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BREAST CANCER: TRACKING THE CAUSE

by Bernard Sanders

Any sports fan can discover by consulting an almanac which NFL teams have won the Super Bowl most often and how many times. The Pittsburgh Steelers and the San Francisco 49ers share the honors for having won most often: four times each.

In fact, it's amazing what one can learn from an almanac. But try to find a single statistic about the age, race, occupation, residence or diet of a woman who died of breast cancer in Vermont, and you are out of luck.

To me it seems pretty basic. A woman gets breast cancer and someone records the data on her condition. They record the fact that she got the disease, at what stage she was diagnosed, and the kind of treatment she received.

That information is collected from thousands of breast cancer patients as a routine part of medical practice. But incredibly, it is not transmitted to any central registry. The reason? There is no such registry.

Tragically, in 19 of our 50 states there is no statewide cancer registry. Were there a central registry, public health officials could discover patterns and clues which could lead them to detect environmental risks, at-risk ages or populations, who is most vulnerable, and how they might avoid getting the disease.

When one in three of us will get some form of cancer during

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our lifetime, and when one in nine women will get breast cancer at some point in their lives, shouldn't we demand that somewhere there is a central cancer registry collecting data on all those cancer patients?

Vermont women in particular should be angry. We have one of the highest breast cancer mortality rates in the country, and yet the faces and lives of those women get buried with them. We are learning nothing from their battles lost. What could they have done differently? Might they still be alive today?

Two Green Mountain heroines of this fight are Joanne Rathgeb, a professor at St. Michael's College, and Virginia Soffa, President of the Breast Cancer Action Group, who continue waging their war daily against breast cancer. This month, during a press conference held in my Vermont office, Virginia remarked that "the current risk rate indicates that 1 in 9 women will get breast cancer -- but there are even more. Women like me, who are diagnosed with localized, early-stage cancer, don't count until we die? It's time for all women to be accurately counted, otherwise, it's like saying we never had the disease."

Virginia is right; unless a cancer patient dies, she is not counted. When someone dies of cancer in Vermont, a death certificate is drawn up which records the cause of death. That certificate is maintained on file at the Vermont Department of Health and gives us the mortality rate for certain cancer deaths in Vermont.

However, despite the thousands that are dying in Vermont: we do not compile the incidence rates for cancer in our state, nor

are there records kept on the stage of their cancer at time of diagnosis, nor any records maintained on the type of treatment they received, nor data kept on their diet or other factors. Even if someone plowed through all the death certificates in Vermont, the incidence rates would not account for early detected cancers that had successful treatments. And what of all those people who had cancer and died of some other cause, like a car accident? There is no record that they ever had cancer.

We need a national commitment in all 50 states to collect data on cancer. That's why I am proud to be introducing legislation that will establish a national system of statewide registries giving cancer researchers new information and tools with which to fight this disease. Already 8 members of Congress have signed onto this bill as original co-sponsors and more are signing on every day.

By establishing registries in all states, to collect data on all cancers, we will no longer be mounting a campaign on cancer without proper intelligence.

By establishing a national system of statewide cancer registries we can provide cancer-trackers with much needed data. With this information, we will be better able to identify local cancer problems, target and evaluate the effects of cancer control measures, monitor areas of national concern resulting from environmental hazards, and monitor specific sub-populations that have been exposed to certain suspected carcinogens. For example, these registries will assist us in the implementation of a long overdue study of the New England and Mid-Atlantic states,

which lead the country in breast cancer mortality rates.

Several months ago I received thousands of petitions in a letter writing campaign organized by Joanne Rathgeb, from Vermonters all over the state who expressed concern about the lack of progress being made in preventing breast cancer. The thousands of Vermonters who joined Joanne in writing have indeed been heard. We must, as Joanne put it, "take the very important step to answer the "whys" coming not just from Vermont, but from the Nation."