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.

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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.

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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