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International Cancer News

Compiled by Robert Short, News Editor, London

From the Globe

Premature FDA Approval of High-dose Interferon-α in Melanoma?

Leading European oncologists believe that the clearance of Intron A (recombinant interferon-α2b) by the FDA is premature at the dose schedule used in the Eastern Cooperative Oncology Group (ECOG) Trial EST 1684. Intron A is used as an adjuvant to local 'curative' surgery in patients at high risk for recurrence and/or metastases of malignant melanoma. The regimen used in the trial, which was the only trial on which the FDA based its decision, is too toxic to become standard therapy and the results of EORTC trials looking at lower doses should be awaited, these sources believe.

The ECOG trial was a randomised multicentre phase III clinical trial in 287 melanoma patients. This study, using adjuvant high-dose interferon, improved both disease-free and overall survival. "Although the improvement in survival was modest, this is the first randomised adjuvant therapy trial after two decades of testing to impact clearly and significantly the natural history of melanoma," said Dr Charles M. Balch and Dr Antonio C. Buzaid, The University of Texas M.D. Anderson Cancer Center, Houston, Texas, U.S.A., in an editorial accompanying the published study.

The study showed an increase of relapse-free survival by 9 months (20.6 versus 11.8 months) and of overall survival by 13 months (45.8 versus 33.4 months), both results being statistically significant and of clinical relevance. Forty-six per cent of interferon-α2b patients were still alive at 5 years after surgery as compared with 37% of the control patients. The investigators wrote: "Toxicity was significant, but tolerable, in the majority of participants with the dose interruptions and/or reductions specified in this protocol. Constitutional, haematological and neurological toxicities were noted most frequently." The interferon was given at maximum-tolerated doses of 20 MU/m^2/d i.v. for one month and 10 MU/m^2 three times per week s.c. for 48 weeks.

The EORTC Melanoma Cooperative Group acknowledge the importance of the ECOG 1684 results as they show that interferon-α2b can have significant activity in the adjuvant setting in high risk melanoma. However, chairman of the Group, Dr Alexander M.M. Eggermont, points out that the toxicity inflicted upon the whole patient population for a period of 12 months to create a prolongation of survival of 12.5 months in 9% of the population is not ideal and demands the development of less toxic regimens. "This schedule is not without its risks, given its toxicity and the complicated and especially toxic first 4 weeks of daily intravenous infusions. Also, these infusions require close monitoring for safety and special patient care which is just not standardly available in an outpatient setting in many hospitals. The results of this schedule should first be confirmed by the follow-up trial ECOG 1690 (final analysis in 1998) before this kind of schedule can be recommended as standard adjuvant treatment".

Dr Eggermont added that all other interferon-α trials have been negative so far. But this may be because only low doses (WHO-16 trial) and very low doses (EORTC-18771 trial) have been examined. There is a need to test intermediate doses. "Nobody has looked at intermediate doses of interferon and the efficacy of maximum tolerated dose outpatient subcutaneous treatment," said Dr Eggermont. The new EORTC 18952 trial activated on the first of April avoids intravenous administration and tests two intermediate dose schedules. Fifty per cent of the total ECOG dose delivered in one year or the same dose delivered over 2 years. Both arms, consisting of 400 patients each, have a daily administration of interferon-α period of 4 weeks at 25% of the intended dose in the ECOG 1684. The observation arm will contain 200 people.

Said Dr Eggermont: "If the treatment works we will know this one year after the study closes in 1998 (both interferon-α2b arms combined versus control)." This will be only shortly after the final analysis of the ECOG 1690. Therefore a less toxic alternative would be immediately available, even if 1690 confirms 1684. Prospective quality of life evaluation as well as economic analysis in this trial will, in case both treatment arms are equally effective, determine which schedule would be recommended as 'the new standard'. This second analysis is projected 1.5 years later. It would also create the possibility of adding in the future other agents to further increase the activity of interferon-α based adjuvant treatments.

EORTC Calls for Centres to Join Melanoma Trial

The EORTC Melanoma Cooperative chairman, Dr Alexander M.M. Eggermont is appealing for more centres to join the EORTC trial 18952 on postoperative adjuvant interferon-α2b treatment in resected high risk primary and/or regionally metastatic cutaneous melanoma.

"All centres in Europe are once more requested to join this crucial and quick trial," said Dr Eggermont. "Speed is mandatory now. We're very happy that the willingness to participate in this trial is absolutely overwhelming. The momentum we have is great as even new centres join every week. We are quite confident now that we will accrue 1000 patients by the end of 1998."

Europe and US Collaborate on Cancer Information Exchange

The European School of Oncology (ESO) and the U.S. National Cancer Institute (NCI) have opened discussions on the possibility of linking two major information resources on cancer: NCI's Physician's Data Query (PDQ) system and the new European service called START (State of the Art Oncology in Europe).

START will be available by the end of 1996. Access to PDQ in Europe is through the EORTC Eurocode network.

Discussions in March at the European Institute of Oncology, Milan, Italy, focused on improving information exchange to deliver the latest research findings quickly to medical professions and patients. There is a possibility that the two services will be linked via the World Wide Web, once START becomes fully operational.

"They say that information is power. In the case of treating cancer, sharing information helps empower physicians to increase significantly a patient's chances of survival," said Dr Alberto Costa, Director of the European School of Oncology based in Milan. "Both PDQ and START create a genuine opportunity for physicians and patients to have access to the latest quality information which will help them make educated decisions about treatment."

PDQ is a computer database that contains cancer information summaries, listings of clinical trials and directories of individuals and organisations involved in cancer care. It is updated monthly by the International Cancer Information Center (ICIC) of the NCI. Cancer information can be accessed on the ICIC's World Wide Web site. ICIC offers a full range of methods to obtain cancer information. In the case of PDQ, information can be obtained by toll-free telephone numbers, via an on-line service through the National Library of Medicine and commercial database vendors, a fax document delivery service called Cancer Fax and via CD-ROM.

The main purpose of the START project is to provide evidence-based, state-of-the-art knowledge about cancer treatment options for physicians. START has similar aims to PDQ but takes into consideration the cultural differences affecting the treatment approaches throughout Europe. START may use the same basic data review process used by PDQ.

Both the National Cancer Institute and the European Institute of Oncology work closely with the EORTC, which has facilitated the entry of European protocols into PDQ for the last decade.

Expert Reviews on Cancer Now On-line

A World Wide Web information service, *BBA: Reviews on Cancer On-line,* has been launched by Elsevier Science, Amsterdam, The Netherlands. The service is linked to the journal *Biochimica et Biophysica Acta.*

Edited by Dr David M. Livingston of the Dana-Faber Cancer Institute, Boston, the new on-line service consists of rapidly-published, peer-reviewed, full length reviews, mini-reviews, opinion pieces and meeting reports within a new forum for international scientific communication.

The service covers the whole field of the biology and biochemistry of cancer, emphasising oncogenes and tumour suppresser genes, growth-related cell cycle control signalling, carcinogenesis mechanisms, cell transformation, immunological control mechanisms, genetics of human (mammalian) cancer, control of cell proliferation, genetic and molecular control of organism development and rational antitumour drug design.

"*Reviews on Cancer On-line* will provide up-to-date information in various forms—written by experts," explains Dr Livingston. "Better still, there will be electronic aids built into the format of the journal, which will make reference information attached to a review accessible to the armchair reader, reducing trips to the library and separate gene and protein structure searches."

The on-line service is available on the Internet to individual cancer scientists working at locations that subscribe to the Journal, *BBA* or *BBA: Reviews on Cancer.* A subscription to the on-line service costs $75 per individual subscriber, although the fee is waived for the first 6 months of operation. Licences for groups of individual subscribers and site licenses will also be made available on application to Elsevier Science. For more information contact Nigel Fletcher-Jones by phone (+31-20-4853355) or fax (+31-20-4853342) or visit the homepage (http: //www. elsevier. nl/locate/roco) or (http: //www. elsevier. com/locate/roco).

No Evidence of Breast Cancer Link to Induced Abortions

There is no evidence of a direct relationship between breast cancer and either induced or spontaneous abortion. The National Cancer Institute (NCI) and National Institutes of Health re-affirm their view in their updated fact sheet on abortion and cancer.

The statement is to counter a public information campaign which is currently claiming that women who have had an induced abortion are more likely to develop breast cancer and to suffer a deadlier form of the disease. Three recent reviews published have assessed more than 30 studies and concluded that the available data on the relationship between induced abortions or spontaneous abortions and breast cancer are inconsistent and inconclusive. No study could be found that directly links induced abortion with a deadlier form of breast cancer. In addition, the scientific rationale for an association between abortion and breast cancer is based on limited experimental data in rats, and is not consistent with human data. "There is no evidence of a direct relationship between breast cancer and either induced or spontaneous abortion," the statement says.

From Europe

EORTC Research Division to be 'Number One' in Drug Development

The 2-year re-organisation of the Research Division of the EORTC is now complete and has shaped it to become the biggest organisation for the development of new anticancer agents in Europe. This is the belief of Professor Tom A. Connors, Chairman of the EORTC Research Division.

Prof. Tom A. Connors: EORTC Research Division to become a major source of research funds within 5 years

Table 1. Organisational changes that could lead to the EORTC Research Division being the major organisation for the development of new anticancer agents in Europe and a major source of research funds for the EORTC

- Dr Coen Van Kalken, Director of the EORTC New Drug Development Office in Amsterdam, The Netherlands, has instituted a highly professional, step-by-step programme for the rapid development of anticancer agents to be carried out in collaboration with industry.
- The New Drug Development Committee has been re-organised to act as the Executive Committee of the Research Division with ex-officio representation and representatives of collaborating organisations such as the British Cancer Research Campaign and the U.S. National Cancer Institute. The New Drug Development Office as the executive office will co-ordinate the efforts of the research groups within the division and the clinical groups.
- The former Early Clinical Trials Group has merged with the Clinical Study Group to form the Early Clinical Studies Group. This powerful new group now comprises 51 top clinical cancer centres throughout Europe. All three pan-European clinical groups, the Early Clinical Studies Group, the Biological Therapeutics Development Group and the PET-Group will be involved in a wide range of clinical trials over the next few years.
- Through the New Drugs Development Office and contacts of many members, the Division has recently been approached by almost a dozen major pharmaceutical companies who would like to use the facilities of the Research Division to develop new types of anticancer agent. In some cases the collaboration may involve not one new drug but the company's whole portfolio of anticancer agents.
- The PET scanning group have initiated a phase I clinical trial to measure responses using fluorodeoxyglucose. If it is shown to be an important technique for detecting small subclinical tumour responses, then the Research Division's unique ability to conduct such studies will further attract groups wishing to collaborate with us in drug development.
- The New Drug Development Office standard operating procedures have been accepted by FDA as a drug master file which should encourage many groups to collaborate with the New Drug Development Office in early drug development.
- The EORTC have made good contact with the European Medicines Evaluation Agency and will collaborate with them in the development of guidelines for the early clinical trials of anticancer agents.
- The Division has signed a collaborative agreement with Professor Van Hoff, whose centre at San Antonio is one of the leading U.S. centres for development of new anti-cancer agents, allowing us to carry out early clinical trials in Europe and the U.S.A.

Professor Connors said that while the remit of the Research Branch remained wide and tried to take aboard ideas from basic cancer research and to assess their clinical potential quickly, the major thrust of the Branch is on the development of new classes of anticancer agent. He said that a number of significant changes have taken place during 1995 and early 1996 which will greatly improve the role of the Research Division for innovative drug development. He listed these in his report to the EORTC Board (Table 1).

He also predicted a large role for the Division in generating funds for the EORTC. "The Division may within the next 5 years become a major source of badly needed research funds for the EORTC," he said.

Breast Mortality Drops or Levels Off in 16 out of 20 Countries

Breast cancer mortality rates are declining in many western countries, according to Dr Carol Herman and Dr Valerie Beral of the Imperial Cancer Research Fund's Cancer Epidemiology Unit at the Radcliffe Infirmary, Oxford, U.K. In their data from 1950–1992, age-standardised mortality rates for breast cancer were examined for 20 countries in Europe, North America, Australia and New Zealand.

"Breast cancer mortality rates generally increased in the earlier decades, but more recently rates have levelled off or begun to decline in most countries," write the researchers [1]. Only Belgium, Hungary, Poland and Spain failed to show promising trends in recent birth cohorts or in recent years.

In the other countries the decline in mortality appeared to be in part due to birth cohort effects and in part due to period effects. The birth cohort effects suggest a decline in breast cancer rates among women born after about 1920 and were evident in many countries, especially Canada, The Netherlands, the U.K. and the U.S. The decline in mortality in women born after 1920 appeared to be in part related to a reduction in childlessness and a reduction in age at first birth in those generations.

As well as the birth cohort effects, there was some evidence of a recent overall decline in mortality rates in several countries, e.g. Austria, Germany, Greece and the U.K. "This may be due to an increase in survival resulting from improved management and treatment of women with breast cancer," write the researchers.

Countries showing a recent downturn in mortality are generally the ones with the highest death rates — the U.K. and Canada for example — while those countries with the lowest rates, such as Poland or Spain, tend to be the ones in which mortality has been rising. In all countries the levelling-off or decline began earliest, and is most marked for women aged under 50 years.

"We really do not know why these favourable trends have been happening, nor why the decline in mortality started in younger women. There are many possible explanations, including changes in childbearing patterns, increased awareness and earlier treatment and improved treatment," said Dr Beral. He added that there could well be further declines in mortality from breast cancer in the next few decades.

1. Hermon C, Beral V. Breast mortality rates are levelling off or beginning to decline in many western countries: analysis of time trends, age–cohort and age–period models of breast cancer mortality in 20 countries. *Br J Cancer* 1996, 73, 955–960.

From the Countries

Italy

European Institute of Oncology Beds Open to All European Union Citizens

The European Institute of Oncology's treatment facilities are now open to all European citizens.

This is because the institute has been recognised as a Scientific Institute for Cancer Research by decree of the Italian Health and Research Ministries. A proportion of the Institute's 175 beds are now available under the Italian National Health Service, which means they are open to all European Union citizens.

The Institute, whose first full year of operation was 1995, is the first centre for cancer treatment and research with a fully European staff. Agreements with European academic bodies, including the University College of Dublin and the Institute Gustave Roussy of Paris, enable researcher's time to be viewed as a credited part of their career by their parent universities. The EIO also belongs to the Organisation of European Cancer Institutes (OECI) which co-ordinates clinical and research activities among its members.

In addition to diagnosis and treatment facilities, the EIO provides a number of advanced treatments. These include conformational radiotherapy which give good protection to the healthy tissue surrounding a tumour, immunoradiotherapy for cancers using a procedure patented by EIO's Nuclear Medicine Department, and combined conservative surgery and plastic reconstruction for the treatment of breast cancer. The latter arose from fusion of the Milan school of breast conservation surgery pioneered by Professor Umberto Veronesi and the French school of plastic surgery as represented by Dr Jean Yves Petit.

U.K.

Oncology Services Ignored by Urological Surgeons

Victims of prostate cancer treated by U.K. urological surgeons are not being referred for palliative therapy through the hospitals' oncology department, a survey by the Prostate Cancer Charity shows.

The U.K.'s 700 consultant urologists, members of the British Association of Urological Surgeons, were sent a postal questionnaire. Replies were received from 274. Dr Jonathan Waxman, consultant oncologist and reader in Oncology at the Hammersmith/RPMS and Medical Director of the Charity, analysed the results.

"The most worrying finding is the lack of referral on to radiotherapists and medical oncologists, despite the provision within the hospital," said Dr Waxman. "To me that means that people are being denied access to palliative therapy such as radiation," he said.

The survey found that although an oncology service was available on site for 82% of practitioners, only 14% of urologists referred patients to it for an opinion on their initial management, and only 42% referred their relapsing patients for an opinion on treatment. The survey did not establish what management the patients received instead for palliation. However, Dr Waxman stressed that urological surgeons were not experts in the management of pain and the machinery of oncology is very expensive and exclusively used by oncologists.

Dr Waxman: "Urologists are denying palliative therapy to prostate cancer patients"

Dr Waxman said that some inappropriate therapies were given as primary treatment. He said that he was sending the results to the President of the British Association of Urological Surgeons and the Secretary of State for Health and the Chief Medical Officer in the U.K. But he expected that the real pressure would come from knowledgeable patients asking to be referred to oncology departments.

Seven per cent of urologists treated patients under 70 years of age by orchiectomy. Oestrogen therapy was used by 2% of urologists for this age group and by 3% for patients over 70 years old. One per cent of the urologists prescribed cyproterone acetate to their patients. Four per cent of urologists offered patients in relapse treatment by removal of the testicles, 12% by oestrogen therapy, and only 9% offered patients treatment by flutamide withdrawal.

Switzerland

Multilingual Cancer Information for Patients and Families

The first Swiss telephone information service, Krebstelefon/Allo Cancer, for cancer patients and their families, reached its first birthday in March 1996.

Dr Hans-Jakob Schmid, a medical oncologist from Lucerne, is President of this new organisation. Although primarily for the public, Dr Schmid says that he would like to develop the service to inform health professionals about clinical trials across Europe. EORTC clinical trials are automatically entered into the database. The service was established under the auspices of the Swiss Cancer League, and began responding to requests for information in March 1995. It is based in Bern. It serves all of Switzerland — a nation of seven million people — and has also received calls from southern Germany.

The information specialists on the telephones answer questions in German or French, the languages most commonly spoken in the country. (Switzerland has four official languages.) The specialists rely heavily on the German Cancer Research Centre's Information Service (Krebsinformations-dienst), as well as their own research, including consultation with Swiss oncologists for difficult cases.

Krebstelefon/Allo Cancer is currently open only 3 hours each day, and receives about ten calls per day. The low call volume allows the information specialists time to research each caller's question in depth.

U.K.

Leukaemia Patients to Receive U.K. Cord Blood Banks

The third component of the U.K. Cord Blood Bank Group, part of the Eurocord initiative, will open at Southmead Hospital, Bristol this year. Centres at Belfast and London opened within the last 7 months and one at Newcastle will open shortly.

Cord blood donations will be taken from the umbilical cord and placenta — normally discarded after birth — of babies born at the hospital's maternity unit. In leukaemia patients who need bone marrow transplantation and do not have a closely related donor, cord blood may provide a safer and quicker alternative to bone marrow transplantation from an unrelated donor.

Professor Jill Hows, consultant haematologist and Director of the Leukaemia Research Fund Cord Blood Programme explained that cord blood is a good source of normal haemopoietic stem cells. These are needed to repopulate the patient's bone marrow following myeloablative treatment given to eradicate leukaemia blast cells. As the lymphocytes in cord blood are immunologically naive — unlike those contaminating adult bone marrow — cord blood may be safer than adult marrow transplantation in patients who are unrelated to their donor

There are two benefits to the patient. First, cord blood avoids the delays in locating an unrelated marrow donor. Secondly, in theory the risk of rejection and graft-versus-host disease seen with unrelated donors may be reduced because the lymphocytes are immunologically naive.

"However good the unrelated donor registries are, there is still a delay in locating and working up the donors," said Professor Hows. She explained, "Average delay is 3–4 months and patients with acute leukaemia in second remission may not remain in remission that long."

The U.K. Cord Blood Bank Group is part of the Eurocord initiative to set up cord blood banks in Europe. Eurocord is headed by Professor Eliane Gluckman, Hôpital St Louis, Paris. In the U.K., blood banks in London, Belfast, Newcastle, Bristol and Glasgow will eventually exist. Eurocord has participants in France, U.K., Germany, Italy, The Netherlands and Portugal.

Internationally, about 200 patients have been treated with cord blood transplants, but it is still not clear how successful the technique is in reducing graft-versus-host disease.

U.S.

Managed Care Threat to Clinical Trial Enrolment

The U.S. National Cancer Institute and the US Department of Defence have signed an agreement which could reduce the threat of managed care and health insurance policies preventing the enrolment of patients into clinical trials of new agents.

The agreement enables patients who are beneficiaries of TRICARE/CHAMPUS (Civilian Health and Medical Programme of the Uniformed Services), the DoD's health programme, to participate in NCI-sponsored clinical treatment trials. In the past, the fact that Department of Defence regulations have limited reimbursement for medical care delivered as part of a clinical trial has made inclusion of such patients in clinical trials difficult. "The agreement could service as a model for future partnerships between the insurance industry and the medical research community," officials said.

Under the new demonstration project, if a DoD patient is considering participation in a clinical trial, his or her physician will determine which NCI clinical trials might be appropriate and what institutions are enrolling patients in that trial. The physician will then obtain DoD approval and arrange for evaluation of the patient at the institution selected. Physicians at that institution will determine if the patient is eligible for the study.

NCI and DoD are working on a system that will allow physicians and patients to determine quickly what current trials meet their needs and where they are taking place. More than 2000 medical centres around the country conduct NCI-sponsored phase II and phase III trials.

About 30 000 cancer patients enrol in NCI clinical trials each year. But the increasing use of managed care plans, which often limit coverage for experimental therapies, could jeopardise the access of patients to new strategies available in clinical trials and compromise the progress of cancer treatment research.

Awards and appointments

Sir Richard Doll now Fellow of the EACR

Sir Richard Doll, who together with Sir Bradford Hill discovered the link between lung cancer and cigarette smoking has been made a Fellow of the European Association of Cancer Research.

Sir Richard Doll qualified in medicine at St Thomas' Hospital Medical School, University of London in 1937 and worked for 2 years as a hospital intern and for 6 years in the Royal Army Medical Corps before turning to research. From 1948 to 1969 he worked in the Medical Research Council's Statistical Research Unit, at first under Sir Austin Bradford Hill and then as the Unit's Director. In 1969 Sir Richard became Regius Professor of Medicine in Oxford and in 1979 the first Warden of Green College, Oxford. Since his retirement in 1983, he has continued to work as an honorary consultant in the Imperial Cancer Research Fund's Cancer Studies Unit, with Professor Richard Peto.

Sir Richard Doll: Discovered the link between lung cancer and smoking

With Sir Austin he carried out a study on the causes of lung cancer which, in 1950, established its relationship to smoking and initiated a study of the mortality of doctors in relation to their smoking habits which showed that smoking also caused many other diseases, including myocardial infarction and chronic obstructive lung disease. Other work has included the first clear demonstration (in 1955) that asbestos caused cancer of the lung, that ionising radiation caused a risk of leukaemia proportional to dose, and that oral contraceptives caused a small risk of venous and arterial thrombosis. In recent years he has written reviews of the avoidable causes of cancer and the trends in cancer incidence and mortality. His current work includes study of the effect of radon in houses and of exposure to electromagnetic fields.

Sir Richard was elected Fellow of the Royal College of Physicians (FCRP) in 1957, Fellow of the Royal College of Surgeons (FRS) in 1966, knighted in 1971, and made a Companion of Hounour (CH) in 1996. He received the United Nations Award for Cancer Research in 1962, the BMA's Gold Medal in 1983, the Royal Society's Royal Medal in 1986 and awards from Canada, France, Germany, Italy, Thailand and the U.S.A. He has received honorary degrees from 11 universities.

In 1990 he gave the EACR Muhlbock Memorial Lecture 'Are we winning the fight against cancer? An epidemiological assessment' (*Eur J Cancer* 1990, **26**, 500–508).

EACR Young Cancer Researcher of the Year

Dr Raffaella Corvi received the EACR Young Cancer Researcher of the Year for her work on patterns of oncogene activation in human neuroblastoma. Dr Corvi qualified as a PhD at the German Cancer Research Center of Heidelberg where she still works.

Professor Manfred Schwab, Professor for Genetics, Director of the Division of Cytogenetics at Deutsches Krebsforschungszentrum (German Cancer Research Centre) in his letter of support of her application said:

"The work of Raffaella aims at defining the genetic alterations contributing to the most frequent solid tumour in young children, neuroblastoma. Raffaella has made three original observations that are of great importance. First, she has identified a crucial element of the molecular mechanism, by which the oncogene MYCN becomes amplified and has greatly contributed to the understanding of oncogene amplification during tumorigenesis. Second, she has shown that the MYCN gene in cases in which it previously was thought to be normal and non-amplified, is actually duplicated at its normal chromosomal location. This is a new and as yet undescribed mechanism by which an oncogene may become activated. And third, she has identified amplification of the MDM-2 oncogene in neuroblastomas. The MDM-2 is an antagonist of p53 function, and its overexpression as the consequence of amplification could result in inactivation of p53 by sequestration of the protein."

From the Journal:

Professional Newswriter Edits International Cancer News

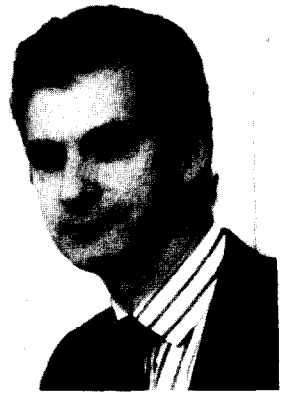
A medical journalist has been appointed News Editor of the International Cancer News section of the *European Journal of Cancer.*

Robert Short, freelance journalist and a former executive editor and news editor on the *British Journal of Hospital Medicine*, is based in London but will travel to the EORTC, Brussels, every month for briefings on EORTC, ESO, EACR, FECS, NDDO news and other topics from News Committee Chairperson, Professor Françoise Meunier. He will also conduct monthly telephone interviews with members of the News Committee, the Associate Editors, representatives of organisations involved in cancer research and treatment in all European countries and the U.S.A. Overall responsibility for the final content of the news section rests with the Editor-in-Chief.

"The aim is to bring professional news gathering and writing skills to the journal in order to cover broadly cancer news of interest to our readers. The Journal's societies will obviously be a good source for stories, but considerable effort will be made to cover national and international news in a concise and interesting manner." He added, "The section should eventually be an entertaining review of a month's news in cancer where readers can see opinion leader comment on events as well as learn what is happening in the Journal's societies."

If you have news stories or suggestions for the International Cancer News write to Robert Short, 48 Crawford Street, London W1H 1HA, U.K., Tel: 44-171-724-5737, Fax: 44-171-258-1308.

Dr R. Corvi: Patterns of oncogene activation in neuroblastoma



Robert Short: Covering society, national and international news