

The final chapter is devoted to the "Complications of Microvascular Surgery". In experienced hands the failure rate of free flaps is about 8%. It must not be thought that a free flap is invincible—the more traditional techniques may be more appropriate for certain cases. Free-flap transfer is an established technique in head and neck reconstruction following the surgical ablation of tumours.

Shan Baker's book should not gather dust in the library. Those involved in head and neck reconstructive surgery should have a copy accessible.

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## News

### Cancer Registration in England and Wales

Cancer registration began in England and Wales in several centres in the 1920s so that patients treated with radium could be followed up. Later the objectives became wider so that the frequency and causes of cancer could be studied. In 1945, cancer registration became national and now there are twelve population-based registries. The Working Group of the UK Registrar General's Medical Advisory Committee was set up to review the operation of the national cancer registration system, to assess the implications of changes in information technology and to consider completeness and data quality. The group also considered how the implications of the UK White Paper *Working for Patients* might affect cancer registration. The Working Group has now reported\*.

On the whole, the cancer registry system was seen as valuable and worth sustaining and improving. The mean cost to regional registries per case registered is £8 and to the Office of Population Censuses and Surveys (OPCS) £3; £11 is 0.3% of the approximate cost of cancer to the National Health Service (NHS). Some fear that the regionally funded element might be lost in the present financial climate. Junior and senior registry staffing has been reduced, the group found, because of lack of regional support. Regional managers say that cancer registration is not an integral part of their information system, with the Catch 22 that the shortcomings of the system in terms of timeliness and completeness detract from its value. As regards ensuring the completeness of ascertainment, especially in view of the increases in private treatment and hospitals becoming self-governing, the Working Group recommends that the private health-care sector be approached to link with the local registry. In addition, a named senior individual in each district should be responsible for monthly reports to the regional registry. (Hospital discharge data will identify about 88% of cancer patients; information on outpatients can be linked in from pathology records and radiotherapy visits.) Specialised tumour registries and lists of patients in trials should also be linked in.

\*Review of the National Cancer Registration System. Report of the Working Group of the Registrar General's Medical Advisory Committee. London, HM Stationery Office, 1990, series MB1 no. 17.

Another recommendation was that a strong co-ordinating group is needed to set standards of good practice and quality control and to discuss and solve common problems. Funding of cancer registries should be adequate and based on local numbers of cancers arising or treated. The Working Group suggests that research funding bodies might support the research activities of the registries.

The developments in computerised information systems within the health care services in the UK mean that cancer registries should become linkable with other NHS data bases, including those of the OPCS and the NHS Central Register, with appropriate safe-guarding of confidentiality. All registries should collect a standard data set, with some collecting additional information. Quality control should be part of the enhanced cancer registration system, with a league of registries being available.

### Living with Cancer

*Life with Cancer*, published by CancerLink\*, discusses common myths about cancer, the nature of the disease, investigations and treatment (medical and complementary) and how to cope with physical and emotional changes. For many, cancer is still a taboo word and this booklet offers practical advice on coping with the illness and lists further reading and helpful organisations for counselling and support.

Effective communication can be a lifeline for a patient with cancer. Anxieties and fears may be numerous, but individuals are often unable to verbalise them. *Life with Cancer* provides a guide to questioning health professionals and to understanding treatment options for informed decision-making. Very few people receiving treatment for cancer are unaware of their diagnosis, yet sometimes family members wish to avoid confronting the issue. Medical ethics determines whether the patient is told. Whilst the truth might be difficult to accept, secrecy can isolate the patient and damage relationships. A section in the booklet outlines this debate.

Other publications from CancerLink include titles on childhood cancer, sexuality and cancer and terminal care. The charity provides an information service for medical professionals and the public covering all aspects of cancer and local fund-raising and support groups.

### Fibiger Institute

The Fibiger Institute in Copenhagen is the largest experimental cancer research institute in Denmark. 1989 was the 40th anniversary of the inauguration of the institute by the Danish Cancer Society. Most of the funding for the Institute (about 92%) still comes from the Danish Cancer Society. In its report for 1989†, the Institute has summarised the research interests of its staff.

The Institute is currently divided into five departments. Much of the work of the tumour endocrinology department concerns human breast cancer, including mechanisms of oestrogen-stimulated growth, malignant transformation of breast epithelial cells *in vitro*, the influence of stromal cells on cancer cell growth and the prognostic value of measuring DNA ploidy and S-phase fraction. The molecular oncology department is studying lung

\**Life with Cancer*, July 1990, available from CancerLink, 17 Britannia Street, London WC1X 9JN, U.K. (tel 071 833 2451) (free to individuals affected by cancer).

†Danish Cancer Society: The Fibiger Institute Annual Report 1989. Ndr. Frihavnsgade 70, DK-2100 Copenhagen, Denmark.

cancer, both in a mouse model and in man. Site-directed mutagenesis is being used to analyse the *ras* oncogene domains required for protein kinase transformation and regulation. The environmental carcinogenesis department has investigated the induction of cytochrome P-450, which activates many carcinogens, and how compounds, including one isolated from broccoli, can affect the profile of the P-450 system and reduce the risk of colon cancer. The department has also studied the detection of human exposure to chemical carcinogens, by ELISA to detect polycyclic aromatic hydrocarbons in foundry workers and by <sup>32</sup>P-postlabelling to detect carcinogen-DNA adducts in the umbilical cord vein and placenta in mothers who smoke. The department of tumour cell biology has investigated the humoral response against tumour cells and has characterised tumour cells, mainly by monoclonal antibodies raised against glycoproteins and glycolipids. The cytotoxic effect of interleukin-2 activated lymphocytes is being investigated in bladder cancer cell lines to give a rationale for adoptive immunotherapy, and target cell recognition and killing by lymphokines is also being studied. The tumour virology department does much work on HIV. The antibody response to the HIV-1 env glycoprotein is being characterised, monoclonal antibodies have been raised in mice against HIV env, epitopes on gp41, gp120 and p24 have been mapped with recombinant *Escherichia coli* fusion proteins and the prognostic significance of antibodies against the carboxy terminal fusion protein of gp41 is being studied.

To mark the anniversary of its founding, the Institute held an international symposium on trends in cancer research, which included sessions on multistage carcinogenesis, oncogenes, biological response modifiers and retroviruses. An exciting development in 1989 was the creation of three posts of senior assistant scientist. It is hoped that these positions will strengthen the senior staff of the Institute.

The San Giovanni Hospital, Bellinzona, Tessin, Switzerland is recruiting

**A SENIOR STAFF MEMBER ('CAPO-CLINICA',  
'CHEF DE CLINIQUE')**

and

**TWO MEDICAL RESIDENTS IN RADIOTHERAPY**

for the Cantonal Department of Radiation Therapy.

Equipment includes two linear accelerators (Siemens Mevatron 6700 and 7700), an Olddelft 'Simulix' Simulator, a Philips OSS Treatment Planning System, two orthovoltage irradiation units, a complete mould room and a 'Telegyne' brachytherapy system and the department has 15 beds.

Additional teaching responsibilities will be directed toward medical and radiation therapy technology students.

The Hospital has a funded programme and research facilities in Tessin for Clinical Radiobiology.

Please send curriculum vitae to:

J. Bernier MD, Head, Department of Radiation Oncology,  
Ospedale San Giovanni, CH-6504 Bellinzona, Switzerland.

## **EORTC Soft Tissue and Bone Sarcoma Group**

At the meeting of the EORTC Soft Tissue and Bone Sarcoma Group in Warsaw on 20-21 April 1990, the following ongoing studies were discussed.

**EORTC 62851**—Doxorubicin vs. doxorubicin/ifosfamide vs. cyclophosphamide/vincristine/doxorubicin/dacarbazine in metastatic disease. 742 patients entered with proper balance between treatment arms. The patients have received 1-16 cycles of chemotherapy. Haematological toxicity is slightly higher with doxorubicin/ifosfamide. At present there is no statistically significant difference in response rates between the arms. The median disease-free survival is 6 months and the median overall survival is 12 months. Independent prognostic factors for response are absence of liver lesions, young age, presence of lung lesions; and for survival, good performance score, absence of bone lesions and young age. The study is now closed.

**62883A**—High-dose doxorubicin/ifosfamide/granulocyte-macrophage colony-stimulating factors (GM-CSF) in metastatic disease. 52 patients entered. Retreatment was possible on the scheduled day in most instances. Toxicity consisted of leucocytopenia and thrombocytopenia in almost all patients, and less frequently, nausea/vomiting, fever and pain at the site of GM-CSF injection. All treatment complications were manageable. The preliminary response rate is high. The study is closed.

**62883B**—As for 62883A, but GM-CSF twice daily. 39 patients entered. Toxicity is similar to the results from 62883A. Response cannot yet be evaluated. In view of the rapid accrual the study was closed on 1 June 1990.

**62874**—Neoadjuvant chemotherapy vs. surgery only in locally advanced disease. 38 patients have been entered. It is too early for any analysis.

The following new studies will be initiated. A phase II study of hexadecylphosphocholine will be started. In view of the possibility of increasing response rates with high doses of anthracyclines, a re-evaluation of epidoxorubicin given at high doses without growth factors appears warranted. Therefore a randomised phase II study will be started to compare normal-dose doxorubicin with high-dose epidoxorubicin as a single bolus injection and as three bolus injections over 3 days. If the initial high response rates from studies 62883A and 62883B are confirmed, it appears appropriate to initiate a study to compare the standard regimen of doxorubicin/ifosfamide with the new regimen of high-dose doxorubicin/ifosfamide/GM-CSF to study the actual increase in response rate and to see whether there is any survival benefit.

The group has been reviewed by the Breur Committee. The general judgement was positive and the group was considered as the leading group in this field of clinical research. One criticism was that there were too many patients in phase II studies. Additionally the committee highlighted the need to optimize the link between the Soft Tissue and Bone Sarcoma Group and the Osteosarcoma Intergroup. Both these points have now been met.

The next meeting will be held in Paris on 12-13 April 1991.

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