

## OPENING REMARKS

**DR. MOACYR SANTOS - SILVA**

Director, Serviço Nacional de Câncer  
1953-1957

Rio de Janeiro, Brasil



Mr. Chairman, participants of this Symposium, my colleagues of the "Instituto de Câncer", guest physicians :

It is an honor for me to extend a welcome to Brazil to the distinguished participants of this symposium. I shall not try to enumerate the merits and achievements of each in the field of oncology because their names are well known. As men devoted to progress of medicine and interested in the welfare of mankind none of them hesitated to commit themselves to come such a long way to discuss the changing concepts and the new approach of the management of the patient with Hodgkin's disease.

As a matter of fact, for the last few years, as new data was accrued, the possibility of cure for patients with Hodgkin's disease was predicted and became a central point of interest for the medical oncologist and the radiotherapist. Strong evidence supports the concept that Hodgkin's disease may start in a single tissue area and may follow a predictable and orderly progression, thus justifying a radical approach to radiation therapy using extended fields for the treatment of the adjacent areas as will be discussed by Dr. Kaplan and Dr. Peters. As it was once

stated, "ideas and concepts can be grasped quite quickly, but often one requires further information on the underlying technics". In our particular case, and considering that this meeting is not a formal one, we would like to have Dr. Kaplan and Dr. Peters discuss the technical details of their approach to radical radiation therapy.

The routine application of lymphadenography in the preliminary clinical evaluation of the patient with Hodgkin's disease suggests the possibility that, "ab initio", this disease, in some instances may have a multicentric origin. Dr. Ultmann will review the natural history and Dr. Robert Lukes in discussing his useful pathological classification of Hodgkin's disease will certainly clarify this point. The differences in histologic pattern presented by this disease are baffling and often times makes one wonder if all its variants represent true neoplastic disease. We may also add that the microscopic diagnosis of Hodgkin's disease is not always clear-cut even for the experienced pathologists. We want to have Professor Lukes settle the criteria that govern the establishment of the pathological diagnosis of Hodgkin's disease in the absence of typi-

cal Reed-Sternberg cells if this is at all possible.

The study of the immunologic defects presented by these patients and the fluctuation of the anergic status in the course of the disease may lead to very important developments in understanding the pathophysiology, and, possibly, the etiology of the disease. Dr. Aisenberg will refer to its present day importance and future implications.

The etiology of Hodgkin's disease remains obscure at the present time. Dr. Burchenal during his appraisal of Burkitt's tumor will have the opportunity to develop this topic, since the study of the African lymphoma may add a great deal to the understanding of Hodgkin's disease and the other lymphomas and leukemias, as well. We are also eager to hear Dr. Lukes discuss Burkitt's tumor from the pathological point of view. Is Burkitt's tumor an autonomous pathological entity or does it represent a clinical variant of lymphosarcoma when it occurs in children?

Dr. Karnofsky will examine an extremely important and controversial aspect of medical oncology. What is the role of chemotherapy in the treatment of the Hodgkin's disease patient? Is it at all permissible to use any of the available drugs in treating stage I and II Hodgkin's disease in place of radiation therapy? Must chemotherapy be the sole treatment for stages III and IV Hodgkin's disease? Should chemotherapy be decentralized and practiced by any physician?

We will have a very challenging program this week. All these questions and the many

others that will be asked by the audience will, I hope, stimulate much discussion. For the formal presentations and answers to the many questions, we would like to express our indebtedness to our very distinguished guests who have honored us by accepting our invitation.

In closing, I want to acknowledge the financial support that the Brazilian Minister of Health — Dr. Raymundo de Britto — gave to the Cancer Institute to develop this program. His breadth and comprehension made possible not only this symposium but also this new phase of the Rio de Janeiro Cancer Institute. In a few more days this new 8,000 square meter building will be fully in operation. It is indeed a very beautiful and comfortable building. But our main concern is not esthetic. The opening of this auditorium with this meeting denotes that this hospital will not be known only by its setting of bricks and mortar. An everlasting echoing of this week's activities will remain inside its walls as a propelling impetus and inspiration to scientific work and as a stimulus toward attaining new goals in the fight against cancer in Brasil.

Again, the warmest welcome to our guests who came from abroad and to all of you.

To Professor Francisco Fialho, the director of the Cancer Institute, I want to express my profound gratitude. His continuing help and enthusiasm made possible the development of this hospital and the promise we can make to our young colleagues: the Cancer Institute will always be pioneering Brazilian oncology.