Combination drug therapy appears to be making substantial improvements in the treatment of disseminated testicular carcinoma. Wittes et al. (Memorial Sloan-Kettering Cancer Center, New York, New York) used a combination of vincristine, actinomycin D and bleomycin. One-third of the patients attained a convincing remission, and those who achieved complete remission had significant prolongation of life.

In a double blind retrospective analysis of 84 cases, Beringer et al. (Memorial Sloan-Kettering Cancer Center, New York, New York) found that patients with head and neck cancer whose lymph nodes demonstrated active immunologic responses, in the form of expanded inner cortices or increased numbers of germinal centers, had significantly greater survival rates than others. None of the patients whose lymph nodes showed the depleted pattern survived five years. These correlations were independent of the tumor’s stage or grade. Metastases occurred much more frequently in patients with regional nodes showing an unstimulated or depleted pattern than in those with regional nodes showing evidence of immunologic activity.

Plasma carcinoembryonic antigen (CEA) levels were studied in all available members of 17 families in which a retinoblastoma had occurred. In nine of the 17 families, close relatives of the patients had elevated CEA levels in the absence of demonstrable disease. To the knowledge of the investigators, Felberg, Michelson and Shields, (Wills Eye Hospital, Philadelphia, Pennsylvania) this is the first report of abnormal CEA levels in unaffected family members of patients with non-adenocarcinoma type cancers. Detection of the “CEA Family Syndrome” may prove to be a useful means of locating individuals with inherited premalignant or malignant conditions and may provide a stimulus for additional clinical examination of asymptomatic individuals considered at risk of developing cancer.

An understanding of the characteristics of women who obtain and do not obtain cervical cytology may facilitate development of procedures that can be instituted by physicians and public health workers to increase the use of screening. Of particular interest are women at high risk of cervical cancer. Warnecke and Graham (State University of New York, Buffalo, New York) interviewed a random sample of about 700 blacks living in central Buffalo census tracts, in regard to their past use of pelvic examinations as well as the circumstances surrounding use or non-use. They employed only data on screening that was verified in records. They found decreasing use with increasing age and lack of contact with physicians, clinics or hospitals. The relationship between increasing use and increasing education was
related to the fact that women with more education are likely to be younger. There was clear evidence that making such examinations part of all contacts women have with physicians or hospitals, including childbirth, would increase the proportions screened.

March

Two papers on Hodgkin’s disease in children, by Parker et al. and by Donaldson et al. (Stanford University School of Medicine, Stanford, California) discussed pretreatment evaluation and post-treatment results. The subject is of special interest since some authorities claim that Hodgkin’s disease does not actually occur in children, and is misdiagnosed when so labelled. These cases seem to be convincing. The most remarkable features are the very high incidence of abnormal pretreatment roentgenograms, but the very low incidence of post-treatment relapse and death.

Portlock and Rosenberg (Stanford University School of Medicine, Stanford, California) showed that complete remissions can be achieved in advanced non-Hodgkin’s lymphomas by multiple drug therapy. A combination of cyclophosphamide, vincristine and prednisone was effective; concurrent bleomycin did not seem to improve the results. Lymphocytic tumors were much more responsive than non-lymphocytic tumors.

Split-course irradiation for definitive therapy of early stage Hodgkin’s disease is substantially better tolerated and equally effective, compared to continuous irradiation according to Johnson et al. (National Cancer Institute, Bethesda, Maryland). They found that no loss of therapeutic effectiveness resulted from split-course irradiation, and only a single local recurrence was observed in 54 patients treated between 1965 and 1969. The split in the course consisted of a two to two and one half week interruption midway through the course of 4,000 rads. They feel that the low incidence of local recurrence fails to support the practice of administering supplementary irradiation to adenopathy not completely resolved after a tumor dose of 4,000 rads.

Kline and Yum (Temple University, Philadelphia, Pennsylvania) report that cytologic examination after colonic lavage may be useful in establishing an accurate histologic diagnosis of colon cancer. Their series consisted of 61 patients with benign lesions and 34 with carcinomas. There were no false-positives; abnormal cells were seen in 32 of the 34 patients with carcinomas.

A paper by Komp, et al. (the Southwest Oncology Group) examined the value of asparaginase in childhood leukemia. Their findings corroborate previous reports that asparaginase is active in non-lymphocytic leukemia of childhood, but not in acute lymphocytic leukemia.