IRELAND

Irish National Cancer Strategy Announced

The national Cancer Strategy for Ireland includes wide-ranging proposals for a re-organisation of cancer services. Cancer accounts for 7500 deaths in the country every year.

The shortage of specialist oncology services outside the Dublin area will be eliminated. This will include the appointment of additional consultant oncologists and support staff.

Cancer treatment services will be re-organised using an integrated model of primary and hospital care. Hospital treatment services will be structured around a regional service involving the regional hospitals and satellite hospitals in each of the eight health board areas. For the more highly specialised treatments, three supra-regional services in Cork, Dublin and Galway will be established.

The regional services will be headed by a Regional Director of cancer services with responsibility for co-ordinating services and developing a cancer plan for the region. The Regional Directors will be clinicians at consultant level, appointed on a part-time basis for a fixed period, initially of perhaps 3 years. They would continue their clinical work but would be given support to enable them to carry out their additional commitments.

Cancer services will be co-ordinated at national level through a new national forum which would be multidisciplinary and representative of all levels of the service, both hospital and community based. It will also have consumer representation.

Existing health initiatives in health promotion will be built on by placing further emphasis on co-ordination between sectors of the economy (through the establishment of regional committees on health promotion), and by taking a series of initiatives in such areas as smoking (recent regulations further restricting smoking in public areas), alcohol (implementation of the recently launched National Policy on Alcohol) and nutrition (continuing support for implementation of the Framework for Action).

The Cancer strategy came under immediate fire from an editorial in the Irish Medical News for its lack of strategic planning [1]: "There is no detail provided about catchment areas for the three proposed supra-regional centres in Dublin, Cork and Galway; there are no specific proposals made on improvements necessary in consultant manpower; and there is little information on developments needed in subspecialities such as paediatric and gynaecological oncology."

The editorial says that the Cancer Strategy fails to provide for radiotherapy in Galway. "The strategy identified the long distances patients must travel for treatment as a major defect in our current services, then effectively condemned patients from the west of Ireland to live with this major hardship."

1. Editorial. Cancer Strategy Lacks Details. *Irish Medical News* 1996, **13** (43), 14.

DENMARK

Fracture Risk with Tamoxifen in Postmenopausal Breast Cancer

Tamoxifen fails to offer protection against fractures in old age and may even increase the risk of fractures at particular sites, according to a study of 115 patients with fractures [1].

Dr Bent Kristensen of the Danish Breast Cancer Cooperative Group, Rigshospitalet, Copenhagen, Denmark, and colleagues, investigated the occurrence of fractures of the femur in patients from a Danish Breast Cancer Cooperative Group (DBCG) trial. This DBCG trial was initiated in 1977 by linkage of data from the Danish National Registry of Patients with data from the DBCG registry. 1716 postmenopausal women with high-risk breast cancer were randomised to local radiotherapy with or without tamoxifen, 30 mg daily for 1 year.

51 patients in the control group had one femoral fracture and 64 tamoxifen-treated patients had one femoral fracture. 11 patients in the control group had one trochanteric fracture compared to 27 patients in the tamoxifen group ($P = 0.022$; hazard ratio = 2.12). Say the investigators, "The results could not be explained by a longer survival in the tamoxifen group nor by bone metastases with pathological fractures."

They conclude, "Our study suggests that tamoxifen does not seem to offer protection against fractures in old age and may even increase the risk of fractures at particular sites. This hypothesis needs to be disproved or confirmed in other trials."

1. Kristensen B, Ejlerten B, Mouridsen HT, *et al.* Femoral fractures in postmenopausal breast cancer patients treated with adjuvant tamoxifen. *Breast Cancer Res Treat* 1996, **39**, 321–326.

SPAIN

Late Relapses Rare in Head and Neck Cancer

Long term follow-up of patients with head and neck cancer show that late relapses are rare. "Follow-up for early diagnosis of a second or third neoplasm should be discontinued after 5 years of definitve therapy", concludes Dr Grau, Department of Medical Oncology, University of Barcelona Hospital Clinic, Barcelona, Spain [1].

Dr Grau and colleagues came to this conclusion from analysis of the long term follow-up of all 1355 patients with head and neck cancer in their hospital between 1973 and 1993. Median follow-up of the group was 10 years. Only in 7 patients was the second or third primary seen after 5 years of follow-up. The investigators suggest that curability should be observed for 5 years from definitive therapy of glottic , supraglottic, oral and nasopharyngeal cancer, (and earlier in oropharyngeal and hypopharyngeal cancer). Further follow-up should be discontinued.

1. Grau JJ. Follow-up study in head and neck cancer: cure rate according to tumour location and stage. *Oncology* 1997, **54**, 38–42.