



The European School of Oncology

10th ANNIVERSARY EVENTS

15th - 16th October, 1992
Milan, Italy

Bioethics in Oncology

Chairpersons: J. Holland (US), M. Slevin (GB)

Faculty: Aaronson (NL), Cazzullo (IT), Fiorentino (IT), Koinuma (JP), Lederberg (US), McDonnell (KE), Olweny (US), Rothman (US), Ventafridda (IT), Veronesi (IT), Weil (FR)

Truth telling in the Western European context; Changing patterns in Japan; Medicine and government; Ethical issues in developing countries; Euthanasia and other media favorites; Terminal care and ethics in the developing countries; Planning a global research and educational agenda in bioethics.

Chemoprevention of Cancer

Chairpersons: M. Sporn (US), P. Boyle (IT)

Faculty: Jordan (US), Cuzick (GB), Ki Hong (US), McVie (GB), Maltoni (IT), Moon (US), Powles (GB), Schroeder (NL), Veronesi (IT), Walker (US), Willett (US)

Tamoxifen and prevention of breast cancer; Ongoing studies on tamoxifen in the US, the UK and Italy; Retinoids and cancer prevention; The Milan cancer chemoprevention programme; EUROSCAN; Prevention of prostate cancer; Methodology.

Immunodiagnosis of Tumours

Chairperson: S. von Kleist (DE)

Faculty: Buraggi (IT), Denk (AT), Gion (IT), Hertel (DE), Hor (DE), Noujaim (CA), Schwartz (US), Wittekind (DE)

In vitro procedures for immunodiagnosis; New serological marker substances; Immunohistology - a new diagnostic dimension; *In vivo* technologies for immunodiagnosis; Radio-immunodetection as a model for biologically targeted radiotherapy.

Tobacco Carcinogenesis and Control

Chairpersons: P. Boyle (IT), M. Peckham (GB), W. Zatonski (PL), H. Zur Hausen (DE)

Faculty: Bartsch (FR), La Vecchia (IT), Martin-Moreno (ES), Maynard (GB), Schwab (DE), Walker (US), Wood (GB)

The epidemiological evidence of cigars, pipes and cigarette smoking and risk of cancer; Differences in the effect of black and blond tobacco on cancer risk; Chemical carcinogenesis and mechanisms; Preventive strategies and their efficacy; Introduction of "European Oncologists Against Tobacco".

Cutaneous Melanoma

Chairperson: N. Cascinelli (IT)

Faculty: Anichini (IT), Bajetta (IT), Belli (IT), Cook (GB), Coulie (NL), Giannotti (IT), Illeni (IT), Kirkwood (US), Mackie (GB), Mihm (US), Natali (IT), Parmiani (IT), Rilke (IT), Rovini (IT), Santinami (IT), Soyer (AT), Vaglini (IT), Zurrida (IT)

Diagnosis of cutaneous melanoma; Utility and limits of prevention campaigns in melanoma; Therapeutic programming at the Istituto Nazionale Tumori (Milan); Immunological research.

Prostate Cancer 2000

Chairpersons: L. Denis (BE), G. Murphy (US)

Faculty: Bagshaw (US), Boyle (IT), Coffey (US), Di Silverio (IT), Griffiths (GB), Pagano (IT), Scher (US), Schroeder (NL), Walsh (US)

Epidemiology of prostate cancer; Prevention; Biology of prostate cancer; Endocrinology of prostate cancer; Radical prostatectomy; Radiotherapy; Endocrine therapy; Chemotherapy; Future considerations.

For further information contact:
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News

Lung Cancer

The 2nd European Inter-University Symposium on advances in the diagnosis and treatment of lung cancer will be held on 23–26 September 1992, in Naoussa, Greece. For further details, contact Professor Paul Vritsios, Radiation Oncology Department, AHEPHAN'S University Hospital, 1 S. Kyriakidi St, GR 54636, Thessaloniki, Greece. Tel: (31) 994110, Fax: (31) 206940 and (31) 225666.

Mutant Oncogenes

A meeting on mutant oncogenes entitled Targets for Therapy will take place on 22–23 October 1992, in central London. For further details, contact Miss Ruth Parks, Department of Clinical Oncology, Hammersmith Hospital, Du Cane Road, London, W12 0HS. Tel: 081 7403149, Fax: 081 7462021.

AACR Special Conferences

The American Association for Cancer Research is holding three special conferences in cancer research in 1992. First, on 23–26

September in Naples, Florida, there is a conference on molecular and biochemical methods in epidemiology and prevention. The second meeting is on normal and neoplastic growth and development in Cape Cod, Massachusetts, on 18–22 October. The third conference is on the genetics of cancer, and will be held on 4–8 November in Hilton Head, South Carolina. Further details for all three can be obtained from AACR, Public Ledger Building Suite 816, 620 Chestnut Street, Philadelphia, Pennsylvania 19106-3483, USA. Tel: 215 440 9300, Fax: 215 440 9313.

Radiation Biology and Hyperthermic Oncology

A joint meeting of the European Societies for Radiation Biology and Hyperthermic Oncology will be held in Amsterdam on 1–4 June 1994. For further information, contact Clemens Walta or Jacqueline Rohof, PAOG Amsterdam (Conference Secretariat), Tafelbergweg 25, 1105 BC Amsterdam, The Netherlands. Tel: (20) 5664801, Fax: (20) 6963228.

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Letters

Hepatitis due to Cyproterone Acetate

**Pavlos E. Drakos, Eliahu Gez
and Raphael Catane**

CYPROTERONE ACETATE (CPA) is widely used for female hirsutism, precocious puberty, acne and carcinoma of the prostate and breast, with minimal side-effects [1–3]. Only a few reports have been published about clinical hepatocellular damage due to CPA [4–9].

A 78-year-old man was admitted on 9 May 1990 for jaundice. Two years earlier he underwent simple prostatectomy because of prostatic hypertrophy although pathological examination showed focus of a well differentiated prostatic adenocarcinoma (stage A₁). In February 1990, because of metastases, he was offered CPA 50 mg orally three times per day and triptorelin 3.2 mg intramuscularly every month. Liver function tests were then normal. Treatment induced subjective and objective

responses. On 9 May 1990, jaundice and fatigue appeared. Physical examination was unremarkable. Total bilirubin was 491 $\mu\text{mol/l}$ (direct 284), alkaline phosphatase 246 U, aspartate transaminase 665 U and alanine transaminase 468 U. Prothrombin time was 55% of normal. Ultrasonography and computerised tomography of the abdomen revealed only minimal ascites with a normal size, homogenous liver. Serological markers for hepatitis viruses, cytomegalovirus and herpes viruses were negative.

CPA was stopped while triptorelin was continued. The patient gradually recovered and liver function became normal within 3 months (Fig. 1).

CPA was implicated in our case since there was no other cause for the hepatocellular damage. In addition, withdrawal of CPA resulted in resolution of the abnormal liver function.

Thus, 18 cases of patients with liver damage due to CPA have been reported and in 3 patients the outcome was fatal (17%) [4–9]. The mechanism by which CPA induces liver damage is not clear but several hormone agents can be hepatotoxic [10]. Most of the cases described occurred in elderly patients with malignant disease who received CPA for a long period. Monitoring of liver function in patients receiving CPA may allow early detection of liver enzyme abnormalities and prompt withdrawal of the drug.

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