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Illustration: GRAPHIC

The sad truth about the stark rise in childhood cancer

When it comes to the safety of children, Americans are among the most cautious parents in the world. We strap our kids into helmets and kneepads before letting them coast down the block on their bikes. We cover electrical outlets with plastic caps and make sure vehicle safety seats are securely installed, backward-facing until our babies toddle past their first birthdays. When they venture off to school, we teach our children not to speak to strangers, about "bad touches" and how to dial 911.

Yet when it comes to preventing the disease most likely to kill children, we seem to be at a loss. Childhood cancer now strikes about 9,000 kids under the age of 15 yearly, with about 1,500 deaths.

What's more, children are more likely than adults to have developed advanced cancer by the time they are diagnosed. A startling 80 percent show signs at diagnosis that the disease has spread elsewhere in the body. Just how old are these children when diagnosed with cancer? The median age is 6.

Making matters worse, the number of children diagnosed with cancer each year has been rising dramatically. From 1975 to 2000, childhood cancers increased by 32 percent--36 percent in African-Americans--making cancer the biggest health threat to our children, second only to accidents in its lethal impact. Specifically, acute childhood lymphocytic leukemia is up 57 percent; brain cancer, 50 percent; kidney cancer, 48 percent; and bone cancer, 29 percent.

Sadly, many of these cancers could have been avoided. But parents remain uninformed about the wide range of carcinogenic exposures that pervade the landscape of our children's lives, seeping into their bodies through contaminated drinking water, chemically preserved wooden playground sets, pediatric prescription drugs--even the flea collar around Fido's neck. Making matters worse, parents have been kept in the dark about their own ability to help protect children from these dangerous exposures.

Why? Because the federal National Cancer Institute and the non-profit American Cancer Society have never warned the public about the numerous consumer products and other common exposures that can cause cancer in children, and also lead to cancer in later life. They have also failed to warn the public that the incidence of childhood cancer has been rising steadily for more than two decades.

The public has an undeniable right to know that there is strong reputable science that links childhood cancers to exposures of the fetus, infants and children. These avoidable exposures fall into four main categories: environmental (e.g., pesticides in drinking water and baby food and from urban and school spraying of pesticides); occupational (e.g. maternal exposure during pregnancy to carcinogens in the workplace); domestic and

household (e.g., nitrite-preserved hot dogs, pesticide use in the home and lawn and shampoos and lotions with carcinogenic ingredients); and medical (e.g., Ritalin, commonly prescribed for attention deficit disorders).

Notwithstanding substantial contrary evidence, the ACS dismisses cancer risks from exposure to dietary pesticides, hazardous waste sites, and radiation from nuclear power plants as "negligible." The ACS 2003 "Cancer Facts & Figures," in its section on childhood cancer, makes no reference at all to any causes.

The NCI takes the same head-in-the-sand approach. "The causes of childhood cancer are largely unknown," the federal organization flatly asserts. Never mind that this simply isn't so.

The failure of the NCI and ACS to inform the nation of the risks from carcinogenic exposures has also resulted in a failure to regulate such exposures. For example, the Environmental Protection Agency's Scientific Advisory Board is now developing new guidelines for regulating risks from "early-life exposure to carcinogens." However, the EPA is only considering isolated risks of individual carcinogens in air and water, rather than assessing their multiple and cumulative impact, besides numerous unrelated exposures to carcinogens under the jurisdiction of the Food and Drug Administration and other regulatory agencies.

Because of their smaller size, lower body weight, and faster metabolism, children, infants, and, even more so, the fetus, are far more vulnerable to carcinogenic and toxic exposures than adults--a fact recognized by President Bush during his candidacy but apparently forgotten once he took office. At that point, federal spending for children's health programs at the EPA fell by a solid--and shameful--10 percent.

The lack of research and public information stems not from a lack of resources, but from imbalanced national policies. Since passage of the 1971 National Cancer Act, which called on NCI to undertake research and provide the public with information on the causes and prevention of cancer, its annual budget has escalated to \$4.6 billion from \$220 million. While NCI's budget was growing, so, paradoxically, was the incidence of childhood cancer, along with non-smoking related adult cancers. Yet NCI spends less than 4 percent of its \$4.6 billion budget for research and public information on avoidable causes of cancer, while the ACS spends less than 1 percent of its \$800 million from public support (excluding income from government grants and investments from \$1 billion reserves) on environmental and other causes. The overwhelming majority of NCI and ACS funds are dedicated to screening, diagnosis and treatment of cancer--obviously worthy pursuits, but ones that would become much less crucial were they to devote more equitable resources to prevention and public education.

Parents cannot protect their children from threats they know little or nothing about. Clearly, the time for open public debate and congressional oversight of national cancer policy is long over-due.