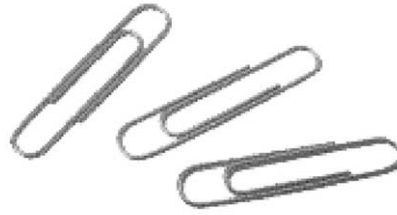


This issue's topics



Linking negative prognostic factors helps predict outcome

Reproducibility of the SIN system in soft-tissue sarcomas

In this issue, Gustafson and colleagues used the SIN system to divide patients into two groups with differing outcomes. They tested the reproducibility of use of the system and found it to be high. The SIN system is based upon the assessment of three negative prognostic factors: large tumour size, vascular invasion and microscopic tumour necrosis. They classified patients with none or one of these factors as low risk and patients having two or three of these factors as high risk. The division of these patients resulted in two groups with widely differing outcomes, as measured by cumulative 5-year metastasis-free survival rates. The authors examined reproducibility in three ways: inter-observer variation in the assessment of the variables, use of the system in a patient group from another institution and comparison to the American Joint Committee on Cancer system. The authors concluded that “this system provides two distinct prognostic groups and has a high reproducibility”.

Health-related quality of life in metastatic melanoma patients treated with bio-chemotherapy

As no clear survival benefit has been demonstrated for biochemotherapy (bio-CT) and CT in the treatment of metastatic melanoma patients, HRQOL is an important parameter to measure. Using data from a phase III trial, Chiarion-Sileni and colleagues investigated HRQOL—with the Rotterdam Symptom Checklist (RSCL)—in patients randomised to treatment with bio-CT or CT. They found that mean values of all domains of QOL decreased in the bio-CT arm, but only the activity level and physical symptom distress domains showed a decrease in the CT arm. Both of these domains were independent prognostic factors. The authors suggest that “it could be of interest to evaluate whether a planned psychological intervention is able to improve HRQOL and, thereby, modify the prognosis of patients with advanced melanoma”.

Results of the AMORE protocol

In this issue, Buwalda and colleagues present a novel local treatment strategy for children with advanced, non-metastatic, head and neck rhabdomyosarcomas (HNRMS). They treated 20 children (15 with parameningeal HNRMS and five with non-parameningeal HNRMS) with Ablative surgery, Moulage technique brachytherapy and surgical Reconstruction. Complete remissions were observed in all of the patients and, so far, although the follow-up is fairly short, the long-term sequelae are limited. 5 patients experienced a local relapse and 1 patient a distant relapse. The authors concluded that “the AMORE protocol is a feasible strategy with a good local control rate”.

Forthcoming papers—in an issue focusing on breast cancer and screening

Editorial Comment

Editorial

J. W. Coebergh

Reviews

Assessing the evidence for organised cancer screening programmes

L. Madlensky, V. Goel, J. Polzer, *et al.*

Pathological work-up of sentinel lymph nodes in breast cancer. Review of current data to be considered for the formulation of guidelines

G. Cserni, I. Amendoeira, N. Apostolikas, *et al.*

Exploiting the hallmarks of cancer: the coming conquest of breast cancer

G.W. Sledge, K.D. Miller

Vacuum-assisted breast biopsy: a critical review

L.E. Hoorntje, P.H.M. Peeters, W. PTHM Mali, *et al.*

Original Papers

Clinical

Anastrozole (Arimidex) versus tamoxifen as first-line therapy for advanced breast cancer in postmenopausal women: survival analysis and updated safety results

J.M. Nabholz, J. Bonnetterre, A. Budzar *et al.*

Breast conservation surgery with and without radiotherapy in women with lymph node-negative breast cancer. A randomised clinical trial in a population with access to public mammography screening

P. Malmstrom, L. Holmberg, H. Anderson, *et al.*

Co-expression of vascular endothelial growth C (VEGF-C) and c-erbB2 in human breast carcinoma

F.J. Hoar, S. Chaudhry, M.S. Wadley, P.S. Stonelake

Are cellular polarisation and mitotic frequency prognostic factors for local recurrence in patients with ductal carcinoma *in situ* of the breast?
I. Idvall, H. Anderson, A. Ringberg, M. Ferno
Survival analyses from the Zebra study: Goserelin VS CMF in premenopausal women with node-positive breast cancer
M. Kaufmann, W. Jonat, R. Blamey, *et al.*

Epidemiology and Cancer Prevention

Breast cancer incidence and mortality trends in 16 European countries
J.L. Botha, F. Bray, R. Sankila, D.M. Parkin
The influence of a false-positive mammogram on a woman's subsequent behaviour for detecting breast cancer
C. Lampic, E. Thurfjell, P-O. Sjoden
Hormone replacement therapy and distribution of breast atypical hyperplasia among postmenopausal women during a screening campaign
A. Gayet, J. Esteve, B. Seradour, L. Piana, J. Jacquemier
Breast screening: does it work?
H. Thornton
Quantifying the potential problem of overdiagnosis of ductal carcinoma *in situ* in breast cancer screening
M.-F. Yen, L. Tabar, B. Vitak, *et al.*
The relative contributions of screen-detected *in situ* and invasive carcinomas in reducing mortality from the disease
S.W. Duffy, L. Tabar, B. Vitak, *et al.*
Results from the Swiss mammography screening pilot programme
J.-L. Bulliard, J.-P. De Landtsheer, F. Levi
Detectability of cancer on previous screening mammograms: possible gain versus no gain
M.J.M. Broeders, N.C. Onland-Moret, H.J.T.M. Rijken, J.H.C.L. Hendriks, A.L.M. Verbeek, R. Holland
The impact of organised screening programmes on stage-specific incidence of breast cancer in Italy
E. Buiatti, A. Barchielli, S. Bartolacci, *et al.*
Time trends and regional differences in stage distribution and surgical management of breast cancer in Denmark
A.R. Jensen, M. Ewertz, S. Cold, *et al.*
The process of metastatisation for breast cancer
J. Engel, R. Eckel, J. Kerr, *et al.*