Publisher's Note

This month sees publication of the first issue of the *European Journal of Cancer* under its new Editor in Chief, Professor Michael Peckham. With his guidance and that of his fellow Editors, and with the support of four of Europe's leading cancer organizations, the Journal has been redesigned to meet the changing needs of research and clinical specialists in cancer over the next decade and beyond.

Robert Maxwell
Publisher

Professor Henri Tagnon

WITH great foresight Professor Tagnon founded the *European Journal of Cancer and Clinical Oncology* 25 years ago, so providing the basis for many of the important developments in European cancer medicine and research as well as for the new *European Journal of Cancer*. His career is a distinguished one; he was Professor of Medicine and Oncology at the Université Libre de Bruxelles from 1965 to 1976 and from 1953 to 1976 was Chief of Medicine and Clinical Investigation at the Institut Jules Bordet. Henri Tagnon formed a valuable bridge between American and European Medicine having worked in the United States from 1940 to 1953 at Cornell, Harvard, the Sloane Kettering Institute and Memorial Hospital.

He has been intimately associated with the development of the EORTC since its inception in 1963, becoming President from 1974 to 1978. He has also been Chairman of the Advisory Board of the European School of Oncology. As founding Editor in Chief of the *European Journal of Cancer and Clinical Oncology* and having spent his professional life fostering the interaction between basic science and clinical oncology and striving to strengthen European activities in the cancer field, we hope that Professor Tagnon will derive great pleasure from the future evolution of the *European Journal of Cancer* and we thank him warmly for his consistent leadership over many years.

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Suramin: a New Therapeutic Concept

SURAMIN, which was first synthesized in 1917, has been used as a chemotherapeutic agent since 1924 following work at the Institute Pastur [1] which led to its use as a trypanocidal drug. It remains the drug of choice for onchocerchiasis. A recent letter to the editor of the *JNCI* [2] gave suramin an interesting historical perspective, by linking it to anionic dyes and to the father of chemotherapy, Paul Ehrlich. It has also been related to polyanionic glycosaminoglycans and heparinoids, with their biochemical, biological and pharmacological properties. Suramin was found in 1979 to be a reverse transcriptase inhibitor [3] and subsequent *in vitro* work showing HIV replication inhibition [4] provided the basis for clinical observations [5] of reduced viraemia in AIDS patients. This led to controlled trials in AIDS that proved to be negative [6, 7]. Following documentation of a complete clinical response in a patient with Kaposi's sarcoma and non-Hodgkin lymphoma [7], Stein, LaRocca and Myers at the NCI made a low key but determined effort to retain interest in the drug as a potential anticancer agent. Most of the information on suramin in cancer treatment, including its toxicity, comes from their reported and published experience. These efforts have excited the interest of medical oncologists and raised the possibility of a new type of anticancer treatment. In 1989, Stein and colleagues [8] reported their experience of treating a group of patients with renal cancer, adreno-carcinoma and lymphoma. The results obtained in adrenocortical carcinoma were interesting and have subsequently been confirmed [9, 10]. The rationale of using the drug in this setting was based on the toxic effects of suramin, which causes adrenal insufficiency [11].

The Myers group looked for other diseases in which suramin might be active, given the action of the drug on most known growth factors. The presence of basic FGF in prostate cancer tissue [12] prompted them to investigate suramin in this condition. Early encouraging results were reported at the NCI-EORTC [13], and the ASCO [14] meetings last year. The article by Van Oosterom and colleagues in the present issue of *EJC* [15] is the first prospective European study of suramin in the treatment of cancers, other than adrenocortical carcinoma. Their previous biochemical and pharmacological work provides a firm basis for the clinical study [16]. The brevity of the report does not detract from its significance. Although the activity of suramin in prostate cancer is shortlived and mainly biochemical, it is encouraging evidence of the development of a new approach to cancer therapy. The authors describe the differences between their dose levels and those employed by the NCI group; this difference might explain the results observed. The modest results obtained in the European study warn against excessively optimistic expectations generated by initial experience.

In parallel with clinical studies of its antitumour effects, the biological activity of suramin as an inhibitor of growth factor activated phenomena has also been studied [17, 18]. The effects were so striking and reproducible that suramin has been used for the past 5 years as a laboratory tool in embryology, and in developmental and oncological neurology. The study of its biological effects has been greatly expanded. Its purported range of activity includes inhibition of anaerobic glycolysis [19], inhibition of protein kinase C [20], and the reversal of *in vitro* growth factor mediated oncogene induced transformation [21,