The Callers Ask, 'Do I Have Cancer?'

By William Erwin

The first two months of calls to the new Cancer Information Service here show the question North Carolinians ask most often about cancer is "Do I have it?"

Callers also have asked:

* Can you catch cancer from your dog? (No),

* Can a bump on the head cause cancer? (No), and

* Does biting the inside of your mouth cause cancer? (Maybe).

A total of 982 people phoned in questions to the service in the two months after its toll-free telephone line opened. The number is 1-800-672-0943. (In Durham, Butner and Creedmoor, the number is 286-2266.)

Physician-Approved Answers

Located at the Comprehensive Cancer Center, the service gives physician-approved answers to almost any question about cancer. Staff members and trained volunteers man the phones from 9 a.m.-4:30 p.m. weekdays. At other times, a caller can leave his name and phone number and will get a call back the next working day.

Financed by the National Cancer Institute, the service was set up by the Duke cancer center and the

Computer Text Receives Hearst Foundation Help

The continuing development of a computerized textbook of medicine here has received support from the William Randolph Hearst Foundation.

The foundation has awarded Duke \$51,000 to help finance the project.

The computerized textbook program is aimed at accumulating and storing in data banks patient information from the time of patients' initial medical attention through their follow-up care.

The first chapter of the textbook, covering the care of heart patients, already is in operation at Duke. Yet to be developed are chapters on gastroenterology, endocrinology, kidney disease and cancer.

As information accumulates, a physician will be able to compare the cases of hundreds or thousands of other patients with that of the patient he is treating at the moment.

By charting the multiple factors that go into making up a patient's medical "profile," the physician can compare his patient with others of similar medical history. He can then judge the treatment steps that had best results in their cases before deciding what course to follow with his patient.

Because of a computer's storage capability for detailed information and the rapid accessibility of that information to the physician, Duke researchers believe the project will provide the most detailed and comprehensive clinical information physicians have ever had at their disposal for making judgments and

In addition to the Hearst grant, the project also is being supported in part by the Rippel Foundation, the National Library of Medicine, the National Heart and Lung Institute, the Jefferson-Pilot Corporation, and the National Center for Health Services Research.

American Cancer Society to "help North Carolinians become more responsible for their own health care, especially in the area of cancer," according to Dr. Diane McGrath, director of the service.

"It's surprised me that we're in the summer months and we have this many calls," Dr. McGrath said. She added that the first 982 calls "isn't even the tip of the iceberg as far as the job that needs to be done."

Questions have come in from 82 of the state's 100 counties. Counties where the most calls originated are Durham (88), Wake (87) and Mecklenburg (82).

More Female Callers

"Most of the calls were from females," the director said. "That was predictable; women are the link between the family and the health care delivery system."

One out of every four callers

phones because she or someone else in the family has a cancer warning

"The person will describe symptoms — a mole that's growing or a breast lump, for instance — and wants to know whether that means cancer," Dr. McGrath said.

Refer to Physician

The service reads to the caller a list of cancer symptoms for any part of (Continued on page 4)



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YOUNG AFGHAN WITH EYE PROBLEMS-Dr. John Reed, associate professor of ophthalmology, took this photograph of a female infant with congenital glaucoma and cloudy corneas on his recent trip to Afghanistan. The Duke specialist spent most of his time teaching resident physicians but also did some

surgery. He said he saw at least three times the number of unusual eye diseases in the Asian nation as he does here, and most of the problems can be traced to poor nutrition and 5 unsanitary practices.

Ophthalmology's Reed Sees Problems, **Progress During Afghan Teaching Stint**

By David Williamson

For most people in this country, Afghanistan is just another far away place with a strange sounding name, existing only in the pages of National Geographic Magazine.

Relatively few Americans could say that the U.S.S.R., Iran and Pakistan form the mountainous nation's northern, western and southeastern borders, that a thin tongue of Afghan land stretches across northern India to the Peoples' Republic of China and that the two official languages are Pashto and Farsi.

Dr. John Reed, an associate professor of ophthalmology here, who spent his vacation working in the capital city of Kabul, is now an exception to the general rule.

"Crossroads of Asia" After four weeks in Afghanistan, the "crossroads of Asia" is as real for him as the Hindu Kush mountains air like blankets on an unmade bed

Reed traveled with his wife Sally and their three children to the Moslem republic in June to serve as guest lecturer at the National Organization for Ophthalmic Rehabilitation (NOOR) Hospital in

In an interview earlier this week, he said he had been invited by the hospital's director whom he met at the annual meeting of the American Academy of Ophthalmology and Otolaryngology in Dallas last September.

The eye hospital, the only one of its kind in Afghanistan, paid for the surgeon's round trip ticket, but Reed paid all his family's expenses and received no other compensation for his work.

Teaching

"I spent most of my vacation

that make the country look from the lecturing on corneal surgery and external diseases of the eve." adding that he also performed 10 corneal transplants.

"I wasn't working as hard as I do here, but I was working harder than I like to on vacations," he admitted with a smile.

Ministering to the eye problems of people in foreign lands and teaching those who will remain behind are nothing new for the tall Columbia, S.C., native. Two years ago, he spent several weeks in Bangladesh in a similar capacity, and between 1969 and 1970, he served as director of the Eye Bank at St. John Ophthalmic Hospital in Jerusalem.

· Superstition

He pointed out that in Afghanistan, like Bangladesh, religion and superstition sometimes impede the improvement of health

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