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# The War on Cancer Rages On

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**Abstract**

In 1971, the "War on Cancer" was launched by the US government to cure cancer by the 200-year anniversary of the founding of the United States of America, 1976. This article briefly looks back at the progress that has been made in cancer research and compares progress made in other areas of human affliction. While progress has indeed been made, the battle continues to rage on.

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## Perspective

The Federal government of the United States has launched many initiatives. In fact, this year marks the 40-year anniversary of the Apollo 11 mission that landed the first humans (Armstrong and Aldrin) on the moon on July 20, 1969. This event fulfilled the goal laid out by President John F. Kennedy of reaching the moon where he stated in a joint session of congress on May 25, 1961: "I believe that this nation should commit itself to achieving the goal, before this decade is out, of landing a man on the moon and returning him safely to the Earth." This event was viewed by millions of people including President Richard Nixon who watched the proceedings from the Oval Office of the White House when Neil Armstrong stepped off the *Eagle* onto the moon and uttered those now infamous words "That's one small step for man, one giant leap for mankind." In 1971, flush with the nation's success in landing a man on the moon, President Nixon launched a new national goal, that is, to cure cancer by the nations' bicentennial year of 1976. The National Cancer Act of 1971 was signed into law on December 23, 1971, and became known as the "War on Cancer." The goal was to eradicate cancer as a major cause of death in the United States. A renewed focus was introduced by Dr. Andrew von Eschenbach, the director of the National Cancer Institute in the form of a Director's Challenge in 2003 "to eliminate the suffering and death from cancer" and to do so by 2015. Recently, the US Senate passed a new bill (S. 717) called the "21st Century Cancer Access to Life-Saving Early Detection, Research and Treatment (ALERT) Act" with the aims to increase funding and patient access to clinical trials and information. Toward that end, President Obama published a plan to combat cancer by doubling funding within a 5-year period as part of a drive to find "a cure for cancer in our time." On September 30, 2009, Obama announced a $1 billion spending plan earmarked for research into the genetic causes of cancer and targeted treatments.

Overall, progress in the reduction of the overall cancer mortality rate has not been what had been envisioned when the War of Cancer was launched in 1971. However, experts point to age-specific mortality rates that have steadily improved for several decades to show that progress has been made. The National Cancer Institute has spent a little more than $100 billion since the war on cancer began averaging about $2.7 billion annually (without inflation adjustments) during a 37-year period. By comparison, smallpox was targeted in the 1960s. Ten years and $300 million dollars later, one of history's greatest killer of humans was eradicated. Based on the smallpox success, public health experts were inspired to target other diseases such as polio. During a 21-year period, approximately $18 billion was spent or $240 million per year (less than the cost for the United States to occupy Iraq per day to place that number in perspective). An estimated 4 million children have been saved from paralysis by the inoculation campaigns. If we compare the progress in the war on cancer with other national priorities, such as reducing the death rate from heart disease. Which has decreased by 64% in the same time span, we are in fact not doing very well. This has raised questions and doubt in the media regarding the wisdom of continuing to support the War on Cancer when in fact continued funding for cancer research is vital and progress is being made on many fronts. Each publication in Neoplasia represents one small step in the War on Cancer toward that final giant leap.

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**Table 1.** Summary of Published Articles.

| Subject | 2007 | 2008 | 2009 |
|---|---|---|---|
| Cancer genetics | [11,16,18–21,23,24,26,33,49,57,59,66,79,80,87,88, 106,108,110,115,124] | [126,128,132,149–151,155,171,179,186,189,190, 194,197,201,214,215,227,232,234,238,242,245, 247,250,253,264,268,275,284] | [278,283,292,295,306,317,342,349,354,374,380,386, 389,401,404] |
| Cell and tumor biology | [2,4,5,8,10,13,17,25,29,30,32,34,37,38,40,45–47, 52,58,60,63–65,67,68,71,73–75,77,78,82,83,85, 86,90,91,95,97,98,101,105,107,113,117,118, 120,123] | [127,134,135,139–145,152,153,157,164,167,172, 174,176,178,181,182,184,185,193,198,200,202, 203,206,207,209,213,216,221,222,224,226,231, 237,239,240,244,246,248,249,251,252,256–258, 262,263,265–267,269,271,272,274] | [277,282,285,288,291,294,296,298,301,303,304,305, 307,309,310,312,313,315,316,322,324,325,326,328, 331,333,334,336,337,339,341,344,347,350,353,355, 356,357,358,360,361,362,366,368,370,371,373,376, 377,384,392,394,395,398,403,405–407] |
| Experimental therapeutics | [12,14,27,31,36,39,41,48,53–55,69,70,76,81, 89,92,94,102,104,112,116,119,121] | [129–131,144,147,148,154,159,160,168,173,175, 188,191,195,199,204,205,210,217–220,228, 234,235,254,261,263,267,270,271,274] | [279,284,286,290,311,323,330,335,346,348,364,379, 385,388,393,400,402,408] |
| Tumor immunology | [44,62] | [136,158,170,212,223,225,236] | [340,369,372,382] |
| Epidemiology and prevention | [22,35] | [162,166,208,243,260,264] | [276,297,302,319,320,332,345,351,352,378,381,390, 391,396,399,409] |
| Cancer imaging | [7,15,42,43,50,61,72,84,96,99,109,111,114,122] | [146,156,161,165,169,177,192,196,229,233] | [280,281,287,299,300,308,321,329,359,363,365,375] |
| Clinical investigations | [1,3,9,28,56,100,125] | [133,138,180,187,192,230,241] | [314] |
| Animal models | [6,51,93,103] | [137,163,183,211,255,259,273] | [289,293,318,327,338,343,367,383,387,397] |

Truth be told, progress in cancer research is hard for many reasons. Upon reflection, progress in cellular and molecular biology tools used every day by investigators to interrogate tumor cells and their complex interconnecting genetic and signaling pathways have not been around all that long and are rapidly improving and expanding in their capabilities. This has lead to the apparent paradox that the more we study cancer, the more complex it appears. It is also interesting to note that like in all science disciplines, cancer research can also be distracted by fads and political agendas that come and go over time. Competing agendas and biases in funding decisions seem to almost be on par with disagreements and spirited discussions involving tumor cell lines, genetically engineered models *versus* xenograft models, target identification/selection, and so on. Despite the seemingly inefficient research process, the war on cancer rages on and progress is being made on multiple fronts. My expectation that at some point in the future, the different present skirmishes and small battles that we have and are winning will add together to provide for a much clearer pathway or exit strategy for this war where we will in fact be victorious.

As the Editor of *Neoplasia*, it is my job to work closely with the Editorial Board members to oversee the scientific content of the journal. Dissemination of valuable articles that can assist other investigators in the war on cancer in a timely fashion is vital for all investigators. During the past 3 years (2007-2009), *Neoplasia* has published many articles ranging in areas of research involving genetics, biology, animal models to clinical investigations (Table 1). Articles published in *Neoplasia* continue to be of excellent quality and content. *Neoplasia* continues to provide its readership with a broad coverage of the many exciting discoveries. One of the central goals of *Neoplasia* is rapid dissemination of information. As such, *Neoplasia* will continue to provide immediate open access to all of its published articles at the time of publication through PubMed Central. This approach allows *Neoplasia* articles to be accessible immediately to the worldwide cancer research and clinical community. This feature also provides authors' research findings available to the largest possible readership ensuring that articles published in *Neoplasia* will have significant impact.

In summary, *Neoplasia* will continue to provide high-quality content in an effort to provide investigators with the information necessary to most efficiently fight the war on cancer. It is my pleasure along with our Editorial Board to continue to serve the scientific community in this fashion.

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