

*An interview with Stephen F. Sener, MD, President of the American Cancer Society*

## Reflecting back, looking forward

By Cori Vanchieri

**S**tephen F. Sener, MD, a surgical oncologist at Evanston Northwestern Healthcare and professor of surgery at Northwestern University's Feinberg School of Medicine, is finishing his 1-year term as president of the American Cancer Society (ACS). He has beefed up the Society's agenda for prevention and early detection and has championed international development. He reflects here on his accomplishments and the role of the 91-year-old society.

**Community Oncology: You ran your 50<sup>th</sup> marathon in October in your hometown, Chicago, practicing what you preach about reducing risk for chronic diseases. Tell us about the disease-prevention partnership among the ACS, American Heart Association, and American Diabetes Association.**

We share a message regarding exercise, low-fat diet, and total calorie control. These all go together to reduce risk for cancer, heart disease, and diabetes. The three organizations launched "Everyday Choices for a Healthier Life" to stimulate improvements in chronic disease prevention and early detection. We announced the partnership in 2004 to let the public, physicians, and legislators know that we agree on a basic set of lifestyle changes and unified screening recommendations. We're trying to raise awareness among policymakers of the human and financial costs of these chronic diseases. The three organizations published a joint scientific statement in *Circulation*, *Diabetes Care*, and *CA: A Cancer Journal*

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*for Clinicians*. We also played a fairly big role in the "Welcome to Medicare" benefit, which includes a physical exam within the first 6 months of enrollment and provides preventive care and early detection. Many people aren't aware that breast, cervical, colon, and prostate screening are all done through Medicare. The benefit includes the exam plus messages about detection services.

**What role do community oncologists have in preventing heart disease and diabetes?**

There is a huge role for community oncologists in public awareness, advocacy, and community service initiatives. People are surviving cancer and they need to realize it's time to get screened for other diseases—other cancers as well as heart disease and diabetes, for example. Our early detection programs in breast cancer are so successful that close to 90% of patients are survivors. We've got to convince these survivors that they need to participate in well care for chronic diseases, not just cancer.

**Early in your career you had two important fellowships. The first was in 1979 in Steve Rosenberg's lab at the National Cancer Institute. How did that experience affect you?**

I knew I wanted to be an oncologist, but oncologic research was a bit off track for me. I studied T-cell growth factor with Steve and Mike Lotz. Mike was one of the investigators who helped define IL-2, which was identified in Bob Gallo's lab while I was there. It was a fascinating time at the birth of the cytokine revolution.

It certainly changed oncology. In that year, I gained time to think about the basic mechanisms of oncology. Most surgical residents, unless forced into the lab, never have the luxury to do that. When I went back to Northwestern as a senior resident, I had a sense of how to ask a research question.

**In 1984, you went overseas to the National Cancer Institute in Milan to observe Umberto Veronesi's work. Why?**

My task in Italy was to be the American "spy" sent to uncover the truth about whether lumpectomy was worthwhile or not. Umberto had started to publish his work on quadran-



**Dr. Stephen F. Sener**

tectomy and radiotherapy. NSABP's B-06 trial, which established lumpectomy as a reasonable treatment option, had not yet been published. Seeing how it was actually done was well worth it. They were doing quadrantectomy rather than lumpectomy be-

cause they had no pathologist in the OR. They had to ensure clean margins with a really wide margin. I came back on staff at Northwestern and we started doing lumpectomies before B-06 was published in 1985 because we had a number of forward-thinking people. Today, at our institution, 75% of all breast cancers are taken care of by lumpectomy. That's where it should be.

**Now you're dealing with issues of cost and access to care. What is ACS doing about the rising costs of cancer care?**

One of the things we're doing is working with Mark McClellan at the Centers for Medicare and Medicaid Services on pay-for-performance and quality-of-care initiatives. In our research agenda, we're putting a significant percent of the intramural and extramural budgets toward prevention and early detection. Shifting resources in that direction will lead to a significant cost savings in the end. And along those lines we are also advocating another increase in federal and state tobacco excise taxes. Clearly, that has a big impact on consumption and ultimately control of lung cancer.

**Prevention and early detection are watchwords at the ACS, no?**

We need discovery aimed at the underlying etiologic processes of cancer; the answers are applicable to several cancers. We've analyzed our 2015 goal of a 50% mortality reduction from the 1990 rates. Clearly, we're only going to get halfway there. Tim Byers wrote a midpoint assessment, projecting a 23% reduction by 2015. We're on target for breast, colorectal, and male lung cancers—diseases for which we have early detection and prevention strategies. For cancers such as ovarian and pancreatic, where we have a significant incidence but no detection strategy and certainly no prevention strategy, we fall short. If I had a wand, I'd be encouraging people to get at the

fundamental causes of cancer, especially those diseases for which we have no prevention or detection strategy. And I would fund really good research in proteomics, starting with ovarian and pancreatic cancers.

**You said you're working with the Centers for Medicare & Medicaid Services. What do you think about the new Medicare rules?**

Unfortunately, those who operate on a treatment-based schedule, like me, a surgeon, are going to get squeezed. But I need to step back from my niche and look at the public health issues this country faces. The largest insurer has to look at shifting resources from paying for treatment to paying for prevention and early detection. In abstract, I hope most of us agree, even though there's going to be a direct impact on our income. We're caught between those two issues.

**How is ACS of benefit to community oncologists?**

ACS has helped pioneer a number of patient navigator programs providing personal assistance to those

with cancer, helping them find their way through the healthcare system. The first—and best—was started by Harold Freeman at the Ralph Lauren Center for Cancer Care and Prevention in Harlem. It was originally aimed at the medically underserved, but it's a model for all of us to emulate. Our other resources useful to community oncologists are the ACS National Call Center and *CA: A Cancer Journal for Clinicians*.

**What has been your biggest accomplishment as ACS President?**

I'm really proud of the international program which has expanded significantly over the past 5 or 6 years. We now have 3 major programs connecting our 14 divisions with the cancer control people in China, India, Mexico, and Central America. The goal is to help them figure out how to deal with their cancer problem. For example, Indian-Americans go to India on a regular basis. When they go back, they volunteer in medical schools, but there is no organized effort. They don't exploit things like advocacy to the extent it could be ex-

## American Cancer Society Resources

**American Cancer Society's National Cancer Information Center**

A nationwide information service, available 24 hours a day, 7 days a week to answer calls and e-mails from cancer patients, their families, and friends.  
800-ACS-2345 or [www.cancer.org](http://www.cancer.org)

**Everyday Choices for a Healthier Life**

A joint Web site of the American Cancer Society, American Heart Association, and American Diabetes Association. It features helpful tips and links to more information on healthy eating, physical activity, weight man-

agement, smoking cessation, and recommended medical tests.  
[www.everydaychoices.org](http://www.everydaychoices.org)

**Nathan Grey**

ACS National Vice President of International Affairs.  
[nathan.grey@cancer.org](mailto:nathan.grey@cancer.org)

**Patient Navigator Program**

An American Cancer Society Navigator offers free, confidential assistance to cancer patients and those who care for them. Navigators are trained to listen, learn the patient's needs, and create an individualized plan.  
800-ACS-2345

ploited. We can serve as a focal point to organize the outreach that they do all the time anyway in India. We had a fundraiser in September to bring the professional Indian-American community together in Chicago under the ACS umbrella. I personally believe that unless the ACS embraces diversity, we will not reach the communities we need to reach.

Chinese-American communities in San Francisco and New York City are now working more with the ACS because of these very principles. We helped the Chinese government develop a screening mammogram program. In November 2003, we met with the leadership of the Chinese Cancer Association and the health

minister and agreed to screen a million women with mammography and ultrasound over a 5-year period. We helped them organize and designed the clinical trials. There are no films, just Web-based, digital images. It will be a magnificent project. If our organization is viewed as increasing its ability to deal with outside cultures, we are more attractive, and we have a better chance to accomplish our mission. The international program is running for less than 1% of the total annual budget. Yet we now have ACS University, bringing scholars from around the world to ACS for a week at a time. In the "Relay for Life International," we showed 20 countries how to raise money with the event that made \$304

million for us last year.

### **How can community practitioners get involved in your international efforts?**

Contact Nathan Grey, ACS National Vice President of International Affairs (See box on page 470). If somebody out there is serious about getting involved with our international program, Nathan will find him or her a place.

### **What's next for you?**

Past Presidents remain involved. For me, China will continue to be a major focus.

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