

CLINTON ADMINISTRATION CANCER-RELATED INITIATIVES

- **Passed the Kassebaum-Kennedy legislation into law, ending preexisting condition exclusions.** As a result of this legislation, no American will live in fear of losing their coverage just because they have a pre-existing condition. This legislation is particularly helpful for the millions of cancer victims who will no longer face the dilemma of hesitating to go to a new and better job for fear of losing their health insurance.
- **Reduced easy access to tobacco by children.** Issued a regulation to eliminate easy access to tobacco products by children and to prohibit companies from advertising to make tobacco appealing to kids. More Americans die every year from smoking related diseases than from AIDS, car accidents, murders, and suicides combined. Each day 3,000 children start smoking and 1,000 of them die earlier as a result.
- **Accelerated approval of cancer drugs.** FDA has taken several steps to speed approval of cancer drugs and provide patient access to promising therapies not yet approved. For example, FDA is using tumor shrinkage as a "surrogate marker" for effectiveness, cutting years off of drug development time and months off of FDA review.
- **Worked to expand access to drugs approved abroad.** FDA is working with other countries and manufacturers to make promising drugs approved in other countries available to patients in the United States.
- **Increased spending on cancer by \$400 million.** In FY97, the National Cancer Institute was funded at \$2.38 billion, a \$400 million increase over FY93.
- **Increased funding for breast cancer at NIH by 79 percent, since 1993.** The Clinton Administration has established a national plan on breast cancer to mobilize government agencies and the private sector to fight this disease.
- **Discovery of two breast cancer genes.** Breast cancer is the most commonly diagnosed cancer in American women, who face a one-in-eight lifetime risk of developing the disease. The NIH-funded discovery of two breast cancer genes -- BRCA1 and BRCA2 holds great promise for the development of new prevention strategies.
- **Proposed expanding the Medicare coverage for prevention of cancer.** The new benefits include: annual mammograms for beneficiaries age 50 and over, waiver of cost-sharing for mammography, and procedures for early detection of colorectal screening.
- **Launched the Medicare mammography campaign** to educate older women about the importance of detecting breast cancer early and to inform them about Medicare coverage of mammography services.

- **Launched National Breast and Cervical Cancer Early Detection Program.** Offers free or low-cost mammography screening to the uninsured, low-income, elderly, and minority women. As of September 1995, the early detection program provided nearly 800,000 screening exams to medically underserved women.
- **Adapted imaging technologies from the defense, space, and intelligence communities to detect cancer and other diseases earlier and with greater accuracy.**
- **Given patients more of a voice in the drug review process.** FDA is placing patient representatives on all cancer drug advisory committee.

AIDS INITIATIVES

- **Funding for AIDS prevention and treatment has been increased to historic levels.** Support for AIDS prevention programs has increased by 19 percent, and support for treatment programs, primarily through the Ryan White Care Act has increased by an extraordinary 95 percent. In addition, earlier this year, Congress responded to the President's request to increase the Federal commitment to State AIDS Drug Assistance Programs (ADAP) by \$52 million. This drug will be used to help AIDS patients buy the expensive new protease inhibitor drugs. Combined with the increase in our AIDS research investment, total funding for HIV/AIDS programs in fiscal year 1996 was \$2.86 billion; this represents a nearly 40 percent increase since the President took office.
- **AIDS is becoming a chronic manageable illness.** Once thought to be invariably fatal, the epidemic of HIV/AIDS is yielding to medical interventions. NIH-funded basic research on the structure of the virus led to a new class of anti-viral agents that, in combination with older drugs, reduce the amount of virus in the blood to detectable levels. Clinical research is restoring patients' damaged immune systems. Patients are living twice as long and all signs point to continued improvements.
- **Preventing HIV transmission to newborn infants.** NIH-funded research demonstrated that the use of AZT in HIV-infected pregnant women reduced by nearly three-quarters the number of infected babies.
- **Accelerated AIDS drug approval to record time.** Since 1993, the Food and Drug Administration has approved 12 new AIDS drugs and two diagnostic tests.
- **Fought to preserve Medicaid guarantee of coverage for people living with AIDS.** Nearly 50 percent of people with AIDS and 92 percent of children with AIDS rely on Medicaid for their health care coverage.
- **Helping protect women from HIV.** Launched a four-year \$100 million effort to develop topical microbicides to allow women to protect themselves from HIV.

TO: Janice Enright
John Sutton
FROM: Jennifer Klein *J.K.*
DATE: 5/24/96
RE: Possible Cancer Events

I promised I would get back to you after Elizabeth Drye and I met with Dr. Richard Klausner, Director of the National Cancer Institute (NCI). NCI is developing plans to commemorate its 25th anniversary, and Dr. Klausner believes the anniversary would be a great opportunity for the President to show his commitment to the fight against cancer and to outline a vision for the future. NCI is currently planning to celebrate the anniversary in October. Elizabeth and I asked Dr. Klausner to keep us informed as they make more definite plans.

cc: Elizabeth Drye

TO: Janice Enright
John Sutton
FROM: Jennifer Klein *JM*
DATE: May 13, 1996
RE: Memo from Ellen Sigal, Ph.D.

You asked me for my thoughts on a memo that Harold received from Ellen Sigal, Ph.D. I agree with her view that we should focus on the community of cancer survivors and their families in the next several months for two reasons. First, tens of millions of Americans are affected by the disease. In addition, the President has a great record on fighting cancer.

Some of her specific suggestions are probably a bit optimistic. Elizabeth Drye (Domestic Policy staff) and I are meeting with Dr. Klausner, the Director of the National Cancer Institute, this week and will discuss possible events and initiatives with him.

Please let me know if you need more information.

April 25, 1996

TO: Jen Klein

FROM: Janice Enright
John Sutton

Could you please review the attached memo to Harold and let us know your thoughts and reactions. We need help in responding to her memo. Thanks.

Memorandum

TO: Harold Ickes, Deputy Chief of Staff
FROM: Ellen V. Sigal, Ph.D.
RE: Mobilizing the Cancer Community
DATE: April 22, 1996

During our conversation at the National Realty Committee event on April 16th, you requested that I put in writing some ideas about how the White House can support Americans affected by cancer in this year of the 25th anniversary of the National Cancer Act. As you know, cancer touches almost every American family and is one area in which Americans expect their national government to actively fight on their behalf.

First, a few statistics that will help you understand the scope of the constituency.

- There are 10 million organized cancer survivors living today.
- One in three people will get cancer in their lifetime.
- One in five people will die of cancer. Cancer will cause one of every four deaths this year.
- Each day, 1,500 people die of cancer. More than half of a million people will die in 1996.
- By the year 2000, cancer will be the number one cause of death.
- Cancer's impact on the American economy is approximately \$100 billion today.

The President has a terrific record at the National Cancer Institute, which was emphasized most recently by his appointment of a new, highly respected director, Dr. Richard Klausner. In addition, just last week, the President announced steps to streamline and expedite the FDA approval process for cancer drugs.

We who work in the cancer research believe the White House can effectively score political advantage and mobilize the community of cancer survivors and their friends and families by communicating the President's record more widely and by being more visible on cancer-related concerns. There will be many opportunities in the coming year for the President to demonstrate his commitment to finding a cure for this dreaded disease that touches almost every American family. Following are just a few initial ideas.

For instance, between now and November, the White House/President could:

- join Dr. Klausner at the National Cancer Institute to announce a battle plan against cancer for the next 25 years;

- visit a cancer research center to highlight a type of cancer against which research at that center has improved our life chances and to call for continued/increased funding;
- announce a national cancer coalition of experts from the fields of insurance, business, prevention, research, and media who would be dedicated to looking at the disease in a holistic light, determining how all organizations working to help survivors and potential victims can coordinate their activities for greater effectiveness;
- participate in a PSA reminding people of what they can do themselves to improve their chances against cancer;
- organize a White House ceremony with cancer survivors to signal the round trip of the National Coalition for Cancer Survivorship's Ribbon of Hope that started last year with Mrs. Clinton's signature and has been signed by Americans all over the world who have been touched by cancer;
- help create incentives for universities to help medical students to pursue careers in oncology and basic cancer research.

The cancer community is very well organized. The White House could benefit significantly from embracing the community and its concerns. It would be worth having a meeting to discuss ideas such as those above in greater detail. I will call you in the coming week to determine how to proceed.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

30-Apr-1996 01:28pm

TO: Jennifer L. Klein
FROM: Barbara D. Woolley
 Office of Public Liaison

SUBJECT: Cancer



Jennifer:

1. President agreed to tape video for National Cancer Survivors Day which will be shown to ten million cancer survivors at the opening ceremonies of National Cancer Survivor Day events being held in over 600 communities across America on June 2, 1996.
2. LPGA Women's Golf Championship and the Medical Review of NC will be hosting the Festival of Women's Health from May 30 - June 2, 1996, Pinehurst, NC. A tent will be located in the center of the golf tourn with exhibitors incl AARP, ACS, Am Lung. Expected attendance is 75- thousand to 100 thousand. Money raised will go to breast cancer reserach. [Could we get Mrs. Clinton to have photo op with LPGA highlighting BC and have them showcase at tent or put in program.]
3. American Cancer Society, Dr. Mary Harris with the NCI is producing a television special on BC in AA women which will be in BET (Black Entertainment Television) to air in the summer.
4. Philadelphia Mother's Day Race for the Cure, 12-15,000 participants.
5. Alliance for Lung Cancer Advocacy in Vancouver, WA, participated in Smoking Event with POTUS and followed up with letter saying that lung cancer and women is fastest growing area of cancer. Doesn't get the attention as BC.

Oh, by the way, June 4, marks the 50th anniversary of the National School Lunch Act. President Harry Truman signed the national School Lunch Act into law on June 4, 1946 immediately after the end of the WWII because of the high number of recruits who failed their physical examination due to nutrition related diseases.

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DRAFT

THE NATIONAL CANCER INSTITUTE

The Nation's Investment in Cancer Research

**A BUDGET PROPOSAL
FOR FISCAL YEARS 1997/98**

Prepared by the Director,
National Cancer Institute
National Institutes of Health