The 'War on Cancer' and its impact

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On 23 December, 33 years ago, President Richard Nixon signed the National Cancer Act of 1971, initiating what has been euphemistically called the 'War on Cancer'. The Act described a simple mandate: "Support research and the application of the results of research, to reduce the incidence, morbidity and mortality from cancer," often qualified by the phrase "in so far as feasible" to acknowledge the absence of all the tools necessary to accomplish the task at the time. No timeframe was stated in the Act. Actually, the 'War on Cancer' has had a profound impact and succeeded in fulfilling its mandate. In the US, for example, overall incidence, mortality and, in particular, morbidity from cancer have decreased, and relative survival rates for all cancers have increased 70%, since the passage of the Act.

We will see the effects of this program on a monthly basis in this journal, hence my calling it to your attention. The 80–85% of the \$50 billion spent by the US National Cancer Program worldwide was invested in support for basic research programs, and these investments are now beginning to pay dividends in the development of the targeted therapies that are generating the most excitement.

Periodically, however, there are articles written in popular magazines critical of the 'War on Cancer'. The critics usually have a hard time understanding the scope of this large program, however, and do not specify the criteria used to judge the Cancer Program, which leads to an inaccurate description.

I am reminded of this because two Viewpoints in this issue of the journal on colorectal cancer provide good examples of why differences in standard treatment practice occur. One recent critic mistakenly saw the 'War on Cancer' as

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mainly treatment oriented and predominantly aimed at patients with advanced disease and measured the success of the whole effort as accordingly, but neither assumption is true. Despite the testing of many drugs in patients with advanced disease, other criticisms include "the survival of patients with advanced colon cancer has barely budged since 1970". We often see press statements that new 'sensational drugs' for colorectal cancer are expensive, and, while they are described as 'breakthroughs', they barely prolong the life of patients with advanced disease. Ironically, this is actually true. Nevertheless, if you assess colorectal cancer in its entire context, mortality rates have decreased over 40% in the last three decades. How did that happen?

This is partly because of applications of newly developed diagnostic tools, but to a large extent this can be explained by the transfer of therapies tested in patients with metastatic cancer (where they are partly successful but do not cure) to the adjuvant situation where they work much more effectively in preventing recurrent cancer. Vigorous testing is already underway to apply newer treatments this way.

We will see many examples of this apparent contradiction in coming issues because the same is true of breast cancer and other tumors. In part, we create this confusion for those who would chronicle our progress, because the management of various stages of different cancers is segmented into various specialty pockets. One of the main objectives of this journal is to put advances in practice in context across specialty boundaries.

I will revisit the topic of the impact of the US 'War on Cancer' and its critics in forthcoming issues.

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Competing interests

The author declared competing interests; go to the article online for details.

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