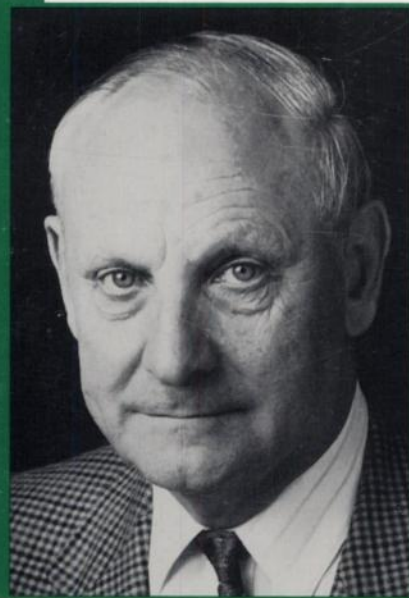
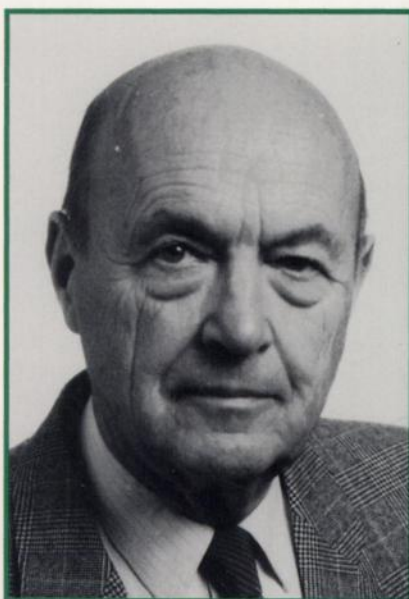




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AACR SPECIAL CONFERENCE IN CANCER RESEARCH
Novel Strategies Against Resistant Cancers



November 17-21, 1995
Sanibel Harbour Resort and Spa
Ft. Myers, Florida

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SCIENTIFIC PROGRAM

Keynote Address

Donald S. Coffey / Baltimore, MD

Recently Described Targets

Telomeres and Telomerase

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Blood Vessels and Microenvironment

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Strategies with Previously Described Targets

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Thymidylate Synthase

Youcef M. Rustum / Buffalo, NY
Neil J. Clendeninn / San Diego, CA
James L. Abbruzzese / Houston, TX

It's A Matter of Timing

William J.M. Hrushesky / Albany, NY

Biology and Clinical Trials In Resistance

Multidrug Resistance Proteins

Piet Borst / Amsterdam, The Netherlands
Susan P.C. Cole / Kingston, Ontario, Canada
Kenneth D. Tew / Philadelphia, PA

Reversing Drug Resistance

William S. Dalton / Tucson, AZ
Branimir I. Sikic / Stanford, CA

Gene Manipulating Strategies

Glenn Dranoff / Cambridge, MA
Eva Y. Lee / San Antonio, TX

Summary

Victor Ling / Vancouver, British Columbia, Canada
Daniel D. Von Hoff / San Antonio, TX

Additional Speakers to be Announced

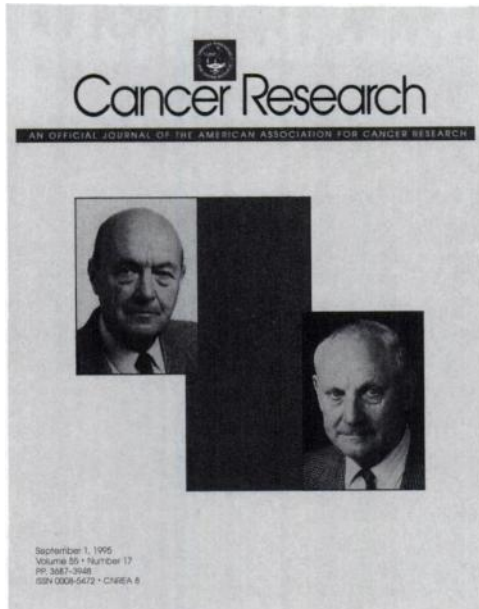
Applicants are encouraged to submit abstracts for poster presentation. Selected proffered papers will also be scheduled for oral presentations.

Application deadline: September 29, 1995

Information and Application Forms

American Association for Cancer Research
Public Ledger Building, Suite 816
150 South Independence Mall West
Philadelphia, PA 19106-3483
215-440-9300 215-440-9313 (FAX)

COVER LEGEND



This issue's cover features Jozef V. Joossens (*left*) and Hugo Kesteloot (*right*) of the School of Public Health, Department of Epidemiology, in Leuven, Belgium.

Dr. Joossens became interested in the epidemiology of cancer when he evaluated the strength of the links relating cardiovascular diseases and cancer mortality, particularly ischemic heart disease and lung cancer. Surprisingly, a much stronger relationship was found between stroke and stomach cancer mortality (Triangle, 12: 9, 1973; Nutrition and Cancer, 2: 250, 1981). A working hypothesis was developed that NaCl was associated with both diseases through its influence on blood pressure and its damaging action on the stomach mucosa (Proc. Nutr. Soc., 40: 37, 1981). A population survey in Belgium on 24-hour salt excretion was started in 1966, which has been supported since then by 7 studies, including an analysis of about 15,700 samples. On the basis of the results, a vigorous and successful media campaign was started in 1968 to lower the salt intake in Belgium. Since then, salt intake has declined by nearly one-third, resulting in a pronounced decrease in stroke and stomach cancer mortality, as well as decreases in systolic blood pressure and hypertension in the elderly [Am. J. Med., 90 (Suppl. 3A): 5S, 1991]. The association between salt intake, stroke, and stomach cancer was found invariably when new data sets from WHO became available (Am. J. Clin. Nutr., 45: 1277, 1987). A controlled, cooperative study between Intersalt and the European Organization for Cooperation in Cancer Prevention Studies (ECP) used randomly selected populations from 24 countries, with 24-hour NaCl excretion determined in Leuven and 24-hour nitrate analyzed by Michael Hill (Head of the ECP) in England. The results indicated that salt has a stronger relationship than nitrate to stomach cancer mortality, but at a high level of salt intake, nitrate increases the risk of stomach cancer mortality.

Dr. Kesteloot studied the level of salt intake from 24-hour urine analysis in Korea and China (Eur. J. Card., 11: 169, 1980; Hypertension, 9: 654, 1987), providing evidence for the relationship between high levels of salt intake and high rates of stomach cancer. In Korea, the urban/rural, North/South, and social class gradients for salt intake, stroke, and stomach cancer again confirmed that salt was an etiological factor.

For lung cancer, an important determinant is the interaction between saturated fat intake and cigarette smoking. In countries such as Japan, Greece, and Cuba, where the populations have low intakes of saturated fat and high rates of cigarette consumption, there is lower lung cancer mortality than in most Western countries (Cancer Causes & Control, 2: 79, 1991). The increasing lung cancer rate in Hungary can be explained by the increasing fat intake. Significant correlations emerge between fat intake, especially saturated fat, and various types of cancer such as breast, colon, rectal, prostate, and lung. The relationship between saturated fat intake and both prostate and breast cancer is especially strong. And, there is a strong association between countries with regard to breast cancer mortality in females and colon cancer in males (Prev. Med., 20: 226, 1991; Prev. Med., 22: 187, 1993; Acta Cardiol., 44: 389, 1989).

Dr. Kesteloot emphasizes possible prevention of cardiovascular diseases and cancer by nutrition intervention (Circulation, 65: 795, 1982; Eur. Heart J., 13: 120, 1992). The results in Belgium are encouraging. Life expectancy at age 1 increased 4.0 years in Belgium (1967–1989) and 2.9 years in the Netherlands, but only 1.5 years in Denmark and 1.6 years in the former German Democratic Republic, and it decreased 1.7 years in Hungary (Acta Cardiol., 48: 421, 1993). Dr. Kesteloot suggests that nutrition is the most important determinant of life expectancy within and between populations.

Dr. Kesteloot has also studied the relationship between cancer mortality and age, which is best described by an equation between log cancer mortality and a second degree polynomial of age. The level of fat intake is a determinant of the slope between cancer mortality and age. The Department of Epidemiology at the University of Leuven possesses an extensive library of both nutritional and mortality data.

Dr. Joossens earned an M.D. at Leuven in 1939 and a D.Sc. in Public Health in 1942. He served at the St. Lucas Hospital in Antwerp before becoming an Associate Professor, and then Professor at Leuven, where he established a program on cardiology and cancer research. From 1965 to 1984, he was Head of the Department of Epidemiology, School of Public Health, University of Leuven, and he continues there as Professor Emeritus today. He has published over 300 papers, books, and chapters. He has received a number of honors and awards, including the Assubel Prize for Excellence in Preventive Medicine and the Böhringer Pharma Award for Contributions in Cardiovascular Research. He was President of the Belgian Cardiology Society and of the Royal Academy of Medicine, and he served on the Nutrition and Cancer Commission of the International Union of Nutritional Sciences.

Dr. Kesteloot earned an M.D. in 1952 and a Ph.D. in 1963 at the Medical School of the University of Leuven. He was in the medical service of the Belgian Army, last as Commander of the Military Hospital in Brussels until 1984. He was on the Faculty of Cardiology at Leuven and led international research on nutrition, cardiology, and cancer in Belgium, Korea, China, the Philippines, Tibet, Nigeria, and Cameroon, with emphasis on cation and fat intake, blood pressure, serum lipids, cancer, and general health. In 1984, Dr. Kesteloot succeeded Dr. Joossens as Head of the Department of Epidemiology at Leuven. Dr. Kesteloot has published over 300 papers and book chapters. He was President of the Belgian Society of Cardiology and of the International Society of Non-invasive Cardiology, and he is a member of the Belgian Royal Academy of Medicine. He served on the Council of Epidemiology of the International Society and Federation of Cardiology.

We are grateful to the featured individuals for the information and photographs for this cover.

John H. Weisburger