HB
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UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

School of Medicine and University Hospital
Department of Radiation Oncology

Divisions
CLINICAL RADIATION ONCOLOGY
MEDICAL RADIATION PHYSICS
EXPERIMENTAL BIOLOGY

January 27, 1981

The Honorable Terry Martin
Alaska House of Representatives
District 8
Pouch 5, State Capitol
Juneau, Alaska 99811

Dear Mr. Martin:

The purpose of this letter is to propose the establishment of a new cancer research organization to be funded by the State of Alaska, the Alaska Cancer Research Institute. The purpose of this organization would be to develop new technologies and carry out both laboratory and clinical cancer research in areas which can be directly applied to the treatment and care of cancer patients in Alaska and the rest of the country (as opposed to the mission of the Hutchinson Cancer Research Center, which is to investigate the basic underlying biology and physiology of tumor cells).

As you are well aware, our department has been involved in the field of cancer research for some time. We have pioneered the treatment of cancer with high energy neutrons in this country, and I presented our work in the area of breast cancer to you when you visited us here last month. The dramatic results obtained in our feasibility studies with high energy neutrons (in some cases doubling the tumor clearance rates in cancers of the head and neck region and lungs) led the National Cancer Institute to award us a contract to design and construct a precision cyclotron to be located in our department for the purpose of high energy neutron cancer treatment. This machine is currently under development, will be completed and installed in mid 1982, and should dramatically increase our precision with high energy neutron cancer treatments. Unfortunately, due to federal budgetary constraints the associated laboratory and equipment necessary to fully investigate the potential of this new form of treatment cannot be constructed in association with the rest of this project. The proposed Alaska Cancer Research Institute would provide us with the laboratory space and equipment to further explore this and other promising new areas of cancer treatment.

The following are some specific proposals for this new institute:

1. Construction of new cancer research laboratories in an area adjacent to our new cyclotron. These laboratories would serve as the core of the Alaska Cancer Research Institute and would be the major expense in setting up the whole project. Without these new laboratories, the rest of the projects could not be done. Excavation and construction of the new cyclotron will begin in approximately 6 months. The ideal time to construct this new laboratory facility would be at the same time the excavation is being done for the cyclotron project. A total of 20,000 square feet would be available for construction of the Alaska Cancer Research Institute. Total cost of this construction, including laboratory equipment, would be approximately $3.5 million.

2. Laboratory studies to optimize high energy neutron cancer treatment. If the Alaska Cancer Research Institute is constructed, studies to determine the best way to treat human cancers with high energy neutrons could be carried out. This is an area of research which has a potentially tremendous payoff in terms of relieving the suffering of cancer patients in our region. It looks especially promising for cancers of the head and neck region, a tumor that is quite common in Native Alaskans. No additional money would be required to support this line of research if the laboratory space is built.

3. Clinical hyperthermia. It has been known for some time that tumors are more sensitive to heat than normal tissues. This project would investigate the use of localized high temperatures in the treatment of various human cancers. It seems likely that the best use of this new form of treatment is in conjunction with conventional radiation therapy and chemotherapy. Research into this area would involve the development of precision hyperthermia devices (primarily ultrasound and microwave generators), and then determining the best way to apply this new treatment in conjunction with other conventional forms of cancer therapy. Dr. Kenneth Luk, a recognized international expert in the field of cancer hyperthermia, would like to join our faculty if we can provide the means for him to continue his research in this area. This is a technology which could be rapidly transferred to routine use in cancer clinics in Alaska and the rest of the country. The total additional cost of this program would be approximately $350,000.

4. Studies in the diagnosis of cancer with Positron Emission Tomography. Positron emission tomography (PET) is a major scientific advance which has ushered in a new era in cancer diagnosis. This technology make

it possible to measure biochemical and physiologic characteristics of organs, tissues and tumors which lie deep within the body cavity without resorting to invasive diagnostic methods such as surgery. This technology holds the promise of completely revolutionizing the field of cancer diagnosis and depends on the production of positron-emitting isotopes which must be made in a high energy cyclotron. The cyclotron that will be used for the production of high energy neutrons for neutron cancer therapy could be adapted to produce positron-emitting isotopes as well as neutrons, and makes us one of the few places in the world where research into this new technology could be carried out. This particular line of research is extremely technical and extremely expensive. The startup costs for this project, including modification of the cyclotron and a "PET" imaging device, would be on the order of $2,680,000. Even after that large initial investment, it is possible additional money would be required in three or four years to complete the research. The application of "PET" technology should make possible:

A. The detection and staging of malignant human tumors which can not be detected with current X-ray and laboratory diagnostic methods;

B. The prediction of tumor responsiveness to any tumor therapy based on the characteristic physiology of individual tumors;

C. The monitoring of response to tumor therapy including the early detection of recurrences, the identification of anti-tumor drug concentrations in tumors and normal tissues, and

D. The response of normal tissues to the effects of antitumor treatment, thus predicting the onset of serious side effects before they manifest themselves clinically.

This is a very exciting area of research but, as I have already pointed out, it is also very expensive. If it lives up to its potential, it could be as important in the area of cancer diagnosis as high energy neutron therapy is in the area of cancer treatment.

5. Studies in the treatment of breast cancer. Investigations in this area would follow along the lines of the presentation I gave to you when you were in Seattle. Major efforts are aimed at identifying methods which will obviate the need for mutilating breast surgery. We have already gone a long way towards realizing that goal and it is probable that further research in this area would make radical and modified radical breast cancer surgery an endangered species. This is obviously an

area of research that can be rapidly transferred to cancer treatment clinics around the country. No additional resources beyond construction of the laboratory facilities would be required to carry on this area of investigation.

6. The establishment of a regional cooperative clinical research group. As part of the Alaska Cancer Research Institute, I would like to establish a multispecialty cooperative clinical cancer research program throughout the Pacific Northwest and Alaska. This program would consist of a network of institutions in Alaska, British Columbia, Washington, Montana, Idaho and northern Oregon cooperating in the investigations of new types of cancer treatment. The advantages of such a group are that new drugs and new types of therapy can be looked at in a coordinated manner and answers to clinical research questions can be obtained in a short period of time. Cancer treatment protocols would be devised at the Alaska Cancer Research Institute and distributed to the various participating treatment centers. Data managers (nurses with some training in computer work) would be paid by the Research Institute and would be located in the various participating institutions. As new cancer treatments are tried, data could be rapidly accumulated, results tabulated and the outcome of these new treatment protocols reported. It would be a way of involving regional cancer treatment facilities such as the one in Anchorage in the front line of clinical cancer research. The cost of this type of program would be approximately $500,000 to set up (most of this cost goes towards setting up computer services and paying data managers at the participating institutions). There would be an ongoing cost of $300,000-$400,000 per year to maintain the program. This cost would be variable depending upon the number of cooperating institutions and the salaries of the nurse data managers in these various locales.

Obviously, the size and scope of the Alaska Cancer Research Institute would depend a great deal on what is practical from your end. Administratively, the best mechanism to set up a project like this would be to appropriate funds specifically to establish the Alaska Cancer Research Institute under the direction of our department. This, hopefully, would circumvent some of the high costs of administration and local bureaucracies that frequently burden this type of endeavor.

I am very excited about the prospects for this institute. We are one of the only places in the country able to do the research which has been outlined. The Alaska Cancer Research Institute would serve as a major resource for the region. It would act as a magnet to collect bright scientists from around the country to work on some of the practical problems of cancer diagnosis and treatment. Certainly it has the potential of dramatically influencing the outcome of many patients suffering with cancer in our region of the country.

January 27, 1981

The Honorable Terry Martin

If I can give you any further information concerning the concept as a whole or any of the projects in particular, please don't hesitate to give me a call. I would be happy to travel to Alaska to assist you in any way I can if you feel that that would be helpful or appropriate. I have enclosed a copy of my curriculum vitae for your information.

Thank you again for your efforts.

Sincerely,

Tom Griffin

Thomas W. Griffin, M.D.
Chairman
Department of Radiation Oncology

TWG:ars
Enc.

CURRICULUM VITAE

Thomas W. Griffin, M.D.

Date of Birth:	February 16, 1945
Place of Birth:	Omaha, Nebraska
Marital Status:	Married; 1 child
Education:	Iowa State University, Ames, Iowa 1963-64 Nebraska University, Lincoln, Nebraska 1964-66, B.S. University of Nebraska, Omaha, Nebraska 1966-70, M.D.
Postgraduate Training:	Internship -- Medicine Good Samaritan Hospital, Phoenix, Arizona 1970-71 Residency -- Radiation Oncology University of Washington Hospital Seattle, Washington 1973-76
Military Service:	USAMEDC 1971-73
Licensure:	Nebraska, 1970 Washington, 1973
Membership:	King County Medical Society Pacific Northwest Radiological Society Washington State Radiological Society Washington State Medical Society American Society of Therapeutic Radiologists American College of Radiology American Radium Society Society of Chairmen of Academic Radiation Oncology Programs
Board Certification:	American Board of Radiology June 1976

Academic Appointments:

Chairman
Radiation Oncology
University of Washington
Seattle, Washington
September 1979-

Associate Professor
Radiation Oncology
University of Washington
Seattle, Washington
September 1979-

Acting Director
Radiation Oncology
University of Washington
Seattle, Washington
July 1977-August 1979

Assistant Professor
Radiation Oncology
University of Washington
Seattle, Washington
July 1977-August 1979

Instructor
Radiation Oncology
University of Washington
Seattle, Washington
July 1976-June 1977

Hospital Appointments:

Consultant to:

Children's Orthopedic Hospital & Medical Center
Seattle, Washington

U.S. Public Health Service Hospital
Seattle, Washington

Northwest Hospital
Seattle, Washington

Stevens Memorial Hospital
Edmonds, Washington

Overlake Hospital
Bellevue, Washington

Valley General Hospital
Renton, Washington

United General Hospital
Sedro Woolley, Washington

Other Responsibilities:

Reviewer --
American Journal of Roentgenology

Radiation Safety Committee
University of Washington, Seattle

Member, University of Washington
Clinical Cancer Committee

Member, ACS-UW Institutional Cancer Grant
Committee

Member, University Hospital Clinical
Cancer Committee

Member, Joint Harborview Medical Center-
University Hospital Clinical Cancer Committee

Member, Cancer Committee, Children's
Orthopedic Hospital & Medical Center

Member, Children's Orthopedic Hospital &
Medical Center C-T Scanner Advisory Committee

Chairman, Committee for Regional Radiation
Therapy Health Planning
Radiation Oncology Branch
Washington State Radiological Society

Chairman, Cancer Education Committee
Radiation Oncology Branch
Washington State Radiological Society

Cancer Control Program
Regional Coordinator for Radiation Therapy

Principal Investigator --
Radiation Therapy Oncology Group project
Fast Neutron Beam Radiotherapy project

Study Chairman, Radiation Therapy Oncology
Group High LET Glioblastoma Study

Member, Radiation Therapy Oncology Group

Member, Radiation Therapy Oncology Group
Protocol Design Committee

Member, Radiation Therapy Oncology Group
Head and Neck Committee

Member, High LET Studies Group

Member, Radiation Therapy Technology
Advisory Committee

Member, National Patterns of Care Steering
Committee

Member, RTOG Neutron Committee on Dose
Reporting

Other Responsibilities:
(continued)

Children's Cancer Study Group member

Member, CCSG Radiotherapy Committee

Member, CCSG Relapsing Leukemia Committee

Member, CCSG Histiocytosis-X Committee

Member, CCSG Neuroblastoma Committee

Member, CCSG Osteosarcoma Committee

Chairman, Radiation Therapy Oncology Group High LET Complication Scoring Subcommittee

Member Medical School Executive Committee

Member Medical School Clinical Heads Committee

Study Chairman, RTOG High LET Lung Cancer Study

Study Chairman, RTOG High LET Melanoma Study

Chairman Young Investigators Committee of the RTOG

Co-Chairman RTOG Publications Committee

Member RTOG High LET Committee

Member RTOG Protocol Design Committee

Chairman RTOG Brain Studies Group

Member RTOG Modality Committee

Vice Chairman -- Radiation Therapy Oncology Group

Member State Board of Pharmacy Patient Qualification Review Committee 1978-1980

Member -- Committee for Radiation Oncology Studies -- College of Physicians & Surgeons

Member -- Subcommittee for Particle Radiation Therapy, CROS

Chairman, University Hospital Clinical Cancer Group

Member, Medical Staff Administrative Committee, University of Washington

Associate Editor, International Journal of Radiation Oncology, Biology, Physics

Member, Society of Chairmen of Academic Radiation Oncology Programs

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The treatment of childhood medulloblastomas with or without adjuvant chemotherapy. Radiation Therapy Oncology Group meeting, Albuquerque, New Mexico, January 1980

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Neutron therapy in pediatric tumors. American Society of Therapeutic Radiologists, Dallas, Texas, October 1980

Presentations (International):

Chemotherapeutic agents as radiosensitizers. L.H. Gray Conference, Cambridge, England, September 1977

Results of fast neutron beam radiotherapy pilot studies at the University of Washington. Presented at the 3rd meeting on "Fundamental and Practical Aspects of the Application of Fast Neutrons and other High LET Particles in Clinical Radiotherapy", The Hague (Netherlands), September 1978

Role of neutron therapy in head and neck cancer. Presented at the IV Asian Cancer Conference, Bombay, India, December 1979

The treatment of grades III & IV astrocytomas with fast neutrons. High LET workshop, Washington, D.C., March 1980

The results of fast neutron beam radiation therapy for inoperable squamous cell carcinomas of the head and neck. International Head and Neck Oncology Research Conference, Washington, D.C., September 1980

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FROM: ROBERTA TO: JUNO INFO PAGE 0004
TARGET: LJH2 SUBJ: POMS

TO: REPRESENTATIVES CLOCKSIN, BEIRNE, MARTIN

FROM: NANCY THISTLETHWAITE, 2841 W 29TH, 2A, ANC 99503; 243-5020

I AM ADAMANTLY OPPOSED TO HB 417 AND HB 418, IN THE HESS COMMITTEE.

Cancer Research Institute -
for hearing Monday

Saturday, April 25, 1981, The Anchorage Times

Cancer research

Dear Editor:

On March 27, Reps. Martin, Beirne and Fuller introduced House Bill 417, an act authorizing contributions to the School of Medicine of the University of Washington for the construction and support of a regional cancer research institute, etc. In addition, House Bill 418 appropriated to the governor $7,050,000 to be used for payment as a contribution to the School of Medicine of the University of Washington for construction of a cancer research institute and for acquisition of the lastest equipment.

Alaskans will benefit from these bills indirectly. In the first place, Alaska is a party to an agreement by which the costs of medical education are shared among the residents of our state and Washington, Idaho and Montana. Moreover, high-energy neutron cancer research and treatment is especially promising for patients suffering from a particular type of cancer which appears to be more common in Alaska than for the nation as a whole. Moreover, there appears to be a desire on the part of the University of Washington to use the money to develop devices uniquely applicable to field treatment clinics and facilities in small urban centers.

Nevertheless, one is inclined to wonder if the same or greater benefits could not be secured to the residents of this state by giving more thought to the allocation of our resources. The Alaska Cancer Society has been active for years in our community.

The type of spirited public debate which should be fostered when taxpayers' money is donated to out of state institutions would perhaps provide the answers to some questions that arise in my mind. Isn't it true that Providence Hospital has excellent cancer care facilities that they are developing rapidly? Would not local facilities be able to benefit from the huge infusion of capital that is envisioned by these donations?

Without further debate, I am left with my initial opinion, which is that this money could be spent much more wisely within our own state, facilitating and encouraging the growth of research centers within Alaska. If there is to be such a debate, it must be at the prompting of the local press.

Mitchel J. Schapira
1016 W. Sixth Ave.
Suite 300

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

ON

HOUSE BILL 417
HOUSE BILL 418

HB 417: For an Act entitled: "An act authorizing contributions to the School of Medicine the University of Washington for the construction and support of a regional cancer research institute; and providing for an effective date."

HB 418: For an Act entitled: "An act making a special appropriation to the Office of the Governor for a contribution to meet costs of construction of a cancer research institute at the University of Washington; and providing for an effective date."

House Bill 417 briefly outlines the focus for the proposed cancer research institute. The states of Montana and Idaho are noted in the proposal for this regional center; it would be useful to know of the proposed level of support from each of these states.

House Bill 418 proposes the appropriation of $7,050,000 from the general fund to the Office of the Governor for payment as initial contribution to the School of Medicine of the University of Washington for construction of a cancer research institute. Thereafter the commissioner of health and social services would be authorized and directed to pay to the School of Medicine, University of Washington an amount annually appropriated by the legislature for support of the operation of this institute.

Cancer is a dreaded disease that causes many deaths and impacts many people. It is the third leading cause of death in Alaska, following accidents and heart diseases, according to 1977 data incorporated within the 1981 State Health Plan.

The death rate among Alaska residents from malignant neoplasms is 66 percent lower than the death rate from malignant neoplasms in the remainder of the U.S. The State Health Plan notes that the cancer death rate has shown a general increase in Alaska as it has for the nation at large. Patients with chronic, debilitating disease often leave the state in the course of their illness. To the extent that individuals change their permanent and legal place of residence, the mortality data cited may not adequately reflect the pattern of this illness. We do not have data available on the number or percentage of Alaskans with cancer who seek treatment in the state of Washington, the proposed site for the regional cancer research institute. We did not find readily available data that demonstrate cancer patterns of morbidity and mortality in the northwest which differ from such patterns for the remainder of the United States; presumably the proposed research center would address this issue.

Efforts to improve the health status and therefore the quality of life of Alaskans are of interest to the department and of importance to the state. Any cancer research activities supported by the state should be carefully coordinated with other cancer research efforts occurring throughout the country. Alaska's share of the anticipated annual operational support should also be identified to provide a clearer view of the extent of the state's long term commitment.

Position Paper
On
House Bill 417
House Bill 418

Recommended by: Phoebe A Lindsey
Phoebe A. Lindsey, Director
Division State Health
Planning & Development

Date: April 6, 1981

Approved by: Helen D. Beirne
Helen D. Beirne
Commissioner

Date: 4/18/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 417, HB 418
Title An Act authorizing contributions to the School of Medicine the University of*
Requested by Martin, Beirne and Fuller Date 3/27/81
*Washington for the construction and support of a regional cancer research institute; and providing for an effective date.

II. FISCAL DETAIL
Agency Affected Department of Health and Social Services
Program Category Affected Health
BRU, Program, or Subprogram(s) Affected
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		0				
200 TRAVEL		0				
300 CONTRACTUAL		0				
400 COMMODITIES		0				
500 EQUIPMENT		0				
600 LAND & STRUCTURES		0				
700 GRANTS, CLAIMS, ETC.		0				
TOTAL		0				

FUNDING (Thousands of Dollars)

GENERAL FUND		0				
FEDERAL FUNDS		0				
OTHER (Specify Fund Source)		0				

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)
This bill does not directly impact the Division of State Health Planning and Development.

IV. DATE April 6, 1981 PREPARED BY Vicki A. Lindsey
AGENCY Department of Social Services
PHONE 465-3038

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named) M&B Approval M. Hubbard Date 4/6/81

33-001 (Rev. 12/80)