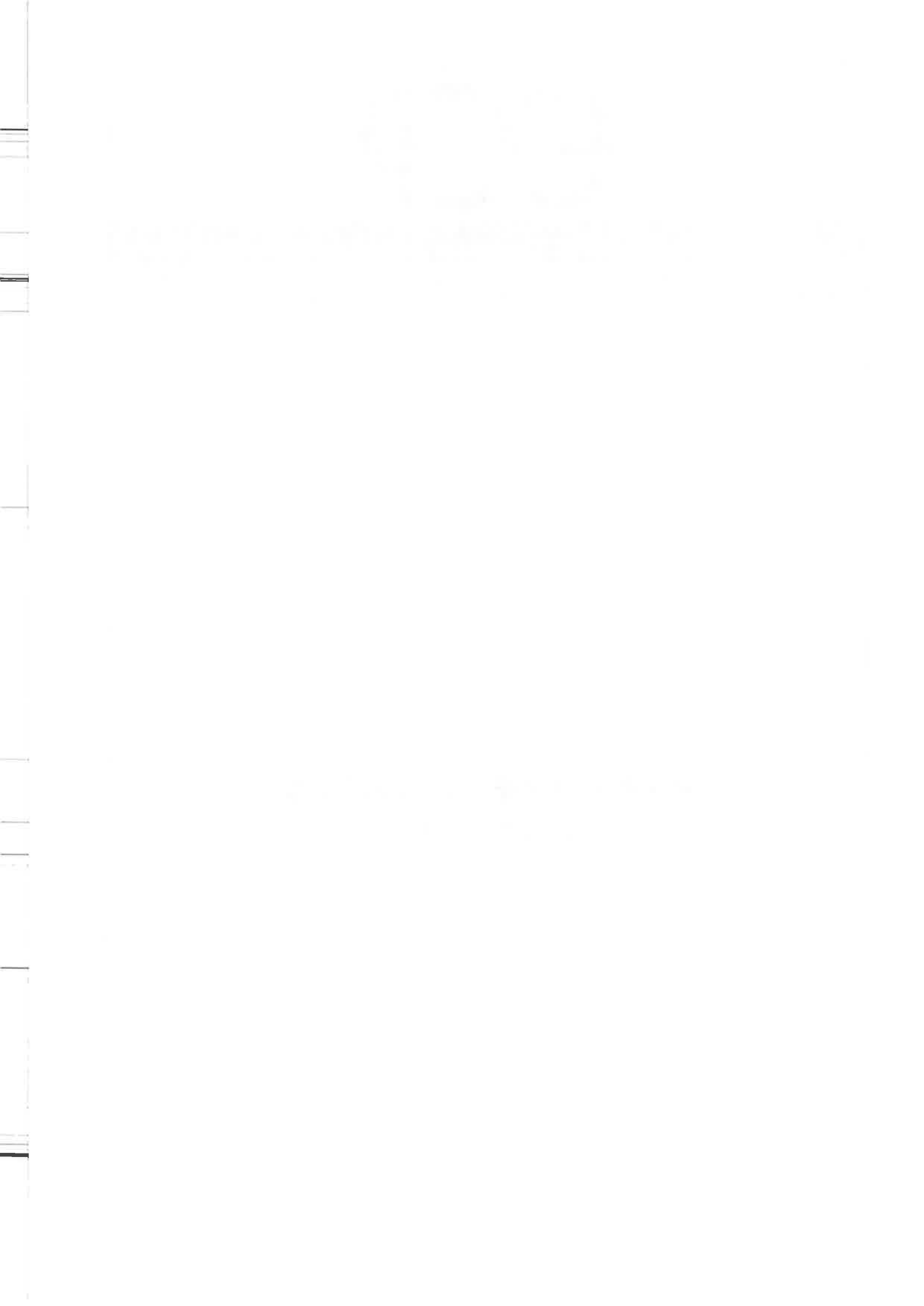


ECCP

European Organization for Cooperation in Cancer Prevention Studies

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REPORT OF ACTIVITIES 1989 - 1990



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I. INTRODUCTION

The European Organization for Cooperation in Cancer Prevention Studies (ECP) was established in 1981 to promote collaboration between scientists working in the various European countries and to use the large population of Europe and their wide range of lifestyles as a laboratory for the study of cancer causation and prevention.

The overall aim of ECP is to develop the methods to be able to decrease the incidence of cancer in Europe by preventive measures.

In addition, it will act within Europe as an extra source of independent and authoritative information on cancer causation and prevention for government, health professionals and the media.

Why set up ECP ?

Within the European Community cancer causes more than 700,000 deaths per annum, and a good proportion of these must be preventable. The first step in cancer prevention must be the determination of cancer causation and, although in the case of lung cancer this has been known for many years, the causes of the other major cancers in western populations have still to be determined. Thus there is a need for large scale epidemiological studies. Within Europe there is a wide range in the incidence of most human cancers. This range is far wider than that to be seen within any single European country; it is also very much wider than that seen within the United States. Thus, for the planning of multi-centre cooperative studies of cancer causation Europe should provide an almost perfect location.

It has been estimated that 30-40% of human cancers are caused by dietary factors, principally cancers of the digestive tract and the hormone-dependent cancers. This number should be reducible by appropriate changes in the diet but the optimum diet for prevention of these cancers has still to be identified. There is a need, therefore, for large scale multi-centre studies of the relation between diet and the risk of cancer at the various sites, and to determine the nature of the mechanisms of dietary carcinogenesis that need to be countered.

There is concern about the possible risk of cancer associated with use of the contraceptive pill or of hormone-replacement therapy. Both of these treatments have been in common usage for less than 20 years and so it is too soon to be able to estimate the magnitude of the excess risk of those cancers diagnosed late in life. Premenopausal cancers are relatively uncommon and so there is need for large scale epidemiological studies to obtain sufficient numbers of cases to give clues to the magnitude of the excess cancer risk (if any) as soon as possible.

The risks from tobacco usage, other than those directly associated with the smoking of cigarettes, have received relatively little attention. This is understandable but there is now a perceived risk of lung cancer associated with "passive smoking" and a suspected risk associated with tobacco chewing. This latter is now becoming a source of great concern because of the growing popularity of chewing tobacco amongst children in some European countries. Again, it will be necessary to organise studies of large cohorts of, for example, tobacco-chewing children, in order to obtain clear evidence in the minimum time.

Not only does Europe offer a wide range in incidence of all of the most common cancers, it also has a similarly wide range in dietary patterns, environmental exposures (such as, for example, UV light exposure in the UK or Denmark in comparison with Italy or Spain), and of social attitudes to, for example, contraception or sexual freedom. Europe offers an ideal "laboratory" within which to test or to formulate hypotheses on the causation of human cancers, and it would be more sensible to conduct studies of, for example, the role of diet in human cancer within the European context rather than, as at present, within national borders.

A number of cancers are of importance not because they necessarily have a high prevalence but because of the impact of each individual case. One example is cancer of the ovary in young women. Although the actual number of such cases in any individual country each year is small this is the second commonest site of cancer in premenopausal women. Each case usually results in the death of a young mother and the consequent effect on the rest of family, particularly the young children, left behind can be devastating. Since these cancers are not common, studies carried out within national boundaries tend to be small and to give statistically insignificant results. It would clearly be better to carry out studies of such cancers at the European, continent-wide, level rather than within national boundaries.

Intervention anywhere in Europe to prevent, or to reduce the incidence of, cancer at the major sites needs to take account of the realities of the Common Agricultural Policy. For example we need to recognize that the amount of money spent on the whole Europe Against Cancer programme is less than 1% of the subsidy given by the CAP to farmers to produce tobacco! For political reasons the CAP also goes against the advice of most health experts in Europe in promoting butter at the expense of margarine and in generally promoting the consumption of meat and dairy products. This very real conflict between the health lobby and the CAP can only be fought at the European level; national campaigns are likely to have much less impact than they warrant.

For all of these reasons we believe that there is an important role for an organization such as ECP.

II. S C I E N T I F I C C O M M I T T E E



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III. E C P W O R K I N G G R O U P S

E C P W O R K I N G G R O U P

" D I E T A N D C A N C E R "

Chairman: Dr. M. HILL
Bacterial Metabolism Research Laboratory
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At the Scientific Committee meeting in 1989 the work of the, until then, Diet and Cancer Group was transferred en bloc to the new Gastric Cancer Group (since that was the subject of most of its work).

In addition to its work in the Gastric Cancer Group, ECP has major projects relating diet to breast cancer (reported by the Breast Cancer Group), to colon cancer (reported by the Colon Cancer Group).

Finally, ECP has a major interest in public education on healthy eating in relation to cancer risk (reported by the Public Education on Healthy Diet Group).

However, within the Gastric Group there is a growing body of work on dietary assessment, the validation of a diet recall questionnaire etc. Further, it remains the intention of ECP to collect a library of diet assessment questionnaires and a source of advice on diet assessment in studies of cancer causation. It is hoped to form a new Diet and Cancer Group within the next year that will be available to act in such a capacity.

E C P W O R K I N G G R O U P

" G A S T R I C C A N C E R "

Chairman: Dr P. REED
Wexham Park Hospital
Slough, U.K.

The past year had been very active for the group and as indicated below the next years will probably be even more so.

1. ECP-EURONUT Intestinal Metaplasia Study : Progress report.

This study was started in 1985, the British component being funded by the Cancer Research Campaign. The recruitment of patients in all 6 countries have now been completed, dietary questionnaire data are being transferred onto computer, and biological samples obtained have virtually all been processed. The analyses should be completed in about one year's time and it is anticipated to start publishing results during 1991.

Patients were recruited as set out in the table below.

Country	IM cases identified	Sets of patients recruited
Greece	35	15
Italy	50	33
Poland	72	60
Portugal	28	18
UK	140	120
Yugoslavia	49	17
Total	339	263

2. The rate of progression of precancerous lesions of the stomach.

Although precancerous lesions of the stomach can be identified the rate of progression to malignancy is not known. Such information is necessary so that good intervention studies can be designed. In the ECP-EURONUT intestinal metaplasia study a large cohort of suitable patients has been assembled and it is intended to use this cohort to obtain important information on the rate of progression of this lesion in different European populations.

It is planned to re-endoscope these patients 5 years after recruitment and record the progress of the gastric lesion in that time and relate the progress to i) country of origin of patient (and its gastric incidence), ii) diet, iii) gastric juice and blood analyses (in the countries where they are available) and iv) the range of indicators of socioeconomic status and lifestyle already documented. It is hoped to continue to re-endoscope these patients subsequently at 5-years intervals to obtain long-term prospective information. This study is scheduled to begin during 1991.

3. Evaluation of a diet-recall questionnaire.

In the recently completed ECP-EURONUT intestinal metaplasia study a questionnaire was used which included questions on current and on past diet history developed by Dr C. West at Wageningen, Holland. It will be possible to test the recall component of this questionnaire since the patients are being recalled for restudy 5 years after recruitment.

The objective of this study is to interview a subsample of about 150 patients, using the C West instrument, to determine by diet recall the diet at the time of recruitment. This can then be compared with the actual diet at the time of recruitment. It is the intention to repeat this procedure at 5-year intervals at the time of re-endoscopy. This study should run concurrently with the previous one.

4. Intervention study of the effect of dietary vitamin C on the rate of progression of gastric precancerous lesions.

This study is based on the cohort of ECP-EURONUT IM patients already referred to earlier. From this study it is already known that an important finding is a strongly protective effect of vitamin C, supporting international epidemiological data. However, it is not known whether this vitamin can stop or reverse the progress of lesions that are already symptomatic. The overall aim is to prevent carcinogenesis by intervening at a precancerous stage.

It is intended to carry out a double blind dietary intervention study in patients with intestinal metaplasia to see whether the rate of progression of the lesions is slower in those treated with vitamin C than in those given placebo. The study population will be the cohort of already assembled patients together with patients from a number of other centres not represented in the original study. It is hoped to have all 12 EC countries participating in the study together with a number of key non-EC countries, such as Poland and Yugoslavia, where the incidence of gastric cancer is high and where successful collaboration has already been established. This project also fits the EC Europe-against-Cancer strategy, being a study of anti-promotion factors. It is hoped to begin this study in 1991.

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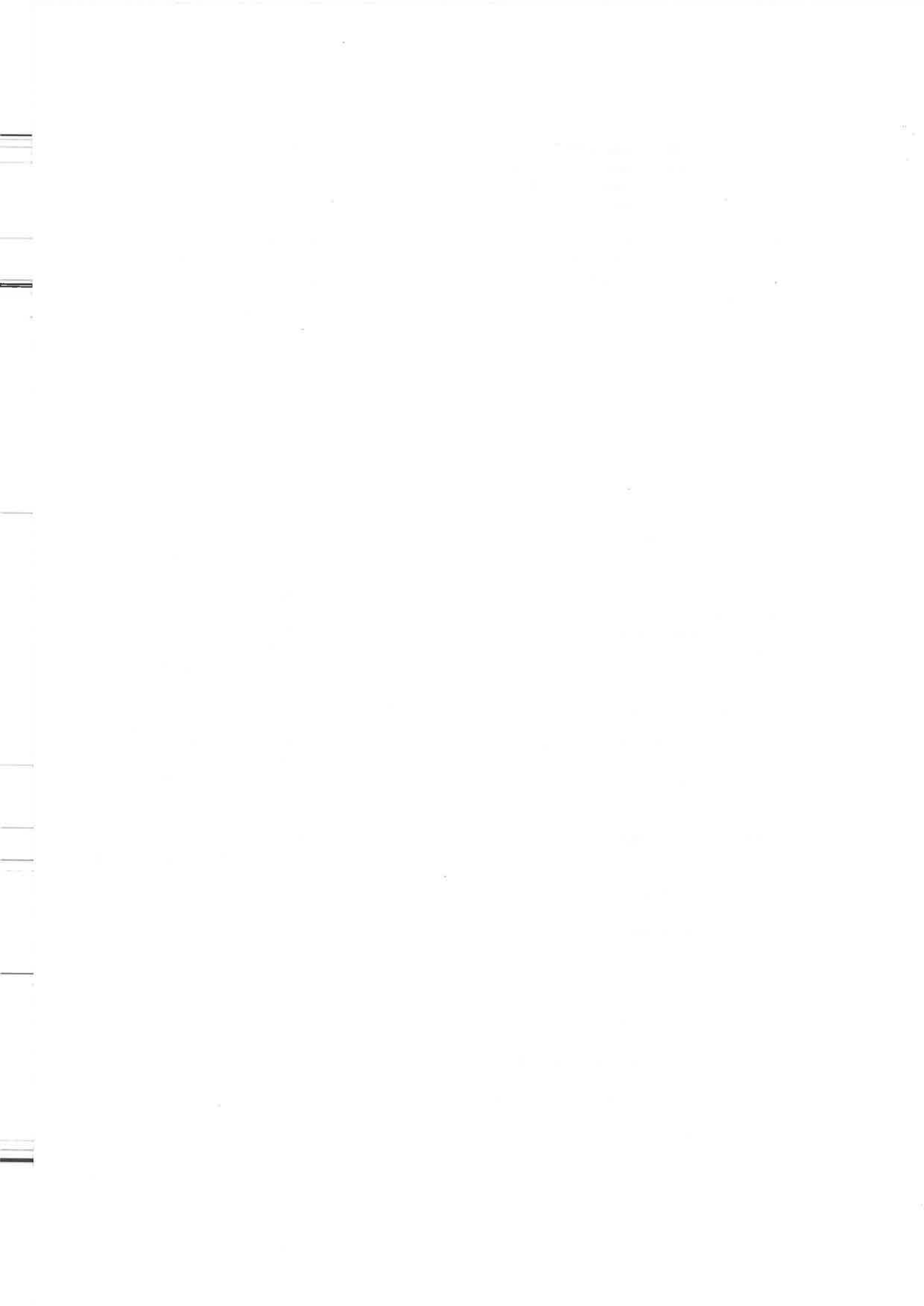
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E C P W O R K I N G G R O U P
" C O L O R E C T A L C A N C E R "

Chairman: Prof. J. FAIVRE
Registre des Tumeurs Digestives
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The present research activities of the colon group are centered on two studies :

1. The case control study on nutrition and colorectal tumours.
2. The ECP Polyp Prevention Study.

1. Case control study

This study focused on nutritional and biological aspects related to colorectal carcinogenesis is being analyzed. Final results will be available by the end of 1991.

a) Diet and colorectal tumours : epidemiological study. Two centres have participated to this aspect of the study : Dijon (France) and Genova (Italy). Patients with either (1) adenomas < 1 cm, or (2) adenomas ≥ 1 cm, or (3) cancer have been compared to population and hospital adenoma-free controls. Forty food groups and 39 nutrients have been studied in order to assess which foods or nutrients would intervene at each step of colorectal carcinogenesis. For each studied nutrient or food, quintiles of low to high consumption have been determined based on the consumption of the controls.

b) Biological study : In addition to nutritional data, biological data have been obtained on smaller groups of patients, namely the bile acid composition of the feces and the cell proliferation index of the colonic crypts. The following centres participated to this part of the study : Dijon (France), Genova (Italy), Coimbra (Portugal), Plymouth (UK), Brussels (Belgium) and Wurzburg (Germany).

Some important work was needed to adapt the food composition table to dietary habits of each country. Data are now ready to be analysed for the dietary part. The analyses of the feces and of the cell proliferation are being finished. The comparison between small adenomas, large adenoma, cancer and control groups, stratified on the centre, will take place within a few weeks.

2. The prospective trial on primary prevention of colorectal tumours : ECP Calcium/Fibre Polyp Prevention Study.

This study is conducted by all the members listed at the end of this report. About 1200 patients will be recruited within the next 18 months in 23 centres. The aim of this study is to evaluate a simple procedure, easily applicable to large populations, for primary prevention of colorectal tumours. Patients at high risk of colorectal tumours (that is patients with either multiple adenomas or an adenoma larger than 5 mm), aged 45 to 70 are randomised into three groups to add some supplement to their usual diet : calcium gluconolate (2 g Ca per day) or Ispaghula husk (mucilaginous fibre 3.5 g/day) or a placebo (half similar to the calcium and half to the fibre supplements). The supplements have been provided by Sandoz (France) for the calcium (Sandocal) and by Reckitt and Colman (UK) for the fibre (Fybogel). The supplements will be taken for three years.

The main end points to be studied are the rate of new adenoma formation and the growth rate of a small adenoma less than 5 mm left behind when there is one in the rectum or the sigmoid. Other aspects will also be studied in particular the change in the bile acid composition of the stools, the change in the cell proliferation rate of the colonic crypts and the change in biochemical and hormonal aspects of the blood. Blood samples will also be stored to study genetic aspects of patients with colonic tumours.

The detailed dietary questionnaire set up for the preceding study will be applied before and at the end of the supplementation period to control results for the natural supplies of calcium, dietary fibre but also of other foods or nutrients like fats and meat. In order to have a standard dietary interview the dieticians of each centre have been trained in Dijon.

Workshops have been organised for two years to establish a common protocol, the last one took place in Dublin in June 1990. Funds for the study coordination have been obtained from the EEC (Europe against Cancer Programme). The recruitment of the patients is now starting. The study is coordinated in Dijon by J. Faivre and M.C. Boutron. The randomisation is under the responsibility of F. Doyon (Villejuif - France). Data will be analysed in Dijon under the responsibility of M.C. Boutron (Dijon) and J. Estève (IARC, Lyon).

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E C P W O R K I N G G R O U P
" H O R M O N E S A N D S E X U A L F A C T O R S
A N D C A N C E R "

Chairman: Dr. S. FRANCESCHI
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POOLED ANALYSIS FROM THREE EUROPEAN CASE-CONTROL STUDIES ON EPITHELIAL OVARIAN CANCER

Silvia FRANCESCHI, Centro Regionale di Riferimento Oncologico, 33081 Aviano (PN), Italy.

The role of various risk factors in the etiology of epithelial ovarian cancer has been reassessed in a meta-analysis of three hospital-based case-control studies conducted in Europe (i.e. Italy, the United Kingdom and Greece), for a total data-set of 1,140 cases and 2,724 controls.

Multiple logistic regression equations were used to obtain relative risks (RRs) adjusted for study centre, age, socio-cultural indicators, age at menopause, oral contraceptive use, and number of abortions.

The risk decreased with increasing number of births and the trend in risk was significant ($X = 7.50$, $p < 0.01$). Relative to nulliparous women, those who reported four or more births had a 40% lower risk of ovarian cancer (RR = 0.6, 95% confidence interval, CI: 0.4-0.8). A RR estimate of 1.4 (95% CI: 1.1-1.7) was found, overall, for age at first birth 35 or more compared to less than 25, although the direct trend in risk, excluding nulliparous women, was not significant. The effects of parity and age at first birth emerged consistently in various strata of study centre and age. Also similarly, in each stratum and overall, nulliparous women did not seem to be at increased risk in respect to those who delayed their first birth till age 35 or more. Such dependence of the protection deriving from full-term pregnancy on the age at which it occurs has been previously described for breast but not for ovarian cancer, probably on account of limited size and/or choices of different cut-off points in previous studies.

Compared with never users, the combined multivariate relative risk (RR) for ever use of oral contraceptives (OC) was 0.6 (95% confidence interval, CI = 0.4-0.8) and the estimates were largely consistent in the three data-sets, ranging from 0.3 in the Greek study to 0.6 in the Italian one. The protection was also similar across strata of age and parity. Considering measures of OC use, available in the Italian and British datasets only, the protection conveyed on ovarian cancer risk increased with the duration of use and persisted in the medium-long period: the RR in women reporting their last OC use 15 years prior diagnosis was 0.5 (95% CI = 0.2-1.0). The risks in ever users were appreciably lower in those women who reported their first OC use before 25 years of age (RR = 0.3 for first use before age 25, 0.8 for first use at age 25-34 and 0.7 at 35 years or after). Such finding emerged similarly from Italian and British data.

This combined analysis, besides offering further quantitative estimates of the protective effects of OCs on ovarian cancer risk in European countries, provides useful insights on the time pattern of the relationship between OC use and ovarian carcinogenesis, suggesting that the protection persists for 15 years or more after cessation of use and may be larger for use at younger age.

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E C P W O R K I N G G R O U P

" B R E A S T C A N C E R "

Chairman: Prof. F. de WAARD
Preventicon
Utrecht

A EUROPEAN SURVEY OF BREAST CANCER RISK FACTORS OCCURRING AT A RELATIVELY YOUNG AGE.

Prof. F. de WAARD, Preventicon, Utrecht (NL).

Breast cancer incidence increased steadily over the past decades. This pattern was observed throughout the world, although the rates and the increase in rates vary among different countries, with highest rates being found in western societies.

But even among different European countries a considerable variation in breast cancer incidence can be found. During the period 1978-1982 the age-standardized rates (with the world as standard) ranged from 27.2 in Hungary to 71.6 in the Netherlands (Cancer incidence in 5 continents, vol.5, 1987).

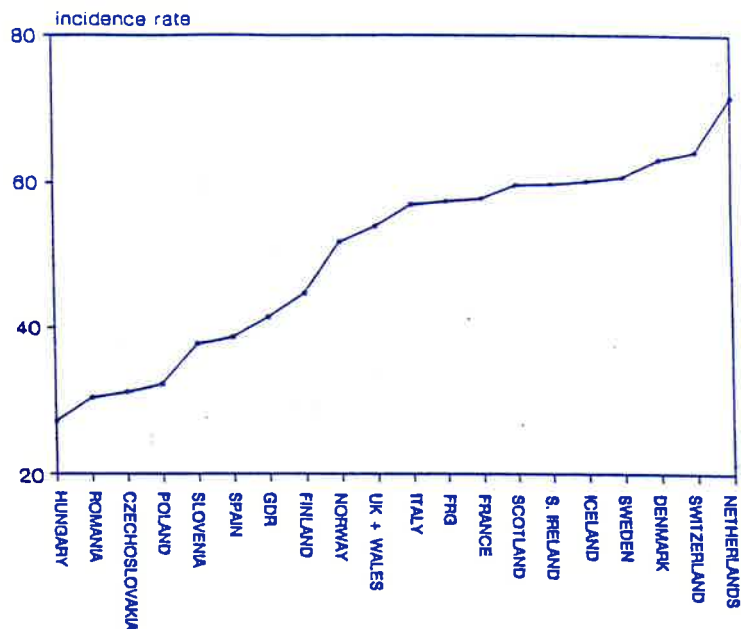


Figure 1. Age standardized rate in various European countries, 1978-1982. (Cancer in five continents, vol. 5, 1987).

From previous studies it is known that the incidence of breast cancer is related to several, hormone related, risk factors, which occur at a relatively young age. These risk factors are age at menarche, body height, age at first birth and parity. In addition to these factors, body weight in middle-aged women is also considered a relevant risk factor in the aetiology of breast cancer. The influence of these factors has been demonstrated in several case-control studies, whereas the results of migration-studies offer another confirmation of the relation between these risk factors and breast cancer incidence. By way of an ecological correlation study we will try to provide additional evidence for the possible effect of the five risk factors.

The question of interest in this study is to what extent the variations in incidence rates between several European countries can be explained by variations in the 5 above mentioned risk factors.

A first concern in an ecological study like this is the collection of data for the populations under study. With respect to data on incidence rates, we could draw from data collected by the IARC (International Agency for Research on Cancer) and the IACR (International Association of Cancer Registries), which are published in "Cancer Incidence in 5 continents" (Muir et al. 1987). From these data we used the age-standardized rates for the various countries. If data from more than one registry were available for one country, we calculated a weighted rate, with the population at risk as the weight.

With respect to the risk factors, information on the distribution of these factors among the population of a specific country was needed. For this, we first searched for publications and reports which deal in any way with any of the risk factors. Reports on case-control studies, containing a description of the control group with respect to each of the risk factors, suited the purposes of this study best. The problem with these data however is that they are very diverse and hence not easily mutually comparable.

We therefore decided to request the assistance of "national correspondents", and ask them to provide us with national or regional statistical information. Although epidemiologists from 20 countries agreed to cooperate and collect the required data, it appeared that the data from only a limited number of populations satisfactorily met our purposes. This unfortunately limited the number of countries that could be included in the analyses, whereas the quality of the data also imposed certain limitations to the analyses that could possibly be carried out. Nonetheless we shall try as much as possible to link the data collected from the different sources as described above.

In analyzing the correlation between the risk factors and breast cancer incidence in various European countries, we shall start with presenting graphs of the distribution of the risk factors, plotted against incidence rates, for each risk factor separately, and determine the univariate correlation coefficients. Subsequently we shall carry out some multivariate analyses, so as to determine how much of the variance in the incidence rates can be explained by the simultaneous effect of the risk factors and which factor contributes most to the variation in incidence rates.

However, before we can start analyzing the data, we have to await the contribution of some foreign correspondents.

Meanwhile we will try to expand our data set by focusing on other possible sources, which may improve the quantity of information and consequently the quality of the analyses to be performed.

The main findings and conclusions of this survey will follow when available.

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A PILOT STUDY OF WEIGHT REDUCTION IN OBESE POSTMENOPAUSAL BREAST CANCER PATIENTS

F. de WAARD, R. RAMLAU

This study is being carried out in 3 hospitals in the Netherlands and in one hospital in Poznan, Poland.

About 70 cases have been randomized in an intervention group and a control group. In the former, median weight loss after 12 months is 7 kg whereas among controls a slight weight gain has been observed.

A paper was presented at the 17th congress of the Polish Oncologic Society, held at Poznan on 20-21 September 1990.

x x x

E C P W O R K I N G G R O U P
" V I R U S , A I D S A N D C A N C E R "

Chairman: Dr. P. EBBESEN
The Danish Cancer Society
Aarhus

The virology group has carried out a **metastudy on the emerging HTLV-1 epidemic in Europe.**

The study indicates that the virus is not native to our part of the world. This conclusion is drawn from the fact that the latent period for the marker diseases are 20 to 40 years, and no marker disease has been reported so far.

The study furthermore indicates that this leukemia virus primarily enters Europe from the endemic areas with guest workers, and with intravenous drug abusers. In contrast to HIV virus this virus is only to a lesser extent carried by homosexual men. And with the possible exception of Portugal, where many from endemic areas in Africa have settled, the pattern of spreading is distinctly different in Europe from that of endemic areas.

The third conclusion is that spreading to nonclassical at risk groups is starting to take place.

In addition there is evidently a need to sort out the distribution of seropositivity among those infected with HTLV-1 and HTLV-2, as the tests used in most studies done so far has not been able to discriminate. With the introduction of the PCR test it becomes possible to distinguish more precisely.

It is finally recommended that preventive action be taken now. All transfusion blood should be tested also for the presence of antibodies to HTLV-1 and active surveillance should be carried out among the at risk groups.

The paper "HTLV-I virus in Europeans: continuous spreading. A meta-analysis" reporting the study is being submitted to Acta Virologica.

As a consequence of this metastudy the ECP virus group which in 1983 pioneered studies on the spreading of HIV in Europe and now have studied the emerging HTLV-1 epidemic, should proceed with **at combined laboratory and epidemiologic study of the third retrovirus infiltrating into Europe these years: HTLV-2.** It is therefore suggested that ECP hosts a workshop on that virus with the purpose of putting together the team that shall carry out this project.

There is a need to agree on laboratory test procedures and select a reference laboratory in order to make results comparable. Furthermore the task force should in advance make guidelines for selection of data and for selection of material to be tested/retested.

The third part of the present report concerns the possibility of studying the **vertical spread of hepatitis B.**

The ECP virology group has already prepared a program for a multicentre study on the epidemic of the causative agent for many cases of liver cancer : Hepatitis B virus. However, so far we have not convincingly demonstrated that we have the right laboratory test for detecting the virus in isolated fetal parts of the placenta, but we are working on it in Aarhus. When accomplished a study of a few cases from the local maternity clinic will be carried out and only then is it time to determine if a multicentre study is feasible.

E C P W O R K I N G G R O U P
" P U B L I C I N F O R M A T I O N O N
H E A L T H Y D I E T "

Chairman: Dr V. WHEELLOCK
School of Biomedical Sciences
University of Bradford

The major activity of this group in 1990 was to have been a workshop to have been held in Santa Margherita, Italy in October. However, for a number of reasons outside the control of ECP and the group, this workshop had to be postponed. It is hoped that the workshop can be rescheduled for 1991.

Two projects are planned for the near future.

a) **The role of multiple retailers in influencing consumer choice of food.**

This study has already been started in Bradford (UK) and a group in Barcelona has also expressed an interest in participating. Following pilot studies in these two centres, participants from other EC countries will be sought.

b) **Dietary patterns in different ethnic groups within a community.**

Many large European cities now have large non-European groups within them. For example, Bradford (UK) has large groups from India, Pakistan, Bangla Desh and West Indies. In collaboration with the Oncology Research Unit of Bradford University and using interviewees with the necessary language skills, the reange of diet patterns within cities will be studied. If (as is suspected) it is found that, in contrast to the situation reported in the United States, these ethnic groups retain the diet patterns of the country of their origin, it may be worthwhile to extend this type of investigation to other selected European cities. In this way the wide range of diet pattern seen within Europe may be greatly extended by the inclusion of such ethnic minorities; this is of a great potential benefit in the study of the role of diet in human cancer.

E C P W O R K I N G G R O U P
" T O B A C C O R E L A T E D C A N C E R "

Chairman: Dr. SANCHO-GARNIER
Institut Gustave Roussy
Villejuif (France)

The Tobacco and Cancer Group has conducted different studies. You will find underneath the reports of those different studies.

NITROSAMINES IN TOBACCO SMOKE

Prof. PREUSSMANN, DKFZ, Heidelberg (Germany)

Tobacco smoke is the most widespread carcinogenic agent in our environment contains several strongly carcinogenic nitrosamines in high concentrations. These nitrosamines derive from nicotine during tobacco fermentation. To get "less harmful" cigarettes, the commission of the European Community previously suggested a reduction in the tar content. As S. Fischer (FRG) pointed out, the tar delivery alone is not a sufficient index for the carcinogenic potency of tobacco smoke, since it does not represent the concentration of tobacco-specific nitrosamines. Nitrosamine concentrations should therefore be declared as an additional parameter. Since nicotine was proven not to be nitrosated during smoking and the smoking behavior to be dependent on the nicotine intake, increase of the nicotine content in relation to tar is proposed as a method for the reduction of smokers' exposure to carcinogenic compounds.

METABOLIC PHENOTYPES AMONG SMOKERS

The following is a report on the first meeting held in Lyon September 26, 1990 by Dr SANCHO-GARNIER, Institut Gustave Roussy, Villejuif (France).

1. On going research in the various groups.

These projects aim at defining the contribution of metabolic host risk factors to tobacco related cancers. Simultaneous measurements of carcinogen exposure and metabolic phenotypes should reveal if pharmacogenic difference contribute to these malignancies.

INSERM (U170 & U155)

This group studies the polymorphism of the Ah-locus coding for the AHH enzyme, using in vivo the caffeine test and in vitro the analysis of the DNA from lymphocytes. These experiments are done within the framework of 2 epidemiological studies in lung cancer.

INSERM (U287)-IGR-Nancy Drug Center

This group studies the polymorphism of the P450IID genes, using 2 in vivo tests (dextrometorphan & mephenitoine) within a case-control study in lung and head & neck carcinomas.

CIRC (Lyon)

This group has already published various papers on this subject. They have shown that the activity of pulmonary drug metabolizing enzymes (PDE) were correlated with the respective enzyme activity in bronchial tissue of the same subjects. Levels of these PDE were significantly (2-7 fold) higher in lung cancer patients if they smoked within 30 days prior to the surgery than in controls with the same smoking history. Moreover there is an association between pulmonary AHH activity and prognosis of patients with lung cancer. In bladder cancer slow acetylators had higher level of ABP-hemoglobin adduct as well as fast N-oxidators.

2. Future strategy for the ECP working group.

After a general discussion the following strategy has been decided : to organize a 2-day workshop at the end of 1991. The major groups working in this field will be invited to participate (around 50 participants).

This workshop will permit :

- to precisely describe the state-of-the-art.
- to elaborate cooperative research projects and to facilitate the spreading of information through the various groups.

E. Bartsch & H. Sancho-Garnier will prepare a scientific report and a pre-programme with the view of formulating an application for a grant to organize the workshop and help the cooperative programme.

EDUCATION OF HEALTH WORKERS ABOUT SMOKING

Dr T. Salvador-Llivina (Madrid)

A project to try to find ways to persuade doctors and health workers to stop smoking has been proposed.

It is intended to study the effectiveness of a brief training course on smoking habits in health workers and to try to affect their general attitudes and behaviour patterns in relation to tobacco usage.

This will be centred on Spain and Greece (where the problem is very serious) but will also include other EC countries, particularly in southern Europe. The project is an ambitious one, and it is now necessary to obtain large scale funding.

**PARTICIPANTS IN THE COORDINATION MEETING ON TOBACCO
Heidelberg, April 2, 1990.**

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IV. EUROPE AGAINST CANCER

**SUPPORT RECEIVED FROM THE "EUROPE AGAINST CANCER" PROGRAMME
OF THE EUROPEAN COMMUNITIES FOR THE YEARS 88-89-90.**

Colon cancer group:

Prof. J. FAIVRE, Dijon. Ecu : 36.000

"Case-control study of patients with adenomatous polyps or cancer of the large bowel".

The case-control study includes patients with small adenomas, large adenomas (>1cm), and colorectal cancers. Two control groups will be used : general population controls and hospital controls (matched for age, sex and symptoms) who have been colonoscoped, but have no intestinal tumour. A smaller clinical study is realised for the study of the role of bile acids and cell proliferation defect in colonic biopsies as well as diet.

Tobacco and Cancer group:

Dr A. MASKENS, Brussels, Belgium. Ecu : 14.427

Workshop on "Tobacco and Cancer : Perspectives in Preventive Research, Brussels, September 29-30, 1988.

Topics covered : - Nitrosamines
- Tobacco addiction
- Dietary factors and smoking
- Economic Aspects.

Public Information and Cancer group:

Dr A. GIACOSA, Genova, Italy. Ecu : 16.000

Workshop on "Information and cancer Prevention", Portofino, October 28-29, 1988.

Diet and Cancer group:

Dr WEST, Wageningen, NL. Ecu : 33.000

"Study of diet in various European countries, in relation with precancerous lesions of the stomach".

ECP has initiated several studies in the field of diet and cancer. They are based on epidemiological enquiries on cases and controls, with special emphasis on dietary parameters. Cases are patients suffering from atrophic gastritis. Special emphasis is put on dietary salt, nitrates, fresh fruit and vegetables, as well as smoked food.

Breast Cancer Group:

Prof. de WAARD, Bilthoven, NL.

Ecu : 25.000

"European survey of breast cancer risk factors occurring at a relative young age".

Investigate to what extent the following risk factors : age at menarche, body height, age at first birth and parity, correlate with variations in breast cancer incidence in Europe.

Prof de WAARD, Bilthoven, NL.

Ecu : 7.550

Annual ECP Symposium : "Breast, ovarian and endometrial cancer : aetiological and epidemiological relationships", Bilthoven, May 1-2, 1989..

Topics covered : - geographical correlations
- multiple primary neoplasms
- reproductive variables
- nutritional variables
- endogeneous hormones.

Diet and cancer group:

Dr M.J. HILL, Salisbury, UK.

Ecu : 18.000

"ECP-Euronut study of diet and intestinal metaplasia : relation between individuals foods and nutrients and intestinal metaplasia (IM) in 14 population in 5 EC countries".

Dietary data are being collected from patients with endoscopically proven intestinal metaplasia compared with controls endoscopically proven not to have gastric lesions and with age/sex matched controls with no gastric symptoms and not endoscoped.

Hormones and Sexual Factors and Cancer group:

Dr S. FRANCESCHI, Aviano, Italy.

Ecu : 9.500

"Pooled analysis (Meta-analysis) from European case-control studies on ovarian cancer".

Included in the subgroup of "major known risk factors" for epithelial ovarian cancer to further consider for the analysis of sub-groups and/or interactions are : menstrual factors (age at menarche, length and irregularity of menstrual cycles, menopausal status/age at menopause); reproductive history (age at first birth, parity, number of abortions); use of oral contraceptives at different ages, personal history of benign ovarian cysts, familial history of ovarian cancer; overweight; general indicators of socio-economic status.

A very large data set should help to clarify several still unsettled topics in epithelial ovarian cancer epidemiology, among which lifestyle habits such as smoking and consumption of alcohol and several food items or micronutrients are worth considering.

Colon Cancer group:

Prof. J. FAIVRE, Dijon, France.

Ecu : 75.000

"European controlled intervention study for preventing adenoma occurrence and growth".

A randomized placebo controlled clinical trial using a parallel design will be performed in ten EC countries to test the efficacy of oral calcium or fibre supplementations in the prevention of recurrence and /or growth of colorectal adenomas.

V. SYMPOSIA

SEVENTH ANNUAL ECP SYMPOSIUM

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The ECP Breast and Cancer Working Group through Dr. de WAARD in collaboration with the Hormones and Sex Factors Group (Dr. FRANCESCI) organized the Seventh Annual ECP Symposium in Bilthoven, The Netherlands, 1-2 May 1989.

The title of this Symposium was: "**Breast, ovarian and endometrial cancer : aetiological and epidemiological relationships**".

Cancer epidemiologists have been aware for several years that cancers of the breast, endometrium and ovary have common aetiological components. These relationships are not simply determined by the fact that these organs are part of the reproductive tract of women; since the epidemiology of cancer of the uterine cervix is quite different.

This symposium was devoted to similarities and contrasts between the three cancers sites. Six aspects were discussed by experts : Geographical correlations, Multiple primary neoplasms, Reproductive factors, Nutritional factors, Endogenous hormones, Exogenous hormones.

These lectures were published in the **Eur. J. Cancer Clin. Oncol.**, Vol 25, No 12, pp 1917-1971, 1989.

EIGHTH ANNUAL ECP SYMPOSIUM

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Prof. PREUSSMANN of the ECP Scientific Committee organized the Eighth Annual ECP Symposium in the DKFZ, Heidelberg, 2-3 April 1990.

Under the title "**Causation and prevention of human cancer**" this symposium was devoted to multivariate aspects of the cancer prevention.

The main lectures were the following:
Genetic and Chromosomal Factors in Human Cancer,
Markers of Carcinogen Action,
The Mediterranean Diet and Chronic Disease,
The "Europe against Cancer" Programme,
Diet and Precancerous Lesions of the Colorectum
Diet and Precancerous Lesions of the Stomach
Female Hormones: For which Cancer do they matter ?
Is some drug therapy a cofactor in the development of virus related cancer ?
Tobacco specific Nitrosamines - Underestimate Carcinogens in Tobacco and Tobacco Smoke.
Healthy Eating and Public Education
Cancer Primary Prevention : a gap between knowledge and intervention.

The conclusions will be published in January 1991 by Kluwer Academic Publisher.

VI. ACTIVITY CALENDAR

MEETINGS

=====

1989

- Jan. 13-14: Diet group workshop
Amsterdam
- Feb. 3: Public Information and Cancer
London
- Feb. 16-17: General Assembly
Brussels
- Feb. 17-19: Colon Cancer group meeting
Brussels
- Feb. : Diet and Cancer Group: Training programme on data
entry.
Wageningen
- May 1-2: Seventh ECP Symposium "Breast, Ovarian and
Endometrial Cancer: Epidemiological and
aetiological relationships".
Bilthoven (NL)
- May 2: Diet and Cancer group: planning meeting
Bilthoven
- May 2: Hormones and Sexual Factors and Cancer
group: meeting
Bilthoven
- June 9-10: Colon Group workshop
Santa Margharita (Italy)
- June 9-10: Administrative council
Santa Margharita (Italy)
- July 10-11 Colon group workshop on "Study of the
intestinal cell proliferation"
Bologne
- Aug. 23: Diet and Cancer group: coordination meeting
Slough
- Aug. 27: ECP Workshop in Jerusalem at the "2nd Inter-
national Conference on Gastrointestinal Cancer".
- Sept. 7-8: Hormones and Sexual Factors and Cancer group:
coordinating meeting.
Milan
- Sept. 11: Heads of Working Groups
Brussels.
- Oct. 5: Scientific Committee
Brussels.

Nov. 3-4 : Colon group workshop
Majorca

Dec. 5: Hormones and Sexual factors and Cancer group:
planning meeting
Aviano

Dec. 6: Diet and Cancer group: coordination meeting
London

Dec. 13: Diet and Cancer group: coordination meeting
Slough

1990.
====

Jan. 25-26: Colon group workshop
Paris

Jan. 28: Tobacco group meeting
Paris

Feb. 12-17: Hormones and Sexual Factors Group: "Statistical
analysis of pooled results from three European
studies".
Milan

Feb. 17: Diet and gastric group meeting
Amsterdam

March 1: Administrative council
Paris

April 2: Tobacco group meeting
Heidelberg

April 2-3: Eighth ECP Symposium "Causation and Prevention of
Human Cancer".
Heidelberg

April 3: Hormones and Sexual Factors Group meeting.
Heidelberg

June 15-16: Colon group workshop
Dublin

July 6: Administrative council
Paris

July 7: Heads of the groups (Project sub-committee)
Paris

Aug. 13-10: Hormones and Sexual Factors Group: meeting on
discussion of preliminary papers.
Lausanne

- Sept. 26: Tobacco and cancer group workshop on "Metabolic phenotypes among smokers".
Lyon
- Nov. 9: Administrative council
Paris
- Nov. 10: Scientific Committee meeting
Paris

VII. PUBLICATIONS

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- ECP News 12 (February 1990)
- ECP News 13 (June 1990)
- ECP News 14 (October 1990)

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VIII. FINANCES

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Adrien R. Felot	Cyanamid Lederle
Jacques Groothaert	Generale de Banque
Georges Gutelman	Trans European Airways
Jean-François Huyberechts	
Jan Huygebaert	Kredietbank
Michel Isralson	Belgolaise
Christian Jacobs	Morgan Guaranty Trust
Pierre Jeandrain	Public Relation Partners
Docteur Knupfer	Boehringer Ingelheim
Robert Maskens	
Docteur P. Mattelaere	Smithkline Beecham
Pierre Milroud	Salon de la Maison Idéale
Andre Pahaut	Sabena
Jacques Rathe	Bekaert
Pierre Saverys	Touring-Secours
Jacques Thierry	Banque Bruxelles Lambert
Carel van Creveld	Minit
William Vanderfelt	Petercam
Julien Vanderhulst	Urbaine UAP
Etienne van der Rest	Eternit
Freddy Wolfers	Wolfers
John York	EVC International
Michel Zurmuhle	Glaxo Belgium

E C P A C C O U N T S 1 9 8 9

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CREDIT

BF

ECP Foundation		975.154
Italian league (to colon group)		300.000
Association c/ cancer (for tobacco book)		500.000 330.750
Loterie Nationale (Belgium)		500.000
EC ("Europe against Cancer")		
To Diet group:	ECU	
- Dr WEST	26400	1.146.282
- Dr HILL	14400	622.756
To colon group		
- Prof FAIVRE	7200	300.240
To breast group		
- 7th Symposium	6353	274.353
- Prof de WAARD	20000	864.928
To Tobacco group		
- Dr MASKENS (Workshop 1988)	2885	124.055
To Information group		
- Dr GIACOSA	16000	688.000

	TOTAL	6.626.458
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DEBIT

BF

Working Groups		
- Colon (ECP:402859 + ItL:300000 + CEE 300240)	1.003.099	
- AIDS	50.298	
- Hormones	251.101	
- Info. (ECP:57400 + CEE:430665)	745.400	
- Tobacco	201.997	
- Breast (ECP:100476 + CEE:430665)	531.141	
- Diet	1.833.359	
		4.616.395
Scientific Committee		277.122
Scientific Coordination		293.179
Publications		
- ECP News	120.055	
- Tobacco workshop (ASS. C. Cancer)	330.750	
		450.805
Operating costs		
- Office expenses	281.298	
- Material	11.778	
- Secrétariat	176.060	
		469.136
Final reimbursement of debt (PRP)		184.332

	TOTAL:	6.290.969
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E C P A C C O U N T S 1 9 9 0

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		BF
CREDIT		

ECP Foundation		863.685
to be received		400.000
Association c/ le Cancer		2.000.000
(for the colon group)		
EC (Europe against Cancer)	ECU	
- Hormones group	9.500	
- Colon group	60.000	
- Breast group	4.725	
- Diet group	10.200	

	84.425	3.579.620
Euronut Study		422.500

	TOTAL	7.265.805
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DEBIT

		BF	BF
Working Groups			
- Diet	868.050		
- Colon	2.578.251		
- Hormones	299.454		
- AIDS	100.583		
- Breast	473.275		
- Information	8.046		
- Tobacco	56.662		
			4.376.275
Scientific Committee			108.213
Scientific Coordination			306.723
Publications			315.301
Symposium			203.652
Operating costs			
- Office expenses	381.885		
- Material	12.495		
- Secretariat	341.826		
			736.206
Due to Colon group			1.500.000

	TOTAL		7.546.370
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