

Thank you, Christian, for that nice introduction.

First, I would like to apologize in advance if I have to cut my remarks short. We are presumably on the last day of votes of the Campaign Finance Reform debate and it is possible I will get called away for votes.

Of course, I didn't come here to talk about Campaign Finance Reform, and neither did you. We are here to talk about an issue that affects many more lives – an issue that, in one way or another, has touch almost everyone I've ever met – cancer.

As Christian mentioned, I have recently succeeded Senator Mack, joining Senator Feinstein as a co-chair of the Senate Cancer caucus. With that in mind I want to preface my comments.

Sir Isaac Newton once noted that to see further one must stand on the shoulders of a giants. Senator Mack is a giant. I only hope to some day ascend to the level of his shoulders.

That said, when I first began to talk to people about the cancer issue there was some curiosity about the origin of my interest. It is a valid question to which there are really two answers.

The first is that, as with everyone in this room – and as with everyone in every room in which I have ever spoken – cancer has touched my life. I was impressed with what a striking experience cancer presents. I refer to cancer as an “experience” as opposed to a “disease” because it is so much more than just a disease. Cancer is the physical body at war with itself. It is a civil war waged by insurgent cells against the healthy cells. In the course of this war, be it a drawn out campaign or brief battle, the mind challenged and made resolute. Like nothing I have experienced, this war involves the entire “Self.” My brief experience with cancer left me with a resolute determination.

This leads to the second reason for my interest in the Cancer issue. Our history has proven that when this *nation* is resolute and determined, we can achieve remarkable things.

In 1939, the United States was producing 800 military airplanes per year. At the onset of World War II, President Roosevelt challenged the nation to increase manufacturing to 4,000 planes per month. By the end of 1943, in perhaps the greatest industrial feat in history, the United States was producing 8,000 military aircraft per month.

On May 5, 1961, the United States launched Mercury 3 and Alan Shepard became the first American in space, spending a total of 15 minutes and 28 seconds in sub-orbit. Twenty days later President Kennedy addressed a joint session of Congress and proposed that our nation land a man on the moon before the end of the decade. On July 20, 1969, four days after leaving the launch pad, Neil Armstrong stepped from the lunar module on to the surface of the moon in perhaps the greatest engineering and technological feat in history.

Between 1996 and 1997, for the first time, the total number of cancer deaths in the United States

did not rise¹. Today, there are at least 50 compounds under investigation for the potential efficacy as cancer preventives² and untold research is being performed in search of new cures and treatments for cancer. This is the time for our nation to become resolute and determined to achieve what may be the greatest scientific feat in history -- to win the 30 year old War on Cancer.

While this will be a great scientific feat, as cancer is more than one disease, science alone can not defeat cancer. Indeed, to vanquish our foe we must fight on every front. Our nation needs a strategy for every point along the Continuum of Cancer Care.

The first point along the Continuum is prevention. Everyone in this room recognizes that there are certain behaviors that increase one's risk for cancer. The primary example, and where prevention will have the greatest benefit, is tobacco use. Eighty seven percent of lung cancer deaths can be attributed to tobacco. In addition, tobacco has been linked to cancer of the mouth, larynx, pharynx, esophagus, pancreas, kidney, bladder, and uterine cervix³.

While more deadly and better publicized, tobacco use is not the only behavior related to cancer. Many of the over 1 million new cases of skin cancer diagnosed every year could be prevented by limiting our exposure to the sun. Poor eating habits and obesity both put millions of Americans at a greater risk for cancer. Women who engage in behaviors that expose them to human papillomavirus (HPV) put themselves at very high risk for developing cervical cancer.

In many ways, a Prevention strategy will be one of the most difficult to develop and move forward.

As well it should be, changing people's behavior is a very difficult proposition in a free society. However, that a thing is difficult is no reason that it should not be done. We must increase peoples awareness of the risk that their behaviors impose. We must undertake a campaign to communicate those risks to the American people and educate them. We can not afford to be shy.

In some cases, communication and education are not enough. This week Senator Durbin of Illinois and I reintroduced a bill to provide smoking cessation services to the poor and elderly through Medicaid and Medicare. To quit smoking is not an easy thing. We must help where help is needed.

Our second strategy along the Continuum must involve screening and early diagnoses. Breast cancer, colorectal cancer, Prostate cancer – we know these three cancer sites are the most deadly,

¹Source: Statement by Dr. Richard Klausner on the FY '01 Budget Request for the National Cancer Institute.

²Source: National Cancer Institute: "The Nation's Investment in Cancer Research: A Budget Proposal for Fiscal Year 2001."

³Source: American Cancer Society "Cancer Prevention & Early Detection: Facts and Figures 2001."

accounting for an estimated 128,400 deaths in this year⁴. We also know that these three cancers are among the most treatable if screened for and caught early enough. If caught at the localized stage, the five year survival rate for colorectal cancer is ninety percent – for prostate cancer *one hundred percent*. Indeed the American Cancer Society projects that if cancers of the breast, colon, rectum, cervix, prostate, testes, oral cavity and skin were always diagnosed at the localized stage, the relative survival rate would increase to ninety-five percent.

Nearly one quarter of the cancer deaths can be addressed with today's technology and treatment. We must ensure that Americans are screened and diagnosed.

The third strategy within the Continuum of Cancer Care will not involve today's technology, and thus will involve the greatest scientific commitment. Our third strategy must be to increase the variety and quality of cancer treatments available to patients and their physicians.

Soon, the Congress will have completed our goal of doubling the National Institutes of Health budget. Soon, we will begin to see tremendous returns on that investment. Indeed already there are dozen of exciting new treatments for cancer in the research and regulatory pipelines. However, we can not assume that these stars aligning will automatically increase and improve the range of cancer treatments available.

To ensure new treatments become available, there are approaches to embrace and temptations to resist.

We must continue to embrace the federal commitment to basic research. Every year the National Cancer Institute releases a budget which highlights all of the opportunities and challenges facing the cancer research community. That is a document that I am going to try to get my colleagues to embrace.

We must embrace the movement shorten the time between a discovery at the lab table and treatment at the bedside. In my home state of Kansas and across state-line in Missouri, research laboratories, universities, hospitals, health care providers and even local community colleges have all banded together to form a Life Science project. The goal of the consortium is to ensure that the laboratories are working on projects that are relevant; and that the hospitals are getting the latest advances as rapidly as possible. We must embrace innovative programs like the Kansas City Life Sciences Project.

We must resist the temptation to cut down on health care costs using Medicare reimbursement as our shears. There is no doubt that a prescription benefit for Medicare beneficiaries is coming. However, if we attempt to make it fit within the current structure of Medicare by instituting a price control regime, the cost will be too great. Likewise, if we allow HCFA to contain its costs with schemes like the failed attempt to change the reimbursement for the Average Wholesale Price of drug interventions, the cost will be to great. We must resist the temptation to interfere with the health care market place.

⁴Source: ACS "Cancer Facts and Figures 2001."

The final strategy along the Continuum is not yet set in stone. Indeed, our successes or failures along the Continuum of Care will be judged by which of the two options is the final strategy along the Continuum. Currently, and as we maintain the status quo, the final stage along the Continuum will be end of life care. At the end of cancer patients' lives we must ensure that they are comfortable and at peace, and allowed to die at the beaoning of the Creator.

If, though, we are successful at each point along the Continuum of Cancer Care the final strategy will not be Hospice care but rather disease management. If we are successful, cancer patients in your centers will not die from cancer, but rather will live with cancer.

But to reach that day will take the resolution and determination of a nation. I can not underestimate the importance that your cancer centers will play in this fight. Yours is the provider which touches every aspect of the Continuum. From your education and prevention programs to your community screenings – at the time of diagnoses, through treatment, up until the end, you are with your patients at every point of the Continuum.

Hopefully soon your mission will become very lopsided to one point in the Continuum and your staff will spend most of their time teaching your patients how to live with cancer. When that day comes, we will know that this great nation has once again done a remarkable thing.