

## NEW WORLD

# Rogers May Yet Win Cancer Stakes

by our Washington Correspondent

A UNANIMOUS vote in the House Subcommittee on Public Health and Environment last week may ensure that the National Institutes of Health is not broken up by Congressional efforts to help find a cure for cancer. The subcommittee has approved a bill designed to give the National Cancer Institute a total of \$1,600 million over the next three years, but to keep it as an integral part of the NIH. The bill, which is in many important respects the same as that introduced in September by Paul G. Rogers, chairman of the public health subcommittee, and five of his colleagues (see *Nature*, 233, 228; 1971), is also believed to be acceptable to the White House—a factor which could greatly ease its passage through the rest of the Congressional mill.



Mr Paul G. Rogers: "I anticipate no fight."

Before Mr Rogers introduced his bill in September, it seemed that the House would follow closely the footsteps of the Senate and agree to a cancer cure programme administered by an agency which, to all intents and purposes, would be independent of the NIH. But there is now a very good chance that Mr Rogers's bill will prevail over the Senate version, and that the vastly expanded cancer research programme will be administered by the NIH. Last week's important vote in the subcommittee sends the bill to the full committee from which, if approved, it will be reported to the House. The House is expected to vote on the bill early in November.

Even if the House passes the bill in its present form, however, some of the most crucial decisions on the future organiza-

tion of cancer research would still have to be taken, for at that stage the differences between the House and Senate versions of the cancer cure bill would have to be reconciled. If the House version is unacceptable to the Senate, the whole issue would have to be decided behind the closed doors of a conference committee composed of representatives of both legislative chambers, and it is at this stage that the Rogers bill is now most likely to be emasculated. Mr Rogers said last week, however, that he expects no "committee, floor or conference committee fight".

Mr Rogers bases his optimism on several important factors, chief among which is that the bill is unlikely to provoke spirited opposition from either the White House or from the lobbyists who successfully inveigled the Senate into passing a bill designed to set up an independent cancer cure agency. Rogers took the far-sighted precaution of having representatives from the White House and from the Department of Health, Education and Welfare participate in the committee's deliberations when it marked up the final version of the bill, and he believes the Administration to be favourable to its objectives. One of the most influential lobbyists for the Senate version said last week that he believes "we have got a good bill". The fact that the bill was approved unanimously by the subcommittee may also ensure that it is not substantially altered by the full committee, whose chairman, Harley O. Staggers, introduced the Senate version of the bill into the House, but who declared at the opening of hearings in the subcommittee that he had not then formed any set convictions on the optimum organization for cancer research.

Mr Rogers's committee has held four full weeks of hearings on the bill, during which a string of witnesses from the biomedical community testified against the idea of setting up an independent agency. Although few new arguments emerged during the hearings, the subcommittee was evidently impressed by the fact that apart from the American Cancer Society, no major scientific organization supported the main points of the Senate passed version of the bill.

The members of the subcommittee were, nevertheless, under great pressure from skilful lobbyists, and Rogers said last week that the bill had been approved by his committee "in spite of the pressures that have been mounted". Only two days before the subcommittee ap-

proved the bill, for example, the American Cancer Society and a group calling itself the Citizens Committee for the Conquest of Cancer found it necessary to take full page advertising space in twenty-four newspapers (including papers in each of the ten congressional districts of the members of the subcommittee) to explain the virtues of the Senate version—an enterprise which drew from one member of the subcommittee the remark that the money could have been put to better use in cancer research.

As a result chiefly of the intensive lobbying, and in part of testimony received during the hearings, the original bill submitted by Rogers and his colleagues underwent some surgery. No vital parts were removed, but a few extra items were grafted on by the subcommittee.

The bill would give the National Cancer Institute a budget of \$400 million for the 1972 financial year (which started on July 1)—an increase of more than \$60 million over the amount appropriated by Congress last month and some \$170 million more than the institute received last year—rising to \$500 million next year and \$600 million in 1974. The NCI's budget would be drawn up by the institute's director (who would be promoted to the rank of associate director of the NIH), and transmitted directly to the President. The director of NIH, the secretary of HEW and the Advisory Cancer Council would be able to comment on but not alter the budget.

Those provisions were part of the original bill introduced by Rogers, and survived intact the subcommittee scrutiny. But the bill reported out of the subcommittee also contains four important additions to the original bill, none of which, however, alters the philosophy that underlies its chief intentions.

First, the new bill would create 15 clinical research centres which could each receive block grants of up to \$5 million a year from the NCI, and this grant arrangement is also extended to other existing cancer research centres, such as the Sloan-Kettering Institute in New York.

The idea behind the proposal is that individual institutions would be given greater flexibility in their research arrangements since they would not have to come to the NCI with thirty or forty applications for grants for specific projects.

Another proposal designed to speed up grant applications is a provision in the bill which would allow applications for grants of \$35,000 or less to be studied by peer groups and approved by the director of the NCI without first being studied by the National Cancer Advisory Council.

The original bill had offered this proposal only for grant applications involving \$20,000 or less, and the idea is to cut out a bottleneck which arises because the National Cancer Advisory Council meets only three times a year. The proposal would lift 40 per cent of the grant applications from its shoulders, and greatly increase the time available for the council to plan overall strategies for cancer research without being bogged down with what amounts to formal decisions.

The new bill also specifies a committee of three as a liaison between the President and the director of the National Cancer Institute. The suggestion for this committee is reported to have come from Mr Ancher Nelsen, ranking Republican on the Rogers subcommittee, as a means for helping the President to exercise his control over the programme by offering scientific reports and advice (two of the three members of the committee would be practising scientists or physicians).

Also included in the new provisions is a call for reactivation of federally funded cancer control programmes (pap tests, oral and breast examinations and so on) that were phased out by the Office of Management and Budget last year. The bill asks for \$20 million this year, rising to \$40 million in 1974 for this purpose.

If Rogers does manage to steer his bill through the rest of the Congressional mill, he will have achieved the distinction of defeating proposals put forward both by Senator Edward M. Kennedy and by the Administration. Kennedy introduced a bill earlier this year which called for an independent cancer research agency, on the lines suggested by a panel of cancer researchers and businessmen (see *Nature*, 228, 1133; 1970).

The Administration, anxious to prevent the NIH from being broken up by the proposal, introduced a bill designed to keep the cancer effort within a National Cancer Institute elevated to the position of a bureau within NIH, but later entered into a compromise with Kennedy which in effect put the Administration's name on Kennedy's original proposals. That "compromise" went through the Senate with only Senator Gaylord Nelson of Wisconsin registering his dissent. Nelson's opposition to the Senate bill as much as Rogers's tenacity in spite of intense pressure has helped to steer the congressional debate back on realistic lines.

## HEREDITARY DISEASE

# Congress Against Sickle Cell

by our Washington Correspondent

ALTHOUGH Congress may be close to deciding how to spend several hundred million dollars a year on cancer research (see page 516) it stands little chance of running out of diseases to conquer. The latest object of potential Congressional largesse is sickle cell anaemia, which afflicts about one in every five hundred blacks, killing up to half its victims before they reach twenty. Identical bills introduced into the Senate and the House of Representatives last week call for a total of \$90 million to be spent over the next three years on genetic counselling, screening, public education, research and treatment for sickle cell anaemia. Apart from the £1,600 million being requested for cancer research, the sum being asked for sickle cell anaemia may seem paltry, but compared with the \$1.2 million budgeted last year for research and treatment of the disease, it is a huge increase.

Introduced into the Senate by John V. Tunney of California, and into the House by Walter Fauntroy, the District of Columbia delegate, the bills have attracted an impressive list of co-sponsors including Edward M. Kennedy and several members of his Senate health subcommittee. One bill calls for a national programme aimed at the prevention of sickle cell anaemia, while the other seeks to institute a pilot programme in the District of Columbia, which has a larger percentage of black people than any other city in the United States. The chief aim of the programmes outlined in the bills is greatly to increase federal funding for screening and genetic counselling.

The National Sickle Cell Anemia Prevention Act, as it is labelled, would make available \$25 million a year for grants to public and non-profit-making enterprises for the establishment and operation of screening and counselling programmes, and a further \$5 million a year for research into the treatment and diagnosis of the disease. When he introduced the bill into the Senate last week, Senator Tunney said that "compared with other serious diseases, sickle cell anaemia has received only minimal attention and research". Citing the fact that diseases such as phenylketonuria and cystic fibrosis, which predominantly affect whites, consistently attract large slices of research money, while there is not even a national volunteer organization to raise money for sickle cell anaemia, Tunney called for a vastly expanded effort to make up for the neglect.

Similar sentiments were expressed by

President Nixon in February, when, in his health message to Congress, he labelled sickle cell anaemia a targeted disease for concentrated research. "It is a sad and shameful fact that the causes of this disease have been largely neglected throughout our history," he said. "We cannot rewrite this record of neglect, but we can reverse it." With those words, he requested a 500 per cent increase in the budget for research and treatment of sickle cell disease, to a new total of \$6 million.

Welcome as this new emphasis on sickle cell anaemia is, simply counting dollars devoted to sickle cell research can offer a misleading impression, for, as many workers are quick to point out, basic research on haemoglobin is often directly applicable to sickle cell research. One scientist engaged on haemoglobin research said last week, for example, that "there is no disease about which we have more sophisticated knowledge".

National programmes for counselling and screening have, however, not kept pace with research into the underlying causes of the disease. It is estimated that about seven per cent of the American black population carry one defective gene, and that one in every five hundred children born of black parents will receive a defective gene from each parent and develop sickle cell anaemia. The disease could, of course, be prevented if partners who both carry the sickle cell trait avoid having children, which requires an effective screening and counselling programme.

As with all such programmes, however, there is the problem of advising partners against having children, when there is only a one in four chance of their offspring developing the disease. Nevertheless, a national programme aimed at providing education and proper guidance on sickle cell anaemia will be a great improvement on the present situation in which the first many people hear about the disease is when one of their children develops it.

Dr C. Lockhard Conley, professor of medicine at Johns Hopkins Hospital in Baltimore and a specialist in haematology, said last week that he believes \$25 million a year could be well spent on sickle cell anaemia. Pointing out that the money appropriated recently by Congress for research on sickle cell anaemia would provide each patient with only about \$250—enough for about two days in hospital—and that there have been several recent advances in treatment of the sickle cell crisis, Dr