

## Book Reviews

**Editor:** Dr. Torsten Landberg, Department of Oncology,  
University Hospital, S-205 02 Malmö, Sweden

### Cancer Risk by Social Class and Occupation

E. Pukkala, ed.

Karger, 1995, 278 pages, 45 figures, 104 tables

ISBN: 3-8055-6152-0

DEM 144.–. Hardcover

This book reports a linkage study of cancer incidence over a 15-year period, 1971–1985, in the 1970-census population in Finland. Linkage studies of this type represent a field of research where the Nordic countries have especially good possibilities, and the Finnish study follows similar reportings from Sweden and Denmark.

The aims of the Finnish study were to describe the social class and occupation variation in cancer incidence, to discuss risk factors associated with social class, and to demonstrate the residual occupational variation after adjustment for social class and search for clues for occupation-specific factors.

The 1970-census population was divided into four social classes and around 300 professions. Age-adjusted incidence rates are presented in the book for each cancer site and social class. In addition standardized incidence ratios (SIRs) are presented in an annex for all occupations. Particular high or low SIRs are presented in the text together with SIRs with 'known or suspected occupational etiology'.

The presentation with short chapters on each cancer site, supplemented with the comprehensive annex tables is good, and provides the reader with an easy overview.

The data on social classes show that the overall cancer incidence was 30% higher among men in the lowest social class than in the highest. Cancer of the lung, lip, oesophagus, stomach, larynx and nose contributed to this excess. The overall cancer incidence in women, however, was 20% higher in the highest social class than in the lowest. Cancer of breast, colon, corpus uteri, kidney and melanomas contributed to these figures.

An effort was made to estimate the proportion of cancers attributable to 'real occupational exposures'. Social class standardisation was used for this purpose. For each occupation and cancer site, the number of observed cases which exceeded the number based on rates for the social class was calculated, and these numbers were aggregated across occupations and cancer sites. This approach showed that some 5% of all cancers for people of working age in Finland in 1971–1985 were 'occupation-related'. The concept of 'occupation-related' tumours is restricted to variations beyond social class variations. This is a fairly conservative definition. People in the same social class may share strenuous working conditions such as dust, noise, monotony, etc. Furthermore, we probably need a broader concept of 'occupation-related' diseases today's information society. In my opinion late age of first birth, which is a factor of considerable importance for the breast cancer risk, is definitely an 'occupation-related' factor.

The study shows increased risks of diseases, such as larynx cancer in metal workers, pancreas cancer in hairdressers, and Hodgkin's disease in veterinary surgeons. Let us hope that some of these interesting findings will be followed up by more thorough reviews of the possible exposures and systematic literature

searches on previously reported findings, so that we can get the maximum benefit from this large data set.

ELISBETH LYNGE

Cancer Epidemiology Department  
Copenhagen, Denmark

### The Mesothelial Cell and Mesothelioma

M.-C. Jaurand & J. Bignon, eds.

Marcel Dekker Inc., New York, USA, 1994, 368 pp.

ISBN: 0-8247-9232-7

USD 145.00

Malignant mesothelioma is a rare tumour but its incidence is increasing and the trend is expected to continue for at least another few decades. It is thus an important condition to be familiar with.

This book is volume 78 in the series 'Lung Biology in Health and Disease'. It takes a multidisciplinary approach to the subject, starting with a historical background of mesothelioma by Christopher Wagner, who in 1960 was the one who first described the strong relationship between mesothelioma and exposure to asbestos in South African miners. On the whole, the contributors constitute a number of internationally well-known researchers, dealing with various aspects of the mesothelium. The book covers the background of mesothelioma, pathogenesis and association to asbestos as well as the diagnosis, including clinical aspects, immunocytochemistry and the important role of cytology. Experimental studies are well covered, including characterization of human mesothelial cell-lines and neoplastic transformation of mesothelial cells. The latest therapeutic approaches to mesothelioma, such as gene- and immunotherapy, are thoroughly discussed. The references are up to date and plentiful. The illustrations are all black and white and not so generous as you might expect in a modern publication. Electron microscopy is mentioned in the chapters of cytological mesothelioma diagnosis and of experimental and spontaneous mesothelioma but would have deserved a chapter of its own.

However, it must be stressed that these are only minor points of critique—the book can be recommended to every professional who gets in contact with the difficult subject of mesothelioma. Everything may not be of immediate practical importance to the oncologist but the publication gives a lot of valuable and interesting information. Reading it is well spent, even enjoyable, time.

ANNIKA DEJMEK

Malmö University Hospital  
Malmö, Sweden

### Endocrine Treatment of Breast Cancer VI

A. Howell, ed.

European School of Oncology Monographs. Springer-Verlag, Berlin, Heidelberg, Germany. 1994, 99 pp.

ISBN: 3-540-57690-8

The European School of Oncology has set up several permanent study groups or task forces for the purpose of monitoring current developments in selected fields. One of these task forces is devoted to breast cancer, and the proceedings are published by the ESO in

the form of monographs intended to promote the rapid dissemination of recent findings. The breast cancer task force has now released the sixth volume of 'Endocrine therapy of breast cancer' with Anthony Howell as the editor.

This volume contains 10 chapters, one on breast cancer genetics, two on cell cycle control and ageing of normal breast cancer cells, four on endocrine receptors and the development of resistance, and finally, three more clinically oriented chapters on immunotherapy, adjuvant chemoendocrine treatment, and quality of life issues.

The chapter by Bishop et al. on breast cancer genetics, although written before the cloning of the BRCA-1 gene, is a valuable summary up to 1993. Hormonal control of cell cycle progression is discussed in the context of oncogenes and cell surface receptors. Howell and colleagues have identified multiple changes in cell surface characteristics, such as reduced integrin expression, increase in EGFR and abnormal microvillae in non-malignant terminal duct unit cells in patients with breast cancer which reflect the widely distributed changes occurring outside the tumour. These changes are putative markers for use in identifying subgroups at risk of cancer development and in selecting cases for early intervention. The interactions between oestrogen and anti-oestrogens and their receptors and mechanisms of resistance are thoroughly discussed. The PG-receptor content of breast cancers has been shown to be a more sensitive marker for hormone responsiveness than the ER content. Anti-progestational agents may prove important and the preclinical and clinical experience of Klijn et al. suggests that these agents may become important clinical tools. The difficulties of devising effective immunotherapy for breast cancer are discussed by Taylor-Papadimitriou, who has used polymorphic epithelial mucin of breast cancer cells as targets for antibody-mediated therapy. The contribution by Kaufmann on adjuvant chemo-endocrine therapy is unfortunately very limited in scope, and does not address the possible adverse interactions between hormone and cytotoxic treatment recently demonstrated in premenopausal patients. The concluding chapter by Alan Coates emphasizes the importance of quality of life not only as an extremely important consideration in devising new treatment strategies but also as an independent prognostic factor vis-à-vis treatment outcome.

The inevitable drawback with a series such as 'Endocrine treatment of breast cancer' is that, as every contribution is self-contained and no summary provided, a certain amount of knowledge in the field of breast cancer is required from the reader. For such readers volume No. VI is to be recommended and volume VII eagerly awaited.

PER MALMSTRÖM  
Lund University Hospital  
Lund, Sweden

## Tumours in Urology

D.E. Neal, ed.

Springer-Verlag, Berlin-Heidelberg-New York-London-Paris-Tokyo-Hong Kong-Barcelona-Budapest, 1994, 298 pp. 39 figures.

ISBN: 3-540-19867-9

DEM 168.- Hardcover

The publication 'Tumours in Urology' comprises an excellent overview of the three most common malignant urological diseases, i.e. prostate cancer, urothelial cancer and renal cell carcinoma. Furthermore, one of the 16 chapters is devoted to lymphadenectomy in the management of testis cancer. Each chapter has been written by experts in their specific field to bring the most authoritative information available at the present time. In the introductions to the overviews, the experts raise important and often controversial questions to be highlighted in their presentations. The reader is presented with well-qualified reviews of more or less controversial questions posed by clinicians. The reader also obtains an updating of areas, such as epidemiology and recent advances in molecular biology. The role of immunotherapy in bladder and renal cell cancer is extensively surveyed. The introduction to the section of prostate cancer is entitled 'more questions than answers?', reflecting the uncertainty as regards the causes and natural history of the disease and also the debate on how to choose among a wide spectrum of treatment modalities.

In summary, this clearly written publication, dealing with clinically relevant problems, is warmly recommended to any reader wishing an updating in some of the most important areas of urological oncology.

SVERKER HELLSTEN  
Malmö University Hospital  
Malmö, Sweden