

Let me ask you, for instance, with the Children's Cancer Research Foundation, can you give us any example where a new treatment, perhaps, has been disseminated through a regional medical program?

Dr. FARBER. Yes, Mr. Chairman. The Children's Cancer Research Foundation, if I may speak of something with which I have been concerned for the last 21 years, is really a prototype of the Regional Medical Center program. It is a private foundation, assisted from the private sector and receives research funds from the National Cancer Institute and help from the American Cancer Society. It is supported by the entire New England community.

It provides expert care and diagnosis and treatment for children with leukemia and all forms of cancer, for any child sent by a doctor in the entire region. The doctor takes care of the patient at home and gives the tremendous moral and medical support required by a family which has a seriously ill child at home.

The foundation provides the techniques and equipment which are much too expensive to be in a doctor's office. It carries out all these expensive services without professional charge to the patient; at home the patient is the private patient of his private doctor.

In 21 years, Mr. Chairman, I have never had a complaint from a single doctor in this region. We have had remarkable cooperation, and the community as a whole has cooperated to support something which they considered absolutely necessary for the comfort, the well-being, and the mental peace of the family, as well as for the health of the child.

Mr. ROGERS. Have we had any real breakthroughs in this area, in the treatment of leukemia in children?

Dr. FARBER. Mr. Chairman, there has been very great progress. It was 20 years ago last November when the first chemical that could control leukemia, at least temporarily, was administered to a child for acute leukemia.

There is no cure for acute leukemia, but patients live good lives for several years, instead of a few weeks or a few months. And there are alive a few hundred patients, adults and children, about 1 percent, I estimate, of all the patients with leukemia treated, who have lived good lives for 10 to 15 years without evidence of the disease.

This is not a cure, in my opinion, but this is very heartwarming evidence that we are in the right direction in the use of chemicals, and many supportive programs, such as platelet transfusions and so forth.

If we can keep good life going, the next forward step in research may come in time for that child.

We have other tumors in adults as well as children, which have responded to surgery, radio therapy, and chemotherapy. In one case of cancer of the kidney in children, we are now above 80 percent in long-term survivals because of the addition of chemical, in this case an antibiotic, to modalities of surgery, and radio therapy. We have accomplished what seemed impossible 20 years ago. Once spread to the lungs had occurred in this kind of tumor, there was a matter of 3 to 6 months of life ahead. We are now able, in about 60 percent of the children who have had spread of this cancer to the lungs, we are able to have complete destruction of the tumor using small amounts of radio therapy and an antibiotic. Life has continued in the longest patient for 13 years with no evidence of the return of the tumor.