

Editorial

To eat or not to eat: The NICE way

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Seventh international symposium on preventive oncology and intervention strategies brought several scientists and physicians together in a French city, Nice from 7–10th February 2004.

The conference covered several contemporary topics like apoptosis, angiogenesis and several interesting and insightful talks were presented by the delegates. The keynote addresses 'Cancer predisposition', on the opening day by Dr. HT Lynch, the father of lynch syndrome, a hereditary non polyposis colorectal cancer (HNPCC) is a highlight of the symposium. There were several talks on dietary influences, screening and detection, prevention and intervention, genetic and environmental interactions and susceptibility genes among many other topics.

As much as it shed spikes of useful information in the field of preventive oncology, the meeting brought the delegates to the 'crossroads' of cancer epidemiology. A thought provoking and very interesting closing address 'Cancer Epidemiology at a Crossroads' by Dr. Eduardo Franco seems to have summarized and reflected some of the private feelings and thoughts of the practicing scientists and physicians as to what is the right answer for questions like 'what is the probability of getting cancer for an individual? Does aspirin cure and prevent colds and cancers alike? Should we eat more vegetables or beware of trace amounts of pesticides reported to be present in some of them? Are tobacco and alcohol the sole responsible factors for lung and upper aero-digestive tract cancers? It all seems to be in the 'P' value we all dearly believe in, to represent 'probability' and 'prevention'. Dr. Eduardo Franco rightly suggested, clinical epidemiology is still an evolving discipline and the best of it is yet come.

A rather interesting set of presentations on the polymorphisms of DNA repair and tumor suppressor genes seems to make his point more eloquent. Polymorphisms in codon 72 of the p53 gene seem to be a novel 'hot-spot' for the 'ever hot' tumor suppressor. While correlation or lack of it with likelihood of cancer predisposition in individuals harboring the polymorphic codon is certainly receiving attention of researchers, culpability of that lone codon in human cancers is yet to be demonstrated. Is it really relevant to cancer predisposition in humans? It may be a question of a million dollar grant proposal. May be a couple.

An interesting introduction by Dr. Horton in his talk on 'HER-2/neu expression and prognosis in breast cancer' is worth noting. While he was making a case for efficacy of certain chemotherapeutic drugs in breast cancer patients, he enumerated the limitations of commonly used Immuno Histochemistry technique. He pointed out several important aspects of the technique that could lead to subjective evaluation of the expression levels of the protein leading to ambiguous conclusions. Interestingly, during my visit to posters, a researcher sadly noted that in his hands, only 28% of patients show mutations or/and over expression of p53 in cancers he is investigating while his competitors reported 83% of such cases. HPV and cervical cancers seems to be another topic of less concordant and more diffuse results.

What is the source of these variations? Demographic differences among samples, sample handling, variations in the technique used and the technician who performed the technique, experimental bias and inappropriate design of experiment or a combination of any of these? It is interesting to note that there is no uniformity in the experimental

procedures and standardized and certified laboratory practices in biomedical research laboratories. There are no regulatory bodies to oversee compliance to best laboratory practices. We often hear the expression like 'in our hands, we observe'. I wonder if it is prudent to design, evolve and follow standardized laboratory techniques and practices. It might save a lot of time and resources and accelerate the process of biomedical research. It may result in conclusions that are meaningful and useful. More importantly, it may enhance the credibility of biomedical research among the general public.

On a lighter note, the welcome reception made me believe that a limited serving of fruits, peanuts, chips, cheese and wine is the right recipe for a healthy diet. But the reception on the concluding day seems to suggest that a handful of peanuts and a glass of red wine may be a sufficient source of antioxidants and polyunsaturated fatty acids in healthy diet.

There were several presentations that showed promising data on the use of soy and tomato among other health promoting foods in preventing carcinogenesis and cancer. Yet, there seems to be no NICE way to eat healthy.

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