A pharmacologic study approach was carried out by R. S. Benjamin and others (National Cancer Institute, Baltimore, Maryland) to determine optimum dosage schedules. They found that adriamycin can be used with relative safety and high efficacy in a dosage schedule of 60mg/M² I. V. q3 weeks. Dosage reduction in patients with liver disease is essential to avoid life-threatening toxicity, and central nervous system disease can be expected to be nonresponsive since the agent does not reach it.

The latest report on the use of fluoropyrimidines in patients with adenocarcinomas of the stomach, pancreas, liver and biliary tracts, from the center generally acknowledged as pioneering this family of drugs, is reported by H. L. Davis and others (University of Wisconsin, Madison, Wisconsin). Their results in 328 patients confirm the general impression that only a minority of patients with adenocarcinoma show sustained responses to fluoropyrimidines. Yet, those who do respond well derive substantial palliation, and the drugs continue to be an important weapon.

L. Ekbladh and others (University of North Carolina, Chapel Hill, North Carolina) describe the use of an interesting biological product called the laminaria tent to dilate the uterine cervix for placement of intracavitary radium. The technique provides a means of inserting radium without anesthesia. It does not, of course, provide for those staging examinations which require anesthesia, but should be useful in patients who are poor anesthetic risks.

The group which has reported such strides in the treatment of childhood leukemia by combinations of chemotherapy and radiation therapy has now concluded that similar combinations result in a high frequency of complete remission of Hodgkin’s disease in children. K. L. Smith and others (St. Jude Children’s Research Hospital, Memphis, Tennessee) report 49 patients given 12 weeks of initial chemotherapy with simultaneous radiotherapy. It is not clear that the remission rate was significantly higher than has been reported for radiotherapy alone, but at least the complication rate was not forbidding.

Administration of 5-fluorouracil by mouth may be beneficial in patients who fail, or who no longer respond to parenteral treatment. H. W. Bruckner and W. A. Creasey (Yale University, New Haven, Connecticut) found in a small group
of subjects that concentrations of the drug in blood and urine were comparable to and more sustained than those achieved after parenteral treatment.

Several recent papers have indicated a new interest in the conservative management of pericardial effusion caused by metastases. F. E. Smith and others (Baylor College of Medicine, Houston, Texas) review the literature and report five new cases and suggest that local installation of a chemotherapeutic agent and/or radiotherapy may be the treatment of choice.

The distinguished group of investigators which has been studying lung cancer in uranium miners for many years reports an observation that may have application to a much larger population. G. Saccomanno and others (St. Mary's Hospital, Grand Junction, Colorado) related cytologic examinations of sputum collected periodically since 1957 on a group of uranium miners to the development of bronchogenic carcinoma. They state that "there appears to be an average period of four or five years during which individuals exfoliate cells that are markedly atypical or represent carcinoma in situ in their sputum before developing invasive carcinoma of epidermoid or small cell, undifferentiated varieties. Periodic sputum surveillance of groups at elevated risk of bronchogenic cancer can utilize this period for early detection and treatment."

Previous statistical analyses regarding the association of cancer and polyps in the colon and the rectum need to be critically analyzed, according to F. L. Greene (Yale-New Haven Medical Center, New Haven, Connecticut). In his series of 637 adenomatous polyps, eight percent showed benign "misplacement" below the level of the muscularis mucosa, which could have been erroneously labeled invasive cancer.

Clinical experience with the combination chemotherapy of Hodgkin's disease is reviewed by M. A. Goldsmith and S. K. Carter (National Cancer Institute, Bethesda, Maryland). The results of the MOPP (nitrogen mustard, vincristine, procarbazine, prednisone) regimen are analyzed and the various published and ongoing individual and cooperative group chemotherapy protocols for induction and maintenance in advanced Hodgkin's disease are discussed. While several new regimens are currently under investigation, at this time the MOPP program is still the treatment of choice for far advanced Hodgkin's disease.