

respect to cervical cancer have been dramatically reduced. Within the last few years the National Cancer Institute has implemented an experimental cancer registry of reporting system in a variety of places in our country. One of the states selected for the system was the State of Iowa. The system which is known as the SEER system is now in place in Iowa. It has been operating for five years. Today information is coming out of the SEER system in Iowa which would indicate that some pesticides used by farmers are causing higher incidence of certain kinds of cancers among those farmers. Now the results are still inconclusive. The SEER system hasn't yet been able to determine whether those pesticides are truly cancer producing agents, but there is now reasonable belief that such may well be the case. Nebraska has no such reporting and registry system, and as a result all of the information that we have concerning unusual incidents of cancer in our state is totally and absolutely anecdotal. By that I mean physicians in a given area begin to note that there are certain kinds of cancers that they are seeing and they seem to be seeing them with greater frequency than they had theretofore seen them. In Butler County we have unusual incidents of colon rectal cancers and that was reported by physicians in that area. But we do not yet have a good statistical array of information coming from Butler County. In Kearney we have an unusual incidence of larynx cancer and doctors are noting that. What the cancer registry and reporting system does very simply is it starts the state in the process of keeping statistics on who has what cancers, where and at what stages. And that information is of vital use to researchers as well as to physicians. Now I brought this bill....I prepared this bill in October, 1980 and at that time I shared the bill with the Nebraska Medical Association so that they would know what it was that I was doing. The Medical Association has never done anything with respect to tumor registries on a statewide basis. Well they groused about the bill because they thought this represented undue government interference with the practice of hospitals and medicines, and they also claimed that a lot of hospitals now have individual tumor registries, none of which are coordinated with the other, incidentally, and that maybe this would be duplicative. When the bill was advanced from the committee the Medical Association began to get some people together to talk about a cancer registry and as a result of some of their conversations the Medical Association now totally and absolutely recognizes the value to the practice of medicine of a statewide registry. The Medical Association wants to develop a registry on its own hook, but it is yet to be done. That has not come to pass. Furthermore, the Medical Association has never sat