April

The late Editor of Cancer, Dr. Wendell Garrison Scott, will be honored in many publications and mourned in even more places. The last of the many cancer conferences he organized was "The Conference on Planning for Cancer Centers," sponsored by the American Cancer Society, in December 1971. The first 105 pages of the April issue are devoted to the proceedings of this conference. They represent the current thoughts of the career professionals dedicated to the conquest of the cancer problem. Everyone interested in the attack U.S. Society is making upon this killer disease, through its voluntary and governmental agencies, the medical profession, the universities and other research organizations, involving a vast array of scientific and social competence, will profit from reading this compendium. In his introduction to the whole program, Dr. Scott listed the following questions: Why have a cancer center? Just exactly what are cancer centers? How to develop and operate a cancer center. Subsidiary questions immediately come to mind, and are taken up in the well-planned and conducted dissertations and discussions.

Diagnosis of the presence or absence of bone marrow involvement is currently a critical factor in selection of treatment for malignant lymphomas. The methods readily available are marrow aspiration, needle biopsy and open marrow biopsy. S. E. Jones and others (Stanford University Medical Center, Stanford, California) reviewed 218 untreated patients with non-Hodgkins lymphomas, with special regard to the detection and significance of bone marrow involvement. They found that open marrow biopsy demonstrated lymphoma after needle biopsy was negative and that both biopsy techniques were clearly superior to bone marrow aspiration in identifying marrow involvement. No pattern of pretreatment laboratory abnormality predicted which patients would have a positive bone marrow for lymphoma. Some patterns related to cellular composition and clinical staging were found but the major conclusion appears to be that open marrow biopsy is a highly valuable part of the work-up in patients with non-Hodgkins lymphoma, for the best selection of treatment.

The following conclusions are made from a review of 87 cases by S. P. Kadish and others (Massachusetts General Hospital, Boston, Massachusetts): (1) minor salivary gland malignancies arising in the upper and air passage epithelium are moderately radio-responsive and radio-curable; (2) their curability is a function of anatomic location and extent of lymph node metastases rather than histologic type; (3) failure of local control of these tumors is frequently manifested within two years; and (4) most published data regarding the radiotherapy of these minor salivary gland malignancies are based on outmoded kilovoltage techniques.
Hydroxyurea, first synthesized 100 years ago but not recognized as an antitumor agent until 1958, has received only sporadic acceptance as a clinically useful cancer drug. It has been gaining in acceptance as a treatment for busulfan-resistant chronic myelogenous leukemia. Now, B. J. Kennedy (University of Minnesota Health Sciences Center, Minneapolis, Minnesota) reports studies suggesting that hydroxyurea may be a useful agent in the primary management of CML.

May

"The occurrence of a testicular tumor in a man past middle age is rather unique in that, even if it be the only abnormal physical finding, it is probably the presenting sign of generalized lymphomatous disease already present or shortly to become clinically active." B. Tanenbaum and others (State University of New York, Downstate Medical Center, Brooklyn, New York) present four cases and a review of the literature. They suggest that a confirmatory testicular biopsy may be all that is needed in elderly patients, since the radiosensitivity of these tumors might spare the need for orchidectomy. However, they indicate that the prognosis is uniformly poor, with most patients following a rapid downhill course.

P. Cole and others (Harvard University School of Public Health, Boston, Massachusetts) elicited lifetime occupation histories from 461 persons with cancer of the lower urinary tract, 94 percent of them being bladder tumor cases. This was a random sample of all such persons newly diagnosed in a specified region and time period. A carefully chosen control population was similarly queried. Among men, excess risk of lower urinary tract cancer was found in five of eight occupation categories where this was suspected a priori: dyestuffs, rubber, leather and leather products, and paint and organic chemicals. Although suspected, excess risk was not confirmed for three categories: printing, petroleum and chemicals other than organic. Their calculations suggest that about 18 percent of male bladder cancer is accounted for by the five hazardous occupations.

Weekly intravenous 5-fluorouracil treatment had roughly similar antitumor efficacy for gastrointestinal cancer as the "standard" method of 5-FU treatment but at much less cost in toxicity, in a randomized, double-blind controlled study reported by S. Gailani and others (Roswell Park Memorial Institute, Buffalo, New York). The response rate was about 20 percent, with a median duration of three months. Cytosine arabinoside was employed in two dose levels in conjunction with 5-FU in another group of patients, without significant benefit. The study is a useful guide to dose schedules and prognosis in the treatment of gastrointestinal cancer.