Looking at 
Cancer
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November
Under a variety of conditions, normal human lymphoid cells may be strongly cytotoxic to cultured tumor cells. P. J. DiSaia and others (University of Texas M. D. Anderson Hospital and Tumor Institute at Houston) studied the action of peripheral blood lymphocytes from patients with ovarian cancer or cancer of the cervix when incubated with established culture cell lines from histologically similar tumors. Their findings suggest that patients with ovarian cancer or cancer of the cervix have presensitized peripheral blood lymphocytes capable of immediate destructive action in vitro on tumor cells of corresponding histologic origin, as compared with lymphocytes from healthy individuals which exhibit only a delayed cytotoxic effect.

Bleomycin is an antibiotic with anti-tumor effects, studied extensively in Japan and later in Europe. Recently made available in this country for clinical trial, it was used investigatively in 75 patients by S. Shastri and others (Rush-Presbyterian-St. Luke’s Medical Center, Chicago, Illinois). "Bleomycin is a useful addition to the existing chemotherapeutic agents," they conclude. The appropriate indications, contraindications and optimum dose schedule remain to be more fully explored.
Reticulum cell sarcoma is a term used for two (at least) quite different diseases, one of soft tissue and one of bone. (Surprisingly, medical students seldom complain about this dual meaning.) Reticulum cell sarcoma primary in bone has a relatively favorable prognosis, but is so rare that only very few institutions can accumulate a substantial experience, such as the 47 cases from 1949 through 1969 reported by H. Shoji and T. R. Miller (Memorial Hospital for Cancer and Allied Diseases, New York, New York). Their comments on prognosis and treatment should be of value to any physician faced with a case of this disease.

Perfusion chemotherapy for malignant melanoma has been in use for more than a decade, but its value has remained controversial. An experience of 301 extremity profusions reported by C. M. McBride and R. L. Clark (University of Texas M. D. Anderson Hospital and Tumor Institute at Houston) indicates that isolation-perfusion of the extremity with water soluble 1-phenylalanine mustard dihydrochloride for malignant melanoma is a safe procedure, which appears to result in a small increase in survival rate over that to be expected from conventional surgical methods alone, with minimal morbidity.

Further evidence is presented of the prognostic importance of vascular invasion in Hodgkin's disease. S. B. Strum and others (The Pritzker School of Medicine of the University of Chicago, Chicago, Illinois) found this feature in either the lymph nodes or the spleen in six of 29 patients surgically staged. All who had this histologic feature had either Stage III or IV disease, and five of the six had involvement of either the liver, lung or bone marrow. In contrast, of the 23 patients who did not have vascular invasion, only one has subsequently developed visceral disease. The authors suggest that hema-

togenous dissemination of Hodgkin's disease via the portal system may be an important pathway for the spread of the disease to the liver.

Problems of interpretation of liver biopsy in Hodgkin's disease are discussed by R. L. Givler and others (University of Iowa, Iowa City, Iowa). The liver is the third or fourth most frequent organ infiltrated by Hodgkin's disease at autopsy, being exceeded only by lymph nodes, spleen and perhaps by bone marrow. In the clinical situation, hepatic involvement is often difficult to detect; when found, it generally governs the approach to therapy. The investigators discuss liver biopsy findings which are difficult to interpret in Hodgkin's disease, and recommend that diagnostic certainty be reserved for those containing Sternberg-Reed cells.

December

The December issue of Cancer is devoted to the proceedings of the Second National Breast Cancer Conference. The essayists cover a full spectrum of the latest knowledge about this disease with respect to etiology, diagnosis, treatment and, hopefully, eventual control. Surgeons and radiotherapists discuss the indications for an optimal use of their modalities. J. A. Urban and E. B. Castro (Memorial Hospital for Cancer and Allied Diseases, New York, N. Y.) discuss the selection of variations in extent of surgical procedure for breast cancer; it appears to remain more of an
art than a science. J. E. Dunphy (University of California School of Medicine, San Francisco, California) describes a modified radical operation as a satisfactory compromise to using the standard radical operation in most early cases. Maurice Galante (University of California School of Medicine, San Francisco, California) summarizes the surgeon's dilemma of minimal breast cancer, lobular carcinoma in situ and intraductal carcinoma without invasion, and reaches a logical conclusion unsupported by data that these relatively favorable carcinomas are best treated by removal of all breast tissue as well as the lower and middle axillary lymph nodes, preserving the pectoral muscles. A controlled clinical trial is reported by Sir John Bruce (University of Edinburgh Medical School, Edinburgh, Scotland) in which there has as yet been found no significant difference in survival after radical mastectomy versus simple mastectomy with radical radiotherapy. G. P. Rosemond (Temple University, Philadelphia, Pennsylvania) concludes after a broad review that the most important newer concept in the fight against breast cancer is a multidisciplinary approach including epidemiology, etiology, detection, diagnosis, management and all control measures.

Although in the past approximately 90 percent of all breast cancers have been discovered by the patients themselves, there is increasing evidence that periodic examinations of women who are not aware of having any breast disease will yield a significant number of unsuspected cancers and result in a substantial improvement in cure rates, as demonstrated by V. A. Gilbertsen and M. Kjelsberg (Cancer Detection Center, University of Minnesota, Minneapolis, Minnesota).

That mammography can demonstrate cancers which are otherwise not detectable, and that cure rates in these patients are significantly higher, is demonstrated by R. L. Egan (Emory University Clinic, Atlanta, Georgia).

P. Strax and others (Health Insurance Plan of Greater New York, New York City) have found in a mass screening program for breast cancer that physical examination and mammography contribute independently to case finding; neither can be dispensed with and both appear to contribute substantially to lowering the case fatality rate. They suggest that thermography is an additional complementary examination method.

A. H. Dowdy and others (University of California at Los Angeles, Center for the Health Sciences, Los Angeles, California) estimate that some 19,000 screening centers would be needed to examine all women in the United States 40 years of age and older for breast cancer at an annual cost approaching $622,000,000. While the cost might be favorably balanced against an estimated gain to the nation in earnings and late treatment expenses of over $850,000,000, the personnel requirements are presently prohibitive. They recommend the establishment of a number of combined cervical and breast cancer screening clinics, where mammographers, technologists and lay screeners could be trained.

Risk factor analysis, as described by E. U. Thiessen (Preventive Medicine Institute-Strang Clinic, New York, New York) is a method for identifying the individuals for whom screening and surveillance are most important.

C. Zippin and N. L. Petrakis (Cancer Research Institute, University of California, San Francisco, California) review recently observed genetic, socioeconomic and viral associations useful in the identification of high risk groups for breast cancer.
Several papers review the accumulating evidence for immune responses of the host in breast cancer. J. W. Berg (National Cancer Institute, Bethesda, Maryland) relates the history of morphological estimates of host resistance. T. H. M. Stewart and M. Orizaga (Ottawa General Hospital, Ottawa, Ontario, Canada) describe breast cancer patients showing a delayed hypersensitivity reaction to cellular extracts of their tumor.

Has there been progress in the control of breast cancer? The question is simple but the answer most difficult to unravel. A searching review by S. J. Cutler and others (National Cancer Institute, Bethesda, Maryland) indicates that mortality from cancer of the female breast has declined by a small amount since 1940, despite a sizeable increase in the incidence of the disease. Unless this data is distorted by factors not capable of assessment, it points to an improvement in diagnostic effectiveness, treatment strategies, or both.

On Retirement

When one retires let him keep a tight rein on his opinions even though it hurts. He is probably obsolete and, if he is not, others will not realize it. If he wants to be remembered kindly let him beware of expressing discontent or contempt for the present, otherwise he will not be remembered kindly. This does not make a damn bit of difference because within half a decade he won't be remembered at all anyway.

Let me end with a paraphrase: Love those who believe themselves right in virtually wrecking most of what you have built, but if this love comes hard don't break your neck in going all out for it.—Fred W. Stewart, M.D., Retirement in New York: Prognosis and Reminiscences of a Nonoptimist. Bulletin of the New York Academy of Medicine 47: 1342-1349, 1971, P. 1349.