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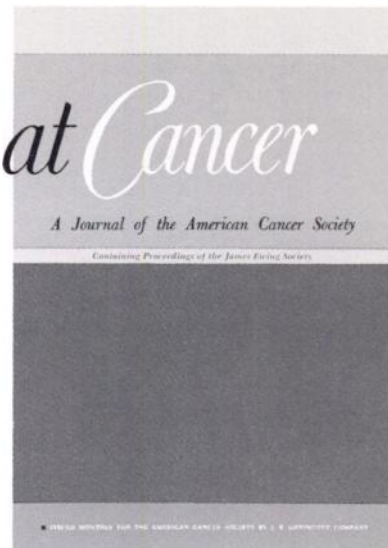
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# Looking at Cancer



A commentary on the February and March 1968 issues (Volume 21, Numbers 2 and 3) of *CANCER, A Journal of the American Cancer Society, Inc.*

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An interesting observation from Australia suggests that the metabolism of some human breast tumors may follow a circadian rhythm. After administration of radioactive phosphorus, B. A. Stoll and W. M. Burch (Peter MacCallum Clinic, Melbourne, Australia) made continuous recordings of both radioactivity and temperature, as detected on the skin surface, in 19 patients with advanced inoperable breast tumors. The skin temperature showed a normal diurnal variation, both for the tumor-containing breasts and for the normal breasts. In nine of the tumorous breasts, the  $^{32}\text{P}$  uptake showed a closely related pattern, having low diurnal and high nocturnal levels with fairly rapid transitions between them. This suggestion of a "biological clock" mechanism affecting tumor metabolism gives rise to speculation on the optimum timing of chemotherapy or radiation therapy, including even the uncomfortable specter that we may end up having to work through the night in order to treat the patients at the time of highest metabolic activity of their tumors. [*February*]

According to N. O. Ward and M. J. Acquarelli (Wadsworth VA Hospital, Los Angeles, California), each year two new cases of malignant melanoma per 100,000 population will be detected; 20 to 33 per cent of these will be located on the skin of the head and neck. The external ear will have a primary melanoma in one to ten per cent of the head and neck cases. In a review of the scant information available on this rare but dread disease, they show cause for more optimism than is generally prevalent for malignant melanoma cases submitted to radical surgery according to established principles. Elective neck dissections are advocated because approximately 40 per cent of melanoma patients treated by local excision alone eventually develop regional node metastases, and because of the high incidence of microscopic malignancy in clinically negative neck dissection specimens. Also in this issue, D. W. Mesara and W. D. Burton (University of Michigan, Ann Arbor, Michigan) report on 15 patients with primary malignant melanoma of the upper respiratory tract. The nasal neoplasms persisted locally for about three years before metastasizing, with an average survival of three and one half years. All patients with tonsillar or nasopharyngeal primary melanomas died within one year. [*February*]

What is a granulosa cell tumor of the ovary? A thecoma? A mixed granulosa-theca tumor? There seems to be an extraordinary lack of unanimity amongst authorities on these entities. H. J. Norris and H. B. Taylor (Armed Forces Institute of Pathology, Washington, D.C.) have collected an unusually large series, 203 patients, and offer a lucid analysis. It suggests that for any series, survival figures will vary according to the proportion of thecomas in the group, since thecomas are nearly always benign. It also appears that unilateral oophorectomy is adequate therapy for granulosa-theca tumors confined to the ovary if biopsy and frozen-section examination are done on any suspicious lesion of the opposite ovary or other pelvic structure. [*February*]

Not all of those "wens" are benign! E. J. Holmes (King County Hospital, Seattle, Washington) reports that all solid tumors of the scalp should be considered potentially dangerous, and enlarging "wens" should be viewed with suspicion since there is a one to ten chance of cancer, if only in the sense of progressive growth and eventual invasion of the skull. At the time of surgery, incision of the scalp nodule should tell the surgeon whether he is dealing with a cyst which may be simply shelled out or a trichochlamydocarcinoma which should be removed with some of the surrounding tissue to prevent recurrence. [*February*]

The comparatively low mortality rates for lung cancer reported from some Latin American countries have for some time led clinicians to speculate as to whether those black cigarettes they smoke south of the border cause cancer. N. Munoz and others (Universidad del Valle, Cali, Colombia) studied the carcinogenicity of tobacco tar extracts painted on mouse skin. Tar from Colombian black tobacco cigarettes appeared to produce more tumors, and with a shorter latent period, than did tar from U.S. blended tobacco cigarettes. It is suggested that the differences in mortality between Colombia and the United States and Europe are due to factors other than their tobacco sources, except that the higher pH of the black tobacco smoke may discourage inhalation. Smoking patterns may play a role. [*March*]

A meticulous, painstaking study of individual smoking patterns is reported by S. Graham (State University of New York, Buffalo, New York). The various patterns of puffing behavior observed were simulated on an analytic smoking machine, and it was found that significantly different amounts of tobacco tar were retrievable for each. Lung cancer patients were then observed unaware, by trained observers, and found to exhibit habits associated with higher tar yields as compared to control subjects. These data suggest that smokers could lower their risk by taking fewer puffs per cigarette, taking them shortly after lighting up, and smoking with only short intervals between puffs. [*March*]

It has been suggested that consumption of smoked food might be at least partly responsible for the unusually high mortality from gastric cancer in Iceland. T. Thorsteinsson and G. Thordarson (University of Iceland, Reykjavik, Iceland) assayed polycyclic hydrocarbons in sheep heads singed over an open fire after the wool at the neck had been shorn, and sea birds singed after removal of the bulk of the feathers. They concluded that considerable quantities of hydrocarbons could be taken up as intermediary products of incomplete combustion of the fuel, when fuel of low combustion rate such as coal or diesel oil is used. [*March*]