

authors.

The researchers comment, "We found it particularly interesting that the increase in risk was arrested around men born in the late 1930s and early 1940s in the Scandinavian countries. We found no corresponding arrest outside Scandinavia. However, such a change in trend has been noted previously, not only in Denmark and Norway, but also in British Columbia. With the exception of the 'wartime effect', the results from the different countries included in this study show a surprisingly congruent pattern."

#### *Paradoxical finding*

They noted that the increasing trend in young age groups appeared to continue even in the most recent cohorts analysed (among men born around 1960).

"The underlying exposures responsible for the temporal trends increased more rapidly, uninterrupted by wartime, in East Germany, Finland and Poland than in the Scandinavian countries, which were much less affected by the war. It is a real challenge for epidemiologists, in their future aetiological studies, to identify exposures that tally with this paradoxical finding," the authors conclude.

1. Bergstrom R, Adami H-O, Mohnert M, *et al.* Increase in testicular cancer incidence in six European Countries: a birth cohort phenomenon. *J Natl Cancer Inst* 1996, 88, 727-733.

## Now Available: EORTC Organisation Activities and Current Research 1996-1997

The latest edition of the EORTC's Organisation, Activities and Current Research Directory is now available. The edition contains key information on the structure of the EORTC, its achievements and activities, and the telephone numbers and addresses of all the major participants in EORTC activities.

Says Professor J. Gordon McVie, President of the EORTC, "The EORTC goes from strength to strength. The academic output is exceptional and, more importantly, there is evidence that clinical practice in European oncology continues to be influenced by results of EORTC research."

In his foreword to the new directory he congratulated Professor Françoise Meunier on her appointment to the new position of Director General of the EORTC. "She has transformed the Data Centre within a very short time, improved the awareness of EORTC, and spearheaded the search for new sources of monies to protect the vital core work of the organisation," he said.

Professor McVie called for more funds for the EORTC: "The EORTC is now a multi-million dollar organisation involving 31 countries and is clearly the leading authority in clinical research. Its financial position must be bolstered if it is to main-

tain its current high standards and improve efficiency and influence."

To obtain a copy of the directory, please contact Dominique Eeckhoudt, Executive Secretary at the EORTC Central Office. Tel +32-2-774-1629; Fax: +32-2-772-3545.



**Professor Françoise Meunier**

"She has transformed the Data Centre within a very short time and improved the awareness of EORTC", says Professor J. Gordon McVie.

## From the Countries

### SWEDEN

## Age at First Birth is Key Factor in Breast Cancer in Swedish Women

Recent claims that age at last birth has a stronger effect than age at first birth on breast cancer risk have been contradicted in a population of Swedish women.

In a case-control study nested in a nationwide cohort of Swedish women born between 1925 and 1960, a total of 12 782 women with breast cancer and five times as many individually age-matched controls, aged less than 60 years with concomitant fertility information, were studied [1].

Dr Mats Lambe, Department of Cancer Epidemiology at University Hospital, Uppsala, Sweden and colleagues write:

"In an analysis limited to women with two or more parities, and after adjustment for the effects of ages at interim births, the risk of breast cancer increased by about 13% for each 5-year increment in age at first birth. For every 5-year increase in age at last birth there was a small risk increase of marginal statistical significance." Increasing parity was associated with a marked decrease in the risk of breast cancer; each additional birth conferred a 10% risk reduction.

In fact many epidemiological studies had previously concluded that age at first birth was a key modifier of breast cancer

risk. The authors state: "However, recent studies from both low and high parity populations have challenged this view, suggesting that age at last birth may have a more dominant effect on breast cancer risk, possibly as a result of the postulated shorter adverse effects of childbearing." This new study clearly refutes this theory in Swedish women.

1. Lambe M, Hsieh C-C, Chan H-w, *et al.* Parity, age at first and last birth, and risk of breast cancer: a population-based study in Sweden. *Breast Cancer Res Treat* 1996, 38, 305-311.