

# Breast cancer treatment

The rate of breast cancer recurrence after initial surgery has been decreased with drug therapy in a study conducted by Dr. Gianni Bonadonna and co-workers at the Istituto Nazionale Tumori, Milan, Italy.

The Milan investigators reported preliminary findings of their study, supported by HEW's National Cancer Institute, in today's issue of the New England Journal of Medicine.

The scientists used a combination of drugs—cyclophosphamide, methotrexate and 5-fluorouracil (CMF)—as a program of adjuvant chemotherapy in breast cancer patients.

Adjuvant chemotherapy is the use of anticancer drugs along with surgery as the primary treatment of cancer patients at high risk of recurrence.

At 27 months, since the beginning of the study, only 5.3 percent of the women who received CMF have had a recurrence of the disease. In contrast, 24 percent of a control group of women who did not receive CMF experienced a recurrence. The patients in the study have been followed for an average of 14 months.

"The results from Milan are encouraging; they will provide the basis for a combined approach to treatment of breast cancer with involved lymph nodes," Frank J. Rauscher, Jr., Ph.D., Director of the National

Cancer Institute said.

"This study—in conjunction with the earlier NSABP study using a single drug (L-PAM) following surgery in a similar group of women—supports the rationale for applying drugs early in the treatment of cancer to destroy microscopic tumor cells that may have spread to distant parts of the body."

Women selected for the study had undergone a radical or extended radical mastectomy (removal of a breast, underlying muscles, and axillary lymph nodes under the arm) and had been found to have cancer cells in one or more of the lymph nodes.

Involvement of the axillary nodes is an indicator of the woman's likelihood of long-term survival. The average five-year survival rate is 84 percent for women in whom the breast cancer has not spread into the axillary nodes. The survival rate is 45 percent if the lymph nodes are involved.

In addition, the women in the study were less than 75 years of age, not pregnant and were living near the institute so that they would be able to continue their treatment. The women were entered at random into two groups.

One group began the CMF treatment program two to four weeks after surgery. The other, or control, group received no additional treatment beyond the mastectomy.

Patients in the two groups were also compared according to age (age 49 and younger or age 50 to 75 years), number of axillary nodes involved (one to three or four or more) and the type of mastectomy—radical or

extended.

The women who received the drugs were given CMF in 12 cycles of four weeks each, or for a total of one year. The drugs were given over a two-week period, followed by two weeks without drugs to permit the body to recover from toxic side-effects of the medicine.

Toxic effects observed in the patients included nausea and vomiting, which lessened as the treatment progressed, suppression of the bone marrow, and a decrease in the number of white blood cells in circulation.

Some patients experienced a partial or total loss of hair during treatment. About half of the premenopausal women ceased menstruation, an indication of sterility. This proved to be temporary in some of the women, but it is not yet known whether all of the patients will regain their fertility.

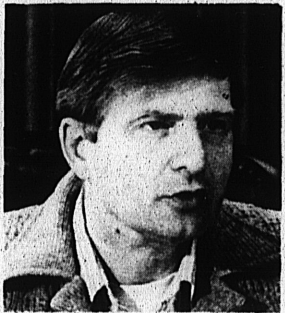
At the time of the report, cancer had recurred in 43, or 24 percent of the 179 women of the control group and in 11, or 5.3 percent of the 207 women in the group receiving CMF. The reduced rate of recurrence with CMF was seen with both pre- and postmenopausal patients.

The scientists noted that the study has not been going on long enough to determine whether the actual survival rates of the patients will be increased by the three-drug treatment. Long-term side-effects of prolonged chemotherapy also remain unknown.

The National Cancer Institute is a bureau of the National Institutes of Health, one of six agencies with the U.S. Public Health Service.

# Women good workers— Pipeline builder

ANCHORAGE, ALASKA, February 18, 1976—Frank P. Moolin, Jr., who is responsible for construction of the 800-mile-long pipeline portion of the trans Alaska pipeline project, has been named



FRANK MOOLIN

"Construction's Man of the Year" by Engineering News-Record magazine.

The magazine, published by McGraw-Hill, announced its award today in New York. Moolin is the senior project manager of the Pipeline Department of Alyeska Pipeline Service Company.

Alyeska is the firm formed and owned by eight major oil companies to design, construct, and operate the 48-inch-diameter crude oil pipeline from Prudhoe Bay to the port of Valdez.

Moolin, 41, of New Jersey, has directed the construction of the pipeline portion of the \$7 billion project since October of 1974. He first served with Alyeska as senior project manager for the pipeline south of the Yukon River.

He was assigned to the project in 1973 after joining the Atlantic Richfield Company, one of the eight owners.

Moolin, a native of Illinois with a degree in civil engineering from the University of Illinois, was one of four engineers who coordinated civil and structural design for the 75-mile-long, \$1 billion Bay Area Rapid Transit System in the mid-1960's.

He later was an engineering associate with Esso Research and Engineering Company and worked on expansion of a refinery in France and construction of another in Singapore.

In 1971, Moolin moved to the

firm of Parsons, Brinkerhoff, Quade and Douglas in New York and became vice president for special projects. He was project manager for the DuPont Atomic Energy Commission Bedrock Waste Storage Project built to store liquid radioactive waste over a thousand-year period.

In his role as senior project manager of the pipeline, Moolin directs the work of a 700-member management team which oversees the work of the pipeline's nearly 200 contractors including five execution contractors who will employ more than 13,000 workers this year.

Completion of the pipeline portion of the project is planned for later this year. The project also involves the construction of 12 pump stations and a terminal facility at Valdez for loading the oil into tanker transport vessels.

## Alcoholic treatment Facilities in plans

A bond issue for \$10 million dollars to construct alcoholic treatment facilities in six Alaskan communities passed the Senate today.

The bill is sponsored by Senators John Sackett, R-Galena, Frank Ferguson, D-Kotzebue, Chancy Croft, D-Anchorage and Bill Ray, D-Juneau. The bill provides \$3 million dollars each to Anchorage and Fairbanks, \$2 million to Juneau, \$1 million to Bethel, \$600,000 to Nome and \$400,000 to Kotzebue.

Sackett, the prime sponsor of the bond issue, noted that since being drunk in public is no longer a crime there is a distinct need for detoxification rehabilitation and counseling facilities.

"Rather than again change the law to put intoxicated persons back in jail, facilities are needed to assist the rehabilitating persons who desire assistance."

"If this bond issue is approved by the voters, these facilities will be built by the state and turned over to each municipality to operate under existing alcoholism programs."

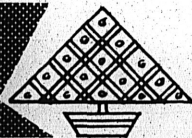
"It is anticipated that the facilities will bring together under one roof all of those services that will be needed," Sackett stated.



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## Indian child care . . .

(Continued from page 8)

grounds for refusing to extend such aid should be those standards that are applied to separating Indian children from the natural parents. The refusal to accept such aid should not be considered as evidence of neglect.

Subsidized adoptions should be permitted to overcome financial barriers to permanent placement.

Boarding schools that enroll children for social reasons should be operated like residential treatment centers with a staff-to-children ration of no more than 1-to-12.

Every effort should be made to enter Indian children on their tribal rolls in order to qualify them for all rights and benefits of tribal members.

Any monies accruing to Indian minors in placement from leases, tribal dividends, or per capita distribution on Indian claims settlements should be placed in escrow and disbursed for the child's benefit under the direction of the Indian tribe.

In cases of adoption, the Indian child, upon reaching

maturity, should be entitled to information about his or her natural parents and tribal affiliation without qualification.

### ACCOUNTABILITY

Agencies of government should disclose current and proposed budgets for Indian family and children's services, and, where the funds are not placed under direct Indian control, there should be rendered an accounting for the use of the funds to Indian tribes and community agencies.

Reporting systems should be developed that provide to the Congress, state legislatures, the courts, and Indian tribes and communities continuing information on the nature and extent of the Indian child-welfare crisis, efforts to overcome it, and the adequacy of existing laws and services, at least until such time as the rate for Indian children in placement is reduced to the rate for the population as a whole.

Please address comments to: Editor, Indian Family Defense, AALA, 432 Park Avenue South, New York, N.Y. 10016.