AMERICAN CANCER SOCIETY

More Interested In Accumulating Wealth Than Saving Lives

Samuel S. Epstein, M.D.
Emeritus professor Environmental and Occupational Medicine
University of Illinois School of Public Health
and
Chairman, The Cancer Prevention Coalition

ENDORSED BY:

Congressman John Conyers, Jr.
United States Representative (MI-14)
Second-most senior member of the House
Chairman, the House Judiciary Committee

Quentin D. Young, M.D.
Chairman, Health & Medicine Policy Research Group
Illinois Public Health Advocate
Past President, American Public Health Association

TABLE OF CONTENTS

ORGANIZATION	4
HISTORY	5
THE WAR AGAINST CANCER	9
FRANK CONFLICTS OF INTEREST	10
MAMMOGRAPHY	10
NATIONAL BREAST CANCER AWARENESS MONTH	11
PESTICIDES	12
DRUG INDUSTRY	13
PRIVATIZATION	15
HIDDEN CONFLICTS OF INTEREST	18
RECKLESS, IF NOT CRIMINAL, TRACK RECORD ON PREVENTION	19
INTERNATIONAL RELAY FOR LIFE	34
APPENDIX A: ENDORSERS	35
APPENDIX B: PRESS RELEASES AND HUFFINGTON BLOGS	40
APPENDIX C: CORPORATE CRIME REPORTER	82

ORGANIZATION

The American Cancer Society (ACS), Inc. consists of a National Home Office with 13 chartered Divisions throughout the United States and a presence in most communities.

Fact Sheet

"The American Cancer Society, is a nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy, and service. With more than two million volunteers nationwide, the American Cancer Society is one of the oldest and largest voluntary health agencies in the United States."

The National Home Office is responsible for overall planning and coordination of the Society's programs for cancer information delivery, cancer control and prevention, advocacy, resource development, and patient services. The National Office also provides technical support and materials to Divisions and local offices, and administers the intramural and extramural research programs. The National Board of Directors includes representatives for the Divisions and the general public.

The Divisions

The Society's 13 Divisions are governed by Boards of Directors composed of medical and lay volunteers throughout the United States and Puerto Rico. The Divisions are responsible for program delivery service in their regions.

Local Offices

More than 3,400 local offices nationwide are organized to deliver information on cancer prevention and early detection, and patient service programs at the community level.

Volunteers

More than two million volunteers carry out the Society's mission of eliminating cancer and improving quality of life for those facing the disease. These volunteers donate their time and talents to educate the public about early detection and prevention; advocate for responsible cancer legislation in local, state, and federal governments; and serve cancer patients and their families as they manage their cancer experience

HISTORY

The ACS, then known as the American Society for the Control of Cancer (ASCC), was founded in 1913 in New York City by 15 prominent M.D.'s, largely oncologists. It was incorporated in 1922 by a small group of wealthy businessmen.

In 1936, the ASCC created a legion of 15,000 volunteers, "The Women's Field Army," to wage war on cancer and raise money for this purpose. By 1938, the Army had recruited about 150,000 volunteers, and become one of the nation's leading voluntary health organizations.

In 1945, the ASCC was reorganized and renamed the American Cancer Society (ACS). Within one year, $4 million had been raised, $1 million of which was used to establish a cancer research program. Shortly afterwards, the ACS began a "public education campaign," warning of "Cancer's Danger Signals." These included: a sore that does not heal; a change in bowel habits; and faulty lifestyle, such as poor diet. However, there was no consideration whatsoever of any other then well-known avoidable causes of cancer.

In 1971, the ACS aggressively campaigned President Nixon to declare the "War on Cancer," claiming that this could be won, given increased funding for the National Cancer Institute (NCI). President Nixon responded by increasing its funding by $200,000. This was in excess of the funding that it then received as one of 30 other National Institutes of Health. In so doing, President Nixon effectively created an independent status for the NCI.

The ACS and NCI have long continued to devote virtually exclusive priority to research on diagnosis and treatment of cancer, with indifference to prevention, other than faulty personal lifestyle, commonly known as "blame the victim," to the exclusion of a very wide range of then well-documented avoidable causes of cancer. The longstanding exclusionary emphasis of the ACS, and to a lesser extent the NCI, on the "blame the victim" cause of cancer was based on the claims of Sir Richard Doll, a closet industry consultant. The NCI's current budget of about $6 billion until very recently remains largely directed to these very limited objectives. Not surprisingly, the incidence of cancer over past decades has escalated, approximately parallel to its increased funding.

According to James Bennett, a recognized authority on charitable organizations, in 1988 the ACS held a fund balance of over $400 million with about $69 million of holdings in land, building, and equipment. However, the ACS spent only $90 million, 26 percent of its budget, on medical research and programs. The rest covered "operating expenses," including about 60

percent for generous salaries, pensions, executive benefits, and overhead. By 1989, the cash reserves of the ACS were more than $700 million.

In 1991, believing it was contributing to fighting cancer, the public gave nearly $350 million to the ACS. Most of this money came from donations averaging $3,500, besides high-profile fund-raising campaigns, such as the springtime daffodil sale and the May relay races. However, over subsequent decades, an increasing proportion of the ACS budget has come from large corporations, including the pharmaceutical, cancer drug, telecommunications, and entertainment industries.

In 1992, the American Cancer Society Foundation was created to allow the ACS to solicit contributions of more than $100,000. A close look at the heavy-hitters on the Foundation's board made it clear what conflicts of interests were at play, and from where the Foundation expected its big contributions. The Foundation's board of trustees included corporate executives from the pharmaceutical, investment, banking, and media industries. These included:

- David R. Bethune, president of Lederle Laboratories, a multinational pharmaceutical company and a division of American Cyanamid Company. Bethune was also vice president of American Cyanamid, which made chemical fertilizers and herbicides while transforming itself into a full-fledged pharmaceutical company. In 1988, American Cyanamid introduced Novatrone, an anti-cancer drug, and subsequently announced that it would buy a majority of shares of Immunex, a cancer drug industry.
- Gordon Binder, CEO of Amgen, the world's foremost biotechnology company, with over $1 billion in product sales in 1992. Amgen's success rested almost exclusively on one product, Neupogen, administered to chemotherapy patients to stimulate production of their white blood cells.
- Multimillionaire Irwin Beck, whose father, William Henry Beck, founded Beck's Stores, the nation's largest family-owned retail chain, which brought in revenues of $1.7 billion in 1993.
- Diane Disney Miller, daughter of the conservative multi-millionaire Walt Disney, and wife of Ron Miller, former president of the Walt Disney Company from 1980 to 1984.
- George Dessert, famous in media circles for his former role as censor on "family values" during the 1970s and 1980s, as CEO of CBS, and subsequently ACS board chairman.
- Alan Gevertzen, 1992 chairman of Boeing, the world's then number one commercial aircraft maker, with net sales of $30 billion.
- Sumner M. Redstone, chairman of Viacom International Inc., a broadcasting, telecommunications, entertainment, and cable television corporation.

The ACS fund raising was very successful. A million here, a million there, much of it coming from the very industries instrumental in shaping ACS policy, or profiting from it.

A 1992 article in the *Wall Street Journal*, by Thomas DiLorenzo, professor of economics at Loyola College and veteran investigator of nonprofit organizations, revealed that the Texas affiliate of the ACS owned more than $11 million of assets in land and real estate, more than 56 vehicles, including 11 Ford Crown Victorias for senior executives, and 45 other cars assigned to staff members. ACS chapters in Arizona, California, and Missouri spent only 10 percent of their funds on direct community services. Thus for every $1 spent on direct services, approximately $6.40 was spent on compensation and overhead. In all ten states, salaries and fringe benefits were by far the largest single budget items, a surprising fact in light of the characterization of the appeals, which stressed an urgent and critical need for donations to provide cancer services.

In 1993, *The Chronicle of Philanthropy* published a statement that the ACS was "more interested in accumulating wealth than in saving lives." Fund-raising appeals routinely stated that the ACS needed more funds to support its cancer programs, all the while holding more than $750 million in cash and real estate assets.

Nationally, only 16 percent or less of all money raised was spent on direct services to cancer victims, like driving cancer patients from the hospital after chemotherapy and providing pain medication.

Most of the funds raised by the ACS have gone and still go to pay overhead, salaries, fringe benefits, and travel expenses of its national executives in Atlanta. They also go to pay chief executive officers, who earn six-figure salaries in several states, and the hundreds of other employees who work out of some 3,000 regional offices nationwide. The typical ACS affiliate, which helps raise the money for the national office, spent more than 52 percent of its budget on salaries, pensions, fringe benefits and overhead for its own employees. Salaries and overhead of most ACS affiliates also exceeded 50 percent, although most direct community services were handled by unpaid volunteers. DiLorenzo summed up his 1992 findings by emphasizing the ACS hoarding of funds.

> If current needs are not being met because of insufficient funds, as fund-raising appeals suggest, why is so much cash being hoarded? Most contributors believe their donations are being used to fight cancer, not to accumulate financial reserves. More progress in the war against cancer would be made if they would divest some of their real estate holding and use the proceeds-as well as a portion of their cash reserves-to provide more cancer services.

Aside from high salaries and overhead, most of what was left of the ACS budget has gone to research on profitable patented cancer drugs.

As of 1998, the ACS budget was $380 million, with cash reserves approaching $1 billion. Yet its aggressive fund-raising campaign continued, and still continues, to plead poverty and lament the lack of available money for cancer research. Meanwhile, efforts to prevent cancer by phasing out avoidable exposures to environmental and occupational carcinogens remained ignored. The ACS also remained silent about its intricate relationships with the wealthy cancer drug, chemical, and other industries.

A March 30, 1998, Associated Press Release shed unexpected light on questionable ACS expenditures on lobbying. National vice president for federal and state governmental relations Linda Hay Crawford admitted that over the last year, the Society used ten of its own senior employees on direct lobbying. For legal and other help, it hired the lobbying firm of Hogan & Hartson, whose roster included former House Minority Leader Robert H. Michel (R-IL). The lobbying also included $30,000 donations to Democratic and Republican governors' associations. "We wanted to look like players and be players," explained Crawford. This practice, however, had been sharply challenged. An Associated Press release quoted the national Charities Information Bureau as then stating, it "does not know of any other charity that makes contributions to political parties."

Not surprisingly, tax experts warned that these contributions could be illegal, as charities are not allowed to make political donations. Marcus Owens, director of the IRS Exempt Organization Division, also warned that, "The bottom line is campaign contributions will jeopardize a charity's tax exempt status." This warning still remains unheeded.

Marching in lockstep with the NCI in its "war on cancer" is the ACS's "ministry of information." With powerful media control and public relations resources, the ACS was and still remains the tail that wags the dog of NCI's policies and priorities. These reflected a virtually exclusive "blame-the-victim" philosophy, and emphasized faulty lifestyle rather than unknowing and avoidable exposures to workplace, environmental and other carcinogens. Giant corporations, which profited handsomely while they polluted air, water, the workplace, and food with a wide range of carcinogens, remain greatly comforted by the silence of the ACS. This silence reflected a complex of mindsets fixated on diagnosis, treatment, and basic genetic research, together with ignorance, indifference, and even hostility to prevention. These mindsets are also coupled with major conflicts of interest.

Indeed, despite promises to the public to do everything to "wipe out cancer in your lifetime," the ACS has failed to make its voice heard in Congress and the regulatory arena. Instead, the ACS has consistently rejected or ignored opportunities and requests from Congress, regulatory agencies, unions, environmental and consumer organizations to provide scientific evidence critical to efforts to legislate and occupational, environmental, and personal product carcinogens.

THE WAR AGAINST CANCER

The launching of President Nixon's 1971 war against cancer provided the ACS with a well-exploited opportunity to pursue it own myopic and self-interested agenda.

ACS conflicts of interest are extensive and still largely unrecognized by the public. Meanwhile, the ACS continues to ignore a wide range of industrial carcinogens in water, air, food, the workplace, and in mainstream household, cosmetics and personal care products.

ACS strategies remain based on two myths: first that there has been dramatic progress in the treatment and cure of cancer, and second, that any increase in the incidence and mortality of cancer is due to aging of the population and smoking, while denying any significant role for involuntary exposures to industrial and other carcinogens.

As the world's largest nonreligious "charity," with powerful allies in the private and public sectors, ACS policies and priorities remain unchanged. Despite periodic protest, threats of boycotts, and questions on its finances, the ACS leadership responds with powerful public relations campaigns reflecting denial and manipulated information, while pillorying its opponents with scientific McCarthyism.

The verdict is unassailable. The ACS bears a major decades long responsibility for losing the winnable war against cancer. Reforming the ACS is, in principle, relatively easy and directly achievable. Boycott the ACS. Instead, give your charitable contributions to public interest and environmental groups involved in cancer prevention. Such a boycott is well overdue and will send the only message this "charity" can no longer ignore.

FRANK CONFLICTS OF INTEREST

Of the members of the ACS board, about half are clinicians, oncologists, surgeons, radiologists, and basic molecular scientists, mostly with close ties to the NCI. Many board members and their institutional colleagues apply for and obtain funding from both the ACS and the NCI. Substantial NCI funds also go to ACS directors who sit on key NCI committees. Although the ACS asks board members to leave the room when the rest of the board discusses their funding proposals, this is just a token formality. In this private club, easy access to funding is one of the "perks," and the board routinely rubber-stamps approvals. A significant amount of ACS research funding goes to this extended membership. Frank conflicts of interest are evident in many ACS priorities. These include their policies on mammography, the National Breast Cancer Awareness campaign, and the pesticide and cancer drug industries. These conflicts even extend to the privatization of national cancer policy.

1. Mammography

The ACS has close connections to the mammography industry. As detailed in the author's 1998 *The Politics of Cancer Revisited*, five radiologists have served as ACS presidents, and in its every move, the ACS reflects the interests of the major manufacturers of mammogram machines and films. These include Siemens, DuPont, General Electric, Eastman Kodak, and Piker. In fact, if every woman followed ACS and NCI mammography guidelines, the annual revenue to health care facilities would be a staggering $5 billion.

ACS promotion continues to lure women of all ages into mammography centers, leading them to believe that mammography is their best hope against breast cancer. A leading Massachusetts newspaper featured a photograph of two women in their twenties in an ACS advertisement that promised early detection results in a cure "nearly 100 percent of the time." An ACS communications director, questioned by journalist Kate Dempsey, responded in an article published by the Massachusetts Women's Community's journal *Cancer*: "The ad isn't based on a study. When you make an advertisement, you just say what you can to get women in the door. You exaggerate a point. Mammography today is a lucrative [and] highly competitive business."

In addition, the mammography industry conducts research for the ACS and its grantees, serves on advisory boards, and donates considerable funs. DuPont is a substantial backer of the ACS Breast Health Awareness Program; sponsors television shows and other media productions touting mammography; produces advertising, promotional, and educational literature and films for hospitals, clinics, medical organizations, and doctors; and lobbies Congress for legislation promoting availability of mammography services. In virtually all of these important actions, the

ACS remains strongly linked with the mammography industry, while ignoring the development of viable alternatives to mammography, particularly breast self-examination.

The ACS exposes premenopausal women to radiation hazards from mammography with little or no evidence of benefits. The ACS also fails to tell them that their breasts will change so much over time that the "baseline" images have little or no future relevance. This is truly an American Cancer Society crusade. But against whom, or rather, for whom?

2. National Breast Cancer Awareness Month

The highly publicized National Breast Cancer Awareness Month campaign further illustrates these institutionalized conflicts of interest. Every October, ACS and NCI representatives help sponsor promotional events, hold interviews, and stress the need for mammography. The flagship of this month-long series of events is the October 15 National Mammography Day.

Conspicuously absent from the widely promoted National Breast Cancer Awareness Month is any information on environmental and other avoidable causes of breast cancer. This is no accident. Zeneca Pharmaceuticals--a spin-off of Imperial Chemical Industries is one of the world's largest manufacturers of chlorinated and other industrial chemicals, including those incriminated as causes of breast cancer Zeneca has also been the sole multimillion-dollar funder of the National Breast Cancer Awareness Month since its inception in 1984, besides the sole manufacturer of Tamoxifen, the world's top-selling anticancer and breast cancer "prevention" drug, with $400 million in annual sales. Furthermore, Zeneca recently assumed direct management of 11 cancer centers in U.S. hospitals. Zeneca owns a 50 percent stake in these centers known collectively as Salick Health Care.

The link between the ACS, NCI and Zeneca is especially strong when it comes to Tamoxifen. The ACS and NCI continue to aggressively promote the Tamoxifen, which is the cornerstone of its minimal prevention program. On March 7, 1997, the NCI Press Office released a four-page statement "For Response to Inquiries on Breast Cancer." The brief section on prevention reads:

> Researchers are looking for a way to prevent breast cancer in women at high risk...A large study [is underway] to see if the drug Tamoxifen will reduce cancer risk in women age 60 or older and in women 35 to 59 who have a pattern of risk factors for breast cancer. This study is also a model for future studies of cancer prevention. Studies of diet and nutrition could also lead to preventive strategies.

Since Zeneca influences every leaflet, poster, publication, and commercial of the National Breast Cancer Awareness Month, it is no wonder that such information and publications, made no mention of carcinogenic industrial chemicals and their relation to breast cancer. Imperial Chemical Industries, Zeneca's parent company, profits by manufacturing breast cancer-causing chemicals. Zeneca profits from treatment of breast cancer, and hopes to profit still more from the prospects of large-scale national use of Tamoxifen for breast cancer prevention. National Breast Cancer Awareness Month is a masterful public relations coup for Zeneca, providing the company with valuable goodwill, besides money from millions of American women.

3. The Pesticide Industry

Just how inbred is the relation between the ACS and the chemical industry became clear in the Spring of 1993 to Marty Koughan, a public TV producer. Koughan was then about to broadcast a documentary on the dangers of pesticides to children for the Public Broadcasting Service's hour-long show, *Frontline*. Koughan's investigation relied heavily on the June 1993 National Academy of Sciences ground-breaking report, entitled "Pesticides in the Diet of Children." This report declared the nation's food supply "inadequately protected" from cancer-causing pesticides and a significant threat to the health of children.

An earlier report, "Intolerable Risk: Pesticides In Our Children's Food," by the Natural Resources Defense Council in 1989, had also given pesticide manufacturers failing marks. The report was released in high profile testimony to Congress by movie actress Meryl Streep. A mother of young children, Streep explained to a packed House chamber the report's findings, namely, that children were most at risk from cancer-causing pesticides in food as they consume a disproportionate amount of fruits, fruit juices, and vegetables relative to their size. However, shortly before Koughan's program was due to air, a draft of the script was mysteriously leaked to Porter-Novelli, a powerful public relations firm for produce growers and the agrichemical industry. In true Washington fashion, Porter-Novelli played both sides of the fence, representing both government agencies and the industries they regulated. Its 1993 client list included Ciba-Geigy, DuPont, Monsanto, Burroughs Wellcome, American Petroleum Institute, Bristol-Myers-Squibb, Hoffman-LaRoche, Hoechst Celanese, Hoechst Roussel Pharmaceutical, Janssen Pharmaceutical, Johnson & Johnson, the Center for Produce Quality, as well as the U.S. Department of Agriculture, and the NCI, besides other National Institutes of Health.

Porter-Novelli first crafted a rebuttal to help quell public fears about pesticide-contaminated food. Next, Porter-Novelli called up another client, the American Cancer Society, for whom Porter-Novelli had done pro bono work for years. The rebuttal that

Porter-Novelli had just sent off to its industry clients was faxed to ACS Atlanta headquarters. It was then circulated by e-mail on March 22, 1993, virtually verbatim from the memo Porter-Novelli had crafted as a backgrounder for 3,000 regional ACS offices to help field calls from the public after the show aired.

"The program makes unfounded suggestions...that pesticide residue in food may be at hazardous levels," the ACS memo read. "Its use of 'cancer cluster' leukemia case reports and non-specific community illnesses as alleged evidence of pesticide effects in people is unfortunate. We know of no community cancer cases and none in which pesticide use was confirmed as the cause."

This bold, unabashed defense of the pesticide industry, crafted by Porter-Novelli, was then rehashed a third time, this time by the right-wing group, Accuracy in Media (AIM). AIM's newsletter gleefully published quotes from the ACS memo in an article with the banner headline: "Junk Science on PBS." The article opened with "Can we afford the Public Broadcasting Service?", and then went on to disparage Koughan's documentary on pesticides and children. "In Our Children's Food...exemplified what the media have done to produce these 'popular panics' and the enormously costly waste [at PBS] cited by the *New York Times*."

When Koughan saw the AIM article he was initially outraged that the ACS was being used to defend the pesticide industry. "At first, I assumed complete ignorance on the part of the ACS," said Koughan. But after repeatedly trying, without success, to get the national office to rebut the AIM article, Koughan began to see what was really going on. "When I realized that Porter-Novelli represented five agrichemical companies, and that the ACS had been its client for years, it became obvious that the ACS had not been fooled at all," said Koughan. "They were willing partners in the deception, and were in fact doing a favor for a friend--by flaking for the agrichemical industry."

Charles Benbrook, former director of the National Academy of Sciences Board of Agriculture, charged that the role of the ACS as a source of information for the media was "unconscionable." Investigative reporter Sheila Kaplan, in a 1993 *Legal Times* article, went further: "What they did was clearly and unequivocally over the line, and constitutes a major conflict of interest."

4. Cancer Drug Industry

The intimate association between the ACS and the cancer drug industry, with annual sales of over $12 billion, is further illustrated by the unbridled aggression which the ACS has directed at its critics.

Just as Senator Joseph McCarthy had his "black list" of suspected communists and Richard Nixon his environmental activist "enemies list," so too the ACS maintains a "Committee on Unproven Methods of Cancer Management" which periodically "reviews" unorthodox or alternative therapies. This Committee is comprised of "volunteer health care professionals," carefully selected proponents of orthodox, expensive, and usually toxic drugs patented by major pharmaceutical companies, and opponents of alternative or "unproven" therapies which are generally cheap, nonpatentable, and minimally toxic.

Periodically, the Committee updates its statements on "unproven methods," which are then widely disseminated to clinicians, cheerleader science writers, and the public. Once a clinician or oncologist becomes associated with "unproven methods," he or she is blackballed by the cancer establishment. Funding for the accused "quack" becomes inaccessible, followed by systematic harassment.

The highly biased ACS witch-hunts against alternative practitioners is in striking contrast to its extravagant and uncritical endorsement of conventional toxic chemotherapy. This in spite of the absence of any objective evidence of improved survival rates or reduced mortality following chemotherapy for all but some relatively rare cancers.

In response to pressure from People Against Cancer, a grassroots group of cancer patients disillusioned with conventional cancer therapy, in 1986 some 40 members of Congress requested the Office of Technology Assessment (OTA), a Congressional think tank, to evaluate available information on alternative innovative therapies. While initially resistant, OTA eventually published a September 1990 report that identified some 200 promising studies on alternative therapies. OTA concluded that the NCI had "mandated responsibility to pursue this information and facilitate examination of widely used 'unconventional cancer treatments' for therapeutic potential."

Yet the ACS and NCI remained resistant, if not frankly hostile, to OTA's recommendations. In the January 1991 issue of its *Cancer Journal for Clinicians,* the ACS referred to the Hoxsey therapy, a nontoxic combination of herb extracts developed in the 1940s by populist Harry Hoxsey, as a "worthless tonic for cancer." However, a detailed critique of Hoxsey's treatment by Dr. Patricia Spain Ward, a leading contributor to the OTA report, concluded just the opposite: "More recent literature leaves no doubt that Hoxsey's formula does indeed contain many plant substances of marked therapeutic activity."

Nor is this the first time that the Society's charges of quackery have been called into question or discredited. A growing number of other innovative therapies originally

attacked by the ACS have recently found less disfavor and even acceptance. These include hyperthermia, tumor necrosis factor (originally called Coley's toxin), hydrazine sulfate, and Burzynski's antineoplastons. Well over 100 promising alternative nonpatented and nontoxic therapies have been identified. Clearly, such treatments merit clinical testing and evaluation by the NCI using similar statistical techniques and criteria as established for conventional chemotherapy. However, while the FDA has approved approximately 40 patented drugs for cancer treatment, it has still not approved a single nonpatented alternative drug.

Subsequent events have further isolated the ACS in its fixation on "orthodox treatments." Bypassing the ACS and NCI, in June 1992 the National Institutes of Health opened a new Office of Alternative Medicine for the investigation of unconventional treatment of cancer and other diseases. Leading proponents of conventional therapy were invited to participate. The ACS refused. The NCI grudgingly and nominally participated while actively attacking alternative therapy with its widely circulated *Cancer Information Services*. Meanwhile, the NCI's police partner, the FDA, used its enforcement authority against distributors and practitioners of innovative and nontoxic therapies.

In an interesting development, the Washington, D.C. Center for Mind-Body Medicine, held a two-day conference on Comprehensive Cancer Care" Integrating Complementary and Alternative Medicine. According to Dr. James Gordon, president of the Center and chair of the Program Advisory Council of the NIH Office of Alternative Medicine, the object of the conference was to bring together practitioners of mainstream and alternative medicine, together with cancer patients and high-ranking officials of the ACS and NCI. Dr. Gordon warned alternative practitioners that "they're going to need to get more rigorous with their work--to be accepted by the mainstream community." However, no such warning was directed at the highly questionable claims of the NCI and ACS for the efficacy of conventional cancer chemotherapy. As significantly, criticism of the establishment's minimalistic priority for cancer prevention was effectively discouraged.

Privatization of National Cancer Policy

In February 2002, Senator Dianne Feinstein introduced the National Cancer Act of 2002. Co-sponsored by 30 bipartisan Senators, including Majority Leader Tom Daschle and Hilary Clinton, the Bill was a radically different version of President Nixon's 1971 Act that launched the National Cancer Program. The Bill added $1.4 billion to the $4.6 billion 2003 budget authorized by President Bush, extra funds coming from the new Federal cigarette tax increase, and a further 50% annual increase to 2007, reaching a grand total of $14 billion. Feinstein said her goal was to "form our new battle plan to fight cancer." The legislation was referred to the Committee on Health, Education, Labor, and Pensions, then chaired by Senator Judd Gregg.

This Bill established a national network of 20 "translation" centers to combine basic and clinical research, and to commercialize promising findings. It also mandated insurance coverage for cancer screening, smoking cessation, genetic testing, and quality care standards, while making no reference to prevention.

Regrettably, this well-intentioned Bill surrendered the National Cancer Program to special interests. The legislation was strongly criticized by survivor coalitions, headed by the Cancer Leadership Council, and the American Society for Clinical Oncology. Of major concern, the Bill displaced control of cancer policy from the public to the private sector, the federal NCI to the "nonprofit" ACS, raising concerns on conflicts of interest and special interests. Dr. John Durant, Executive President of the American Society of Clinical Oncology (ASCO), awarded the Society's 2002 Presidential U.S. Cancer Fighter of the Year, charged: "It has always seemed to me that this was an issue of control by the ACS over the cancer agenda. They are protecting their own fundraising capacity . . ." from competition by survivor groups. Not surprisingly, the authoritative U.S. charity watchdog, *The Chronicle of Philanthropy*, warned against the transfer of money from the public purse to private hands. **The ACS is more interested in accumulating wealth than saving lives.**

These conflicts of interest extended to the personal. The Legislative Committee co-chair, DeVita, was Board Chairman of CancerSource.com, a website promoting the ACS *Consumers' Guide to Cancer Drugs*. As disturbing, DeVita, and Dr. John Mendelsohn, Director of the NCI's M.D. Anderson Comprehensive Cancer Center, were consultants and board members of the publicly traded cancer drug company, ImClone Systems, Inc. Mendelsohn was also a board member of Enron, besides serving on its Audit Committee; Enron was a generous and long-term supporter of the M.D. Anderson. In May 2001 television and radio interviews, DeVita expressed enthusiasm on cancer drugs that targeted "EGF" receptors. However, he failed to disclose his annual $100,000 consulting fees from ImClone which was then actively seeking FDA approval of its targeted cancer drug Erbitux. DeVita also insisted, contrary to NCI's own data, that the overall incidence of cancer had been decreasing at a steep rate every year since 1990. In May 2002, Dr. Samuel Waksal resigned as president and CEO of ImClone. One month later, he was arrested on charges of criminal conspiracy, securities fraud and perjury, and civil damages for insider trading, and was subsequently indicted on charges of insider trading, bank fraud, forging a signature and obstructing a federal investigation.

In the September/October 2002 issue of *The Cancer Journal*, an article by its co-editor DeVita, "A Perspective on the War on Cancer" was prefaced by the following disclaimer: "No benefits in any form have been or will be received from a commercial party related directly or indirectly to the subject of this article." However, as pointed out in a November 15, 2002 letter (by the author) to the Journal's other co-editors, Drs. Samuel Hellman and Steven Rosenberg, this disclaimer was inconsistent with DeVita's conflicts of interest relating to the CancerSource.com web site, and his ImClone consulting fees. The editors of the Journal

responded that it “takes matters of conflict of interest and disclosure very seriously,” but nevertheless declined to publish the letter.

ACS has interlocking interests with the pharmaceutical, cancer drug, mammography film and machine, and biotechnology industries. This is reflected by generous ACS allocations for research on highly profitable patented cancer drugs, and aggressive promotion of premenopausal mammography. In striking contrast, less than 0.1% of revenues in 1998 were allocated to environmental, occupational and other avoidable causes of cancer. More seriously, ACS policies on primary cancer prevention extend from a decades-long track record of indifference, or even hostility, compounded by pro-industry bias, even to the tobacco industry. Shandwick International, representing R.J. Reynolds, and Edelman Worldwide, representing Brown & Williamson Tobacco Company, have been major PR firms for the ACS; Shandwick assisted the NDC in drafting the new National Cancer Act, while Edelman conducted the ACS voter education campaign for the 2000 Presidential elections. ACS promptly discontinued these relations, protesting “front end due diligence,” once the damaging information became public.

The highly politicized and non-transparent agenda of the ACS is troubling. This is further exemplified by expenditures on lobbying, including donations to Democratic and Republican Governors' associations: "We wanted to look like players and be players," an ACS representative admitted. Tax experts have warned that these contributions may be illegal as charities are not allowed to make political donations. Marcus Owen, Director of the IRS Exempt Organization Division, also warned, "The bottom line is campaign contributions will jeopardize a charity's exempt status."

It should be emphasized that the ACS has long exercised dominant influence over NCI policy, and remains “the tail that wags the NCI dog.” This influence was consolidated by the February 2002 appointment of Dr. Andrew Von Eschenbach as NCI Director; prior to his appointment, Eschenbach was Vice-President of the M.D. Anderson Cancer Center and President-elect of the ACS. Furthermore, as a condition of his appointment, Eschenbach obtained agreement that he continue as NDC’s leader. Thus, irrespective of the Feinstein initiative, to all intents and purposes, the National Cancer Program has since become privatized.

HIDDEN CONFLICTS OF INTEREST

Public Relations

•1998-2000: PR for the ACS was handled by Shandwick International, whose major clients included R.J. Reynolds Tobacco Holdings.
•2000-2002: PR for the ACS was handled by Edelman Public Relations, whose major clients included Brown & Williamson Tobacco Company, and the Altria Group, the parent company of Philip Morris, Kraft, and fast food and soft drink beverage companies.

Industry Funding

ACS has received contributions in excess of $100,000 from a wide range of "Excalibur Donors." Some of these companies were responsible for environmental pollution with carcinogens, while others manufactured and sold products containing toxic and carcinogenic ingredients. These include:

•Petrochemical companies (DuPont; BP; and Pennzoil)
•Industrial waste companies (BFI Waste Systems)
•Big Pharma (AstraZeneca; Bristol Myers Squibb; GlaxoSmithKline; Merck & Company; and Novartis)
•Auto companies (Nissan; and General Motors)

•Cosmetic companies (Christian Dior; Avon; Revlon; and Elizabeth Arden)
•Junk food companies (Wendy's International; McDonalds's; Unilever/Best Foods; and Coca-Cola)

•Biotech companies (Amgen; and Genentech)

Nevertheless, as reported in the December 8, 2009 *New York Times*, the ACS claims that it "holds itself to the highest standards of transparency and public accountability."

RECKLESS, IF NOT CRIMINAL, TRACK RECORD ON CANCER PREVENTION*

1971 When studies unequivocally proved that diethylstilbestrol (DES) caused vaginal cancers in teenage daughters of women administered the drug during pregnancy, the ACS refused an invitation to testify at Congressional hearings to require the U.S. Food and Drug Administration (FDA) to ban its use as an animal feed additive. It gave no reason for its refusal. Not surprisingly, U.S. meat is banned by other nations worldwide.

1977 The ACS opposed regulations proposed for hair coloring products that contained dyes known to cause breast and liver cancer in rodents. In so doing, the ACS ignored virtually every tenet of responsible public health as these chemicals were clear-cut liver and breast carcinogens.

The ACS also called for a Congressional moratorium on the FDA's proposed ban on saccharin and even advocated its use by nursing mothers and babies in "moderation" despite clear-cut evidence of its carcinogenicity in rodents. This reflects the consistent rejection by the ACS of the importance of animal evidence as predictive of human cancer risk.

1978 Tony Mazzocchi, then senior representative of the Oil, Chemical, and Atomic Workers International Union, stated at a Washington, D.C., roundtable between public interest groups and

high-ranking ACS officials: "Occupational safety standards have received no support from the ACS." Congressman Paul Rogers also censured the ACS for doing "too little, too late" in failing to support the Clean Air Act.

1982 The ACS adopted a highly restrictive cancer policy that insisted on unequivocal human evidence of carcinogenicity before taking any position on public health hazards. Accordingly, the ACS still trivializes or rejects evidence of carcinogenicity in experimental animals, and has actively campaigned against laws (the 1958 Delaney Law, for instance) that ban deliberate addition to food of any amount of any additive shown to cause cancer in either animals or humans. The ACS still persists in an anti-Delaney policy, in spite of the overwhelming support for this Law by the independent scientific community.

1983 The ACS refused to join a coalition of the March of Dimes, American Heart Association, and the American Lung Association to support the Clear Air Act.

---

* Based in part on "THE STOP CANCER BEFORE IT STARTS CAMPAIGN: How To Win The Losing War Against Cancer." Cancer Prevention Coalition Report, 2003. This report was sponsored by 8 leading cancer prevention experts, and endorsed by over 100 activists and citizen groups, and is based in part on a prior publication in the International Journal of Health Services (see Appendix A).

1984 The ACS created the October National Breast Cancer Awareness Month, funded and promoted by Zeneca, an offshoot of the U.K. Imperial Chemical Industry, a major manufacturer of petrochemical products. The ACS leads women to believe that mammography is their best hope against breast cancer. A recent ACS advertisement promised that "early detection results in a cure nearly 100% of the time." Responding to questions from a journalist, an ACS communications director admitted: "The ad is based on a study. When you make an advertisement, you just say what you can to get women in the door. You exaggerate a point.

Mammography today is a lucrative [and] highly competitive business." Even more seriously, the Awareness Month publications and advertisements studiously avoid any reference to the wealth of information on avoidable causes and prevention of breast cancer.

1989 Launched in 1989 by the Cosmetic, Toiletry, and Fragrance Association (CTFA) and the National Cosmetology Association, the Look Good . . . Feel Better Program was "dedicated to teaching women cancer patients beauty techniques to help restore their appearance and self-image during cancer treatment."

Just what could be more noble? Or so it might just seem. The October 2005 Look Good Program was supported by 22 CTFA-member cosmetic companies, including multibillion-dollar household name global giants. Each year, member companies "donate over one million individual cosmetic and personal care products, valued at $10 million, and raise more than $2 million." The Program was administered nationwide by the ACS, "which managed volunteer training, and served as the primary source of information to the public."

There is no doubt that the products donated by the cosmetic companies, such as eye and cheek colors, lipsticks, moisture lotions, pressed powders and other makeup, are restorative. However, there is also no doubt that the ACS and the companies involved were oblivious to or strangely silent on the dangers of the Look Good products, whose ingredients were readily absorbed through the skin.

A review of 12 Look Good products, marketed by six companies, revealed that 10 contained toxic ingredients. These pose risks of cancer, and also hormonal (endocrine disruptive) effects.

Evidence for the cancer risks is based on standard tests in rodents, and on human (epidemiological) studies. Evidence for the hormonal risks is based on test-tube tests with breast cancer cells, or by stimulating premature sexual development in infant rodents. Unbelievably, the

ACS explicitly warns women undergoing cancer chemotherapy --- "Don't use hormonal creams."

Take for example Estee Lauder's LightSource Transforming Moisture Lotion, Chanel's Sheer Lipstick, and Merle Norman Eye Color. These products contain ingredients which are carcinogenic, contaminated with carcinogens, or precursors of carcinogens. The products also contain hormonal ingredients, known as parabens, one of which has been identified in breast cancer tissue, and incriminated as a probable cause of breast cancer.

The ACS silence with regard to the risks of the Look Good products extends more widely to cosmetics and personal care products used by women, personal care products used by men, and baby lotions and shampoos. This silence is also consistent with the imbalanced objectives of the ACS highly publicized annual "Breast Cancer Awareness Month." While dedicated to the early detection of breast cancer, this event is silent on a wide range of its avoidable causes, besides the escalating incidence of post-menopausal breast cancer, by nearly 40%, over the last three decades.

Of likely relevance to the ACS silence is its interlocking interests with the cosmetic, besides other industries. The major Look Good companies were among some 350 ACS "Excalibur Donors," each donating a minimum of $10,000 annually. Other donors include petrochemical, power plant, and hazardous waste industries, whose environmental pollutants have been incriminated as causes of breast, besides other, cancers.

The ACS silence was also recklessly shared by the National Cancer Institute (NCI), which is required by the 1971 National Cancer Act to provide the public with information on avoidable causes of cancer. However, in spite of approximately $50 billion of taxpayers funding since 1971, the NCI has joined with the ACS in denying the public's right to know of avoidable causes of cancer from industrial chemicals, radiation, and common prescription drugs. Both the NCI and ACS are locked at the hip in policies fixated on damage control-screening, diagnosis, treatment and treatment-related research, with indifference to cancer prevention due to avoidable exposures to chemical carcinogens in cosmetics, other consumer products, air and water.

Equally asleep at the wheel remained the Food and Drug Administration in spite of its regulatory authority. The 1938 Federal Food, Drug and Cosmetic Act explicitly requires that "The label of cosmetic products shall bear a warning statement . . . to prevent a health hazard that may be associated with a product."

1992 The ACS issued a joint statement with the Chlorine Institute in support of the continued global use of organochlorine pesticides, despite clear evidence that some were known to cause breast cancer. In this statement, ACS vice president Clark Heath, M.D., dismissed evidence of any risk as "preliminary and mostly based on weak and indirect association." Heath then went on to explain away the blame for increasing breast cancer rates as due to better detection:

"Speculation that such exposures account for observed geographic differences in breast cancer occurrence should be received with caution; more likely, much of the recent rise in incidence in the United States...reflects increased utilization of mammography over the past decade."

In conjunction with the NCI, the ACS aggressively launched a "chemoprevention" program aimed at recruiting 16,000 healthy women at supposedly "high risk" of breast cancer into a 5-year clinical trial with a highly profitable drug called Tamoxifen. This drug is manufactured by one of the world's most powerful cancer drug industries, Zeneca, an offshoot of the Imperial Chemical Industries. The women were told that the drug was essentially harmless, and that it could reduce their risk of breast cancer. What the women were not told was that Tamoxifen had already been shown to be a highly potent liver carcinogen in rodent tests, and was also well-known to induce uterine cancer in women.

1993 Just before PBS *Frontline* aired the special entitled, "In Our Children's Food," the ACS came out in support of the pesticide industry. In a damage-control memorandum sent to some 48 regional divisions and their 3,000 local offices, the ACS trivialized pesticides as a cause of childhood cancer. The ACS also reassured the public that carcinogenic pesticide residues in food are safe, even for babies. When the media and concerned citizens called local ACS chapters, they received reassurances crafted by Porter-Novelli, a powerful PR firm for the agribusiness industry, and then rehashed and sent to another client, the ACS:

> “The primary health hazards of pesticides are from direct contact with the chemicals at potentially high doses, for example, farm workers who apply the chemicals and work in the fields after the pesticides have been applied, and people living near aerially sprayed fields. . . . The American Cancer Society believes that the benefits of a balanced diet rich in fruits and vegetables far outweigh the largely theoretical risks posed by occasional, very low pesticide residue levels in foods.”

In support of this ACS-agribusiness initiative, these reassurances were then rehashed for a third time by the right-wing group, Accuracy in Media (AIM), which published quotes from the ACS memorandum in an article with the banner headline: "Junk Science on PBS," with a opening, "Can we afford the Public Broadcasting Services?"

Based on these and other, longstanding concerns, *The Chronicle of Philanthropy*, the nation's leading charity watchdog, published a statement that "**The ACS is more interested in accumulating wealth than saving lives.**"

1994 The ACS published a study designed to reassure women on the safety of dark permanent hair dyes and trivialize risks of fatal and non-fatal cancers, as documented in over six prior reports. However, the ACS study was based on a group of some 1,100 women with an initial age of 56 who were followed for seven years only. The ACS concluded that "women

using permanent hair dyes are not generally at increased risk of fatal cancer." However, risks of cancer in women over 63 are up to 20 times higher for non-Hodgkin's lymphoma and multiple myeloma, 34 times for bladder cancer, and 8 times for breast cancer. As designed, the ACS study would have missed the great majority of these cancers, and excluded dark hair dyes as important risks of avoidable cancers.

The ACS abysmal track record on prevention has been and remains the subject of periodic protests by leading independent scientists and public interest groups. A well-publicized example was a New York City, January 23, 1994, press conference, sponsored by the author and the Center for Science in the Public Interest. Their press release stated: "A group of 24 scientists charged that the ACS was doing little to protect the public from cancer-causing chemicals in the environment and workplace. The scientists urged ACS to revamp its policies and to emphasize prevention in its lobbying and educational campaigns." The scientists--including--Harvard University Nobel laureates Matthew Meselson and George Wald; former Occupational Safety and Health director Eula Bingham; Samuel Epstein, author of The Politics of Cancer; and Anthony Robbins, past president of the American Public Health Association--criticized the ACS for insisting on unequivocal human evidence that an exposure or chemical is carcinogenic before it would recommend its regulation.

This public criticism by a broad representation of highly credible scientists reflected the well-established conviction that a substantial proportion of cancer deaths are caused by exposure to chemical carcinogens in the air, water, food supply, and workplace, all of which could be prevented by legislative and regulatory action. Calling the ACS guidelines an "unrealistically high-action threshold," a letter from the January 1994 scientists to ACS executive vice president Lane Adams stated that "we would like to express our hope that ACS will take strong public positions and become a more active force to protect the public and the work force from exposure to carcinogens."

However, ACS's policies remain retrogressive and contrary to authoritative and scientific tenets established by international and national scientific committees, and also in conflict with long-established policies of federal regulatory agencies. Speakers at the 1994 press conference also warned that unless the ACS became more supportive of cancer prevention, it would face the risk of an economic boycott. Reacting promptly, the ACS issued a statement claiming that cancer prevention would then become a major priority. However, ACS policies have remained unchanged.

1996 The ACS together with a diverse group of patient and physician organizations filed a "citizen's petition" to pressure the FDA to ease restrictions on access to silicone gel breast implants. What the ACS did not disclose was that the gel in these implants had clearly been shown to induce cancer in several rodent studies, and also that these implants were contaminated with other potent carcinogens such as ethylene oxide and crystalline silica.

1998 In *Cancer Facts & Figures-1998*, the annual ACS publication designed to provide the public and medical profession with "Basic Facts" on cancer, there is little or no mention of prevention. Examples include: dusting the genital area with talc as a known cause of ovarian cancer; no mention of parental exposure to occupational carcinogens as a major cause of childhood cancer; prolonged use of oral contraceptives and hormone replacement therapy as major causes of breast cancer. For breast cancer, ACS stated: "Since women may not be able to alter their personal risk factors, the best opportunity for reducing mortality is through early detection." In other words, breast cancer is not preventable in spite of clear evidence that its incidence had escalated over recent decades, and in spite of an overwhelming literature on its avoidable causes. In the section on "Nutrition and Diet," no mention is made of the heavy contamination of animal and dairy fats, and produce with a wide range of carcinogenic pesticide residues, and on the need to switch to safer organic foods.

The ACS allocated $330,000, under 0.1% of its $678 million revenues, to research on Environmental Carcinogenesis, while claiming allocations of $2.6 million, 0.4% of its revenues. Furthermore, in its annual publication, Cancer Facts & Figures, designed to provide the public and medical profession with "basic facts" on cancer, other than information on incidence, mortality and treatment, there was little or no mention of primary prevention. For breast cancer, ACS stated: "Since women may not be able to alter their personal risk factors, the best opportunity for reducing mortality is through early detection."

1999 The ACS denied any risks of cancer from drinking genetically-engineered (rBGH) milk. Its position has remained unchanged in spite of strong scientific evidence relating rBGH milk to major risks of breast, prostate, and colon cancers, as detailed in my 2006 "What's In Your Milk?" book (Trafford Publishing, 2006).

CANCER	AUTHOR	EXCESS RISKS
BREAST	Bruning et al, 1995	7.3
	Hankinson et al, 1998	7.3
	Del Giudice et al, 1998	2.1
PROSTATE	Signorello et al, 1999	5.1
	Chan et al, 1998	4.3
	Mantzoros et al, 1997	1.9
	Wolk et al, 1995	1.4
COLON	Pollak et al, 1999	5.0
	Manousos et al, 1999	2.7
	Ma et al, 1999	2.5
	Giovanucci et al, 1999	2.2

Evidence for these risks is also summarized in my May 11, 2007 and January 12, 2010 Citizen Petitions to the Food and Drug Administration. These requested the FDA Commissioner "to label milk and other dairy products produced with the use of Posilac with a cancer risk warning. Both petitions were endorsed by leading national experts, and supported by over 60 scientific references. However, the FDA has still remained recklessly unresponsive.

2000 The January *Cancer Letter*, commented on the, behind the scenes, ACS creation of a Legislative Committee to gain major control of national cancer policy. Dr. John Durant, former executive President of the American Society of Clinical Oncologists, charged: "It has always seemed to me that was an issue of control by the ACS over the cancer agenda. They are protecting their own fundraising capacity..." from competition by survivor groups.

Also, the *Cancer Letter*, revealed that ACS public relations had close ties to the tobacco industry. Shandwick International, representing R.J. Reynolds Tobacco Holdings, and subsequently by Edelman Public Relations, representing Brown & Williamson Tobacco Company, had been major public relations firms for the ACS in its attempts to rewrite the 1971 National Cancer Act, and in conducting voter education programs in the past presidential campaign.

2002 In the *ACS Cancer Facts and Figures 2002*, the Community Cancer Control Section includes a "Look Good...Feel Better" program to teach women cancer patients beauty techniques to help restore their appearance and self-image during chemotherapy and radiation treatment." This program was partnered by the National Cosmetology Association and The Cosmetic, Toiletry and Fragrance Association Foundation, which failed to disclose the wide range of carcinogenic ingredients in toiletries and cosmetics. These trade organizations have also failed to disclose evidence of excess risks of breast and other cancers following long-term use of black or dark brown permanent and semi-permanent hair dyes. The ACS also failed to inform women of these avoidable risks.

The Environmental Cancer Risk Section of the *ACS Facts and Figures Report* also reassured that carcinogenic exposures from dietary pesticides, "toxic wastes in dump sites," ionizing radiation from "closely controlled" nuclear power plants, and non-ionizing radiation, are all "at such low levels that risks are negligible."

2005 The ACS indifference to cancer prevention other than smoking, remained unchanged, despite the escalating incidence of cancer, and its $1 billion budget. Some of the more startling realities in the failure to prevent cancers are illustrated by their soaring increases from 1975 to 2005, based on NCI epidemiological data.

2007 The ACS indifference to cancer prevention, has remained unchanged despite evidence on the escalating incidence of a wide range of cancers for over three decades.

Incidence Rates For Major Cancers, 1975 - 2007

CANCERS	% Increase
Childhood (ages 0-19)	30
Non-Hodgkin's, Lymphoma	82
Acute Lymphocytic Leukemia:	67
Female Breast: Post-menopausal	23
Testes	60
Thyroid	145
Melanoma	163
Kidney & Renal Pelvis	107
Lung	
Overall	13
Male	-22
Female	110
All Sites	15

Some of the more startling realities in the failure of the ACS to recognize and warn of the escalating incidence of a wide range of avoidable cancers, as documented in the National Toxicology Program (NTP) and International Agency for Research on Cancer (IARC) reports, is illustrated by their soaring incidence from 1975. These include:

- Childhood cancer. This increased by 30 percent, due to ionizing radiation; domestic pesticides; nitrite preservatives in meats, particularly hot dogs; and parental exposures to occupational carcinogens;
- Non-Hodgkin's lymphoma. This increased by 82 percent, due mostly to phenoxy herbicides; and phenylenediamine hair dyes;
- Post-menopausal breast cancer. This increased by 23 percent, due to a wide range of known causes. These include birth control pills; estrogen replacement therapy; toxic hormonal ingredients in cosmetics and personal care products; diagnostic radiation; and routine premenopausal mammography, with a cumulative breast dose exposure of up to about five rads over ten years.
- Testes cancer. This increased by 60 percent, due to pesticides; hormonal ingredients in cosmetics and personal care products; and estrogen residues in meat;
- Malignant melanoma in adults. This increased by 163 percent, due to the use of sunscreens in childhood that fail to block long wave ultraviolet light;

2009 The ACS 2009 budget was about $1 billion, of which 17% was allotted to prevention, predominantly smoking cessation, and 28% to support services and salaries. The top three executive salaries listed ranged from $670,000 to $1.2 million.

In a 2009 publication by Dr. Elizabeth Fontham "American Cancer Society Perspectives on Environmental Factors and Cancer," she claimed that: "Cancer prevention is central to the ACS and are primarily focused on modifiable risk factors that have been demonstrated to have the largest impact on cancer risk in the general population, with particular emphasis on tobacco, and well-proven policy and program interventions. The ACS addresses nutrition, physical inactivity and obesity, alcohol consumption, excessive sun exposure, prevention of certain chronic infections, and selected other environmental factors through a variety of venues." Dr. Fontham also reiterated longstanding ACS claims that "the estimated percentage of cancers related to occupational and environmental carcinogens is small compared to the cancer burden from tobacco smoking (30%) and the combination of nutrition, physical activity, and obesity (35%)."

2010 On May 6, 2010, the President's Cancer Panel released an approximately 200 page report, "REDUCING ENVIRONMENTAL CANCER: What We Can Do Now."

Meticulously documented and with comprehensive scientific references, the Cancer Panel report warned: "Though overall cancer incidence and mortality have continued to decline in recent years, the disease continues to devastate the lives of far too many Americans. In 2009 alone, approximately 1.5 million American men, women, and children were diagnosed with cancer, and 562,000 died from the disease. With the growing body of evidence linking

environmental exposures to cancer, the public is becoming increasingly aware of the unacceptable burden of cancer resulting from environmental and occupational exposures that could have been prevented through appropriate national action. The Administration's commitment to the cancer community and recent focus on critically needed reform of the Toxic Substances Control Act is praiseworthy. However, our Nation still has much work ahead to identify the many existing but unrecognized environmental carcinogens and eliminate those that are known from our workplaces, schools, and homes."

"The [President's] Panel was particularly concerned to find that the true burden of environmentally induced cancer has been grossly underestimated. With nearly 80,000 chemicals on the market in the United States, many of which are used by millions of Americans in their daily lives and are un- or understudied and largely unregulated, exposure to potential environmental carcinogens is widespread." The Panel concluded that cancer caused by environmental exposure has been "grossly underestimated." The Panel also listed a wide range of cancers, such as breast, kidney, leukemia, liver, and non-Hodgkin's lymphoma for which well-documented causes are detailed.

Appendix F of the Panel is a masterly and comprehensive summary of known "strong" and "suspected" carcinogens, their "sources/uses," and their "strong" or "suspected" links to specified cancers. This Appendix is an update of a publication by Dr. Richard Clapp, an internationally recognized expert on avoidable causes of cancer, in the prestigious 2008 *Reviews of Environmental Health*.

The President's Report was promptly endorsed by a wide range of leading scientific and public policy experts. The Report also lent strong support to Senator Frank Lautenberg's Safe Chemicals Act of 2010 intended to ensure the safety of all chemicals used in commerce.

In July 2010, just two months following its rejection of the President's Report, the ACS released a publication by Dr. Elizabeth Ward, ACS vice president of Epidemiology and Surveillance Research, titled "Research Recommendations for Selected High-Priority IARC (International Agency for Research on Cancer) Carcinogens." This focused on "20 Agents - - prioritized for review in occupational populations." Trying to play both sides, Dr. Ward conceded that "there is more of a hint that in most cases (these carcinogens) might be involved with cancer." Nevertheless, she dismissively claimed that "the studies that could make a definitive link are missing and need more study." She also claimed that while there is significant concern about substances or exposures in the environment that may cause cancer, there are some agents and exposure circumstances where evidence of carcinogenicity is substantial, but not yet conclusive.

Dr. Ward's qualified publication hardly is surprising. Only 2 months previously, the ACS had explicitly dismissed scientific evidence on the carcinogens previously identified in Appendix

F of the President's Cancer Panel Report. However, this evidence had been fully documented in 2004 by the Department of Health and Human Services National Toxicology Program (NTP), besides confirmed by other U.S. federal agencies, besides the International Agency for Research on Cancer (IARC).

The President's Cancer Panel Report was also promptly criticized by Dr. Michael Thun, ACS vice president emeritus, in his 2010 publication, "The Global Burden of Cancer: Priorities for Prevention." "Unfortunately, the perspective of the report is unbalanced by its implication that pollution is the major cause of cancer, and by its dismissal of cancer prevention efforts aimed at the major known causes of cancer (tobacco, obesity, alcohol, infections, hormones, sunlight) as focused narrowly." These exclusionary and self-interested claims had also been expressed by Dr. Elizabeth Fontham, ACS Vice President Epidemiology Research, in her 2009 publication, "American Cancer Society Perspectives on Environmental Factors and Cancer."

The ACS further complained that it would be unfortunate if people came away with the message that the chemicals in the environment are the most important cause of cancer at the expense of those lifestyle factors, like tobacco, physical activity, nutrition, and obesity, that have by far the most potential in reducing cancer deaths.

"Elements of this report are entirely consistent with the recently published "American Cancer Society Perspective on Environmental Factors and Cancer" which, like the current report, identifies several areas of particular concern."

These concerns "include the accumulation of certain chemicals in humans and in the food chain, especially those that mimic naturally occurring hormones or other processes in the body; the potentially greater susceptibility of children and other subgroups; the large number of industrial chemicals that have not been adequately tested for toxicity and carcinogenicity; potential cancer risks from widely used medical imaging procedures that involve ionizing radiation; potential biological effects of chemicals at low doses; and the potential effects of combinations of exposures."

"In fact, the precise proportion of cancers related to environmental exposure has been debated for nearly 30 years. And while there is no doubt exposure to chemicals has some bearing on cancer risk, the level of risk is certainly far below other identified cancer risks, like tobacco, nutrition, physical activity, and obesity."

"There is no doubt that environmental pollution is critically important to the health of humans and the planet. However, it would be unfortunate if the effects of this report were to trivialize the importance of other modifiable risk factors that offer the greatest opportunity in preventing cancer."

"The [President's Cancer Panel] report is most provocative when it restates hypotheses as if they were established fact. For example, its conclusion that the true burden of environmentally (i.e. pollution) induced cancer has been grossly underestimated does not represent scientific consensus. Rather, it reflects one side of a scientific debate that has continued for almost 30 years."

Of inescapable and incriminatory concern, the ACS admission on the predominant role on these avoidable causes of cancer is decades overdue. The ACS cannot escape unarguable, if not criminal, responsibility for the countless avoidable non-smoking related cancers and deaths.

From its inception in 1922 until now, the public has been and continues to be misled by the ACS, and most recently by Drs. Thun and Ward, with their exclusionary emphasis on personal responsibility and faulty lifestyle as the predominant cause of cancer. However, this reckless misrepresentation contrasts bizarrely with their two scientific publications in 2009, and one in June this year, incriminating a wide range of avoidable environmental causes of cancer, and priorities for its prevention. However, the public still remains uninformed of these belated and damaging admissions, responsible for countless cancers and deaths over the last nine decades.

Criticism By The Society Of Toxicology

The August 6, 2010 *CANCER LETTER* published a letter from the Society of Toxicology, which traditionally has faithfully endorsed ACS policies, criticizing the May 6 President's Cancer Panel Report.

"The Society of Toxicology applauds this effort to raise awareness of environmental causes of cancer, and supports the need to understand the role that environmental factors play in this disease.

"The Panel's report has been received with mixed reviews from some medical and scientific experts as well as several organizations and advocacy groups. For example, while experts generally believe that the increasing number of known or suspected environmental carcinogens warrants further study and action to reduce or eliminate these exposures, some are concerned that the report overstates the risk of environmentally-induced cancer and gives too little attention to the major known causes of cancer, including tobacco, obesity, sunlight, and alcohol.

"A second criticism is that the report recommends a precautionary approach. The SOT is firmly committed to disease prevention as noted by one of the Society's strategic objectives, "Increase the impact of toxicology on human health and disease prevention." However, THE SOT claims that at the heart of toxicological research is the premise that "the dose makes the

poison." So we believe that current regulatory decisions should be based on well-informed safety assessments that emphasize appropriate dose-response data." In this connection, the SOT is on record as fighting against the 1958 Delaney Amendment to the 1938 Federal Food Drug and Cosmetic Act. This requires an automatic ban on food additives causing cancer in experimental animals or men. In a similar class, the American Conference of Governmental Industrial Hygienists has generated so called safe exposure levels or "threshold limit values," exposure levels for carcinogens.

ACS "CANCER FACTS & FIGURES" 2010 ANNUAL REPORT

Can Cancer Be Prevented?

"All cancers caused by cigarette smoking and heavy use of alcohol could be prevented completely. The American Cancer Society estimates that in 2010, 171,000 cancer deaths are expected to be caused by tobacco use. Scientific evidence suggests that about one-third of the 569,490 cancer deaths expected to occur in 2010 will be related to overweight or obesity, physical inactivity, and poor nutrition and thus could also be prevented. Certain cancers are related to infectious agents, such as hepatitis B virus (HBV), human papilloma virus (HPV), human immunodeficiency virus (HIV), Helicobacter pylori (H. pylori), and others, and could be prevented through behavioral changes, vaccines, or antibiotics. In addition, many of the more than 1 million skin cancers that are expected to be diagnosed in 2010 could be prevented by protection from the sun's rays and avoiding indoor tanning.

"Regular screening examinations by a health care professional can result in the detection and removal of precancerous growths, as well as the diagnosis of cancers at an early stage, when they are most treatable. Cancers that can be prevented by removal of precancerous tissue include cancers of the cervix, colon, and rectum. Cancers that can be diagnosed early through screening include cancers of the breast, colon, rectum, cervix, prostate, oral cavity, and skin. For cancers of breast, colon, rectum, and cervix, early detection has been proven to reduce mortality. A heightened awareness of breast changes or skin changes may also result in detection of these tumors at earlier stages. Cancers that can be prevented or detected earlier by screening account for at least half of all new cancer cases."

Strikingly, this 2010 Report, like its five annual predecessors, avoids any reference to 11 carcinogens identified in the 2004 National Toxicology Program (NTP) Report, besides 9 of the same also identified in the 2010 President's Cancer Panel (PCP) Report. More substantively, this Report raises serious concerns as to whether the ACS remains fixated on its decades old insistence on "blame the victim" responsibility for avoidable causes of cancer.

CARCINOGENS LISTED IN THE 2010 AMERICAN CANCER SOCIETY (ACS) REPORT AS "NEEDING MORE STUDY," BUT PREVIOUSLY IDENTIFIED AS CARCINOGENS AND BY THE 2010 PRESIDENT'S CANCER PANEL (PCP) REPORT AND BY THE 2004 NATIONAL TOXICOLOGY PROGRAM (NTP) *11TH REPORT ON CARCINOGENS*

Carcinogens	**NTP (2004)***	**PCP (2010)****
Lead and Lead compounds	+	+
Diesel exhaust	+	++
Styrene-7,8-oxide & styrene	+	+
Propylene oxide	+	
Formaldehyde	+	++
Acetaldehyde	+	
Methylene chloride	+	+
Trichloroethylene	+	++
Tetrachloroethylene	+	+
Chloroform	+	++
Polychlorinated biphenyls	+	++

*NTP RATING

Reasonably anticipated +

** PCP RATING

Strong + +

Suspected +

2011 On February 18, the ACS stated that it has "no formal position regarding rBGH [in milk]" and that "the evidence for potential harm to humans is inconclusive." The ACS also claimed that "while there may be a link between IGF-1 levels in milk and cancer, the exact nature of this link remains unclear." This claim is contrary to the unequivocal evidence of increased risks of breast, colon, and prostate cancers (p.33).

INTERNATIONAL RELAY FOR LIFE

Since 1996, the ACS has collaborated with cancer organizations in about 90 countries outside the United States to license and support its "Relay For Life" programs (http://www.relayforlife.org/relay). The International Relay "enables cancer leagues around the globe to increase their visibility and income, -- while building survivorship, volunteerism, and advocacy efforts in their communities."

As the ACS states, its "International Relay For Life is a training and technical assistance program for cancer organizations worldwide." Team members take turns to walk or run around a track for 12-24 hours. "Through the Relay, these organizations bring together passionate volunteers, promote their mission-based activities, and mobilize communities to take action in the international movement to end cancer," by stopping smoking and developing health lifestyles. "No matter where they take place in the world, Relay events are intended to give people a chance to celebrate the lives of cancer survivors, remember loved ones lost, and fight back against a disease that has taken too much."

In each of over 90 Relay nations, "the funds support local organizations' cancer control programs, services, and research. These organizations also contribute part of their funds to the Global Cancer Fund, which supports ACS "cancer control programs in developing countries that would not otherwise be possible."

In the 2010 Relay For Life, 90 nations worldwide celebrated 14 years of "helping save lives from cancer." However, the future of the Relays now depends on whether the ACS belatedly becomes more interested in saving lives than accumulating wealth.

APPENDIX A:
THE STOP CANCER BEFORE IT STARTS CAMPAIGN: HOW TO WIN THE LOSING WAR AGAINST CANCER
SPONSORS AND ENDORSERS
February 2003

SPONSORS

Nicholas Ashford, Ph.D., J.D.,
Professor, Technology and Policy, Massachusetts Institute of Technology,
Member, Governing Board (Massachusetts) Alliance for a Healthy Tomorrow, and CPC Board of Directors
nashford@mit.edu

Kenny Ausubel,
President, Bioneers, and the Collective Heritage Institute
kenny@bioneers.org

Barry Castleman, Ph.D.,
Environmental Consultant, and
CPC Board of Directors
bcastleman@earthlink.net

Edward Goldsmith, M.A.,
Publisher, The Ecologist, and CPC Board of Directors
teddy.goldsmith@virgin.net

JeffreyHollender,
President, Seventh Generation
jeffrey@seventhgeneration.com

Anthony Mazzocchi
Founder of The Labor Party, and Member
of the Debs-Jones-Douglass Labor Institute, and CPC Board of Directors

Horst M. Rechelbacher,
Founder, Aveda
Corporation, and President, Intelligent Nutrients
horst@intelligentnutrients.com

Quentin Young, M.D., Chairman, Health and Medicine Policy
Research Group, National Coordinator of the Physicians for a National Health Program
Past President of the American Public Health Association, and CPC Board of Directors
quentin@pnhp.org

ENDORSEMENTS

Winfield J. Abbe, Ph.D.
Former Associate Professor Physics, University of Georgia
Cancer prevention activist, Athens, GA
wjabbe@aol.com

Thomas J. Barnard, M.D., CCFP, FAAFP
Adjunct Professor of Family Medicine, University of Western Ontario, Canada
Adjunct Professor of Human Biology and Nutritional Sciences, University of Guelph, Ontario, Canada
barnard@mnsi.net

Maude Barlow
National Chairperson, The Council of Canadians, Ottawa, Ontario, Canada
Director, International Forum on Globalization
mbarlow8965@rogers.com

Gregor Barnum
Executive Director, The Household Toxins Institute, Burlington, VT
gregor@seventhgeneration.com

Rosalie Bertell, Ph.D.
President, International Institute of Concern for Public Health, Toronto, Canada
rosaliebertell@greynun.org

Brent Blackwelder, Ph.D.
President, Friends of the Earth, Washington, D.C.
bblackwelder@foe.org

Judy Brady
GreenAction, and Toxic Links Coalition, San Francisco, CA
Member, CPC Board of Directors
jibasmil@aol.com

Elaine Broadhead
Environmental Activist, Middlesburg, VA
elainebroadhead@yahoo.com

James Brophy
Occupational Health Clinics for Ontario Workers, Ontario, Canada
jimbrophy@yahoo.com

Chris Busby, Ph.D., MRSC
Scientific Secretary, European Committee on Radiation Risks

Member, U.K. Government Committee on Radiation Risk for Internal Emitters, and U.K. Ministry of Defense
Oversight Committee on Depleted Uranium
christo@greenaudit.org

Leopoldo Caltagirone, Ph.D.
Chairman, Division of Biological Control, Berkeley, CA
lcbiocon@berkeley.edu

Liane Casten
Publisher, Chicago Media Watch, Chicago, IL
lcasten@sbcglobal.net

L. Terry Chappell, M.D.
President, The International College of Integrative Medicine, Bluffton, OH
terrychappell@blogspot.com

Richard Clapp, MPH, D.Sc.
Professor of Public Health, Boston University School of Public Health, Boston, MA
Member, Governing Board (Massachusetts) Alliance for a Healthy Tomorrow
richard.clapp@gmail.com

Gary Cohen
Executive Director, Environmental Health Fund, Jamaica Plain, MA
Director, Health Care Without Harm
gcohen@hcwh.org

Paul Connett, Ph.D.
Professor of Chemistry, St. Lawrence University, Canton, NY
President, Fluoride Action Network
paul@fluoridealert.org

Mary Cook
Managing Director, Occupational Health Clinics for Ontario Workers (OHCOW), Ontario, Canada
cook@ohcow.on.ca

Ronnie Cummins
National Director, Organic Consumers Association, Little Marais, MN
ronnie@organicconsumers.org

Alexandra Delinick, M.D.
Dean, School of Homeopathic Therapy, Vassil Levsky University, Sofia, Bulgaria
(Past, General Secretary, International Medical Homeopathic League)
homandgv@hol.gr

Lynn Ehrle, M.Ed.
Senior Research Fellow, CPC, Plymouth, MI
Vice President, Consumers Alliance of Michigan
ehrlebird@organicconsumers.org

Anwar Fazal
Chairperson, World Alliance for Breastfeeding Action
Senior Regional Advisor, the Urban Governance Initiative and United Nations Development Programme, Kuala
Lumpur, Malaysia
Right Livelihood Award Laureate (The Alternative Nobel Prize)
(Former President, International Organization of Consumers Union)
anwarfazal2004@yahoo.com

Michael Green
Executive Director, Center for Environmental Health, Oakland, CA
ceh@cehca.org

Lennart Hardell, M.D., Ph.D.
Professor Epidemiology, University Hospital, Umea, Sweden
lennart.hardell@orebroll.se

James Huff, Ph.D.
National Institute of Environmental Health Sciences, Research Triangle Park, NC
huff1@niehs.nih.gov

Alison Linnecar
Coordinator, International Baby Food Action Network (IBFAN-GIFA)
Right Livelihood Award Laureate (The Alternative Nobel Prize)
alison.linnecar@gifa.org

Joseph Mangano, MPH, MBA
National Coordinator, Radiation and Public Health Project, Brooklyn, NY
odiejoe@aol.com

Elizabeth May
Director, Sierra Club of Canada, Ottawa, Canada
leader@greenparty.ca

Vicki Meyer, Ph.D.
Faculty, Women's Health, DePaul University, Chicago, IL
Founder, International Organization to Reclaim Menopause
vmeyer@depaul.edu

Raúl Montenegro, Ph.D.
Professor Evolutionary Biology, University Cordoba, Argentine

President, FUNAM (Foundation for Environmental Defense)
raulmontenegro@flash.com.ar

Vicente Navarro, M.D.
Professor of Health and Public Policy, The Johns Hopkins University, Baltimore, MD
Professor of Political and Social Sciences, Universitat Pompeu Fabra, Spain
Editor-in-Chief, International Journal of Health Services
vnavarro@jhsph.edu

Peter Orris, M.D., MPH
Professor, Occupational Medicine, University of Illinois Medical School, Chicago, IL
Professor, Internal and Preventive Medicine, Rush Medical College, Chicago, IL
Professor, Preventive Medicine, Northwestern University Feinberg School of Medicine, Chicago, IL
porris@uic.edu

Marjorie Roswell
Environmental activist, Baltimore, MD
mroswell@gmail.com

Janette Sherman, M.D.
Consultant Toxicologist, Alexandria, VA
Research Associate, Radiation and Public Health Project, NY
toxdoc.js@verizon.net

Ernest Sternglass, Ph.D.
Professor Emeritus, Department of Radiology, University of Pittsburgh, Pittsburgh, PA
erneststernglass@twcny.rr.com

Daniel Teitelbaum, M.D.
Professor, Preventive Medicine, University of Colorado, Denver, CO
toxdoc@ix.netcom.com

Stephen Tvedten, TIPM, CEI
Director, Institute of Pest Management, Inc., Marne, MI
stvedten@att.net

Jakob von Uexkull
President, Right Livelihood Award Foundation, Stockholm, Sweden
jakob@worldfuturecouncil.org

APPENDIX B:
PRESS RELEASES AND HUFFINGTON POST BLOGS

October 14, 1994	Breast Cancer Unawareness Month
October 18, 1995	National Mammography Day
April 1, 1998	Cancer Report Card Gets A Failing Grade
August 25, 1998	The Cancer Drug Industry 'March' Seriously Misleads The Nation
October 26, 1999	American Cancer Society Indicted For Losing The Winnable War Against Cancer
May 30, 2000	American Cancer Society: Long On Promise, Short On Delivery
June 12, 2001	The American Cancer Society Is Threatening The National Cancer Program
May 9, 2002	Escalating Incidence Of Childhood Cancer Is Ignored By The National Cancer Institute And American Cancer Society
February 25, 2003	National Cancer Institute Leadership Is Out Of Touch With Reality
May 23, 2003	The American Cancer Society Misleads The Public In The May 26 Discovery Health Channel Program
February 23, 2004	Spinning The Losing Cancer War
February 28, 2005	Time To Protect Babies From Dangerous Products
October 28, 2005	The Look Good...Feel Better Program. But At What Risk?
October 16, 2007	Breast Cancer Awareness Month Misleads Women
July 22, 2009	Safe Breast Self Exam By Young Women Vs. Dangers Of Mammography
December 16, 2009	Reckless Indifference Of The American Cancer Society To Cancer Prevention
May 7, 2010	The American Cancer Society Trivializes Cancer Risks: Blatant Conflicts Of Interest

October 14, 1994
Press Release

BREAST CANCER UNAWARENESS MONTH

Commenting on the anniversary of National Breast Cancer Awareness month (NBCAM), Dr. Samuel Epstein, Chairman of the Cancer Prevention Coalition (CPC) stated, "A decade-old multi-million dollar deal between National Breast Cancer Awareness Month sponsors and Imperial Chemical Industries (ICI) has produced reckless misinformation on breast cancer." Dr. Epstein, a leading international authority on cancer causing effects of environmental pollutants, will be speaking on breast cancer prevention at a conference, "Women, Health, & the Environment" in Albuquerque, New Mexico on October 14-15. It is sponsored by CPC, in conjunction with Greenpeace and Women's Environmental and Development Organization (WEDO).

Zeneca Pharmaceutical, a U.S. subsidiary and recent spinoff of ICI, has been the sole founder of National Breast Cancer Awareness Month since 1984. ICI is one of the largest manufacturers of petrochemical and chlorinated organic products, such as acetochlor and vinyl chloride, and the sole manufacturer of Tamoxifen, the world's top-selling cancer drug used for breast cancer. Financial sponsorship by Zeneca/ICI gives them editorial control over every leaflet, poster, publication, and commercial produced by NBCAM. NBCAM is promoted by the cancer establishment, the National Cancer Institute (NCI) and the American Cancer Society (ACS) with their corporate sponsors.

ICI has supported the NCI/ACS blame-the-victim theory of the causes of breast and other cancers. This theory attributes escalating cancer rates to heredity and faulty lifestyle, rather than avoidable exposures to industrial carcinogens contaminating air, water, food, consumer products, and the workplace.

Dr. Epstein will summarize the evidence on avoidable environmental and other causes of breast cancer ignored in NBCAM promotional materials:

- Since the 1950's scientific evidence has incriminated chlorinated organic pesticides as breast cancer risk factors because of their carcinogenicity, estrogenic effects, and accumulation in body fat, particularly the breast.
- The unregulated use of growth promoting hormonal cattle feed additives has resulted in near universal contamination of meat products. This results in life-long exposure to carcinogenic estrogens, and poses a major avoidable risk of breast cancer.
- Where you work increases your breast cancer risks.Excess breast cancers were found in the 1970's in women working with vinyl chloride. There is similar evidence among

petrochemical and electrical workers. In spite of more women working in such industries, NCI recently admitted that it has still not investigated these risks among working women.

- Where you live increases risks of breast cancer.Based on a review of 21 New Jersey counties, and more recently 339 nationwide counties, statistically significant associations were found between excess breast cancer mortality and residence in counties where hazardous waste sites are located.
- Living near a nuclear facility increases your chances of dying from breast cancer. Based on a nationwide survey of 268 counties within 50 miles of 51 military and civilian nuclear reactors, CPC member Dr. Jay Gould, showed that breast cancer mortality in these "nuclear counties" has increased at 10 times the national rate from 1950 to 1989. Counties near military reactors, such as Hanford, Oak Ridge and Savannah River, have registered the greatest increases, ranging from 27 to 200%. Dr. Gould charged NCI with "misrepresentation of such findings."
- Premenopausal mammography increases your risk of breast cancer. Increases in breast cancer mortality have been consistently reported following repeated mammograms in younger women in six randomized controlled clinical trials over the last decade. Based on this evidence, NCI has recently withdrawn recommendations for pre-menopausal mammography. ACS, with financial support from Dupont and General Electric (both heavily invested in mammography equipment), and self-interested radiologists are still promoting this dangerous practice.
- Participation in the 1972 NCI/ACS reckless, high dose mammography experiments has increased breast cancer risks for the 400,000 women involved.
- Breast implants, particularly polyurethane foam, pose serious risks of breast cancer. Evidence on the carcinogenicity of polyurethane foam dates back to the early 1960's. One breakdown product of polyurethane is 2,4-toluenediamine which was removed from hair dyes in 1971 following discovery of its carcinogenicity. Frank admission of these risks are found in internal NCI, FDA and industry documents.
- The Tamoxifen "chemoprevention" trial is a travesty! Since 1992, the cancer establishment recruited 16,000 healthy women in a Tamoxifen "chemoprevention" trial. NCI and ACS claimed in their patient consent forms that Tamoxifen could substantially reduce breast cancer risks, while trivializing risks of drug complications. There is strong evidence of Tamoxifen's toxicity, including high risks of uterine, gastrointestinal and fatal liver cancer. "This trial is scientifically and ethically reckless, and participating institutions and clinicians are at serious risk of future malpractice claims," warned Dr. Epstein.

"The ICI/NBCAM public relations campaign has prevented women from knowing of avoidable causes of breast cancer," concluded Dr. Epstein.

October 18, 1995
Press Release

NATIONAL MAMMOGRAPHY DAY

Commenting on tomorrow's National Mammography Day, Dr. Samuel Epstein, Chairman of the Cancer Prevention Coalition (CPC), charged that "this is a recklessly misleading and self-interested promotional event, more aptly named NATIONAL MAMMOSCAM DAY."

National Mammography Day, October 19, is the flagship of October's National Breast Cancer Awareness Month (NBCAM). NBCAM was conceived and funded in 1984 by Imperial Chemical Industries (ICI) and its U.S. subsidiary and spinoff Zeneca Pharmaceuticals. NBCAM is a multimillion-dollar deal with the cancer establishment, the National Cancer Institute (NCI) and American Cancer Society (ACS) and its multiple corporate sponsors, and the American College of Radiology.

ICI is one of the largest manufacturers of petrochemical and organochlorines, and Zeneca is the sole manufacturer of Tamoxifen, the world's top selling cancer drug widely used for breast cancer. Zeneca/ICI's financial sponsorship gives them control over every leaflet, poster, publication, and commercial produced by NBCAM.

ICI supports the NBCAM blame-the-victim theory of cancer causation, which attributes escalating rates of breast (and other) cancers to heredity and faulty lifestyle. This theory diverts attention away from avoidable exposures to carcinogenic industrial contaminants of air, water, food, consumer products, and the workplace—the same products which ICI has manufactured for decades. Ignoring prevention of breast cancer, NBCAM promotes "early" detection by mammography.

There are a wide range of serious problems with mammography, particularly with pre-menopausal women:

- There is no evidence of the effectiveness or benefit of mammography in pre-menopausal women.

- By the time breast cancers can be detected by mammography, they are up to 8 years old. By then, some will have spread to local lymph nodes or to distant organs, especially in younger women.

- Missed cancers (false negatives) are commonplace among younger women, as their dense breast tissues limit penetration by x-rays.

- About 1 in every 4 "tumors" identified by mammography in pre-menopausal women turns out not to be cancer following biopsy (false positive). Apart from needless anxiety, repeated

surgery can result in scarring, and delayed identification of early cancer that may subsequently develop.

- Regular mammography of younger women increases their cancer risks, particularly for women already at risk for familial reasons. Analysis of controlled trials over the last decade, has shown consistent increases in breast cancer mortality within a few years of commencing screening. This confirms evidence on the high sensitivity of the pre-menopausal breast, and on cumulative carcinogenic effects of radiation.

- Pre-menopausal women carrying the A-T gene, about 1.5 percent of women, are more radiation sensitive and at higher cancer risk from mammography. It has been estimated that up to 10,000 breast cancer cases each year are due to mammography of A-T carriers.

- Radiation, particularly from repeated pre-menopausal mammography, is likely to interact additively or synergistically with other avoidable causes of breast cancer, particularly estrogens (natural; medical; contaminants of meat from cattle feed additives; and estrogenic pesticides).

- Forceful compression of the breast during mammography, particularly in younger women, may cause the spread of small undetected cancers.

Pressured by this evidence on the ineffectiveness and risks of pre-menopausal mammography, NCI recently withdrew recommendations for such screening. This evidence is still ignored by NBCAM, supported by radiologists and giant mammography machine and film corporations, which has specifically targeted pre-menopausal women with high-pressured advertisements.

CPC urges the immediate phase-out of pre-menopausal mammography. Post-menopausal mammography should be restricted to major centers and exposure reduced to a minimum. Women should be provided with actual close measurements, rather than estimates. NCI and ACS should develop large-scale use of safe screening alternatives, including imaging techniques, and blood or urine tumor markers or immunologic tests.

A medical alert should be sent to women subjected to the Breast Cancer Detection Demonstration Project high dose radiation experiments commencing in 1972. These experiments were conducted in spite of explicit prior warnings by a National Academy of Sciences committee, and also by former senior NCI staffer, and noted epidemiologist, Dr. John Bailar. He cautioned, "Such radiation in pre-menopausal women would be likely to cause more breast cancers than could be detected." Dr. Bailar now concludes, "This experiment could well account for an "immediate investigation of the cancer establishment's reckless conduct by the President's Committee on Human Radiation Experiments."

April 1, 1998
Press Release

CANCER REPORT CARD GETS A FAILING GRADE

At a highly publicized March 12, 1998, Washington, DC press briefing, the National Cancer Institute (NCI) and American Cancer Society (the cancer establishment), together with the Centers for Disease Control and Prevention, released a "Report Card" announcing the recent reversal of "an almost 20-year trend of increasing cancer cases and death," as detailed in the March 15 issue of the journal *Cancer*. "These numbers are the first proof that we are on the right track," enthused NCI director Dr. Richard Klausner. This news received extensive and uncritical nation-wide media coverage.

These claims were based on a comparison between NCI's published statistics for 1973-1990 and 1973-1995. However, the more recent information remains unpublished and, according to senior NCI statistician Dr. Lynn Ries, is still being analyzed. More importantly, a critical review of the *Cancer* publication is hardly reassuring. The claimed reversal in overall mortality rates is not only minimal but exaggerated. It is largely due to a reduction in lung cancer deaths from smoking in men, reflecting personal lifestyle choices, and to improved access to health care rather than to any improvements in treatment and survival rates. Additionally, any true decline would be considerably less if the mortality rates were appropriately based on the current age distribution of the U.S. population, rather than that of 1970, with its relatively higher representation of younger age groups, as misleadingly calculated by NCI. These criticisms are in general consistent with those detailed in a May 1997 *New England Journal of Medicine* article, "Cancer Undefeated," by former NCI epidemiologist Dr. John Bailar.

The claimed reversal in the incidence of cancers of "all sites" is minimal and statistically insignificant, as are similar claims for leukemia and prostate cancer. Even this minimal reduction of prostate cancer is highly questionable as admitted by Report Card authors: "The decreased incidence rates [of prostate cancer] may be the result of decreased utilization of PSA [prostate specific antigen] screening tests . . . during the early 1990's." While there were significant reductions in the incidence of lung, colon/rectum and bladder cancers, there were significant and sharp increases in uterine cancer, melanoma, and non-Hodgkin's lymphoma. Moreover, there was no decline in breast cancer rates, which remain unchanged at their current high level. Curiously, no reference at all was made to testicular cancer in young adults nor to childhood cancer, whose rates have dramatically increased in recent decades.

The Report Card apart, there are disturbing questions on the reliability of NCI's incidence statistics. This is well illustrated by wild reported variations since 1973 for the percent changes in the incidence of childhood cancer:

1973-1980	+21%
1973-1989	+10%
1973-1990	+1%
1973-1991	-8%
1973-1994	+31%

The Report Card's optimistic and misleading assurances, the latest in a series of smoke and mirror break-through since 1971 when President Nixon launched the "War Against Cancer," are designed to divert attention from the escalating incidence of cancer, which has reached epidemic proportions. Cancer now strikes 1 in 2 men and 1 in 3 women, up from an incidence of 1 in 4 a few decades ago. Meanwhile, our ability to treat and cure most cancer, apart from relatively infrequent cancers particularly those of children, remains virtually unchanged. The Report Card is also designed to neutralize criticism of NCI's intransigent fixation on diagnosis, treatment, and basic genetic research, coupled with indifference to prevention, which receives minimal priorities and resources—less than 5% of NCI's budget. Further illustrative is the fact that NCI has never testified before Congress or regulatory agencies on the substantial published evidence on the wide range of carcinogenic industrial contaminants of air, water, the workplace, and consumer products—food, household products, and cosmetics—and on the need to prevent such avoidable and involuntary exposures. Nor has NCI recognized the public's right-to-know of such critical information, which plays a major role in escalating cancer rates, nor have they developed community outreach prevention programs. Finally, the Report Card is designed to further buttress aggressive lobbying by the cancer establishment and cancer drug industry for a major increase in NCI's budget from the current $2.6 billion, up from $223 million in 1971, to the requested $3.2 billion in 1999.

Rather than increasing NCI's bloated budget, drastic reforms are needed to explicitly re-orient its mission and priorities to cancer causes and prevention.

August 25, 1998
Press Release

THE CANCER DRUG INDUSTRY 'MARCH' SERIOUSLY MISLEADS THE NATION

On September 25 and 26, the cancer drug industry will hold the "March," led by Gen. Norman Schwarzkopf, in Washington, D.C., and elsewhere in the nation, under a banner promising "Research Cures Cancer". Well-meaning but misled citizens will march for a seemingly important crusade which, in reality, promotes enormous profits for the pharmaceutical industry.

Funded with over $3 million by multibillion dollar cancer drug industries — including the global giants Bristol-Myers Squibb, Eli Lilly, Pharmacia & Upjohn — with support from main stream cancer survivor groups, the American Cancer Society (ACS) and, behind the scenes, the National Cancer Institute (NCI), the goal of the "March" is to mobilize grass roots backing for doubling NCI's current budget from $2.6 billion to over $5 billion by 2003.

This is déjà vu all over again. In a full-page December 9, 1969 New York Times advertisement entitled "MR. NIXON, YOU CAN CURE CANCER," paid for by the "Citizens' Committee for the Conquest of Cancer" whose leaders represented the cancer establishment, the public and government were exhorted: "We are so close to a cure for cancer. We lack only the will and the kind of money and comprehensive planning that went into putting a man on the moon. — Why don't we try to conquer cancer by America's 200th birthday." Responding to these misleading assurances, in December 1971, President Nixon was duped into declaring the "War Against Cancer" and sharply increasing NCI's budget.

Some $25 billion and 25 years later, there has been little if any significant improvement in treatment and survival rates for most common cancers in spite of contrary misleading hype by the cancer establishment and periodic claims for the latest miracle cancer drugs, claims which rarely have been substantiated. Meanwhile, the incidence of cancer, particularly non-smoking cancers, has escalated to epidemic proportions with lifetime cancer risks now approaching one in two.

The reason for losing the war against cancer is not a shortage of funds but their gross misallocation. NCI and ACS remain myopically fixated on damage control — diagnosis and treatment — and basic genetic research with, not always benign, indifference to cancer prevention. The establishment has trivialized escalating cancer rates and explained them away as due to faulty lifestyle, to the virtual exclusion of the major role of unwitting and avoidable exposures to industrial carcinogens in air, water, consumer products -- food, cosmetics and toiletries, and household products -- and the workplace. NCI and ACS have devoted the most

minimal resources and priorities to research on such avoidable causes of cancer, failed to warn the public of these avoidable risks, and failed to provide Congress and regulatory agencies with available scientific information which would allow development of corrective legislative and regulatory action. Responding to recent criticisms, NCI has defensively claimed $1 billion expenditures for cancer prevention. However, more realistic estimates are well under $100 million, less than 3% of NCI's total budget.

Cancer establishment policies are strongly influenced by pervasive interlocking relationships and conflicts of interest with the cancer drug industry. With taxpayers' money, NCI funded the R & D for the anticancer drug Taxol manufactured by Bristol-Myers. Following completion of expensive clinical trials, the public paid further for developing the drug's manufacturing process. Once completed, NCI gave this industry exclusive right to sell Taxol at an inflationary price, about $5 per milligram, over 20 times the cost of production.

Taxol is not an isolated example. Taxpayers have funded NCI's R & D for over two-thirds of all cancer drugs now on the market. In a surprisingly frank admission, Samuel Broder, NCI director from 1989 to 1995, stated the obvious: "The NCI has become what amounts to a government pharmaceutical company." It should further be noted that the U.S. spends about five times more on chemotherapy per patient than Great Britain, although this is not matched by any difference in survival rates.

Not surprisingly, with enthusiastic support from the ACS, NCI has effectively blocked funding for research and clinical trials on promising non-toxic alternative cancer therapies in favor of highly toxic and largely ineffective patented drugs developed by the cancer drug industry. Additionally, the cancer establishment has systematically harassed the proponents of alternative cancer treatment.

These basic criticisms of cancer establishment policies and deceptive practices, with particular reference to minimal prevention priorities, were strongly endorsed in a February 1992 statement by a group of 65 leading national experts in public health and cancer prevention, including past directors of federal agencies, who urged drastic reforms of NCI policies and that funding for cancer prevention should be increased to equal that for all other NCI programs combined. This was followed in 1995 by a warning from 15 public interest organizations, representing some 5 million Americans, of the misleading industry-sponsored "Research Cures Cancer" campaign, and a recommendation that NCI be held accountable for its failed policies in losing the war against cancer.

Rather than increasing NCI's budget, it should be frozen and held hostage to urgent needs for drastic monitored reforms directed to major emphasis on cancer prevention rather than damage control. Furthermore, Congress should subject the cancer establishment/drug industry complex to detailed investigation and ongoing scrutiny.

October 26, 1999
Press Release

AMERICAN CANCER SOCIETY INDICTED FOR LOSING THE WINNABLE WAR AGAINST CANCER

An article, "American Cancer Society: The World's Wealthiest 'Non-Profit' Institution," by Dr. Samuel Epstein, just published in the International Journal of Health Services, the leading international public health and policy journal, charges that the American Cancer Society (ACS) "is fixated on damage control...diagnosis and treatment...and basic molecular biology, with indifference or even hostility to cancer prevention." ACS also trivializes the escalating incidence of cancer which has reached epidemic proportions and makes grossly misleading claims on dramatic progress in the treatment and cure of cancer. This myopic mindset and derelict policy is compounded by interlocking conflicts of interests with the cancer drug, agrichemical, and other industries. The following is illustrative:

- Since 1982, the ACS has adopted a highly restrictive policy insisting on unequivocal human evidence on carcinogenicity before taking any position on cancer risks. Accordingly, the ACS has actively campaigned against the 1958 Delaney law banning the deliberate addition to food of any amount of chemical additive shown to induce cancer, even in well-validated federal animal tests.
- In a joint 1992 statement with the Chlorine Institute, the ACS supported the continued use of organochlorine pesticides in spite of their recognized environmental persistence and carcinogenicity.
- In 1993, just before PBS Frontline aired the special entitled "In Our Children's Food," the ACS sent a memorandum in support of the pesticide industry to some 48 regional divisions which preemptively trivialized pesticides as a cause of childhood cancer and reassured the public that residues of carcinogenic pesticide in food are safe, even for babies.
- In Cancer Facts & Figures, the ACS annual publication designed to provide the public with "basic facts" on cancer, there is little or no mention of prevention. Examples include no mention of: dusting the genital area with talc as a known cause of ovarian cancer; parental exposure to occupational carcinogens, domestic use of pesticides, or frequent consumption of nitrite colored hot dogs (resultantly contaminated with carcinogenic nitrosamines) as major causes of childhood cancer; and prolonged use of oral contraceptives or hormonal replacement therapy as major causes of breast cancer. Fact & Figures, 1997, also misrepresented that "since women may not be able to alter their personal risk factors, the best opportunity for reducing mortality is early detection."

This statement ignores overwhelming evidence on a wide range of ways by which women of all ages can reduce their risks of breast cancer, including regular use of the cheap non-prescription drug aspirin.

- The ACS, together with the National Cancer Institute, has strongly promoted the use of Tamoxifen, the world's top-selling cancer drug ($400 million annually) manufactured by Zeneca, for allegedly preventing breast cancer in healthy women, evidence for which is highly arguable at best. More seriously, ACS has trivialized the dangerous and sometimes lethal complications of Tamoxifen including blood clots, lung embolism, and aggressive uterine cancer, and fails to warn that the drug is a highly potent liver carcinogen.

Conflicts of interest are further reflected in the ACS Foundation Board of Trustees which includes corporate executives from the pharmaceutical, cancer drug, investment, and media industries. They include David R. Bethume, president of Lederle laboratories, Gordon Binder, CEO of Amgen (a leading biotech cancer drug company), and Sumner M. Redstone, chairman of the Board of Viacom, Inc.

Other concerns relate to the "non-profit status" of the ACS whose annual budget is some $500 million. Most funds raised go to pay high overhead, salaries fringe benefits, and travel expenses of national executives in Atlanta, CEO's who ear six-figure salaries in several states, and hundreds of other employees working in some 3000 regional offices. Less than 16% of all monies raised are spent on direct patient services; salaries and overhead for most ACS affiliates exceed 50%, although most direct community services are handled by unpaid volunteers. While ACS cash assets and reserves approach $1 billion, it continues to plead poverty and lament the lack of funds for cancer research. Not surprisingly and as reported in the Chronicle of Philanthropy, the leading U.S. charity watchdog, the ACS is "more interested in accumulating wealth than saving lives." It should further be noted that the ACS uses 10 employees and spends $1 million a year on direct lobbying, and is the only known charity that makes contributions to political parties.

Based on these considerations, the International Journal of Health Services article urged that, in the absence of drastic reforms, contributions to the ACS should be diverted to public interest and environmental group directly involved in cancer prevention. This is the only message that this "charity" can no longer ignore.

May 30, 2000
Press Release

AMERICAN CANCER SOCIETY: LONG ON PROMISE, SHORT ON DELIVERY

The American Cancer Society (ACS) claims to be dedicated to "preventing cancer and saving lives -- through research education, advocacy, and service." What could be more worthy objectives, especially in view of the escalating incidence of cancer, with lifetime cancer risks now reaching one in two men and one in three for women?

Unfortunately, the ACS fails to meet its objectives. Instead, the charity is accumulating great wealth, with $900 million reserves in cash, real estate and other assets. Most of its funds come from public donations of under $100. Additional funding is provided by bequests and high profile fundraising events, such as the springtime daffodil sale and relay races.

In 1998, the society spent about $150 million on "Supporting Services," overhead, salaries in the $300,000 range, benefits and travel for national executives in Atlanta, fundraising, and public relations. Typical ACS affiliates, which raise national funds, spend over half of their budgets on salaries, pensions, fringe benefits and overhead, with under 16 percent on direct community services, most of which are handled by unpaid volunteers. Meanwhile, five of the society's division executives received salaries of about $230,000.

As the ACS purse grows, its spending on research and other programs remains low. While the 1998 budget report gives the clear impression that generous resources are allocated to its four "Program Services," they receive under 50 percent of its budget, as follows: "Research on the causes, cure and prevention of cancer," $91 million; "Prevention programs that provide the public and professionals with information on how to reduce risks of developing cancer," $80 million; "Detection/Treatment" programs, $59 million; and "Patient Services" programs, $77 million.

Responding to recent well-documented criticism of not always benign indifference to cancer prevention, the ACS claims that it funded 19 large research grants in 1998 on "Environmental Carcinogenesis" at a cost of $2.6 million. However, only two grants funded for $330,000, could reasonably qualify as environmental cancer research, while virtually all other were in the unrelated field of molecular biology. The ACS also claims that it funded 92 "Prevention" grants with $23 million, while these also largely dealt with molecular biology research. Tobacco related programs accounted for only $1.3 million, while research on diet per se, excluding any consideration of contamination with carcinogenic pesticides, accounted for $1.1 million. In fact, analysis of its $2.6 million carcinogenesis programs reveals that

expenditures on environmental, occupational, and industrial causes of cancer totaled $1 million, well under 1 percent of its annual budget.

More than anything else, the society seems scared of becoming just another face in the crowd of cancer interests in Washington. Thus, in 1998, Linda Hay Crawford, then vice president for governmental relations, admitted to the Associated press that the society had used 10 employees for direct lobbying at costs approaching $1 million. "Lobbying" also including $30,000 donations, equitably balanced between Democratic and Republican governor's associations. "We wanted to look like players and be players," Crawford explained to AP.

This practice, however, has been sharply challenged. The AP story quoted the national Charities Information Bureau as stating that it "does not know of any other charity that makes contributions to political parties." The director of the IRS Exempt Organization Division, Marcus Owens, warned that: "The bottom line is, campaign contributions will jeopardize a charity's exempt status." Other troubling misallocations on the national political scene include hiring public relations firms that also represent tobacco clients. Recently, the society had to discontinue its association with two such firms: Shandwick International and Edelman Public Relations.

In an effort to dominate the national cancer agenda, nearly two years ago, ACS recruited former President George Bush to run a curious political structure called the National Dialogue on Cancer. This was recently followed by a related closed door ACS initiative to rewrite the 1971 National Cancer Act by an "Independent Advisory Committee," sponsored by Senator Dianne Feinstein (D-Calif.). Shunned by many major patient advocacy groups, the National Cancer Institute and professional oncologists, and with strong protests by cancer prevention groups, the future of the ACS-Feinstein initiative, seems questionable. More pointedly, John Durant, former executive vice president of the American Society for Clinical Oncology, charged in the January 21, 2000 *Cancer Letter*, a respected trade publication, that the underlying motivation for these initiatives "was an issue of control by the ACS over the cancer agenda. They are protecting their fundraising capacity."

Based on an analysis of ACS budgets and programs, *The Chronicle of Philanthropy*, the leading charity watchdog, published a statement that the ACS is "more interested in accumulating wealth than saving lives." Donors wanting to make contributions to a worthy cancer charity should think twice before selecting the ACS.

June 12, 2001
Press Release

THE AMERICAN CANCER SOCIETY IS THREATENING THE NATIONAL CANCER PROGRAM

Operating behind closed doors and with powerful political connections, Dr. Samuel Epstein, charges the American Cancer Society (ACS) with forging a questionably legal alliance with the federal Centers for Disease Control and Prevention (CDC) in attempts to hijack the National Cancer Program. The ACS is also charged with virtual neglect of cancer prevention.

Dr. Quentin Young, warns: "The ACS political agenda reveals a pattern of self interest, conflicts of interest, lack of accountability and non-transparency to all of which the media have responded with deafening silence".

Among their concerns:

- The National Cancer Act, the cornerstone of the National Cancer Institute's (NCI) war on cancer, is under powerful attack by the ACS, the world's largest non-religious "charity". The plan was hatched in September 1998 when, meeting behind closed doors, the ACS created a "National Dialogue on Cancer" (NDC), co-chaired by former President Bush and Barbara Bush, with representatives from the CDC, the giant cancer drug industry, and Collaborating Partners from survivor advocacy groups. The NDC leadership then unilaterally spun off a National Cancer Legislative Committee, co-chaired by Dr. John Seffrin, CEO of the ACS and Dr. Vincent DeVita, Director of the Yale Cancer Center and former NCI Director, to advise Congress on re-writing the National Cancer Act.
- The relationships between the ACS, NDC and its Legislative Committee raise questions on conflicts of interest. John Durant, former executive president of the American Society for Clinical Oncology, charged: "It has always seemed to me that this was an issue of control by the ACS over the cancer agenda--. They are protecting their own fundraising capacity" from competition by survivor groups.
- The ACS-CDC relationship is focused on diverting political emphasis and funds away from NCI's peer-reviewed scientific research to CDC's community programs, which center on community screening, behavioral intervention, and tobacco cessation rather than prevention.
- There are major concerns on interlocking ACS-CDC interests. CDC has improperly funded ACS with a $3 million sole source four-year cooperative agreement. In turn, ACS has made strong efforts to upgrade CDC's role in the National Cancer Program, increase

appropriations for CDC's non-peer reviewed programs, and facilitate its access to tobacco litigation money.

- The ACS priority for tobacco cessation programs is inconsistent with its strong ties to the industry. Shandwick International, representing R.J. Reynolds, and Edelman, representing Brown & Williamson Tobacco Company, have been major PR firms for the NDC and its Legislative Committee.
- ACS has made questionably legal contributions to Democratic and Republican Governors' Associations. "We wanted to look like players and be players", ACS explained.
- DeVita, the Legislative Committee co-chair, is also chairman of the Medical Advisory Board of CancerSource.com, a website launched by Jones & Bartlett which publishes the ACS Consumer's Guide to Cancer Drugs; three other members of the Committee also serve on the board. DeVita thus appears to be developing his business interests in a publicly-funded forum.
- The ACS has a longstanding track record of indifference and even hostility to cancer prevention. This is particularly disturbing in view of the escalating incidence of cancer now striking one in two men and one in three women in their lifetimes. Recent examples include issuing a joint statement with the Chlorine Institute justifying the continued global use of persistent organochlorine pesticides, and also supporting the industry in trivializing dietary pesticide residues as avoidable risks of childhood cancer. ACS policies are further exemplified by allocating under 0.1 percent of its $700 million annual budget to environmental and occupational causes of cancer.

These considerations clearly disqualify the ACS from any leadership role in the National Cancer Program. The public should be encouraged to redirect funding away from the ACS to cancer prevention advocacy groups. ACS conduct, particularly its political lobbying and relationship to CDC, should be investigated by Congressional Appropriations and Oversight committees. These committees should also recommend that the National Cancer Program direct the highest priority to cancer prevention.

Co-Author Of This Release

Quentin D. Young, M.D.
Chairman of the Health and Medicine Policy Research Group
Past President of American Public Health Association
Chicago, Illinois

May 9, 2002
Press Release

ESCALATING INCIDENCE OF CHILDHOOD CANCER IS IGNORED BY THE NATIONAL CANCER INSTITUTE AND AMERICAN CANCER SOCIETY

Since passage of the 1971 National Cancer Act, launching the "War Against Cancer," the incidence of childhood cancer has steadily escalated to alarming levels. Childhood cancers have increased by 26% overall, while the incidence of particular cancers has increased still more: acute lymphocytic leukemia, 62%; brain cancer, 50%; and bone cancer, 40%. The federal National Cancer Institute (NCI) and the "charitable" American Cancer Society (ACS), the cancer establishment, have failed to inform the public, let alone Congress and regulatory agencies, of this alarming information. As importantly, they have failed to publicize well-documented scientific information on avoidable causes responsible for the increased incidence of childhood cancer. Examples include:

- Over 20 U.S. and international studies have incriminated paternal and maternal exposures (pre-conception, during conception and post-conception) to a wide range of occupational carcinogens as major causes of childhood cancer.
- There is substantial evidence on the risks of brain cancer and leukemia in children from frequent consumption of nitrite-dyed hot dogs; consumption during pregnancy has been similarly incriminated. Nitrites, added to meat for coloring purposes, have been shown to react with natural chemicals in meat (amines) to form a potent carcinogenic nitrosamine.
- Consumption of non-organic fruits and vegetables, particularly in baby food, contaminated with high concentrations of multiple residues of carcinogenic pesticides, poses major risks of childhood cancer, besides delayed cancers in adult life.
- Numerous studies have shown strong associations between childhood cancers, particularly brain cancer, non-Hodgkin's lymphoma and leukemia, and domestic exposure to pesticides from uses in the home, including pet flea collars, lawn and garden; another major source of exposure is commonplace use in schools.
- Use of lindane, a potent carcinogen in shampoos for treating lice and scabies, infesting about six million children annually, is associated with major risks of brain cancer; lindane is readily absorbed through the skin.
- Treatment of children with Ritalin for "Attention Deficit Disorders" poses risks of cancer, in the absence of informed parental consent. Ritalin has been shown to induce highly aggressive rare liver cancers in rodents at doses comparable to those prescribed to children.

- Maternal exposure to ionizing radiation, especially in late pregnancy, is strongly associated with excess risks of childhood leukemia.

It is of particular significance that the cancer establishment ignored the continuing increase in the incidence of childhood cancer in its heavily promoted, but highly arguable, March 1998 "claim to have reversed an almost 20-year trend of increasing cancer cases."

The failure of the cancer establishment to warn of these avoidable cancer risks reflects mindsets fixated on damage control — screening, diagnosis, and treatment — and basic genetic research, with indifference to primary prevention, as defined by research and public education on avoidable causes of cancer. For the ACS, this indifference extends to a well-documented longstanding track record of hostility, such as supporting the Chlorine Institute in defending the continued global use of chlorinated organic pesticides, and Assurances in the 2002 Cancer Facts and Figures that cancer risks from dietary Pesticides and ionizing radiation are all at such low levels as to be "negligible." This indifference to primary prevention is compounded by conflicts of interest, particularly with the giant cancer drug industry. Not surprisingly, The Chronicle of Philanthropy, the nation's leading charity watchdog, published a statement that: "The ACS is more interested in accumulating wealth than saving lives."

The minimal priorities of the cancer establishment for prevention reflects mindsets and policies and not lack of resources. NCI's annual budget has increased some 20-fold since passage of the 1971 Act, from $220 million to $4.2 billion, while revenues of the ACS are now about $800 million. NCI expenditures on primary prevention have been estimated as under 4% of its budget, while ACS allocates less than 0.1% of its revenues to primary prevention and "environmental carcinogenesis."

It should be particularly stressed that fetuses, infants and children are much more vulnerable and sensitive to toxic and carcinogenic exposures than are adults. It should also be recognized that the majority of carcinogens also induce other chronic toxic effects, especially in fetuses, infants and children. These include endocrine disruptive and reproductive, hematological, immunological and genetic, for which there are no available incidence trend data comparable to those for cancer.

The continued silence of the cancer establishment on avoidable causes of childhood, besides a wide range of other, cancers is in flagrant denial of the specific charge of the 1971 National Cancer Act "to disseminate cancer information to the public." As seriously, this silence is a denial of the public's inalienable democratic right-to-know of information directly impacting on their health and lives, and of their right to influence public policy.

Whether against cancer or terrorism, war is best fought by preemptive strategies based on prevention rather than reactively on damage control. As importantly, the war against cancer must

be waged by leadership accountable to the public interest and not, as is still the case, special agenda private interests. The time for open public debate on national cancer policy is long overdue.

Co-Author Of This Release

Quentin D. Young, M.D.
Chairman of the Health and Medicine Policy Research Group
Past President of American Public Health Association
Chicago, Illinois

February 25, 2003
Press Release

NATIONAL CANCER INSTITUTE LEADERSHIP IS OUT OF TOUCH WITH REALITY

In a speech to an advisory board, the Director of the National Cancer Institute (NCI) pledged to eliminate "the suffering and death" from cancer by 2015.

NCI Director Andrew von Eschenbach in a Feb. 11 speech to the National Cancer Advisory Board stated: "I have set out . . . a challenge goal that shapes our mission and shapes our vision . . . to eliminate the suffering and death due to cancer, and to do it by 2015."

Dr. von Eschenbach's goal is irresponsible and unrealistic, said Samuel S. Epstein, M.D., Chairman of the Cancer Prevention Coalition. "What is the possible scientific basis for such claims?" Epstein asked. "Does Dr. von Eschenbach know something no one else knows? Is he familiar with the NCI data on incidence and mortality? What great advances or breakthroughs does he know, of which no one else is aware? Has he been talking with God?"

Since 1971, the overall incidence of cancer has escalated to epidemic proportions, now striking about 1.3 million and killing about 550,000 annually; nearly one in two men and more than one in three women now develop cancer in their lifetimes. While smoking is unquestionably the single largest cause of cancer, the incidence of lung cancer in men has declined sharply. In striking contrast, there have been major increases in the incidence of a wide range of non-smoking cancers in men and women, and also of childhood cancers.

The current cancer epidemic does not reflect lack of resources. Paradoxically, NCI's escalating budget is paralleled by the escalating incidence of cancer. Since 1971, NCI's budget has increased approximately 30-fold, from $220 million to $4.6 billion.

According to the Cancer Prevention Coalition, the fundamental reason why we are losing the winnable war against cancer is because NCI's mindset is fixated on damage control-screening, diagnosis, and treatment-and basic research. This is coupled with indifference to preventing a wide range of avoidable exposures to industrial carcinogens, contaminating the totality of the environment -- air, water, and soil -- the workplace, and consumer products -- food, cosmetics and toiletries and household products. This denial of the public's right-to-know of such avoidable cancer risks is in contrast to NCI's stream of press releases, briefings, and media reports claiming the latest advances in treatment and basic research.

The silence of the NCI, besides the American Cancer Society (ACS), on avoidable causes of cancer has tacitly encouraged corporate polluters and industries to continue manufacturing and marketing carcinogenic products. This silence also violates amendments of the National Cancer Act, calling for "an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposure to carcinogens."

Nevertheless, NCI's prevention policies are virtually restricted to faulty lifestyle considerations. As strikingly exemplified in von Eschenbach's recent speech, prevention is defined only in terms of tobacco, "energy balance" and obesity. However, this is hardly surprising as von Eschenbach was President-Elect of the ACS prior to his appointment as NCI Director. The ACS Cancer Facts and Figures 2002 dismissively reassures that carcinogenic exposures from dietary pesticides, "toxic wastes in dump sites," ionizing radiation from "closely controlled" nuclear power plants, and non-ionizing radiation, are all "at such low levels that risks are negligible."

Dr. von Eschenbach also remains Director of the ACS 1998 National Dialogue on Cancer, which seeks a major role in federal cancer policies. It may be further noted that The Chronicle of Philanthropy, the nation's leading charity watch dog, has published a statement that the ACS "is more interested in accumulating wealth than saving lives."

These concerns are detailed in the Cancer Prevention Coalition (CPC) report, "Stop Cancer Before It Starts Campaign: How to Win the Losing War Against Cancer," released at a Feb. 20 Washington, D.C., press conference. This report is endorsed by some 100 leading cancer prevention scientists, public health and policy experts, and representatives of concerned citizen groups, who advocate major reforms of national cancer policies.

May 23, 2003
Press Release

THE AMERICAN CANCER SOCIETY MISLEADS THE PUBLIC IN THE MAY 26 DISCOVERY HEALTH CHANNEL PROGRAM

In a one-hour special on the "TOP 10 CANCER MYTHS," the American Cancer Society (ACS) claims to set the record straight. However, these claims are seriously flawed.

While admitting that number of people diagnosed with cancer is increasing, the ACS explains this away as due to aging of the population, and the frequency of cancer in the elderly. However, federal statistics adjusted for aging show a 24% increased incidence rate over the last three decades. What's more, most major increases have involved non-smoking related cancers. These cancers include: non-Hodgkin's lymphoma, 87%; thyroid, 71%; testis, 67%; post-menopausal breast, 54%; and brain, 28%. More disturbing is the escalating incidence of childhood cancers: acute lymphocytic leukemia, 62%; brain, 50%; bone, 40%; and kidney, 14%. Of related interest is an analysis of leading causes of death from 1973 to 1999. Cancer has increased by 30%, while mortality from heart disease decreased by 21%.

Worse still, the ACS has failed to inform the public about scientifically well-documented causes of a wide range of non-smoking related cancers. The ACS goes further by dismissing evidence on risks from domestic use of pesticides, although several studies have clearly shown a strong relationship with childhood cancers. In its recommendation for high vegetable, fruit, and grain diets, ACS ignores the fact that these, including baby foods, are highly contaminated with carcinogenic pesticides, while ignoring the availability of safe organic products. The ACS goes even further in dismissing such concerns. In its Cancer Facts and Figures 2002, ACS reassured that cancer risks from dietary pesticides, besides hazardous waste sites, and ionizing radiation from "closely controlled" nuclear plants, are at such low levels as to be "negligible."

The CANCER MYTHS are consistent with its longstanding track record on prevention, policies, and conflicts of interest. In 1978, the ACS refused a Congressional request to support the Clean Air Act. In 1992, the ACS supported the Chlorine Institute by defending the continued use of carcinogenic chlorinated pesticides. In 1993, just before PBS aired the Frontline special, "In Our Children's Food," the ACS came out in support of the pesticide industry. In a damage- control memorandum, sent to some 48 regional divisions and their 3,000 local offices, the ACS trivialized pesticides as a cause of childhood cancer. ACS also reassured the public that food contaminated with carcinogenic pesticides is safe, even for babies.

In 1994, the ACS published a highly flawed study designed to reassure women on the safety of dark permanent hair dyes, and to trivialize the risks of non-Hodgkin's lymphoma, breast, and other cancers as documented in over six prior reports.

Analysis of the 1998 ACS budget revealed that it allocated less than 0.1% of its $700 million revenues to "Environmental Carcinogenesis."

In 2000, it was discovered that the ACS had close ties to PR firms for the tobacco industry -- Shandwick International, representing R.J. Reynolds Holdings, and Edelman, representing Brown & Williamson Tobacco Company. These firms were promptly dismissed once the embarrassing news leaked out.

This indifference or hostility of the ACS to cancer prevention is less surprising in view of its pervasive conflicts of interest with the cancer drug, petrochemical, cosmetics, power plants, and other industries.

Not surprisingly, the authoritative U.S. charity watchdog, The Chronicle of Philanthropy, has warned against the transfer of money from the public purse to private hands. "The ACS is more interested in accumulating wealth than in saving lives."

February 23, 2004
Press Release

SPINNING THE LOSING CANCER WAR

In politics, spinning is an art form. Most accept spinning as a fact of life, whether choosing a politician or merely a bar of soap. However, few would accept this gamesmanship for life and death issues of cancer, particularly if the spinning is underwritten by taxpayers.

But, when it comes to the cancer war, the Pollyannaish promises of the federal National Cancer Institute (NCI) and the non-profit American Cancer Society (ACS) are no more reliable than political flack.

Recent headlines in national newspapers, based on NCI and ACS assurances, report that the "Rate of Cancer Deaths Continues to Drop." This reinforces longstanding claims of miracle "breakthrough" treatments, that mortality would be halved by 2000, that the nation had "turned the corner" in the cancer war, and that "considerable progress has been made in reducing the burden of cancer." However, these claims don't even pass the laugh test.

Cancer death rates have remained unchanged since President Nixon declared the 1971 War Against Cancer. Nearly one in two men, and more than one in three women are now struck by cancer. Cancer has become a disease of "mass destruction."

Contrary to the NCI and ACS, the current cancer epidemic is not due to faulty lifestyle-smoking, unhealthy diet, and obesity. American men smoke less today, and lung cancer rates are steadily dropping. In striking contrast, the incidence of environmentally, and non-smoking related cancers has escalated sharply: non-Hodgkin's lymphoma by 71 percent, testes and thyroid cancers by 54 percent each, post-menopausal breast cancer by 37 percent, and myeloid leukemia by 15 percent; various childhood cancers have increased from 20 to 60 percent. For African Americans, the news is worse: incidence rates have increased by up to 120 percent.

The escalating incidence of non-smoking adult cancers and childhood cancers is paralleled by the 30-fold increase in NCI's budget from $220 million in 1972 to the current $4.6 billion. The ACS budget has increased from $130 to $800 million, with about $1 billion in reserves. It seems that the more we spend on cancer, the more cancer we get.

The reason we are losing this winnable war is because NCI and ACS priorities remain fixated on damage control -- screening, diagnosis, and treatment -- and related basic research. All merit substantial funding. However, less funding would be needed if more cancer was prevented, with less to treat.

Responding to criticisms of such imbalanced priorities, NCI now allocates 12% of its budget to "prevention and control," and requires its nationwide Centers to have a "prevention component." However, cancer prevention continues to be narrowly defined in terms of faulty lifestyle, and screening, and excludes any reference to avoidable causes of cancer from exposures to industrial carcinogens. These include: contaminants of air, water, food, and the workplace; ingredients in cosmetics and toiletries, and household products, particularly pesticides.

NCI's indifference to such avoidable causes of cancer extends to denial. For example, NCI claims that, "The causes of childhood cancer are largely unknown," in spite of substantial contrary evidence. Similarly, ACS reassures that carcinogenic exposures from dietary pesticides, "toxic wastes in dump sites," and radiation from "closely controlled" nuclear power plants are all

"at such low levels that risks are negligible."

Not surprisingly, Congressman John Conyers (D-MI), Ranking Member of the House Judiciary Committee and Dean of the Congressional Black Caucus, recently warned that so much cancer carnage is preventable. "Preventable, that is if the NCI gets off the dime and does its job."

NCI and ACS policies are compounded by conflicts of interest, particularly with the cancer drug industry. In a 1998 Washington Post interview, Dr. Samuel Broder, NCI's former Director, dropped a bombshell: "The NCI has become what amounts to a government pharmaceutical company." Broder resigned from the NCI to become successive Chief Officer of two major cancer drugs companies.

The ACS has a fund raising apparatus which would make any Presidential candidate blush. Apart from public donations, the ACS swims in the largesse of over 300 Excalibur industry donors, each contributing over $100,000 annually. These include over 25 drug and biotech companies, and petrochemical and oil industries. Unbelievably, ACS legislative initiatives are handled by Edelman PR, the major lobbyist of the tobacco industry, and fast food and beverage companies, now targeted by anti-obesity litigation.

Not surprisingly, *The Chronicle of Philanthropy*, the nation's leading charity watchdog, has published a statement: "The ACS is more interested in accumulating wealth than saving lives."

The cancer war is certainly winnable, given radical changes in its high command and priorities, and given information on avoidable industrial causes of cancer is provided to the public and Congress. The President has finally conceded the need for an independent

commission to investigate misrepresentations that led us into the war on Iraq. We should use a similar commission to investigate the much more lethal failure of the cancer war.

February 28, 2005
Press Release

TIME TO PROTECT BABIES FROM DANGEROUS PRODUCTS

From shortly after birth, mothers tenderly wash and pamper their infants with a wide range of baby products. These include soaps, shampoos, lotions, and dusting powders, some of which are used several times daily.

However, how would mothers react if they discovered that these baby products contain a witch's brew of dangerous ingredients? Hopping mad could be a reasonable understatement.

Most disturbing are three groups of widely used ingredients known as "hidden carcinogens" -- ingredients which are contaminated by carcinogens, or which break down to release carcinogens, or which are precursors of carcinogens -- to which infants are about 100 times more sensitive than adults.

The largest group of hidden carcinogens includes dozens of wetting agents or detergents, particularly PEGs, Laureths, and Ceteareths, all of which are contaminated with the potent and volatile carcinogens ethylene oxide and dioxane. These carcinogens could readily be stripped off during ingredient manufacture, if the industry just made the effort to do so. Another hidden carcinogenic ingredient is lanolin, derived from sheep's wool, most samples of which are contaminated with DDT-like pesticides.

The second group includes another detergent, Triethanolamine (TEA) which, following interaction with nitrite, is a precursor of a highly potent nitrosamine carcinogen.

The third group includes Quaterniums and Diazolidinyl urea preservatives which break down in the product or skin to release the carcinogenic formaldehyde.

Of additional concern is another group of common preservatives, known as Parabens. Numerous studies over the last decade have shown that these are weakly estrogenic. They produce abnormal hormonal effects following application to the skin of infant rodents, particularly male, resulting in decreased testosterone levels, and urogenital abnormalities. Parabens have also been found to accumulate in the breasts of women with breast cancer.

The common use of Talc dusting powder can result in its inhalation, resulting in acute or chronic lung irritation and disease (talcosis), and even death. Additionally, Talc is a suspect cause of lung cancer, based on rodent tests.

Fragrances, containing numerous ingredients, are commonly used in baby products for the mother's benefit. However, over 25 of these ingredients are known to cause allergic dermatitis.

A final ingredient of particular concern is the harshly irritant sodium lauryl sulfate. A single application to adult human skin has been shown to damage its microscopic structure, increasing the penetration of carcinogenic and other toxic ingredients.

Most disturbing is the ready availability of safe alternatives for all these dangerous ingredients (longstanding information on which is detailed on the Cancer Prevention Coalition website, http://www.preventcancer.com). So, why is it that the multibillion-dollar cosmetic and toiletry industry has not acted on this information? The answer is that the major priority of the industry's trade association is "to protect the freedom of the industry to compete in a fair market place." At the same time, the association pursues a highly aggressive agenda against what it claims are "unreasonable or unnecessary labeling or warning requirements." As Senator Edward M. Kennedy (D.MA) stated at 1997 Hearings on the FDA Reform bill: "The cosmetics industry has borrowed a page from the playbook of the tobacco industry by putting profits ahead of public health."

Astoundingly, the interests of industry remain reinforced by the regulatory abdication of the Food and Drug Administration (FDA), in spite of its authority under the 1938 Federal Food, Drug and Cosmetics (FD&C) Act. Clearly, the FDA is the lap dog, rather than the watchdog, of the industry.

Of even greater concern is the reckless failure of the federal National Cancer Institute and the "non-profit" American Cancer Society to inform the public of the avoidable risks of cancer from the use of baby products, especially in view of the escalating incidence of childhood cancers over recent decades. However, the silence of the American Cancer Society is consistent with its over $100,000 annual funding from about a dozen major cosmetic and toiletry industries.

The protracted failure of Congress to enforce FDA's compliance with the FD&C Act has evoked the growing concern of State legislatures. Assemblywoman Judy Chu (D-Monterey Park) of the California Senate Health Committee, recently introduced landmark legislation that requires disclosure of all carcinogenic, hormonal, and otherwise toxic ingredients in cosmetics. Strongly backed by a coalition of consumer, women, occupational, and church groups, but opposed by powerful mainstream industry interests, the Bill failed to pass. However, this shot over the bows of the reckless mainstream industry marks the beginning of nationwide State initiatives to protect consumers and their babies from undisclosed dangerous products and ingredients. Safe alternative products and ingredients, including organic, are becoming increasingly available from non-mainstream companies.

Co-Author Of This Release

Ronnie Cummins
National Director
Organic Consumers Association
Little Marais, Minnesota

October 28, 2005
Press Release

THE LOOK GOOD... FEEL BETTER PROGRAM: BUT AT WHAT RISK?

Launched in 1989 by the Cosmetic, Toiletry, and Fragrance Association (CTFA) and the National Cosmetology Association, the Look Good . . . Feel Better Program is "dedicated to teaching women cancer patients beauty techniques to help restore their appearance and self-image during cancer treatment." About 30,000 breast and other cancer patients participate yearly, each receiving a free makeover and bag of makeup.

Just what could be more noble? Or so it might just seem. The Look Good Program is supported by 22 CTFA-member cosmetic companies, including multibillion-dollar household name global giants. Each year, member companies "donate over one million individual cosmetic and personal care products, valued at $10 million, and raise more than $2 million." The Program is administered nationwide by the American Cancer Society (ACS), "which manages volunteer training, and serves as the primary source of information to the public."

There is no doubt that the products donated by the cosmetic companies, such as eye and cheek colors, lipsticks, moisture lotions, pressed powders and other makeups, are restorative. However, there is also no doubt that the ACS and the companies involved are oblivious to or strangely silent on the dangers of the Look Good products, whose ingredients are readily absorbed through the skin.

A review of 12 Look Good products, marketed by six companies, reveals that 10 contain dangerous chemical ingredients. Based on longstanding scientific evidence, these pose risks of cancer, and also hormonal (endocrine disruptive) effects.

Evidence for the cancer risks is based on standard tests in rodents, and on human (epidemiological) studies. Evidence for the hormonal risks is based on test-tube tests with breast cancer cells, or by stimulating premature sexual development in infant rodents. Unbelievably, the ACS explicitly warns women undergoing chemotherapy --- "Don't use hormonal creams."

Take for example Estee Lauder's LightSource Transforming Moisture Lotion, Chanel's Sheer Lipstick, and Merle Norman Eye Color. These products contain ingredients which are carcinogenic, contaminated with carcinogens, or precursors of carcinogens. The products also contain hormonal ingredients, known as parabens, one of which has been identified in breast cancer tissue, and incriminated as a probable cause of breast cancer.

The ACS silence with regard to the risks of the Look Good products extends more widely to cosmetics and personal care products used by women, personal care products used by men, and baby lotions and shampoos. This silence is also consistent with the imbalanced objectives of the ACS highly publicized annual "Breast Cancer Awareness Month." While dedicated to the

early detection of breast cancer, this event is silent on a wide range of its avoidable causes, besides the escalating incidence of post-menopausal breast cancer, by nearly 40%, over the last three decades.

Of likely relevance to the ACS silence is its interlocking interests with the cosmetic, besides other industries. The major Look Good companies are among some 350 ACS "Excalibur Donors," each donating a minimum of $10,000 annually. Other donors include petrochemical, power plant, and hazardous waste industries, whose environmental pollutants have been incriminated as causes of breast, besides other, cancers. Not surprisingly, The Chronicle of Philanthropy, the nation's leading charity watchdog, has published a statement that "The ACS is more interested in accumulating wealth than saving lives."

The ACS silence is also shared by the National Cancer Institute (NCI), which is required by the 1971 National Cancer Act to provide the public with information on avoidable causes of cancer. In spite of $50 billion taxpayers funding since 1971, the NCI has joined with the ACS in denying the public's right to know of avoidable causes of cancer from industrial chemicals, radiation, and common prescription drugs. Both the NCI and ACS are locked at the hip in policies fixated on damage control-screening, diagnosis, treatment and treatment-related research-with indifference to cancer prevention due to avoidable exposures to chemical carcinogens in cosmetics, other consumer products, air and water.

Equally asleep at the wheel remains the Food and Drug Administration in spite of its explicit regulatory authority. The 1938 Federal Food, Drug and Cosmetic Act explicitly requires that "The label of cosmetic products shall bear a warning statement . . . to prevent a health hazard that may be associated with a product."

No wonder the nation is losing the winnable war against cancer.

October 16, 2007
Press Release

BREAST CANCER AWARENESS MONTH MISLEADS WOMEN

In 1984, the American Cancer Society (ACS) inaugurated the National Breast Cancer Awareness Month (NBCAM), with its Oct. 17 flagship National Mammography Day. The NBCAM was conceived and funded by the Imperial Chemical Industries, a leading international manufacturer of petrochemicals, and its U.S. subsidiary Zeneca Pharmaceuticals. Zeneca is the sole manufacturer of Tamoxifen, claimed to reduce risks of breast cancer, even though it is toxic and carcinogenic.

The NBCAM assures premenopausal women that "early (mammography) detection results in a cure nearly 100 percent of the time." More specifically, the NBCAM is primarily directed to claims for reducing the incidence and mortality of breast cancer through early detection by annual mammography starting at age 40.

Still unrecognized by the ACS, and the National Cancer Institute (NCI), there is strong evidence that routine premenopausal mammography poses significant risks of breast cancer. The routine practice of taking four films annually for each breast results in approximately 1 rad (radiation absorbed dose) exposure, approximately 1,000 times greater than the dose from a single chest X-ray. Each rad exposure increases risks of breast cancer by about one percent, with a cumulative 10 percent increased risk for each breast over a decade's screening. Moreover, the premenopausal breast is highly sensitive to radiation. Not surprisingly, premenopausal mammography screening is practiced by no nation other than the U.S.

Risks of premenopausal mammography are some four-fold greater for the one to two percent of women who are carriers of the A-T gene (ataxia telangiectasia), and highly sensitive to the carcinogenic effects of radiation. By some estimates, this accounts for up to 20 percent of all breast cancers diagnosed annually.

Compounding these problems, missed cancers are common in premenopausal women due to the density of their breasts.

That most breast cancers are first recognized by women was admitted in 1985 by the ACS. "We must keep in mind that at least 90 percent of the women who develop breast cancer discover the tumors themselves." Furthermore, an analysis of several 1993 studies showed that women who regularly performed breast self-examination (BSE) detected their cancers much earlier than women failing to examine themselves. However, the effectiveness of BSE depends on training by skilled professionals, enhanced by annual clinical breast examination by a professional. In

spite of such evidence, the ACS and radiologists dismiss BSE, and claim that "no studies have clearly shown the benefit of using BSE."

A leading Massachusetts newspaper featured a photograph of two women in their twenties in an ACS advertisement that promised early detection by mammography results in a cure "nearly 100 percent of the time." An ACS communications director, questioned by journalist Kate Dempsey, responded in an article published in the Massachusetts Women's Community's journal Cancer "The ad isn't based on a study. When you make an advertisement, you just say what you can to get women in the door. You exaggerate a point ... Mammography today is a lucrative [and] highly competitive business." She just couldn't be any more correct.

With this background, it is not surprising that the NBCAM has neglected to inform women how they can reduce their risks of breast cancer. In fact, we know a great deal about its avoidable causes which are still trivialized or ignored by the ACS. These include:

- Prolonged use of the Pill, and estrogen replacement therapy.

- High consumption of meat which is heavily contaminated with potent natural or synthetic estrogens, or other sex hormones. These are recklessly implanted in cattle in feedlots prior to slaughter to increase muscle mass and profitability.

- Prolonged consumption of milk from cows injected with a genetically engineered growth hormone (rBGH) to increase milk production. This milk is contaminated with high levels of a natural growth factor, which increases risks of breast cancer by up to seven-fold.

- Prolonged exposure to a wide range of unlabeled hormonal ingredients in most cosmetics and personal care products.

- Living near hazardous waste sites, petrochemical plants, power lines, and nuclear plants.

- Occupational exposures of over one million women to carcinogens. These include benzene, ethylene oxide, methylene chloride, phenylenediamine hair dyes, and agricultural pesticides, including DDT residues.

Co-Author Of This Release

Rosalie Bertell, PhD
Former President of the International Institute of Concern for Public Health, Toronto, Canada
Regent of the International Physicians for Humanitarian Medicine, Geneva, Switzerland

July 22, 2009
The Huffington Post

SAFE BREAST SELF EXAM BY YOUNG WOMEN Vs. DANGERS OF MAMMOGRAPHY

Critics of a Bill promoting training secondary school students to do breast self examinations to detect cancer are ignoring the risks of premenopausal mammography.

On March 26 this year, Representatives Debbie Wasserman-Schultz (D-FL) and Amy Klobuchar (D-MN), supported by other leading Representatives introduced the Breast Cancer Education and Awareness Requires Learning Young, EARLY, Act of 2009. The object of this Act is "to increase awareness of the risks of breast cancer in young women, and to provide support for those diagnosed with breast cancer." The bill has 260 co-sponsors, enough to guarantee passage by the House. However, the measure has stalled in the Senate.

The Bill met with a storm of protests by "experts in breast cancer prevention." These included Dr. Donald Berry, chairman of the Department of Biostatistics at the M.D. Anderson Cancer Center, who warned that the bill is misguided. "I leave politics to the politicians, why can't they leave science to the scientists? Except for family history, there are no important risks ... for women younger than 40."

Dr. Leslie Bernstein, director of the City of Hope Comprehensive Cancer Center, also claimed that "We have no known environmental causes of breast cancer other than radiation . . . except when you are having a mammogram," a surprising and damaging admission.

However, these and other critics of EARLY are unaware of the scientific evidence on a wide range of avoidable causes of breast cancer. These include the Pill, estrogen replacement therapy, and living close to hazardous waste sites and nuclear plants.

Not surprisingly, the American Cancer Society (ACS), a strong proponent of routine premenopausal mammography, failed to comment on EARLY. In 1984, with its October flagship National Mammography Day, the ACS inaugurated the National Breast Cancer Awareness Month. This assured women that annual mammography starting at the age of 40 "results in a cure nearly 100 percent of the time." However, and still denied by the ACS, screening mammography poses significant dangers of radiation.

The routine practice of taking two films of each breast annually over 10 years, results in approximately 0.5 rad (**r**adiation **a**bsorbed **d**ose) exposure. This is about 500 times greater than exposure from a single chest X-ray, broadly focused on the entire chest rather than narrowly on

the breast. Moreover, the premenopausal breast is highly sensitive to radiation. Each rad exposure increases risks of breast cancer by about 1%, with a cumulative 5% increased risk for each breast over a decade's screening. So, a premenopausal woman having annual mammograms over 10 years is exposed to roughly 5 rads. This is the approximate level of radiation received by a Japanese woman a mile or so away from where the Hiroshima or Nagasaki atom bombs were exploded.

Radiation risks are increased by fourfold for the 1% to 2% of women who may be unknowing and silent carriers of the A-T (ataxia-telangiectasia) gene, and thus highly sensitive to the carcinogenic effects of radiation. By some estimates, this accounts for up to 20% of all breast cancers diagnosed annually.

Of additional concern, missed cancers are common in premenopausal women due to the density of their breasts. Mammography also entails tight and often painful breast compression, particularly in premenopausal women. This may lead to the rupture of small blood vessels in or around small undetected breast cancers, and the lethal distant spread of malignant cells.

That most breast cancers are first recognized by women themselves was even admitted as early as 1985 by the American Cancer Society (ACS), the world's largest "non-profit" organization. At least 90 percent of women who develop breast cancer discover the tumors themselves."

As detailed in my 1999 publication in the prestigious *International Journal of Health Services*, the ACS is knee deep in conflicts of interest with the mammography industry. Five radiologists have served as ACS presidents and, in its every move, the ACS promotes the interests of the major manufacturers of mammogram machines and films, including Siemens, DuPont, General Electric, Eastman Kodak, and Piker. The mammography industry also conducts "research" for the ACS, to which it donates considerable funds. This blatant conflict of interest is hardly surprising. *The Chronicle of Philanthropy*, the world's leading charity watchdog, published a statement in 1993 that the ACS is "more interested in accumulating wealth than saving lives."

Not surprisingly, ACS promotion continues to lure women of all ages into mammography centers, leading them to believe that mammography is their best hope against breast cancer. An ACS communications director, questioned by journalist Kate Dempsey, admitted in an article published by the Massachusetts Women's Community's journal *Cancer*, "The ad isn't based on a study. When you make an advertisement, you just say what you can to get women in the door. You exaggerate a point . . . Mammography today is a lucrative [and] highly competitive business."

Furthermore, an analysis of several 1993 studies showed that women who regularly performed monthly breast self-examination (BSE) detected their cancers much earlier than those who failed to do so. However, the ACS and radiologists still claim that "no studies have clearly shown any benefit of BSE."

Apart from the importance of self-empowering women, the costs of BSE are trivial compared to the inflationary impact of mammography. The estimated annual costs for screening pre- and post-menopausal women are in excess of $10 billion, equivalent to about 14 percent of Medicare spending on prescription drugs. Costs of digital mammography, enthusiastically supported by radiologists and the radiology industry, are approximately four-fold greater, even in the absence of any evidence for its improved effectiveness.

Finally, and not surprisingly, premenopausal mammography is practiced by no nation other than the United States. As recently reported by the British journalist Liz Savage, "Earlier this year, *The Times of London* published a letter, signed by two dozen physicians and patient advocates, reprimanding the UK's National Health Service for not providing women with adequate information about the risks of screening mammography." The letter described "the harms associated with early detection of breast cancer by screening that are not widely acknowledged. The most important of these harms are over-diagnosis -- and its frequent consequence, over-treatment."

Co-Author Of This Release

Rosalie Bertell, PhD
Former President of the International Institute of Concern for Public Health, Toronto, Canada
Regent of the International Physicians for Humanitarian Medicine, Geneva, Switzerland

December 16, 2009
The Huffington Post

RECKLESS INDIFFERENCE OF THE AMERICAN CANCER SOCIETY TO CANCER PREVENTION

Early this month, top Republican Senator Charles E. Grassley sent letters to the American Cancer Society (ACS), besides the American Medical Association (AMA) and 31 other medical advocacy groups, asking them to provide detailed information on tax-deductible funds that they have received from drug and device makers. Such funds have encouraged these organizations to lobby on behalf of a wide range of industries and strongly influence public policy.

Senator Grassley also invited involvement of "whistleblowers interested in establishing communication regarding wrongdoing or misuse of public dollars." However, this wrongdoing still remains unrecognized by policy makers, let alone by the public. As a result, the incidence of a wide range of avoidable cancers has continued to escalate. Meanwhile, well-documented scientific information on their well-documented causes remains undisclosed or ignored by the ACS. (Epstein, S.S. Cancer Gate: How To Win The Losing Cancer War, 2005).

1971 The ACS refused to testify at Congressional hearings requiring FDA to ban the intramuscular injection of diethylstilbestrol, a synthetic estrogenic hormone, to fatten cattle, despite unequivocal evidence of its carcinogenicity, and the cancer risks of eating hormonal meat. Not surprisingly, U.S. meat is banned by other nations worldwide.
1977 The ACS opposed regulating black or dark brown hair dyes, based on paraphenylenediamine in spite of clear evidence of its risks of non-Hodgkins lymphoma, besides other cancers.
1978 Tony Mazzocchi, then senior international union labor representative, protested that "Occupational safety standards have received no support from the ACS." This has resulted in the increasing incidence of a wide range of avoidable cancers.
1978 Cong. Paul Rogers censured ACS for its failure to support the Clean Air Act in order to protect interests of the automobile industry
1982 The ACS adopted restrictive cancer policies, rejecting evidence based on standard rodent tests, which are widely accepted by governmental agencies worldwide and also by the International Agency for Research on Cancer.
1984 The ACS created the industry-funded October National Breast Cancer Awareness Month to falsely assure women that "early (mammography) detection results in a cure nearly 100 percent of the time." Responding to question, ACS admitted: "Mammography today is a lucrative [and] highly competitive business." Also, the Awareness Month ignores substantial information on avoidable causes of breast cancer.

1992 The ACS supported the Chlorine Institute in defending the continued use of carcinogenic chlorinated pesticides, despite their environmental persistence and carcinogenicity.
1993 Anticipating the Public Broadcast Service (PBS) Frontline special "In Our Children's Food," the ACS trivialized pesticides as a cause of childhood cancer and charged PBS with "junk science." The ACS went further by questioning, "Can we afford the PBS?"
1994 The ACS published a highly flawed study designed to trivialize cancer risks from the use of dark hair dyes.
1998 The ACS allocated $330,000, under 1 percent of its then $680 million budget, to claimed research on environmental cancer.
1999 The ACS trivialized risks of breast, colon and prostate cancers from consumption of rBGH genetically modified milk. Not surprisingly, U.S. milk is banned by other nations worldwide.
2002 The ACS announced its active participation in the "Look Good...Feel Better Program," launched in 1989 by the Cosmetic Toiletry and Fragrance Association, to "help women cancer patients restore their appearance and self-image during chemotherapy and radiation treatment." This program was partnered by a wide range of leading cosmetics industries, which failed to disclose information on the carcinogenic, and other toxic ingredients in their products donated to unsuspecting women.
2002 The ACS reassured the nation that carcinogenicity exposures from dietary pesticides, "toxic waste in dump sites, "ionizing radiation from "closely controlled" nuclear power plants, and non-ionizing radiation, are all "at such low levels that cancer risks are negligible." ACS indifference to cancer prevention became embedded in national cancer policy, following the appointment of Dr. Andrew von Eschenbach, ACS Past President-Elect, as director of the National Cancer Institute (NCI).
2005 The ACS indifference to cancer prevention other than smoking, remains unchanged, despite the escalating incidence of cancer, and its $ billion budget.

Some of the more startling realities in the failure to prevent cancers are illustrated by their soaring increases from 1975 to 2005, when the latest NCI epidemiological data are available. These include:

•Malignant melanoma of the skin in adults has increased by 168 percent due to the use of sunscreens in childhood that fail to block long wave ultraviolet light;
•Thyroid cancer has increased by 124 percent due in large part to ionizing radiation;
•Non-Hodgkin's lymphoma has increased 76 percent due mostly to phenoxy herbicides; and phenylenediamine hair dyes;
•Testicular cancer has increased by 49 percent due to pesticides; hormonal ingredients in cosmetics and personal care products; and estrogen residues in meat;
•Childhood leukemia has increased by 55 percent due to ionizing radiation; domestic pesticides; nitrite preservatives in meats, particularly hot dogs; and parental exposures to occupational carcinogens;

•Ovary cancer (mortality) for women over the age of 65 has increased by 47 percent in African American women and 13 percent in Caucasian women due to genital use of talc powder;
•Breast cancer has increased 17 percent due to a wide range of factors. These include: birth control pills; estrogen replacement therapy; toxic hormonal ingredients in cosmetics and personal care products; diagnostic radiation; and routine premenopausal mammography, with a cumulative breast dose exposure of up to about five rads over ten years.

MAJOR CONFLICTS OF INTEREST

Public Relations

•1998-2000: PR for the ACS was handled by Shandwick International, whose major clients included R.J. Reynolds Tobacco Holdings.
•2000-2002: PR for the ACS was handled by Edelman Public Relations, whose major clients included Brown & Williamson Tobacco Company, and the Altria Group, the parent company of Philip Morris, Kraft, and fast food and soft drink beverage companies. All these companies were promptly dismissed once this information was revealed by the Cancer Prevention Coalition.

Industry Funding

ACS has received contributions in excess of $100,000 from a wide range of "Excalibur Donors," many of whom continue to manufacture carcinogenic products. These include:

•Petrochemical companies (DuPont; BP; and Pennzoil)
•Industrial waste companies (BFI Waste Systems)
•Junk food companies (Wendy's International; McDonalds's; Unilever/Best Foods; and Coca-Cola)
•Big Pharma (AstraZenceca; Bristol Myers Squibb; GlaxoSmithKline; Merck & Company; and Novartis)
•Biotech companies (Amgen; and Genentech)
•Cosmetic companies (Christian Dior; Avon; Revlon; Elizabeth Arden; and Estee Lauder)
•Auto companies (Nissan; General Motors)

Nevertheless, as reported in the December 8, 2009 New York Times, the ACS responded that it "holds itself to the highest standards of transparency and public accountability, and we look forward to working with Senator Grassley to provide the information he requested."

THE CHRONICLE OF PHILANTHROPY

As the nation's leading charity watch dog, the Chronicle has warned against the transfer of money from the public purse to private hands. It also published a statement that "The ACS is more interested in accumulating wealth than in saving lives."

A copy of this release has been sent to Senator Charles E. Grassley, of Iowa.

May 7, 2010
Press Release

AMERICAN CANCER SOCIETY TRIVIALIZES CANCER RISKS: BLATANT CONFLICTS OF INTEREST

The May 6 report by the President's Cancer Panel is well-documented. It warns of scientific evidence on avoidable causes of cancer from exposure to carcinogens in air, water, consumer products, and the workplace. It also warns of hormonal risks from exposure to Bisphenol-A (BPA) and other toxic plastic contaminants, says Samuel S. Epstein, M.D., Chairman of the Cancer Prevention Coalition (CPC).

Concerns on avoidable causes of cancer have been summarized in a January 23, 2009 Cancer Prevention Coalition press release, endorsed by 20 leading scientists and public policy experts, who urged that President Obama's cancer plan should prioritize prevention. These concerns were further detailed in a June 15, 2009 press release. Warnings of the risks of BPA are also detailed in a May 6, 2010 CPC release.

Some of the more startling realities in the National Cancer Institute's (NCI) and the "non-profit" American Cancer Society's (ACS) long-standing failure to prevent a very wide range of cancers are illustrated by their soaring increases from 1975 to 2005.

These include:

- Malignant melanoma of the skin in adults has increased by 168 percent due to the use of sunscreens in childhood that fail to block long wave ultraviolet light;
- Thyroid cancer has increased by 124 percent due in large part to ionizing radiation;
- Non-Hodgkin's lymphoma has increased 76 percent due mostly to phenoxy herbicides; and phenylenediamine hair dyes;
- Testicular cancer has increased by 49 percent due to pesticides; hormonal ingredients in cosmetics and personal care products; and estrogen residues in meat;
- Childhood leukemia has increased by 55 percent due to ionizing radiation; domestic pesticides; nitrite preservatives in meats, particularly hot dogs; and parental exposures to occupational carcinogens;
- Ovary cancer (mortality) for women over the age of 65 has increased by 47 percent in African American women and 13 percent in Caucasian women due to genital use of talc powder;

- Breast cancer has increased 17 percent due to a wide range of factors. These include: birth control pills; estrogen replacement therapy; toxic hormonal ingredients in cosmetics and personal care products; diagnostic radiation; and routine premenopausal mammography, with a cumulative breast dose exposure of up to about five rads over ten years.

Criticisms by the American Cancer Society that the President's Cancer Panel's report exaggerates avoidable cancer risks, reflect reckless indifference, besides narrow self-interest, warns Dr. Epstein.

In 1993, the nation's leading charity watch dog, *The Chronicle of Philanthropy*, warned against the transfer of money from the public purse to the private hands of the American Cancer Society. The Chronicle also published a statement that, "The ACS is more interested in accumulating wealth than saving lives."

These warnings are fully supported by the track record of the ACS for well over the last four decades.

- 1971: The ACS refused to testify at Congressional hearings requiring FDA to ban the intramuscular injection of diethylstilbestrol, a synthetic estrogenic hormone, to fatten cattle, prior to their entry into feedlots prior to slaughter, despite unequivocal evidence of its carcinogenicity, and the cancer risks of eating hormonal meat. Not surprisingly, U.S. meat is outlawed by most nations worldwide.
- 1977: The ACS opposed regulating black or dark brown hair dyes, based on paraphenylenediamine, in spite of clear evidence of its risks of non-Hodgkins lymphoma, besides other cancers.
- 1978: Tony Mazzocchi, then senior international union labor representative, protested that "Occupational safety standards have received no support from the ACS." This has resulted in the increasing incidence of a wide range of avoidable cancers.
- 1978: Congressman Paul Rogers censured ACS for its failure to support the Clean Air Act in order to protect interests of the automobile industry.
- 1982: The ACS adopted restrictive cancer policies, rejecting evidence based on standard rodent tests, which are widely accepted by governmental agencies worldwide and also by the International Agency for Research on Cancer.
- 1984: The ACS created the industry-funded October National Breast Cancer Awareness Month to falsely assure women that "early (mammography) detection results in a cure nearly 100 percent of the time." Responding to question, ACS admitted: "Mammography today is a lucrative [and] highly competitive business." Also, the Awareness Month ignores substantial information on avoidable causes of breast cancer.

- 1992: The ACS supported the Chlorine Institute in defending the continued use of carcinogenic chlorinated pesticides, despite their environmental persistence and carcinogenicity.
- 1993: Anticipating the Public Broadcast Service (PBS) Frontline special "In Our Children's Food," the ACS trivialized pesticides as a cause of childhood cancer and charged PBS with "junk science." The ACS went further by questioning, "Can we afford the PBS?"
- 1994: The ACS published a highly flawed study designed to trivialize cancer risks from the use of dark hair dyes.
- 1998: The ACS allocated $330,000, under 1 percent of its then $680 million budget, to claimed research on environmental cancer.
- 1999: The ACS trivialized risks of breast, colon and prostate cancers from consumption of rBGH genetically modified milk. Not surprisingly, U.S. milk is outlawed by most nations worldwide.
- 2002: The ACS announced its active participation in the "Look Good...Feel Better Program," launched in 1989 by the Cosmetic Toiletry and Fragrance Association, to "help women cancer patients restore their appearance and self-image following chemotherapy and radiation treatment." This program was partnered by a wide range of leading cosmetics industries, which recklessly, if not criminally, failed to disclose information on the carcinogenic, and other toxic ingredients in their products donated to unsuspecting women.
- 2002: The ACS reassured the nation that carcinogenicity exposures from dietary pesticides, "toxic waste in dump sites, "ionizing radiation from "closely controlled" nuclear power plants, and non-ionizing radiation, are all "at such low levels that cancer risks are negligible." ACS indifference to cancer prevention became further embedded in national cancer policy, following the appointment of Dr. Andrew von Eschenbach, ACS Past President-Elect, as NCI Director.
- 2005: The ACS indifference to cancer prevention other than smoking, remains unchanged, despite the escalating incidence of cancer, and its $ billion budget.

The ACS's indifference to cancer prevention also reflects major conflicts of interest with regard to public relations, Dr. Epstein emphasizes.

PUBLIC RELATIONS

- 1998-2000: PR for the ACS was handled by Shandwick International, whose major clients included R.J. Reynolds Tobacco Holdings.

- 2000-2002: PR for the ACS was handled by Edelman Public Relations, whose major clients included Brown & Williamson Tobacco Company, and the Altria Group, the parent company of Philip Morris, Kraft, and fast food and soft drink beverage companies. All these companies were promptly dismissed once this information was revealed by the CPC.

INDUSTRY FUNDING

The ACS's indifference to cancer prevention reflects major industry funding. ACS has received contributions in excess of $100,000 from a wide range of "Excalibur Donors," many of whom continue to manufacture carcinogenic products, points out Dr. Epstein.

These include:

- Petrochemical companies (DuPont; BP; and Pennzoil)
- Industrial waste companies (BFI Waste Systems)
- Junk food companies (Wendy's International; McDonalds's; Unilever/Best Foods; and Coca-Cola)
- Big Pharma (AstraZenceca; Bristol Myers Squibb; GlaxoSmithKline; Merck & Company; and Novartis)
- Biotech companies (Amgen; and Genentech)
- Cosmetic companies (Christian Dior; Avon; Revlon; Elizabeth Arden; and Estee Lauder)
- Auto companies (Nissan; General Motors)

Nevertheless, warns Dr. Epstein, in spite of this long-standing track record of flagrant conflicts of interest, as reported in the December 8, 2009 New York Times, the ACS responded that it "holds itself to the highest standards of transparency and public accountability."

APPENDIX C:
CORPORATE CRIME REPORTER DEBATES

BACKGROUND

INTERVIEW WITH Dr. EPSTEIN, JANUARY 18, 1999

INTERVIEW WITH Dr. EPSTEIN, APRIL 11, 2005

ACS ATTACKS CRITIC, APRIL 12, 2005

DEBATES BETWEEN Dr. EPSTEIN AND ACS, MAY 9, 2005

ACS DEBATES Dr. EPSTEIN, MAY 10, 2005

BACKGROUND

Shortly before my invited January 1999 Corporate Crime Reporter debate with Dr. Michael Thun, vice-president of the ACS, Ann Isenhower, national director of ACS media relations, wrote to the Reporter. "For more than twenty years Sam Epstein has made a career out of repeating unproven, unsubstantiated criticism of the American Cancer Society."

"His motives are suspect and his assertions not credible," Isenhower wrote. "We caution you in your own interests to investigate the sources of Dr. Epstein's funding, as well as his own economic interests. We also caution you to carefully verify the "facts" Dr. Epstein continues to represent to anyone who will listen."

But when the Crime Reporter tried to check the "facts" with Isenhower, she failed to respond. For example, Dr. Epstein stated that he obtained a list, from the ACS 2000 annual report, of over a score of corporate donors who gave the ACS $100,000 or more each, and known as "Excalibur Contributors." He faxed us the list:

This included cosmetics companies (Christian Dior, Elizabeth Arden, Estee Lauder, Avon, Revlon); biotech companies (Amgen, Genentech), petrochemical companies (DuPont, BP, Concho Oil, Pennzoil); auto companies (Nissan), industrial waste companies (BFI Waste Systems); junk food companies (Wendy's International, Unilever/Bestfoods, Coca-Cola); and a slew of pharmaceutical companies (AstraZeneca, Bristol Myers Squibb, GlaxoSmithKline, Merck & Company, and Novartis). The list also included: Shandwick PR; R.J. Reynolds; Edelman PR for Altria, Phillip Morris, and "junk"/fast food and soft drink companies.

The Corporate Crime Reporter wrote Isenhower and asked that she confirm that each of these corporations gave $100,000 to the ACS. Isenhower responded saying that she looked at the 1002 annual report posted on ACS's website and "can find no mention of any of the corporations you mention. Annual cash and in-kind contributions from all pharmaceutical and medical device industry donors combined amount to less than one percent of overall annual Society revenue."

Isenhower further stated that "we do not intend to respond to Sam Epstein's continuing pattern of lies and distortions." However, she was unable to identify any lie or distortion.

<u>Dr. Michael Thun (ACS, Vice-President Dept. Epidemiology)</u>

Dr. Thun charged that Dr. Epstein is "an eloquent spokesman" with a "one-horse agenda." He also charged that he had documentation that I had been funded by the tobacco industry. Faced with demand for this evidence. He responded that this was a mistake and apologized.

Rebuttal To The ACS Charge Of My "One Horse Agenda"

I have approximately 300 publications in leading scientific and public policy journals. The majority of these are on original scientific research, and unrelated to ACS policy. Contrary to Dr. Thun's claims, my positions are also widely endorsed among independent scientists and not personalized. Examples include the 2/4/92 Washington, DC Press Conference critiquing policies of the ACS and National Cancer Institute (NCI).

- Endorsed by 70 leading scientists
- Including directors of federal regulatory agencies: David Rall, NIEHS; Eula Bingham, Occupational Safety and Health Administration, Tony Robbins, National Institute of Occupational Safety and Health
- Failure of the NCI to challenge ACS policies

My February 2003 Report "Stop Cancer Before It Starts Campaign: How To Win The Losing War Against Cancer," was based on over 70 scientific publications, endorsed by 10 recognized national scientific experts, and supported by approximately 100 national activist groups.

INTERVIEW WITH DR. EPSTEIN

13 *Corporate Crime Reporter* 3(1), January 18, 1999

In 1999, one in two American men and one in three women will get cancer. In the 1950s, only one in four Americans were diagnosed with cancer.

Why the increase in the cancer rates? Dr. Samuel Epstein has published detailed evidence implicating industrial carcinogens that permeate our environment -- in our foods, our air, our water, our cosmetics and other consumer products. And he blames the National Cancer Institute (NCI) and the American Cancer Society (ACS) for ignoring these causes and instead spending billions on the elusive search for a magic bullet cure for cancer.

Epstein maintains that with a comprehensive program of prevention, we can drive cancer rates back down to the relatively low rate of the 1950s.

He documents the problem in his recently released book, *The Politics of Cancer Revisited* (East Ridge Press, Fremont Center, New York, 1998) (Copies can be ordered from Amazon.com through Dr. Epstein's web site (www.preventcancer.com) or from the publisher by calling (800-269-2921).

Epstein is a Professor of Occupational and Environmental Medicine at the School of Public Health, University of Illinois Medical Center at Chicago. He is also chairman of the Cancer Prevention Coalition.

CCR: You wrote the original *The Politics of Cancer* in 1978. Why did you decide to write a new edition?

EPSTEIN: This new book traces events from 1978 until today. The 1978 edition of *The Politics of Cancer* demonstrated the validity of animal carcinogenicity tests, showed that there had been a

significant increase in the incidence of cancer, dissected and analyzed the role of the petrochemical, mining and other industries in increasing cancer rates, demonstrated a pattern of manipulation, suppression, distortion and destruction of data by industries, industry physicians and corporate managers who I name. The book also deals, relatively briefly, with the role of federal institutions and agencies, such as the National Cancer Institute and the Occupational Safety and Health Administration, and "charitable" organizations particularly the American Cancer Society.

The thrust of *The Politics of Cancer Revisited* is somewhat different. The question posed by the new book is this: In view of the fact that we have this massive body of evidence on a wide range of avoidable causes of cancer, and a wide range of involuntary, avoidable exposures to carcinogens, in air, in water, the workplace and consumer products, why is it that those institutions and agencies which are specifically charged with responsibility in the area of cancer, and who obtain massive tax dollars from the public, have failed to respond?

Why have they failed to inform the public that cancer is largely avoidable? Why have they failed to inform the public that we can reverse the current epidemic of cancer rates to the relatively low cancer rates of the 1950s?

CCR: In the 1950s, what was the rate?

EPSTEIN: Today, one in two men will develop cancer in their lifetime and nearly one in three women will develop cancer in their lifetime. In the 1950s, the incidence was about one in four.

From 1950 to 1998, there has been an overall increase of about 60 percent in the incidence of cancer. But for cancer of some organs, the increase has been much greater. For non-Hodgkin's lymphoma and multiple myeloma, the increase has been 200 percent. Breast cancers have increased by 60 percent. Male colon cancer has increased about 60 percent. Prostate cancer has increased 200 percent. For testicular cancer in men of the ages 28 to 35, there has been a 300 percent increase since 1950.

This isn't just a function of the increasing longevity of the population. When we compare incidence of cancer from decade to decade, we adjust statistically for the increasing longevity of the population. We do this in the following way: For example, you would look at the incidence of cancer in men aged 50 to 60 a few decades ago, and then you would compare that to cancer in men aged 50 to 60 now.

CCR: People do argue that the reason cancer rates are going up is because the population is aging.

EPSTEIN: This is just nonsense. All of the data are age standardized.

While indeed, the majority of cancers occur in people over the age of 55, there is a wide range of cancers we see occurring in young people. For instance, the incidence of brain and nervous system cancers in children has shot up by 40 percent in the last three decades.

Industry, the National Cancer Institute and the American Cancer Society have spread a variety of mythologies to try to trivialize and explain away this increase. In public statements, the NCI has alluded to the fact that the population is aging, and that this may play a role. They allude to the role of genetics. But clearly, the genetic structure of the human population hasn't

changed in the last thirty or forty years. It takes thousands and thousands of years to see any changes in genetics.

The NCI also says that there have been diagnostic improvements, so we are finding more cancers than before. Well, certainly, when it comes to some cancers, like breast and prostate cancer, there is an element of diagnostic improvement. And a certain percentage of the increase in breast cancer and prostate cancer can be related to changes in diagnosis.

But the NCI and the ACS -- I refer to them as the "Cancer Establishment" -- they have pushed very hard to explain away the increase in cancer rates in terms of the familiar "blame the victim" theory -- it is the predominant role of tobacco, fatty diets, spending too much time in the sun, choosing the wrong parents -- you have parents with genetic predispositions. This is true to a limited extent only. There are some cancers for which there is a genetic role. For example, there is a particular kind of colon cancer that occurs in people with multiple polyps. The cancer establishment also says that there is a shortage of research funds, so they cannot do more on prevention.

This is how the cancer establishment explains away their not always benign indifference to cancer prevention.

The NCI's budget has escalated from about $200 million in 1971, when President Nixon launched the "war against cancer," to about $2.8 billion now. And the NCI is pushing for an annual budget of about $5 billion by the year 2003.

As the cancer rates have been escalating, as the budgets of the NCI have increased by more than tenfold, what has happened to our ability to treat and cure cancer?

For all intents and purposes, there have been minimal, if any, improvements in survival and cure rates, for the overwhelming majority of cancers. For some childhood cancers, there is dramatic evidence of prolonged remissions. I hesitate to use the word cure rates, because there is a high incidence of second cancers in children that are treated for childhood cancer -- a result of the carcinogenic effects of the treatment. And there is also a significant incidence of relapse. In no way am I knocking the advances in treatments in childhood leukemia, but the results are somewhat less optimistic than the cancer establishment will let us know.

The Politics of Cancer Revisited documents that the cancer establishment has been indifferent to cancer prevention. This indifference reflects itself not only in minimal priorities and budgets for research on prevention, but also in an almost total lack of outreach and providing information on a wide range of avoidable cancers to Congress, to regulatory agencies and to the public.

Of course, there is the exception of tobacco, which is the single most important cause of cancer, but I should point out that of the overall 50 percent increase in cancers from 1950 onwards, only about 12 percent is due to smoking. The rest is due largely to non-smoking related cancers. So, this attempt by the cancer establishment to explain away the current epidemic of cancer on smoking alone ignores the fact that the major increase has been in non-smoking related cancers.

CCR: If the cancer establishment understands, as you do, that the epidemic can be reversed if the focus is shifted to prevention, why don't they implement prevention programs?

EPSTEIN: The establishment is fixated on damage control -- diagnosis, treatment and basic genetic research -- and is indifferent, if not sometimes hostile, to cancer prevention. This indifference to cancer prevention reflects at least two factors.

The leaders of these institutions have historically been clinicians -- oncologists, radiologists, surgeons -- whose mindset has always been on damage control -- diagnosis and treatment. They have rarely been interested in or knowledgeable about prevention. They take the position -- prevention has nothing to do with us, that's the job of regulatory agencies. But the regulatory agencies depend on the cancer establishment for information on avoidable causes of cancer.

So, the first factor is an overwhelming mindset, fixated on damage control, with indifference to cancer prevention. And this indifference, in many instances, amounts to overt acts of hostility, particularly from the ACS.

And in the chapter on the ACs, I cite over a dozen examples of actual acts of hostility to cancer prevention, even to the extent of trying to block prevention programs. They regard prevention as irrelevant to their mission. And it detracts from their major focus -- damage control.

The second factor is conflicts of interest, which are significant when it comes to the NCI, but profound and overwhelming when it comes to the ACS.

In the book, I go into great detail on conflicts between the ACS and the cancer drug industry, the mammography industry, the pesticide industry, and other such industries.

The previous director of the NCI, Samuel Broder, left NCI to go to the cancer drug industry. Another NCI director in the 1970s left NCI to go to the ACS and from there to head up the fiberglass industry. Of course, fiberglass is recognized as carcinogenic. Broder left to go to IVAZ, a cancer drug company. In an interview last year, Broder admitted that NCI has become what amounts to a government pharmaceutical company.

So, essentially, we are dealing with mindsets fixated on damage control, compounded by grave conflicts of interest.

CCR: Your book has been endorsed by Congressman David Obey (D-Wisconsin) and John Conyers (D-Michigan). What is Conyers' interest in this?

EPSTEIN: John Conyers wrote a foreword. In 1979, Conyers was developing some legislation on white-collar crime with a major focus on crimes of economic motivation with economic consequences. He asked me whether there was anything relevant in the environmental and public health community and I said -- you bet there is. He asked me to draft some legislation and I drafted a portion dealing with crimes of economic motivation resulting in adverse public health consequences -- I recommended prison sentences for offending CEOs and recommended criminal prosecution.

As I clearly document in my new book, the conduct of the cancer establishment for the last few decades, from a public health standpoint, has reflect4d high crimes and misdemeanors. Why? They have failed to develop a program to reverse the cancer epidemic to the low rates of the 1950s. At the same time, they are assuring the public that cancer rates really haven't gone up all that much -- which is untrue -- and are assuring the public they are spending a great deal of time and money on prevention, which is untrue. The budget for occupational cancer, which is the most preventable of all cancers, is under one percent of the total bloated NCI budget. Yet occupational cancers comprise at least 10 percent of all cancers in the country.

Not a penny is spent on providing information on an overwhelming array of carcinogenic ingredients and contaminants in consumer products, cosmetics and toiletries, household products and food. Not a word of this reaches the public from NCI and ACS. In fact, they trivialize these exposures. By so doing, they are playing a major role and bear major responsibility for losing the winnable war against cancer.

And when you look at this epidemic of cancers which we are seeing now, it is difficult to avoid the disturbing conclusion that the wanton and reckless conduct of the cancer establishment has been largely responsible for this epidemic.

CCR: If you were the general in charge of what you call the winnable war against cancer, how would you win it?

EPSTEIN: The way I would win it reflects not only my views, but the views of the group of 64 experts in public health, preventive health, and carcinogenesis who joined with me at a February 1992 Washington, D.C. press conference. We accused the cancer establishment of indifference to cancer prevention and of conflicts of interest. We also made a series of recommendation as to what should be done.

The cancer establishment must recognize that cancer is largely avoidable. The cancer establishment must be forced to increase its present minuscule appropriations for cancer prevention so that they achieve parity with diagnosis, treatment and basic research over the next few years.

CCR: What has to be done on the regulatory end?

EPSTEIN: That follows. First you have to have parity in resources for prevention and for damage control. We need to do detailed and ongoing research on all of those cancers whose rates have increased substantially since 1950 in order to document their causes. The public has to be provided with detailed information on all sources of avoidable exposures to carcinogens -- in air, water consumer products, food and the workplace.

NCI and ACS should then go to Congress and say -- here is a body of information we have systematized. We have documented the fact that there are a wide range of avoidable and involuntary carcinogenic exposures. We need legislative action to reflect this. This has never been done before. Congress has no idea that modern cancer is largely preventable, because Congress has been hoodwinked into the viewpoint that all is well and what is needed is just more money.

In spite of the $25 billion that has been spent since the war against cancer was launched in 1971 and in spite of the 25 million deaths, there hasn't been any significant increase in survival rates. So, in spite of this vast effort in damage control, cancer survival rates are basically the same. This has to be explained to Congress. Right now, the cancer establishment is telling us -- give us more money and we will win the war against cancer by finding the magic bullet.

Every six months or so, you see headlines in the New York Times about the latest miracle cancer cures, nearly all of which fizzle out. These claims cure or dramatic advances are based on short term tumor responses. But when you follow up, you find that the patients survive no longer than the patients who are not treated at all or those who are treated with conventional surgical treatments.

CCR: Are you ruling out the possibility that there might be a cure?

EPSTEIN: Not at all. That would be reckless and foolhardy. On the other hand, what I'm saying is, that in spite of the vast expenditures in these new cancer drugs, there has been minimal if any improvement in overall survival rates and for the majority of cancer. There have been minor improvements.

CCR: Are we doing more harm than good?

EPSTEIN: In some instances, one can say yes. There is evidence that some cancer drugs are so highly toxic that survival may be reduced rather than increased.

Without a vigorous public presentation of available data on avoidable causes of cancer an without vigorous research programs to support such data, Congress will never be able to take the appropriate action and regulatory agencies will never be able to take the appropriate action.

In February 1992, we proposed a series of initiatives in an effort to stimulate such reforms.

CCR: Based on what we know about carcinogens in the environment, what would legislation look like and which industries would be affected?

EPSTEIN: The major impact would be on the cancer drug industry. The cancer drug industry now swallows up the overwhelming bulk of available cancer tax dollars. Most of the research and clinical trials are conducted on these drugs by the NCI using taxpayers money. And when the drug shows promise, it is turned over to the cancer drug companies without restrictions on what they can charge for it.

The taxpayer pays for the research on these drugs. And once the research is complete, the drugs are turned over to the cancer drug companies, and they charge up to 20 times the production cost of the drug. So, basically, as Broder admitted, the NCI has become what amounts to a government pharmaceutical company.

A major impact of this initiative would be on the cancer drug industry, because the public would then realize that in spite of these vast expenditures, there has been minimal progress in the area of treatment and that prevention is the ideal way to go, rather than damage control.

Having said that, let me repeat again -- we do have a substantial body of data on avoidable causes of cancer, which hasn't reached Congress, regulatory agencies and the public. We also need substantially more research in this area. Every citizen in this country should have at his fingertips documentation in very simple language on the involuntary exposure to those avoidable carcinogens that contaminate their air, water, and workplace. This information should be passed from NCI and ACS to Congress and to regulatory agencies.

We need legislation to prohibit the introduction into commerce of any new carcinogens. In other words, the first line of defense is an absolute prohibition of further increasing the burden of carcinogens in the environment.

CCR: Right now, it is legal for industry to introduce carcinogens into the environment?

EPSTEIN: Unbelievably, yes.

CCR: Under your proposal, the industry would have to prove that a chemical is safe -- that it does not cause cancer or other chronic toxic effects -- before it can be introduced into commerce and the environment.

EPSTEIN: Absolutely. The burden should be on industry to provide clear-cut, unequivocal evidence on the safety of any new product or process, as opposed to imposing a heavy burden on regulatory agencies and the public to prove risk.

Secondly, we need to phase out the use and production of carcinogens already in use in commerce.

CCR: If we do that, won't that dramatically change what our economy looks like?

EPSTEIN: No.

CCR: One of the carcinogens you list as carcinogenic is vinyl chloride. Vinyl chloride is everywhere.

EPSTEIN: When Eula Bingham was in charge of the Occupational Safety and Health Administration (OSHA) during the late 1970s, she initiated a program under which industry was encouraged to develop alternative products and processes to carcinogenic products and processes.

In 1989, in Massachusetts, a dramatic initiative was developed by citizen and public interest groups, the University of Lowell, and industry. In 1989, the state passed the Toxic Use Reduction Act. This law required the state to identify safe alternatives to carcinogenic products in use.

Incidentally, since 1989, there has been striking success in Massachusetts in the phasing out of carcinogens.

CCR: Are cancer rates being affected as a result of the law?

EPSTEIN: This is much too early to say. The program started in 1989. But the use of carcinogenic solvents has been reduced by over 20 percent.

There is also the issue of right to know. Mainstream cosmetics, for example, are a witch's brew of undisclosed carcinogenic ingredients and contaminants, which I have documented in great detail in my 1995 book called *The Safe Shopper's Bible*.

Until the public is given this information, there will be little or no incentive for Congress to develop other legislative initiatives. And also the public will then be able to take steps to

protect themselves. Consumers could then tilt the marketplace in favor of safe products by boycotting mainstream products and switching to organic products which are free from carcinogenic ingredients and contaminants.

Let's us further say that whenever you get your water bill, the bill should contain a detailed listing of all carcinogens present in the water and their concentrations. In fact, this proposal has already been backed by Congressman Henry Waxman (D-California), among others.

This alone, like the fear of hanging, would wonderfully concentrate the mind. If a group of citizens were to see in their water bill what s in their water, they would exert immediate political pressure to ensure that local industries didn't pollute the water and to ensure that local municipalities installed activated carbon filtration systems.

Whenever you have an industry located in any particular community, that community should have the right to full information about what chemical carcinogens are discharged from the smokestack, and what chemical carcinogens are in the products they manufacture.

CCR: You have been an expert witness for Europe in a lawsuit before the World Trade Organization brought by the U.S. and Canada against the Europeans for banning hormonal meat in 1989.

EPSTEIN: The facts clearly show that in American meat there are very high residues of carcinogenic sex hormones and also that the Food and Drug Administration and the U.S. Department of Agriculture do no monitoring of hormones in meat. The "expert committee" -- the Food and Agriculture Organization and the World Health Organization that support the American and Canadian positions, are constituted of people who have no expertise in public health, preventive medicine or carcinogenesis, and who are either regulatory officials or industry consultants.

So, it would be appropriate for NCI and ACS to have warned that American meat represents a major risk of reproductive cancers -- the evidence is clear-cut. One of the leading cancer endocrinologist of the age, Roy Hertz, in the 1970s, warned about the cancer risks from hormones in meat.

I was able to show to the WTO that these residues do represent significant hazards that the American public are totally unaware of.

In 1997, the WTO ruled against Europe. On appeal, the decision was substantially reversed. To all intents and purposes, the European ban on hormonal meat has now been upheld, subject to some minor clarifications.

Also, based on my research, and unchallenged publications in professional peer-reviewed scientific journals, the Europeans have handed down a moratorium on the use of rBGH milk. In all probability, within a short period of time, that moratorium will be converted to a ban.

Milk from cows injected with bovine growth hormone is supercharged with high levels of a growth factor -- IGF-1 -- which is clearly associated with breast, colon, prostate and other cancers. This evidence has been trivialized by industry and ignored by the cancer establishment.

CCR: Why do you believe that on the issues of hormones in beef, genetically engineered foods, and rBGH, the Europeans have such different views than we do?

EPSTEIN: Twenty years ago, the U.S. was way ahead of the Europeans. But the opposite is now true. European consumers now have an innate conservatism. I guess they feel --don't mess around with Mother Nature until you know exactly what you are doing.

In the last decade or so, we have been able to provide scientific data to prove the soundness of this instinctual concern. The Europeans tend to be less willing to accept recommendations and positions of the so-called expert groups. Gradually, there has been a disillusionment with the role of so-called authoritative science coupled with skepticism. I find the climate of opinion and public recognition of these hazards now much more developed in Europe than in the U.S.

CCR: You argue that the cosmetic industry knowingly sells products that contain a wide range of carcinogenic ingredients without any warning to consumers. What should be done about this?

EPSTEIN: We should have a law prohibiting any company from knowingly polluting the environment with carcinogens, or selling products that contain carcinogens. And there should be criminal sanctions against offenders.

CCR: This was the legislation you drafted for Congressman Conyers in the late 1970s. Where did it go?

EPSTEIN: It went nowhere at all. Henry Hyde (R-Illinois) was the minority Republican head of the House Judiciary Committee at that time. He became very irritated with me for drafting this legislation and talking about white-collar crime. He made snide remarks about my British accent. He asked -- are you saying that churching-going and honest citizens and CEOs of companies should be thrown in jail with common criminals? I said -- yes, they should be thrown in jail -- more so than common criminals because at least they had the education and the opportunity and they should have known better.

This legislation needs to be revived. In *The Safe Shopper's Bible*, we have clearly demonstrated that major consumer products knowingly sell products which are heavily contaminated with carcinogenic ingredients. In my mind, this clearly is corporate crime.

CCR: What does it say about the state of science reporting in this country that this message isn't getting out?

EPSTEIN: The cancer establishment has powerful control over the media. They have their own vast media machinery. And the majority of newspaper have rolled over. Gina Kolata and Natalie Angier, the leading science reporters at the *New York Times*, are overwhelmingly disinterested in prevention while at the same time, they write glowingly and uncritically about the latest advances in diagnosis and treatment.

INTERVIEW WITH DR. EPSTEIN

19 Corporate Crime Reporter 15(1), April 11, 2005

The National Cancer Institute's (NCI) budget will be $5 billion this year. That is about 30 times what it was when it was created in 1971. But non-smoking related cancer rates have continued to climb over the last 35 years. So, why is it that despite the billions in expenditures, we are losing the cancer war?

Dr. Samuel Epstein has an explanation: the cancer establishment-comprised of the NCI and the American Cancer Society - have ignored the magic bullet - prevention. Why? Because they are riddled by serious and pervasive institutional and individual conflicts of interests that protect major industries that pollute the water we drink, the air we breathe and the food we eat.

Dr. Epstein's message: dramatically increase the minuscule prevention budgets at NCI and ACS, and cancer rates will dramatically drop. And yes, it is about corporate crime, Dr. Epstein says. After all, it is about industry knowingly exposing citizens to avoidable carcinogens. Epstein is the author of the just released book Cancer-Gate: How to Win the Losing Cancer War (Baywood Publishing Company, 2005).

We interviewed Dr. Epstein on April 7,2005.

CCR: What is your current professional position?

EPSTEIN: I'm professor emeritus of environmental and occupational medicine, School of Public Health, University of Illinois Medical Center. That's in Chicago. I'm also the chairman of the Cancer Prevention Coalition, which is a non-profit, founded in 1994.

Our major objective is to provide the public with information on avoidable causes of cancer and also to make it clear that there are fundamental political and economic issues which

are at the basis of the concerns of the current losing cancer war.

CCR: How long have you been at the University of Illinois?

EPSTEIN: Since 1975.

CCR: Are you still teaching?

EPSTEIN: I teach one course a year. The course this year is going to be on the theme of the book. It will be drawing attention to the current political concerns, on the losing war against cancer, why we are losing the war against cancer, the role of the National Cancer Institute and the American Cancer Society in blaming the victim for losing the war rather than pointing to a very wide range of avoidable industrial causes of cancer.

CCR: You talk much about blaming the victim. What do you mean by that?

EPSTEIN: The position of the cancer establishment-as represented by the National Cancer Institute and American Cancer Society-is that if you get cancer, it is largely your own fault. You smoke too much, you drink too much, you are obese, or you have chosen the wrong genes, you have the wrong parents-you are genetically predisposed.

CCR: Isn't it true that smoking, alcohol, and obesity lead to higher cancer rates?

EPSTEIN: There is no question that smoking is the single most important cause of all cancer. But what has been happening over the last few decades is that the incidence of tobacco-related lung cancer, particularly in men, has been declining very sharply.

So, we are seeing major reductions in lung cancer rates over the last few decades, and this is largely the result of the Surgeon General's 1964 report on smoking and cancer. It has relatively little to do with the National Cancer Institute and American Cancer Society. In fact, what we have seen is a major reduction in cancer incidence and mortality over the last few decades due to the decline in smoking, particularly in men.

This has been more than compensated by a major increase in a wide range of nonsmoking cancers. And the public has little understanding of this massive increase in nonsmoking cancer.

CCR: How many Americans are getting cancer? How many Americans are dying from cancer?

EPSTEIN: At the present moment, based on last year's data...

CCR: Where are the data from?

EPSTEIN: They are largely from the National Cancer Institute's Surveillance Epidemiology and End Results (SEER).

Last year, there were about 700,000 new cases of cancer in men and about 670,000 in

women.

The deaths last year were somewhere in the region of 300,000 in mean and about 250,000 in women. So last year, there were 1.3 million new cases of cancer and more than 500,000 deaths. So, as far as men is concerned, nearly one in two men are getting cancer, which represents an increase in about 50 percent or so in the course of one generation. And more than one in three women are getting cancer, which represents a 20 percent increase in one generation.

In other words, cancer has become a disease of mass destruction and is now the leading cause of death.

CCR: What is the rate over the last ten years?

EPSTEIN: In the early 1970s, President Nixon declared the war on cancer. Congress passed the National Cancer Act, which split the National Cancer Institute away from the National Institutes of Health and gave it autonomy. The President authorizes the budget of the National Cancer Institute-not Congress. Let's look at non-smoking cancers from 1973 to 1999- these are cancers that can't be blamed away on the blame the victim theory.

For post-menopausal breast cancers, there is about a 55 percent increase, testes shows a 70 percent increase, post-menopausal ovarian cancer, about 30 percent, thyroid 70 percent, non-Hodgkin's lymphoma about 90 percent.

For childhood cancers, the figures are roughly about 25 percent, but for some childhood cancers, like acute lymphocytic leukemia, they have gone up by 64 percent, brain cancer about 50 percent.

For all cancers excluding lung, they have gone up 23 percent overall - for men about 30, and women about 13 percent. The average age of caner is about 67 in adults. Now, compare the mortality from cancer against the mortality from heart disease.

From 1973 to 1999, the mortality from cancer has gone up by about 30 percent. The mortality from heart disease has gone down by about 20 percent.

CCR: If you were to plot year by year the cancer incidence rate, is it constantly going up since 1973?

EPSTEIN: In the last four or five years, there has been a slight leveling off. But it is still at a very high level.

CCR: Why is it leveling off?

EPSTEIN: We really don't know. But the rates are still excessively high compared to the 1970s. If you chart non-smoking cancer incidence rates and plot that against the budget of the National Cancer Institute, you will find that they are approximately parallel. In other words, the more money we spend, the more cancer we get. In 1977, when President Nixon declared the war on cancer, the budget of the National Cancer Institute was about $170 million. It is now about $5 billion, which is about a 30 fold increase. So, the more money we spend, the more cancer we get.

CCR: Why are cancer rates increasing?

EPSTEIN: Let's go over the reasons. Is it possible the reason is that people are living longer? No that isn't the case. The figures that I have given you are based on what is called age standardized rates. We standardize them to take into account the fact that people are living someone longer now than they were thirty years ago. So the age factor is irrelevant.

Is it smoking?

Smoking is the single largest cause of cancer. But these increases are not smoking related. The increases are based on non-smoking cancers.

Is it genetics? The answer is no. It takes tens of thousands of years for the genetics of human populations to change.

So, what then is the reason for it?

It is an expression of avoidable industrial causes of cancer, for which we have an overwhelming body of scientific documentation. And these avoidable industrial causes of cancer are many fold. They exist in the totality of our environment.

From consumer products-the food of the nation is highly contaminated with a wide range of carcinogens, ranging from pesticides to hormones in meat, Cattle in feedlots are given potent

hormones prior to slaughter to increase their muscle mass. And therefore there are very high residues of carcinogenic estrogens in the meat. The you irradiate the meat, which creates a whole family of carcinogens.

Cosmetics and toiletries are a witch's brew of undisclosed carcinogenic ingredients and also precursors of carcinogens. Household products, particularly pesticides-household use of pesticides can increase the risk of childhood lymphomas by up to six or seven fold.

There is no double that proximity of residents to petrochemical industries, municipal incinerators-are major risk factor. And the environment is becoming increasingly contaminated with multiple carcinogenic byproducts of industrial processes. Water is becoming increasingly contaminated with a variety of industrial carcinogens. And I would single out atrazine, a commonly used herbicide.

Proximity to hazardous waste sites is a risk factor for several cancers.

Occupation is responsible for up to about 20 percent of cancer mortality.

There is a pretty wide range of carcinogenic pharmaceutical products currently on the market. These include lindane, which is used to get rid of head lice. you have Ritalin for attention deficit disorder. You have Evista by Eli Lilly to prevent bone lone in post-menopausal women. Eli Lilly's own data recognize that it causes a high incidence of ovarian cancer in mice and rates. Back in 1998, I discussed this on CBS *Sixty Minutes*.

Pre-menopausal mammography. The radiation dosage for pre-menopausal mammography is just a little bit short of the radiation does delivered to Japanese women outside of the epicenter where the atom bomb exploded outside of Hiroshima and Nagasaki, which was estimated to be about ten rads. The dose of radiation over a ten year period to pre-menopausal mammography is about five to six rads. Women are constantly assured- that the radiation does is trivial and don't need to worry about it-it's just like a transatlantic air flight.

But in fact, it is a very, very high dose. And in fact, the reliability of pre-menopausal mammography is low. The incidence of false positives-falsely diagnosed cancers-is extremely high. The incidence of missed cancers is extremely high.

And in fact, breast self-examination is much safer, much more reliable. In this context, the industry, together with NCI and ACS, are pushing for digitized mammography, the cost of which would be extraordinary.

Pediatric CAT scans-the use of CAT scans for children if they hit their head. Children are given CAT scans with very high doses of radiation generally about 14 to 15 times greater than is

needed for diagnostic purposes. And that is one of the reasons why childhood cancer rates are on the increase.

Two other reasons why cancer rates are increasing-one is the rollover the mainstream media. The mainstream media is highly gullible. They are taken in by the massive public relations of the NCI and the ACS. The Arthur Andersen silence regarding Enron's misconduct pales in comparison to NCI and ACS silence regarding reckless misconduct by petrochemical and the other industries. Arthur Andersen's silence created financial meltdown. But the silence of the NCI and ACS has resulted in the current cancer epidemic.

CCR: When you say the cancer establishment, you mean the NCI which is part of the federal government, and the ACS, which is a private foundation. What are the budget's of these two groups?

EPSTEIN: The budget of the NCI is now about $5 billion, which is 30 times greater than it was in 1971, when the National Cancer Act was passed. The ACS's annual budget is about $830 million per year.

CCR: What do they do with the money?

EPSTEIN: The best answer comes from Leland Hartwell, the president of the Fred Hutchison Cancer Research Center in Seattle and the 2001 Nobel laureate. In April 2004, he spoke at the American Association for Cancer Research. "Congress and the public are not paying [NCI] $4.7 billion a year just to learn about cancer [through basic research]. They are paying to cure the disease." He went on to say that most resources for cancer research are spent on "promoting ineffective drugs" for terminal disease.

In other words, over the last 30 years, for the great majority of cancers, there has not been any improvement in survival rates. And the vast majority of NCI's money goes to drugs that will increase survival by one, two, or three months.

CCR: If you or anybody comes down with cancer, you are going to be looking to find the magic bullet, right?

EPSTEIN: Well, we have been looking for the magic bullet for the last 40 years.

CCR: That's the human hope-if you get an illness, medicine will cure you.

EPSTEIN: The more cancer you prevent, the less cancer there is to treat. NCI and ACS assured President Nixon that in fact we could cure cancer in our lifetime. In fact, in 7969,NCI and ACS took out a full page ad in the New York Times that said - "we are so close to a cure for cancer that we lack only the will and the kind of money they went into putting a man on the moon. Why don't we conquer cancer by America's 200th birthday?"

Since the early l970s, there have been a series of claims by the NCI and ACS that they are making great progress, and the cancer incidence rates and mortality rates are going to decline.

CCR: Why haven't they been able to come up with the magic bullet?

EPSTEIN: Early diagnoses for curable cancers is critically important. But as far as cancer drugs

is concerned, there has been little or any significant improvement in overall survival rates as evidenced by the fact that there has been no reduction in mortality over the last 30 years. There are exceptions, like Tamoxifen for estrogen sensitive breast following surgery. There is evidence that Tamoxifen improves survival.

CCR: Why is the cancer establishment not able to find the magic bullet, despite all of this money being spent?

EPSTEIN: We are going about it the wrong way. We are looking for magic drugs, drugs which

possess the power to cure. We have been doing this for 30 years. And every three or four months there are announcements about a miracle drug-and then nothing. Vast amounts of money have been spent. And nothing. So, you are dealing with the wrong generals and the wrong strategy.

CCR: Are you saying that this is a fool's errand-that we shouldn't be searching for the magic bullet?

EPSTEIN: Not at all. My position is that we should continue spending reasonable amounts of money attempting to find improved methods of treatment. There is no question. There is no serious argument that any positive steps in terms of improved early diagnosis and treatment are welcomed.

What we are talking about is the overwhelming imbalance. We are spending billions of dollars on finding miracle drugs, which have turned out to be useless. The exceptions are patients living one or two or three months longer, but in some instances, the patients die of toxicity from the drugs. So, it isn't a question of treatment versus prevention. Every effort has to be made across the board. But the miracle drug strategy has turned out to be a flop. So, we are talking an overwhelming imbalance in strategies. So, you have billions of dollars searching for the cure,

while there is virtually indifference to prevention. And I repeat-the more cancer you prevent, the less cancer there is to treat.

CCR: Are you convinced that if the priorities were switched from the beginning that the cancer rates would be coming down by now?

EPSTEIN: There is just no question at all. I should point out that prevention has been endorsed by the widest possible range of independent scientists in cancer, cancer prevention and public health, going back over the past few decades. In 1992, we had a major press conference in Washington, D.C. Then in 2003, we launched a Stop Cancer Before It Starts Campaign Report, which was endorsed by about 130 leading independent scientists and community activists.

CCR: What is the cancer establishment's position on prevention?

EPSTEIN: It is based largely on the position of that of Sir Richard Doll. In the late 1970s, a blue ribbon commission of the top leadership of the National Institutes of Health came out with a report which found that occupational exposures to carcinogens was accounting for something like 25 percent of cancer mortality. This so upset the industry. So, they brought over Sir Richard Doll from England and asked him to do a report on cancer mortality in the United States. He published a report in the *Journal of the National Cancer Institute*. He concluded based on guesstimates that the blame the victim factors were responsible for over 90 percent of all cancers. And pollution and industrial products were responsible for six or seven percent. In the 1950s and 1960s, Sir Richard Doll was perhaps the world's leading epidemiologist. He has made some overwhelmingly important contributions in cancer prevention, including in areas such as smoking, nickel, gas production tars, asbestos. However, by the 1970s, he became a closet industrial consultant. And nobody knew a damned thing about it.

In 1976, he claimed it was unethical not to treat drinking water with fluoridated industrial wastes. As you know, water has been fluoridated in many parts of the country and Europe. But it has not been treated with straight fluoride. It is with highly contaminated fluoridated industrial wastes.

In 1981, he came out with his testament that lifestyle factors are responsible for 94 percent of cancer mortality.

In 1982, as a long-standing consultant to Turner and Newall, which was the leading UK asbestos company, he reassured the workers that low-level asbestos exposure was safe and refused to testify on behalf of dying workers or their bereaved families in litigation against the industry.

In 1983, as a consultant to General Motors, he denied that exposure to leaded petroleum was a hazard.

In 1985, he supported Monsanto in trivializing cancer risks from testified before Australian courts against Australian veterans who had been exposed to Agent Orange.

In 1987, he dismissed evidence of childhood leukemia clusters near 15 UK nuclear power

plants.

In 1988, he claimed that the excess mortality from leukemia and multiple myeloma among servicemen exposed to radiation from the atom bomb tests was a "statistical quirk." In

1988, in a review on behalf of the Chemical Manufacturers Association in the U.S., Doll claimed that there was no significant evidence for an association between occupational exposure to vinyl chloride and brain cancer.

By 2000, he admitted that industry had given charitable donations to his university at Oxford in recognition of the work that he had done for the industry.

Doll admitted that the largest "charitable" donation came from Turner and Newall, the largest UK asbestos multinational "in recognition of all of the work I had done for them." And even today, the NCI and ACS rely on the discredited estimates of Doll, despite the overwhelming evidence that he was an industry consultant. The leadership of NCI and ACS comes from the ranks of surgeons, radiologists and oncologists, whose fixation, training and background is focused on damage control, diagnosis, research and treatment.

This mindset has been powerfully reinforced by institutional and personal conflicts of interest. These are much more acute at the American Cancer Society, but they are certainly the case also at the National Cancer Institute.

When President Nixon declared the war on cancer, he created the President's Cancer Panel. In the 1970s, this panel directed policy for the National Cancer Institute. The first chairman was Benno Schmidt, a senior drug company executive and investment banker. He expressed total disinterest in prevention. And he thought the way to go was to focus on the magic bullet. In the 1980s, who took over? Armand Hammer, chairman of Occidental Petroleum, one of the nation's largest manufacturers of carcinogenic industrial chemicals.

So, for the first twenty years of so, the President's Cancer Panel, which developed policies for the National Cancer Institute, was in the hands of big Pharma and then petrochemical industry. Who was the first NCI director? Frank Rauscher. He resigned in 1976 to become a vice president at the ACS. He then moved on to become executive director of the Thermal Insulation

Manufacturers Association, which promoted the unregulated use of carcinogenic fiberglass.

Samuel Broder, vice president of NCI, resigned in 1995 to become a vice president at IVAX, a major manufacturer of cancer drugs. Shortly before he resigned, he told the Washington Post "The NCI has become what amounts to a government pharmaceutical company."

Dr. Richard Adamson, NCI's former director of research and policy on cancer causation, left the NCI in 1994 to head the National Soft Drinks Association, which vigorously promoted the use of artificial sweeteners, particularly the carcinogenic saccharin.

CCR: Do you have allies within the NCI?

EPSTEIN: I do have some friends there, but I don't want to endanger those very few allies within NCI. As far as the ACS, the relationship is one of overwhelming hostility on their part. A 1992 vice president of ACS appeared on a radio program with me. I went through some of the conflicts of interest at ACS. He got so excited and agitated, he started screaming, lost control of himself. The show was terminated. In fact, since then, they have refused to debate me. There have been many invitations.

CCR: Why do you think that the Cancer Prevention Coalition has been unable to break through

on this issue?

EPSTEIN: We have no resources. We are dealing with industries with overwhelming resources. They spend millions and millions diluting the newspapers with op-eds and press releases, trumpeting the latest successes in the war against cancer.

A couple of years ago, I did get a long editorial in the Los Angeles Times. But these things are a drop in the ocean. There has been a massive rollover of the major media, succumbing not unnaturally to this major public relations campaign.

One of the interesting things is that from 1998 to 2004, the public relations for the tobacco industry was handled by Shandwick International and Edelman. Interestingly, as an aside, the public relations for the American Cancer Society was the same PR firm for the tobacco industry. You are dealing with a multi-billion operation. Money is no object. They deluge the media. So, why is the media to pay attention to the odd individual maverick, even if there are a hundred or so mavericks making the same point? They are being reassured that there is really no problem.

A couple of years ago, the National Academy of Science did a review of the problems at the National Cancer Institute. They found that the National Cancer Institute had been operating as independently and should be folded back into the National Institutes of Health. NCI does not depend on Congressional authorization. It depends on Presidential authorization. By having

isolated the NCI from the other 26 National Institutes of Health, you really isolated it from the broad public health community.

Now, why have we seen a drop in cancer smoking rates? Because of a major prevention campaign by the National Heart, Blood and Lung Institute.

CCR: If you were the head of the NCI and you were in charge of the $5 billion a year budget, how would you spend it?

EPSTEIN: The NCI has the responsibility of providing the public with information on avoidable causes of cancer. There would be a gradual increase over a five year period of the National Cancer Institute's budget for prevention. It should at least reach parity with all other expenditures of the NCI.

CCR: What is NCI's prevention budget now?

EPSTEIN: I had a debate with the NCI in 1992. I debated the staff before Congress. I estimated at the time that their budget for prevention was three or four percent of the total budget. This has gone unchallenged by the NCI. Interestingly enough, the NCI claims a very much higher percentage on prevention, but has never backed it up with hard numbers.

About five years ago, I worked with Congressman Obey trying to nail NCI down on this. We prepared a list of questions to Richard Klausner who was then director of NCI. We defined what we meant by prevention. And we asked him how much money was being spent on prevention. He came up with a figure of 20 percent. Then Obey said to him-what's the basis for this? And he responded simply by changing the estimate to 40 percent, again without providing any information on the details of this.

So, they have failed to make any statement as to what percentage of their budget goes to prevention. My estimate of four percent seems to be reasonable and has never been challenged. And no data to the contrary have ever been submitted.

CCR: Would you ramp up regulation and force these carcinogenic ingredients off the market?
EPSTEIN: NCI has no regulatory authority. It's job is to provide information to Congress, to regulatory agencies, and to the public. Congressman Obey asked Klausner-do you have a

database on carcinogens to which people are exposed? He said-we do have such information. But they provide no such information to the public. The public has a right to know of avoidable causes of disease and death. We are dealing with fundamental issues of right to know.

We are dealing with a situation of white collar crime by industry. The industry knowingly exposes the public to a wide range of avoidable carcinogens in the environment. The research has already been done. We are talking about the need to systematize available information to provide it in a reader friendly fashion to congress, to regulatory agencies and to the public.

The failure to do so represents a frank denial of the public's right to know and a betrayal

of the duty imposed on them by the National Cancer Act.

In 1997, there was a belated release of decade old data which predicted over 200,000 thyroid cancer from exposure to radioactive fallout following the hydrogen bomb tests in Nevada during the 1950s. The incidence of these cancers has about doubled public since the 1970s. Had the public been warned in time, these cancers could have been readily prevented with thyroid medication.

In 1999, the Senate Committee on Government Affairs found that the NCI's investigation into this matter was plagued by lack of public participation and openness and that failure to release this information to the public was a travesty.

We are really dealing with a situation of mindsets fixated on damage control. They are aggravated by institutional conflicts of interest. In the case of the ACS, it is far worse. They are aggravated by close ties to polluting industries.

CCR: Are there countries that have flipped the priorities and emphasized prevention?

EPSTEIN: The answer to that is no. In 2001, the European Commission proposed a set of proposals called the Registration, Evaluation, and Authorization of Chemicals (REACH), which laid out ways and means that industry could be forced to operate in ways that didn't threaten public health. There is a chapter in the book on that.

Some of these recommendations which we have been put forward over the years are being discussed by Senator Lautenberg's committee as amendments to the Toxic Substances Control Act. Industry can operate safely. The technology for operating safely is well documented and available.

We need public anger at a denial of the right to know, public anger at the escalating cancer rates, and public concern that Congress his failed to be proactive on this, failed to investigate the NCI thoroughly.

They must start recognizing that industry conduct here is white collar crime-knowingly and deliberately exposing the public to a multiple of carcinogens.

There are solutions to these problems. But the solutions depend upon a concerned media and an active Congress. Unfortunately, the media, with few exceptions is asleep at the wheel.

AMERICAN CANCER SOCIETY ATTACKS CRITIC

19 *Corporate Crime Reporter* 16(1), April 12, 2005

Dr. Samuel Epstein believes that there is a surefire way to win the losing cancer war – reduce human exposure to cancer-causing agents.

It's called prevention. And it has worked in driving down lung cancer rates. Since the country launched its public health campaign against smoking cigarettes, lung cancer incidence and death rates have been declining steadily.

But Dr. Epstein says National Cancer Institute data shows that the incidence rates for many non-smoking cancers are up dramatically in recent years – including melanoma (up 28 percent between 1991 and 2001), testes (up 6 percent), post-menopausal breast cancer (up 4 percent), non-Hodgkin's lymphoma (female)(up 8 percent), thyroid (up 48 percent), and brain (childhood)(up 6 percent).

Dr. Epstein says that the cancer establishment – the federal government's National Cancer Institute and the non-profit American Cancer Society – spends little on prevention.

He estimates that the National Cancer Institute spends only four percent of its $5 billion a year budget on prevention, while the American Cancer Society spends 0.1 percent of its $800 million budget on prevention.

Epstein says that the only way to begin winning the war on cancer is to dramatically increase the amount the cancer establishment spends on prevention.

The reason this is not happening, he says, is because both establishment groups are riddled with institutional conflicts of interest.

He claims, for example, that the American Cancer Society has taken in more than $100,000 from each of a number of corporations that pump carcinogens into the environment, otherwise pollute the environment, or that profit handsomely from cancer drugs.

These include cosmetics companies (Christian Dior, Elizabeth Arden, Estee Lauder, Avon, Revlon), biotech companies (Amgen, Genentech), petrochemical companies (DuPont, BP, Pennzoil), auto companies (Nissan), industrial waste companies (BFI Waste Systems), junk food companies (Wendy's International, Unilever/Bestfoods, Coca-Cola) and a slew of pharmaceutical companies (AstraZeneca, Bristol Myers Squibb, GlaxoSmithKline, Merck & Company, Novartis).

Dr. Epstein says that these and other conflicts have ensured a losing war on cancer. It is a powerful message that has been widely ignored by the mainstream media. But now, Dr. Epstein is out with a new book – Cancer-Gate: How to Win the Losing Cancer War (Baywood Publishing Company, Amityville, New York, 2005).

And the American Cancer Society is on the counterattack. In an e-mail sent to *Corporate Crime Reporter,* Ann Isenhower, the national director of media relations for the American Cancer Society, wrote that "for more than twenty years Sam Epstein has made a career out of repeating unproven, unsubstantiated criticism of the American Cancer Society." "His motives are suspect and his assertions not credible," Isenhower wrote. "We also caution you – in your own interests – to investigate the sources of Dr. Epstein's funding, as well as his own economic interests," Isenhower wrote.

We asked Isenhower to call us to explain what she meant by this charge. But she did not call. We e-mailed her to ask her what she meant. Again, she did not respond to this written inquiry.

Dr. Epstein says his Chicago-based Cancer Prevention Coalition is a non-profit with a budget of about $100,000 to $150,000 a year. Dr. Epstein says that the Coalition is funded primarily by foundations and charitable contributions and that he receives no salary from the group.

He is professor emeritus of environmental and occupational medicine at the University of Illinois School of Public Health in Chicago.

In February 2003, the Cancer Prevention Coalition launched its Stop Cancer Before it Starts Campaign, which was endorsed by about over 130 independent scientists and citizen groups.

"We caution you to carefully verify the 'facts' Dr. Epstein continues to represent to anyone who will listen," Isenhower wrote. But when we tried to check the "facts" with Isenhower, she wouldn't cooperate.

For example, Dr. Epstein alleges that he obtained a list from the American Cancer Society's 2000 annual report of scores of corporate donors who gave $100,000 or more each to the Society – known as Excalibur Contributors. He faxed to us the list. We wrote Isenhower and asked that she verify that these corporations in fact gave $100,000 each.

Isenhower wrote back saying that she looked at the 2002 annual report posted on ACS's web site and "I can find no mention of any of the corporations you mention." But she didn't say whether these companies in fact gave $100,000 to the ACS, as alleged by Dr. Epstein.

“Annual cash and in-kind contributions from all pharmaceutical and medical device industry donors combined amount to less than one percent of overall annual Society revenue,” she wrote. But Isenhower ignored the industrial corporate givers that pump carcinogens in the environment, as alleged by Dr. Epstein. Isenhower wrote that “incidence and death rates for all cancers have steadily decreased since the early 1990s.”

This is true if you lump all cancers together, Dr. Epstein says, but if you separate out smoking-related lung cancers, then the rates for many other cancers have been going up.

We wrote to Isenhower to clarify this point, to “check” Dr. Epstein’s “facts” as she warned us to do, but she did not reply to this inquiry. “We do not intend to respond to Sam Epstein's continuing pattern of lies and distortions,” Isenhower wrote. But she would not identify one lie or one distortion.

Right before our deadline, Dr. Michael Thun, head of Epidemiological Research for the American Cancer Society called. Dr. Thun says that Dr. Epstein is "an eloquent spokesman" with a "one-horse agenda."

Dr. Epstein is focused on environmental and occupational causes of cancer, which Dr. Thun says amounts to about six or seven percent of all cancers. Dr. Thun says that smoking related cancers are 30 percent of all cancers. He says that obesity and physical inactivity amount to another 35 percent. The remaining cancers are caused by, among other things, infections, medical treatments, radiation, chemotherapies, according to Dr. Thun.

We asked him whether the American Cancer Society will take a leadership role in a campaign against the junk food industry -- a campaign similar to the campaign against the tobacco industry.

"We have decided not to take a leadership role on that, even though we consider obesity and physical inactivity to be important causes of cancer," Dr. Thun said. "The approaches are still not worked out here as they worked out over the years for tobacco."

He says that he's sure that the death rates for the 70 percent of non-smoking cancers have declined from 1991 to 2001. He is unsure, Dr. Thun says, about whether the incidence rate for non-smoking cancers has declined over that period.

This is because mammograms and PSAs have led to early detection of many breast and prostate cancers in recent years. And he says he will check the numbers and get them to us. And Dr. Thun agreed to a moderated taped debate with Dr. Epstein. This was a direct and refreshing contradiction of Eisenhower's directive -- "we do not intend to respond to Sam Epstein's continuing pattern of lies and distortions." Dr. Epstein also agreed to a moderated taped debate.

DEBATE BETWEEN DR. EPSTEIN AND DR. MICHAEL THUN, AMERICAN CANCER SOCIETY

May 9, 2005

CCR: Dr. Thun, what is your professional position?

THUN: I'm the vice president for epidemiology and surveillance research for the American Cancer Society.

CCR: Dr. Epstein.

EPSTEIN: I'm emeritus professor of environmental and occupational medicine at the School of Public Health at the University of Illinois at Chicago and chairman of the Cancer Prevention Coalition.

CCR: Dr. Thun, let's start with you. Dr. Epstein says that we are in fact losing the war against cancer in what can only be described as a "rout."

He says that the incidence of breast cancer, testes, thyroid, lymphoma, childhood – all unrelated to smoking – has escalated to epidemic proportions.

He also points to a *Wall Street Journal* article from 2002 titled "New Statistics Show Increase, Not Decline in Cancer Rates."

Dr. Thun, you sent to me four charts on incidences and mortality of cancer rates.

But they were based on peak years.

Anyone can slice and dice statistics.

But are we in fact losing the cancer war?

THUN: Before I answer the question, I'd like to say that I approach this discussion with Dr. Epstein with humility and respect for his passionate commitment to environmental health and cancer control for quite a few decades.

It has been his dedication, persistence and courage toward these ends that have made his long career highly influential.

I'm hoping that in this debate we can discuss our substantive differences about the message – how cancer prevention can best be achieved and not communicate disrespect for the messenger.

Your question is – are we losing the war on cancer?

My answer is that there is no evidence to support Dr. Epstein's assertion that the war on cancer is being lost or that there is an epidemic of cancers caused by man-made carcinogens in the environment broadly – air, water, soil, food, cosmetics, household products.

Some of his claims are based on a faulty comparison of cancer incidence and mortality rates back in 1975, which was the time when the data from large scale cancer incidence registries first became available in the United States.

So, for example, I have a quote from him two years ago in which he claimed that overall mortality rates, the indicator of our ability to survive cancer once its strikes, have remained unchanged for decades.

That was from a press release he put out on August 31, 2003.

The reason that statement is inaccurate is because it ignores the increase in the death rates from all cancers combined that occurred between 1975 and 1991 largely due to the tobacco epidemic.

It is more informative for mortality and for incidence to compare trends since the early 1990s – either 1991 or 1992 – with the most recent rates.

CCR: The chart that you sent me – titled "Percent Change in Cancer Incidence in Males" – seems a little fishy. You want to show decline in cancer rates. So, to show a decline in the melanoma of the skin, you choose 2001, which you say was the peak year. And you say that the rate has declined from 2001 to 2002 by six percent.

THUN: I sent several tables that showed the percent change of cancer incidence rates in men and women and the percent change in cancer death rates in men and women from 1975.

I then showed the peak year for that cancer. And then I showed the 2002 rate. And then I showed the percent change from the peak year.

I agree that I would not interpret something that peaked in 2001 as showing a decrease. I was simply trying to rank the top 18 cancers to show two things – first that the cancers which Dr. Epstein is citing are a mix of quite uncommon cancers and other cancers where it is well recognized that the rates are increasing, but there is little support for Dr. Epstein's explanation of why they are increasing. And furthermore some of them have stopped increasing in the 1980s.

CCR: What about the 2002 *Wall Street Journal* article by Sharon Begley that makes the point that the cancer establishment has skewed the numbers to show a decrease when in fact the cancer rates are increasing?

THUN: I don't have that article in front of me, but she is wrong. The age adjusted death rates from all cancers combined decreased by 13 percent in men and by 6.4 percent in women between 1991 and 2002.

CCR: But let me hold you right there. Dr. Epstein's point is that you can't lump all cancers together, because there has been a victory over smoking cancers. His point is non-smoking, environmentally-caused cancers.

Is there any way to pull out the smoking cancers and look directly at Dr. Epstein's claim that we are losing the war against environmentally-caused cancers?

THUN: The broader discussion we are having concerns cancer prevention, because he claims that the American Cancer Society has forfeited efforts in cancer prevention.

So, it doesn't make any sense to take out smoking or take out lung cancer.

Even if you take out lung cancer, you still have 14 other cancers that smoking is a factor in. So, let's just start with the overall issue of the trends, because it is very confusing to go back and forth.

CCR: I actually don't want to look at cancers as a whole. I want to look at non-smoking cancers. Is there a way to do that?

THUN: Yes, there is. But let's just first talk about cancers as a whole, because if you are talking about cancer prevention, that is the place to start.

CCR: But Dr. Epstein's point is that the ACS is not taking money from the tobacco industry.

The ACS is actually vigorously opposed to smoking and has launched a campaign against smoking and has been successful.

We'd like to focus on the non-smoking area, in the area of environmentally caused cancers.

THUN: Since smoking is a factor is many, many cancers, it is very difficult to take them out.

CCR: There is no way to separate it out and to test Dr. Epstein's claim?

THUN: Right.

CCR: Okay, let's turn to Dr. Epstein. You have heard Dr. Thun. What is your response?

EPSTEIN: Let's first look at his peak year analysis that he sent to you.

This is gerrymandered statistics at best. You referred to it as slice and dice, which I believe apply describes it.

In fact, in the latest 2002 National Cancer Institute SEER data from 1975 to 2002, there is no reference whatsoever to the peak year trends, which Dr. Thun seems to find impressive.

There are however what is called joint point analysis. The peak year estimate just chooses a point that fits in with a preconceived idea for which there is no basis.

CCR: Let me stop you there and ask you this.

Even if you wanted to look at non-smoking cancers, it would be difficult to separate it out.

If you have a smoker exposed to a toxic hair die or to x-radiation, or to whatever the environmental hazard is that you claim causes cancer, how do you separate it out?

Is it the smoke or the x-ray causing the cancer?

EPSTEIN: There's Non-Hodgkin's lymphoma in women – there is strong evidence relating this to permanent and semi-permanent hair dyes. And from 1991 to 2002, the incidence has gone up by about 12 percent.

CCR: Is there any way that that could be related to smoking?

EPSTEIN: No, it's a non-smoking-related cancer. Testes cancer has gone up ten percent.

CCR: Is that a non-smoking related cancer?

EPSTEIN: Yes. Thyroid cancer has gone up 67 percent.

CCR: These are all non-smoking related cancers?

EPSTEIN: Yes, I'm only talking about non-smoking cancers. You asked me to.

Melanoma has gone up 25 percent. Childhood cancers – acute leukemia – has gone up six percent. So, we have a variety of cancers that have increased.

And in fact, Dr. Thun's chief – Dr. Ahmedin Jemal – when he –

CCR: Who is Dr. Jemal?

EPSTEIN: He is Dr. Thun's chief – the American Cancer Society's director of the surveillance program.

THUN: Actually, he works for me.

EPSTEIN: You mentioned the Sharon Begley *Wall Street Journal* article.

That article pointed out that there has been dispiriting evidence of increases in cancer rates.

Dr. Jemal said this: "This tells us something we didn't know about whether our intervention and prevention programs are working" – recognizing the renewed urgency to study why rates of several cancers are on the rise.

In fact, people at the National Cancer Institute, like Brenda Edwards, told the Journal "maybe we were a little too eager to declare the effectiveness of our intervention and prevention programs."

And Benjamin Hankey who did a study on analysis for NCI on this data – they all agreed that the impression of a decline in cancer rates is false.

So, we have a series of NCI analysts as reported in the *Wall Street Journal* that agreed that the claims for major advances in the war against cancer are just untrue.

And there are increasing incidences of a wide range of cancers. And the breast cancer rates have been rising by 0.6 percent per annum since 1987. And melanoma rates, which Dr. Thun in his peak analysis claim are decreasing, in fact have been soaring by 4.1 percent a year since 1981.

CCR: Dr. Thun, Dr. Epstein says that it is possible to take out smoking and look at non-smoking related cancers. When you do that, he says, you see general increases in the incidences and mortality of cancer.

THUN: It definitely is possible to look at cancers which are unrelated to smoking.

My earlier point was that if you are talking about cancer prevention and progress against overall cancer, it doesn't make any sense to discount smoking since it is 30 percent of all cancer deaths.

Secondly, on the issue of the peak year – I'm not making any major point about that.

I'm simply saying that in many of Dr. Epstein's statements, he talks about recent increases.

And the reality is that for most cancers, the rate is going down.

CCR: Wait. This came about because I asked you for some statistics to challenge Dr. Epstein on his statements that for non-smoking cancers, we are losing the war on cancer.

To show that cancer rates are decreasing for non-smoking cancers, you went and created these charts that had this peak rate analysis to show that these cancer rates were decreasing.

If you looked at melanoma of the skin from 1975, you get a tripling of the rate.

THUN: I agree that there has been a steady and progressive increase of melanoma of the skin incidence in the United States. At the same time, there has been a steady decrease in death rates from melanoma. Dr. Epstein has concluded from that that it is due to man-made chemicals in cosmetics.

EPSTEIN: I made no such statement.

CCR: He doesn't say that about melanoma of the skin.

THUN: My turn Dr. Epstein.

CCR: He doesn't make that claim.

THUN: The major cause of melanoma of the skin is UV light – ultraviolet light from the sun.

The increase in melanoma that has occurred over this time period is believed by all of the cancer experts that you have cited as representing the aging of the sun worshiping generation. That has not has not changed in the United States.

In Australia, where there was a similar increase in melanoma, there was enforcement of sun protection laws for children. And melanoma rates have started to take a turn down.

I'm not contesting the fact that melanoma rates have increased. I'm saying that citing that to support Dr. Epstein's underlying hypothesis that man-made pollutants are a major cause of –

CCR: This a diversion. He's not making that claim. Dr. Thun, what percentage of cancers are smoking-related?

THUN: The percentages overlap. They are not mutually exclusive. But the general estimate is that about 30 percent of cancer deaths are caused by smoking.

About 35 percent in the United States are caused by nutritional factors – the clearest of which in the last ten years have been obesity and physical inactivity – factors related to energy balance.

About 15 percent are attributable to chronic infectious diseases – to which chronic inflammation contributes.

Then there are much smaller percentages. About three percent is exposure to occupational carcinogens. Exposure to environmental factors, which include exposure to radon – from naturally occurring decay of uranium and cosmic radiation – which runs about one of two percent.

This gives a ballpark estimate of how cancer epidemiologists believe the current evidence breaks down the major factors contributing to cancer.

CCR: Dr. Epstein, do you agree with that breakdown?

EPSTEIN : Certainly I don't agree.

Let's look at the evidence for obesity and inactivity. There was a recent publication by Jemal in Cancer Statistics 2004 in which the evidence for obesity was discussed. In fact, five references were cited. And I and others have examined these five references which claim a relationship between obesity and cancer.

In fact, none of these references are anything other than vaguely suggestive. There is no firm evidence in any of these of any relationship between obesity and any cancer – with one exception.

And that exception is one which the American Cancer Society has recently discovered, but I published on this over ten years ago – namely, the relationship between obesity and post-menopausal breast cancer.

In fact, in 1998, the American Cancer Society said that there was nothing that a woman could do to reduce her risk of breast cancer, but more recently they have discovered this relationship between post-menopausal breast cancer and obesity.

But the claims that obesity is a major risk factor for cancer is nonsense scientifically. Over and above that, isn't it interesting that there should be this claim on obesity in view of the strong relationship between the American Cancer Society and the junk food industry – they are major donors.

And over and above that, the public relations firm for the American Cancer Society was Edelman, which did the public relations for Philip Morris, the tobacco industry and for the junk food industry.

CCR: So, your saying it's a conflict against interest?

They are taking money from the junk food industry and they are going against them? But what percentage of cancers are environmentally caused?

EPSTEIN: The word environment covers air, water, consumer products – food, cosmetics and toiletries – household products and the workplace.

The majority of independent scientists believe that the great majority of non-smoking cancers are related to environmental exposures in the broader sense of the term – air, water, food, workplace and consumer products.

CCR: And you say that cancer establishment – the American Cancer Society and the National Cancer Institute – doesn't focus or minimizes this problem. Why don't they focus on it?

EPSTEIN: First of all, there is a mindset fixated on damage control – screening, diagnosis and treatment – with indifference to prevention – which is compounded by longstanding conflicts of interest with a wide-range of industries, coupled with a systematic discrediting of evidence of avoidable causes of cancer.

Here's one example – when the American Cancer Society joined up with the Chlorine Institute to justify the continued use of chlorinated hydrocarbon pesticides, for which the evidence of persistence and carcinogenicity is extraordinarily well known –

CCR: When was that?

EPSTEIN: That was in 1992. But there have been a whole series of these issues. In 2000, we found out about the ACS close ties to the tobacco industry.

CCR: What is the tie?

EPSTEIN: From 1998, Shandwick International handled public relations for both the RJ Reynolds and the American Cancer Society.

From 2000 to 2002, Edelman, which represented Brown & Williamson – was a major public relations firm for the American Cancer Society.

CCR: All you are saying is that the same public relations firms represented a tobacco industry client and the American Cancer Society. Where's the conflict?

EPSTEIN: You are entitled to interpret it the way you want. But if you take a strong stand on obesity, you really wouldn't take money from the fast food industry.

CCR: Dr. Thun, Dr. Epstein says you are wrong about obesity and you are wrong about environmental factors. The obesity cancer rate is small if it exists at all. And environmental cancer is a much larger part of the problem.

How can two people look at the same numbers and come at such different conclusions?

THUN: Let me go back to what Dr. Epstein misstated about percentage of cancers attributable to environmental factors. Environmental factors means in that context – everything other than the genes that you inherit from your mother and father. It includes smoking, it includes nutrition, it includes infectious exposures –

CCR: Dr. Epstein, you did not include smoking when you were talking about environmental factors, did you?

EPSTEIN: Of course not. That is nonsensical.

CCR: He is not talking about smoking.

THUN: But he is referring back to estimates that were originally put out by Richard Doll and Richard Peto.

It is clear throughout that document and later documents that environmental causes of cancer includes everything that is not inherited.

So, Dr. Epstein is misrepresenting that.

CCR: Dr. Epstein, he says that the study you are referring to includes smoking.

THUN: I'm not clear what you are speaking about.

CCR: When you say that thirty percent of cancers are environmentally caused –

EPSTEIN: I don't say that.

I say that the majority of non-smoking cancers are due to avoidable exposures to carcinogens in the totality of the environment.

One other point – it is not what Dr. Epstein says. I'm talking on behalf of a coalition of well over 100 leading national independent experts on cancer.

CCR: I'm going to refer to you as Dr. Epstein, not to a spokesperson of this 100.

Dr. Thun, Dr. Epstein is not talking about smoking.

THUN: I'm saying that the estimate that has existed for a long time is that roughly 75 to 80 percent of all cancer deaths are in principal avoidable and are caused by environmental factors.

But those environmental factors include smoking, nutritional factors, infection, cosmic radiation, radon – they are not restricted to the man-made pollutants that Dr. Epstein is referring to.

EPSTEIN: Let me respond to that very simply.

In 1998, I examined the budget of the American Cancer Society and looked at their allocations on environmental carcinogenesis.

In fact, the American Cancer Society allocated $330,000 of its $678 million in revenues – that's 0.1 percent to research on environmental carcinogenesis.

So when they say everything other than tobacco is environment, how is it that their allocations on environmental carcinogenesis research is 0.1 percent of their revenues for that year? You can't have it both ways.

CCR: Dr. Thun, how is that you spend so little on environmental carcinogenesis?

THUN: Dr. Epstein just misstated it again. The statement is that everything other than what is inherited is environmental – not everything other than tobacco.

Secondly, he is completely wrong and misleading in claiming that the American Cancer Society allocates less than one-tenth of one percent of its budget on the environmental causes of cancer.

The environmental causes of cancer include all of the aspects of prevention that we address. And in reality 20 percent of the Society's total budget was allocated for cancer prevention in the fiscal year that ended August 31, 2003. This does not include another $10.6 million allocated for research for cancer prevention.

CCR: Am I guessing correctly that when you say 20 percent on prevention, you are including anti-tobacco programs?

THUN: Of course. Actual expenditures on cancer prevention are actually 200 times higher than Dr. Epstein claims.

CCR: But I wanted this debate to focus on non-smoking induced cancers. That is Dr. Epstein's claim. He says – of course, we are making strides on tobacco. It's a public health victory. But let's look at the majority of the remainder of cancers. And he says you are taking money from major polluting industries. You are taking a lot of money.

By the way, how much money are you taking from major American corporations? What's the budget of the American Cancer Society? And what percentage comes from major American corporations or their executives?

THUN: As far as I know, 95 percent of the funds that the American Cancer Society takes in comes from individuals, mostly in the form of small donations. The percentage that comes from corporations, I don't know exactly. It is definitely in the single digits. And we can find that out for you and get that to you.

CCR: I would also like to see a break down in executives of corporations who give.

THUN: Most of the money for the American Cancer Society comes from things like Relay for Life.

CCR: It's interesting. I just interviewed a head guy at the American Diabetes Association. He knew exactly what the ADA's budget was. He knew exactly what the percentage of money came from the corporations. And they listed on their web site the big corporate donors. So, he knew exactly what it was and he was able to defend it.

THUN: That was his job. I'm the head of epidemiology.

CCR: I understand, but Ann Isenhower, who is there with you, is the spokesperson for the American Cancer Society. And she was asked about this weeks ago. So, it is not like this is a new request.

But the point Dr. Epstein is making is this – for non-smoking cancers, a very small percentage of the budget is for prevention. He thinks one of the reason is that the American Cancer Society has been corrupted by polluting industries that are giving money to you.

EPSTEIN: Actually, I said there were two factors.

There is a mindset fixated on damage control and with indifference and ignorance of avoidable causes of cancer, which is compounded by major conflicts of interest.

CCR: So, Dr. Thun, how do you answer this?

THUN: The American Cancer Society disagrees with Dr. Epstein on what the best strategies are to prevent cancer. Dr. Epstein has tried to divide the argument into smoking and non-smoking cancers. And I'm happy to go down that road. But the real issue is what does the ACS spend on prevention. Our strategies on prevention are described in a document called "Cancer Prevention and Early Detection."

ACS focuses on the major preventable forms of cancer and cancer death. In tobacco, that includes –

CCR: We understand the tobacco argument.

Why is it that the American Cancer Society isn't saying – let's crack down on polluting industries, because we know that in heavy industrial areas, the cancer rates are higher than in non-industrial areas?

THUN: Exposure to occupational carcinogens is important.

Historically, some workers have had high and prolonged exposures to asbestos, arsenic and carcinogenic chemicals.

That's a total of about three percent of the total cancer burden. That is in principle covered by the Occupational Safety and Health Administration. And the ACS believes that regulatory agencies are a critical piece of the cancer control structure.

CCR: The fundamental disagreement between Dr. Epstein and Dr. Thun is this -- Dr. Epstein believes that non-smoking environmental causes of cancer are a far greater problem than Dr. Thun believes they are.

Dr. Thun believes it is in the single digits. Dr. Epstein believes it is –

EPSTEIN: That's an incorrect statement. I don't believe it. I state it. I state it, and over 100 leading national experts, including past directors of federal agencies, like David Rall from the National Institutes of Environmental Sciences and Eula Bingham. The constant emphasis on Dr. Epstein is totally misleading.

CCR: How would you want me to say it? Do you want me to say Dr. Eula Bingham and list the 100 or more scientists who agree with you?

EPSTEIN: Merely – there is a strong body of independent scientists.

CCR: Dr. Thun, how is it that you can have the cancer establishment on one side downplaying the severity of this problem and you have the people that Dr. Epstein just mentioned saying that it is a serious problem that you folks are ignoring? How can scientists so disagree on this?

THUN: Dr. Epstein vastly overestimates the number of scientists on his side of the argument.

EPSTEIN: Excuse me they are listed in a publication –

CCR: Let Dr. Thun finish.

THUN: Let me give you a personal perspective.

I began switching from medicine to public health because of an interest in environmental causes of cancer.

I worked for two years at the New Jersey Health Department investigating toxic exposures in the state.

And then I worked for nine years at the National Institute for Occupational Safety and Health, going to the dirtiest places that I could find in order to document the toll on cancer of very high and prolonged occupational exposures.

And I could definitely find hazards from high and prolonged occupational exposures. Then I transferred to the American Cancer Society. And I began working with very large data sets.

And the risks associated with smoking just dwarfed the risks associated with very toxic things I was seeing in the workplace. They affect multiple diseases, the relative risks are much higher, and the burden of the disease is much larger.

Similarly, although Dr. Epstein believes that his view on obesity is accurate and final, I disagree. The relationship between obesity and premature death in the American Cancer Society study is in my view second only to smoking.

CCR: You said premature death. We are talking about cancer.

THUN: And for cancer too.

Increasing body mass index is related in a linear way to post menopausal breast cancer.

EPSTEIN: We have agreed on that.

THUN: Colorectal cancer in men.

EPSTEIN: The evidence is paper thin on that. We have gone through all of those references with a fine tooth comb. There are five references cited in that publication by Jemal. And the evidence is paper thin for everything except post-menopausal breast cancer.

To focus what I mean by environment, let me quote from the American Cancer Society's Cancer Facts and Figures 2002.

It says that the environmental cancer risk from dietary pesticides, toxic wastes in dump sites, ionizing radiation from closely controlled nuclear power plants, and non-ionizing radiation are all at such low levels that the risks are negligible.

The positions which I'm espousing were endorsed in 1992 by about 60 scientists, including Anthony Robbins, director of the National Institute on Occupational Safety and Health, and Eula Bingham from OSHA, David Rall of the National Institute of Environmental Health Sciences.

The National Cancer Institute invited me to what was known as the 700 to one debate, where I presented this data and was not challenged substantively on any scientific issue.

In 2003, the Stop Cancer Before It Starts Campaign statement went through seven drafts with over 100 scientists. And that was a consensus document.

There was overwhelming agreement that industrial and environmental avoidable causes of cancer are major causes that have been ignored and trivialized by the National Cancer Institute's and particularly by the American Cancer Society – particularly in view of the major conflicts of interest with the American Cancer Society.

The tactic of the American Cancer Society has been to attack the messenger personally, not the message. There has been an actual personal vilification.

Whenever I criticize, I have never directed the criticism to any one individual. My criticisms of the American Cancer Society and National Cancer Institute are based on policy and science and not on personal vilification.

Contrast this with Ms. Isenhower who stated that my assertions were not credible. She charged financial conflicts of interest, which she was unable to substantiate. She charged a continuing pattern of lies and distortions. She denied my statement on corporate support by a very wide range of industries.

Dr. Thun says I have a one horse agenda. He overlooks the fact that in my over 300 scientific publications, a great majority are dealing with original scientific research.

My point is that there is a personal vilification. On my side, there was no personal vilification. There were charges of overwhelming skewed policies. And this is a factor.

THUN: I'm trying throughout this conversation to focus on the issues and not focus on the messenger.

EPSTEIN: You've done that already. That's why you are avoiding that now.

CCR: Why doesn't the American Cancer Society say – we have a perception problem?

The scientists on Dr. Epstein side say this is an issue that is not being addressed. And it looks bad when we take money from the petrochemical industry.

Why don't you just say – since it is just a small percentage of our budget, we are not going to take this money?

THUN: I don't have any idea.

The American Cancer Society views relationships with corporations as a source of revenue for cancer prevention.

That can be construed as an inherent conflict of interest, or it can be construed as a pragmatic way to get funding to support cancer control.

The reality since I have been in this job is that I have never been suppressed from publishing data that implicated an industry.

Just three months ago we published a paper about increased risk of colon cancer with meat consumption. We have looked at alcohol consumption.

CCR: Have you published any studies on pollution and cancer?

THUN: Yes, we have published with researchers from Harvard three publications on air pollution and mortality – one of which looked at lung cancer mortality.

And those three publications found that particulate air pollution was associated with increased risk of heart and lung disease, mostly non-malignant.

And those publications were profoundly important in the more stringent regulation of particulate air pollution in the Clinton era. And those publications were opposed mightily by the industries that were affected. Dr. Epstein's perception of cancer trends and the reason for cancer trends is wrong.

And his perception of cancer prevention and his remedies for how best to reduce cancer in this country are based not on good evidence.

Finally, I recognize that evidence does not have to be complete and total to warrant public health action. But we are beset constantly by other constituencies that have their own agendas – by the anti-fluoridation group, who claim that fluoridation of drinking water causes cancer, by the groups that oppose abortion who claim that abortion increases breast cancer, by groups opposed to vaccination on the grounds that contaminants causes certain cancers.

Dr. Epstein strongly believes his views. He has some allies, many fewer allies that he has communicated.

But what the American Cancer Society believes is that effective cancer prevention programs must be based on solid scientific evidence and should be focused on actions that will have the greatest impact in terms of preventing cancer. And that's why the programs are framed as they are.

CCR: Dr. Epstein, final word.

EPSTEIN: The comment on air pollution is very interesting.

When we were working on the Clean Air Act, the American Cancer Society refused to get involved, largely because of the American automobile industry.

And Congressman Paul Rogers sanctioned the American Cancer Society for doing too little too late to support the Clean Air Act.

CCR: That was back in the 1970s.

EPSTEIN: Yes. The point is you are dealing with distinguished independent scientists – David Rall, Eula Bingham, Tony Robbins.

You will find all the scientists who agree in the statement issued by the Stop Cancer Before It Starts Campaign. That came out in February 2003.

And we show that the American Cancer Society has been in bed with a wide range of industries, continues to be, and continues to trivialize the role of avoidable carcinogens in the totality of the environment in the air, water, food and the workplace.

AMERICAN CANCER SOCIETY DEBATES EPSTEIN

19 *Corporate Crime Reporter* 20(1), May 10, 2005

After launching a personal attack on long-time cancer establishment critic Dr. Samuel Epstein a couple of weeks ago, the American Cancer Society last week backed off, praising Dr. Epstein's "commitment, dedication, persistence and courage," while challenging his critique.

In a telephone debate between Dr. Epstein, founder of the Cancer Prevention Coalition, and Dr. Michael Thun, the American Cancer Society's chief of epidemiology, Dr. Epstein accused the society of losing the war on cancer because of a persistent "fixation on damage control – screening, diagnosis and treatment – with indifference to prevention – which is compounded by longstanding conflicts of interest with a wide range of industries, coupled with a systematic discrediting of evidence of avoidable causes of cancer."

Dr. Michael Thun of the American Cancer Society countered that "there is no evidence to support Dr. Epstein's assertion that the war on cancer is being lost or that there is an epidemic of cancers caused by man-made carcinogens in the environment broadly – air, water, soil, food, cosmetics, household products."

During the one-hour debate, Dr. Epstein claimed that a majority of non-smoking cancers were caused by environmental factors, while Dr. Thun said that roughly 30 percent of cancers are smoking related, 35 percent are related to obesity, 15 percent is from chronic infectious disease – with only five percent of cancers caused by occupational or environmental factors.

Dr. Epstein said that the evidence to support a link between obesity and cancer – with the exception of post-menopausal breast cancer – was "paper thin."

Dr. Thun said he wasn't sure how much of the American Cancer Society's budget came from corporations – but that it was in single digits.

"The American Cancer Society views relationships with corporations as a source of revenue for cancer prevention," Dr. Thun said. "That can be construed as an inherent conflict of interest, or it can be construed as a pragmatic way to get funding to support cancer control. The reality is that since I have been in this job, I have never been suppressed from publishing data that implicated an industry."