

## **H. pylori Eradication Cures Gastric MALT Lymphoma**

Eradication of *Helicobacter pylori* infection produces long-term resolution of low-grade gastric MALT lymphoma.

About 70% of *H. pylori* associated gastric MALT lymphoma will resolve following cure of *H. pylori* infection, according to papers presented at the Digestive Disease Week conference in San Francisco, California, U.S.A., in May 1996.

Evidence at the meeting from studies with small patients numbers continued to document the importance of *H. pylori* in the pathogenesis of gastric MALT lymphomas, with cure leading to the halt or regression of disease. Dr Fischbach presented preliminary results from an ongoing, multicentre study of gastrointestinal lymphoma being conducted in Germany. Cure of infection was achieved in 14 out of 15 patients

with *H. pylori* associated low-grade MALT lymphoma, with regression of lymphoma observed thereafter for all 14 patients. Similarly, Boot and colleagues from The Netherlands observed resolution of disease among 9 out of 14 patients with low-grade MALT lymphoma, 2-6 months following *H. pylori* eradication treatment.

Among 50 patients with low-grade MALT lymphoma who became *H. pylori* negative after treatment, Bayerdörffer and colleagues from Germany documented, over a 2-year median follow-up period, complete histological regression in 80% after a median follow-up period of 5 months, partial regression in 4% after a median of 19 months, and no response in 12%. PCR analysis showed complete regression of monoclonal bands in 85% of

investigated patients with complete histological regression. During a median follow-up period of 24 months, only one patient with recurrent gastric MALT lymphoma (*H. pylori*-negative) was observed.

Franzin and colleagues of Italy documented rapid histological regression of low-grade gastric MALT lymphoma in 80% (51/64) of patients 6 months after anti-*H. pylori* therapy was completed; 87% (27/31) after 12 months; 92% (12/13) after 24 months; and 100% (3/3) after 36 months. Disappearance of monoclonality usually occurred later. Histological persistence of lymphoma was only seen in 10% (4/40) patients after 12 months or more, whereas monoclonality persisted in 35% (11/31) and lasted up to a maximum of 36 months.

## **Global Cancer Concern Implements WHO's Work**

A new charity, Global Cancer Concern, is helping countries implement WHO Cancer Control Programmes. During the last 15 years WHO has promoted the introduction of Cancer Control Programmes in more than 50 countries, many of whom are in the developing world and former Eastern Bloc. These Programmes are aimed at improving early detection, treatment and palliative care of cancer. WHO are unable to help with the implementation phase of these programmes, but Global Cancer Concern can.

The trustees of Global Cancer Concern include Douglas Scott, formerly Chief Executive of the cancer care charity Macmillan; Dr Richard Twycross; and John Mayo, Director of Help the Aged, a charity with major international activities, many of them in the developing world. Dr Jan Stjernswärd, former Head of Cancer Services at WHO, joins the charity as Medical Director.

Said Douglas Scott, "Global Cancer Concern will be concentrating on the Palliative Care part of the overall Cancer Control Programmes and consider that, with adequate funding, they could find the resources to carry through three to five Palliative Care Programmes concurrently. Each pro-

gramme would last from 3 to 5 years."

The current Indian programme, taken over from Macmillan, costs about £200,000 a year and is being carried out in conjunction with HelpAge India. "It has added value to the lives of many thousands of Indians with cancer in the short time it has been in operation. Some 22000 Indian health professionals have already been exposed to some of the 'know-how' in palliative care."

Further programmes in the next 5 years are likely to include Indonesia, Pakistan, South Africa, Zimbabwe and Russia.

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**Douglas Scott**

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## **Cancer Genetics Network Under Development**

A Cancer Genetics Network for the U.S.A. is being planned by the newly formed Cancer Genetics Working Group for the U.S.A.. This group of National Cancer Institute and other scientists have decided to set up three sub-committees to define the network's mission.

The Cancer Genetics Network will be NCI-sponsored and, according to participants at the initial meeting, will be a co-operative effort between the NCI and researchers from around the country to apply genetic tests to show cancer predisposition within a research setting. Individuals participating in the network