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NEW YORK 1, N. Y.

Memo to: Mr. John W. Hill ✓
From: Carl Thompson
Subject: QUESTIONS and ANSWERS Booklet

Date: January 6, 1955

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Here finally is a re-draft of the Q & A booklet.

I am still not satisfied with the handling of questions 3 through 8, which obviously is the most difficult and most important part of the booklet. Any suggestions on these questions and answers will be greatly appreciated.

The other questions deal primarily with information concerning the Committee and the research program which we have handled before.

C.T.

cbs
att.

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QUESTIONS and ANSWERS

1. Q. What is the Tobacco Industry Research Committee?

A. This group is sponsoring independent scientific research into various aspects of tobacco use and health. The Committee (TIRC) is made up of representatives of tobacco growers organizations, tobacco warehousemen associations, and tobacco manufacturing companies. Through TIRC, these member groups put up funds for carrying on the research program developed by independent qualified doctors and scientists.

2. Q. Why was T.I.R.C. formed?

A. At its formation, the members said: "We accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business." This was in response to widespread publicity given to reports that cigarette smoking might be partly linked with recent ✓ increases in the number of reported cases of cancer of the lung. Though many scientists question the significance of such reports, the Tobacco Industry Research Committee pledged its support to research that would help develop the facts as quickly as possible.

3. Q. Is lung cancer actually on the increase?

A. The number of reported cases has risen sharply in the past 25 years. There is considerable disagreement over how much of the increase is real and how much is a matter of better diagnosis and reporting. It is pointed out that there are more doctors now diagnosing the diseases; that there are more accurate methods of recording deaths; that many deaths in previous years that were blamed to other respiratory troubles may have been really due to cancer of the lung that was unrecognized at the time because little was known of the disease. The rapid increase in population

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of people 50 years or more old is cited as responsible for about 50 percent of the recent reported increase, since lung cancer is primarily a disease of this older age group.

Regardless, there is reason for serious study of the prevention of cure of lung cancer, just as there is for all cancer. Lung cancer is given as the cause of one-twelfth of all cancer deaths.

4. Q. How many lung cancer deaths are there in this country?

A. Last official government statistics showed that out of 1,542,454 deaths in 1950, there were 7,618 attributed to primary cancer of the trachea, bronchus and lung. Of this number, 6,521 were among people past 50 years old and 4,167 were over 60. In the same year, 10,695 deaths were attributed to either primary or secondary cancer of the trachea, bronchus and lung, and of these, 9,262 patients were over 50 years of age and 6,340 were over 60.

5. Q. Is the cause of lung cancer known?

A. No. There is agreement that no one factor can be singled out as causing cancer of the lung.

6. Q. What are some of the suspected causes?

A. Most researchers believe there has been a real increase of lung cancer in the past 50 years. These scientists, therefore, seek for something that has come into the lives of people during that period that might help bring on the disease. Many cancers reaching the lung start elsewhere in the body. One factor that all recognize is that more people are living longer and therefore are more apt to develop such a degenerative disease.

Another theory advanced is that the 1918 influenza epidemic left many people susceptible to cancer of the lung in later years. Some researchers think "primary" lung cancer may be associated with something inhaled. A large number of experts are studying air pollution of large cities and industrial areas, since lung cancer appears to be more common in large cities. Certain occupational exposures have been identified as having an effect of increasing the chances of lung cancer. Recently, increasing attention has been given to a theory that increased cigarette smoking since World War I is related to the increase in reported causes of lung cancer.

7. Q. Is there evidence for such a theory?

A. Two types of statistical studies are cited. One type shows that reported lung cancer cases have gone up as cigarette consumption has gone up. Much skepticism has been expressed over such a relationship having any meaning. The cost of living, the use of nylon stockings, the number of home radios, and the mileage of hard-surfaced roads and many other factors in modern life can also be shown to have increased in about the same proportion. Conversely, the life expectancy of Americans has risen from about 54 years in 1920 to about 70 years of age today, while cigarette consumption was increasing, but no one would claim that one caused the other. Also, it has been pointed out by scientists that England's death rate from lung cancer is more than 50 percent higher than in the United States, even though people in the United States smoke about 30 percent more cigarettes per person than the English, and the people of Denmark and Switzerland, who smoke about half as many cigarettes per person as Americans have about the same lung cancer death rate.

Other statistical studies report a greater number of cigarette smokers among lung cancer patients than among other people. The findings of such studies, however, reveal a range of smokers among lung cancer patients from about 30 percent to about 95 percent, with many gradation in between. This causes many to wonder how much significance can be attached to the cigarette-smoking factor in these studies.

The point is advanced that lung cancer occurs about 5 times more often in men than in women and that this is because men have been smoking longer. Set against this is evidence that the gap between male and female incidence is widening and if cigarette smoking is a factor, the gap should be narrowing because of the more recent spreading of cigarette use among women.

8. Q. Is there any other evidence?

A. Relatively little. Some experimenters report producing tumors on the skin of mice with material obtained by burning cigarettes. On the other hand, many experiments are on record in which the researchers have been unable to produce cancer on mouse skin. One researcher reports he can produce skin tumors on mice by painting them ^{with} apparently harmless substances and says the trouble is with the mice, not with the substance.

9. Q. Is further research necessary into various lung cancer suspects?

A. By all means. The more research done into all phases of cancer detection, prevention and cure, the sooner this health problem can be brought under control. It is to further such research that the T.I.R.C. was formed.

10. Q. Who is doing the research under the TIRC program?

A. Qualified doctors and scientists at established educational, medical and research institutions may apply for money grants to carry on their work. They may propose projects which they believe will lead to more knowledge about such public health problems as cancer. Such research is already under way under TIRC grants.

11. Q. Who decides where such money grants are made?

A. TIRC issues its grants solely upon the recommendations of a Scientific Advisory Board.

12. Q. What is the Scientific Advisory Board?

A. This Board (SAB) is made up of doctors, scientists and educators of highest professional standing in their respective fields. They develop and guide the research policy and program for the TIRC. They carry on this work while retaining their affiliations with their own institutions.

13. Q. Who are the members of the Scientific Advisory Board?

A. Dr. Clarence Cook Little, founder and director of the Roscoe B. Jackson Memorial Laboratory, Bar Harbor, Maine, is Scientific Director of the TIRC and Chairman of the SAB. Other members are:

14. Q. How does the SAB operate?

A. At regular meetings the SAB develops basic research programs, solicits and reviews requests for research grants, and evaluates scientific findings. In addition, individual members have responsibility for the overall guidance of developing various phases of the research program.

15. Q. What does the research program include?

A. The SAB approved a program that would assure research being carried on in three basic fields: a. further investigation of the characteristics of tobacco and tobacco smoke; b. broad projects looking into the reactions of both animal and human tissues to various irritants under differing conditions, and, c. the physical and emotional characteristics of smokers.

16. Q. What is the policy under which research grants are made?

A. Each applicant receives a statement of policy which says: "The Committee desires to have scientists work with the greatest freedom and without domination of any kind. It will make no attempt to direct the administration of the project once started, to influence its course or to control its results other than to be assured that the funds are properly expended for the purposes of the grant and that all findings are reported in accordance with the best scientific practice."

It is also stated that the Committee "approves the initial presentation by the investigator of research results only in accepted medical and scientific journals or before accepted medical or scientific societies. It has no objection to dissemination to the public of any or all final conclusions from projects in these ways."

17. Q. What is the purpose of the research sponsored by TIRC?

A. Solely to get at the facts. Doctors and scientists agree that much more objective research is needed before any sound conclusions can be arrived at concerning the prevention and control of cancer and other health problems. The TIRC wants to encourage this work. If there are substances causing lung cancer and these can be identified, then modern science can find ways to eliminate or counteract such substances.

18. Q. Has tobacco use been attacked before?

A. Yes. As with many human customs, the use of tobacco has been both praised and criticized during the three or four hundred years it has been used as a means of solace, relaxation and pleasure to men and women. In the past, efforts have been made to link tobacco with blindness, deafness, miscarriages, epileptic seizures, drunkenness and practically every other human ailment. As knowledge increased, such charges were disproven and dropped. Prohibition laws against cigarettes were in force in some states in the early part of this century, but these were repealed in recognition of the right of the individual to determine whether he should or shouldn't smoke.

19. Q. Are current charges against tobacco use meaningless?

X A. No, indeed. The TIRC has stated, "We do not believe that any serious medical research, even though its results are inconclusive, should be disregarded or lightly dismissed." ✓

20. Q. What should the public do?

A. There is always danger in a campaign of fear. The public should be aware that the search for the facts is going along as rapidly as possible. As the facts are developed they will be made known to the public. The final outcome of the intensive research now going on is bound to benefit the public.