

**NEW
FILE
BEGINS**

Doc # 86

**B&B INFORMATION & IMAGE MANAGEMENT
300 PRINCE GEORGE'S BOULEVARD
UPPER MARLBORO, MARYLAND 20772 • USA • (301) 249-0110**

AMERICAN DENTAL ASSOCIATION



222 East Superior Street • Chicago, Illinois 60611 • Area Code 312, WHitehall 4-8730

December 17, 1965

Dr. Stuart M. Sessoms
Deputy Director
National Institutes of Health
Bethesda, Maryland 20014

Dear Doctor Sessoms:

On behalf of the American Dental Association, I want to express appreciation for the opportunity afforded us to participate in the December 9 meeting dealing with the Heart Disease, Cancer and Stroke Amendments of 1965.

In response to the request made at that meeting, I should like to submit some brief recommendations concerning the proposed regulations and guidelines governing administration and implementation of P.L. 89-239.

Both the report of the President's Commission on Heart Disease, Cancer and Stroke and the legislative history of P.L. 89-239 make it clear that, from the beginning, the intent was to enact a measure that would be flexible rather than rigid, broad rather than narrow. It seems equally clear that there was an intent to include in the program all professional disciplines that could make a contribution to the control and prevention of heart disease, cancer and stroke.

Given this premise, the American Dental Association is concerned that the language of the regulations and guidelines should make it explicit that references in the law to "medical" schools or to "physicians" should be understood to refer, where applicable, to dental schools and to duly licensed practitioners of dentistry.

The dental profession has a strong interest in the success of the program contemplated under P.L. 89-239 and has a valuable contribution to make in helping it succeed.

One facet of the dental profession's contribution lies in the detection, treatment and prevention of oral cancer. Some 30,000 people annually fall victim to oral cancer. The five-year survival rate for the disease is less than 30 per cent. Since present estimates are that some 75 to 80 million people seek dental care each year, the dentist clearly is in an excellent position to lead the effort toward early detection of oral cancer. Yet, were P.L. 89-239 to be narrowly interpreted, it may be impossible for a patient to be referred to a center by a practicing dentist. The Association does not believe that this is in accord with the intent of the DeBakey committee or the framers of the legislation nor does it believe that such a situation could be anything but harmful to the progress of the program.

Dental schools and dental research institutions also are in a position to make a strong contribution to this effort. The vital role of dental research and its increasingly intimate relationship with ongoing research within the other health disciplines is clearly recognized today. The National Cancer Institute makes grants both to dental research scientists and to dental schools for work relating to oral cancer. The National Institute of Dental Research makes grants both to individuals and institutions for work not only on oral cancer but also on other conditions related to heart disease, cancer or stroke. The American Dental Association and the American Heart Association have a long-standing record of cooperation in matters of mutual interest to the dentist and the physician who is treating cardiovascular disease.

As knowledge in such areas increases, there will be demonstrable impact on the curriculum of dental schools, including perhaps expanded emphasis on medicine and physical diagnosis and the increasing use of the hospital as a teaching resource for the dental student. Such desirable developments might, however, be thwarted unless the regulations and guidelines set forth clearly that dentists, dental schools and dental research institutions may participate and may be included in the planning of the regional medical programs contemplated under P.L. 89-239. There is, of course, ample precedent in other existing Federal health programs for the administrative inclusion of dentistry.

December 17, 1965

The Association believes it vital that the regulations and guidelines reflect this principle of including the dental profession as being able to contribute meaningfully to the prevention and control of heart disease, cancer and stroke. By doing so on the national level, regional and local planners would be alert to the necessity of such broad-scale participation. Inclusion of a question on the application blank asking whether dental institutions are to be involved in a specific project, for example, would be most helpful in this regard.

Were the regulations and guidelines to be silent on this point, on the other hand, regional and local planners might well not clearly understand that dental participation is to be permitted and encouraged.

At a later date, the Association would appreciate the opportunity to submit additional and more specific material on the potential for involvement of dentistry in the heart disease, cancer and stroke program.

The Association respectfully requests that the foregoing comments and recommendations be considered by the National Advisory Council on Regional Medical Programs at its meeting on December 21.

Sincerely yours,



Maynard K. Hine, D.D.S.
President

MKH:mk