gone down the road of analysing the degree of certainty and uncertainty of their diagnostic opinions. Chapter 20 on "Reasoning with Uncertainties" looked initially very interesting but I became completely lost in the jargon and equations.

The final chapters on neurocomputing, translation and voice recognition are irrelevant to the declared aims of this book and should have been omitted. The numerous addenda are impressive and potentially very useful, dealing with glossaries, equipment suppliers, journals, societies and manufacturers.

Overall a very useful book for anyone contemplating embarking on the use of quantitative techniques in tumour pathology, provided that one remains aware that there may be other simpler methods of solving particular problems.

D.R. Turner
Department of Pathology
University Hospital
Nottingham NG7 2UH
U.K.

Eur J Cancer, Vol. 28A, No. 4/5, p.1000, 1992.
Printed in Great Britain
0964-1947/92 $5.00 + 0.00
Pergamon Press Ltd

Incidental Carcinoma of the Prostate

Edited by J.E. Altwein, P. Faul and W. Schneider. Heidelberg, Springer, 1991. 272 pp., DM 118.00. ISBN 0 387 53225 0.

NON-UROLOGISTS may find it strange that this title should attract sufficient interest to fill a book. Why all the fuss about this stage of this particular cancer? The answer has been sharpened in the past year or two by an increasing clamour for screening of men to detect early and asymptomatic-cancer of the prostate. There is nothing wrong with this yearning for early diagnosis but what is wrong is the implication that having found an early focus of cancer then there is a treatment which will therefore improve survival statistics. This is the central question that has yet to be answered. Moreover we do not have very good tests for early cancer and that three which are under close study—digital rectal examination (DRE), prostate specific antigen (PSA) and transrectal ultrasound (TRUS)—are not as specific as some would imply. Undoubtedly PSA and TRUS techniques have improved but they are still not all that good for mass screening.

As for the management of focal or early disease, this is fraught with debate with a choice between watch and see, irradiate or radical surgery. All have their firm supporters.

Surely there is some evidence to help guide us through these questions. This book examines the present position on these vexing questions. The chapter on prophylactic ultrasound screening is typical of the muddled thinking on this subject: the authors say that it is obvious that early diagnosis of prostate cancer by population screening is warranted; the next sentence admits that TRUS is no good because of its low predictive value. They then suggest that DRE, PSA and TRUS can give the answer. Pilot studies have already been done using these three measurements and while undoubtedly the three combined do produce a better detection rate, there is no suggestion that this can be translated into a population screening study.

The chapter by Guinan from Chicago concludes that screening for stage T1 carcinoma of the prostate with TRUS is appealing but due to ethical and economic considerations it should not be carried out but confined to high-risk groups provided that prognostic tests are developed to identify the biologically active cancers.

Thus we start to get a picture of an important subject, hitherto much neglected (especially by grant-giving bodies) that is now pushing into the public eye. Prostate cancer may not be so eye catching as breast cancer but fully deserving of further study. Sooner or later the weight of male public opinion will want better answers about incidental prostate cancer. For now, urologists should be careful with their statements and not hold out hopes that quite clearly cannot be met. Urologists know that this is a vexing question and they will welcome this book as a summary of the present position on this subject. They must be careful not to offer expectations about the benefit of screening for these early cancers before there are much better data and much better methods for studying the prostate and more reliable predictors of malignant potential.

Geoffrey D. Chisholm
University Department of Surgery/Urology
Western General Hospital
Edinburgh EH4 2XU
U.K.

News

Report of the Italian Pediatric Cancer Research Group on the Neuroblastoma Research Programme

In the past few years cancer and other pathologies have been studied deeply in their molecular and genetical aspects. Today the clinician cannot give up trying to understand the biological and molecular mechanisms underlying cancer. Besides, the biologist cannot exclude the potential therapeutical aspect of his study. Thus, several therapeutic protocols include biological studies on specimens of primary tumour and metastasis. In 1989 the Italian Pediatric Hematology and Oncology Association (AIEOP) founded an Operative Task Force (Director, Prof. Guido Paolucci, University of Bologna) to which the Italian Pediatric Cancer Research Group (IPCRG) belongs. The IPCRG (including the universities of Bologna, Modena, Napoli, Roma, Padova and Torino, G. Gaslini Children's Hospital and the National Cancer Institutes of Genova and Milano) has developed research programmes on neuroblastoma, rhabdomyosarcoma and Wilms' and brain tumours. For example: in association with the clinicians involved in the Neuroblastoma Therapeutic Program, the IPCRG studied MYCN gene amplification, loss of 1p heterozygosity, multidrug resistance gene (*mdr1*) expression, and expression of the cell-cycle dependent genes. The success of the cooperative study depends on the possibility to analyse a large series of specimens in a short time. For this reason the (IPCRG) has also constituted a National Tissue Bank. To date IPCRG has analysed more than 200 neuroblastoma specimens. We report here some results of IPCRG research on neuroblastoma (references available from G.P.T.): (1) MYCN oncogene amplification was found to be an age-dependent factor. (2) In Italian cases of advanced neuroblastoma MYCN amplification has a significantly lower frequency (20.6%) compared with the USA (53.2%) and Japan (55.2%) (Table 1). (3) There is an inverse correlation between MYCN amplification and vanillylmandelic acid urinary level as also reported by Nakagawara and colleagues from Kyushu University, Japan. (4) There is an

Table 1. Different frequences of MYCN oncogene amplification among Italian, American and Japanese cases of advanced (stages 3 and 4) neuroblastoma

Country	MYCN copy number	
	< 3 *n* (%)	≥ 3 *n* (%)
Italy	81 (79.4)	21 (20.6)
USA	28 (46.7)	32 (53.2)*
Japan	13 (44.8)	16 (55.2)†
Total	122 (63.3)	69 (36.7)

* $P < 0.0001$; † $P < 0.001$ (χ^2 analysis).

inverse correlation between the expression of MYCN gene and *mdr*1 gene as also demonstrated by Nakagawara and colleagues. (5) Near-diploid DNA content has been frequently found in advanced stage while the DNA contents and MYCN amplification were demonstrated to be positively correlated. (6) MYCN amplification may be present in patients with stage 4S.

Studies on the loss of 1p heterozygosity on the Italian neuroblastoma population are in progress. Preliminary results (obtained in collaboration with the Deutsches Krebsforschungszentrum, Heidelberg) show that loss of 1p heterozigosity may occur both in non-disseminated and in disseminated neuroblastoma.

Recently, the IPCRG has obtained a financial support by Associazione Italiana Ricerca sul Cancro (AIRC) and Consiglio Nazionale delle Ricerche (CNR) to develop better its research programme.

The main goal of IPCRG is to supply new tools in order to understand better disease evolution and tumour progression. Moreover, it will be useful to study new molecular markers to define better prognosis and to increase the potentiality of therapeutic protocols.

Gian Paolo Tonini
Department of Hematology and Oncology
G. Gaslini Children's Hospital
Genova
Italy

Participants of the IPCRG: M. Badiali (University of Modena), A. Cavazzana, C. Dominici and G. Melino (University of Roma), G. Basso and A. Pession (University of Bologna), G. Bussolati and A. Pagani (University of Torino), A. Iolascon (University of Napoli), R. Luck (National Cancer Institute of Milano), V. Fontana and P. Strigini (National Cancer Institute of Genova), D. Di Martino and C. Valenti (G. Gaslini Children's Hospital, Genova).

Coping with Cancer

CancerLink's booklet, *Coping with Cancer**, discusses the problems health professionals may encounter in communicating with people affected by cancer. One-third of the enquiries to CancerLink's information service are from health professionals. This booklet addresses the issues that cause most concern: how to assess the levels of support and information different individuals require, and how to identify and reduce their fears.

One section examines emotional responses to cancer diagnosis. Whilst personality, emotional state, and life experiences influence an individual's reaction, feelings of fear, anger, helplessness and isolation are often expressed. For the terminally ill, sadness and grief may be overwhelming; empathy and a willingness to listen are most required. Guilt may be experienced by patients, family and friends. Some individuals feel guilty at being a burden; relatives and friends may feel guilty because they cannot visit very often, or care for the person at home. *Coping with Cancer* suggests that the health professional acknowledges, and perhaps helps the person with cancer to understand, what family and friends are able or willing to give.

*Complementary Care and Cancer** lists sources for information, and describes complementary therapies for individuals affected by cancer. Advice on finding a practitioner and answers to common questions about complementary care are given.

**Coping with Cancer*, and *Complementary Care and Cancer*, September 1991, CancerLink, 17 Britannia Street, London WC1X 9JN, (Tel. 071 833 2451). Individual copies free.

Chest Disease

The Fleischner Society's 22nd annual symposium on chest disease will be held in Montreal on 7–9 May 1992. Further details can be obtained from the Fleischner Society, Meeting Management, 5665 Oberlin Drive #110, San Diego, California 92121, USA. Tel. 1 619 4536222, Fax 5353880.

Medical Applications of Cyclotrons

The sixth symposium on the medical applications of cyclotrons will be held in Turku, Finland, on 1–4 June, 1992. For further information, contact Mrs. Ulla Ketola, Turku Medical Cyclotron-PET Center, Turku University Central Hospital, SF-20520 Turku, Finland. Tel. (21) 612 772, Fax (21) 318 191.

Arizona Cancer Center

The Arizona Cancer Center is holding its fourth international conference on nutrition and chemoprevention controversies in the prevention of human cancer in Tucson on 3–6 June 1992. For more details contact Nancy Rzewuski, Conference Coordinator, Arizona Cancer Center, Tucson, Arizona 85724, USA. Tel. (602) 626 6044, Fax (602) 626 2284.

New Urological Technologies

The second international symposium and workshop on new urological technologies will be held on 4–5 June 1992, in Leuven. Further information can be obtained from Professor Luc Baert, Department of Urology, University Hospital Saint-Peter, Brusselsetraat 69, 3000 Leuven, Belgium. Tel. (16) 21 75 32, Fax (16) 21 71 71.

BOA Annual Meeting

The seventh annual scientific meeting of the British Oncological Association will be held jointly with the Nordic Cancer Societies in Canterbury, Kent on 5–7 July 1992. Further details can be obtained from Dr Stewart Coltart, Department of Clinical