medical schools, only eight of which had a course in cancer pain management.

State medical board members, some of whom are physicians and some not, also need an update on the subject, and several such educational sessions by the federation are already planned for this year, according to Winn.

Greta Durr, director of survivorship issues for the American Cancer Society, said that many survivors have complained to her about difficulties in getting appropriate pain medication, especially for chronic cancer pain. She said that the problem varies from physician to physician. Some are worried about legal repercussions when prescribing opioids for chronic cancer pain, especially over long periods.

Problems with getting proper pain control can also come from another type of regulation, she added — regulations posed by managed care. She said that patients in managed care have complained to her that they could not get referrals to pain specialists when the pain could not be controlled by a primary care physician.

June Dahl, Ph.D., professor of pharmacology at the University of Wisconsin and member of the boards of directors of the Wisconsin Cancer Pain Initiative and the American Pain Society, said that one problem is access to the best pain medications for a particular patient; an HMO may only have certain drugs in its formulary. For instance, she said, there is now a slow-release morphine that patients can take every 12 hours instead of every 4 hours, but it is considerably more expensive, so the formulary may not carry it.

“Another problem is that some patients do better on dilaudid or on oxycodone than they do on morphine, and the HMO may ask why it’s necessary to have all those drugs on the formulary.” Drugs for which demand is limited also may not be carried, she said.

Easing Concerns

As to how to keep from attracting the attention of regulatory authorities, Winn said that he had seen no case where a physician was disciplined for providing opioids for terminal care, and that new guideline for chronic pain should ease concerns there.

What might bring a physician to a state medical board’s attention, he said, is writing many prescriptions in excess of prescribed dosing, along with failure to evaluate and monitor the patient, and failure to keep adequate records. Doctors should also never ignore warnings from a pharmacist that the patient is getting a similar medication from another physician, he said.

“I think the message from medical boards is not whether the practice chooses to use controlled substances for the management of pain but if in doing so they’re practicing bad medicine.”

— Jean McCann

Global Cancer Burden Difficult to Assess, Rising Rates Likely

Cancer control leaders in the United States announced a milestone in March with the news that overall U.S. cancer incidence rates declined slightly in the first half of the 1990s, reversing a 20-year trend of rising rates. But what about the global picture — is worldwide cancer incidence rising or falling?

That’s a far more difficult question to answer, said D. Maxwell Parkin, M.D., chief of the Unit of Descriptive Epidemiology at the International Agency for Research on Cancer in Lyon, France. Parkin and colleagues edit Cancer Incidence in Five Continents, the standard reference work on cancer incidence worldwide, containing data on 183 populations in 60 countries.

Enormous Variation

The latest edition, volume VII, appeared in 1997 and contains data on cancer incidence for 1990, so that direct comparisons with U.S. trends in the 1990s are not yet possible. The main problem with such comparisons, however, is that cancer registry data vary enormously in availability and quality from one part of the world to another.

Not surprisingly, affluent Western countries have the most complete data while developing nations of Asia and the Pacific, Africa, and Latin America lag behind. In 1994 it was estimated that reliable incidence data were available for about 3% of the population of developing countries and mortality data for about 4%.
Analysis of trends is further complicated by changes in data sources over time. The availability of more complete data leads to better estimates, but also raises the question of whether apparent trends reflect true changes in population rates or simply more accurate data. Nevertheless, Parkin said, some trends that are probably real emerge when comparing 1990 rates with the 1985 rates reported in volume VI of the reference book.

The number of cases worldwide is undoubtedly rising as a result of population increases and aging, and while the overall rate may also be rising, Parkin said, “I wouldn’t bet my life on it.” One reason the overall trend is hard to call is that cancer rates seem to be rising slightly for men and falling slightly for women.

The drop in the women’s rate is largely the result of widespread declines in reported cervical cancer incidence. “The latest figures from practically everywhere look as if it’s very much rarer than we thought 5 or 10 years ago,” Parkin said. “We were quite surprised at that.”

Cervical cancer is the most common cancer and the largest cause of cancer death among women in developing countries. In the developed world, by contrast, it ranks only fifth in incidence and seventh in mortality. “The most remarkable decrease as far as we can see seems to be in China, but everywhere that there’s any information, cervix cancer has decreased a bit,” he added.

Cervical cancer screening is probably responsible for some of the decline in affluent countries, but worldwide, the change seems to be the result of “lifestyle” factors such as better hygiene and changes in sexual behavior, Parkin said.

John L. Young, Jr., Dr.P.H., of the Rollins School of Public Health at Emory University in Atlanta, and a co-editor of Cancer Incidence in Five Continents, agreed with Parkin that for both sexes combined, worldwide rates are most likely rising. He added that if worldwide cancer incidence in women is falling, “I would say it’s only a temporary phenomenon — as cervical cancer goes down, we’re undoubtedly going to see an increase in lung cancer in women because of smoking, and probably an increase in breast cancer,” which is associated with aging.

Liver Cancer Rising

The most surprising increase in incidence from 1985 to 1990 has been in liver cancer. Parkin said this likely reflects better data collection, but some part appears to be a true increase. “Asia is having a bit of a liver cancer epidemic following hepatitis C infections,” Parkin said. “Japan has had quite a surge of liver cancer in the past 10 or 15 years, and that seems to be happening in some of the other Asian countries as well.”

Stomach cancer’s incidence and mortality continues the steady decline observed around the world for decades, although it remains the number one cause of cancer death among men in developing countries, and number two among women. While better food preservation, including widespread use of refrigeration and reduced consumption of pickled foods, and increased consumption of fruits and vegetables, are helping to reduce stomach cancer, it appears that colorectal cancer is increasing in some developing countries, probably as a result of the adoption of high-fat, low-fiber diets. Lung, prostate, and colorectal cancers are the largest contributors to the increasing cancer incidence among men worldwide.

“One of the major reasons we see rates coming down in the U.S. is because of the success we’ve had in smoking cessation programs,” Young said. “But in other places, such as Japan, we’re beginning to see big increases in lung cancer risk. In most of the developing world we haven’t seen it yet, but we will.”

Worldwide prostate cancer incidence is rising 3% annually, according to an article in the September 1995 Urology by Peter Boyle, Ph.D., and colleagues at the European Institute of Oncology, Milan.

But Young said rates in Europe and most of the developed world are still just one-third to one-half as high as U.S. rates, and in the developing world prostate cancer is “practically nonexistent,” partly due to the absence of screening, and partly to the relatively young populations in underdeveloped countries.

“Since prostate cancer is primarily a disease of old men, you’re not going to expect to see it in places like Africa and India where most of the population will never see age 75,” he said.

About half of all cancer cases worldwide are in developing countries. Per capita, cancer is still much more common in developed nations; the “crude” rate (unadjusted for population age) is nearly four times higher in developed countries, while the age-standardized rate is about twice as high. But IARC’s Paolo Boffetta, M.D., and Parkin estimated in 1994 that, based on increases in and aging of the population, the num-
ber of cancer cases in developing coun-
tries will at least double between 1985
and 2010, compared with a projected
38% increase in developed countries.
Parkin said he and his colleagues
have nearly completed their country-by-
country estimates of cancer incidence
for 1990, derived from registry data
reported in Cancer Incidence in Five
Continents. Many of these numbers are
already available on IARC’s Web site
(http://www.iarc.fr), and the entire set
will be made available on CD-ROM.
The IARC group plans to submit a
paper for publication in the near future,
he said, updating the previous estimates
published in the International Journal

—Tom Reynolds

Awards, Appointments, Announcements

The 1998 Gertrude B. Elion Cancer Research Award, sponsored by the American Association for Cancer Research, went this year to David E. Fisher, M.D., Ph.D., assistant professor at the Dana-Farber Cancer Institute and Harvard Medical School, Boston.
The award honors a non-tenured scientist at the level of assistant professor who is engaged in meritorious basic or clinical research in cancer, the announcement said. Fisher has studied the molecular events regulating apoptosis, and the activity of a transcription factor, microphthalmia.

Pezcoller Award

This year, for the first time, the Pezcoller International Award for Cancer Research was given jointly by the Pezcoller Foundation and the American Association for Cancer Research. The recipient, Anthony J. Pawson, M.D., was honored for “revolutionizing our understanding of signal transduction and the molecular mechanisms by which cells respond to external cues.”
Pawson is senior scientist and head of the Program in Molecular Biology and Cancer at the Samuel Lunenfeld Research Institute, Toronto. The award will be given biennially.

ACRO Honors Bloomer

The American College of Radiation Oncology presented its Gold Medal to William D. Bloomer, M.D., chairman of radiation medicine at Evanston Northwestern Healthcare and professor of radiology at Northwestern University, Chicago. The medal is the organization’s highest award and recognizes “extraordinary service to the college and major contributions to the profession,” the announcement said.

Rosenberg Honored

Rosenberg is the chief of the Surgery Branch at the National Cancer Institute. NECOF is an umbrella group for 240 ethnic organizations. Its Medals of Honor pay tribute, the announcement said, “to the ancestry groups that comprise America’s unique cultural mosaic.” To date, some 900 individuals have received medals.

Sieber Named Associate Director

The National Cancer Institute announced the appointment of Susan Sieber, Ph.D., as associate director for special projects. She had been deputy director of NCI’s Division of Cancer Epidemiology and Genetics.
NCI director Richard D. Klausner, M.D., said that Sieber will assist him in developing policy related to the intramural and extramural functions of the institute, serve as a liaison between his office and NCI’s advisory groups, and coordinate NCI activities in a variety of areas, including women’s health, childhood cancer, environmental cancer, cancer in special populations, diet and nutrition, and physical activity and exercise.

MSK Names Fuks, Leibel

The Memorial Sloan-Kettering Cancer Center, New York, named Zvi Fuks, M.D., deputy physician-in-chief, planning. He has been chairman of MSK’s Department of Radiation Oncology since 1984.
The institution named Steven A. Leibel, M.D., to succeed Fuks as chairman of radiation oncology. Leibel has been vice chairman and clinical director of the department since 1988.