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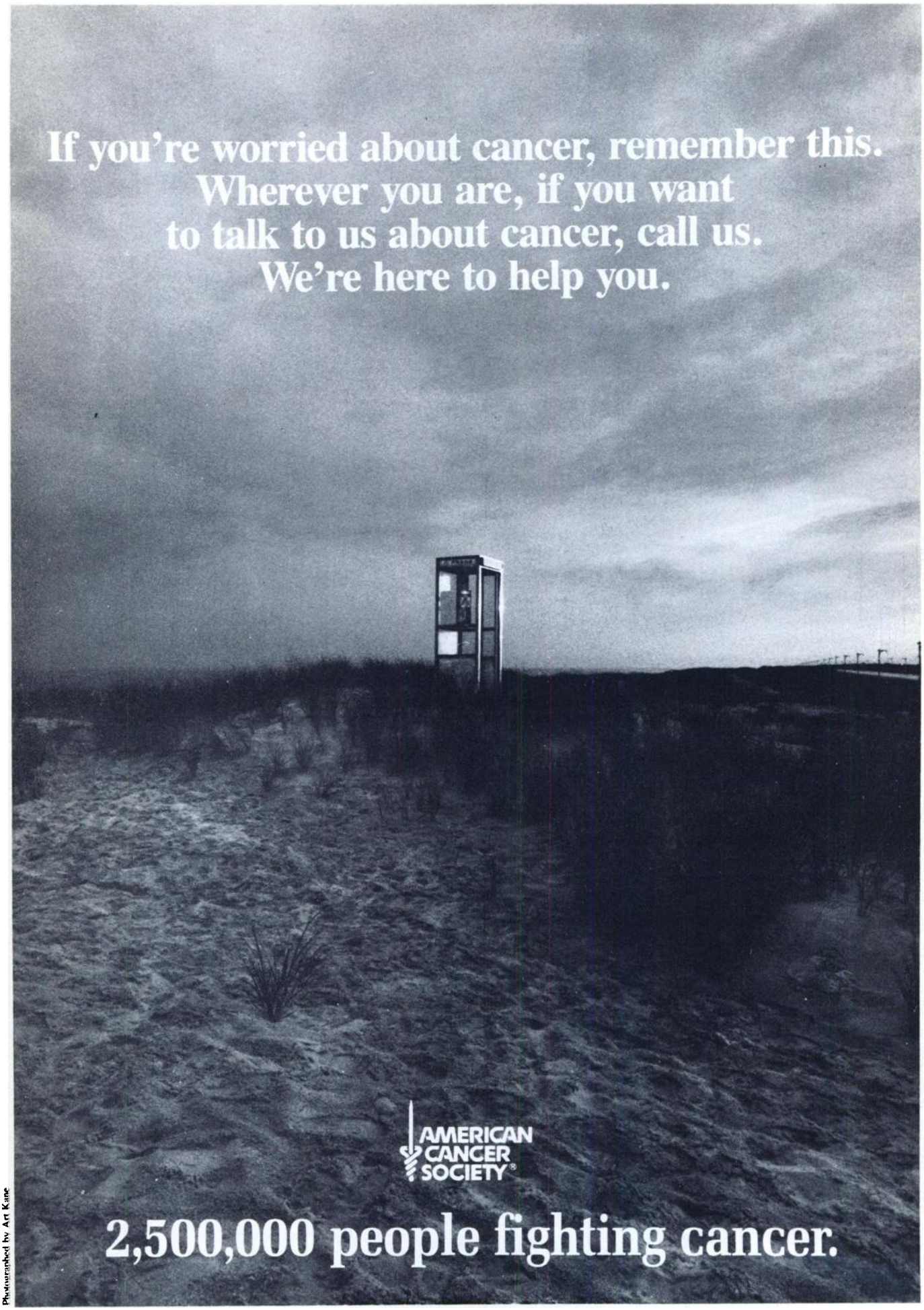
This space contributed as a public service.



Photographed by Art Kane

This space contributed as a public service.

WE HAVE ONLY GOOD THINGS TO SAY ABOUT CANCER OF THE COLON.

If detected early, the cure rate for colorectal cancer is very high.

It can be as high as 75%.

Because we now know how to detect it early. And we know how to fight it once we detect it.

There are three simple checkup guidelines for men and women without symptoms.

One, get a digital exam every year. This is recommended for everyone over 40.

Two, get a stool blood test every year if you are over 50.

Three, after two initial negative tests one year apart, get a procto exam every three to five years if you are over 50.

These guidelines are the best protection against colorectal cancer you can have.

If you're not over 50, please give this information to friends and loved ones who are.

In any case, please help spread the word.

Good news doesn't always travel fast.

AMERICAN CANCER SOCIETY®

Get a checkup. Life is worth it.

AMERICAN ASSOCIATION FOR CANCER RESEARCH

SEVENTY-EIGHTH ANNUAL MEETING

May 20-23, 1987
Atlanta Hilton & Towers and Atlanta Marriott Marquis Hotels
Atlanta, Georgia

ADVANCE REGISTRATION FORM

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The Board of Directors wishes to gather certain data for planning future annual meetings. To assist us in this effort, please answer the following questions:

ON WHICH DAYS WILL YOU ATTEND THE 1987 ANNUAL MEETING?
☐ Wednesday, May 20 ☐ Thursday, May 21 ☐ Friday, May 22 ☐ Saturday, May 23

WILL YOU ATTEND THE ASCO MEETING IN ATLANTA? ☐ Yes ☐ No

ARE YOU THE PRESENTER OF AN ABSTRACT SUBMITTED FOR THE 1987 AACR MEETING? ☐ Yes ☐ No

PAYMENT OF REGISTRATION

Fees may be paid by check or with a MasterCard, VISA, or Eurocard account. Credit card payments will be accepted for advance registration only. All payments must be made in U.S. currency and must accompany this form. Purchase orders will not be accepted as payment.

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THE DEADLINE FOR ADVANCE REGISTRATION IS APRIL 3, 1987

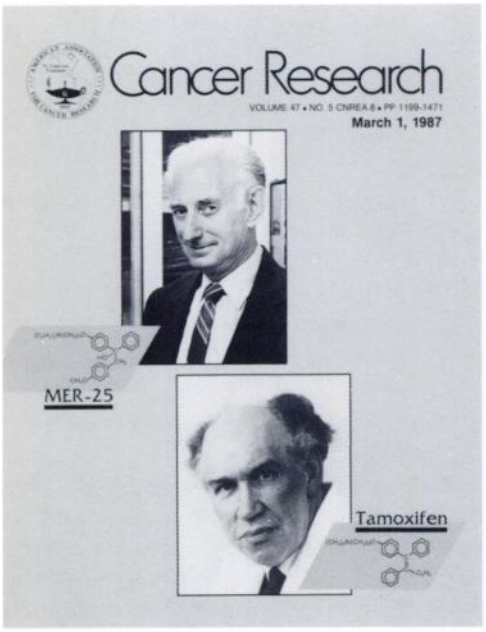
* Students must enclose a statement, signed by the registrar, dean, or department head of their university or college on official letterhead, confirming their status. Special student rates are available only to predoctoral students. Postdoctoral fellows or physicians in training do not qualify as students.

Mail all advance registration forms with applicable fees to the AACR Office, Temple University School of Medicine, West Building, Room 301, Broad and Tioga Streets, Philadelphia, PA 19140. Receipts will be sent to you in April. AACR members in good standing will receive copies of the Program and *Proceedings* prior to the meeting. Nonmember and student advance registrants residing in the U.S. and Canada will also receive the Program before the meeting and (if they have purchased it) the *Proceedings*. Please note that nonmember and student registration fees do not include the *Proceedings*.

REFUND POLICY

Refunds on registration fees will be granted on written request in the AACR Office by May 18, 1987. Receipts and badges (if they have been mailed) must be returned to the AACR Office with the refund request. A cancellation fee of $15.00 will be deducted from all refunds to cover administrative costs.

COVER LEGEND



Antiestrogens are compounds that compete with estrogens at the level of the receptor in the target cells. Generally these antagonists are structurally related to steroidal or nonsteroidal estrogens.

Major interest in this class of compounds was initiated by Dr. Leonard J. Lerner's presentation and publication (Fed. Proc., *17:* 388, 1958; Endocrinology, *63:* 295, 1958) of data demonstrating that a nonsteroidal triphenylethanol compound blocked the effect of endogenous and exogenous estrogens at a number of estrogen target sites. That compound, ethamoxytriphetol (MER-25), originally synthesized for possible cardiovascular activity at the Wm. S. Merrell Co. of Cincinnati, was studied because of its similarity in structure to the triphenylethylene estrogens such as chlorotrianisene (TACE). Lerner had previously found that weakly estrogenic di- and triphenylethylene compounds partially inhibited the uterotrophic effect of estradiol and estrone in mice. MER-25 was found to have little or no estrogen-like activity, but it blocked partially or completely the stimulatory effects of steroidal and nonsteroidal estrogens in a variety of laboratory animals. Lerner suggested that antagonists such as MER-25 could be therapeutically useful in estrogen-related disorders including hormone-dependent cancers. Therefore a few patients with metastatic breast cancers were treated with MER-25. They experienced relief of pain and a reduction of calcium excretion but treatment was terminated following a report of neurological disturbances (L. J. Lerner. The first nonsteroidal antioestrogen—MER 25. *In:* R. L. Sutherland and V. C. Jordan (eds.), Non-Steroidal Antioestrogens: Molecular Pharmacology and Antitumour Activity, p. 1. New York: Academic Press, 1981). It was obvious that estrogen antagonists could offer a new therapeutic approach to mammary cancer.

Tamoxifen (or Nolvadex) was developed at Imperial Chemical Industries (ICI) of England. Dr. Arthur Walpole [1913–1977] was the primary investigator, along with Dora Richardson and Michael J. K. Harper [Nature (Lond.), *212:* 87, 733, 1966].

Clinical usefulness of tamoxifen in advanced breast cancer was recorded in 1971 by Cole *et al.* (Br. J. Cancer, *25:* 270, 1971) in England and by Manni *et al.* in the United States (Cancer Treat. Rep., *60:* 1445, 1976). The side effects from the drug were usually mild and transient. Recent reviews on tamoxifen include: Pearson *et al.*, (Cancer Res., *42:* 3424s, 1982) and Furr and Jordan (Pharmacol. & Ther., *25:* 127, 1984).

A controlled trial of tamoxifen as a single adjuvant agent in the management of breast cancer, started in 1977 in England, showed a significant increase in disease-free interval and in survival. The benefits were independent of menopausal, nodal, or estrogen-receptor status. Toxicity was minimal and transient during the treatment period of 2 years (Baum *et al.*, Lancet, *1:* 257, 836, 1985).

Pictured are Drs. Leonard J. Lerner (*top*) and Arthur L. Walpole (*bottom*), and the chemical structures of MER-25 and tamoxifen.

We are indebted to Drs. O. H. Pearson, J. H. Weisburger, L. J. Lerner, and B. J. A. Furr for assistance and portraits.

M.B.S.

This space contributed as a public service.

"YES, THERE IS LIFE AFTER BREAST CANCER. AND THAT'S THE WHOLE POINT."

–Ann Jillian

A lot of women are so afraid of breast cancer they don't want to hear about it.

And that's what frightens me.

Because those women won't practice breast self-examination regularly.

Those women, particularly those over 35, won't ask their doctor about a mammogram.

Yet that's what's required for breast cancer to be detected early. When the cure rate is 90%. And when there's a good chance it won't involve the loss of a breast.

But no matter what it involves, take it from someone who's been through it all.

Life is just too wonderful to give up on. And, as I found out, you don't have to give up on any of it. Not work, not play, not even romance.

Oh, there is one thing, though.

You do have to give up being afraid to take care of yourself.

AMERICAN CANCER SOCIETY®
Get a checkup. Life is worth it.