



# *International Cancer News*

*Compiled by Helen Saul, News Editor*

## **From the Globe**

### **US Tobacco Industry Settles for \$368 Billion**

The US tobacco settlement has been given a cautious welcome by cancer specialists and the anti-tobacco lobby. In June, in a complex agreement described as 'historic' and 'unprecedented', cigarette manufacturers agreed to pay out about US\$368 billion in return for protection from all existing and future class action and state lawsuits.

The industry also accepted regulation by the US Food and Drug Administration, a move which is expected to lead to a reduction in the nicotine content of cigarettes sold in the U.S.A. However, manufacturers won an important concession. Individuals bringing claims that smoking has damaged their health will in future be able to win compensation but not punitive damages.

The deal took almost 3 months to hammer out in talks between industry representatives and the attorney-generals of 40 States, who were suing for compensation for the billions of dollars spent on health care for sick smokers. The settlement has yet to be passed by Congress. This will take months and some anti-tobacco lobbyists fear that that concessions made by the industry could become heavily diluted in the process.

Dr Lowell Schnipper, chair of the policy committee for the American Society for Clinical Oncology (ASCO) said the deal was 'meaningful'. He said, 'It is perhaps not ideal, but I do think it is meaningful.'

The two most significant components of the bill, said Dr Schnipper, are the FDA's new role in regulation of cigarettes

and modification of advertising to hinder the targetting of children and young people. The deal bans brand name event sponsorship and also outlaws billboards and outdoor signs. Further, if underage smoking does not fall by 30% within 5 years, there is provision for further financial penalties on the industry. Dr Schnipper said he would have liked the settlement to be more draconian. 'I would have wished for a substantial excise tax,' he said.

Professor Gordon McVie of the U.K. Cancer Research Campaign, who is also a former president of EORTC, felt the most significant part of the settlement was the industry's admission of some fault. 'For the first time, tobacco companies have admitted that their product does cause cancer.'

One of the fears expressed by many in the anti-tobacco lobby is that restriction of cigarette manufacturers' activities in the U.S.A. will lead to increased activity in the developing world, where few restraints are placed on the industry. 'We are watching an epidemic in the making,' said Professor McVie. Smoking is currently responsible for 300 million deaths a year worldwide, he said, 100 million of which are in non-industrialised countries. In the next 20 years, if smoking continues its current rate of increase, there will be a 50% increase in deaths in developed countries, but a 7-fold increase in developing countries. 'It's a major scandal,' he said.

Professor McVie said European governments should look at the settlement

and see whether they also could recoup costs to health services. Companies should also be referred to the European equivalent of the FDA, the EMEA, he said. But he expressed doubts on the European Commission's willingness to confront the industry. 'The EC spends 100 times more on tobacco farming subsidies than it does on cancer research,' he said.

Elsewhere, campaigners said the settlement gives a baseline for negotiations with the tobacco industry in future. Eric LeGresley, legal counsel for Non-Smokers Rights Association in Canada, said that concessions made by the industry in negotiations will be difficult to reverse, even if this settlement falls apart in its passage through Congress. 'Next time someone looks at regulating the industry, this will be the starting point.'

This point was backed up immediately in Hong Kong. Several clauses relating to advertising in the Hong Kong Tobacco Bill were the same as in the U.S.A. settlement. Legislators were able to ask why the tobacco industry was willing to agree to these items in the U.S.A. yet oppose them bitterly in Hong Kong, and they won their case.

Dr Judith Mackay, director of the Asian Consultancy on Tobacco Control in Hong Kong said the U.S.A. settlement had already been useful in Hong Kong. And she said, 'It makes us realise that the mighty citadel of the tobacco industry is not impregnable. They can be brought to heel. This is very empowering for tobacco control advocates around the world.'

## Gene Therapy Shows Promise in Upper Body Tumours

Therapy with the gene *p53* may halt or reverse the growth of established tumours, according to researchers from the University of Texas, U.S.A. Results from phase I trials presented at the annual meeting of the American Society for Clinical Oncology (ASCO) in Denver, suggest that some tumours may respond well to this therapy.

Recombinant adenoviruses carrying copies of *p53* were created. The gene normally reduces the tendency for cells to become cancerous and the recombinant virus was injected directly into patients' tumours in the hope that

any *p53* protein expressed will suppress tumour growth.

Stephen Swisher and colleagues from the University of Texas MD Anderson Cancer Center in Houston injected the virus into primary and metastatic cancers of patients with non-small-cell lung cancer. The *p53* protein was expressed in seven of 18 patients. Swisher said that tumour progression appeared to take longer in patients who received higher doses of virus. Jack Roth and Gary Clayman, from the same centre, injected the virus into head and neck tumours. They said that of 13

patients with operable tumours, 5 were free from cancer 6 months after treatment. Tumours remained but did not progress in another 5 patients. The other 3 patients died. Some patients with inoperable cancers appeared to benefit from receiving the injections.

At the Health Science Centre, San Antonio, also part of the University of Texas, Daniel Von Hoff injected another modified adenovirus into head and neck tumours. He noted that side-effects were mild.

All groups are now planning larger trials.

## From Europe

### Smoking-related Cancers Soar in Women

Smoking-related cancers are rising so steeply among women in Europe that they may in future pose more of a risk than breast cancer, according to a top cancer specialist. Professor Jean-Claude Horiot, president of the Federation of European Cancer Societies and also the new president of the EORTC Council, says that cancers of the head, neck and lungs may become the most serious threat to women.

Professor Horiot was speaking after the publication of a major new report from the European Commission. The report, 'On the state of women's health in the EC,' found that smoking-related cancers have risen in all European countries except for Portugal and Ireland. The Netherlands has seen a startling 87% rise over the past decade, and Belgium, Denmark, Germany and France have all reported increases of more than 40%.

Denmark is the smoking blackspot of Europe, according to the report. In most European countries about one in four women smoke but in Denmark, the figure is 42%. Traditionally, more men than women are smokers, but the gap between the sexes has been narrowing throughout Europe. In Denmark, young women are now more likely to smoke than men.

Professor Horiot says cancers of the head, neck and lungs will be an increasing problem among women. 'I do not want to minimise the impact of breast cancer. It kills many women because it occurs frequently. But in fact most breast cancers can be cured. I think that the main threat for women in years to come will be from head and neck and lung cancers.'

He welcomed the news of the U.S.A. tobacco settlement and said that similar measures could and should be taken against the industry in Europe. 'This is a

problem of prevention rather than a fight against cancer. We know that campaigns against tobacco use in adults have very little success. This is a problem of education and needs to be addressed in schools.'

The report found that cancer of the respiratory system currently accounts for 9% of cancer deaths among European women. So-called 'female' cancers, of the breast, cervix and uterus account for more than 23%. Cancer caused one in four female deaths in 1992 and is the leading cause of death for women aged between 35 and 64.

The report from the European Commission, 'On the state of women's health in the European Community', COM (97) 224 final.

### Information Technology Reduces Cancer Deaths

A trial including more than 5000 women with breast cancer has shown that effective use of technology can improve their chances of survival. The work was conducted by EORTC Radiotherapy and Breast Cooperative Groups and used a combination of telecommunication and informatics, dubbed telematics, to help

clinicians to conduct quality control assessments of treatment.

This trial, the largest ever performed in breast cancer, achieved a 5 year survival rate of 92%. Participating centres recorded local recurrence rates of between 3 and 6%. Results from previous trials found rates of between 4 and 32%.

Professor Harry Bartelink from the Netherlands Cancer Institute said he was proud of the improvement the study had prompted. He said it indicates that quality assurance via information technology is an excellent tool by which to reduce the considerable differences in

treatment outcome across Europe.

Professor Bartelink presented the data at a meeting of cancer experts in Berlin. 'We need to distribute knowledge and expertise from the leading cancer centres across Europe. Telematics overcomes geographical distance and makes it easier for countries to work together in research and in the dissemination of findings,' he said. Information technology makes it easier for doctors to seek a second opinion and to exchange professional expertise. It also allows medical audit of individual doctors' and hospitals' performance. However, the protocol used in the breast cancer study was labour-intensive and too expensive to be used long term on a wide

scale. Instead, the next stage of the project is to develop electronic patient files. The computer will be programmed to check each patient's treatment against a standard protocol. Discrepancies in procedures and results will come to light quickly.

For example, in one of the hospitals where Professor Bartelink was a consultant, less than 1 in 10 patients has a microscopically incomplete excision after breast conservation surgery. When the surgeon in charge became ill, his work was taken over by other surgeons and the rates of microscopically incomplete lesions rose dramatically. Although this was picked up in the clinic, Professor Bartelink says that it would have been

discovered much earlier with a computer programmed to audit results.

These projects are called Boost (Phase III study in the conservative management of breast carcinoma by tumorectomy and radiotherapy: assessment of the role of a booster dose of radiotherapy) and Conquest (Clinical Oncology Network for Quality in European Standards of Treatment). Telematic aspects have been funded by the European Commission DG 13. Data management and statistical analysis is provided by the EORTC Data Center which receives core support from the U.S.A. NCI, several European cancer leagues and private donations.

## ESO's 15th Anniversary

The European School of Oncology (ESO) celebrates its 15th anniversary this year. ESO has become the largest single institution for teaching in oncology and around 15,000 cancer specialists from 100 different countries have now participated in its expanding educational programme.

ESO was the brainchild of Italian surgeon, Umberto Veronesi, who first presented the idea of a permanent interdisciplinary and international school while speaking at a congress in Lausanne in 1981. Veronesi's idea was for a European school which would contribute to the re-organisation of oncology studies throughout the continent and improve co-ordination between organisations associated with cancer research. The idea was also based on the realisation that many cancer deaths could be avoided if patients were diagnosed earlier and given the most appropriate treatment available. This is an ongoing problem. The American Medical Association estimates that in many countries one in five cancer deaths is still caused by late diagnosis or inadequate treatment.

A scientific committee was established from the outset in 1982 and the project supported by politicians, economists and financiers. ESO has always been a non profit-making organisation and the executive board along with most of the lecturers are collaborating on a voluntary basis. The School receives contributions from private individuals and from the European Commission and is independent of industrial financing. The first private donor, Princess Laudomia Del Drago, from Rome, has been president of ESO



(left to right) Dr Costa (director), Professor Veronesi (founder and chairman of the scientific committee), Dr Asimakopoulos (founder and coordinator of ESO college)

for many years. ESO will run 82 educational courses in 26 different countries this year. They will cover clinical oncology, radiology, surgery, research, psychology and rehabilitation and will include international study groups, conferences, round-tables and refresher courses. Teaching is conducted in English, French, German and Spanish as ESO is determined to recognise the importance of linguistic and cultural differences in medical teaching.

Dr Alberto Costa, director of the European School of Oncology, is currently focussing on 3 new ESO programmes. One is the recently connected site on the Internet ([www.oncowed.com](http://www.oncowed.com)) which is promoted by ESO in partnership with other groups, who aim to make it the most active

educational site for oncology available on the net. Oncoweb includes START, the evidence-based medicine database for oncology. The second is a special programme of training for doctors in central Europe to accelerate the process of integration with the more advanced western countries and with the EU in particular. The third is the consolidation of the programme initiated by ESO for developing countries, which is chaired by Dr Mittra in Mumbai, India. It will develop 7 new projects in the next 3 years to support doctors dealing with cancer patients in the emerging world.

Dr Costa says ESO is open to any possible collaboration and wishes to offer its educational services and skills to all interested in the progress of cancer care and research.

## New Communications Office at EORTC

The European Organisation for Research and Treatment of Cancer (EORTC) has set up a communications office to disseminate information on the organisation's achievements. Sabine Steimle, M.A. is EORTC's first communications officer and she is aiming to increase awareness of research carried out under the auspices of EORTC.

Ms Steimle has worked in cancer communications for almost 9 years, most recently in the U.S.A. where she held a joint EORTC/National Cancer Institute fellowship in cancer

communications. She has previously worked with the German Cancer Society, the Professional Organisation of German Oncologists, based in Frankfurt/Main, the European Bureau for Action on Smoking Prevention in Brussels and the German Cancer Research Centre in Heidelberg.

The European public, media and cancer leagues all require messages to be presented in different ways and Ms Steimle will be drawing on her experience at the NCI to help her adapt messages for these different groups. 'Americans think a lot about how to reach people of different

ethnic groups and different languages. It's almost a model for reaching different people across Europe.' She is keen to improve knowledge about cancer and cancer research in Europe through close collaboration with the European Cancer Leagues and the media. 'After all, the general public funds cancer research. When governments and charities award grants, it is the public who have donated the money and they should receive information about cancer.'

## From the countries:

### SWITZERLAND

#### New Cancer Mortality Atlas

Switzerland has a lower death rate from cancer than most of the rest of Europe, according to data included in a new cancer mortality atlas. The Swiss Cancer Mortality Atlas 1970-1990, which has just been published, finds that all-cancer mortality in both men and women is falling.

Cancer deaths in women have been decreasing for decades. In men, the overall mortality rate did not start falling until 1985, after deaths from lung cancer started to decline. However, an increasing share of all deaths is attributed to cancer because of the reduction in other important causes of death.

Switzerland has strong regional variations in cancer statistics, with men in French-speaking Switzerland having especially high rates of cancer deaths. This is mainly accounted for by the excess of tobacco- and alcohol-related cancers in these regions, says the Atlas.

The Swiss Cancer Mortality Atlas 1970-1990 by Georges Schüller and Matthias Bopp is published by Birkhäuser Publishing Ltd, Basel. Text is in German with a synopsis in English.

### U.K.

#### Launch of The Million Women Study

The world's largest study into the effects of hormone replacement therapy on women's risk of developing breast cancer has been launched in the U.K. It is being conducted by the Imperial Cancer Research Fund and the National Health Service Breast Screening Programme and will involve one million women throughout the U.K.

Women invited to attend breast screening centres are being asked to fill in a questionnaire about their health, lifestyle, reproductive history and whether or not they use or have used hormone replacement therapy (HRT). The ICRF says the present response rate suggests that over 250,000 women will be recruited by the end of this year alone, giving the hope of some answers in about 5 years' time.

The study should find out whether women on HRT are at greater risk of having breast cancer diagnosed at screening. It will answer a series of further questions on HRT such as whether HRT affects the ability of mammography to detect breast cancer and whether the type of HRT makes a difference. It will also examine the suggestion that HRT may

protect against heart disease. However, since it is considering use of HRT retrospectively, it will not directly assess the influence of HRT on a woman's risk of developing breast cancer in the same way as a prospective, controlled trial.

In the U.K., half the women aged between 50 and 64 who attend the NHS breast screening programme have used HRT at some stage and one third are currently using it. Use of HRT is increasing in the U.K., as in many other countries. The ICRF said it is therefore essential that the effects of HRT on a woman's risk of developing breast cancer are known. Reliable data can only be obtained by studying at least 6,000 women with breast cancer, which is why the study needs to include one million women.

Professor Valerie Beral of ICRF, the principal study co-ordinator, said that Britain is uniquely placed to answer questions about HRT because it has the rare combination of a large population and a comprehensive national breast screening programme. 'This is knowledge that the women of Britain and probably Britain alone, can give the women of the world,' she said.

## NORWAY

### Glove Powder 'Leads to Misdiagnosis of Cancer'

Surgical glove powder is a highly reactive material which may interfere with the diagnosis of cancer, according to a Norwegian surgeon. Professor Karl-Erik Giercksky, from the department of surgical oncology at the Norwegian Radium Hospital and Research Centre in Oslo says that gloves containing powder should be banned.

Starch glove powder was for many years assumed to be inert. However, Professor Giercksky said it is now known to interfere with diagnostic procedures such as polymerase chain reaction (PCR) and enzyme immunoassay. It can also induce a granulomatous reaction in traumatised surgical tissue. Clinical

differentiation between cancer nodules and starch powder granulomas may be impossible at the time of surgery, he said.

Further, Professor Geircksky said it is possible that starch granulomas may be associated with promotion of cancer in some patients, though more experimental work is needed to confirm this.

Professor Giercksky was speaking at a conference called, 'Glove powder — the hazards which demand a ban,' held in London in May. Other speakers said that powdered surgical gloves can cause adhesions following abdominal surgery, sometimes causing serious complications. The conference also heard that powdered gloves can lead

to incorrect diagnosis of HIV, and may increase the risk of latex allergy in users and patients.

Problems with glove powder have been acknowledged in the U.K. and Norway since the mid 1980s and its use in both countries has declined sharply since then. This decline was mirrored by a reduction in postoperative surgical problems such as granuloma. Powdered gloves are, however, still used in many smaller hospitals in other countries worldwide.

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## APPOINTMENTS

### Royal Society Elects Cancer Fellows

Three cancer researchers were among the new fellows elected to the Royal Society this year. The Royal Society is the U.K. academy of science and election to the Fellowship is a sign of the highest regard in science.

The new fellows are Alan Rickinson, Professor and Head of Cancer Studies at the University of Birmingham; Robin Weiss, Professor of Viral Oncology at London's Institute of Cancer Research and Richard Wood, principal scientist at

ICRF. 'It's a wonderful honour,' said Dr Wood. 'Now we just have to keep doing good science to measure up to it.'

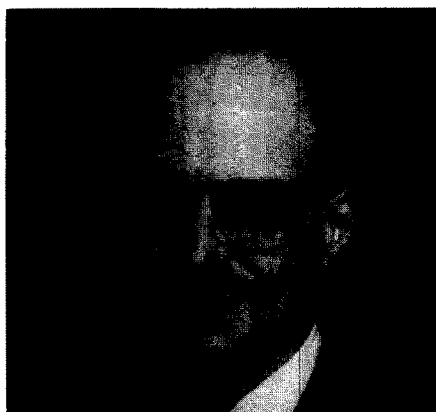
Professor Rickinson is renowned for his work on the Epstein-Barr virus and its relationship to certain human cancers. His findings have shed important light on the different mechanisms by which EBV can contribute to malignant change.

Professor Weiss' work on the virus genome paved the way for later research on oncogenes. More recently, his

group has studied the human immunodeficiency virus and was the first to demonstrate neutralising antibodies against HIV. Dr Richard Wood is distinguished for his work on DNA repair and mutagenesis. He elicited the DNA sequence changes caused by ultraviolet light and found a way of achieving nucleotide excision repair (NER) of DNA with human proteins. Recently he has reconstituted the NER process using purified proteins.



Professor Alan Rickinson



Professor Robin Weiss



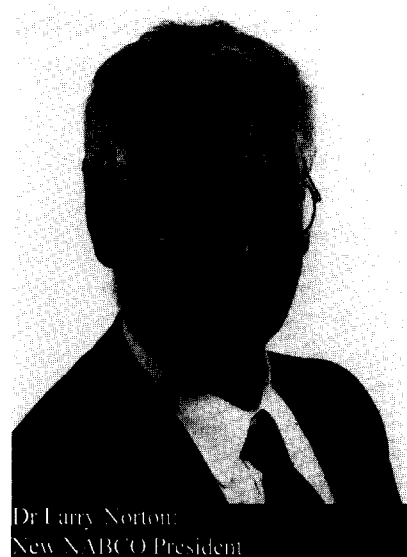
Dr Richard Wood

## New President for NABCO

Dr Larry Norton has been elected president of the board of directors at the National Alliance of Breast Cancer Organisations, New York. He succeeds Valerie Salembier, who was president in both 1995 and 1996.

Dr Norton has worked in prevention, detection and treatment of breast cancer for the past 10 years. He is

chief of the Breast Cancer Medicine Service at the Memorial Sloan-Kettering Cancer Center and director of Medical Breast Oncology at Memorial's Evelyn H Lauder Breast Center. He has been a member of NABCO's board of directors since 1994 and he is also an Associate Editor of the *European Journal of Cancer*.



Dr Larry Norton:  
New NABCO President

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