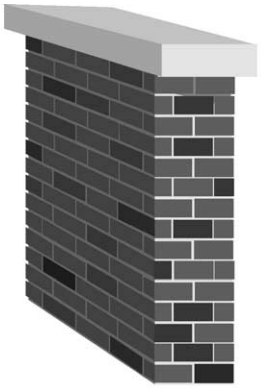
This issue's topics



Lowering the barriers to improved survival

Norwegian survival rates for colorectal cancer have improved over time
Survival rates of Norwegian patients from colorectal cancer have improved between 1958 and 1997, authors report in this issue. They examined data from 50 993 subjects aged between 40 and 84 years. 5-year-relative survival increased by an estimated 3% per 5-year diagnostic period. Norway had a higher survival rate than the EUROCARE average. Female patients had a higher cause-specific mortality than males whereas patients with cancer of the rectum had a lower rate than colon cancer patients. The improvement in survival is probably due to advances in treatment and improved diagnostics, they said. An earlier diagnosis and less patient delay may also have contributed. Future studies should investigate the differences observed in cause-specific mortality between the genders and cancer sub-sites. This paper is discussed in an accompanying Editorial by Dr. Coebergh, the *EJC* Epidemiology and Cancer Prevention Editor.

Scottish survival rates for early breast cancer have also improved over time
Women with early invasive breast cancer showed a statistically significant 11% improvement in survival from 1987 to 1993, Thomson and colleagues report in this issue. Using data from the Scottish Cancer Registry, they examined the survival rates of 1617 women in 1987 and 2077 women in 1993. The higher survival rates in 1993 were likely partly due to screening and earlier diagnosis, but also due to improvements in the organisation and delivery of care, they said.

Immediate-early AP-1/RARβ on/off switch important in laryngeal carcinogenesis?
That is the conclusion of Karamouzis and colleagues reporting in this issue. They examined the immunohistochemical expression of retinoic acid receptorβ (RARβ), c-Jun, p-c-Jun and c-Fos in human laryngeal tissues in normal, pre-malignant and squamous cell carcinoma tissue samples. They found RARβ was gradually downregulated during early laryngeal carcinogenesis, whereas there was an upregulation of the members of the activator protein-1 (AP-1) transcription family. These results might be of great importance for establishing new prognostic and predictive intermediate biomarkers for future laryngeal and lung chemoprevention clinical trials, they said. Further functional studies will be required to confirm our morphological findings.

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