myelodysplasia. The prognosis of secondary solid tumors seems to be better than that of secondary leukemias, which often carry unfavourable cytogenetic characteristics.

In summary, secondary sarcomas and secondary malignancies after sarcoma constitute a relevant threat, but neither are universally fatal. Therapy related induction as well as individual predisposition contribute to the development of multiple cancers in sarcoma patients.

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Overview of secondary cancer after childhood malignancies: Quality of data and general results

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Childhood cancer is rare affecting one in 500 live-born children before the age of 15. This implies that national or international populations in the order of 20 million inhabitants are required to reliably estimate the type-specific incidences of cancer in childhood and the relative risks of second malignant neoplasms among survivors in particular. Such large studies, which have been reported from the Nordic countries, the UK, the US and Japan, are reviewed and the general results and tendencies are presented. In particular, the most important similarities and differences are discussed. The relative risk of several types of second malignant neoplasms is markedly increased, however, in general with higher estimates found in hospital-based than in population-based studies. Methodological limitations in the hospital-based studies are though to be the main reason, although differences in treatment intensities of childhood cancer (e.g. between the US and Europe) also may play a role. Based on the population-based studies in particular the absolute excess risk of cancer in adulthood among childhood cancer survivors will be given. Special attention is devoted to a description of the risk of breast cancer among patients treated for Hodgkin's disease.

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Secondary leukemias and Lymphomas: what is the interest of individual dosimetry?

Abstract not received.