News

Europe Against Cancer

The first coordination meeting between representatives of the EORTC and National Cancer Organizations took place on May 2–3, 1991, at the headquarters of the EORTC. This meeting was between representatives of the Medical Research Council (MRC), the Cancer Research Campaign (CRC) and the Imperial Cancer Research Fund (ICRF) from the UK. There were two days of wide-ranging and productive discussion, in which a number of areas of future cooperation and coordination were identified. The following is a summary of the discussions and decisions made. The subjects discussed will form the basis for future agenda with similar organisations from other countries in Europe. The next meeting is planned with members of the German Cancer Society on 18 October 1991.

The structure, budget and organisation of all the groups was outlined by their officers. An overview was given of the cooperative studies already taking place between the MRC and the EORTC in osteosarcoma and genitourinary (especially testicular), gynaecological and gastrointestinal cancer. The methods of cooperation and protocol formulation for each of these studies, and other future studies, were discussed.

There is clearly a need for larger phase III studies, asking simple questions that require collaboration internationally between different cancer research organisations. A mechanism for conjoint protocol review was suggested and the means of collaboration during the follow-up of studies identified.

Data management of these studies should be peripheralised. Randomisation and data collection should be in separate centres, enabling local modification of a basic protocol to suit particular groups and investigators. Modifications to report forms could also be made so that in each country they are in a format familiar to possible participants. The development of the EUROcode network for data transfer and as a source of information and reference to clinicians is envisaged.

Agreement had almost been reached over the use of a common form for statistical analysis. The coordination of new drug development appeared to be a satisfactory area of collaboration between the EORTC via the NDDO, the MRC, the oncology units of the CRC and laboratories of the ICRF. There were still, however, problems in the coordinated evaluation of compounds in early phase II trials and their subsequent use in large randomised phase III studies.

The financing of large studies required further definition and it was essential that the arrangements were clarified before a study started to avoid the risk of possible early termination or modification as a result of financial constraints.

Since the need for large scale phase III studies is well proven, it was felt there should be a report in major scientific journals outlining not only the need for these studies but also the perception that patients in these studies will receive better treatment than patients not in studies. This report should also stress the simplicity of larger scale studies, the ease of information retrieval and the demonstration that such studies are already efficiently and enthusiastically being carried out. Wider dissemination of this information to the public was also suggested.

The performance of large international phase III studies clearly requires careful programming. Before a study is launched, its feasibility and time-scale must be defined. Timing of analysis and subsequent publication must be agreed and the study must be seen to fit into a coordinated programme of future cancer therapy research.

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Cytostatic Drug Resistance

The second international symposium on cytostatic drug resistance will be held on 1–2 November 1991, in Kiel, Germany. This meeting is being supported by the American Association for Cancer Research and the EORTC. For further details, contact Mrs H. Brutting, Klinikum der Universitat zu Kiel, Institute of Pathology, Michaelisstr. 11, D-2300 Kiel 1, Germany. Tel (431) 597 3430/3400, fax (431) 597 3428.

Environmental DNA Damage

The American Association for Cancer Research is holding a special conference on cellular responses to environmental DNA damage on 1–6 December 1991, in Banff, Alberta, Canada. For further information, contact Special Conference Registration, American Association for Cancer Research, Public Ledger Building, Suite 816, Sixth and Chestnut Streets, Philadelphia, PA 19106, USA. Tel (215) 440 9300, fax (215) 440 9313.

BACR/ACP/BOA Joint Winter Meeting

The British Association for Cancer Research (BACR), the Association of Cancer Physicians (ACP) and the British Oncological Association (BOA) are organising a joint winter meeting on 5–6 December 1991, at the Royal Postgraduate Medical School, Hammersmith Hospital, London. Growth control and cancer therapy will be discussed on the first day, transcription control on the second day. For further details, contact Mrs B. Cavilla, BACR Secretariat, 20 Queensbury Place, London, SW7 2DZ, U.K. Tel (71) 581 8333, fax (71) 823 9409.

ARTAC Workshop

The Association for Research on Treatments against Cancer (ARTAC) is holding its fourth international congress on new treatments in cancer and AIDS on 25–27 September 1991, in Paris. For further information, contact Dominique Belpomme, ARTAC, 38 rue de Silly, 92100 Boulogne-Billancourt, Seine, France. Tel (331) 46 04 04 13, fax (331) 46 04 21 31.

Hepatobiliary Tumours

The first international conference on hepatobiliary tumours will be held from 30 August to 2 September 1992, in Milan. The meeting is designed for scientists, clinicians and nurses. For further information, contact Barbara Raffaelli, Istituto Nazionale per lo Studio e la Cura dei Tumori, via G. Venezian 1, 21033 Milan, Italy. Tel (2) 2390466, fax (2) 2664584.

The European School of Oncology

1991 - 1992 FORTHCOMING EDUCATIONAL EVENTS

8th-12th December
Training for non-oncologists: Site: Leuven, Belgium
Data Monitoring in Cancer Clinical Trials
M. De Pauw (BE), K. Vantongelen (BE)

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22nd-25th January 1992
Course around the World: Site: Milan, Italy
Breast Reconstruction
A. Grisotti (IT), J. Little (US)

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16th-18th March
Seminar: Site: San Servolo Island, Italy
Chemoprevention of Cancer
M. Sporn (US), P. Boyle (IT)

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March
Course around the World: Site: Budapest, Hungary
Good Clinical Practice
S. Kerpel-Fronius (HU)

***

24th-25th March
Seminar: Site: San Servolo Island, Italy
Minimal Residual Disease: Detection and Management
G. Stevenson (GB), M. Colnaghi (IT)

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26th-27th March
Course around the World: Site: Ljubljana, Yugoslavia
Melanoma and Pregnancy
S. Plesnicar (YU), M. Mastrangelo (US)

***

30th March-3rd April
Residential Course: Site: Orta San Giulio, Italy
Leukaemias
R. Zittoun (FR), J. Freireich (US)

***

2nd-3rd April
Seminar: Site: Monte Verità, Switzerland
Pain Treatment
E. Alon (CH)

***

2nd-5th April
Course around the World: Site: New York, USA
Pain and Symptom Control
K. Foley (US)

***

5th-11th April
Course around the World:
Site: Amsterdam, The Netherlands
Medical Oncology
H. Pinedo (NL)

***

6th April-10th April
Residential Course: Site: Orta San Giulio, Italy
Chest Tumours
H. Hansen (DK)

***

15th-17th April
Seminar: Site: San Servolo Island, Italy
AIDS Related Neoplasias
S. Monfardini (IT), C. Gisselbrecht (FR)

***

27th-29th April
Residential Course: Site: Orta San Giulio, Italy
Molecular Biology for Clinicians
A. Horwich (GB)

***

27th-29th April
Seminar: Site: San Servolo Island, Italy
Brain Tumours and Metastases
H. Herrmann (DE), J. Posner (US)

***

4th-9th May
Course around the World: Site: Turkey
Paediatric Oncology
P. Voûte (NL), M. Buyuk Pamkcu (TR)

***

6th-11th May
Course around the World: Site: Zagreb (YU)
Bone Marrow Transplantation
J. Goldman (GB), B. Labar (YU)

For Residential Courses held in Italy and Switzerland, the registration fee is 600 ECU.
For Seminars held in Italy, the registration fee is 450 ECU.

For further information contact:
The Secretariat, European School of Oncology,
Via Venezian, 18, 20133 Milan, Italy
Tel: 39/2/2360410-2364283, Fax: 39/2/2664662

Tumour Markers

The second international conference of the Mediterranean Society of Tumor Markers in Oncology will be held on 16–19 November 1991, in Nice, France. The meeting will focus on the current applications and the impact on therapy of tumour markers. Further details can be obtained from F. Fein, Centre Antoine-Lacassagne, 36 Voie Romaine, 06054 Nice Cedex, France. Tel (33) 93 81 71 33 ext 2514, fax (33) 93 53 35 12.

AIO Symposia

The Arbeitsgemeinschaft Internistische Onkologie (AIO) is hosting three symposia in Germany in 1992. The first is an international conference on the biology and treatment of gastrointestinal malignancies in Frankfurt on 4–7 February. For further details, contact Mrs C. Bordewick, Klinik und Poliklinik fur Allgemeine Chirurgie der Westfalischen Wilhelms-Universitat, Jungeblodtplatz 1, D-4400 Munster, Germany (tel 49 251 836304). The second is about prognostic factors and the treatment of acute leukaemias in Munster on 23–26 February. Further information can be obtained from Dr B. Wormann, Department of Internal Medicine, University of Munster, Albert-Schweitzer Str. 33, D-4400 Munster, Germany (tel 49 251 837597). Finally, the second Frankfurt international cytokine symposium will be held in Frankfurt on 25–27 June. For more details, contact Mrs A. Hipfel, Division of Haematology, Department of Internal Medicine, University of Frankfurt, Theodor-Stern-Kai 7, D-6000 Frankfurt, Germany. (Tel (49) 69 63015744.

EORTC Cooperative Groups

Dates have been set for several annual meetings of EORTC cooperative groups. The Leukemia Cooperative Group will meet in Paris on 27–28 September 1991. Contact the secretary for more information: Prof. T. de Witte, Department of Haematology, University Hospital of Nijmegen, Geert Grooteplein Zuid 8, 6525 GA Nijmegen, The Netherlands. Tel (80) 614762, fax (80) 540788.

The Gynecological Cancer Cooperative Group will meet in Utrecht on 15–16 November 1991. Further details can be obtained from the secretary, Dr Martine Piccart, Institut Jules Bordet, Rue Heger-Bordet 1, 1000 Brussels, Belgium. Tel (32) 2 5353532, fax (32) 2 5376625.

The Head and Neck Cooperative Group will meet in Verona on 12 October 1991, and in Paris on 14 March 1992. The Radiotherapy Cooperative Group will meet in Dijon on 4–5 October 1991, and in Tilburg (the Netherlands) on 9–10 April 1992. The Early Clinical Trials Group will meet in Berne on 13 December 1991. On 17–20 March 1992, this group will hold a joint NCI/EORTC symposium in Amsterdam on new drug development.

The Study Group on Quality of Life will meet in Leicester (UK) on 22–23 November 1991. This meeting will include a symposium on quality of life issues in palliative care and a conference on recent advances in palliative care, education and research.

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Letters

Consensus Guidelines and Clinical Practice in Breast Cancer

Indraneel Mittra

THE TIMELY paper by McCarthy and Bore on discrepancies between consensus guidelines and clinical practice [1] brings to light two important issues regarding adjuvant treatment of breast cancer. Firstly, 16% of women in their study who were above the age of 50 received chemotherapy while 26% of women below the age of 50 were given tamoxifen. Since both these groups of women will have derived no therapeutic benefit [2], we can assume that even the modest survival advantage of 6–7% reported in the world overview of adjuvant trials [2] is not being translated into reality. Secondly, 56% of node-positive patients under the age of 50 were not given adjuvant chemotherapy. This finding is similar to that observed in another British study [3], and questions the assumption that thousands of deaths are being avoided or delayed by the widespread use of adjuvant therapy [2]. It also puts paid to the view endorsed by expert committees that adjuvant therapy is standard treatment for node-positive breast cancer [4], carrying with it the implication that it may be unethical to deny such patients the benefit of treatment.

By exposing the realities in actual clinical practice, McCarthy and Bore have provided us with the fresh option of conducting clinical trials of adjuvant treatment in node-positive breast cancer with a no treatment arm. This option was jettisoned by our premature, overenthusiastic and delusory claims of success in therapy. We should now begin afresh, and initiate studies that are both conceptually new and make a clean break with the past traditions of designing adjuvant trials [5].

1. McCarthy M, Bore J. Treatment of breast cancer in two teaching hospitals: a comparison with consensus guidelines. *Eur J Cancer* 1991, **27**, 579–582.
2. Early Breast Cancer Trialist's Collaborative Group. Effects of adjuvant tamoxifen and of cytotoxic therapy on mortality in early breast cancer: an overview of 61 randomised trials among 28,896 women. *N Engl J Med* 1988, **319**, 1681–1692.
3. Gazet J-C, Rainsbury RM, Ford HT, Powles TJ, Coombes RC. Survey of treatment of primary breast cancer in Great Britain. *Br Med J* 1985, **290**, 1793–1795.
4. Glick JH. Meeting highlights: adjuvant therapy for breast cancer. *J Natl Cancer Inst* 1988, **80**, 471–475.
5. Mittra I. Has adjuvant treatment of breast cancer had an unfair trial? *Br Med J* 1990, **302**, 1317–1319.

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