

treatment is the necessity of treatment planning within the framework of a multidisciplinary approach, which has been acknowledged by an increasing number of sarcoma centres. In soft tissue sarcomas (STS) local treatment is still of utmost importance for cure. However, the treatment has shifted from radical to more extremity saving procedures by the use of combined surgery and adjuvant radiotherapy, thereby improving the functional outcome and probably also quality of life. In locally advanced STS other modalities such as hyperthermia and local perfusion are being studied. The role of adjuvant chemotherapy is continuously debated. A recent meta-analysis showed an improved disease free survival but no effect on overall survival. Therefore, the results of ongoing randomized studies should awaited. In patients with metastatic disease only few cytostatic drugs are active, and new drugs are under investigation. In contrast, in Ewing,s sarcoma (ES) and osteosarcoma (OS) chemotherapy is a must in the primary treatment. In ES local treatment includes surgery and radiotherapy especially in non-bulky and chemoresponsive tumours. In OS the surgical procedures increasingly allow extremity saving procedures whereas radiotherapy is generally only used for palliation. Trials studying the optimal chemotherapy of ES and OS are ongoing, and hopefully a pan-European trial on ES will be initiated in the near future. The treatment strategy of advanced ES/OS has not been settled. Thus, although definite progress has been made within the field of sarcomas, continued efforts in studying these diseases are unequivocally needed.

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Cancer registry and cancer control

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Cancer Control consists activities that reduce occurrence of, suffering from or death from cancer. Such efforts assume good information background, which is usually called cancer registry. Cancer registry helps in cancer control practice, first, by providing information on the magnitude of the cancer problem at the population level. Such data are used for planning of the cancer services in the future and for setting of priorities within oncology and between the health sectors. Second, cancer registry evaluates the success of control measures at population level on primary prevention by incidence trends, on clinical activities by nation wide survival trends and on screening activities. Cancer registry is also a research institution which carries epidemiological research, health services research and collaborates in clinical research e.g. in terms of randomization center and analysis of RCT's.

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