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### **Comments on *Breast Cancer*, Edited by B. Hoogstraten, I. Burn and H.J.G. Bloom**

For each of us involved in breast cancer patient management or breast cancer teaching, the book *Breast Cancer* edited by B. Hoogstraten, I. Burn and H.J.G. Bloem (UICC series, 1989) is a valuable reference. It is easy to read, well illustrated and it covers many aspects of the disease from epidemiology and screening to treatment of advanced cases with chemotherapy or hormonal therapy, without neglecting areas of more recent concern such as disease-associated psychological problems and the role of reconstructive surgery after mastectomy. All chapters cover essential aspects of the daily management of breast cancer patients, making the book useful not only to oncologists but also to nurses, psychologists, data managers involved in one way or the other with breast cancer patient care.

For physicians performing clinical trials in breast cancer, three chapters deserve special consideration:

- that on 'Screening for Breast Cancer' by J. Chamberlain underlines very well the pitfalls associated with the design and analysis of some of the studies currently run in this field.
- that on 'Contribution of Clinical Trials to the Study of Breast Cancer' by S.K. Carter gives interesting thoughts on the methodological options for early breast cancer, past and ongoing clinical studies relative to adjuvant treatment. A critical look at the 'Current Clinical Trial scene'!
- and last, but not least, the chapter by J.C. Bailor and E. M. Smith on 'Recent Changes in Incidence, Mortality and Survival Rates' is a provocative one, probably in the sense that it seriously questions whether we have had any significant impact on this disease in view of the rising mortality rate from breast cancer in several countries.

The possible reasons given by the authors are a real matter of concern for anyone of us involved in breast cancer research:

1. Did we overemphasize small treatment benefits obtained in highly selected patient populations?
2. Or are we unable to translate these benefits into patient care reality because of a lack of medical facilities and/or clinical skills?

Whatever the reason, we still have a long way to go in basic and clinical research before we can have a more optimistic look at this frightening disease . . .

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