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## Preface

The annual Bristol-Myers Squibb Nagoya International Cancer Treatment Symposium was initiated in 1984 under the leadership of the late Dr. Kiyoji Kimura, a pioneer and teacher in the field of cancer chemotherapy in Japan. During the intervening years a topic relevant to current progress in cancer chemotherapy has been selected as the theme for each symposium; examples include “Minimal residual disease,” the theme in 1990, and “Challenges for today and new targets for tomorrow” in 1995. In this way the symposia have attracted a wide international audience, bringing together clinicians and basic researchers in the field of oncology from the United States, Europe, and Asia and allowing new and important information to be exchanged between these areas.

Significant advances in the field of cancer chemotherapy have been made in recent years and, consequently, some chemotherapy-sensitive tumors have become curable. Despite these advances, most tumors remain incurable and the main objective of chemotherapy in many patients is to prolong survival while maintaining quality of life. Thus, the Organizing Committee determined that this year the theme for the 12th Bristol-Myers Squibb Nagoya International Cancer Treatment Symposium should be “New therapeutic strategies for higher cure rates: high-dose therapy and new therapeutic modalities.”

Of the various obstacles to improving the outcome of chemotherapy, one of the most important is natural and acquired drug resistance. Overcoming these mechanisms is essential if we are to improve cure and survival rates. Thus, the symposium focused on a number of relevant issues: drug resistance and drugs that can overcome it; novel non-cross-resistant therapeutic modalities; dose-intensive che-

motherapy for lymphoma, lung cancer, and breast cancer; and “Chemotherapy: the more the better.”

In his keynote address, Dr. Victor Ling, British Columbia Cancer Research Centre, Vancouver, British Columbia, Canada, described the concept of multidrug resistance, the molecular mechanisms that contribute to this phenomenon, and its clinical relevance, with particular emphasis on the P-glycoprotein and multidrug-resistance-associated protein genes. This laid the groundwork for subsequent presentations on how to overcome multidrug resistance, including a method for prioritizing trials of new agents in diseases affecting small numbers of patients as well as descriptions of the effects of new drugs on multidrug-resistant tumors.

Other presentations described therapeutic modalities that can be used as alternatives to standard treatments in patients with drug-resistant tumors. One of the drugs most widely discussed was all-*trans* retinoic acid (ATRA), which has been used successfully in the treatment of acute promyelocytic leukemia (APL) by a number of research groups. In an interesting development, Dr. Kunio Kitamura, Department of Medicine, Branch Hospital, Nagoya University School of Medicine, Nagoya, Japan, described various drugs that may be useful in ATRA-resistant APL, potentially increasing the choices available for the treatment of this condition.

The largest proportion of the symposium was devoted to dose intensification in a number of tumor types. These presentations generally showed that dose intensification is a useful method for improving survival and cure rates. In many cases, peripheral-blood stem cell or autologous bone marrow transplantation is effective in reducing the toxicity associated with dose intensification. One of the highlights of these sessions was the overview of the Parma study given by Dr. Anton Hagenbeek, Department of Hematology and Bone Marrow Transplantation, the Dr. Daniel den Hoed Cancer Center, Rotterdam, The Netherlands. This major international study has demonstrated that involved-field radiotherapy with carmustine, etoposide, cytarabine, cyclophosphamide, and mesna chemotherapy followed by autologous bone marrow transplantation is the best treatment available for patients with relapses of chemotherapy-sensitive, intermediate- or high-grade non-Hodgkin's lymphoma.

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In the final session of the symposium the controversial issue of "Chemotherapy: the more the better?" was considered. This provoked a vigorous discussion of the many issues that need to be clarified before a definitive answer to this question can be given, although it is likely that it will differ, depending on the disease.

The presentations made during the symposium are included in this publication, and we hope that they give an impression of the stimulating nature of the meeting. The information contained herein should be useful for all those working in the field of cancer chemotherapy, particularly those trying to overcome the problem of drug resistance.