Eur J Cancer, Vol. 29A, No. 4, p. 483, 1993.
Printed in Great Britain

0964-1947/93 $6.00 + 0.00

Comments and Critique

Third European Winter Oncology Conference (EWOC-3)

READERS of the *European Journal of Cancer* (EJC) will remember that in 1991 the Journal carried papers from the Second European Winter Oncology Conference (EWOC). This issue of EJC includes material from the Third Conference, timed so that papers appear in print at the same time that they are discussed at the meeting.

EWOC is organised in collaboration with the Federation of European Cancer Societies, under the auspices of the European Society for Medical Oncology (ESMO), the European School of Oncology (ESO) and the European Organisation for Research and Treatment of Cancer (EORTC). The papers are short reviews and represent the core of the discussions between the speakers and the audience at EWOC. An important part of any meeting lies in the discussion which follows formal presentations. EWOC is organised in such a way that there is ample time for an interchange between participants, formally in the meeting room and in informal meetings during the days of the conference. The papers have been written by contributors from all over Europe and from many specialties. The diversity of approaches gives some of the flavour of the EWOC meeting.

The EJC carries reviews, discussions, letters, as well as original articles. It is the aim of the editors to provide timely information as well as educational material for the readership. The goal is to foster a forum for debate in the letters section where readers can express their opinions on issues raised by Journal papers. Obviously there are limitations in the extent to which a monthly Journal can provide the same type of exchange as that which occurs during a symposium, but many areas across the whole range of oncology can be subject to controversy which should be constructive rather than destructive. This is the lesson of EWOC which is felt by all those who have had the opportunity to participate as an effective forum for debate between representatives of main cancer centres and a diversity of specialists with an interest in the constantly evolving field of oncology.

This year's EWOC has returned to many of the topics discussed 4 years ago. It is the aim of the organisers to cover the subjects discussed in 1991 again in 1995. They invite input from the EJC's readership who may want to suggest topics for 1995. We hope that the EWOC articles will be well received and contribute to the experience of all cancer specialists.

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Serum Tumour Markers in Lung Cancer

NEW TUMOUR markers are described almost monthly but only a few serum markers have obtained a real clinical value. The ideal tumour marker should be produced and secreted by the tumour cells and be readily detectable in body fluids. It should not be detectable in healthy persons or patients with benign diseases, but in patients with malignant diseases it should occur frequently and be present at an early stage of the disease. Furthermore, the quantity of tumour marker should be directly correlated with the tumour load, thereby reflecting the result of antineoplastic therapy. To fulfill the latter, the secretion rate of the marker must be almost constant and its metabolism or excretion from the body should not be too fast or too slow. The secretion of the marker should also be the same in tumour cells developing resistance to radiotherapy or chemotherapy, and chemotherapeutic agents themselves must be without influence on the production and secretion of the marker in viable tumour cells.

There might be several practical applications of tumour markers for lung cancer. In smokers, it might be of value to screen for lung cancer. To be used as a screening test the marker should occur frequently at an early stage of disease. No such marker is presently known. Considering diagnosis, markers might be used to determine whether a patient has a lung cancer, or to classify the tumour into subgroups, e.g. histological types. Bergman *et al.* [1] measured neuron-specific enolase (NSE), carcinoembryonic antigen (CEA) and CA-50 in 311 patients admitted to hospital with suspected lung cancer. Some patients were cured from a benign disease and some had complete disappearance of symptoms and signs of disease, while 168 patients had a primary pulmonary malignancy diagnosed. This study is of interest because of the number of patients studied and the methodology. To predict a diagnosis of lung cancer from an elevated serum value of a single marker with a probability of