May 19, 1992. When I received the Breast Cancer Prevention Trial Brochure, I found no one I know had heard of this imaginative program either. It is aimed specifically only at breast cancer.

I went first to Konald Prem, deferring a visit to B. J. Kennedy until I should have seen both him and John LaBree. John thought a fusion of the efforts of CDC and Outreach Program could benefit both programs; certainly more patients would be helped.

John's thought was to set up a touring CDC, utilizing the clinics, or hospitals, or doctors' offices in widespread areas of Minnesota.

Several aspects were discussed in depth:

1. The quality of physician services in rural areas. Dr. Ted Thompson sat with Dr. LaBree, Barbara Glenzinski and me. He will succeed LaBree. He is impressed with the quality of LMD he sees in Minnesota and thinks the shortcomings I have noted are the exceptions to the rule. He sees the main problem to the LMD is usually the time, for the LMD's are busy, he says often up to 50 to 70 patients a day, and they simply do not have time for a detailed history and physical examination. He and John hear frequently criticisms of the CDC in outlying areas, and they believe that a concerted effort by CDC to be supportive could weld cordial and mutually supportive relations.

2. Quality of mammograms outstate. They agree that neither the expertise at interpretation nor the technical ability and equipment is ubiquitous out there. They suggest that the LMD's could hardly hold a grudge against CDC for such mammograms done locally. I worry about the prestige of CDC under such circumstances, not to speak of the fates of the patients.

3. Patterns of collaboration and support. We could negotiate in regard to what and how many examiners might be used. We could provide all examiners, or they suggest some LMD's might be used (although I wonder about what if the LMD's are as busy as noted under (1) above).

4. Laboratory work. We could depend on the local laboratories or we could have laboratory work done as done in CDC, i.e., with SKF Laboratories. Our SMA-23's now are remarkably economical and might be very hard to beat. Dr. Thompson says the SKF Laboratories have regular pickups all over the state.

5. Economics. The Outreach Program is supported by the State and can cover costs of travel (including flying if the distances are great enough), will pay on mileage for shorter distances, cost of nursing personnel either from here or there, perhaps some of the laboratory work such as Pap smear, stool guaiacs, etc. The item most difficult to get funded is high quality history taking and physical examinations. They thought the 99 questions of the Mayo Clinic should be a good start.

6. Aims. The program offers the CDC an opportunity to increase our clientele, and it broadens the field of the Outreach Program. It will almost surely increase the flow of patients referred to the University Hospital for definitive care, especially of complicated cases. It offers an opportunity to court subscribers to the Executive Health Program from among those initially served at home.

7. Town and Gown relations. The likelihood of enhancing the repute of the CDC with the LMD's is obvious. The LMD's would be invited to sit in on the terminal interviews and to play an active role in early cancer detection. This could greatly extend and improve the degree of early cancer detection among the people of Minnesota..

8. Action for the moment. For the moment, we agreed to ponder the possibilitiies. One consideration which was often mentioned during our conference was the thesis that the logical place to introduce the joint program is Red Wing, now a part of the University and eager to progress.

It seemed during the discussion, that most of the money making aspects of such a plan would resound to the benefit of the LMD's, but it was repeatedly stated, particularly by Dr. Thompson, that, if the project resulted in referral of more patients to the University Hospital for definitive care, such losses would be minimal.