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

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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].

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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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