University of Göttingen, will assume the new position of Director of the Department of Medicine III—Hematology/Oncology at the Ludwig-Maximilian-University in Munich. Professor Hiddemann went to medical school at the University of Münster and later received two additional years of training at the Memorial Sloan-Kettering Cancer Center in New York. His primary focus of interest is the experimental and clinical research of acute leukemias and malignant lymphomas. He is Coordinator of the German AML Cooperative Group and the German Low-Grade Lymphoma Study Group and recently also headed the foundation for a German CLL Cooperative Group. A member of the Editorial Board of *Annals of Oncology*, Hiddemann also plays important roles in various international bodies which are shaping the current evolution of the field of malignant lymphomas. This has been made particularly evident by events concerning acceptance of the evaluation of the clinical relevance of the R.E.A.L. Classification. The department he now heads in Munich is one of the largest divisions of Hematology/Oncology in Germany, and this journal foresees publishing his account of the general structure of hematology and oncology in Germany.

Wolfgang Hiddemann, MD, PhD

**Perhaps not everyone knows that...**

...researchers report that a mutation of the APC gene, previously linked to an increased risk of colon cancer, may also be associated with a modest increase in a woman's risk of breast cancer. In the study on the incidence of APC mutations in a group of 632 breast cancer patients of Ashkenazi Jewish descent it was determined that breast cancer risk rose by about 50% in a subgroup of women who carried mutations on both APC and BRCA1. BRCA mutations are thought to raise a woman's risk of the inherited form of breast cancer, which accounts for about 5% to 10% of all cases. The effect is not yet significant enough to justify clinical intervention(s), including the screening of women for evidence of the APC mutation. A previous study indicated that about 30% of colon cancer patients of Ashkenazi Jewish descent carried a specific mutation of the APC gene [1].

...among patients undergoing screening sigmoidoscopy, those with single tubular adenomas of 5 mm or less had a low prevalence of advanced proximal polyps. These patients may not benefit from colonoscopy. These are the results of a prospective cohort study on asymptomatic patients older than 50 years of age who had no risk factors for colon cancer and underwent sigmoidoscopy. Among 4,490 patients who underwent sigmoidoscopy, a neoplastic lesion was detected in 401 (8.9%) and colonoscopy was done in 301 (75%). Of 90 patients with a single tubular adenoma 1 to 5 mm in diameter in the distal colon, 0% had an advanced proximal polyp compared with 5.4% of those who had small or larger multiple distal polyps and 7.9% (confidence interval (CI): 2.6%–17.6%) of those who had advanced distal polyps [2].

...the incidence of hepatocellular carcinoma was lower in patients with sustained response to interferon therapy than in historical controls and nonresponders. These are the results of a retrospective cohort study on 419 patients with chronic hepatitis C who started interferon therapy and 144 patients who had a biopsy confirming the disease but did not receive the drug. At a median follow-up of about four years, hepatocellular carcinoma was found in 28 interferon-treated patients and 19 controls. The risk ratios for development of hepatocellular carcinoma in patients with sustained response, relapse, and nonresponse were 0.06 (95% CI: 0.01–0.46), 0.51 (CI: 0.20–1.27), and 0.95 (CI: 0.48–1.84), respectively, compared with controls. The authors conclude that interferon therapy may decrease the risk for hepatocellular carcinoma in patients with chronic hepatitis C [3].

...plasma lysophosphatidic acid (LPA) levels may represent a potential biomarker for ovarian cancer and other gynecologic cancers. The authors compared the plasma levels of this potential marker in 48 women with ovarian cancer and 36 women with other gynecologic cancers to those in 48 controls. They found that nine out of 10 stage I ovarian cancers, all 24 patients with stage II, III and IV ovarian cancer, all 14 patients with recurrent ovarian cancer, and 33 of 36 patients with other gynecologic cancers to controls had elevated concentrations of LPA. These findings are preliminary and require confirmation in larger studies, the authors say [4].

...diethylstilbestrol (DES)-exposed daughters show no increase in cancer risk except for clear cell adenocarcinoma (CCA) of the vagina and cervix. These are the results of a study on a cohort of 4,536 DES-ex-
posed daughters (of whom 81% responded) and 1,544 unexposed daughters (of whom 79% responded) who were first identified in the mid-1970s. Three cases of vaginal CCA (risk ratio 40.7) were described. The risk ratio for breast cancer was 1.18 and adjustment for known risk factors did not alter this result. Nevertheless, because exposed daughters included in our study were, on average, only 38 years old at last follow-up, continued surveillance is warranted to determine whether cancer risk increases during the menopausal years [5].

...postmenopausal women with undetectable serum estradiol concentrations and high serum concentrations of sex hormone-binding globulin have an increased risk of hip and vertebral fracture. These are the results of a study on postmenopausal women for whom undetectable serum estradiol concentrations (<5 pg per milliliter [18 pmol per liter]) indicated a relative risk of 2.5 for subsequent hip fracture and subsequent vertebral fracture when compared with the women with detectable serum estradiol concentrations. Surprisingly, increasing serum estradiol concentrations had no effect on the risk of fracture among women who had detectable concentrations at baseline, all of whom had relative risks of fracture of 0.3 to 0.5 as compared with women with undetectable concentrations. An editorial on the subject gives some indications of the therapeutic consequences of these findings [6].

References


Death toll: 5,000 children a month

More than a year ago the BMJ started a campaign to mobilize physicians against the continuing sanctions against Iraq. In the meantime the sanctions have become irrational, having, as they do, more to do with power than with reality. Irish Diplomat Denis Halliday, in charge for more than a year of the UN program 'Oil against food', recently stepped down, protesting that the UN sanctions were not being applied in a fair manner. He was also bitter about a number of impediments which rendered practically impossible the conduct of the program, conceived to allow Iraq to sell oil in order to be able to buy food and medicines. According to Halliday, because of the sanctions, at least 5,000 Iraqi children are dying every month of starvation and other health problems, and the lack of medicines. *Annals of Oncology* joins the BMJ in calling for an end to these senseless and inhuman sanctions.