bimations in the treatment of oral premalignancy, and we welcome the opportunity of contributing knowledge, along with that of Dr. Garewal and Dr. Meyskens, to the area of natural agents for the chemoprevention of cancer.

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References


Rejoinder

Apparantly, we and many of our acquaintances in the academic world had been unclear about the main point of the December 5, 1990, letter to the Journal by Harinder Garewal and Dr. Frank Meyskens. We are happy that they have now stated clearly that the main point of their letter concerned the premature dissemination of study results. We understand that they referred to the original News item in the Journal, not to our report to the American Society of Clinical Oncology Science Writers' Seminar or to our slide presentation at the meeting of the American Society of Clinical Oncology, both of which were subjected to peer review.

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Colorectal Cancer Screening

In their otherwise excellent review of colorectal cancer screening, Winawer et al. (1) present in Table 3, for the first time in print, I believe, some of the mortality data from the Memorial Sloan-Kettering Cancer Center-Preventive Medicine Institute-Strang Clinic trial. The data presented are for the patients who had not been examined previously at the clinic. However, as reported previously by Flehinger et al. (2) [reference (17) of Winawer et al.], there were in addition to the original total of 21,756 people admitted to this trial, 7168 patients assigned to the study group and 2109 patients assigned to the control group who had previously attended the Preventive Medicine Institute-Strang Clinic at least once before the visit at which they were enrolled in the trial.

As reported in the discussion on screening for colorectal cancer in the book Screening for Gastrointestinal Cancer (3), "There was some discussion over the appropriateness of basing the analysis of the New York study on the initial screen group alone, rather than combining the initial and annual screen group, as this appeared to be a post-

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