoking?"

"If smoking habits had continued at the level of three years ago," he said, "there would be about three and one-half million more smokers than there actually are to-day."

Public Health Service statistics disclosed at the meeting showed that seven out of ten persons believe cigarette smoking is enough of a health hazard for action to be taken.

Nine out of ten favor public education on smoking for both adults and children.

The Surgeon General's findings are at sharp variance with figures presented recently by the tobacco industry. These showed an upswing in the sale of cigarettes and would indicate that the public is smoking more now after a drop immediately after the report a year ago.

Dr. Merrill spoke on state programs to educate persons on the hazards of smoking.

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MEDICINE

Cancer Surgery Advised Soon After X-ray

➤ SURGEONS who treat cancer by X-ray before operating are apparently waiting too long to remove the malignancy, the Radiological Society of North America convention in Chicago was told.

Surgery should be within days after the X-ray treatment, Dr. Bernard H. Feder, chief of radiology service, Long Beach Veterans Administration Hospital, Long Beach, Calif., believes. However, some surgeons favor waiting four to six weeks, and others as long as eight weeks before operating.

When radiation therapy is given to stop the growth of the cancer before removal by surgery, the largest tolerable dose of radiation will be most effective, Dr. Feder said.

He based his statement on animal experiments in which 2,000 to 5,000 roentgens were used on transplanted cancers. Phyllis B. Blair and Perry Close, biologists at the hospital, assisted with the research.

Another report encouraged use of external radiation instead of surgery to treat prostate cancer. The patient remains virile in most cases, which is not true when the prostate is surgically removed, and the survival rate is equally as good, the report stated. Drs. Malcolm A. Bagshaw, Henry S. Kaplan and Robert H. Sagerman of Stanford University School of Medicine, Palo Alto, Calif., reported "striking alleviation of local symptoms" in all but nine of 73 prostate cancer patients.

Early discovery of this malignancy apparently gives the victim an excellent chance for cure. The researchers found that when the cancer had been present for less than a year when treatment began, the patient survived longer than when treatment was delayed.

The radiation dose used was 7,000 rads over a period of six weeks, which was provided by a high energy X-ray beam from the Stanford medical linear accelerator.

Some patients whose cancer is too advanced for surgery may now be treated, the investigators said.

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MEDICINE

Lung Cancer Survival Improves with Treatment

➤LUNG CANCER PATIENTS live longer if they have X-ray treatment for six or eight weeks before surgery, experiments at the Maryland University School of Medicine have shown.

The radiation, delivered by a multimillion-volt radioactive cobalt "bomb," kills the cancers, which then can be removed without the risk of seeding the patient's system with cancer particles dislodged during surgery. Twenty-three percent of the patients who

Twenty-three percent of the patients who had been given the combined treatment of radiation and surgery survived one year or longer in contrast to former University records of only 8.4% of all lung cancer patients surviving that length of time.

Lung cancer, attributed largely to cigarette smoking, is by far the commonest and one of the deadliest kinds of cancer among men.

Predictions of the American Cancer Society for 1965 are that 40,000 men and 7,000 women will die of the disease in 1965. Cure rates in various centers range from only 2% to 6%.

A majority of patients are inoperable because the cancer has spread before diagnosis. In the Maryland experiment it made no difference whether or not the patients had been operable or inoperable when first seen. Of those whose cancer had spread to the middle chest, 26% survived one year or longer.

Presently, a total of eight patients have gone three years, and three patients have gone five years without the cancer coming back after treatment.

Drs. Fernando G. Bloedorn, Carlo A. Cuccia, Morris J. Wizenberg, R. Adams Cowley and Eugene J. Linberg reported the research, which is partially supported by the American Cancer Society.

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