Number of Certified Medical Oncologists

- 1973: 351
- 1975: 376
- 1977: 508
- 1979: 554
- 1981: 646
- 1983: 540
Screening for Cancer
Edited by
ANTHONY B. MILLER

Advances in Cancer Research
Edited by
GEORGE KLEIN
SIDNEY WEINHOUSE
VOLUME 43
1985, 336 pp., $52.00/ISBN: 0-12-006643-2

Lymphokines
A Forum for Immunoregulatory Cell Products
Edited by
EDGAR PICK
Advisory Editor
MAURICE LANDY
VOLUME 10
Growth and Differentiation of B Cells
Guest Editor
MAX SCHREIER
KENDALL A. SMITH
1985, 256 pp., $49.00/ISBN: 0-12-432010-4

Interferon
VOLUMES 5 and 6
Editor-in-Chief
ION GRESSER
VOLUME 5
1984, 252 pp., $22.00/ISBN: 0-12-302254-1 (Paper)
Forthcoming...
VOLUME 6
The rapid evolution of the Medical Oncology subspecialty during the past 12 years has made a significant impact on cancer education, cancer research, and the management of cancer patients.

Acknowledging recent developments in the study of neoplasms and the treatment of cancer patients, the American College of Physicians established a Committee on Cancer in 1956 to encourage internists to participate in the care of adult patients with all types of neoplastic diseases.

Dr. B. J. Kennedy, Professor of Medicine and Masonic Professor of Oncology at the University of Minnesota Medical School, was a member of the committee and is a long-term advocate of the important role that internists play in all aspects of cancer medicine. Under his leadership, Medical Oncology as a subspecialty was officially recognized by the American Board of Medical Specialties in 1972. He served as the first Chairman of the Committee on Medical Oncology of the American Board of Internal Medicine (ABIM). This committee defined the subjects of direct relevance in Medical Oncology and the contents of training programs, which formed the basis for preparing the certification exam in Medical Oncology by the ABIM.

The histogram on the cover illustrates the number of internists who became certified as medical oncologists in each of the six examinations that have been given biannually over the past 12 years. Of the nine internal medicine subspecialties, Medical Oncology now ranks fourth with about 3000 certified specialists, exceeded in number by Cardiology, Gastroenterology, and Pulmonary Disease. In this short period, the immediate needs of the nation for trained medical oncologists were quickly met.

The discipline of Medical Oncology as it came into existence contributed substantially toward education in internal medicine. Following its lead, the other subspecialties of internal medicine have defined their training requirements and, through the urging of medical oncology, certification of all subspecialty training programs in internal medicine is currently in process in order to assure high-quality training. Many leading clinicians participated in this oncologic evolution, including, among others, Dr. Samuel Taylor III, Dr. Paul Calabresi, Dr. Emil Frei III, and Dr. W. P. Laird Myers.

As this clinical specialty evolved, fundamental and clinical cancer research have become an essential part of training leading to continuing progress. New discoveries are tested in clinical investigations through applied scientific methods. The trained medical oncologists have quickly brought the best results of this rapidly moving field to bedside patient care in the community.

Dr. Kennedy is a physician, educator, and investigator in Medical Oncology. He received his medical degree from the University of Minnesota in 1946, did his residency and cancer fellowship at the Massachusetts General Hospital, and received a M.Sc. degree in experimental medicine at McGill Medical School in 1951. Since 1952, he has based his work at the University of Minnesota and its Masonic Cancer Center.

M.B.S.
The Division of Hematology-Oncology, Department of Internal Medicine at University of Cincinnati College of Medicine invites applications for a tenure track position at the level of Assistant or Associate Professor. M.D., Ph.D. or M.D.-Ph.D. degrees acceptable. Applicants are expected to have expertise in the general area of molecular biology of neoplasia including viral oncogenesis, recombinant DNA technology and gene cloning.

A major portion of time would be devoted to research but M.D.’s may spend 10–20% of time in clinical activities. Applicants are expected to develop an independent and competitive research program in the field as part of a general plan of the Division to create a strong research program in oncologic basic research. Collaboration with local basic scientists is available and expected. Salary commensurate with experience. Interested candidates should apply to O. J. Martelo, M.D., Hematology-Oncology Division, 231 Bethesda Ave., Cincinnati, Ohio, 45267, Phone 513-872-4233. Affirmative Action/Equal Opportunity Employer.

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Differentiate cell types for more accurate tumor characterization.

Intermediate filaments: protein specific, immunologically distinguishable components of the cytoskeletal structure of major cell types. They are found in virtually all nucleated cells and retain their specific expression even during malignant change.

Because of this remarkable specificity, anti-intermediate filament antibodies provide a useful tool for identifying cell origins. (See chart below.)

<table>
<thead>
<tr>
<th>Intermediate filament type</th>
<th>Expression in normal cells</th>
<th>Examples of corresponding tumors</th>
</tr>
</thead>
<tbody>
<tr>
<td>vimentin</td>
<td>mesenchymal cells</td>
<td>most sarcomas, lymphomas, endotheliomas</td>
</tr>
<tr>
<td>desmin</td>
<td>muscle cells</td>
<td>rhabdomyosarcoma, leiomyosarcoma</td>
</tr>
<tr>
<td>cytokeratins</td>
<td>epithelial cells</td>
<td>most carcinomas</td>
</tr>
<tr>
<td>neurofilaments</td>
<td>neural cells</td>
<td>pheochromocytomas, esthesioneuroblastoma</td>
</tr>
<tr>
<td>GFAP</td>
<td>astrocytes</td>
<td>astrocytomas</td>
</tr>
</tbody>
</table>

Examples of in vivo normal cells and tumors recognized by intermediate filament antibodies.

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These monoclonals can be used with either immunofluorescent or enzymatic techniques... with frozen or paraffin-embedded tissue samples.

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