COLLEGE OF CANCER*

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FIRST, I WISH TO EXPRESS MY SINCERE GRATITUDE TO THE SOCIETY FOR THE PRIVILEGE AND HONOR OF BEING PRESIDENT DURING THE PAST YEAR. I WOULD ALSO LIKE TO THANK ALL THE COMMITTEE CHAIRMEN AND MEMBERS FOR THEIR HELP IN MAKING THIS A WORTHY YEAR AND A SUCCESSFUL ANNUAL MEETING.

OUR SOCIETY HAS COME A LONG WAY SINCE ITS INCEPTION IN 1940. IT STARTED AS AN ALUMNI ORGANIZATION OF THE MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES IN NEW YORK, AND HAS PROGRESSED TO BE THE LEADING CLINICAL CANCER SOCIETY IN THE WORLD. AT THE PRESENT, WE HAVE OVER 500 ACTIVE MEMBERS INCLUDING THE LEADING ONCOLOGISTS IN 21 COUNTRIES. THE EFFORTS OF THE MEMBERSHIP REPRESENT A MULTIDISCIPLINED ATTACK ON THE ENTIRE PROBLEM OF CANCER. THE PURPOSE OF OUR SOCIETY, AS LISTED IN THE CONSTITUTION, IS "TO FURTHER THE KNOWLEDGE OF CANCER" AND THE ACTIVE MEMBERSHIP "IS LIMITED TO PHYSICIANS AND OTHER SCIENTISTS WHO HAVE A PRIMARY INTEREST IN CANCER AND WHOSE TRAINING AND PROFESSIONAL ACTIVITIES ARE IN THIS FIELD."

THERE ARE OTHER PROFESSIONAL CANCER SOCIETIES IN THE UNITED STATES. MOST OF THEM HAVE INTERESTS LIMITED TO A SPECIAL FIELD OF CANCER OR A SPECIAL MODE OF THERAPY. BECAUSE OF THE WIDE INTEREST OF THE MEMBERS OF THE EWING SOCIETY, MANY OF THEM BELONG TO SEVERAL OTHER CANCER SOCIETIES ALSO. IT HAS BEEN INCREASINGLY DIFFICULT TO SCHEDULE MEETINGS SO THERE WILL NOT BE OVERLAP OF TIME AND, CONSEQUENTLY, MEMBERS WHO BELONG TO MULTIPLE SOCIETIES ARE OFTEN UNABLE TO ATTEND MEETINGS OF EACH SOCIETY ANNUALLY. BECAUSE OF THIS, THE LATE DR. ROALD GRANT PROPOSED A LOOSE FEDERATION OF THE MAJOR AMERICAN SOCIETIES DEALING WITH CLINICAL CANCER IN AN EFFORT TO CORRELATE THEIR MEETING TIMES. THIS PROPOSED THAT A CENTRAL OFFICE WITH AN EXECUTIVE SECRETARY BE ESTABLISHED THAT WOULD MAINTAIN THIS LOOSE FEDERATION AND CORRELATE THE ACTIVITIES OF ALL THE ORGANIZATIONS. THE PURPOSES OF THIS ORGANIZATION WERE LISTED AS FOLLOWS:

1. TO IMPROVE THE QUALITY OF THE CLINICAL MANAGEMENT OF CANCER PATIENTS THROUGH FACILITATING MULTIDISCIPLINARY EFFORTS.
2. TO ASSIST IN THE CONTINUING EDUCATION OF CLINICAL ONCOLOGISTS BY COORDINATING THE DISSEMINATION OF INFORMATION AND SCIENTIFIC PROGRAMS.
3. TO PROVIDE ADMINISTRATIVE ASSISTANCE AND FACILITIES TO INCREASE THE EFFECTIVENESS OF THE MEMBER SOCIETIES IN CONDUCTING THEIR INDIVIDUAL PROGRAMS.
4. TO FOSTER THE CAUSE OF CLINICAL ONCOLOGY WITH PROFESSIONAL SOCIETIES AND GOVERNMENTAL AGENCIES.
5. TO COOPERATE WITH CANCER RESEARCH AND OTHER SOCIETIES WHICH HAVE SOME CONCERN WITH CLINICAL CANCER.


FROM THE ABOVE, IT IS OBVIOUS THAT MANY INDIVIDUALS' THOUGHTS ARE RUNNING IN THE SAME DIRECTION. WE ARE ALL INTERESTED IN THE PROB-

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†Editorial Note: This is a timely discussion and may well presage that an even larger number of organizations, representing multidisciplines in the attack on the cancer problem, will be giving consideration to a merger or federation of such organizations.
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1138
lem of cancer. If we could function more effectively with a larger organization—that would certainly be a decided advantage for everyone. Progress is made by change. None of us can afford to be smug because we think "our way is best." We should all continue to think in terms of how the problem of cancer can best be handled. As President of the James Ewing Society, I would like to stimulate each one of you to give this thought and consideration. Is such a change desirable? Is it undesirable? What are its advantages? How would such a larger association work? Would each individual organization lose its identity? Should we be doing something about this now?

I would like to suggest one possibility of such a national organization, realizing full well that this is just the beginning and that it should be changed and that it can best be changed with the mass thinking and efforts of all.

Suggested Plan

The structure of such an association could be modeled after our present day professional colleges, e.g., the College of Surgeons. You are all familiar with this type of organization and its operation. There is a broad membership in the College of the generalists—the general surgeon. During the general surgeon's course of training, he has had emphasis on all the basic types of surgery. In addition to that, there are associated specialties. The specialty groups have advisory councils to represent them. Each specialty group prepares a portion of the program for the annual meeting which includes symposia, seminars, and so forth, and in this way each group plays a major role in the program affairs of the entire College. All Fellows of the College have the same voting privileges, whether they are general or specialty members. They are all Fellows of the College of Surgeons. In our own situation, the general section could be represented by a merger of the members of the James Ewing Society and the American Radium Society. Approximately one third of the combined membership of these societies already belong to both organizations. The membership of each organization deals with the entire field of cancer. The specialty groups could become sections of the College. The individual specialty members would be full members of the College, but would represent only a specific special segment of the overall cancer problem. The specialty groups would be those interested in the head and neck, the pelvis, research, chemotherapy, etc. This is outlined in a diagrammatic fashion in Fig. 1.

The meeting of such an overall organization would have to be scheduled for an area that is large enough to take care of the total membership. The professional programs could well be modeled after that of the American College of Surgeons. The general sessions could be held at a time when everyone is free to attend. The more specialized meetings could be held at other times during the same meeting. There is no question of the value of this if one stops to consider the availability of the leading brains in the country at the time a general panel discussion is held on some phase of the cancer problem. Also, this would give the physician interested in the entire problem of cancer a chance to attend any of the specialty programs that he would like to attend.

![Fig. 1. Diagrammatic outline of organizations.](image-url)
The time-honored lectures of the involved organizations could be given just as they are now. For instance, the James Ewing lecture and the Janeway lecture could be presented annually. The specialty groups could preserve their identity and function as they do now. They would be free to hold their own individual social functions.

**NAME OF ORGANIZATION**

Any one of several names could be applied to this organization. Some of the terms that have been considered are: Academy, Alliance, Association, Council, Federation, League, Society, and Union. I do not believe that the choice would make much difference. It is important that this not be a proper name or a name denoting only one facet of the cancer problem. The term “college” is a popular one in the United States. The various professional colleges are thought of by all as being prestigious and this should facilitate acceptance. The final name should be the choice of the majority of the membership.

**Organization**

The officers of the college would be elected by the membership. A nominating committee composed of past presidents of the various component organizations could propose a slate of officers. The executive council could be made up of two officers from each organization, such as the president and secretary for example. The official constitution and by-laws could be drawn up by a committee with representation of each organization. By utilizing committees with membership representative of each organization, it would be possible to continue the important function and aims of each merging society.

**Advantages**

The advantages of such a combination are obvious:

1. Time and money would be saved by all members. Rather than going to different meetings in several parts of the country, each individual member would only have the expense of going to one meeting and would still be able to benefit from all of the organization’s meetings.

2. The caliber of the meeting should improve since there would be more qualified individuals to take part in discussing any phase of the cancer problem.

3. Oncology would have a stronger voice nationally, by presenting a unified voice. In these days of pending federal regimentation, this may prove to be a very decided advantage. In addition, all scientific material presented at the annual meeting could be published as one meaningful volume.

4. There would be less total work in organizing the one larger meeting than in collectively organizing the meetings of each individual society.

**Disadvantages**

1. Danger of losing identity of each individual organization.

2. Individual members not having as much to say about the overall organization as about the individual smaller societies.

3. The selection of the meeting places would be limited because of the size of the overall group.

4. The larger organization would not lend itself to be as sociable as a group, as the smaller ones are.

**Future Course**

How do we proceed with such a plan? The American Radium Council has already proposed a merger with the James Ewing Society. It might be well for our membership to consider this aspect first. The American Radium Society was founded in 1916, by a pioneer group of active physicians who were scientifically interested in radiation therapy. The objectives of this Society, as defined in their constitution, are “to promote the scientific study of radium and other sources of ionizing radiation in relation to their biological effects and their therapeutic application; and to encourage liaison between the various specialties concerned with the treatment of cancer.”

The James Ewing Society was founded in 1940, and in this sense is a much younger organization. The membership consists of physicians who have a primary interest in the general field of cancer. The American Radium Society has approximately 600 members. The James Ewing Society has about 500 members. Of the 1,100 members, approximately one third belong to both organizations, so from a practical sense it would mean the merging of the other two thirds of the members. It would
have to be decided which name would be the surviving one. Since one of the organizations is named after an individual and the other after a specific mode of therapy, it might be well to consider neither name and to refer to the merger of these two organizations as the American College of Cancer. Once the general section of this organization has been set up, it would be easy to invite individual societies to come in as specialty sections.

A committee should be appointed from each society to meet soon and to report to their executive council so that some program could be presented to the membership of both organizations at their next annual meeting.

My interpretation of the purpose of a Presidential Address is that it should stimulate thought and precipitate action. I hope some action results. Whether it is positive or negative in character is not really important.