binations 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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Response

Dr. Scott M. Lippman and Dr. Waun Ki Hong are understandably upset by our comments regarding widespread press coverage of their as yet non-peer reviewed, unpublished study. Much has been said about the implications of this practice by leading academicians and editors of prominent medical journals. We appreciate the considerable effort in their current response to state that their goal was not to discredit beta-carotene, and comments to this effect are contained in the Journal News item "Beta-Carotene Didn't Prevent Cancer: What's Up Doc?" However, this was clearly not the impact of the press coverage. Although accrual to beta-carotene trials may not have dropped, as stated by Smigel and Van Nevel (*1*) in their response to our letter, we can vouch for the problems created for ongoing and planned studies in the context of the extra effort required by involved investigators to keep participants interested in continuing after they brought in copies of news stories from the national and local press.

In the absence of a hard copy of a peer-reviewed publication, critically analyzing the study in question remains problematic, since we are faced with a moving target consisting of the latest interpretation of an ongoing trial. Testing these agents and concepts is an exciting avenue of clinical investigation with several active or planned local, national, and international studies. We concur with Dr. Lippman and Dr. Hong that no "scientific study attempting to advance knowledge of uncharted areas is problem free." But this emphasis misses the main point of our original letter which is that premature and, therefore necessarily incomplete, dissemination of the results of an ongoing trial must be thoroughly discouraged. Our critique of their study and their response only serve to highlight the problems created by this practice. We invite Dr. Lippman and Dr. Hong to join us, along with most academicians and editors of prominent medical journals, in condemning premature release of information. Their valuable contributions to the field of head and neck cancer management are well known, and such a gesture will only enhance, not detract from, their reputations.

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Rejoinder

Apparently, 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 Dr. 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 Cancer Society 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.

SCOTT M. LIPPMAN
WAUN KI HONG

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-