Letter to the Editor

RENAL CARCINOMA AND COFFEE CONSUMPTION IN 16 COUNTRIES

Sir,—If mortality per 100,000 population from carcinoma of the kidney in 1964 (World Health Organization, 1970), after standardizing for age, is paired with the per capita consumption of coffee in the same year (United Nations, 1970) for each of the 16 countries for which both sets of data are available, the correlation coefficient is 0.79(P < 0.001). Using the altogether separate figures from 15 countries for 1965, it is 0.75 (P = just over 0.001). The data, together with standardized mortality indices based on age-specific rates obtained by applying U.S. deaths from carcinoma of the kidney in 1965 to the 1969 U.S. population, are shown in the Table on p. 474, and the Figure shows the correlation graphically for 1964.

Comparisons between individual countries do not, in many cases, fit in with the overall pattern; for instance, although five to six times as much coffee was consumed in the U.S.A. as in Britain, the mortality experience in the former country was only marginally higher. To some extent, this may be attributed to errors inherent in the collection of the data. The chief factor, however, is that the causes of cancer are multiple, and the suggestion arising here is that coffee consumption, acting together with other environmental influences and with host elements, may play a part in the aetiology of renal carcinoma. If so, it is possible that other diuretic agents, including drugs, may have a role.

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WORLD HEALTH ORGANIZATION (1970) Mortality. from Malignant Neoplasms, 1955-65. Geneva: World Health Organization.

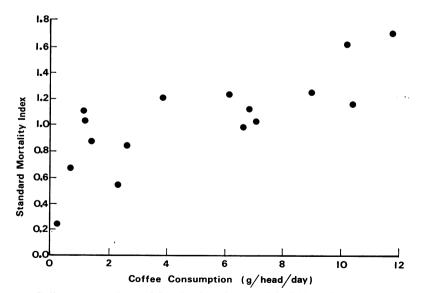


FIGURE-Coffee consumption and S.M.I. of carcinoma of the kidney for 16 countries, 1964.

Coffee consumption g/head/day			Crude rate per 100000 population		S.M.I.	
1964	1965	Country	1964	1965	1964	1965
$6 \cdot 7$	$7 \cdot 1$	Belgium	$3 \cdot 5$	$3 \cdot 8$	$1 \cdot 00$	$1 \cdot 08$
10.3	$10 \cdot 3$	Denmark	$5 \cdot 3$	$6 \cdot 3$	$1 \cdot 63$	$1 \cdot 95$
10.4	$8 \cdot 8$	Finland	$3 \cdot 1$	$2 \cdot 5$	$1 \cdot 17$	0.96
$2 \cdot 3$	$2 \cdot 3$	Italy	$1 \cdot 6$	1.7	0.55	0.59
$6 \cdot 8$	$6 \cdot 7$	Netherlands	$3 \cdot 2$	$3 \cdot 6$	$1 \cdot 13$	$1 \cdot 25$
$9 \cdot 0$	$7 \cdot 8$	Norway	$4 \cdot 3$	$3 \cdot 8$	$1 \cdot 26$	1.11
$11 \cdot 9$	$11 \cdot 9$	Sweden	$6 \cdot 1$	$6 \cdot 4$	$1 \cdot 71$	1.77
$6 \cdot 1$	$7 \cdot 5$	Switzerland	$3 \cdot 9$	$3 \cdot 9$	$1 \cdot 25$	$1 \cdot 24$
$1 \cdot 2$	$1 \cdot 3$	Australia	$2 \cdot 7$	$2 \cdot 5$	$1 \cdot 04$	0.95
$1 \cdot 1$	$1 \cdot 3$	New Zealand	$2 \cdot 8$	$2 \cdot 8$	1.11	$1 \cdot 12$
$3 \cdot 9$	$3 \cdot 9$	Canada	$2 \cdot 9$	$2 \cdot 9$	$1 \cdot 20$	$1 \cdot 21$
$0 \cdot 7$	$1 \cdot 0$	Chile	1 · 1		0.66	
$7 \cdot 1$	$6 \cdot 6$	U.S.A.	$2 \cdot 9$	$2 \cdot 9$	$1 \cdot 04$	$1 \cdot 04$
$2 \cdot 6$	$1 \cdot 9$	Israel	$2 \cdot 2$	$2 \cdot 6$	0.86	$1 \cdot 06$
$0\cdot 2$	$0\cdot 2$	Japan	$0 \cdot 5$	$0 \cdot 6$	0.24	0.25
$1 \cdot 4$	$1 \cdot 1$	U.K.	$3 \cdot 0$	$3 \cdot 0$	0.87	0.87

TABLE

Mortality from renal carcinoma

Meeting Announcement

ELEVENTH INTERNATIONAL CANCER CONGRESS

Florence, 20–26 October, 1974

The XI International Cancer Congress will be held in the Tuscany-Umbria area and will be centred chiefly in Florence. Historical and cultural reasons explain this choice, for Florence and most of the neighbouring cities have been Universities seats of and Academies over the centuries. Furthermore, this region is peculiarly suitable for a multicentred congress because the cities where the scientific sessions will take place can easily be reached from the 2 residential centres of the Congress, Florence and Montecatini.

The International Cancer Congresses are multipurpose events and must provide for people of varying interests and background.

The design of the XI International Cancer Congress was patterned on the preceding one successfully held in Houston, Texas, in 1970. The Opening Ceremony will take place in Florence on 20 October. During the first 2 days, 10 Conferences will be held in 6 different towns. Participants are required to make a choice as to the Conference they wish to attend because it is the deliberate intent of the Union to prevent participants from moving from one Conference to another.

The following 3 days will be devoted to Symposia and Proffered Papers. All sessions will be held in Florence itself thus affording many opportunities for participants to meet.

The Memorial Lecture and the closing ceremony will take place on Friday, 25 October, in the afternoon. Advanced Courses on Clinical Oncology will be given in Florence on Saturday, 26 October.

For further information write to: General Secretariat, XI International Cancer Congress, Via G. Venezian, 1, 20133 Milan. Cable address: Flogress-Milan, Tel. 2364453.