

CONCLUSIONS

Epidemiological methods have improved greatly in the past 10 years in study design and analysis. Several flaws in earlier studies have been identified, and many recently completed studies and current studies will hopefully clarify issues in epidemiology that are vague at present. Furthermore, the development of epidemiology as a specialty in many parts of the world means that good studies will now be possible at the extremes of disease incidence and exposure. The SEARCH network, bringing together experienced researchers internationally and incorporating a training component, is an interesting innovation by the IARC with the potential to make an important contribution to knowledge of cancer causes.

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1. Muir CS, Waterhouse JAH, Mack T, Powell J, Whelan S, eds. *Cancer Incidence in Five Continents*, Vol. V, IARC Scientific Publication 88. Lyon, IARC, 1988.
2. Hakulinen T, Andersen AA, Malker B, Pukkala E, Schou G, Tulinius H. Trends in cancer incidence in the Nordic countries. *Acta Pathol Microb Immunol Scand* 1986, **94**(suppl 288), 91-151.
3. Boyle P. Epidemiology of breast cancer. *Bailliere's Clin Oncol* 1988, **2**, 1-58.
4. Parkin DM, Laara E, Muir CS. Estimates of the worldwide frequency of twelve common cancers in 1980. *Int J Cancer* 1988, **41**, 184-197.
5. Doll R, Peto R. The causes of cancer: quantitative estimates of avoidable risks of cancer in the United States today. *JNCI* 1981, **66**, 1192-1307.
6. *IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Humans*. Volume 46. *Diesel and Gasoline Engine Exhausts and Some Nitroarenes*. Lyon, IARC, 1989.
7. *IARC Biennial Report 1988-1989*. Lyon, IARC, 1989.
8. Simonato L, Fletcher AC, Saracci R, Thomas T, eds. *Occupational Exposure to Silica and Cancer Risk*, IARC Scientific Publication 97. Lyon, IARC, 1989.
9. Greaves MF. Speculations on the cause of childhood acute lymphoblastic leukaemia. *Leukaemia* 1988, **2**, 120-125.

Europe against Cancer

It is too early to evaluate whether the 'Europe against Cancer' programme will reach its objective, i.e. to reduce by 15%, compared with the presently increasing trend, the number of deaths by cancer in the year 2000 in the European community. Nevertheless, the report* on the first 1987-89 action plan of the programme shows that good results have been achieved.

In the fight against tobacco, the highest priority of the programme, four Community laws have been adopted: one resolution to ban smoking in public places, and three directives about the labelling of tobacco products, the prohibition of high-tar cigarettes and the banning of direct and indirect advertisement on television. These legal actions have also contributed, with the anti-tobacco campaigns partly financed by this European programme, to the general decline in the number of smokers observed in most European Community countries over the past three years.

This success is also due to the involvement of a series of partners of the programme. Indeed, more than one hundred governmental and non-governmental institutions have been mobilized and coordinated by the European Commission. This joint effort has been rewarded by a noticeable improvement

in public awareness of the European Code against Cancer, particularly during the European year against cancer, in most European countries, and most spectacularly in Portugal where the proportion of people who had heard about this code jumped from 29 to 56%.

Many results have been achieved in the other areas covered by the programme, including medical research and especially in radiotherapy. Two techniques have been evaluated. The first is boron neutron capture radiotherapy and a pilot clinical facility is being built in Petten (The Netherlands) to test this treatment which has given promising results in Japan. The second technique, successfully tested in the U.S.A., uses light ions. On the basis of the present feasibility study, Europe will probably have to consider supporting the building of one or two such facilities in the European community.

Altogether, the first 1987-89 action plan of the Europe against Cancer programme has shown that the European Community can contribute specifically and usefully to the fight against cancer. This is indeed why the Council of health ministers has adopted, on May 17, a second 1990-94 action plan with an increased budget.

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*Report on the Europe against Cancer 1987-89 action plan.
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