

December 2021



AACI and the Early Years of the National Cancer Act

By AACI Staff

Commentary Overview

- AACI's first official meeting took place in 1959, under the name of the Association of Cancer Institute Directors.
- AACI members testified during Congressional hearings as the National Cancer Act (NCA) was being crafted. Following the NCA's signing in December 1971, AACI urged the National Institutes of Health to accept more input from leaders of cancer institutes for a National Cancer Plan.
- Supported by funding from the National Cancer Institute, AACI developed a proposal in 1976 titled, *A Plan for Cooperative Action Among Cancer Institutes*, that included 16 areas of focus deemed critical in the expansion of cancer research and education.

On September 22, 1959, the Association of Cancer Institute Directors (ACID) held its first official meeting in New York City. According to a press release from The University of Texas MD Anderson Hospital and Tumor Institute, meeting attendees included representatives of the National Cancer Institute, Sloan Kettering Institute for Cancer Research, Memorial Hospital for Cancer and Allied Diseases, Roswell Park Memorial Institute, Philadelphia Institute of Cancer Research, Pondville Hospital, Children's Cancer Research Foundation, and the Detroit Institute of Cancer Research.

Through its first dozen years, ACID changed its name to the Association of American Cancer Institutes (AACI), grew to 22 cancer center members, and engaged in the most involved undertaking of its early existence, supporting and responding to the passage of the National Cancer Act (NCA).

AACI members testified during Congressional hearings as the bill was being crafted. Dr. Sidney Farber, AACI's first vice president, garnered public and congressional support for an enhanced effort against cancer, though he did so primarily as the director of the Children's Cancer Research Foundation and leader of the Citizen's Committee for the Conquest of Cancer, in partnership with Mary Lasker.

In his book *Cancer Crusade: The Story of the National Cancer Act of 1971*, Richard A. Rettig recounts a detailed legislative history of NCA and notes that the AACI "...was only able to persuade the directors of three smaller institutes to testify on behalf of S.1828", the Senate version of the bill which became the NCA.

Implementing the NCA

Following President Richard M. Nixon's signing of the NCA on December 23, 1971, the NCI and the cancer community turned its attention to implementation. AACI archives depict some tension between AACI and National Institutes of Health (NIH) leadership, as reflected in minutes from the December 1971 AACI meeting when Dr. Carl Baker, Director of the NIH, and Dr. R. Lee Clark disagreed about how the NIH would receive input from the cancer institutes and how that input would be incorporated into the emerging National Cancer Plan (NCP).

In a memoir, Dr. Harold Rusch, director of the McArdle Laboratory for Cancer Research in Madison, Wisconsin, commented on this tension, noting that AACI leadership was quite concerned that NIH was gaining input for formulation of the NCP disproportionately from leaders of academic medical centers, as compared to leaders of cancer institutes. Leaders of the "mainstream" medical research community were not uniformly supportive of the development of cancer institutes or a marked enhancement of financial support targeted to one disease, perhaps especially cancer. Many academic leaders had been influential in expanding an earlier attempt to focus on cancer research to include heart disease and stroke (Presidential Commission on Heart Disease, Cancer and Stroke of 1965) and to placing the leadership for the development of the regional programs mandated in the subsequent legislation in the hands of medical school leadership and the American Medical Association. Only eight percent of funding in that program went to cancer. AACI was right to be concerned. And, in fact, the Heart Disease, Cancer and Stroke initiative accomplished very little.

How AACI exerted its authority and gained increased responsibility and involvement in developing the NCP and enhancing establishment of cancer institutes is not clear from histories of this era or the AACI archives; but AACI certainly did gain influence.



Attendees at the June 1971 AACI meeting, held at the McArdle Laboratory for Cancer Research at the University of Wisconsin.

A Plan for Cooperative Action

In January 1972, the first of three large AACI meetings brought together leaders from the scientific and clinical community to develop an approach to markedly expand cancer research, clinical care, and education. More than 500 individuals participated in the three gatherings as well as numerous other smaller committee meetings. Meeting details are available in AACI archives, primarily among the personal papers of Dr. Albert H. Owens, at Johns Hopkins Oncology Center, and Dr. Edwin Mirand, from Roswell Park. These meetings focused on developing a report entitled, *Comprehensive Plan for the Development of Cooperative Action and Common Practices Among Cancer Institutes*, dealing with what became 12 topics felt to be critical in the expansion of cancer research and education:

1. Accounting, Finance, Budgeting and Administrative Practices
2. Data Processing Requirements
3. Nomenclature, Classification, Staging and End Results Reporting

4. Medical Records and Registry Systems
5. Epidemiology, Biostatistics and Information Systems
6. Organization
7. Cancer Literature and Retrieval Systems
8. Patient Management and Planning Techniques
9. Research Management and Planning
10. Clinical Research (includes cooperative studies and clinical trials)
11. Medical Education, Curricula and Cooperative Programs
12. Cancer Control

In the early 1970s, AACI received almost \$1 million in grant support from the NCI to further develop and communicate to other centers items 1, 2, and 3, above. In March 1975, Dr. Clark and colleagues presented their “12 Task” plan to the National Cancer Advisory Board.

The plan appeared to be well-received, according to an account in *The Cancer Letter*, with one member suggesting it might provide a template for evaluating cancer institutes and programs. Dr. Clark commented that that was certainly not the intent, but such an application might be possible.

By 1976, presumably near the end of the initial NCI funding for these efforts, AACI prepared a very extensive and, by modern standards, very professional, proposal titled *A Plan for Cooperative Action Among Cancer Institutes*. The document included a brief history of AACI and noted 40 member institutions including several community cancer centers and members from Puerto Rico and France. AACI proposed to establish a national headquarters and to serve as a primary contractor of the NCI to provide leadership, experience, and organizational support for current and developing cancer centers. In addition to the 12 proposed areas of focus, four new tasks were suggested centered around cooperation with the Union for International Cancer Control, the Latin American Cancer Centers, the Association of Community Cancer Centers, and the American Cancer Society.

While the proposal’s impact and degree to which it was implemented are unclear, its’ creation solidified AACI’s bona fides as an important organization for cancer research-oriented programs, and that influence would grow over the ensuing years.

This AACI Commentary is adapted from the forthcoming, “History of the Association of American Cancer Institutes”, by Dr. Donald L. Trump, MD, and Eric T. Rosenthal.

Our Mission

The Association of American Cancer Institutes (AACI) comprises 103 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by empowering North America’s leading cancer centers in their shared mission to alleviate suffering.

About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.

