November

Of more than two dozen chemical agents that have been used for treatment of gastric cancer, only a few have been adequately evaluated and just three (5-fluorouracil, mitomycin C and BCNU) exhibit clinically significant activity. R. L. Comis and S. K. Carter (National Cancer Institute, Bethesda, Maryland) have compiled and reviewed the data on chemotherapy with single drugs and multiple drug combinations for gastric cancer.

Professor D. W. Smithers takes some exception to the widely accepted theory that Hodgkin’s disease spreads by tumor cell transport along contiguous lymphatic channels to adjacent lymph nodes. He and his associates (Royal Cancer Hospital, Sutton, Surrey, England) hypothesize that tumor induction may take place in one lymph node after another either through the influence of circulating initiators when localization depends on the susceptibility of different lymph-node groups or by tumor cell transport along lymphatics predominantly in the normal direction of lymph flow. These hypotheses have different implications for treatment.

Evaluation of hepatic metastases was performed in patients with untreated, unresectable bronchogenic carcinoma by R. Margolis and others (National Cancer Institute, Bethesda, Maryland) comparing liver chemistries with liver scanning and peritoneoscopy with liver biopsy under direct vision. Peritoneoscopy and biopsy disclosed liver metastases in about 40 percent of patients with small cell lung cancer, and only two of 79 patients with other types of lung cancer. The authors feel that peritoneoscopy and liver biopsy under direct vision are indicated in all cases of small cell carcinoma and for other cell types when liver scans and/or liver enzymes suggest malignant hepatic involvement.

Adamantinomas of the long bones occur almost exclusively in the tibia, according to K. K. Unni and others (Mayo Clinic Rochester, Minnesota). The patients are usually young, present with histories of symptoms of long duration and are usually cured by appropriate surgery.

December

Current therapy of rhabdomyosarcoma involves the use of all modalities of treatment—surgery, radiotherapy and chemotherapy. R. M. Heyn and others (reporting for Children’s Cancer Study Group A) support the adjunctive use of combined chemotherapy with actinomycin D and vincristine sulfate for one year in preventing growth of metastatic or recurrent disease when children are made grossly free of rhabdomyosarcoma by surgery and radiotherapy. Twenty-four (85.7 percent) of 28 children in this category are disease free for periods greater than two years after initial treatment and a year of chemotherapy. Initial staging and the degree to
which a patient can be made tumor free with primary definitive therapy are the most significant variables in prognosis. Vinblastine was not useful in the treatment of metastatic rhabdomyosarcoma.

Specimen radiography is a simple procedure which can facilitate the diagnosis of non-palpable breast lesions found by mammography. P. Rosen and others (Memorial Sloan-Kettering Cancer Center, New York, New York) describe an efficient procedure to perform specimen radiography of biopsies to confirm the excision of lesions that have been shown to contain calcifications by prior mammography, and to localize them for histologic study.

R. A. Castellino (Stanford University School of Medicine, Stanford, California) reports that some patients undergoing repeat lymphography display a substantial increase in size and granularity of the opacified lymph nodes. These findings are diffuse and symmetrical, with the exception that they do not involve previously irradiated lymph node groups. This increase in lymph node size and coarsening of internal architecture is caused by a nonspecific lymph node reactive follicular hyperplasia. Such findings on repeat lymphography should not be mistaken for relapsing disease occurring in previously normal lymph nodes, but rather should be recognized as nonspecific lymph node reactive hyperplasia.

High white counts may be good news in breast cancer. A. E. Papatestas and A. E. Kark (Mount Sinai School of Medicine, New York, New York) did a retrospective study of 305 patients and observed that those remaining free of tumor in the first five years had significantly higher pretreatment white blood cell counts. They suggest that the count reflects the host responses to tumor growth.

The morbidity and mortality from cervical cancer in the United States has been decreasing over the past two decades. D. W. Cramer (Boston Hospital for Women, Boston, Massachusetts) reports a positive correlation between the rate of cytologic screening and the magnitude of the decreased disease in various parts of the United States. This study supports the hypothesis that cytologic screening is a principal factor in the reduction of mortality from cancer of the cervix.

H. T. Lynch and others (Creighton University School of Medicine, Omaha, Nebraska and Michigan Cancer Foundation, Detroit, Michigan) report that family histories of cancers may be more important in cancer control than most recent literature has implied. In more than 4,000 persons evaluated, they found that approximately one-half of all families did not manifest cancer; approximately one-third had cancer in a single first degree relative, and about 20 percent had cancer in two or more first degree relatives. They found familial tumor associations with breast cancer and with prostate cancer, with statistical significance in the group studied.