therapy, when it was effective, afforded an extension of life expectancy.

J. E. Ultmann *et al.* (U. S. A.) reported that 9 of 15 patients with Hodgkin's disease which was resistant to radiation therapy and alkylating agents, obtained significant benefit from further therapy with Velban and/or methylhydrazine; it was suggested that survival might be prolonged.

T. Medrek *et al.* (U. S. A.) reported that 5 of 14 patients with primary glioblastoma had definite neurologic improvement after treatment with mithramycin and concluded that further therapeutic trials were warranted.

Long-term Results of Cancer Treatment

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Although a large number of papers presented at the various sessions dealt with the results of treatment in terms of patient survival, a comprehensive summary of the data is not possible. Different authors organized and presented their results in different ways for a variety of purposes. Some reported on all cases diagnosed during a specified calendar period, others limited their reports to patients treated in a particular way. Nevertheless, this reporter was able to detect a common thread—in general, biologic factors are of greater prognostic significance than the choice of treatment. A striking example was presented by K. Masubuchi, Tenjin, and Kubo (Japan). In more than 2000 cases of carcinoma of the uterine cervix they found little difference in results between surgically and radiologically treated patients. In Stage I cases, the "absolute five-year cure rate" was 90.5% and 88.2%, respectively; in Stage II cases the rates were 74.4% and 68.7%. In discussing the results of surgical treatment of cancer of the lung, M. M. J. Brea (Argentina) and A. I. Rakov (U. S. S. R.) each concluded that outcome depends more on the choice of the "appropriate" rather than an extended operation. Whenever circumstances permit, lobectomy should be the treatment of choice.

Several reports on cancer of the stomach emphasized the prognostic significance of location of the tumor, depth of infiltration, extent of lymph node metastases, and grade of peritoneal involvement. In reporting on an increase in the 5-year survival rate for patients with stomach cancer, Muto *et al.* (Japan) indicated that the increase was mainly due to a larger proportion of "early" cases.

In view of the multiplicity of biologic factors that influence outcome, evaluating the relative merits of different methods of treatment without a controlled clinical trial is extremely difficult and frequently impossible. The principals of clinical trial design and several specific examples of well-organized trials were discussed at the Panel on Controlled Clinical Trials and their Evaluation, organized by R. Doll (United Kingdom). A report on cancer of the breast by R. Nissen-Meyer (Norway) was of particular interest in terms of "long-term results." Among postmenopausal women with breast cancer, radical mastectomy plus prophylactic ovarian irradiation was found to be of benefit as contrasted with radical mastectomy followed by ovarian radiation upon diagnosis of recurrence. After 8 years of follow-up, the average advantage in patient survival was 1.5 years in favor of the group given prophylactic castration. The advantage was similar for both Stage I and Stage II cases. In premenopausal women, the results to date point in the same direction, but are as yet inconclusive. Continued follow-up beyond the 8-year point is required. Thus, careful follow-up of patients over an extended interval may be necessary for an evaluation of treatment results.

Cancer Control

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There were several panels concerned almost exclusively with cancer control. There were no designated plenary addresses, but practically every lecture or presentation touched upon some facet of education, diagnosis, epidemiology, prevention, therapy, or rehabilitation in control of cancer.

Perhaps the single most discussed element of cancer control was early diagnosis of malignant disease, particularly of uterine and stomach cancer. Nothing of unusual import was presented to the panels and in discussions several papers contained excellent reviews of the current status of diagnostic efforts in some nations. Understandably, the early diagnosis of stomach cancer was stressed throughout the sessions, but no accord was reached as to any single procedure or technic for early detection of this common cancer.

Professional education was considered fairly thoroughly in one or more panels with unusual emphasis on the improvement in the teaching of cancer in medical schools. Many nations favor the so-called vertical instruction with a chair of oncology, but there seemed to be more general acceptance of horizontal instruction or inclusion of cancer knowledge in each course given in medical school. There is much demand for clinical fellowships in surgery, pathology, radiology, and gynecology, with the opportunity of training in the United States and other countries with large cancer centers.

Considerable interest was displayed in the role of voluntary organizations in a national program of cancer control. There was general agreement that all programs would benefit from the activity of volunteer workers, both scientific and nonscientific. The responsibility of the UICC to the various national cancer control programs was discussed at length. There was general acceptance that UICC officers in a given country and leaders of cancer organizations within that country have a responsibility for informing each other of items of mutual interest—they must establish effective channels of communication. Within a country, there must be team work between specialities, team work within the individual institutions, and cooperation between institutions working in the field of cancer and the public health authorities, clinics, outpatient departments, research institutes, and medical schools.

Education of the public about cancer was stressed in several