

CENTER FOR MIND-BODY MEDICINE
COMPREHENSIVE CANCER CARE 2000

CONFERENCE OPENING

SPEAKERS: James S. Gordon, MD & Senator Tom Harkin
Arlington, Virginia
June 7-11, 2000

P R O C E E D I N G S

DR. GORDON: I'm Jim Gordon, Director of the Center for Mind-Body Medicine and I'm extremely glad to see all of you and I want to welcome you all to this community of healers.

When we do work at our Center, when we work with groups, when we do our training program, we always sit for a minute quietly, gather ourselves together, bring ourselves into the room, relax.

So, if you would just for a minute sit comfortably, you can put your papers and pens down. They used to tell us to put our blue books down and our pencils up and sit comfortably. And, if you'd like, you can do very simple relaxation technique, breathing in through your nose and out through your mouth. Allowing the breath to deepen.

One of the ways to encourage the deepening of the breath, the slowing of the breath, in the relaxation response is to allow your belly to be soft. And one of the ways to help the belly to be soft is to say to yourselves "soft" as you breath in and "belly" as you breath out.

If thoughts come, let them come and let them go. Gently bring your mind back to soft and out again.

Okay. Open your eyes. Come on back in the room. We can have the lights up please. And as you'll see, while you were meditating, Senator Tom Harkin did a walking meditation and came out on stage.

I'm very pleased to have Tom be our opening speaker at this keynote session. The success of this conference and the success of transforming medicine in this country is in no small measure due to Senator Harkin's efforts; along with former Congressman Berkley Bedell who came to Senator Harkin some years ago and he said we have to really take a look at some of these other therapies.

Tom got the message and began to look and began to encourage the NIH and encourage all of us to look a little more, to look a little harder, to think a little deeper, to take some more chances.

He's been an extraordinary supporter of this movement. Not just a movement for complimentary alternative medicine but the movement to create a truly effective decent and humane health care for all Americans. He's been a major leader in the field and I have the privilege to introduce him and the honor to call him a friend. Tom.

SENATOR HARKIN: Jim, thank you very much for that very kind and generous introduction and for once again bringing together such a great crowd of the dedicated, energetic cancer fighting pioneers. This is now what, the third? Third year, right, that you've been here and I've been

here. And every year it keeps getting bigger. If it gets any bigger you're have to rent RFK Stadium across the river over there to have it next year I think.

I also want to thank Dr. Straus from the National Center for Complimentary and Alternative Medicine. They're supporting a range of important studies on some of the most important and promising CAM treatments. I will use the word "CAM" when I speak this morning as my shorthand for complimentary and alternative medicine. I'd also like to thank Dr. Rick Klausner too, and the National Cancer Institute for their support of this event and for taking the lead in exploring cancer treatments.

I must tell you of all of the Institutes at NIH, the National Cancer Institute has been one of the most aggressive in studying CAM treatments.

And thanks to each of you for taking the time to be here today and for your tremendous service on the front lines of cancer research and treatment and advocacy.

And, again, let me especially thank our pioneer. I first met Jim Gordon, well, quite a few years ago but in terms of working with him on complimentary alternative medicine, I met him over a decade ago and in those almost 11 years now of working with him, I've come to realize that every once in a while as you go through life, you meet someone who truly is a pioneer. Who's not afraid to breach the wall, tear down old myths, to reach out and to expand the horizons of what we know and what we experience in our lifetimes.

To begin to look at just who we are as human beings and what compromises us. Not just that we are an entity that responds to some kind of a drug now and then but that we are really holistic people. We are individuals with all kinds of different attributes and different kinds of systems that compel us to do one thing or another. And not one treatment may be the same for me as it is for you. That we're all individual, all different.

And the one person, I think, that has brought this to the forefront of medical knowledge throughout the world has been Jim Gordon. And I think we owe him a great debt of thanks.

Jim mentioned that I sort of got my start in this because of my dear friend Berkley Bedell. He and I were Congressman together from the State of Iowa. He was forced to leave the House. I went to the Senate and then Berkley left the House of Representatives because he became ill both with Lyme's disease and prostate cancer.

He went in search of alternative treatments and I remember once -- I like telling this story a lot of times because I remember once I saw Berkley and he just looked awful. And I told my wife, Ruth, I said, you know, I think maybe I've see Berkley Bedell for the last time. Now this would have been about 1987. And I saw Berkley and I, honest to God, I thought I would never see him alive again.

Well, he went out and got alternative treatments, got rid of his Lyme disease, cured his prostate cancer. Today he's alive and well. He has formed a foundation that is situated here but is reaching out to study alternative therapies around the United States, around the world. Trying to find out what works and what doesn't work.

And so he really has, again, with Dr. Jim Gordon, is really pushing the frontiers of this and I just want to introduce him to you today because he's alive and well and he's, he is younger than ever. Congressman Berkley Bedell, right here. Berkley, stand up.

SENATOR HARKIN: And having just gone fishing with him last month, I can tell you he is very, very healthy.

Well, for years we've debated whether conventional and alternative medicine has a place in American medicine. Whether scientists were wasting their time researching unconventional treatments and whether patient's were wasting their money using them.

Well, in 1997, Americans made 629 million visits to CAM providers. That's more than the number of visits they made to primary care physicians. And studies show that Americans spent about \$27 billion on alternative therapies, mostly out of pocket. What's more, recent studies show that 60 percent of physicians have referred patients to CAM practitioners; 64 percent of U.S. medical schools now offer courses in CAM; 80 percent of medical students and 70 percent of family physicians want training in CAM therapies.

So, as far as I'm concerned, all this is a pretty good indication that the debate is over. The American people have spoken, they've laid down the bottom line, they want alternatives. They want less invasive, less expensive, less impersonal medical treatment. They want remedies that are holistic and preventative and not just piecemeal and reactive. Some, no, I think so too.

SENATOR HARKIN: And sometimes it's a matter of who's dispensing the treatment. Most Americans would probably regard music therapy for cancer patients as CAM but Sloan Kettering Cancer Center, one of the premier traditional cancer hospitals in the country, often includes music therapy in their treatment regiments. Well, does that make it conventional? And a lot of treatments that were once at the height of conventional medicine have long gone out of fashion.

You know, you don't see a lot of doctor's using leeches or bleeding their patients, or cauterizing wounds with boiling oil any more. But once, those were traditional practices. We can spend years debating semantics and nuances of definition but we'd be wasting our time.

Instead of trying to determine what's alternative and what's conventional, we need to dedicate our time, energy and resources to just figuring out what works.

We need to seek out every possible treatment and prevention, old or new, conventional or unconventional run of the mill or unusual. We can't afford to dismiss to over look anything, no matter how strange or exotic it may seem.

When you or someone you love has cancer, all you care about is what works. Whether it's cauliflower or chemotherapy, tea leaves or tamoxifen. And we need to put every potential treatment that we find through the most rigorous, thorough scientific test that we've got.

We need to see which remedies work best for which people. As I said in my opening, not everything works the same for everyone. And I think that's been one of the; I'll diverge here to that. That's that's been one of the problems in main stream medicine. They always want that one pill, that one drug that will work for every single human being.

But we're all different. And I think in many times that search for that one silver bullet is elusive for that very purpose. And so we need to examine a lot of different regimes and a lot of different treatments that are out there.

We need to investigate side effects and adverse reactions and interactions to make sure that what we take is safe. And once we find something that works, we need to spread the word and get it into our doctor's offices and medical schools and treatment centers as quickly as possible.

Some of the most exciting and effective treatments are terribly under used simply because people just simply don't know about them. Even more important, it's critical that we educate conventional physicians, nurses and other healthcare providers on the use of CAM and how to discuss CAM with their patients.

Studies show that millions of patients who are involved in conventional treatments also pursue alternative treatments on their own as well and they're not telling their doctors about it. And their doctors don't even know how to talk about it with them because they have been ill-trained in using alternative practices.

Well, a lot of that's changing. I heard a report on the radio just several months ago about how medical students at Harvard Medical School, of all places, well, I shouldn't say that Jim. I mean, it is a good medical school. But Harvard Medical School which I would think would seem to be the bastion of traditionalism, although it produced a Jim Gordon so it can't be all that bad. That the students there were demanding that they start teaching courses in alternative practices such as chiropractic and different things like that. So the students in our medical schools want to learn.

Well, now there's a lot of information out there about CAM. Some of it's good and some of it's bad. In some cases self treatments have lead to dangerous and fatal interactions with other drugs. We should never forget Mark Twain's timeless warning. "Be careful when reading health books. You may die of a misprint."

So it is tough to navigate the world of alternative medicine on your own. You type in "alternative medicine" on AltaVista and you get 211,045 hits. That's a little bit overwhelming. It's hard to figure out which works and which doesn't and which is really promising and which may be just a fad.

And that's why this conference is so crucial. The future of cancer treatment is not just in conventional treatments. Not just in alternative treatments. I believe the future of cancer treatment is in a careful integration of the best of both fields.

We need to pledge the diverse strengths of the people in this room to find the most effective treatments and to help people and patients choose among them.

I have believed this for a long time. In 1989, when I took over and that's the time I met Jim Gordon, I took over as chair of the subcommittee that funds most of the health care programs in this country and the National Institutes of Health. I immediately began because of my interactions with Berkley Bedell, I immediately began to study the extent to which NIH and the research establishment were investigating preventative and alternative approaches.

Well, in a nutshell, they weren't. And so, in 1991, with a small stroke of the pen, I put in \$2 million in our Health Appropriations Bill to establish the Office of Alternative Medicine at NIH.

The main purpose of the Office was to test non-mainstream treatments that showed promise but weren't being explored. And by the reaction I got at the time, you would have thought that I had just announced that people should eat dirt and chew twigs to cure deadly diseases.

They seemed to think that allotting \$2 million out of NIH's then budget of \$11 billion, was tantamount to bankrupting the Institute to pay for snake oil. Well, a lot has changed since then.

We, we didn't let them beat us down. We had problems as many of you know with the Office of Alternative Medicine. A lot of problems. And a lot of problems with the supervision of that at NIH.

But we hung in there and we didn't give up. And we kept pushing it and pushing it. Finally it became apparent that for this Office to truly succeed and start doing innovative things that we had envisioned and what I had envisioned early on, it had to be separate and apart from NIH. Simply because of the traditional, I think, institutional structure of NIH, it had to be able to do its own work.

The problem was that the peer review committees that they had set up to do peer review of research projects in CAM, the peer reviewers had had no experience in complimentary alternative medicine. And so every time grants would go out, it had to go from the office, through NIH and then out and then through this peer review committee process.

It's like I said to some of my friends at the National Cancer Institute would you allow peer review to take place on cancer research and not a one of the peer reviewers was an oncologist? Of course not. I said that's the same way with complimentary alternative medicine.

We have a lot of people in this country who have been involved in complimentary alternative medicine for many, many years and we need them on the peer review committees. And we couldn't get this done. So finally, I started about 1995, thinking about how we could change this.

So we finally got it done or, a little over a year ago, we finally got the Office of Alternative Medicine changed. It's now called the National Center for Complimentary and Alternative Medicine. Now, what does that mean?

It means that now it can award its own grants. It does not have to go through NIH. It sets up its own peer review. And, in fact, when we, when I set it up as the National Center, we demanded that at least 50 percent of any of the peer review committees have to be comprised of complimentary and alternative practitioners to review the requests that come in. And so now the Center can make its own grants. It does not have to go through NIH.

So we have great hopes that now we can really begin to move rapidly and, I might just add that the budget has increased from \$2 million that we started in 1989. It was about \$69 million for this year and I'm pleased to report that our Senate Bill that we have right now that's making its way through the Senate, would raise that level to a record \$100 million for next year for the study of complimentary alternative medicine.

I know that sounds like a lot of money, \$100 million. But just keep in mind that is still only one half of one percent of the entire NIH budget going for alternative and complimentary medicine. So if people say \$100 million is a lot of money, just keep in mind, one half of one percent of the total budget.

Over the past decade, we have been funding some ground breaking research on therapies ranging from acupuncture to Ginkgo biloba, to melatonin, to St. John's Wort, to treat illnesses ranging from osteo-arthritis to Alzheimer's to sleep disorders and depression.

Now sometimes we test treatments and they don't pan out and, you know, I hear that a lot. People say, well, you know, you tried this alternative thing but it didn't pan out. They sort of say well that's the reason to get rid of the entire Center and to stop this foolishness.

Well, think about this. We have spent approximately \$45 billion researching cancer since the National Cancer Institute was founded and people are still dying of cancer. But that doesn't mean that we should stop our research. When we go down one pathway and it doesn't work, then we need to explore other pathways.

And if that's true in conventional research, it is also true in alternative research.

And just as important, we have got to make sure that our laws and policies are keeping pace with our scientists. The federal government has yet to determine whether students being trained in CAM practices should be eligible for loans and grants and other types of federal assistance that we give to people who are studying conventional medicine.

Now, again, that's another barrier that we've got to cross. The federal government hasn't determined whether current licensing and accreditation standards for CAM fields are appropriate. Whether federal agencies should better coordinate to address the diversity of research needs in CAM. Whether CAM therapies should be covered or subsidized by government health programs and private plans. So we've got a lot of barriers yet that we've got to cross.

Last spring, in order to try to get the federal government moving this direction and to try to start moving these things and licensing accreditation and research needs and student loans, to start addressing this, I put \$1 million into our Appropriations Bill to create a White House Office, a White House Commission, on complimentary and alternative medicine.

Again, this commission's mandate is to study crucial issues like licensing, coverage funding, loans, grants, all that kind of thing and to make policy recommendations, both to the White House and to Congress on what laws we need to change and what regulations we need to change to elevate the practice of CAM in this country.

Never before has the federal government taken such a comprehensive look at the potential of CAM and after a long delay, I might say, I expect the White House Commission to be launched, hopefully, before July the fourth. So I think that White House Commission will be launched and I am hopeful that we'll be well on our way with that this year.

My staff is waving at me back there. My staff is waving at me because I have a vote in 10 minutes. As I'm sure that it's some kind of an important vote but it's not as important as what you're doing here today, I'll tell you that.

The future of complimentary and alternative medicine is bright. Centers are exploring cancer treatments all across the spectrum. Just recently one group of scientists found that an ancient Chinese herbal remedy has tremendous potential to treat prostate cancer. Another discovered a common herb that can kill brain and prostate cancer cells and inhibit the spread of malignant tumors by restricting blood vessel growth.

Another group found that eating more vegetables can lower the risk of non-Hodgkins lymphoma in women. Maybe all of mom's nagging about eating your vegetables is right after all.

And there's even evidence, a lot of evidence; that eating soy products will help fight breast and prostate cancer.

So the possibilities are endless. And if we continue to work together and if we continue to combine the best of complimentary medicine and the best of alternative medicine, if we continue to act boldly and deliberately, to experiment and take risks together, I believe we can see the end of cancer deaths and hopefully eventually the end of cancer.

So, again, I want to close by thanking Jim Gordon again for his great leadership. I want to thank all of you for also being pioneers in this field, for being here today. For continuing to open the new doors to integrating conventional and complimentary and alternative treatments.

I can tell you that my experience over the last dozen years in this area has convinced me, without any shadow of a doubt, that we are on the, I think just on the cusp of making some important discoveries that will once again let people have more control over their own health care; get people the information that they need so they can make the decisions on how best to keep themselves healthy, to ward off disease, to take less invasive, less expensive treatments that will help them to keep healthy and to cure ancient illnesses.

I believe we are at that point. Don't give up. Stay in there, continue to fight. You are the answer to the many illnesses that confront mankind today. Thanks for having me here today.

DR. GORDON: Thank you so much Tom and thank you everybody.

It's so interesting to see how far, how far we've come in the last 10 years, even in the last 3 years. It's really quite, quite extraordinary.

There are an extraordinary array of workshops throughout these next 3 days and we have, one of the things that we believe in that we experience very strongly, is that we are a community and we are, hopefully, a healing community as well. And so, when we hear suggestions from people we really pay attention. So we want your suggestions, we want your evaluations.

One of the suggestions people have had in previous years is to ask fervently that because there are so many interesting sessions, that we repeat sessions and so all sessions are presented twice. All of the workshop breakout sessions.

So, if because of this extraordinary crowd, you can't get into your session on the first time around, you almost certainly should be able to on the, on the second time around. So all the sessions will be presented twice but.

In addition to the sessions that are being presented, I just want to remind you of several, there's actually more than a couple; several other activities that we have. The Exhibit Hall which is on the floor up above opens at 12:30 and there'll be also poster sessions. I think we have 14 poster sessions.

Again, that was a recommendation that a number of you made and we welcome people who are presenting poster sessions. There will be poster sessions up there at 12:30.

The bookstore in the Exhibit Hall will be open. Lunch is available for purchase in the Exhibit Hall and there's also a whole program, of body work and Reiki healing and so you're have an opportunity to experience some of these approaches, some of these Mind-Body approaches.

We have a number of people, all of whom have volunteered to come do this work and to be there for you today and tomorrow.

At 12:30 to 1:15, Jeff Zimmerman, teaching Qi Gong in the Tidewater Room. Next year we look to have some scientific sessions on Qi Gong as well. This year will give you an experience of this healing practice which is very widely used in China and increasingly in the U.S. to, as part of cancer care treatment.

There will be audio and video tapes available for sale in the Ballroom floor.

We have a physicians support group. Physicians need all the support they can get, from 7:15 to 8:15 in the mornings. Dr. Mike Hawkins, who's an oncologist, Deputy Director of Washington Hospital Center, Cancer Center here in D.C., is leading a support group that so many people came this morning that some of the other group leaders from the Center for Mind-Body Medicine, physicians and other health care professionals will be available to lead the kinds of groups that we lead for professionals that are part of our professional training.

We feel this is very important, especially for people working in the area of cancer. When we had some of our pre-conference work shops, one of the things that was very interesting and touching was that the pain of the people working in oncology and institutions that were not as healing as they might be, seemed, in many ways, the psychological pain to be greater than many of the patients who had cancer.

So we want to provide support not only for patients but also for professionals and this is one way that we're doing it and if people are interested in this program we'll extend it to other professional groups as well.

They'll be a press conference at 1:00 for those of you who haven't gotten the specific invitation in Potomac Two and several of us will be talking about this new book that I gave Tom Harkin a copy of, Comprehensive Cancer Care, which is available in the bookstore that Sharon Curtain and I wrote and it's based on the first two conferences. And we'll be doing a book signing tonight.

The opening reception will be in the Exhibit Hall and you're all invited to the, again, this is something that people suggested and we thought it was a great idea. Give everybody an opportunity to come together at the opening reception and we invite you all.

In fact, you all have a free drink ticket in your little white envelopes so please come and have a drink on us and come hang out with us and speakers will be there and the staff of the Center will be there as well.

I want to thank, so many people have helped us with this conference. This is a communal effort. You may have looked around. Those of you who have been here in previous years may have noticed that we've grown. The first two years we had about 900 people here at the conference with we thought was wonderful.

This year, as of yesterday, 1240 people have registered for the conference which is quite extraordinary and about three times as many physicians as we had last year are here. So it's wonderful to see all of you here and to see this dialog about creating a truly comprehensive cancer care growing.

In order to put on a conference of this magnitude we've needed a great deal of support and right up front I want to thank four groups that have provided huge support for us in different ways.

One is the University of Texas which provides the continuing medical education and other continuing education credits.

The National Cancer Institute has made a major commitment of time and effort, particularly the effort of Dr. Jeff White, whom you will meet later on, but Dr. Klausner's efforts and a significant monetary contribution to this conference.

And so too has the National Center for Complimentary and Alternative Medicine. And, under Dr. Steve Straus' direction and Dr. Straus will be here later to speak about the NCAM agenda.

So I just want to say a special word of thanks to these sponsors.

And all of our staff, our staff is wonderful. I love them and I hope that all of you will grow to get to know them as time goes on and they have badges on, staff. And we're your hosts so please, we're inviting you into our world, into our place, into our space and we want you to feel at home.

We want you to learn, we want you to celebrate being together, celebrate the learning and the work that we're doing together and on Saturday night, we want you to celebrate with music and dancing, too, as well. And our staff's available. We're all here for you.

I particularly right now want to thank Sandy White and Marty Cathcart, my left and my right arms in putting on this conference.

Now there are a couple of more people I would like to introduce and they're going to make some brief remarks and then I'm going to read a statement from Dr. Klausner who was unable to be here and then Dr. Bill Fair is going to turn things around and introduce me. So, we're going to be moving around a little bit here on the platform.

First, I want to introduce Beth Clay who works with Representative Dan Burton and -- Beth has been the saline, thy rod and thy staff, they comfort me. Beth has been a rod and a staff and a stalwart in really opening up research and opening up service for everybody in the United States. And she's worked with, tirelessly with Representative Burton and she's going to say a few words on his behalf.

And then Fern Ingber is going to say a couple of words on behalf of the Walter Payton Fund and, named after the great Chicago Bears running back who died of cancer. I had the pleasure of speaking at a press conference with Connie Payton yesterday and Connie is busy taking care of her family so she couldn't come and she asked Fern if she would come and say a couple of words. So, Beth and Fern.

MS. CLAY: Good morning. Congressman Burton wasn't able to be here this morning. He asked me to send his regrets. He really wanted to be here and his schedule unfortunately changed and he was not able to do so.

I want you to know that you have a friend in Congress and his name is Dan Burton. He is intimately involved with the world of cancer. Both of his parents died last year from lung cancer and his wife is a six year survivor of breast cancer. She is a six year survivor because she used an integrated approach including a clinical trial that she participated in to boost her immune system and to prevent the recurrence of cancer.

So, Mr. Burton is dedicated and stalwart and he asked me to say jokingly, of course, that Beth's not going to give up and I'm not going to let him because in the last 13 months we've had 3 hearings looking at the role of complimentary and alternative medicine in cancer.

We finished the second day of a two day hearing yesterday. We had some of the folks who were going to be presenting to you this weekend testify and I have to say that I have a new hero in my life today, Dr. Jeanne Achterberg. Don't know if she's in the room or not but she presented an eloquent, factual, emotionally charged testimony and I hope that each one of you will take the time to hear her speak today.

Over the course of the last year and a half, as I watched the members of our Committee, we have 44 members of Congress that serve on this Committee, as I watched them be educated by patients, physicians, alternative practitioners, who come and testify before our Committee about these issues, I've watched them blossom.

It's as if you see a rosebud that's tightly closed. You can't force that rosebud to open. You have to let it do so on it's own. And that's what I saw happen this week. Part of that is in part due to people like Connie Payton who came and testified about their families experience with cancer.

And seeing members of Congress who a year and a half ago were worried more about the level of science and whether the quality of science was good enough to show efficacy are now talking about things like the importance of spirituality in care and the importance of a holistic approach. And the importance of freedom to chose your treatment.

One of the individuals that testified for us on Wednesday was Jim Navarro who's little boy Thomas, has medulloblastoma. And, the family did their research and made a decision of what the best course of action was and it was a clinical trial that they were forbidden to participate in because the child had not first gone through and failed radiation and chemotherapy.

One of the root issues in people's desire to look at an integrated approach or an alternative approach is the freedom to chose. One of our goals is to expand the options available and to ensure health freedom and that's one of the reasons we've enjoyed, introduced HR 3677, which is the Thomas Navarro FDA Patient's Rights Act.

If you haven't learned about it, please go the Thomas Web site which is the Library of Congresses, Web site, pull down the Bill and read it and contact your Congressman and ask for their support.

As a result of our hearing, this Bill has been assigned to the Commerce Committee and as a result of our hearings over the last two days and as a result of a lot of constituent phone calls, the Commerce Committee is now willing to look at the Bill and hopefully very soon it will move to the House floor for a vote. So we ask for your help and support in this.

I want to thank Jim Gordon for all the work that he does in bringing this conference about, to the information that's available here is changing the face of health-care in this country and we certainly have to change that. Even after our \$43 billion investment in the war on cancer, we don't have cures for cancer and we still have 600,000 individuals in the world dying, in the country dying each year.

We'd like to see that change. Each and everyone of you who's experiencing cancer or someone in your family's experiencing cancer, certainly wants to see better options and better care and most certainly, better outcomes.

Once again, Mr. Burton sends his love and his dedication to this issue and wishes for a successful conference.

MS. ENGBERG: Week to watch her work and to assist Congressman Burton on the Hearings that have taken place to ensure that Americans do indeed have freedom of choice and can avail themselves of the complimentary and alternative treatments that Connie Payton knows full well can make such a difference.

I love my work. I get to work with angels and learn from them. People like Jim Gordon and Congressman Berkley Bedell, all of whom are dedicated to really making a difference.

In launching the next couple of days the Walter Payton Cancer Fund, we believe we have a fabulous opportunity to reach out to the American public. Not just to raise the necessary funds to allow us to move ahead the clinical research that include areas such as herbal applications and cancer care, mind-body research including spirituality, nutrition interventions, as well as innovative applications for conventional therapies such a chemotherapy and radiation.

But it also will give Connie Payton a chance to speak out on the necessity to make sure that Americans have the opportunity, the access and the availability and the equality of healthcare that's necessary that she saw in the treatment of her husband, of Walter Payton.

Now to visit our Web site. It's CTRF.com and through there you can get to the Walter Payton Cancer Fund Web site. On there you'll find Connie's testimony which talks about the experience that she and Walter and their entire family had and, more specifically, talk about the launching of the fund and outline some of the objectives that we have moving forward.

We do hope that we'll be joined by all Americans. We're asking for contributions. Those of you who were fans and certainly I've heard from everyone that Walter Payton was considered the greatest running back of all time.

I can tell you that he lived his life with passion and he fought his illness with a great deal of passion and Connie Payton and their family, Jarrad and Brittney, his two children, are going to continue that fight. They're picking up the ball where Walter wasn't able and reaching out to the American public and asking for those donations and the number 34 which Walter wore and which Jarrad now wears at University of Miami, asking for donations of \$34 and \$68 and \$134 and \$3,400,000. But more importantly, giving all Americans the message of what complimentary and alternative medicine means to each and every American.

So thank you for this opportunity. I want to thank Jim Gordon so much for speaking yesterday at our press conference. He is indeed a visionary, has made an incredible difference.

We certainly look forward to working very closely with the Center for Mind-Body Medicine as we look forward to working very closely with Congressman Bedell and his National Foundation for Alternative Medicine. Thank you very much.

DR. GORDON: Unaccustomed as I am to reading, I'm going to read Dr. Klausner's letter he's -- and I'll just read through it and then you'll have a sense of his interest in and commitment to this area.

"Dear Jim, I apologize for being unable to be with you at the Third Annual Comprehensive Cancer Care Conference. This is, of course, an exciting stage in the development of medicine and science. As a nation we are beginning to see results from our investment in cancer research.

"Cancer mortality is declining, including decrease of scene for the four major cancer sites of lung, colon/rectal, breast and prostate. Overall mortality rate drops are seen in both the black and white population.

"Remarkably the magnitude of these drops are such that for the first time between 1996 and '7, the total number of cancer deaths did not rise, despite a growing and aging population.

"Progress and our understanding of the biology of cancer continues at an astonishing pace. We are learning more each day about how cancer arises from a single cell that behaves abnormally, dividing uncontrollably and leading eventually to the development of a tumor.

"We also are learning about the ways that genes which direct the behavior of the cell interact with a host of environmental agents to cause cellular malfunction and disease.

"This basic knowledge about the nature of cancer is providing us with critical insights into how we can prevent and detect cancer more effectively and it is giving us the opportunity to improve treatment by enabling us to design therapies that target the machinery of the cancer cell.

"Powerful new technologies are permitting us to detect and diagnose cancer at an earlier stage, before it has had the chance to spread. People with cancer are living longer and with a better quality of life than ever before.

"Altered genes and molecular pathways of the cell are already providing long sort targets for new therapeutics. For the past two years the NCI has been redirecting it's drug discovery program to one based on the success of basic research and identifying the precise molecular targets implicated in the development, growth and spread of cancer.

"The recent encouraging results herceptin for the treatment of advanced breast cancer, rituxamab for the treatment of non-Hodgkins lymphoma, STI 571 for the treatment of leukemia, tamoxifen for reducing the risk of breast cancer and a growing list of others all point to the future potential of molecularly targeted therapeutics and preventatives.

"While the NCI is concentrating great efforts on identifying therapeutic interventions that capitalize on laboratory findings about the genetic nature of cancer, we also acknowledge a need to have appropriate processes to follow leads from empirical observations.

"Americans increasingly are turning to complimentary and alternative medicine, CAM, for treatment and supportive care of numerous diseases and conditions including cancer. In

response to this growing trend, NCI has established the Office of Cancer Complimentary and Alternative Medicine, OCCAM, which seeks to promote and support research and the various disciplines and modalities associated with CAM as they relate to cancer diagnoses prevention and treatment and palliative support or care.

"Through the leadership of OCCAM Director Dr. Jeffrey White, the NCI is actively involved in fortune collaborative relationships between the conventional cancer research and CAM communities and progress has been made in strengthening the institute's relationship with CAM researchers and practitioners.

"New CAM projects are moving forward in three main areas, research, development and support programs. Through collaborative efforts with NCAM, NCI has expanded it's commitment to develop new centers for CAM research and to support research to evaluate the efficacy of intensive pancreatic proteolytic enzyme therapy with ancillary nutritional support in the treatment of inoperable adenocarcinoma of the pancreas. That's Dr. Nicholas Gonzalez' work which is being, been discussed here at this conference in the last three years.

"Because of public interest in the potential anti-cancer activity of shark cartilage and it's continued use despite the lack of persuasive clinical evidence of efficacy the NCI is collaborating with NCAM to sponsor clinical trials in this area.

"The first trial began accruing patients this past April and is centered at the M.D. Anderson Cancer Center with added sites throughout the U.S. and Canada. This will be the first study designed in sufficient size to answer the question, does an oral shark cartilage product significantly increase survival of patients with a specific stage in cancer diagnosis.

"The NCI's Division of Cancer Prevention is supporting two clinical trials of the polyphenol active components from green tea. These clinical trials began accruing patients in December of '99.

"We're expanding studies to improve our understanding of the experience of cancer survivors including patterns of care people receive, quality of life they experience during and after treatment and influence the various modes of health service delivery on their outcomes.

"In keeping with this, the Surveillance Epidemiology and End Results, SEER, cancer registry program has added CAM components to several projects.

"As a result of efforts to encourage NCI's intramural community to explore CAM research, we have seen intramural researchers at NCI involved in examining the use of complimentary and alternative medical therapies by adult cancer patients enrolled in Phase I Clinical Trials and by women at high risk for breast cancer.

"NCI intramural researchers have also conducted a phase one study of genistein, a soy product, for prevention of cancer in patients with no history of cancer or with asymptomatic, early prostate cancer or other malignancy.

"Your conference attendees will have opportunities to hear the NCI's collaborations with the NCAM and the Best Case Series program which allow us to take a hard look at the evidence for beneficial effects of alternative approaches in cancer and they'll be several sessions which Dr. White has organized on that.

"The Cancer Advisory Panel for Complimentary and Alternative Medicine, CAPCAM, an expert panel that provides advice to NCAM is actively evaluating information elicited from the CAM community via this program.

"As a result of CAPCAM recommendations, NCI is exploring the possibility of prospective outcomes monitoring of new lung cancer patients treated in a homeopathic clinic in India. That work will also be presented here.

"Dr. White is working with the Peep Energy Homeopathic Research Foundation Clinic in Calcutta to explore onsite monitoring of new lung cancer patients seen in the Banerji Clinics. And to obtain the documentation and follow up of a group of 30 to 50 new lung cancer patients for a period of 12 to 18 months.

"The CAM cancer information program. Effective communication is central to cancer care from primary prevention to survivorship. To address the urgent need for good quality information about CAM, detailed summaries have been prepared for CAM cancer therapies identified by our cancer information service and the NCAM Clearinghouse.

"The continued development of these and other CAM related summaries will follow the same model as those for conventional therapies. They will be reviewed by a physicians data query editorial board and additionally by experts in the CAM community who review and comment before they are made available on the NCI's cancer.net Web site.

"Currently available are PDQ summaries on hydrazine sulfate, laetril and cartilage, bovine and shark. Green tea is one of the topics for an upcoming PDQ summary and other summaries have been drafted and are ready for review. They include 714-X, mistletoe and co-enzyme Q10.

"The NCI also produces cancer fact sheets and currently has several dealing with CAM topics such as Cancell, immunoaugmentative therapy, laetril, the NCI sponsored clinical trials of anti-neoplastons and Dr. Burzynski's therapies, and NCI studies of hydrazine sulfate.

"We have recently begun a collaboration with the NCAM to produce joint fact sheets on many more CAM cancer topics.

"We're also pleased to report that a Web site for the NCI Office of Cancer Complimentary and Alternative Medicine has just been launched. <http://occam.nci.nih.gov>, the site will be used to communicate with the general public in extramural research in practice communities as well as intramural NCI and NIH program and administrative staff.

"It will contain updates and status of currently planned NCI CAM projects and will serve to project a visible research agenda and to make more transparent the NCI's processes for handling CAM issues.

"The NCI is currently embarking on a project to develop a cancer related CAM citation data base to augment the cancer component of the existing NCAM, CAM citation index. This data base will include citations and abstracts of scientific articles from many data bases including MedLine and will serve both as a resource for researchers interested in CAM research as well as the general public.

"Opportunities and challenges. One major focus for the NCI over the next year will be to take the lead in developing programs that provide more opportunities to bridging the communities of

CAM practitioners and conventional cancer therapists and researchers. I hope that one of the effects of this conference will be an increased awareness of the NCI's interest in and willingness to address the difficult issues of CAM therapies and that other practitioners will be stimulated to pursue either participation in the Best Case Series program or an investigator initiated grant application when appropriate."

And I want to very strongly second that and I know that Dr. Jeffrey White does as well but we really want those of you who are doing this work. Dr. Klausner wants it, Dr. White wants it and we want you to be presenting this work. The NCI is interested and ready to follow through. So please take this as a warm invitation.

"Principles. Open mindedness and collegiality. Everyone with a sincere and legitimate concern for people who have or are at high risk for cancer should plan a role in pushing forward oncology research. We need an open communication with each member of the team contributing and listening. Each should contribute from a position of strength.

"Research designed with a focus on the patient's needs and interests. The patient's needs are paramount. Consequently, we must not lose sight of the whole patient in our quest to understand and conquer the tumor. Complimentary or integrated medicine offers potential to expand the repertoire of therapeutic modalities and at the same time, keep the focus on caring for the patient.

"Evidence of what works and what doesn't provides the basis for the best care for our patients. We must endeavor to bring rigorous and dispassionate evidence to bear on the best approaches to the care of patients with cancer, regardless of where ideas or observations originate.

"Promises. Research development and support. The growth of the NCAM under the stellar leadership of Dr. Stephen Straus, has afforded increased opportunities for collaboration between our two organizations to support the highest quality research in CAM and cancer. We will work diligently with him and his staff to develop projects and programs that incorporate the best science and the most promising CAM approaches.

"Practice Assessment. We will expand our efforts to aggressively advertise the NCI's Best Case Series program. A new brochure describing this program will be available to the public for the first time at this conference. This will be followed by a campaign of journal advertisements and interviews and a continued direct mailing program to CAM practitioners.

"CAM cancer information. The NCI will work independently and with NCAM to provide the best possible information for cancer patients about CAM through the fact sheet PDQ and Web based projects I have described.

"In all these endeavors, the NCI will keep CAM well integrated in it's priorities rather than attempt to treat it as a side issue and we'll strive for transparent processes with contributions from competent CAM practitioners and from patients and those that care for and about them.

"I extend my appreciation for your advice regarding CAM issues in cancer and your leadership in bringing together the complimentary, alternative and conventional and medical and research communities. Please accept my best wishes for a successful conference.

Sincerely, Rick Klausner.

Richard D. Klausner, M.D., Director, National Cancer Institute."

Thank you.

(Whereupon, the proceedings were continued.)

* * * * *

??