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Eur J Cancer, Vol. 27, No. 11, pp. 1533–1534, 1991.
Printed in Great Britain
0277-5379/90 $3.00 + 0.00

Book Review

Autopsy in Epidemiology and Medical Research

Edited by E. Riboli and M. Delendi.
IARC Scientific Publications No. 112, Lyon, IARC, 1991. ISBN 92 832 21125.

IN AN awkward preamble to radio and television interviews on environmental hazards, I have often had to explain what a professor of morbid anatomy is. It is useful, therefore, to find the thoughtful foreword to this IARC text by Tomatis begin with a reminder that autopsy means "seeing with one's own eyes".

Why, in the UK at least, do so few of those responsible for clinical care find this necessary? Many of them would contest any suggestion that they fail to care for their patient adequately if they do not ask for autopsy examinations to be performed, and if they fail to attend them when they are done. And yet nine major studies performed in the last 10 years have shown an almost constant 25–30% diagnostic error rate—errors which would have affected management. The identification of toxic or other adverse reactions to drugs has been delayed by failure of investigation. Coronial autopsies are an increasing proportion of all autopsies performed in the UK and are performed differently for different objectives and reasons; they do not fill the gap developing in our assessment of the natural history of disease and its management.

In this volume, many issues relating to the autopsy as an investigation are addressed. The start is not promising; in a review of secular changes in age at death and causes of death in Trieste (1901–1985), the data provide information similar to that found in other seqential studies but the reasons for the changes are the source of extravagant speculation in an overview. This is most emphatically not the flavour of the whole volume, however. Holzner's fine review of Austrian practice indicates why the European School of Pathology will base its autopsy teaching there; his observations on the use of autopsy data as

a control for the accuracy of cancer registration should be compulsory reading. Interestingly, he provides data which may assist in evaluating the effects of contacts between physician and pathologist on subsequent diagnostic accuracy. Several authors express concerns over the use of non-pathologically confirmed death certificate data as the basis for epidemiological studies—the report by Delendi *et al.* makes it clear that even for the comparatively easy endpoint of cancer of the respiratory tract, new diagnostic methods and imaging have not affected the rate of failure to diagnose lung cancer in the last 10 years. Cameron again writes clearly and convincingly, stressing that his is an oft-repeated message and that he may be preaching to the converted. Studies from Iceland, Italy, Germany, Yugoslavia and Northern Ireland all provide the same message—of the underuse of a vital and valuable investigation. Sections on the value of the neonatal autopsy, on its use in documentation of the effects of exposure to asbestos and a series of specific considerations of the autopsy in epidemiological and medical research are presented.

Pathologists have their own pecking order of colleagues from whom they would seek clinical help. I am aware of my reasons for choosing those who are often in the department for consultation on live patients, based in part on the fact that the best do not ignore the dead. In coronial practice, we know which practitioners in primary care are likely to come (to an often inconvenient mortuary) in order to be able to communicate with the family in a manner seen by them as part of a duty of care which does not end with the verification of death. Perhaps the publication of a new joint document on "The Autopsy and Audit" by the Royal Colleges of Physicians and Pathologists will bring a new group of managers into the debate. It must be hoped that they will not see the autopsy only as an expensive study; the changes in obstetric practice which followed the 1958 national neonatal pathology survey must have saved the nation many millions of pounds—more importantly, they prevented much disability and distress. It is an apparent disregard for the clinical value of autopsy, despite many investigations documenting its worth that continues to surprise many; perhaps audit will change this, even if for the wrong reasons.

Colin Berry
Department of Morbid Anatomy
The London Hospital Medical College
Turner Street
London E1 2AD, U.K.

News

EORTC

The 1991–1992 report of the European Organization for Research and Treatment of Cancer (EORTC) has been published. The EORTC's treatment branch has data on over 60 000 patients, and employs about 1000 clinicians, in 350 institutes. In 1990, 6310 patients were entered in 205 protocols. Research is promoted by multidisciplinary, multinational groups, and recent studies have found promising results. The radiotherapy cooperative group, in its trial comparing hyperfractionation with conventional fractionation in oropharyngeal cancer patients, reported that hyperfractionation significantly improved locoregional control. This group, in collaboration with the lung cancer cooperative group, also found a significant improvement in survival in its phase III study of patients with inoperable lung cancer, when daily cisplatin is added to conventional irradiation. The breast cancer cooperative group completed its "Breast Group Manual", which summarises assessment, staging, treatment and follow-up of breast cancer patients. The manual is intended as a reference for protocol elaboration, data collection and reporting of study results in breast cancer trials. The EORTC's research branch has established a Scientific Advisory Board (SAB), of scientists and clinical oncologists. At annual colloquia, the SAB, with invited experts, evaluate new concepts in the basic sciences, for applications in clinical oncology. Based upon the SAB's recommendations, European "Task Forces" are established to promote discussion and collaborative research in areas of particular importance. The first such initiative, the Task Force "Cytokines", held its inaugural meeting in Essen in November, 1990.

Immunology of HPV Infections

An international workshop on the immunology of human papillomavirus infections will be held on 7–8 May 1992, in Amsterdam as part of the EC Concerted Action programme. For further information, contact the Secretariat, Bureau PAOG, Tafelbergweg 25, 1105 BC, Amsterdam, The Netherlands. Tel (31) 20 566 4801, fax (31) 20 696 3228.

Cancer of the Oesophagus

An international congress on cancer of the oesophagus will be held on 7–10 June 1992, in Genova, Italy. For further details, contact Hugo Aste, Department of Gastroenterology, Istituto Nazionale per la Ricerca sul Cancro, Viale Benedetto XV no. 10, 16132 Genova, Italy. Tel (39) 10 35341, fax (39) 10 352999.