November

Several of the papers in the November issue were presented to a conference on "Carcinoma of the Lung—a Status Report of the National Cancer Institute's Research" held in Bethesda, Maryland, March 27-28, 1972. Among them is a review of the most recent trends in mortality, incidence, diagnosis, treatment, smoking and urbanization as factors in lung cancer, by M. A. Schneiderman and D. L. Levin (National Cancer Institute). The rising rates of lung cancer seem to be leveling off for men; women's rates are rising much more rapidly and beginning to approach those of men. While smoking remains a major cause of lung cancer, there is evidence that smoking combined with other assaults such as industrial air pollution greatly increases the risks. The proportion of cases diagnosed while still localized doesn't seem to have improved, but the survival for such cases has, suggesting that either treatment effectiveness has improved or that the cases called localized now are truly more often localized. E. L. Wynder (American Health Foundation, New York, New York) reviews the data which indicated a reduced lung cancer risk for long-term filter smokers and a lower carcinogenicity of present day cigarettes as compared with cigarettes made twenty years ago. A new technique for the roentgenographic study of airways and lungs, using powdered tantalum, is reported by G. Gamsu and J. A. Nadel (University of California, San Francisco). A small amount of the powdered metal is blown into a tracheal catheter, allowing visualization of fine mucosal detail of the airways and alveoli on roentgenograms made with a very small focal spot. Another new technique for pulmonary diagnosis is reported by G. Heidenral and others (Mayo Clinic, Rochester, Minnesota). They used pulmonary scintigraphy and rate measurements in patients breathing gaseous xenon-133, and their findings suggest that the test may be of great value for localizing cancer in patients with positive sputum cytology but negative roentgenograms. Still another project is reported by R. S. Fontana and others (Mayo Clinic, Rochester, Minnesota). They have defined a high risk group which is to be restudied every four months with chest roentgenograms and sputum cytology. Their important first observation is that such programs apparently can be incorporated successfully into private group practices.

Adenocanthoma and adenosquamous carcinoma of the endometrium are diagnoses perplexing to many of us. Intuitively, one expects the cancer to be either adenocarcinoma or squamous carcinoma; a combination is hard to reconcile with the simplistic concept of origin from a single misguided cell. Furthermore, these lesions have been variously reported as being prognostically less favorable, more favorable or equivalent to the common endometrial carcinoma. S. G. Silver-
berg and others (Medical College of Virginia, Richmond, Virginia) make it somewhat easier to understand by differentiating between endometrial carcinomas which contain a histologically benign squamous element and those with malignant-appearing squamous cells. The former appear to be a favorable group, and the latter an unfavorable one. The ability of a well-differentiated carcinoma to form histologically benign squamous elements seems to improve the prognosis, while the presence of poorly differentiated (i.e., histologically malignant) squamous elements is associated with an unfavorable prognosis.

December

The December issue contains a concentration on the newest developments in chemotherapy of human cancer. Included are papers presented in Boston at the annual meeting of the American Society of Clinical Oncology, and in New York at the National Conference on Chemotherapy. The Third Annual David A. Karnofsky Lecture, by H. S. Kaplan, is entitled "The Compleat Clinical Oncologist: A New Approach to Training." He suggests a model program of interdisciplinary training offering experience in both radiotherapy and medical oncology. Other keynote papers include "The Basis for Progress in Chemotherapy" by C. Gordon Zubrod. He calls attention to ten types of human cancer in which a proportion of patients are now achieving normal life expectancy after treatment with drugs, usually combined with surgery or radiation therapy. Emil Frei III describes "A Prospectus for Cancer Chemotherapy" that emphasizes the multidisciplinary approach essential to basic and clinical investigation of cancer, as well as for the optimal care of the cancer patient. J. F. Holland and O. Glidewell. referring to childhood leukemia, again urge that practicing physicians avail themselves of the closest leukemia center and refer their patients in the untreated state for participation in the programs which are the vehicles by which further investigation may hasten cure.

A progress report is presented of a randomized clinical trial being conducted to test the value of chemotherapy following total lymphoid irradiation for patients with Hodgkin’s disease. S. A. Rosenberg and others (Stanford University, Stanford, California) have found a significant improvement in disease-free survival in the group receiving drugs. However, survival is also excellent in those receiving radiation only, and for a number of reasons the authors state that they cannot recommend the routine use of sequential radiation therapy and aggressive chemotherapy for patients with the intermediate stages of Hodgkin’s disease at this time. For patients with advanced Hodgkin’s disease, long-term follow-up data are now available from the studies originally reported from the National Cancer Institute, Bethesda, Maryland. A summary of the experience in a decade of com-
Combination chemotherapy is presented by V. T. DeVita and others (National Cancer Institute). With the current regimens, complete remission rates of up to 80 percent in advanced Hodgkin's disease have been found. The median survival has not been reached, but will be in excess of five years. Forty-one percent of complete responders have remained continuously free of disease with no further treatment for up to six years. Despite these signal advances, the authors feel that the goals of future chemotherapy trials would best be directed at devising an additional combination regimen which differs significantly in its drug content from present ones in an attempt to reduce the proportion of patients who fail to achieve a remission or who relapse.

The outstanding work of the leukemia therapy team at St. Jude's Hospital is frequently mentioned on these pages. Now J. Simone and others (St. Jude Children's Research Hospital, Memphis, Tennessee) summarize the results of their 10 years of methodically planned and conducted studies, and project that with present knowledge perhaps 50 percent of children with acute lymphocytic leukemia can be cured. This paper is particularly useful to clinicians because it presents a compact presentation of the most informative findings from the several separate studies that have been conducted, together with interpretations and conclusions. In another paper, the same group reports results suggesting that concurrent radiotherapy and combination chemotherapy with vincristine and cyclophosphamide is superior to other treatment methods for localized Ewing's sarcoma.

There are many new chemotherapeutic agents available, with a diversity of mechanisms of action, and with specific toxicities. J. H. Burchenal and S. K. Carter (Memorial Hospital for Cancer and Allied Diseases, New York, and National Cancer Institute, Bethesda) list Adriamycin, DTIC, Bleomycin, Asparaginase, BCNU and CCNU as agents having proven clinical value. They believe that combination therapy has much more to offer than single drug therapy in achieving long-term remissions or cure. Many of these newer agents are suitable for combination regimens.

January

The James Ewing Lecture, by William L. Watson, is entitled "Looking at Lung Cancer." The "interesting, exciting and baffling" medical history of this disease over the past century is reviewed. Its epidemic increase in incidence, and the several likely contributing causes, are discussed. Noting the deplorably low salvage rate and the lack of progress toward earlier diagnosis, Dr. Watson pleads for measures directed toward preventing the disease. For the care of the lung cancer patient, he labels the efforts of doctors acting as individuals inadequate, calling for a wider adoption of specialized, multidisciplinary cancer centers.
The January issue contains papers presented at the first joint meeting of the James Ewing Society, the Society of Head and Neck Surgeons, and the American Radium Society, which took place in Boca Raton, Florida, in May 1972. Dr. Stuart H. Quan, President of the James Ewing Society, begins his address: "It may seem odd that a surgeon has chosen to speak to you on the subject of radiotherapy in the management of cancer of the colon and rectum." He earns high marks for presenting very compactly most of the important clinical information now available about preoperative irradiation, with comments on curative and palliative irradiation as well. The present policy of his service at the Memorial Hospital, New York, is to use preoperative irradiation in patients who are particularly young or particularly old, and in whom the tumor appears to be bulky, infected, or is of borderline operability.

Combination therapy offers the best chance of cure for children with rhabdomyosarcoma originating in the head and neck, according to S. S. Donaldson and others (M. D. Anderson Hospital, Houston, Texas). Recommended therapy includes: (1) local excision or biopsy; (2) radiation therapy with doses of 6,000 rads/6 weeks; and (3) multi-drug chemotherapy, i.e., vincristine sulfate, actinomycin D, and cyclophosphamide. Severe ocular, dental, soft tissue, and possibly bone complications may be encountered. Thirteen of 19 patients are without evidence of disease at more than two years.

Two papers discuss lobular carcinoma of the breast. The in situ lesion is discussed by J. M. Giordano and C. T. Klopp (George Washington University Hospital, Washington, D.C.), who found its incidence in their material to be 2.5/100 breast biopsies. Although most of their patients received simple mastectomies, they feel a program of careful follow-up visits is a valid alternative in selected patients. However, it is estimated that about 20 percent of patients eventually develop infiltrative cancer. The prognosis of patients with infiltrating lobular carcinoma is described by R. Ashikari and others (Memorial Hospital for Cancer and Allied Diseases, New York) as being slightly worse than those with infiltrating breast carcinoma generally.

A. S. Ketcham and others (National Institutes of Health, Bethesda) found that eleven of eighty-four (13 percent) patients with clinically operable carcinoma of the cervix had metastases in the left scalene fat pad. They recommend routine biopsy of these lymph nodes in patients being considered for radical surgery for advanced cervical cancer.

Another potential lead of the 1950's is fading away. J. D. Griffiths and others (St. Bartholomew's and Royal Marsden Hospitals, London, England) report that the detection of circulating malignant cells in colon and rectum cancer patients has no prognostic significance.