

FIFTY YEARS WITH ONCOLOGY

My medical studies began in Uppsala in 1938 and my clinical oncology training at Radiumhemmet in Stockholm in 1945, just after the end of the Second World War. When I was a medical student, gastric cancer was regarded as the most common cancer in Sweden (to judge from hospital statistics; there existed at that time no cancer incidence or tumour-specific cause of death registers) while lung cancer was still a fairly rare disease. The cancer pattern was accepted more or less as a law of nature and nobody could foresee the dramatic increase of lung cancer and the quite as drastic decrease of gastric cancer that were to occur in the decades to come. Another 'truth' was that chemotherapy against cancer would never be possible; the cancer cells were too similar to the normal cells for a differential effect of chemical drugs to be expected.

Oncologists of my generation have witnessed a remarkable development. Many cytotoxic drugs with different mechanisms have made it possible to effectively influence disseminated cancer, and some types can even be cured. A variety of endocrine manipulations can now be used for treatment of hormone-dependent cancers. The surgical technique, including post- and preoperative care, has developed considerably, allowing for more radical surgery but also, in recent decades, a trend towards less mutilating, tissue-preserving operations. Physical and technical development in radiotherapy has made it possible to irradiate malignant tumours with a minimum of damage to surrounding normal tissues, and radiobiological studies have shown that considerable gain can still be obtained by modifying the fractionation.

Very impressive progress has been made within cancer diagnostics, such as histopathology and radiology. By a panel of immunological and other markers the tumour type can now be more exactly defined. Exfoliative and aspiration cytology have become indispensable. New radiological methods, such as CT, MRI, and radionuclide scanning, all contribute to more precise diagnostics of malignant tumours. Two screening methods for early detection of cancer and precancer, vaginal cytology and mammography, are routine in many countries and have essentially reduced the mortality of cervical cancer and breast cancer within the screened populations.

In cancer epidemiology, descriptive and analytical, there has also been great progress, which has promoted detection and analysis of many risk factors for cancer. Cancer incidence and cause of death registers and many other databases have, in combination with modern data processing techniques, provided opportunities that could not be dreamt of 50 years ago. Experimental epidemiological methods, such as randomized therapeutic, adjuvant and prophylactic trials, have also become indispensable, and the understanding that randomized multicenter trials are often needed for evaluation of interventions against cancer is probably one of the greatest advances within clinical cancer research.

Most impressive of all is the progress within basic cancer research. The detection of oncogenes, suppressor genes, growth factors, cytokines, etc., has greatly increased our understanding of cancer, how it arises and develops. These discoveries also give considerable hope for future progress within cancer therapy.

Cancer is a disease with especially pronounced psychological impact on the patients and their relatives. The increasing activity in behavioural and care research is therefore very satisfactory. This type of research has its special methodological and ethical problems. It often is—and should be—more art than science which certainly does not make it less important.

To be chief editor of a scientific oncologic journal during a time of rapid progress is both fascinating and frustrating; fascinating due to all the new knowledge that is gained, frustrating because of your insufficiency when evaluating the manuscripts. Luckily, the production of a scientific journal is a pronounced team work. I feel a deep gratitude to Jens Overgaard, Lyly Teppo, Stener Kvinnsland and Hans Svensson, who have organized a large part of the peer reviewing and also given their own summarizing evaluations. Jerzy Einhorn has given me indispensable moral support, and thanks to his connections and efforts, *Acta Oncologica* became publishing organ for ECCO-4 in Madrid in 1987 and 18 ICC in Stockholm in 1993. The Managing Editor, Barbro Irestig, at Scandinavian University Press has been my daily collaborator and her energy, competence and loyalty have been requisites for the pro-

duction of the journal. The associate editors and the many external reviewers have given inestimable help by evaluating the manuscripts. Torsten Landberg has independently and efficiently edited 'Book Reviews' and 'Meeting Calendar'. I am also very grateful to all the colleagues who have arranged Scandinavian and international symposia and chosen Acta Oncologica as publishing organ and, moreover, assisted in editing and peer reviewing of these special issues. The Foundation Acta Oncologica, which owns the journal and administers its scientific editing, Scandinavian University Press which is responsible for its technical production and distribution, and Datapage International Ltd. in Dublin which does the setting have been backbones for the production of the journal. However, most of all I

would like to thank all the authors who have sent their manuscripts to Acta Oncologica. They—of course—are the real producers of the journal!

In connection with my retirement from Acta Oncologica I have been much more honoured than I deserve. To all those who arranged and produced a scientific 'farewell symposium' in Umeå in June 1994 and a special dedication issue of Acta Oncologica (which to me came as a total surprise) I feel deep gratitude. I wish my successor as Editor-in-Chief, my old friend Jerzy Einhorn, and all his collaborators the best of luck. For Acta Oncologica most of the progress is still to come!

Lars-Gunnar Larsson