New Cochrane Collaborative Review Groups under Development

Exploratory meetings will be held this year to look into the possibility of forming Cochrane Collaborative Review Groups in several new areas. Should readers wish to be become involved with a particular group, please contact the appropriate person listed below:

Lung Cancer

Dr Xavier Bonfill, Spain Tel: +34 3 (93) 723.10.10 ext. 21056

Fax: +34 3 (93) 716.06.46 E-mail: xbonfill@siberis.chpt.es

Colorectal Cancer

Dr Peer Willi-Jorgensen, Denmark

Tel: +45 35 31 30 85 Fax: +45 35 31 28 56

E-mail: PeerWille@dk-online.dk

Urological Cancer

Dr Richard Sylvester, Belgium

Tel: +32 2 774 1613 Fax: +32 2 772 3545 E-mail: rsy@eortc.be

Haematology

Dr Luc Bijnens, Belgium Tel: +32 2 774 1632 Fax: +32 2 772 3545 E-mail: LB1@EORTC.BE

Neuro-oncology

Dr Robert Grant, U.K. Tel: +44 131 537 2084 Fax: +44 131 537 1132 E-mail: robin.grant@ed.ac.uk

Roche in 12 Billion Dollar Buy-out

On 26 May 1997, it was announced that Roche, whose headquarters are based in Basle, Switzerland, had unexpectedly taken over the German pharma group, Boehringer-Mannheim as well as the US Company, De-Puy. This 12 billion dollar acquisition is the largest in the 100 year history of Roche, and the new company, Roche-Boehringer-Mannheim Diagnostica, will become the world's

number one company in medical diagnostics.

There will be more than 13,500 employees worldwide and research as well as production lines will be located in Germany, Switzerland and the US. With these takeovers, Roche becomes the sixth largest pharma producer worldwide.

What does this new giant company hold for modern oncology? We hope it

means major investment in cancer diagnostics, as there is an urgent and growing need to discover tumour markers which are more organ-specific and clinically meaningful, especially in early subclinical disease, as this could lead to real success in early cancer diagnosis and lead to true primary and secondary cancer prevention.

From the Countries

ITALY

Risk Factors for Colorectal Cancer Same in Those With and Without Family History

Risk factors for colorectal cancer in people with family history of the disease are not very different from recognised risk factors of the disease in the general Italian population, a study of 1584 colorectal cancer patients and 2879 control subjects shows.

The subjects included 112 cases and 108 control subjects who reported a family history of colorectal cancer in first-degree relatives.

Familial colorectal cancer was associated with high daily meal frequency, medical history of diabetes and cholelithiasis. Significant positive trends of increasing risk with more frequent consumption were observed for pasta, pastries, red meat, canned meat, cheese and butter. Significant inverse associations and trends in risk were observed for consumption of poultry, tomatoes, peppers and lettuce.

Significant inverse trends in risk with increasing consumption of B-carotene and ascorbic acid were observed.[1]

La Vecchia C., E. Fernandez, D'Avanzo B, Negri E, Francheschi S. Risk factors for colorectal cancer in subjects with family history of the disease. *Cancer* (1977) 759, 1381–1384