Looking at Cancer

Commentary on the August, September and October 1974 (Volume 33, Numbers 8, 9 and 10) issues.

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August

Febrile episodes in adults with active acute leukemia can be effectively treated with a combination of cephalothin, carbenicillin and gentamicin, say C. D. Bloomfield and B. J. Kennedy (University of Minnesota, Minneapolis, Minnesota). They carefully studied 51 febrile episodes in 27 patients undergoing aggressive induction chemotherapy. They were able to document 18 septicemias, 11 pneumonias and 4 perirectal abscesses and found the combination antibiotic program a valuable means of control with acceptable toxicity.

G. H. Burgess and associates (Roswell Park Memorial Institute, Buffalo, New York) are successfully treating basal cell carcinoma with topical applications of the nucleoside tubercidin. In the initial small group of patients studied, the treatment resulted in complete resolution of basal cell carcinoma but was not very effective against actinic keratoses. This is in contrast to topical 5-fluorouracil, which is more active against keratoses than carcinomas.

It is again asserted that improved tolerance to therapy can be achieved by splenectomy in patients with advanced Hodgkin’s disease even in the absence of splenic involvement. I. A. Cooper and others (University of Melbourne, Australia) describe the results of splenectomy in 35 Hodgkin’s disease patients suffering from severe hematologic depression. Twenty-eight achieved a complete correction of peripheral blood parameters. This result, substantially better than most reports, suggests a skill in selection and management and indicates that the paper deserves thoughtful reading.

M. A. Batata and others (Memorial Sloan-Kettering Cancer Center, New York, New York) have collected the experience at that institution since 1928 with thymoma. Eighteen benign and 36 malignant thymomas were seen. None of the patients with benign (encapsulated) thymoma had recurrent disease or died with tumor for periods ranging from five to 17 years after resection. Patients with malignant thymoma treated by resection alone had recurrent tumors within five
years and subsequently died of their disease. All malignant thymoma patients who were alive and free of disease for five years or more had radiation therapy and resection.

**September**

Vascular invasion in Hodgkin's disease was studied by F. Naeim and others (University of California, Los Angeles, California) and a striking correlation with prognosis is shown. This reviewer chooses, however, to call attention to another striking fact: in making a careful research study of 71 patients initially diagnosed as having Hodgkin's disease, 13 were rejected as not having Hodgkin's disease after all. Those of us who are not pathologists tend to forget that they do have a significant fallibility, which they themselves have never denied.

S. K. Khoo and E. V. MacKay (University of Queensland, Brisbane, Australia) believe that carcinoembryonic antigen assay is a useful aid to the assessment of tumor status after treatment for female genital cancer. In their fairly small study, the patients who had residual disease showed persistence of CEA in serum, and those who developed recurrence showed a reappearance of CEA after its initial disappearance. The mean time interval between reappearance of CEA and detection of clinical recurrence was 11 weeks.

Adriamycin at doses below the cumulative cardiotoxic threshold appears to be of clinical value in advanced bronchogenic carcinoma, according to E. P. Cortes and others (Roswell Park Memorial Institute, Buffalo, New York). The dosage regimen was 30 to 35 milligrams per square meter of body surface daily for three days, repeated at three or four week intervals. Objective regressions (more than 50 percent) were seen in five of 17 adenocarcinomas, three of six small cell carcinomas, one of six large cell anaplastic carcinomas, and none of two squamous cell carcinomas. Toxicity was considerable.
L. Borella and L. Sen (St. Jude Children’s Research Hospital, Memphis, Tennessee) provide a particularly lucid study of T and B cells in untreated acute lymphocytic leukemia of children. They identified T cells by spontaneous formation of rosettes with sheep erythrocytes, and B cells by immunofluorescence of surface immunoglobulins. There was a co-existence of both subpopulations of lymphoid cells in all children, although the markers were usually not detectable on the blast cells. In the few cases where markers were present on the lymphoblasts, the T mark (usually associated with thymic origin) appeared correlated with a more advanced disease at time of diagnosis.

October

Brain metastases are currently being treated in many centers with rapid course whole brain irradiation. D. F. Young and others (Memorial Sloan-Kettering Cancer Center, New York, New York) report on 83 patients treated with 1500 rads in two treatments and compared retrospectively with 79 patients treated with approximately 3000 rads in 15 treatments. There was not a lot of difference in the results. There were significantly more complications in the rapid course patients, but of course it had the advantage of reducing the period of treatment. They suggest that the rapid course should probably not be used in patients with markedly elevated intracranial pressure.

‘‘Lymphocyte predominance,’’ ‘‘germinal center predominance,’’ ‘‘lymphocyte depletion,’’ and ‘‘unstimulated’’ patterns have been described for the regional lymph nodes in breast-cancer patients. V. Tsakraklides and others (Memorial Sloan-Kettering Cancer Center, New York, New York) have carefully reviewed another 277 cases and find that lymphocyte predominance is associated with high survival, lymphocyte depletion with low survival, and the other two patterns were intermediate.
C. Perez and associates (Washington University School of Medicine, St. Louis, Missouri) present a strong case for the evaluation of radiation therapy in prostate cancer. They feel that hormonal therapy should be deferred until progression of the disease or distant metastases develop. They note that patients with poorly differentiated tumors have an extremely poor prognosis.

We have never been comfortable about the diagnosis, "reticulum cell sarcoma of bone." Its clinical course does not resemble other bone tumors or soft-tissue tumors in the category that was formerly called reticulum cell sarcoma. H. C. Boston and others (Mayo Clinic, Rochester, Minnesota) confirm our impression that the primary skeletal lymphoma has a fairly favorable prognosis and that radiation therapy is the treatment of choice. Unfortunately, they do not make entirely clear whether failure is usually the result of locally persistent disease or dissemination. Even in the patients with demonstrated multifocal disease at initial diagnosis, the five-year survival probability was 23 percent.

"Most of the literature on breast cancer in men gives a distorted picture of this condition as it exists today. This is because a large number of the reported cases date back many years and because the reported cases are almost all selected and not typical of the problem as it really exists. A current and unselected group, consisting of all cases diagnosed at any U.S. Air Force hospital from 1957 to 1972, shows that, unlike the general impression, the prognosis is neither abysmal nor aggravated by delay in the institution of therapy. In males, this tumor generally occurs at younger ages than the literature suggests. Compared to women, men with breast cancer have a similar pattern of primary malignancies in other organs." This abstract, as prepared by the author, Frank J. Panettiere (USAF Hospital, Elmendorf, Anchorage, Alaska), is hard to improve upon.