

N CANCER SOCIETY / ANNUAL REPORT

Cancer 1961
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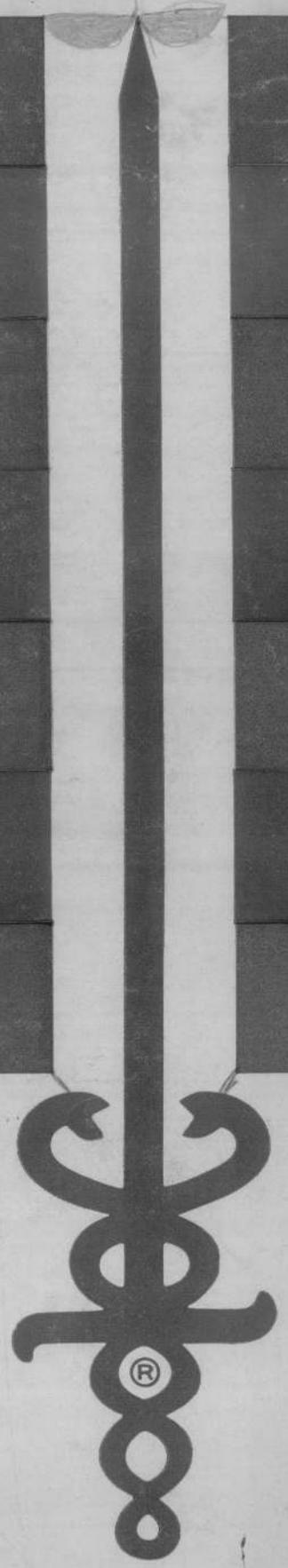
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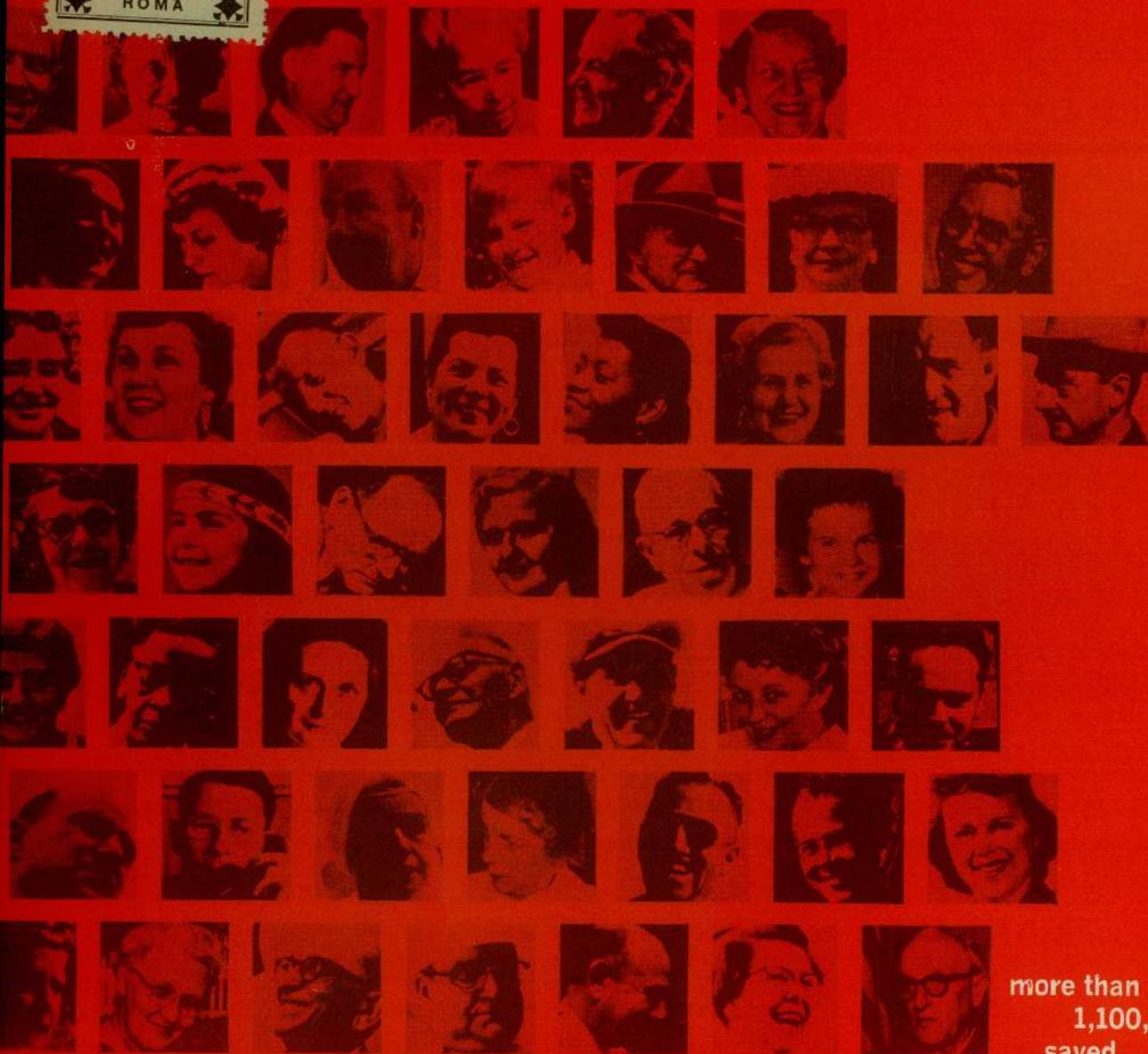
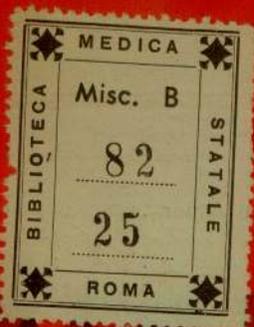
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REPORT OF THE CHAIRMAN

1961 was a year of advancement against cancer by the American Cancer Society. Progress was registered in many areas.

Our control programs aimed against lung, uterine, breast and bowel cancers reached many millions more men and women throughout the country with life-saving information.

The death rate from uterine cancer hit a new low of 13.3 per 100,000—half what it was 25 years earlier. Stomach cancer is on the decline. The over-all cure rate of cancer is up; with drugs, surgery and radiation, one of each three cases is now being cured in the United States.

One million, one hundred thousand living Americans who have had cancer and been cured—free of the disease for at least five years—are testimony to the increased cure rate.

The Society's legacy and crusade income rose to a new high of \$36,942,955 in 1961, and during this period \$11,061,317 was awarded for research. Yet we fell short by \$2,675,485 in support moneys for research, and were forced to reject some 20 per cent of the projects approved and recommended by our scientist-advisors.

The public showed its determination to see cancer defeated by giving the Society in 1961 a greater increase in contributions than to any other national health agency.

Keys to Progress We recognize these factors as basic to the Society's progress:

- 1) the loyalty and energy of more than 2,000,000 American Cancer Society volunteers, of whom 50,000 are directors of local units and divisions
- 2) understanding and acceptance by the public of American Cancer Society policies and programs
- 3) the confidence of the communications industry—newspapers, magazines, radio and television
- 4) the effective interaction between the American Cancer Society's national office and the individual divisions and units
- 5) growing professional support of the Society's programs by practicing physicians and research scientists.

Support of Federal Measures Expert witnesses and spokesmen provided by the Society were helpful in aiding the passage through Congress of the \$142,836,000 appropriation for the National Cancer Institute for fiscal 1962. This money, later cut administratively by \$15 million against the advice of the Society, supports continuing cancer research and clinical control measures.

The Society could, and did, demonstrate the need for the funds. Its position was that the 10 per cent reduction might delay finding the possible prevention and cure of the disease, that if these solutions are found just one year earlier, the lives of more than 270,000 Americans could be saved.

The Society also backed proposals of the Association of American Medical Colleges for federal assistance in financing the modernization and expansion of existing medical schools in the establishment of needed new schools. Action on this is still pending.

We supported financial aid to medical students through non-refundable grants of money; and we endorsed full cost-of-the-project support (25 per cent instead of 15 per cent) of research and research training to accompany grants from the National Institutes of Health.

The International Union The Society, in 1961, continued as an effective force in the exchange of knowledge, materials and ideas relating to cancer control at the international level.

Senator Hubert H. Humphrey, as chairman of a government operations subcommittee studying problems in international medical cooperation, recognized this in a Senate speech in October:

"It is fair to say that, in my three years of study of world medical problems, I have found that no single American voluntary organization has worked more closely with voluntary health groups abroad than has the American Cancer Society."

Eleanor Roosevelt Foundation The ACS also grew, in 1961, in a very literal sense. By action of the boards of directors of both organizations, affiliation of The Eleanor Roosevelt Cancer Foundation with the American Cancer Society became effective in September.

The ACS program thereupon was immediately broadened by the two Foundation activities: 1) financing physical facilities for cancer research in this country, and 2) providing cancer research fellowships outside this country.

Beyond this the ACS educational message now is reaching more of organized labor, which staunchly supports the Foundation's cancer control efforts.

The agreement of affiliation spells out the aims: ". . . to overcome critical unmet needs in the fields of research; to assure contributors that their contributions will be used more effectively and advantageously . . . and that combined efforts will be in the public interest at a time when there is deep concern over multiple health and cancer organizations."

The Foundation has moved into the ACS national headquarters in New York City. Although the Foundation maintains its corporate identity, the Society is financially responsible and accountable for its 1962 programs and commitments which are approved through ACS budgeting procedures.

A Concerted Thrust Behind these efforts, behind all our efforts, are the 50,000 volunteers—physicians, scientists and lay citizens—who make up the national, state and local boards of directors of the American Cancer Society.

These are the socially-conscientious citizens who willingly disrupt their personal and business interests to work on the various board and committee meetings at which our programs are shaped.

Add to these the two million or more volunteer workers who distribute our life-saving educational materials, collect our working funds and aid our service programs and you get the picture of a vital and dynamic organization involving more than one of every 100 Americans.

There is no hierarchy of authority in our group. We work together because we believe in the same cause. Together we form a force that is at once free and united, voluntary and monolithic, that must inevitably triumph in victory.

Cancer Progress Year This year—1962—has been designated as "Cancer Progress Year" to mark the 25th anniversary of the Society's first nationwide public education and fund-raising campaign and the establishment of the National Cancer Institute by Congressional enactment.

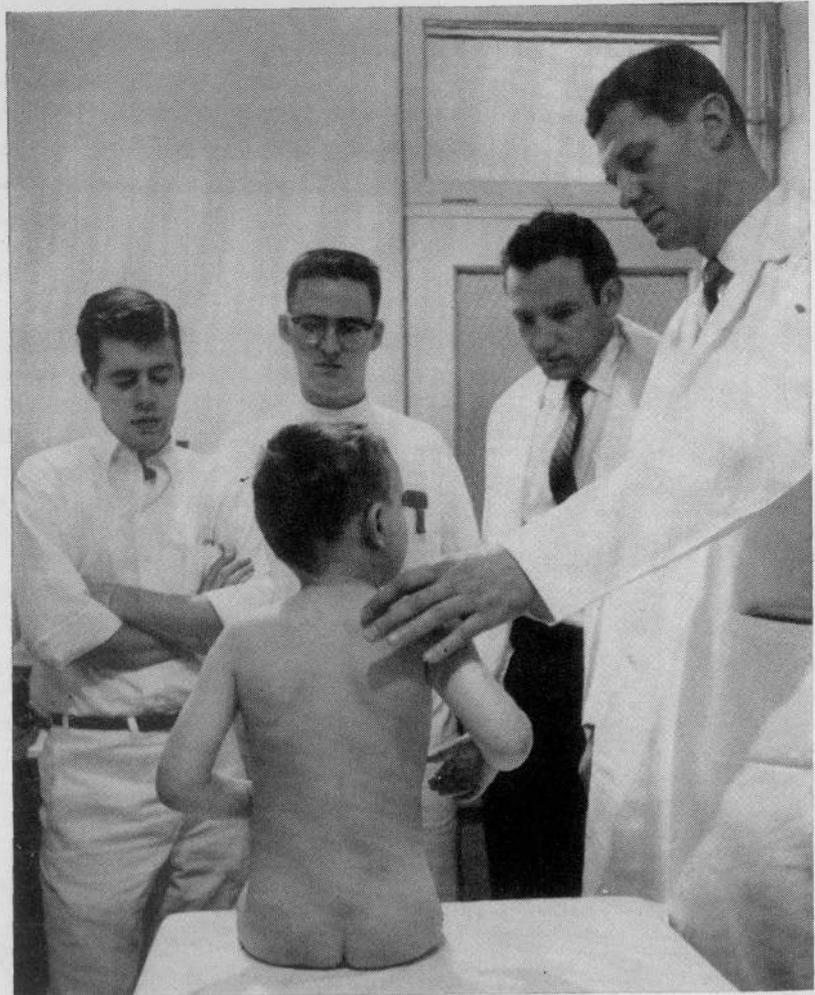
In 1937 the National Cancer Institute Act was introduced in the name of all 96 Senators—the first measure so unanimously sponsored in the upper chamber. Spokesmen for the Society testified in favor of the bill, thus beginning the warm constructive cooperation that has characterized the relationship between these two cancer-fighting agencies over the ensuing 25 years.

The ACS and the NCI have built the present massive national attack on cancer—the greatest research assault ever mounted against any disease but still, I must add, inadequate to the real need.

We are saving one-in-three patients now, instead of one-in-seven, but we cannot do other than intensify our efforts to bring this ratio down to its present potential of one-in-two and continue on to wipe out this disease completely.

Rutherford L. Ellis

Rutherford L. Ellis
Chairman, Board of Directors



The physician is the key man in cancer control. The Society's national clinical fellowship program this year provides postgraduate training in cancer for 183 young physicians and dentists at approved teaching centers, plus 24 advanced clinical fellowships. ACS divisions sponsored 601 additional traineeships and fellowships.

REPORT OF THE EXECUTIVE VICE PRESIDENT

About half of today's cancers can be cured if they are detected early and treated promptly.

If present rates continue, some 45 million Americans now living will have cancer.

Last year 270,000 lives were lost to cancer, but 87,000 could have been saved by earlier diagnosis. Deaths from this disease for the sixties will probably be about 3,000,000 men, women, and children.

These statistical dimensions of the cancer problem demonstrate that we are fighting a war against a cruel, implacable enemy; that in our midst is a foe that should challenge us to marshal energies and talent, manpower and material. We should proceed against cancer with all the national resolution that we show in face of the threat of nuclear war.

This means raising our sights and our goals and our tempo of attack.

Arithmetic of Voluntarism

Each dollar we in the American Cancer Society receive and spend is by the arithmetic of voluntarism—one staff member to 1,148 volunteers—multiplied many times in what it buys for the good of our country.

General Eisenhower declared not long ago that any private dollar for research was worth four government dollars, because no tax dollar, though wisely spent, can bring with it great human individual concern.

The policies of the American Cancer Society are set by volunteers at the national, state, and community levels. Responsibility falls on staff to execute these policies. Staff workers have an important stewardship that is being discharged intelligently, energetically and conscientiously throughout the organization.

As a long-time volunteer and now head of the Society's fine staff, I want to express my respect and admiration to all these—volunteers and staff—who help make the American Cancer Society great.

There have been a good many criticisms in recent years of voluntary agencies. We listen with attention, we examine their suggestions and constantly endeavor to improve our operations. We are aware and we are concerned.

Our Friends, Our Critics

To our friends we express our appreciation for their generous support and understanding. Of our critics we ask that they bring their complaints to us and give us a chance to correct the fault, or explain the facts should the criticism be inaccurate. We hope that judgments will be considered and constructive and will be presented in such a way that they help us to do a better job of fighting cancer, which is our only reason for existence.

We must plan and act as if every year were going to be our last. We are committed to going out of business when the cancer problem is solved. We must do everything to hasten that day.

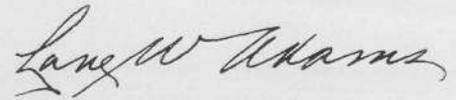
One of the most constructive things we could do would be to increase the share of the voluntary agency in support of cancer research. The final answer may come piecemeal, bit by bit in different scientific areas, or by a dramatic breakthrough. In either case our responsibility is to leave no avenue of possible investigation unexplored. There is much that could be done that is now being neglected because of lack of support as outlined in the research section of this report.

Time Is Vital

The more forces we bring to bear, the more money we have to spend, the more quickly we will strike the solution and the more lives will be

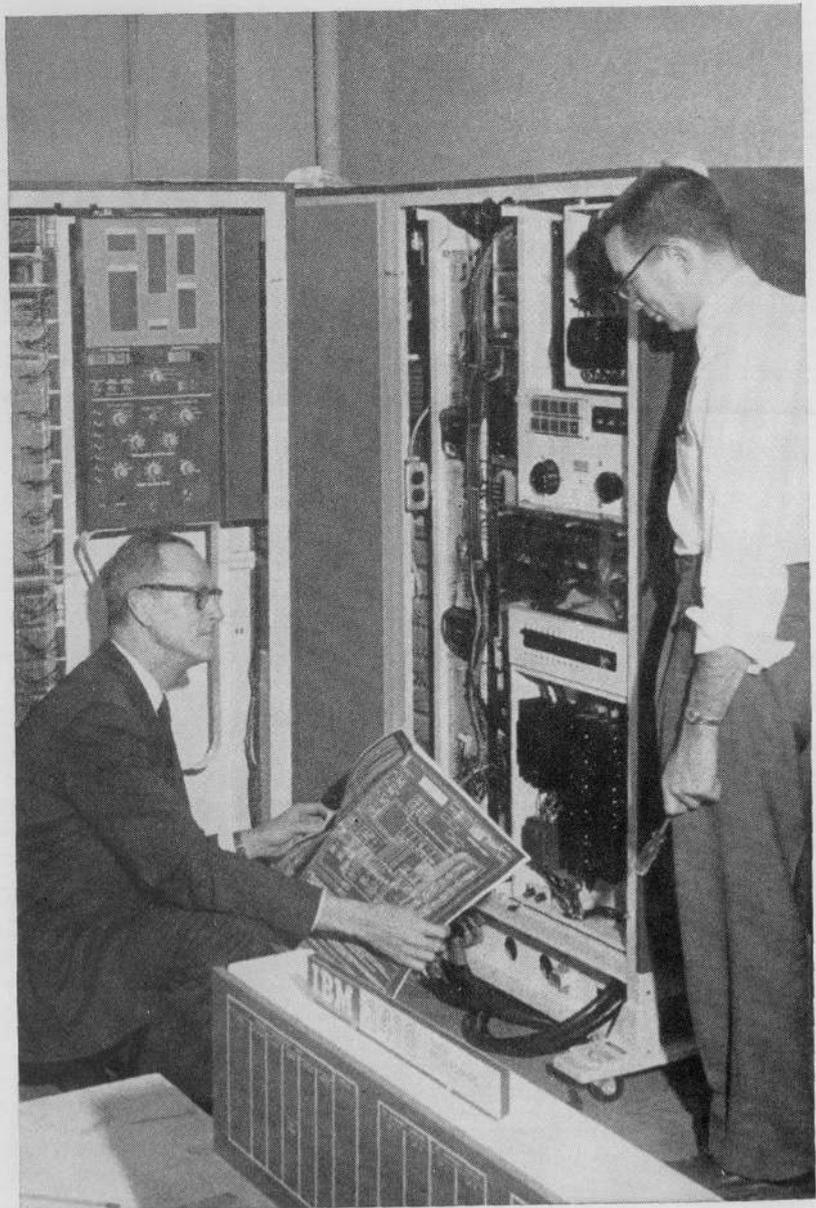
spared from suffering and death caused by man's most dreaded disease. That is why we hope to see a sharp rise in our research expenditures next year rather than the steady annual growth which has been our past pattern. With the research increase there should also be a jump in our programs of education and service.

Time is vital: to the researcher it is as necessary as financial support; to the cancer patient it is the narrow margin between life and death; to the American Cancer Society it is the precious opportunity to carry out our urgent mission.



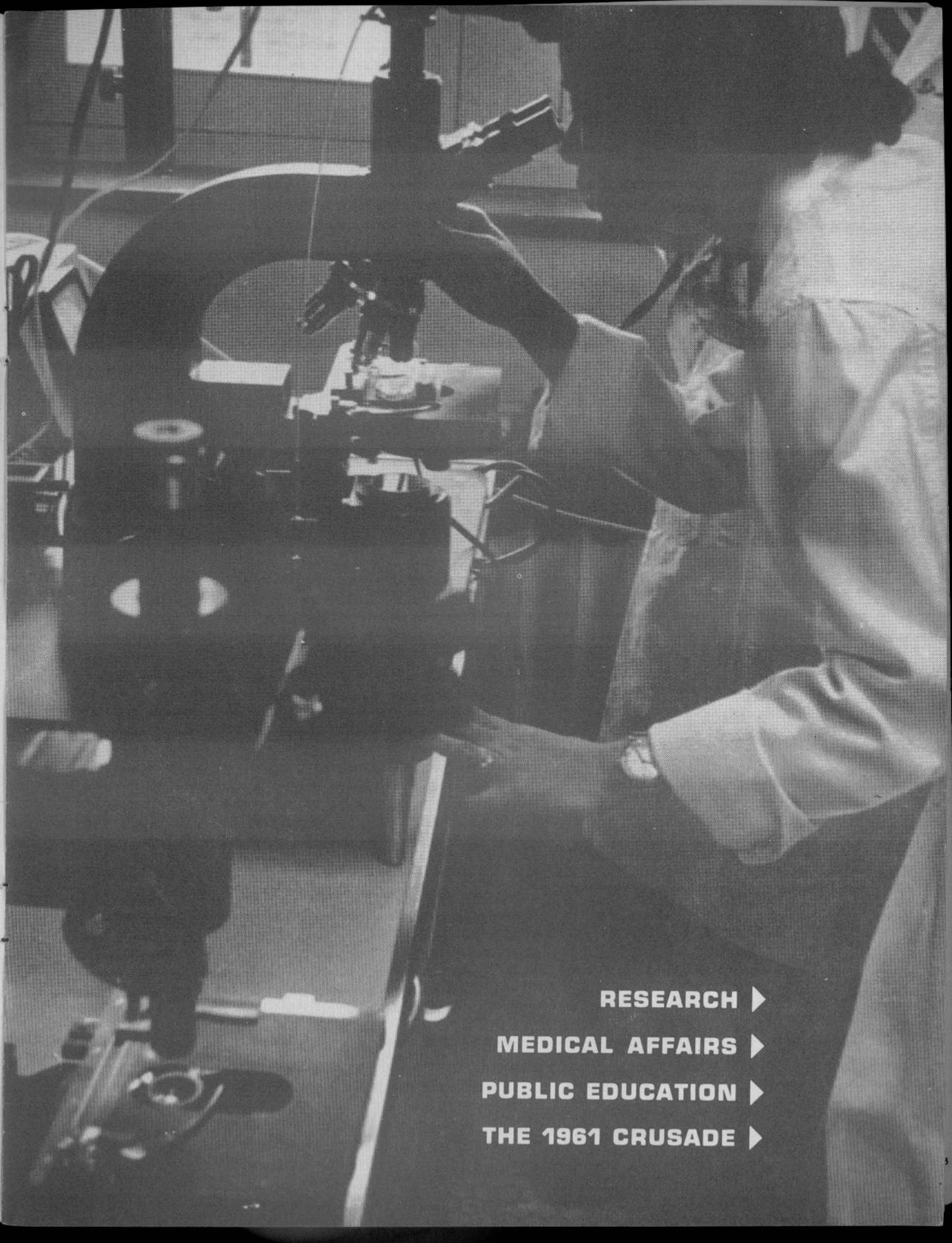
Lane W. Adams
Executive Vice President

The ACS Cancer Prevention Study is the greatest medical statistical research project ever undertaken. In its third year, the massive project engages 70,000 specially trained volunteers in over one-third of all U. S. counties. Program traces men and women over six-year period in probing for clues to cancer-causing factors in environment. Heading up the project is Dr. E. Cuyler Hammond (l.), the Society's director of statistical research, who is watching installation of new IBM 1410 electronic computer which will speed processing of 270 questions in different categories, answered by more than 1,085,000 persons.





ACS presidents since 1950 included physicians whose distinction in medicine gives meaning to 1962's 'Cancer Progress Year.' In chronological order (from left, front): Alton Ochsner (1950), Louisiana, past president of the American College of Surgeons; Harry M. Nelson (1953), chairman of the Michigan Cancer Control Commission; Alfred M. Popma (1954), past president of the Idaho State Medical Association; G. V. Brindley (1956), past president of the Texas Medical Association; David A. Wood (1957), California, past president of the College of American Pathologists; Eugene P. Pendergrass (1959), Pennsylvania, past president of the Radiological Society of North America and the American College of Radiology; Warren H. Cole (1960), Illinois, past president of the American Surgical Association and the American College of Surgeons; John W. Cline (1961), California, past president of the American Medical Association; Thomas Carlile (1962), Washington, past president of The Society of Nuclear Medicine. Not present: the late Guy Aud (1951), past president of the Kentucky State Medical Association; Charles C. Lund (1952), past president, Boston Surgical Society; Howard C. Taylor, Jr. (1955), New York, past president of the American Gynecological Society; Lowell T. Coggeshall (1958), Illinois, past president of the Association of American Medical Colleges.



RESEARCH ▶

MEDICAL AFFAIRS ▶

PUBLIC EDUCATION ▶

THE 1961 CRUSADE ▶

RESEARCH

Chemotherapy was the mother lode in the search for new advances against cancer in 1961.

Improved anticancer drugs contributed three important steps in progress against the disease during the year. These were described by Dr. I. S. Ravdin, president-elect of the American Cancer Society, as providing more effective treatment of:

1) choriocarcinoma, a rare and hitherto fatal type of cancer found in women after pregnancy; 2) cancer of the large bowel, where "for the first time we have evidence that a chemical agent (5-fluorouracil) has some effect"; 3) breast cancer, where "we have been able to arrest the spread by a combination of chemicals and surgery."

About 20 of hundreds of thousands of such compounds tested over the past six years have so far shown value against different types of cancer; first in test tubes, then in animals, finally on humans in advanced stages of the disease. This program, for which \$30 million in cancer research funds are expended annually, is now centered at the National Cancer Institute.

Hinting of other developments from chemotherapy, a drug against lung cancer was described in 1961 as limited in effectiveness but considered promising. ACS support moneys finance continuing research.

Virus Studies

In other areas of cancer research, there were enough rewards to warrant heightened excitement among scientists. Virology, for example.

Terming virus studies a "most hopeful area of cancer research," Dr. Michael Shimkin of the National Cancer Institute made this forceful point: that scientists supported by the ACS and NCI are two decades ahead of the rest of the world and may be first to confirm the growing belief that viruses cause at least some human cancers.

Other points emerging more clearly from viral research last year were these: 1) mouse leukemia caused by a virus is closely related to leukemia in man, thus opening up the possibility of developing vaccines or serums; 2) a new tissue culture technique identifies a chicken cancer virus before it causes disease symptoms; 3) antibodies are found in the serum of cancer patients which are not found in healthy persons; 4) a virus kills cancer cells in mice without harming the host.

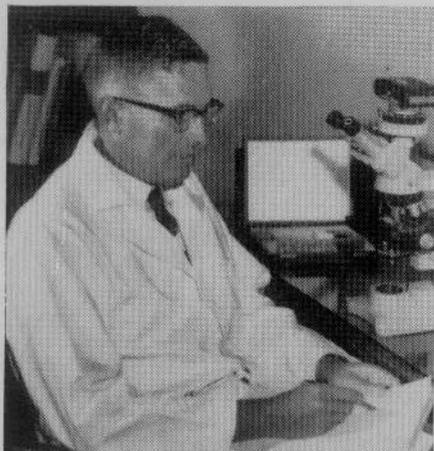
From this it appears that viruses, the smallest of all known microorganisms, show evidence of causing cancer, stimulating the immune mechanism, and curing cancer.

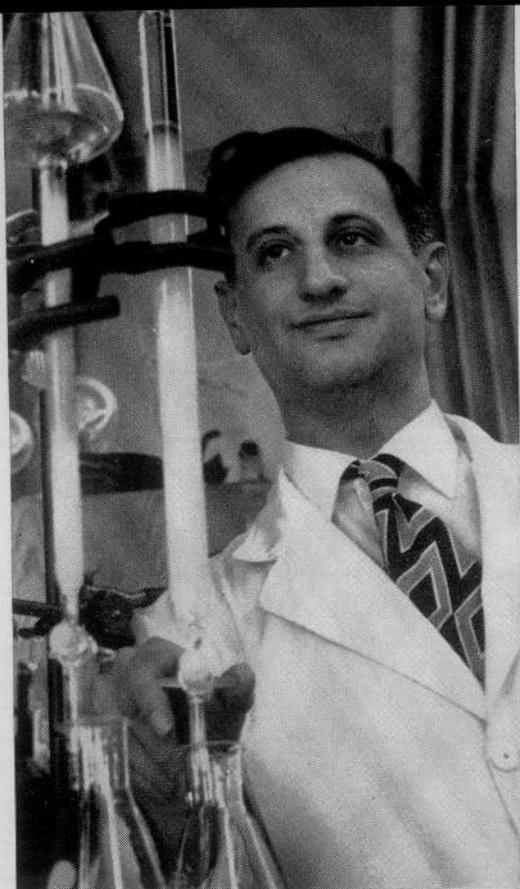
Other research results were important: parathyroid glands from human fetuses were successfully transplanted to adult cancer patients, shedding new light on the organ transplant problem; a gastric fluid bank was established, enabling investigators to study differences between "cancer juices" and "ulcer juices"; leukemic humans were shown to have differing chromosome structure of marrow and blood cells, suggesting a possible diagnostic procedure.

Investment and Returns

During fiscal 1960-61, the American Cancer Society appropriated \$11,061,317 for cancer research. Of this, \$9,616,756 was awarded by the national office, the rest by divisions. Since 1945, when its support program began, the Society has expended more than \$101 million in cancer research.

Dr. John Higginson, 38, heads a newly created department of geographical pathology at the University of Kansas School of Medicine—made possible by an ACS research professorship, the Society's 15th such lifetime award. He is an epidemiologist whose specialty engages him in cancer studies of national and ethnic groups throughout the world.





Dr. Charles Heidelberger, an American Cancer Society research professor at the University of Wisconsin's McArdle Memorial Laboratory, has developed 5-fluorouracil, an effective inhibitor of nucleic acid synthesis, and an agent of considerable use in chemotherapy.

For this money good value has been received. The scientist knows it. The physician knows it.

ACS financial support was there: When Dr. Steven Schwartz injected human leukemia brain extracts in human subjects. When Dr. Chester Southam placed live cancer cells beneath the skin of human beings. When Dr. Oscar Creech isolated cancerous organs and used a heart-lung machine to increase the dose and effectiveness of anticancer drugs. When Dr. Charles Huggins and Olof Pearson removed the pituitary gland and adrenals from patients with breast and prostate cancers. When Dr. George Papanicolaou was winning recognition for his technique in detecting early cervical cancer. When Dr. Gregory Pincus reported cancer findings growing out of his studies on hormonal control of ovulation. When Dr. Charles Heidelberger designed and built the remarkable new cancer-fighting drug, 5-fluorouracil.

Extent of Support

As the new fiscal year began, the Society was helping to support more than 1,000 experienced investigators, plus thousands of assistants, technicians and trainees at hospitals, universities and other institutions throughout the United States.

There were 460 program or project grants to key scientists.

There were 15 ACS research professorships providing salaries for the professional lifetime of eminent investigators in the fields of biochemistry, virology, epidemiology, immunology, chemotherapy.

There were 73 institutional grants providing funds to be administered by local scientists for testing new ideas and new men.

Additionally, there were 8 contracts for research, 41 postdoctoral fellowships, 2 faculty associate grants, 9 grants for scholars—eight different types of grant in all.

Any scientist is guaranteed sympathetic consideration of his research proposals. Five ACS committees exist, each with 15 eminent men representing specific fields of science. The committees meet three times a year to evaluate hundreds of scientific ideas. The roster of these committees appears on pages 22 and 23.

Nature of Support

The Society today supports grants to 61 scientists working on the problem of leukemia, 35 in virology, 172 biochemists, 33 immunologists, 63 in the area of chemotherapy, 28 in the field of lung cancer, 55 on new and improved methods of cancer diagnosis, 18 on the problem of breast cancer, 19 on uterine cancer.

Over 86 per cent of research funds go into renewal grants, giving program stability and honoring the Society's moral commitments to the scientists. Research in biochemistry, endocrinology, virology, immunology, epidemiology, pathology, chemotherapy, radiology, surgery, all have received support.

Grants have been awarded for new diagnostic tests, new searches for causes, for cures, for prevention. Research on leukemia, lung cancer, breast, uterus, thyroid, liver, bladder, prostate, colon and rectum, stomach and bone cancer all are in progress.

The Society held several important conferences in 1961. These brought together scientists from all over the world to discuss special aspects of cancer: Immunology, Radiotherapy, Automation of the Analysis of Steroids; The Problem of Tobacco Habituation; Unmet

Needs in Research on Breast Cancer; The Status of Research on the Leukemias and Lymphomas.

The Society has supported the journal *Cancer Research*. It sponsored a college lectureship series by top cancer scientists. It has supplied its grantees with bibliographic materials. It has provided one the opportunity to write a book about cancer; another, to visit institutions throughout the country to analyze progress.

Why ACS and NCI?

With the National Cancer Institute applying the lion's share of its total 1962 budget of \$128 million to cancer research, some people ask why more than one fund-granting agency is necessary.

The need for diversity in approaches is essential in attacking a problem as broad and complex as cancer. The two agencies provide that diversity; they do not conflict but complement each other's efforts in important ways.

For example, the ACS Cancer Prevention Study, through 70,000 volunteers, would have been prohibitively expensive for the government, which has no volunteers.

ACS, particularly in emphasis on collaboration of the drug industry and research teams in universities, pointed the way to the present massive chemotherapy program centered at the NCI.

The Society set the pace in studies which showed the relationship of cigarettes and lung cancer.

The Society demonstrated the worth of lifetime research professorships, and its institutional research program in cancer has led the way to government approaches.

The Society stimulates federal research support by sending physicians and scientists to Washington to testify each year on the needs of the National Cancer Institute.

The ACS provides researchers a chance to have a hearing before another fund-granting agency, a guarantee of scientific freedom.

But the strongest reason for the two research programs is that they are needed. Neither the government nor the ACS, or all cancer agencies combined, are yet providing the research support that can be prudently and profitably applied to the problem. To insure the most effective research support NCI and ACS are represented on each other's committees.

More Funds Needed

In fiscal 1961, for instance, the American Cancer Society lacked \$2,675,485 in funds to support cancer research to the full extent recommended by the Advisory Research Council. This included 95 (of 489) applications that had to be turned down because support funds were already exhausted.

The Society had to cut back budgets of established investigators, who were then unable to provide properly for their scientific personnel, unable to buy needed new equipment, unable to expand their programs.

More research, more men, more effort, more ideas are needed. This calls for more money. No one can say how much more. But more is needed today and will continue to be needed, until the cancer problem is brought under control.



The ACS gives far greater financial support to leukemia research than any other voluntary agency. The Society, in 1961, had grants in effect totaling nearly \$2 million at 50 research institutions on studies related directly or indirectly to this incurable disease that takes the lives of 2,200 children and 11,400 adults each year.

Specific Needs

There are unmet opportunities that should be faced at once:

\$5,000,000 more each year to stabilize the present research program; to meet increased costs of laboratory facilities, material and personnel.

\$600,000 a year average for five years for a pilot program to provide specialized training to prepare 75 M.D.'s and Ph.D.'s for careers in clinical investigation.

\$1,750,000 a year for five years to expand promising work in virology, which might uncover the cause of leukemia; in immunology, which might lead to a vaccine against certain cancers; in epidemiology, where past studies led to the discovery of the lung cancer-smoking link.

\$575,000 a year to establish five additional lifetime research professorships annually beyond the present 15, enabling an ever greater number of scientists to devote their total productive work over a lifetime to cancer research.

\$400,000 to add 20 medical schools to the American Cancer Society's program of university-wide institutional grants.

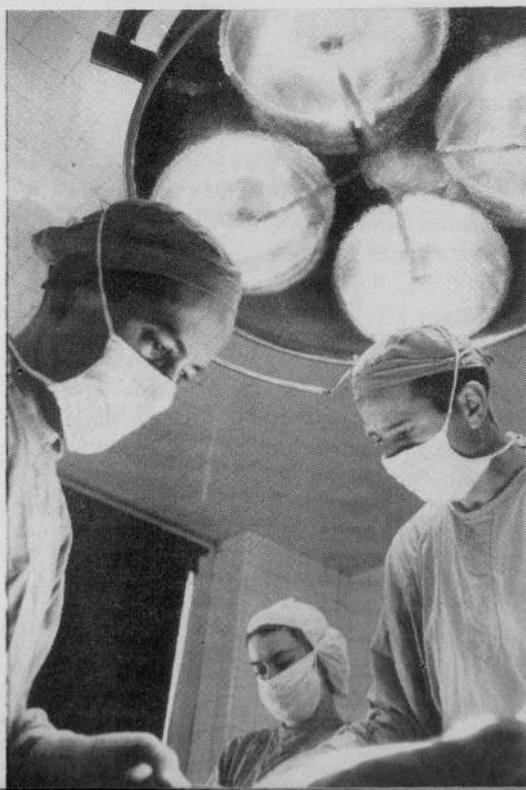
\$600,000 to pinpoint cancer-causing factors in polluted air over American cities.

\$60,000 to improve methods of getting the latest clinical information on cancer control into the hands and minds of practicing doctors.

Uncalculated: a number of important projects whose cost has not yet been estimated deserve support:

- a. Improving diagnostic techniques so that cancers can be detected earlier, at a time when they may be cured. (We have such a detection method for uterine cancer in the "Pap" smear.)
- b. More extensive research into using chemotherapeutic methods in conjunction with surgery and x-rays.
- c. A study to find out why stomach cancer has declined 40 per cent in the United States in the past 25 years.
- d. Population studies combining laboratory techniques with statistical methods.

Improved cancer surgery and radiotherapy resulting from clinical research are helping achieve an increase of about one per cent each year in the cancer cure rate. Today the surgeon can perform operations that were not possible 25 years ago.

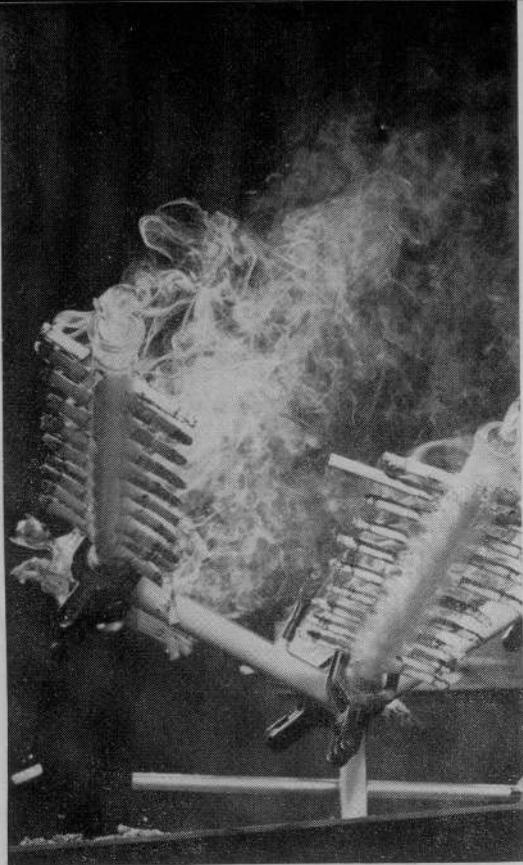


MEDICAL AFFAIRS

We will have more than 1,100,000 cured cancer patients alive in 1962, and this is a measure of the advancement in cancer diagnosis and treatment. Within the memory of most adult Americans cancer was believed incurable.

Today the surgeon can perform operations on cancer patients that were impossible 25 years ago. Some of the procedures are so complex and radical they were literally unbelievable a generation ago.

Treatment of cancer became more effective as an offshoot of war-wound surgery. The bloodbank system and the expansion of the residency training program helped, too. Greater knowledge of biochemical balances and imbalances, and the use of plasma and whole blood transfusions, of hormonal adjuncts and chemical therapy; these also contributed in important ways.



Recent surveys show that most physicians do not smoke cigarettes, that 25 per cent of those who did smoke have quit. It is estimated that at least three-fourths of 39,000 annual deaths could be prevented with elimination of the cigarette habit. Since 1954 the ACS has devoted over \$5 million to clinical, epidemiological and laboratory research on lung cancer, which is the leading cause of cancer deaths among men.

The 838 cancer programs operative in American hospitals and accredited by the American College of Surgeons depend for their heightened effectiveness on standardized procedures that have grown out of such medical advances.

Clinical Research

Adjuvant therapy, employing drugs at the time of surgery to destroy cancer cells in the blood stream, is a recent experimental development.

So is organ perfusion, where systemic damage is reduced during chemical treatment through a heart-lung bypass technique confining most of the drug to the tumor-bearing organ or limb.

Today's radiation techniques are helping overcome the problem of radiosensitivity, and treatment is often improved by the use of drugs. More accurate measurement of dosages, supervoltage therapy, new isotopes and improved machinery also help produce better results.

A special x-ray technique known as mammography, now under study, shows some promise of becoming an effective detection technique for early breast cancer, such as the "Pap" smear is for uterine cancer and the proctoscope for cancers of the colon and rectum.

Professional Education

More can be accomplished against cancer through education than against any other disease. As medical knowledge and public awareness increase, the cure rate rises. In this relationship, it is the physician who is the pivotal person. Individual responsibility towards early detection has no meaning except within the understanding and cooperation of those in positions of medical responsibility.

Dr. Leonard W. Larson, president of the American Medical Association, believes, "the medical profession should strengthen the work of organizations such as the American Cancer Society by assisting the national society, divisions and units and by giving them the benefit of our medical training, experience and time, especially at the local level . . . it means that the physician should be actively looking for cancer every time a patient walks into his office."

Cancer quackery is another subject that concerns the AMA. Says Dr. Larson: "For the welfare of the patient, public education in cancer quackery is second in importance only to diagnosis."

Some progress is being made in combating cancer quackery, but it is a long, difficult and costly procedure. New legislation was passed in Colorado last year, and four states now have laws designed to control the activities of those who prey on the hopes and fears of the naive.

Professional education and service—with public education and research—provide the cornerstones of the American Cancer Society's control program in this country today.

Education-based activities in 1961 were highlighted by the Society's two-day National Scientific Session centered around the theme of "The Physician and the Total Care of the Cancer Patient." Scores of other meetings concerned other aspects of the professional education program—aimed at helping physicians save lives.

Service Re-Evaluation

The same held true in the Society's service-oriented programs where the highlight was progress in a re-evaluation study begun in 1960. A

ACS professional education uses best available media to reach physicians, dentists, nurses and students in professional schools with newest information in cancer control. Breadth of professional participation is indicated by these two panelists at the Society's National Scientific Session: Dr. Granger E. Westberg (l.), associate professor of health and religion at the University of Chicago and Dr. William A. Greene, Jr., associate professor of medicine and psychiatry at New York's University of Rochester.



This is an ACS service information center. There are 510 of them on full-time basis, 1,766 part-time, which provide the community's cancer-answer depot. Here the public often establishes first contact with the Society's service arm. This humane program includes many home assistance functions that aid the cancer patient and stricken family, and helps save lives through improved clinical facilities for earlier detection, quicker diagnosis and more effective treatment.

redrafting of the *Service Program Handbook* to accommodate the new findings, to be reported in 1962, is to follow.

A few statistics serve to show the scope of the service program last year: 279 cancer clinics, 414 cancer registries, 210 detection centers were supported. Cytology programs were assisted in 57 divisions, nursing services in 42, tissue diagnostic procedures in 17.

In direct aid to patients 58,680 were furnished with 22,506,443 dressings, 26,077 were loaned sick room items, 11,309 provided with transportation, 1,152 given housekeeping assistance.

Rehabilitation services were supported in 46 divisions, laryngectomee clubs in 32, home-visiting programs in 18. Such other patient services as drugs and medications, hospital board and lodging, convalescent and nursing home care and radiotherapy treatments were available in 48 divisions.

But there is more to the medical function than these.

There is a vigorously ongoing program of statistical research, another of continuing program evaluation, a worldwide medical liaison program, international and national conferences, seminars and meetings, the accelerating drive against quackery, maintenance of a professionally-staffed medical library; administration of medical grants and fellowships; publication of journals, films, literature.

Items: A new professional film, *Nursing the Cancer Patient*, produced in cooperation with the NCI; 2,480 physicians' meetings, 318 dentists' meetings, 3,311 nurses' meetings and over 11,000 professional film showings held in divisions; an important new *Cancer Prognosis Manual* published and distributed; a touring exhibit on unproved cancer remedies was prepared; the ACS medical journals *Cancer* going to monthly publication and *CA* reaching a readership of 120,000 with information on cancer—second as a source for physicians only to the *Journal of the AMA*.

The Society's medical staff participated in no less than 20 separate inter-organizational bodies concerned with matters of public health and welfare. These included The President's Commission on Heart Disease and Cancer and a White House Conference on Aging.

PUBLIC EDUCATION

"If someone invented a drug that would cure half the present cases of cancer, the excitement would be beyond belief."

No doubt, but Dr. Leona Baumgartner, New York City's health commissioner, was making a point:

"We have such a drug, and I am completely serious. It is communication."

Public education is what this eminent health administrator was alluding to; its positive potential for curing half of all cancer victims by teaching personal responsibility in early detection.

Do you have a sore that does not readily heal? Do you have any other of the seven danger signals of cancer? Then go to your doctor and find out what it means! Go once a year—sick or well—for a routine checkup. This is the way cancer is caught early and best contained.

Teen-Age Smoking Program

The Teen-Age Program on Cigarettes and Lung Cancer received greater immediate public acceptance and support last year than any other educational effort in ACS history.

Educators, parents and students themselves have been sympathetic respondents to the ACS principle of helping youngsters decide the smoking question on the basis of evidence. More than 20,000 educational materials kits were distributed for classroom use. A 15-minute sound-color film on the facts of smoking is in production. A before-after evaluation of the program's effectiveness is nearing completion by the Milwaukee Division and Marquette University.

Uterine Cancer Campaign

The Society's "Conquer Uterine Cancer" drive urges every adult woman to have a "Pap" smear as routine part of the annual checkup. If they did, this disease killing some 14,000 women annually could be virtually eliminated as a cause of death.

Last year this project won the enthusiastic endorsement and support of the General Federation of Women's Clubs. There were some 3,500 affiliated women's organizations actively participating, with some reporting the full cooperation of their memberships. Enhanced by a new sound filmstrip narrated by Betty Furness, the program broadens out this year to include other women's organizations.

Breast Self-Examination

Oldest of the specific site campaigns is the Society's drive against breast cancer, which claims 24,000 lives a year and is the leading cause of cancer death in women. The degree of alertness here was demonstrated in 1961 when more than 800 requests were received in one week from a newspaper columnist's mention that a leaflet on *Breast Self-Examination* technique was available from ACS headquarters. A new film on this technique is in preparation in cooperation with the Canadian Cancer Society.

Colon-Rectum Film

Newest campaign is that aimed at colon-rectal cancers, striking over 70,000 Americans every year and causing more deaths than any other cancer. Chief tool is a documentary film *Life Story*, telling the facts and showing the promise of the proctoscopic examination which could save three out of four patients. The film's story is that of Harry Leonard, a Minneapolis labor leader cured of bowel cancer.

Division-Unit Effectiveness

Public education programs emanate from the Society's national office but attain their effectiveness at division and unit levels. Here people are reached in their homes and businesses by their neighbors. The line passes person to person, hand to hand, mouth to mouth.

Public education is also Arthur Godfrey writing a series of Associated Press articles on his personal experiences with cancer. It is Henry Fonda making a movie trailer, Ethel Merman doing a radio show, "Meet the Press" mounting a television program.

These media cooperate generously and give enormous lift to the public education drive against cancer. In 1961, daily and weekly newspapers contributed much space and 3,576 magazine issues gave



According to a 1961 Gallup survey, about 40 per cent of the adult female population of the U. S. are not aware of the existence of the 'Pap' smear detection technique that could virtually eliminate uterine cancer as a cause of death. Despite fact that death rate in last generation has been cut in half, about 14,000 women died of this disease in 1961.

This ACS-sponsored 'Cancer Cavalcade' in Augusta, Georgia was created through cooperation of medical, dental, pharmaceutical societies, the Medical College of Georgia, Augusta Federation of Trades, U. S. Atomic Energy Commission, Richmond County industries and institutions, and 200 local volunteers—hailed as 'largest medical exhibit on cancer research, diagnosis and treatment ever presented to the public.'



free advertising to the ACS message. Television and radio support reached new highs; more than 150 announcements on the three major TV networks in April, and more local station coverage than ever before.

An eight-county breast screening program for women at Red River Valley, Minnesota; state-wide saturation showings of ACS films in Oregon; an eight-page sponsored advertising supplement in *The Washington Sunday Star*; a 44-booth exhibit filling Augusta, Georgia's vast Bell Auditorium; a city-wide business and industry program in Providence, R. I.; Spanish language versions of ACS materials in New York City—these provide a sampling of many hundreds of public educational ventures attesting to the initiative and vitality of ACS divisions and units in all corners of the land.

THE 1961 CRUSADE

President Kennedy said: "As the American Cancer Society begins its April crusade, I want to endorse its program, and urge every American in every segment of our economy—the businessman, labor, the farmer, the professions, the housewives, to support the life-saving crusade generously . . . and to enlist yourselves actively in the support of the American Cancer Society's far-flung program."

And Americans did—both. As never before.

The 1961 crusade was the most successful in ACS history, both from the point of view of volunteer participation and in funds raised. The Society received the largest share—31.5 per cent—of funds raised under joint solicitation of the Federal Service Campaign for national health agencies in 1961. And another record was achieved in the distribution of more life-saving educational materials to more people throughout our society than ever before.

In the face of an economic recession affecting most of the country, the volunteers of 55 divisions bettered their 1960 figures and 30 bettered their best previous efforts. The crusade produced \$30,791,708 in contributions, and income from legacies swelled the total to \$36,942,955.

The results fully support the ACS position that the independent way is the soundest way to enroll Americans in the fight against cancer. The April drive was conducted in 3,057 units by 1,574,954 crusade volunteers. And the public was generous in its response as never before.

The 1961 crusade yielded \$3,214,214 over 1960 and exceeded 1959, the Society's previous all-time high.

Advertising Committee

Other factors included the wider and deeper coverage of crusade activities—and particularly its significance—by newspapers, magazines, radio, television. Television coverage was boosted by two extra forces: visits to network presidents by ACS board members Mrs. Albert D. Lasker and William B. Lewis, board chairman of Kenyon & Eckhardt, Inc.; and formation of a powerful working committee which included Irvin W. Hoff, vice president and general products director for the Warner-Lambert Pharmaceutical Company; G. A. Bradford, con-



Big guns Roger Maris, Whitey Ford and Mickey Mantle (l. to r.), of the New York Yankees, are representative of prominent news figures of 1961 who gladly supported ACS programs.

sultant in advertising and sales promotion for the General Electric Company; John L. Bricker, corporate vice president for marketing of the Colgate-Palmolive Company; Albert Brown, vice president, advertising and public relations, Best Foods Division, Corn Products Company; Rex Budd, director of advertising, Campbell Soup Company; Wilfred Burglund, assistant manager, public relations department, Union Carbide Corporation; Robert M. Gray, manager, advertising-sales promotion, Humble Oil and Refining Company; and Henry Schachte, executive vice president, Lever Brothers Company.

Analysis of 1961 crusade income appears in chart form on page 24. A comparison with 1960 figures shows the most significant progress in special gift contributions which are up more than 30 per cent. This one could mean that more individuals are shaping their gifts proportionate to the enormity of the cancer problem.

Strong Leadership

National crusade chairman was Wallace Tudor, a vice president and director of Sears, Roebuck and Co. Honorary education chairman was Arthur Godfrey. Both were stimulating leaders and indefatigable workers, and the success of the crusade can be attributed to their efforts and of others like them throughout the ranks of the Society's volunteer organization. Honorary national crusade chairman was Jacqueline Kennedy.

Mr. Tudor's activities as crusade chairman may be taken as reasonably representative of the busy schedules conducted by many thousands of crusade leaders at state, county and local levels preceding and during April.

Actually, he began his duties in December with the annual crusade conference, at Atlantic City. During ensuing months he participated in planning and briefing meetings, kick-off sessions, report meetings and special state or area gatherings in Kentucky, Missouri, Utah, Mississippi, Wisconsin, Florida, New Jersey, Pennsylvania, Illinois, Washington, D. C., California, Maryland, and elsewhere.

The Society's record crusade results for 1961 reflect this kind of voluntary leadership.

Annual Science Writers' Seminar was held in March at St. Petersburg, Fla., where eminent scientists working on the cancer problem were brought together by the ACS with the nation's leading science writers for five days of news conferences and interviews to make known research progress.



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Alton Ochsner Medical Foundation
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*Except where otherwise noted, memberships expire August 31 of the year in parentheses with each name.

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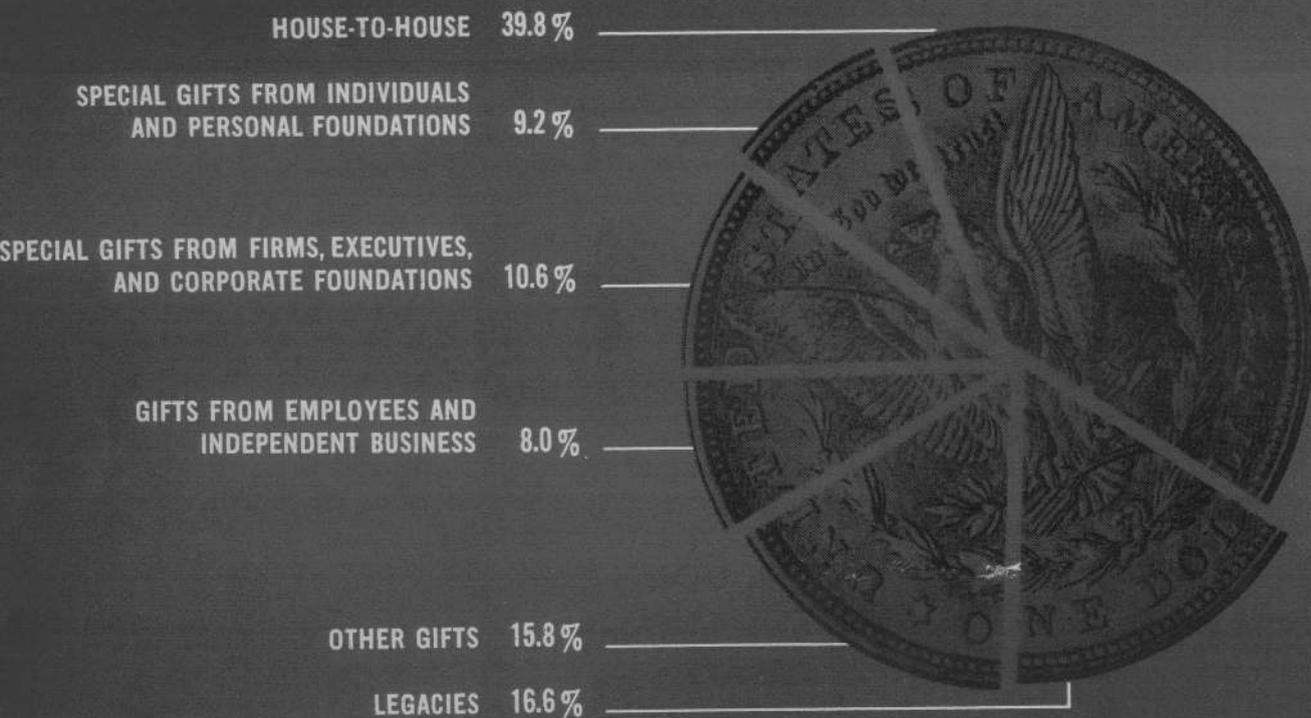
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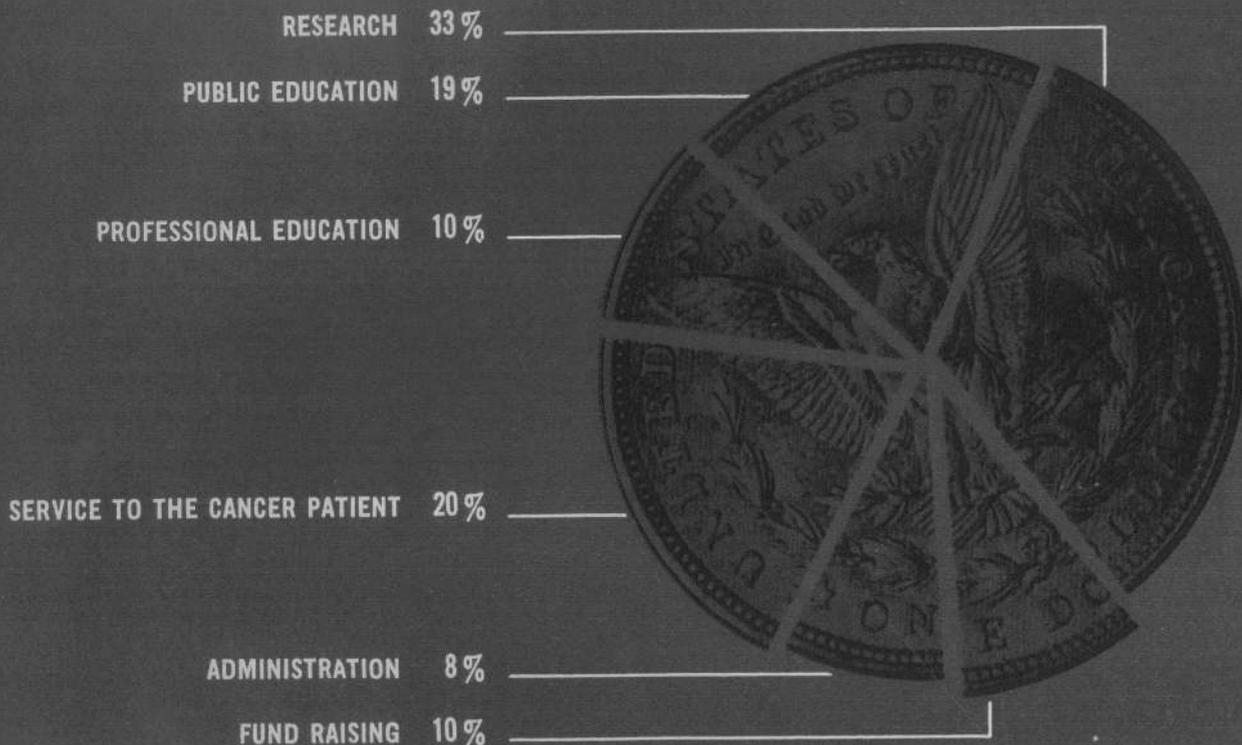
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FINANCES

SOURCE OF CONTRIBUTIONS TO THE ACS IN 1961



HOW THE 1961 CONTRIBUTIONS WILL BE SPENT:



REPORT OF THE TREASURER

WALDO I. STODDARD

Member, Board of Directors, and Treasurer, American Cancer Society

The financial statements which are part of this record have been compiled from the separate audited reports of the national headquarters of the American Cancer Society and its 60 divisions. They reflect the financial position of the Society at August 31, 1961, and the combined results of operations for the year then ended.

The purpose of this section of the report is to describe our activities for the past year in terms of dollars. The public response through contributions, bequests and legacies, imposes a responsibility on the Society to report in this way on the stewardship of the funds committed to its care.

The Society began developing standard accounting practices for its divisions and their units in 1945 at the time of its reorganization, and has practiced them since 1949. It was the first voluntary health agency to adopt this system, which accounts for every dollar received and how it is utilized.

The 60 divisions prepare annual budgets which are submitted to national headquarters for review prior to beginning fiscal operations. Throughout the year the divisions' financial transactions are recorded in accordance with the uniform classification of accounts. At year end the financial statements prepared from these accounts are audited by independent public accountants. From these audited reports and the audited financial statements of national headquarters the accompanying combined financial statements have been prepared. They are a complete report of the sources of funds available to the Society, and a complete report of the purposes for which funds were expended.

The unrestricted funds collected during the annual Cancer Crusade are divided so that 60% is retained by divisions for their own programs, 25% for research, 3% for clinical fellows, and 12% for the national headquarters' programs of education, service, and supporting activities.

A more specific description of the services rendered by the Society is contained in the narrative section of this report. The planned program of the Society for the fiscal year ending August 31, 1962 is detailed on page 30.

A copy of the financial statements of the Society's national headquarters for the fiscal year ended August 31, 1961, together with the opinion of Arthur Andersen & Co., auditors, will be forwarded upon request.

The American Cancer Society invites inquiry and will be pleased to respond to any request for information on its program activities and finances.

The financial highlights for the fiscal year ended August 31, 1961, follow:

FUNDS WERE EXPENDED FOR:

RESEARCH \$11,061,317	32%
providing grants to key scientists, program grants to institutions and epidemiological research studies.	
SERVICE \$7,350,626	21%
providing detection, diagnosis, treatment and rehabilitation facilities, plus home services for patients and their families.	
PROFESSIONAL EDUCATION \$3,326,274	9%
providing doctors with latest information growing out of ongoing cancer research and clinical experience.	
PUBLIC EDUCATION \$6,500,928	19%
providing the programs and materials which save lives through early detection, when most cancers are readily curable.	
FUND RAISING \$3,730,890	11%
providing for the Society's annual crusade meetings, travel, training schools for volunteers, etc.	
ADMINISTRATION \$2,775,826	8%
providing support of programs, board and committee meetings, travel, purchasing, accounting, etc.	
	<u>100%</u>

AMERICAN CANCER SOCIETY, INC.

NATIONAL OFFICE, CHARTERED DIVISIONS, AND THEIR UNITS

COMBINED BALANCE SHEET AUGUST 31, 1961

ASSETS

PROGRAM FUNDS (Note 1)

Cash: (including savings accounts)		
Divisions and Local Units	\$25,433,538	\$34,557,922
National Headquarters	9,124,384	
U. S. Government securities, at cost:		
Divisions and Local Units	\$ 4,331,118	8,299,337
National Headquarters	3,968,219	170,137
Other investments		
Deposits with Trustee for research professorships (see contra)		1,500,000
Accounts receivable, accrued interest, prepayments and deferred charges		434,999
Inventory of educational, campaign and service materials, at cost		552,986
Furniture, equipment and leasehold improvements, net (see contra)		876,336
		<u>\$46,391,717</u>

LEGACY AND RESTRICTED FUNDS

Cash: (including savings accounts)		
Divisions and Local Units	\$ 4,057,007	\$ 4,351,416
National Headquarters	294,409	
U. S. Government securities, at cost:		
National Headquarters	\$ 2,264,384	4,029,234
Divisions and Local Units	1,764,850	368,401
Other investments		53,790
Accounts receivable, accrued interest		493,759
Land and buildings, less reserve		9,296,600
		<u>\$55,688,317</u>

Note 1: For the purpose of simplifying the financial statements, the General, Research, Medical Fellowship and Research Professorship Funds have been combined into "Program Funds".

Note 2: The accounts of The Eleanor Roosevelt Cancer Foundation have not been included in this combined balance sheet.

LIABILITIES AND FUND BALANCES

PROGRAM FUNDS

Accounts payable and accrued liabilities		\$ 404,599
Unexpended balance of research and medical projects		10,512,273
Fund Balances:		
Amount budgeted for professional and public education, service, administration and fund raising for year commencing September 1, 1961	\$24,579,233	
Amount reserved for research projects and clinical fellowships	7,729,051	
Amount allocated for research professorships (see contra)	1,500,000	
Net investment in furniture, equipment and leasehold improvements (see contra)	876,336	
Balance available for program supplementation and contingencies	<u>790,225</u>	
		<u>35,474,845</u>
		<u>\$46,391,717</u>

LEGACY AND RESTRICTED FUNDS

Mortgage payable and accrued liabilities		\$ 153,382
Unexpended balance of research projects		91,462
Fund Balances:		
Legacy Funds:		
National Headquarters reserve (\$1,000,000 restricted to research)	\$ 2,000,000	
Chartered Divisions	5,580,803	
Restricted Funds	<u>1,470,953</u>	
		<u>9,051,756</u>
		<u>\$ 9,296,600</u>
		<u>\$55,688,317</u>

AMERICAN CANCER SOCIETY, INC.

NATIONAL OFFICE, CHARTERED DIVISIONS, AND THEIR UNITS

COMBINED STATEMENT OF CHANGES IN CAPITAL ACCOUNTS FOR THE YEAR ENDED AUGUST 31, 1961

	TOTAL	PROGRAM FUNDS (see Note 2)	LEGACY AND RESTRICTED FUNDS
INCOME			
1961 Crusade Contributions (see Note 1)	\$36,942,955	\$32,546,007	\$4,396,948
Interest income	1,185,795	1,024,956	160,839
Miscellaneous income	365,421	299,828	65,593
TOTAL INCOME	\$38,494,171	\$33,870,791	\$4,623,380
EXPENDITURES			
Program Activities—			
Research	\$11,061,317	\$10,452,223	\$ 609,094
Professional education	3,326,274	3,306,557	19,717
Public education	6,500,928	6,455,238	45,690
Service to the cancer patient	7,350,626	7,216,758	133,868
TOTAL PROGRAM EXPENDITURES	\$28,239,145	\$27,430,776	\$ 808,369
Fund Raising—National, State and Local	3,730,890	3,730,890	—
Administration—National, State and Local	2,775,826	2,775,826	—
TOTAL EXPENDITURES	\$34,745,861	\$33,937,492	\$ 808,369
Excess or (deficit) of income over expenditures	\$ 3,748,310	(\$ 66,701)	\$3,815,011
Additional amounts allocated to program activities from Legacy Funds	—	2,716,368	(2,716,368)
Fund Balances—August 31, 1960	40,778,291	32,825,178	7,953,113
Fund Balances—August 31, 1961—reserved for project awards and program requirements	<u>\$44,526,601</u>	<u>\$35,474,845</u>	<u>\$9,051,756</u>

Note 1: 1961 Crusade Contributions include \$6,151,247 of Legacy Income, \$1,876,243 of which is included in the Program Funds.

Note 2: For the purpose of simplifying the financial statements, the General, Research, Medical Fellowships and Research Professorship Funds have been combined into "Program Funds."

Note 3: The activities of The Eleanor Roosevelt Cancer Foundation have not been included in this combined statement of changes in capital accounts.

FINANCIAL NOTES

The American Cancer Society is a nonprofit voluntary health agency, exempt under Section 501 (c)(3) of the Internal Revenue Code.

The ACS has been cooperating with the National Health Council in the development of uniform accounting procedures for national health agencies, and has made a grant of \$3,000 for 1962 to assist in financing the completion of the NHC study.

Certain aspects of the ACS fiscal operation warrant amplification:

- The Society's fiscal policy is based on the principle of raising its money before spending it; each year's program activities, with few exceptions, are financed by funds received from the previous year's contributions. Thus, pending actual payment for budgeted program expenses—particularly research grants which are paid on a quarterly basis—ACS funds are kept invested in U.S. Government short-term securities and bank savings accounts. Interest on such funds in fiscal 1961 amounted to \$1,185,795.
- Many important economies are achieved through the close working relationship of the ACS national office and the Society's 60 divisions and 3,057 units. This includes a centralized staff development program, specialized staff services, and production and purchasing of films, scripts and printed materials.
- Like economies are to be realized in the affiliation and housing of The Eleanor Roosevelt Cancer Foundation under the ACS roof. The ERCF budget is approved by ACS which assumes responsibility for its support. ERCF accounting operations are under the control of ACS. The auditors of ACS will henceforth examine the financial statements of ERCF and report thereon to the board of directors. Such reports will be available through ACS upon request.
- Unrestricted contributions to The Eleanor Roosevelt Cancer Foundation and to the American Cancer Society are divided in accordance with traditional ACS policy. Such policy provides 60% to support the programs of the divisions where raised; 25% to research; 3% to medical fellowships, and 12% to support the programs of the national office. A contribution to either the ERCF or the ACS supports the enlarged program which combines the ACS programs of research, education and service with the ERCF programs that extend research support to the construction of laboratory facilities and foreign fellowships.
- The regular salaried staff of the ACS is 1,775 persons: 270 employed in the national office, 1,505 in divisions and units. The 2,038,102 volunteers back up the efforts of the salaried personnel in a ratio of 1,148 to 1 and make possible a far broader attack on cancer than staff alone could handle, as indicated below:
- More than 70,000 ACS volunteers are conducting the second follow-up of our six-year nationwide Cancer Prevention Study of some 600,000 families to help find out why people get cancer. Without volunteers this study would be prohibitively expensive. Handling the data in the national office are a staff of statisticians, 60 temporary clerks and a new IBM 1410 electronic computer.
- Contributed television and radio support runs into many millions of dollars. The 1961 crusade received well over 150 TV announcements on the three major networks during April, and there was more local station support than ever before. Radio cooperation was also at a new high.
- The Advertising Council, Inc. and the Outdoor Advertising Association of America, Inc. assist advertising efforts, and crusade ads are contributed by a leading national advertising agency; those for the 1961 campaign were by Ogilvy, Benson & Mather, Inc.

AMERICAN CANCER SOCIETY, INC.

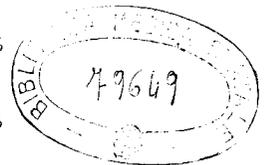
NATIONAL OFFICE, CHARTERED DIVISIONS, AND THEIR UNITS

1960-1961 BUDGET AND EXPENDITURES AND THE 1961-1962 BUDGET

	1960-1961 BUDGET		1960-1961 TOTAL EXPENDITURES		1961-1962 BUDGET	
	Amount	Per Cent	Amount	Per Cent	Amount	Per Cent
Research	\$12,326,416	34%	\$11,061,317	32%	\$12,468,606	33%
Public Education	6,838,582	19%	6,500,928	19%	7,202,598	19%
Professional Education	3,305,721	9%	3,326,274	9%	3,629,511	10%
Service to the Cancer Patient	7,191,013	20%	7,350,626	21%	7,575,951	20%
TOTAL PROGRAM ACTIVITIES	\$29,661,732	82%	\$28,239,145	81%	\$30,876,666	82%
Administration	2,753,174	8%	2,775,826	8%	2,876,918	8%
Fund Raising	3,535,693	10%	3,730,890	11%	3,771,230	10%
GRAND TOTAL	\$35,950,599	100%	\$34,745,861	100%	\$37,524,814	100%

ELEANOR ROOSEVELT CANCER FOUNDATION, INC. PROGRAM BUDGET FOR THE YEAR ENDING AUGUST 31, 1962

	Amount	Per Cent
RESEARCH	\$ 927,000	70%
For international research fellowships to be administered by the International Union Against Cancer	\$275,000	
For the support of clinical research in cancer at the American Medical Center at Denver	350,000	
For the construction of research facilities at:		
University of Colorado Medical Center (Note 1)	60,000	
University of Utah Medical Center (Note 2)	175,000	
Jefferson Medical Center	67,000	
PUBLIC EDUCATION	116,924	9%
Providing life-saving educational materials for "Labor's March on Cancer"		
FUND RAISING	149,958	11%
Providing for direct mail campaigns, special events, meetings, travel, etc.		
ADMINISTRATION	124,758	10%
Providing support of programs, board and committee meetings, accounting, travel, etc.		
TOTAL	\$1,318,640	100%



Note 1: In accordance with a contract with University of Colorado Medical Center the Foundation is committed to pay the cost of construction of a research institute up to \$240,000 (with a possible cost of \$440,000 if a National Institutes of Health grant is not received).

Note 2: The Foundation contracted to grant a maximum of \$350,000.

AMERICAN CANCER SOCIETY, INC.

PUBLIC CONTRIBUTIONS BY DIVISIONS 1961

		CONTRIBUTIONS AND LEGACIES
	\$	371,501
Alabama		68,400
Alaska		202,870
Arizona		150,287
Arkansas		4,486,935
California		380,073
Colorado		810,480
Connecticut		153,352
Delaware		632,531
District of Columbia		1,199,149
Florida		722,935
Georgia		203,890
Hawaii		173,391
Idaho		2,291,551
Illinois		525,814
Indiana		642,237
Iowa		397,081
Kansas		359,697
Kentucky		575,742
Louisiana		167,523
Maine		698,780
Maryland		1,374,743
Massachusetts		956,761
Michigan (State Total)		
Michigan	\$816,363	
S. E. Michigan	<u>140,398</u>	
Minnesota		578,676
Mississippi		190,201
Missouri		731,408
Montana		157,974
Nebraska		309,954
Nevada		54,904
New Hampshire		120,481
New Jersey		1,245,676
New Mexico		105,755
New York State (State Total)		4,497,515
Nassau	\$ 227,939	
New York City	2,056,210	
New York State	1,423,490	
Queens	290,800	
Staten Island	43,436	
Suffolk	123,636	
Westchester	<u>332,004</u>	
North Carolina		459,351
North Dakota		90,154
Ohio		2,039,412
Oklahoma		222,421
Oregon		774,689
Pennsylvania (State Total)		2,529,046
Pennsylvania	\$1,745,976	
Philadelphia	<u>783,070</u>	
Rhode Island		199,134
South Carolina		246,776
South Dakota		124,917
Tennessee		568,645
Texas		1,399,699
Utah		160,025
Vermont		107,850
Virginia		721,886
Washington		547,586
West Virginia		219,188
Wisconsin (State Total)		922,849
Milwaukee	\$326,364	
Wisconsin	<u>596,485</u>	
Wyoming		58,018
	Sub Total	<u>\$36,929,913</u>
Canal Zone		13,042
	GRAND TOTAL	<u>\$36,942,955</u>

CANCER'S SEVEN DANGER SIGNALS

1. Unusual bleeding or discharge
2. A lump or thickening in the breast or elsewhere
3. A sore that does not heal
4. Change in bowel or bladder habits
5. Hoarseness or cough
6. Indigestion or difficulty in swallowing
7. Change in a wart or mole

IF YOUR SIGNAL LASTS LONGER THAN TWO WEEKS, GO TO YOUR DOCTOR TO LEARN IF IT MEANS CANCER.