

Mortality Rates from Oral Cancers Not All Explained by Alcohol and Tobacco

The two main determinants of oral and oesophageal cancer in Europe are alcohol and tobacco, but some discrepancies suggest that less well defined factors may also influence their rates and trends in Europe.

This is the conclusion of Dr E. Negi of the Istituto di Ricerche Farmacologiche "Mario Negri", Milan Italy, and colleagues in their comparative descriptive epidemiological study of mortality rates in these categories of cancers in Europe [1].

In most countries, rates for men increased between 1955 and 1959 and 1990 and 1992 for both sites, especially for oral cancer. In the U.K. and Ireland, oral cancer decreased and oesophageal

cancer increased, while in Finland and Iceland mortality for both sites decreased. "The most striking increases were in Hungary", write the researchers. In France, rates for both cancers were extremely high: oral cancer increased from 1955–1959 to the early 1980s, but stated to decline afterwards. Mortality rates were much lower for women than men, and the correlation between the two sites was less marked.

1. Negri E, La Vecchia C, Levi F, *et al.* Comparative descriptive epidemiology of oral and oesophageal cancers in Europe. *Eur J Cancer Prev* 1996, 5, 267–280.

From The Countries

U.K.

Men at Higher Sun-risk than Women: Health Message Needs to be Made

Welsh researchers have found in their study of non-melanoma skin cancer and solar keratoses II in South Wales that there is a 2-fold increase in risk among males, independent of other variables. The investigators stress that this fact has not featured in health promotion messages and that it should do so: "There is a risk that, because of the higher incidence of malignant melanoma in females, messages concerning UV avoidance measures may have a greater impact upon women."

In the group's cross-sectional study, 1034 subjects aged 60 years and over were studied. They found that variables independently associated with prevalent cancers of the type studied were: age, sex (male versus female OR 2.2); cumulative sun exposure and skin type. "Use of sun screen or protective clothing was not protective

after controlling for confounders. Males and those who sunbathe infrequently showed greater remission of SKs. Older subjects and those spending most time in the sun in the preceding 2 years were most likely to develop new SKs."

The authors said that the failure of sun screen or clothing to show protection raises doubts as to whether these measures are as effective in routine use in the general population as the small amount of trial evidence would suggest. The first study author is Dr I. Harvey of the Department of Social Medicine, University of Bristol, U.K.

1. Harvey I, Frankel S, Marks R, *et al.* Non-melanoma skin cancer and solar keratoses. II. Analytical results of the South Wales skin cancer study. *Br J Cancer* 1996, 74, 1308–1312.

FINLAND

First Nationwide Survey on Nasopharyngeal Carcinoma in Finland

The first nationwide survey on nasopharyngeal carcinoma in Finland shows better survival or at least as good survival as published studies in other countries, according to Dr Mikael Kajanti and colleagues of the Finnish Head and Neck Cancer Study Group [1].

During 1980–1989, about 17 000 patients with newly diagnosed cancer were registered per year by the Finnish Cancer Registry in a population of about 4.9 million. Of these, 188 patients had nasopharyngeal cancer.

Only histologically verified epithelial cancers were included in the analysis of treatment results. All the other cancers or metastases in the nasopharynx with unknown primary tumour were excluded.

Of the resultant 107 patients, 13 were treated palliatively, and three had metastatic disease at first presentation. The rest, 91 patients, were treated with radical radiotherapy, of whom 8 patients received adjuvant chemotherapy after radiotherapy.

The 5-year survival rates of these 91 patients was 52%. By the UICC stage their survival was: stage I, 75%; stage II, 60%; stage III, 59%; and stage IV, 38%.

Write the investigators: "The most important factors influencing favourable survival were the total dose of radiotherapy expressed in terms of Biologically Effective Dose (BED) with a time factor, a small size of the primary tumour and a high performance status according to the WHO scale, whereas the most important factors influencing the local control analysis were the total dose of radiotherapy in BED and the cervical lymph node status."

1. Kajanti M, Flander M, Grenman R, *et al.* Treatment results of nasopharyngeal cancer: a nationwide survey from Finland. *Acta Oncol* 1996, 35, 697–702.