LeMaistre Retires From Anderson: Immovable Object Moving On

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At the end of August, LeMaistre will retire, concluding a distinguished medical career after 18 years as president of the University of Texas M. D. Anderson Cancer Center in Houston. Looking back on that career, LeMaistre sees his early aversion to administrative responsibilities in a different light today.

"There is no doubt in my mind that everything I did before [M. D. Anderson] was preparation, so that I could come to this institution and be a part of it," he said.

An Interest in TB

The preparation began in 1947, with graduation from Cornell University Medical College, New York. He completed internship and residency at New York Hospital, and in 1951 returned to Cornell as a Public Health Service post-doctoral research fellow in infectious diseases. ("I still don’t consider myself an oncologist," he said.) Early on, he developed an interest in tuberculosis.

"My interest in tuberculosis came about as a result of an opportunity to work with one of the great teachers at Cornell, Dr. Carl Muschenheim, who was one of the world’s leading authorities on tuberculosis," said LeMaistre. "It was an exciting time because we were on the verge of finding a therapy that would cure tuberculosis, or at least contain the disease."

In 1954, at the age of 29, LeMaistre was offered a department chairmanship at Cornell.

Rather than accept the offer, he left "a place I thought I would never want to leave. I really didn’t want to become an administrator. I was having too much fun — seeing patients, teaching in many different levels of medicine, and conducting research."

LeMaistre moved on to Emory University, where he continued his work in infectious diseases and developed a particular interest in prevention. He even helped set up a department of preventive medicine and served as its first chairman. But eventually he left Emory (in 1959) because of his desire to devote his full attention to teaching, research, and patient care.

The call of administration followed LeMaistre to the University of Texas Southwestern Medical Center in Dallas. He relented in 1965, when he accepted the title of associate dean, but continued his research, teaching, and patient care activities.

Outspoken Opponent

While in Dallas, LeMaistre accepted another appointment that eventually would make him a major voice in cancer prevention and an outspoken opponent of smoking and tobacco use. As a member of the 1964 Surgeon General’s Advisory Committee on Smoking and Health, he helped draft the first public advisory on the health hazards of cigarettes.

The experience with the committee remains a high point in LeMaistre’s evaluation of his career.

"It was an unexpected opportunity for a number of people who were not known authorities in the controversy to render an opinion based on existing evidence," he said. For [the report] to have turned out as well as it did was most satisfying, and I feel it has played a very important part in gaining an understanding of the significance of tobacco in illness and disease. I have tremendous admiration for the other members of the committee and for [then Surgeon General] Luther Terry."

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The report remains a remarkable exercise in scientific inquiry for three major reasons: 1) none of the committee members was a critic of tobacco use at the time; 2) a majority of the committee members were tobacco users (LeMaistre was a pipe smoker); and 3) representatives of the tobacco industry participated in the screening of prospective committee members.

"I guess you could say that the committee was heavily weighted in terms of personal bias toward tobacco use," said LeMaistre, "But about halfway through the process, we began to see some change in individual members’ opinions and in their desire to stop smoking, long before the conclusions were drawn or the report was written."

(LeMaistre himself gave up his pipe smoking.)

"To see each of the succeeding Surgeon General’s reports build on the original report and to see all the research that has been conducted has been very rewarding to those of us who were on that first committee."

In 1966, LeMaistre accepted what he thought would be a 3-month assignment at the University of Texas System in Austin. Ninety days turned into 12 years of service, first as vice chancellor for health affairs and then as chancellor of the multicampus university system. The Austin stay ended in 1978 when LeMaistre went to Houston to be president of M. D. Anderson.

World Leader

During LeMaistre’s tenure, M. D. Anderson has become a world leader in outpatient care for cancer patients. Anderson has the nation’s largest ambulatory treatment and ambulatory surgery programs in cancers. LeMaistre has encouraged development of chemoprevention programs for a variety of cancers. Gene therapy has moved forward on a number of fronts at Anderson, where investigators have participated in the initial trials of genetic approaches to ovarian, breast, and lung cancers.

In 1991, LeMaistre was instrumental in winning approval for the largest building program in the cancer center’s history. He also was actively involved in a $151 million capital campaign that provided much of the funding for three additional structures, the first of which will open this year.

LeMaistre has made fiscal stability a priority in the era of managed care, increasing competition, and financial pressures. The center adopted a strategic agenda to preserve research-based patient care. In 1998, almost 85% of Anderson’s income will come from patient care fees, external sources of research funding, and private philanthropy.

Despite the recognition and stature of his institution, LeMaistre prefers to work quietly, avoiding the limelight. He is loath to take credit for institutional accomplishments.

“M. D. Anderson’s reputation is based largely on what patients who come here think,” he said. "The reputation has been earned by the staff, those who take care of patients, who do the research, do the teaching, who do the work in prevention. I think my role has been pretty much to make sure that the resources needed for those functions are available on a timely basis."

“The significance of M. D. Anderson’s reputation does not accrue to one person; it accrues to those people on the front lines, doing all the fine work.”

LeMaistre also is reluctant to cite specific achievements during his tenure. With prodding, he mentions the center’s role in the development of portable infusion pumps, the transition to outpatient cancer care, and the “risk-taking and investment” surrounding the discovery, synthesis, and clinical evaluation of interferon.
The demands of heading a world-renowned cancer center did not prevent LeMaistre from pursuing his interest in cancer control. He chaired the 1981 National Conference on Smoking or Health and the 1985 International Summit of Smoking Control Leaders. He has written numerous scientific articles, monographs, and editorials on the health consequences of tobacco use. As president of the American Cancer Society in 1987, LeMaistre actively promoted efforts to increase public awareness of smoking’s risks, to encourage smoking cessation, and to discourage smoking among young people and other at-risk populations.

A Multitalented Man

John Seffrin, Ph.D., chief executive officer for the American Cancer Society, called LeMaistre “one of the giants in the cancer control field, in no small measure because he is a unique, multitalented man. Mickey LeMaistre is an admixture of political savvy, scientific orientation, and sophistication. He is a consummate administrator who also has the passion necessary to make substantive change. I cannot think of another contemporary leader in cancer control who has made a bigger contribution on behalf of people facing cancer.”

Among other forms of recognition, LeMaistre has received the American Lung Association President’s Award, the Texas Cancer Council Gibson D. Lewis Award for Excellence in Cancer Control, the Texas Gulf Coast Chapter of the Leukemia Society of America Service to Mankind Award (shared with his wife, Joyce), the Texas Society to Prevent Blindness “People of Vision” award, and the American Medical Association Distinguished Service Award.

Some time after August 31, LeMaistre and his wife of 44 years plan to move to their lake home in Austin. He has no specific retirement plans aside from the desire “to spend more time with my wife to make up for all the time that we have not had together in the past.” He also expects to have more

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Stat Bite

Thyroid Cancers in Children in Belarus

U.S. National Cancer Institute scientists are working with scientists in Belarus and Ukraine to assess the health impact of the Chernobyl nuclear reactor accident in April 1986. Prospective cohort studies aim to determine the risk of thyroid cancer among persons 18 years of age or younger at the time of the accident (about 15,000 in Belarus and 50,000 in Ukraine) and to reconstruct the radiation dose to the thyroid for each person in the study. The number of thyroid cancer cases has risen in both countries since 1986. These cancers are thought to be caused by radioactive iodine in the fallout that was incorporated primarily into milk and other foods.
time to spend with his four children and six grandchildren.

LeMaistre departs M. D. Anderson at what he considers "the most exciting time in the history of cancer. We are on the verge of pushing so many fundamental basic science discoveries to the bedside that will either improve cancer therapy or prevent cancer. All the fundamental tools are emerging to do this."

In particular, he cites developments in the identification of molecular markers for cancer, which ultimately may lead to more effective therapies and to new approaches to prevention.

Though he leaves open the possibility of continued involvement in cancer control, LeMaistre clearly envisions a low-profile role in the future.

"I'll be involved to the extent that I can be of help," he said. "I'm not actually a crusader. I have great confidence that an informed public will make the right decisions. I might remain involved in education and in trying to get the facts, as they really are, to the public."

If he could write his own epitaph, LeMaistre would offer a simple assessment of his life.

"I've been blessed. That's all," he said. "When you have the opportunities that I've had, that's far more than anyone has a right to expect. Every one of them has been different, and each one has been enjoyable."

To his successor, John Mendelsohn, M.D., former chairman of medicine at Memorial Sloan-Kettering Cancer Center in New York, LeMaistre has only a few simple insights to offer.

"Remember that the accomplishments of this institution have always been a team effort. To be part of a team is essential. Be a leader, if that is appropriate," said LeMaistre.

— Charles Bankhead

Is Chemoprevention Overrated or Underfunded?

Researchers in the field of diet and cancer seem to repeatedly prove the adage, "an ounce of prevention is worth a pound of cure." Diet studies spanning the last 15 years presented at the most recent American Association for Cancer Research meeting in Washington, D.C., led to the same conclusion as an earlier landmark report: one-third of all cancer deaths are avoidable by changes in diet.

But trying to isolate the exact substances in food that are beneficial is not easy — as shown by the mixed results of chemoprevention trials. Some investigators believe that the best way to proceed is food supplementation trials — giving people kale and carrots, rather than beta carotene pills. But others question whether chemoprevention trials are worth the time and money, because the lack of intermediate biomarkers that predict cancer has made them long and costly.

Dramatic Shift

The association between diet and cancer deaths is well established. There has been a dramatic shift in the focus of cancer prevention in recent years, however, from an emphasis on the adverse effects of fat and other dietary components, to the importance of the positive effects of fruits and vegetables.

"The most compelling evidence of the last decade has indicated the importance of protective factors, largely unidentified, in fruits and vegetables," said Walter C. Willett, M.D., Dr. P.H., chairman of the Department of Nutrition at Harvard School of Public Health, and a speaker at AARC's symposium on nutrition and cancer in April.

Willett amassed diet data accumulated since the 1981 landmark report on cancer deaths in the United States by Doll and Peto. Doll and Peto estimated that 35% of cancer deaths in the United States were avoidable by changes in diet, but added that this percentage might be as low as 10% or as high as 80%. Willett, reviewing studies from the intervening 15 years, came up with a similar estimate — about 32% of cancer deaths are avoidable by changes in diet — but within a narrower range, 20% to 42%.

Both reports list avoidable deaths by organ site and calculated identical percentages for all sites, with the exception of colon and prostate. Willett estimated that 70% of colon cancer deaths are linked to diet, compared with Doll and Peto's estimate of 90%, because of clear evidence since 1981 that physical activity plays an important protective role in colon cancer. (Red meat and animal fat appear to be the dietary culprits most strongly associated with colon cancer).

As for the prostate discrepancy, in 1981 there was not enough evidence to link diet and prostate cancer, so Doll