CORRESPONDENCE

Report on the Sixth International Congress on Anti-Cancer Treatment

The fight against cancer can be successfully waged by use of currently available drugs, especially those recently approved. This was the consensus of the many oncologists who attended the Sixth International Congress on Anti-Cancer Treatment convened in Paris, France, this past February. The Congress was organized by Professor David Khayat, a world-renowned oncologist at the Pitie-Salpetriere Medical Center in Paris, with active participation of researchers from The University of Texas M. D. Anderson Cancer Center, Houston, and other centers throughout the world. This Congress dealt with many forms of cancer, including colorectal, lung, breast, and renal cancers. A symposium on each of these cancers was organized to allow researchers to contribute the latest concepts in each field.

In addition to oral presentations, there were more than 20 satellite symposia. These symposia dealt with topics including melanoma, non-small-cell lung cancer, gene therapy, and counseling patients on preventive measures that can be implemented.

One of these symposia presented the results of a clinical trial of paclitaxel combined with radiotherapy in the treatment of advanced non-small-cell lung tumors. This trial was undertaken at the City Hospital of Ravenna, Italy. It demonstrated that the two treatments can be safely combined, even at high dose levels, to control the metastatic spread of tumors.

Another symposium dealt with genetic counseling. We now know that genetic alterations are associated with a susceptibility to the development of colorectal cancer and that a gene tied to familial adenomatous polyposis has been localized to the long arm of chromosome 5. This finding allows us to identify gene carriers and to develop protocols for their management.

Advances in the treatment of melanoma have included the development of immunotherapies during the past few years, even for tumors that are outside the margin of resection. In some instances, this new approach does not seek to kill the malignant cells, but rather to make them behave in a normal manner. The same technique has been used to treat renal cell carcinoma, and good results have been obtained. Renal cell tumors have had a universally poor prognosis in advanced stages, and this type of therapy offers a novel approach to their treatment.

In my presentation, I described the disease outcome for patients who received primary chemotherapy for breast cancer before surgery. This treatment has become the preferred approach in selected patients considered candidates for the protocol. The main advantages of this treatment are 1) decreasing the body burden of cancer cells that may have spread elsewhere by the time of discovery of the primary tumor and 2) shrinking the primary tumor to allow it to be more easily excised. Current studies show 7-year survival proportions that are superior to those among patients receiving chemotherapy only after surgery. This approach often allows a lumpectomy and consequent improvement in the quality of life.

The highlight of the social events was a reception at the City Hall of Paris with Jean Tiberi, the mayor of the city. Mr. Tiberi presented an award to those designated as outstanding cancer researchers during the past year. The prize was created by Raymond Bourgine, a noted newspaper executive who died of cancer in 1990 and who wished that this disease be conquered by all possible means. The recipients of the award were Dr. Richard Peto and his group in Oxford, U.K., for their work on clinical trials on early breast cancer. Dr. Peto’s oral presentation outlined preliminary results from a worldwide study conducted in 1995 that involved analysis of data from 200 randomized trials and more than 100,000 patients. The final results should point the way to optimal treatment of this disease. The message to the Congress was that the use of new techniques and manipulation of older ones bring hope to cancer patients. When we compare the salvage rates and survival frequencies observed today with those of a few decades ago, we are heartened by the progress.

Professor Khayat pointed out that approximately 90% of research for the development of new cancer drugs takes place in pharmaceutical laboratories. Therefore, close ties should be maintained between industry and clinicians. For this reason, the satellite symposia were sponsored by commercial drug producers, with full disclosure of the companies involved.

Finally, all physicians can be instrumental in preventing cancer by educating people as to its causes and prevention. This is obvious for lung cancer, where smoking has been identified as a cause, with means of prevention available to all.

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Prognostic Value of Bcl-2 and p53 Expression in Urinary Tract Transitional Cell Cancer

Several clinical variables are significant predictors in transitional cell cancer (TCC), including clinical stage, which is the main determinant of prognosis. An experimental study (1) on bladder cancer already suggests that apoptotic cell death is of significance in the progression of the disease. Proto-oncogene p53 can induce apoptosis in response to several apoptotic stimuli. Mutations of p53 contribute to high malignant potential of urothelial TCC (2). Mutated p53 gene products have a significantly prolonged half-life and can be detected immunohistochemically. Proto-oncogene Bcl-2 increases cell longevity by allowing the cells to escape apoptosis. High expression of Bcl-2 protein in lymphoproliferative disorders
has been found to be associated with poor prognosis (3). At present, there are no reports available on the prognostic significance and histopathologic correlation of Bcl-2 expression in TCC. This study was designed to analyze the relationship between expression of Bcl-2 protein, accumulation of p53 protein, survival, and disease-free survival in a cohort of 92 patients with TCC. We investigated 96 specimens of TCC from 92 unselected patients with upper urinary tract and urinary bladder TCC (one specimen was obtained from each of 88 patients, and a total of eight specimens were obtained from the remaining four patients, who had multifocal tumors) undergoing surgery for locoregional disease at Niigata University Hospital from October 1987 through November 1994. At the time of surgery, the patients' ages ranged from 41 to 85 years (mean, 67 years); there were 61 men and 31 women. We followed 91 patients for 1-95 months (median follow-up was 28 months). Overall and relapse-free survival was analyzed actuarially. Curves were compared with the two-tailed logrank test. Cox's proportional hazards regression was used to assess prognostic significance.

The tumors showed various degrees of Bcl-2 staining. Overall, 16 (16.7%) samples were stained positively for Bcl-2 and 28 (29%) had nuclear staining for p53. Positive staining for Bcl-2 and p53 was associated with a tumor stage of 2 or more \( (P<.01 \text{ and } P<.001, \text{ respectively}) \) and a histopathologic grade of 3 \( (P<.05 \text{ and } P<.01, \text{ respectively}) \). There was an association between Bcl-2 and p53 positive staining (chi-squared statistic = 14.56; \( P<.001 \)). Overall survival was shorter in patients with Bcl-2 and/or p53 (Fig. 1, A). Bcl-2 and/or p53 also had a prognostic value in relapse-free survival (Fig. 1, B). We observed significant differences among all four survival curves (logrank test, \( P = .0082 \)). The difference between each Bcl-2 and/or p53-positive and double-negative curves was also statistically significant (see Fig. 1 legend).

Summing up the results, we conclude that Bcl-2 and p53 expressions are interrelated. Both of the proteins have prognostic significance for overall and relapse-free survival. Because patients

![Graph A](image1.png)

![Graph B](image2.png)

**Fig. 1.** A) Survival of patients categorized according to the immunohistochemical staining for Bcl-2 and p53. Overall logrank test for all four curves; \( P = .0003 \). The significance of the difference between curves was as follows: ○ versus △, \( P = .004 \); ○ versus Δ, \( P = .037 \); ○ versus ◇, \( P = .02 \). The difference between △, Δ, and ◇ was not significant. B) Disease-free survival of patients categorized according to the immunohistochemical staining for Bcl-2 and p53. Overall logrank test for all four curves; \( P = .0082 \). The significance of the difference between curves was as follows: ○ versus △, \( P = .02 \); ○ versus Δ, \( P = .01 \); ○ versus ◇, \( P = .009 \). The difference between △, Δ, and ◇ was not significant.
with immunohistochemically detectable Bcl-2 and p53 expression have an increased risk of disease recurrence and mortality, assessing the proteins by this method may be useful in both predicting patient outcome and selecting those who would benefit from more aggressive therapy.

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References


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The Pediatric Branch, National Cancer Institute in Bethesda, Maryland, has over two dozen active treatment protocols for a wide variety of pediatric malignancies including diseases such as acute leukemia, non-Hodgkin’s lymphoma, Ewing’s sarcoma, osteogenic sarcoma, rhabdomyosarcoma, neuroblastoma, and brain tumors. The Pediatric Branch has a 22-bed inpatient unit and extensive outpatient services including “day hospital” facilities. Children with newly diagnosed or recurrent malignancies may be eligible for treatments. The Pediatric Branch also maintains an active treatment for children with HIV infection.

Emphasis is placed on maintaining close communication and cooperation with referring physicians. For more information on pediatric referrals, please call collect 301-402-0696 (cancer) or 301-402-1391 (HIV disease).