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Micro 92

The Royal Microscopical Society is organising an international microscopy conference and exhibition, called Micro 92, on 7-10 July 1992, at the Ramada Inn West, London. For further details, contact the Royal Microscopical Society, 37/38 St Clements, Oxford OX4 1AJ, U.K. Telephone: (44) 0865 248768; Fax: (44) 0865 791237.

Zinc Finger Proteins

The New York Academy of Sciences is sponsoring a meeting on zinc finger proteins in oncogenesis on 7-10 September 1992 in Noordwijkerhout, The Netherlands. Further information can be obtained from the Conference Department, New York Academy of Sciences, 2 East 63rd Street, New York, New York 10021, USA. Tel. (212) 838 0230, Fax (212) 888 2894.

Psychosocial Oncology

The 6th annual meeting of the European Society of Psychosocial Oncology (ESPO) will be an international congress on 12-14 October 1992, in Beaune, France. Abstracts must be submitted by 1 May 1992. Further information can be obtained from Professor R. Zittoun, Service d'Hématologie, Hôpital Hôtel Dieu, 1 place du Parvis de Notre Dame, 75004 Paris, France. Tel. 33 1 42348413, Fax. 42348406.

European Association for Palliative Care

The second European Association for Palliative Care congress will be held on 19-22 October 1992, in Brussels. For further information, contact Professor C. Deckers, Centre des Tumeurs, Ave Hippocrate 10, B-1200 Brussels, Belgium. Tel. 32 2 7644757, Fax. 7644764.

Pisa Symposium on Breast Cancer

To celebrate the 650th anniversary of the University of Pisa, a symposium on breast cancer is planned for 19-21 October 1992, in Pisa. For further details, contact Dr PierFranco Conte or Dr Antonella Surbone, Medical Oncology, Santa Chiara Hospital, 56100 Pisa, Italy. Tel. 39 50 592070, Fax. 39 50 592069.

UICC International Cancer Congress

The XVI UICC international cancer congress will be held in New Delhi on 30 Oct-5 Nov, 1994. For further details, contact the Congress Secretariat, XVI International Congress, Tata Memorial Centre, Parel, Bombay 400 012, India. Tel. 91 22 4129750, Fax. 4129937.

Letters

Preoperative Radiotherapy in the Treatment of Cancer of the Oesophagus

David J. Girling, Lesley A. Stewart
and Mahesh K.B. Parmar, on behalf of the
Medical Research Council Oesophageal
Cancer Working Party

THE PROGNOSIS of patients with oesophageal cancer remains poor, even after surgical resection. Considerable interest has been shown in preoperative radiotherapy to improve the results of surgery. As a start to investigating whether this treatment improves survival, we sought information on all randomised trials that compared surgery alone (S) versus radiotherapy followed by surgery (RS), by undertaking a MEDLINE search and by seeking information on unpublished trials. Three published trials and one unpublished trial were identified (Table 1).

In the trial by Launois *et al.* [1], the radiotherapy dose was 40 Gy and the interval between radiotherapy and surgery was 8 days or less. 124 patients with squamous carcinoma were randomised, but survival analysis was confined to the 60 patients who successfully underwent surgical resection and who survived the 30-day postoperative period. Actuarial survival rates at 5 years were 11.5% in the S group and 9.5% in the RS group. The authors concluded that preoperative radiotherapy did not produce a significant short-term or long-term benefit.

In the trial by Gignoux *et al.* [2], the radiotherapy dose was 33 Gy and the interval between radiotherapy and surgery was 8 days or less. 229 patients with squamous carcinoma at least 20 cm from the dental line were randomised. Actuarial survival rates, based on the 208 patients who were fully evaluable at 5 years, were 9% in the S group and 10% in the RS group. In patients whose cancer was successfully resected, 5-year survival was 10% and 16%, respectively. The authors concluded that although combined treatment may delay local recurrence, this benefit is not translated into a survival benefit.

In the trial by Wang *et al.* [3], the radiotherapy dose was 40 Gy and the interval between radiotherapy and surgery was 2-4 weeks. 206 patients with mid-thoracic oesophageal cancer less than 8 cm in length were randomised. At 5 years, 141 of the 206 patients randomised were assessable. For the 184 patients with resectable lesions, 140 were assessable at 3 years and 128 at 5 years. The survivors at the time of analysis are shown in Table 1. The authors concluded that both in the whole study

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