STATEMENT BY GIULIO J. D'ANGIO, M.D.

MY NAME IS GIULIO J. D'ANGIO, DIRECTOR OF THE CANCER RESEARCH CENTER OF CHILDREN'S HOSPITAL OF PHILADELPHIA. I AM CHAIRMAN OF THE NATIONAL WILMS' TUMOR STUDY COMMITTEE, PAST-PRESIDENT OF THE PHILADELPHIA CANCER COORDINATING ASSOCIATION, AND PAST-CHAIRMAN OF THE RADIATION THERAPY COMMITTEE OF THE CHILDREN'S CANCER STUDY GROUP, PAST-CHAIRMAN OF THE CANCER CLINICAL INVESTIGATION REVIEW COMMITTEE OF THE NATIONAL CANCER INSTITUTE, AND PAST-CHAIRMAN OF THE SECTION ON ONCOLOGY-HEMATOLOGY OF THE AMERICAN ACADEMY OF PEDIATRICS.

I HAVE KNOWN DR. KOOP FOR 35 YEARS, FIRST WATCHING HIS WORK WITH ADMIRATION FROM AFAR, AND ONLY RELATIVELY RECENTLY-IN 1976--WORKING WITH HIM IN THE SAME INSTITUTION.

MY OWN FIELD IS THE STUDY OF CHILDHOOD CANCER, AND I WOULD LIKE TO LIMIT MY REMARKS TO THIS PARTICULAR INTERFACE BETWEEN ME AND DR. KOOP.

CHILDHOOD CANCER IS RARE DISEASE. MANY ARE SURPRISED TO LEARN THAT CHILDREN CAN DEVELOP CANCER. IT NONETHELESS IS THE LEADING CAUSE OF DEATH FROM DISEASE IN AMERICAN CHILDREN. IT CLEARLY THEREFORE IS A MAJOR MEDICAL PROBLEM FOR THE YOUNG, AND THEREFORE FOR THE PEOPLE OF THE UNITED STATES BECAUSE THE FUTURE OF THIS COUNTRY DEPENDS ON ITS YOUTH.

MAJOR STRIDES HAVE BEEN MADE IN THE CURE OF THE SEVERAL KINDS OF MALIGNANT DISEASES THAT AFFLICT CHILDREN. A FEW DECADES AGO, VIRTUALLY EVERY CHILD WITH LEUKEMIA WAS DEAD WITHIN 12 MONTHS: NOW, MORE THAN 50% SURVIVE FOR FIVE OR MORE YEARS, AND MANY CAN BE CONSIDERED TO BE CURED. INDEED, MORE THAN 60% OF CHILDREN WITH CANCER SURVIVE THE DISEASE AS A RESULT OF MODERN TREATMENTS. THESE TREATMENTS HAVE THEIR ACUTE AND CHRONIC COMPLICATIONS, HOWEVER. SOME OF THEM ARE OBVIOUS LIKE THE LOSS OF AN ARM OR A LEG; OTHERS ARE MORE SUBTLE AND TAKE MANY YEARS TO DEVELOP. EXAMPLES ARE TREATMENT-ASSOCIATED CANCERS, WHICH MAY TAKE EIGHT OR MORE YEARS BEFORE THEY BECOME MANIFEST. OTHERS ARE CHRONIC PULMONARY PROBLEMS AND HEART DISEASE OCCASIONED BY SOME OF THE CHEMOTHERAPEUTIC AGENTS WITH OR WITHOUT THE USE OF RADIATION THERAPY. WHEN ONE CONSIDERS THAT--BECAUSE OF OUR SUCCESS IN THERAPY--ONE PERSON AGED 20 IN EVERY 1000 IN THE UNITED STATES WILL BE A CURED CANCER PATIENT BY 1985 OR 1990. TO PUT THIS FIGURE IN PERSPECTIVE: IT IS ABOUT THE SAME FREQUENCY AS THOSE WHO MIGHT HAVE CONTRACTED POLIO IN THE DAYS WHEN THAT DISEASE WAS RAMPANT. CLEARLY, POLIO WAS A PUBLIC HEALTH PROBLEM IN ITS ENDEMIC AS WELL AS EPIDEMIC FORM. CANCER TREATMENT HAS CREATED A NEW ENDEMIC CONDITION; NAMELY, THE CURED CANCER PATIENT.

I GIVE YOU THAT BACKGROUND SO THAT YOU WILL UNDERSTAND THE ENORMOUS CONTRIBUTION THAT DR. KOOP HAS MADE OVER THE YEARS TO THE HEALTH AND WELFARE OF CHILDREN WITH CANCER. HE WAS ONE OF THE PIONEERS. HE DID MORE, HOWEVER, THAN TO DEVISE NEW AND INNOVATIVE TECHNIQUES--WHICH HE DID--FOR THE SURGICAL MANAGEMENT OF THESE CHILDREN. RATHER, HE EXTENDED HIS TALENTS TO THE STUDY OF THE DISEASE, AND THE WAY IT EVOLVES IN THESE YOUNG BODIES. ONE OF THE TUMORS THAT ATTRACTED HIS ATTENTION EARLY WAS THE NEUROBLASTOMA. HIS OBSERVATIONS RECARDING THE EXTRAORDINARY CLINICAL EVOLUTION OF THIS TUMOR WAS STUDIED BY ALL THOSE INTERESTED IN THE WELFARE OF CHILDREN, AND THE LESSONS THAT COULD BE LEARNED FROM THESE OESERVATIONS COULD BE EXTENDED TO AN UNDERSTANDING OF MANY OTHER MALIGNANT

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CONDITIONS. HIS INFLUENCE WAS SPREAD NOT ONLY THROUGH HIS PUBLICATIONS, AND THROUGH THE MANY SURGEONS HE TRAINED, BUT ALSO BECAUSE OF THIS ORGANIZING ABILITY AND FORESIGHT. DR. KOOP ORGANIZED THE FIRST INTERNATIONAL CONFERENCE ON NEUROBLASTOMA, WHERE EXPERTS FROM ALL AROUND THE WORLD WERE INVITED TO PARTICIPATE AND TO SHARE THEIR KNOWLEDGE. HE WAS ONE OF THE FOUNDING MEMBERS OF THE JOURNAL OF PEDIATRIC SURGERY, WHERE THE PROCEEDINGS OF THAT MEETING, AND SEVERAL OTHER OF HIS CONTRIBUTIONS APPEARED AND WERE THUS WIDELY DISSEMINATED THROUGHOUT THE WORLD.

IT CAN BE SEEN THAT IN THIS AREA ALONE, DR: KOOP HAS MADE A CONTRIBUTION TO THE PUBLIC WELFARE--A CONTRIBUTION THAT HAS BEEN MANIFEST OVER MANY DECADES, AND THAT HAS AFFECTED THE LIFE AND WELL-BEING OF LITERALLY THOUSANDS OF PATIENTS AND THEIR FAMILIES.

THIS LATTER ASPECT HAS NOT ESCAPED DR. KOOP'S ATTENTION. HE HAS BEEN CONCERNED ABOUT THE QUALITY OF LIFE OF THE SURVIVOR. HE HAS HAD A DIRECT INTEREST IN THE REHABILITATION OF PATIENTS WHO MIGHT SUFFER DEFICITS BECAUSE OF THE TREATMENTS ADMINISTERED--DEFICITS THAT MIGHT BE PSYCHOLOGICAL OR SOCIAL AS WELL AS THOSE THAT CAN BE MEASURED IN BODY FUNCTION.

THE PHYCHO-SOCIO-ECONOMIC ASPECTS OF THE DELIVERY OF MEDICAL CARE HAVE ALSO BEEN AMONG HIS CONCERNS. HE HAS BEEN ONE OF THE MAJOR FORCES IN REDUCING THE STAY OF HOSPITALIZED CHILDREN, HELPING TO INITIATE THE DAY-HOSPITAL CONCEPT SO THAT CHILDREN CAN BE AT HOME WITH THEIR FAMILIES WHERE THEY BELONG, RATHER THAN IN HOSPITALS.

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HIS ORGANIZING ABILITY WITHIN THE CHILDREN'S HOSPITAL AND WITHIN THE LARGER FRAMEWORK OF HIS SPECIALTY ARE MATTERS OF RECORD. THAT HE HAS BEEN A CONSUMMATE TEACHER IS CLEAR FROM THE MANY SURGEONS WHO NOW HAVE THEIR OWN DEPARTMENTS IN COUNTRIES AROUND THE WORLD. MORE THAN THAT, HE EARLY SAW THE NEED FOR A SERVICE WITHIN THE CHILDREN'S HOSPITAL OF PHILADELPHIA THAT WOULD DEAL SPECIFICALLY WITH CANCER IN CHILDHOOD. I WORKED WITH HIM AT THAT TIME IN HELPING TO RECRUIT AN OUTSTANDING PEDIATRIC ONCOLOGIST, DR. AUDREY EVANS. HE WILLINGLY AND UNSTENTINGLY TURNED OVER TO HER THE PRIME RESPONSIBILITY FOR THE MANAGEMENT OF THESE THAT CHILDREN, SOMETHING/^{HAD}OCCUPIED HIS TIME AND ATTENTION OVER THE YEARS. THIS DEMONSTRATES HIS ABILITY TO ORGANIZE, HIS CLEAR VISION, AND HIS READINESS TO STEP ASIDE AND ALLOW A NEW PROGRAM TO BE BUILT FOR THE GREATER GOOD OF THE CHILDREN CONCERNED.

I THINK IT IS CLEAR FROM THESE REMARKS THAT IN DR. KOOP WE HAVE A MAN WITH BROAD VISION, SUPERIOR ORGANIZING ABILITIES, AND INTERESTS AND INFLUENCES THAT GO FAR BEYOND THE OPERATING ROOM. HIS SCHOLARELY WORK HAS AFFECTED THE LIVES OF THOUSANDS OF CHILDREN WHO HAVE SINCE BECOME ADULTS AND HENCE THE POPULACE OF OUR COUNTRY. HIS INFLUENCE AND IMPACT ON THE DISEASE THAT KILLS MORE CHILDREN THAN ANY OTHER HAS BEEN ENORMOUS. HIS INTEREST IN CURED CANCER PATIENTS, AND THEIR DIFFICULTIES, DEMONSTRATE THE CLEAR VISION OF THE MEDICAL SCHOLAR WHO LOOKS BEYOND THE IMMEDIATE CLINICAL PROBLEM. THAT THE PATIENTS I HAVE BEEN DISCUSSING, WHO ARE ONLY A FRACTION OF THOSE SEEN BY A BUSY SURGEON SUCH AS DR. KOOP, NONETHELESS ADD UP TO NUMBERS THAT HAVE IMPORTANT IMPLICATIONS REGARDING THE SOCIAL FABRIC.

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I HAVE NO DOUBT THAT DR. KOOP WILL ASSUME HIS POST WITH THE SAME ENERGY, ORGANIZING ABILITY, AND DEEP CONCERN FOR THE BROADER ISSUES THAT HE HAS DEMONSTRATED THROUGHOUT HIS MEDICAL CAREER.

Dictated by Dr. D'Angio, but not read.