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See "From THEORY to PRACTICE": [www.authorstream.com/Presentation/stopcancer-428630-english-education-ppt-powerpoint/](http://www.authorstream.com/Presentation/stopcancer-428630-english-education-ppt-powerpoint/)

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## UNITED TO SOLVE THE PROBLEM OF CANCER AND REDUCE ITS ECONOMICAL BURDEN: funding only research projects with real potential to reduce premature cancer deaths

To achieve as soon as possible the goal of maximizing the reduction in premature cancer deaths with a minimum cost per life saved compared to the current cost, and, at the same time to keep the door open to progress through the development of basic research (long-term development), it is necessary that every researcher who submits a cancer research project (and each DECISION MAKER who plans a service related to cancer) provides an estimate of the percentage of reduction of premature cancer death and an estimate of the percentage of reduction of cost for each life saved.

### 1. Dimension of the problem (see full document at: [www.crosettofoundation.org/uploads/383.html](http://www.crosettofoundation.org/uploads/383.html))

Cancer takes prematurely (For those under 75 years of age) over 6 million lives every year: One every 5 seconds!

In the 38 [industrialized countries](#), identified as those with "[Very High Human Development](#)" (VHHD), with a total [population](#) of 989 million, the [total cost for cancer is \\$741 billion/year](#), or about \$750 per-capita annually.

According to the World Health Organization (WHO), global cancer rates could increase by 50% to 15 million by 2020. These estimates can be found in the numerous [world cancer reports prepared by WHO](#).

### 2. Meager results in 50 years (see full document at: [www.crosettofoundation.org/uploads/382.html](http://www.crosettofoundation.org/uploads/382.html))

The \$93.2 billion direct [medical expenditures](#) for cancer in the U.S. in 2008 were almost [100 times](#) greater (or 10,000% increase) than those of 50 years earlier ([1963, for example, had only \\$1.2 billion](#) in medical expenditures for cancer). Compare this to the increase in cost of primary food for the same time period of only [3 to 4 times](#) (in comparison: bacon went from \$0.79/lb to \$2.99/lb; eggs from \$0.55 dozen to \$1.29/dozen, bananas from \$0.10/lb to \$0.39/lb, hamburger from \$0.20 to \$0.99, chicken from \$0.29/lb to \$0.99/lb; onions \$0.15/lb to \$0.59/lb, etc.).

Over the past 50 years, reduction in cancer deaths has been recorded as [a mere 5%, while for heart disease the reduction was 64%](#), although smaller investments were allocated to the latter.

That a change in the direction of cancer research is necessary to make it more efficacious is evident when one becomes aware that the reduction of the cancer death rate in the world's most industrialized countries with a [cancer cost of \\$741 billion/year](#) is approximately [the same as in less developed countries](#).

### 3. The need for a change (see full document at: [www.crosettofoundation.org/uploads/388.html](http://www.crosettofoundation.org/uploads/388.html))

Since the rate of deaths from cancer has seen little improvement (5% reduction) over the past 50 years and because the annual "WORLD CANCER REPORT" by the World Health Organization (WHO) continues to report rising figures in the number of cancer deaths and new cases each year is proof enough that a paradigm change in cancer research is needed.

The key to this change can be summarized in two essential points

1. The need to equate a reduction in cancer deaths as the principal measurement for assessing the progress in the fight against cancer because DEATH RATES are considered "THE PUREST MEASURE" (for example from researchers and groups like the American Cancer Society and the National Cancer Institute, etc. See [The New York Times, April 24, 2009](#)) to assess the advances in the fight against cancer with respect to the measurement of other parameters such as the number of people living with cancer. Therefore, it follows logically that the goal of researchers and their cancer research projects should be a reduction in cancer deaths. They should also provide a quantitative estimate of what their research will achieve supported by scientific arguments, and a plan describing the procedure to measure their results, and finally provide the data of their experimental results.
2. The need to implement the DIALOGUE, involving technology, physics, medicine, etc., requested by CERN Director General, Rolf Heuer, during his opening speech at the first workshop of PHYSICS FOR HEALTH held at CERN, Geneva, from February 2 to 4, 2010, among scientists, health-care service planners and providers, researchers, physicians, epidemiologists, pharmacologists, biologists, and geneticists at drug companies and research centers; officials at the FDA, NCI, and NIH; fundraisers, activists, patients and anyone who aims to the solution that will reduce premature cancer deaths and cost per each life saved. (See [video of the opening speech of CERN General Director](#) who requests to implement the DIALOGUE).

The "[Cancer Research Projects Comparison Table](#)" (see Figure 1), implements the above points 1 and 2 and when "implemented consistently", becomes the tool that could lead to a substantial reduction of premature cancer deaths and cost reduction for each life saved. (See table at: [www.crosettofoundation.org/table.php?lang=en](http://www.crosettofoundation.org/table.php?lang=en)).

In order not to penalize long-term basic research (for example those conducting experiments on mice or small animals), cancer research proposals or activities prepared by DECISION MAKERS who have the responsibility to plan services related to cancer should be

split into two lists (or categories as shown in the second column “CAT” of the table) that should refer to two independent budgets: one for fundamental research or basic research (long-term plans) and another for applications that will provide short-term results.

Currently the table is gathered from official sources of over 124,000 cancer research projects (far from being the total number) from 1986 onward, costing about \$37 billion. At the same time **the table provides powerful tools to search and sort data making it easy to find: a) projects that provide the highest estimate (supported with scientific arguments) of cancer deaths reduction (by clicking on “Estimated lives saved” in fifth column), b) active projects that have received conspicuous funding without providing an estimate of the results, c) projects ended without providing results in reduction of cancer deaths (both, b) and c), could be sorted by clicking on the third text of the fourth column), d) the party who invested in such projects and to whom benefits are returning –or profit- of the investment (by clicking respectively on two and one before the last column), etc.**

Furthermore, the search tool by “key words” in the table (for example: “lung cancer”, “ovarian cancer”, “PET”, etc.), **WILL ALLOW THE UNFORTUNATE WHO HAS BEEN AFFECTED BY THIS DISEASE TO SEARCH FOR THE MOST ADVANCED CANCER RESEARCH PROJECTS, IF ANY, THAT MAY SAVE HIS/HER LIFE** and compare these with previous projects to see the advances that has been made. **BY CLICKING ON THE TEXT OF THE FIRST COLUMN IT IS POSSIBLE TO HAVE ACCESS TO THE DETAILS OF THE PROJECT AND TO LINKS THAT ACCESS FURTHER DETAILS - MAKING IT A VALUABLE TOOL FOR CONSULTATION.** In the event anyone knows of a project based on solid scientific grounds, or of a project that can provide reproducible results, statistically consistent, that do not appear when “search tool of this table” is used, please contact [info@crosettofoundation.com](mailto:info@crosettofoundation.com), so that the project may be added.

When using this table, **THE BEST SOLUTIONS WITH HIGHEST POTENTIAL TO REDUCE CANCER DEATHS WILL IMMEDIATELY EMERGE.** Surprisingly, however, the table also shows that such solutions have not been funded. This clearly is unreasonable and should be addressed and resolved.

| THE NEED FOR A PARADIGM CHANGE IN ONCOLOGY RESEARCH                            |       |                           |   |  |  |   |                            |                          |                                  |  |                   |                            | A                     | A+                               | A++  |  |
|--|-------|---------------------------|---|--|--|---|----------------------------|--------------------------|----------------------------------|--|-------------------|----------------------------|-----------------------|----------------------------------|--|--|
| 1. Dimension of the Problem  |       |                           |   | 2. Meager Results in 50 Years  |  |   |                            | 3. The need for a change |                                  |  |                   |                            |                       |                                  |  |  |
| Search <input type="text"/> <input type="button" value="Go"/>                  |       |                           |   | Click here to see the authors of this initiative - already supported by over 1,000 signatures!                                       |  |   |                            |                          |                                  |  |                   |                            |                       |                                  |  |  |
| YEAR <input type="text" value="All years"/> 124,736 Projects - \$36.96 Billion |       |                           |   | Add your signature to the petition at <a href="http://www.gopetition.com/online/33546.html">www.gopetition.com/online/33546.html</a> |  |   |                            |                          |                                  |  |                   |                            |                       |                                  |  |  |
| Project Number or ID   | C A I | Title of Research Project | Principal Investigator (P.I.)<br>Sort by P.I. LastName<br>Sort by amount of funds received by each P.I. | First Priority: Saving Lives   |  |   |                            | Link to Support Estimate | Link to Results Measurement Plan | Measured Results (only 5% cancer deaths reduct. in 50 years) | Est. Project Cost | Funds Assigned or Received | Work Progress to Date | Second Priority: Profit          |  |  |
|  |       |                           |   | Est. Percent of Lives Saved<br>Highest 33.00 [%]   | Est. Date of First Results from Full Funding<br>[date] | Est. Cost per Life Saved Compared to Current Costs<br>[%] | Type and Source of Funding |                          |                                  |  |                   |                            |                       | Return on Investment to Investor | Link to Reviews targeted to reduction of cancer death & cost |  |

Figure 1. [Cancer Research Projects Comparison Table](http://www.crosettofoundation.org/table.php?lang=en) ([www.crosettofoundation.org/table.php?lang=en](http://www.crosettofoundation.org/table.php?lang=en))

The Table is only a tool - for it to work and provide useful results, overcoming the inconsistency mentioned before, **the collaboration of several parties is necessary. Very important are the journalists and media. Also important are the Directors** of research laboratories, the chairmen of international conferences in the field, and the decision makers in the field of healthcare (who should guarantee the DIALOGUE).

- The journalists could play an important role in identifying the obstacles by interviewing the researchers positioned at the top of the: “Cancer Research Projects Comparison Table”** when sorted by “Estimated percentage of lives saved”. For example, they could interview those who claim the highest reduction in cancer deaths with projects costing a few million dollars as shown in the column “Estimated Project Cost” and those who receive funding from taxpayers for hundreds of million of dollars in one year but who did not make any estimate of the percentage of lives they might save. They should organize publicly broadcasted round tables inviting the researchers at the top of the list in “Estimated percent of lives saved” who are funded and those who are not funded. These researchers could then discuss publicly, asking each other questions, clarifying in this way why, after many years of public spending, funds continue to be assigned to projects that are known in advance to be unable to provide cancer death reduction. (One should keep in mind that in science the JUDGE is THE EXPERIMENT and not the opinion of a luminary - different from what could be the practice in other fields-). Considering that experimental data shows that total cancer reduction over the past 50 years (as shown in column ten of the table) was only 5% (mainly thanks to abstention from smoking, changes in lifestyle, etc. and not significantly from a contribution from cancer research), journalists could interview the Project’s Principal Investigators who received more funding and who have the highest estimate in cancer death reduction. In the event the sum of the estimates claimed by several researchers is higher than 5%, the scientific truth will prove which claims are not supported by scientific arguments or it will unveil solutions with merits that have been blocked. These valuable solutions instead should have been (and still must be) tested according to the experimental measuring plan described in the ninth column.
- The Directors of research laboratories**, chairmen of international conferences in the field, and decision makers in the field of healthcare, **should organize public meetings inviting researchers at the top of the list “Estimated percent of lives saved”** whether funded or not, to discuss their claims with experts in the field appointed by them. They should give each researcher, or proposer of a solution, the possibility to ask questions of other researchers, to **make sure that no question is ignored or answered evasively, and to evaluate whether the answers provided are based on solid scientific grounds or not. Ultimately they should guarantee that the DIALOGUE requested by the CERN Director General is IMPLEMENTED CONSISTENTLY.**

(Support the development of the **“Cancer Research Projects Comparison Table”** to increase efficiency in reducing cancer death and cost by writing a check to “Crosetto Foundation” 900 Hideaway Pl. DeSoto, TX 75115 or by making a deposit at Frost National Bank, 3801 Matlock Rd., Arlington, Texas 76015 USA, Acct # 832035308, Swift # FRSTUS44A, Transit # 114000093).