



Jeep's Compass (foreground) and Patriot concept models, unveiled yesterday, offer a choice between the sleek and the rugged.

An Old SUV Maker Tries Some New Tricks

To Win Back Drivers, Jeep Unveils Sleeker Models; Some Fuel-Efficient Options

By NEAL E. BOUDETTE

JEEP, THE MAKER of the first must-have sports-utility vehicle, largely missed the SUV sales boom of the past decade. Now the brand that invented the category is trying to retool itself in a bid to reconnect with drivers.

In recent years, Jeep's traditional boxy, rugged look has turned off many SUV buyers: younger, wealthier urbanites and soccer moms. Jeep didn't help matters by sticking to a product line of just three models while Toyota Motor Corp., Honda Motor Co. and others came out with SUVs in new shapes and sizes that offered a "softer," more car-

more vertical windshield and square back reminiscent of Jeeps of the past, like the old Grand Wagoneer. The Jeep Compass, which also seats five and will be made of many of the same parts as the Patriot, is sleeker and looks more like a car than an off-road vehicle. It sits lower to the ground and has a "faster," or more slanted, windshield. Both retain signature Jeep touches, such as a grille with seven vertical slots and round headlights.

Jeep's U.S. sales declined 23% from 1999 to 2004, while sales of SUVs as a category climbed 47%. Underlying the poor results has been a demographic shift. Ten years ago, most SUV buyers were between 35 and 50 years old. Now a new crop of buyers under 35 is driving sales. They tend to gravitate toward smaller, less truck-like vehicles like the Toyota RAV4 and Honda CR-V—models that have cut into Jeep's sales.

The Patriot and Compass will put Jeep in the
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Probing Surgery's Link To Cancer Recurrence

Some Researchers Say Removing a Tumor Can Trigger a Process That Leads to New Growth

By AMY DOCKSER MARCUS

DOCTORS have long noted that the rate of recurrence for women with breast cancer is highest during the first two years after surgery to remove the tumor. Now a group of researchers say they have found a reason why: the surgery itself.

In a paper published today by the quarterly International Journal of Surgery on its Web site, the researchers argue that taking out the tumor triggers the release of certain substances in the body, perhaps as part of the wound-healing process or in response to the absence of the tumor. They believe that these substances, in turn, enable cancer cells that had been lying dormant in other parts of the body to undergo angiogenesis—the process by which the body forms new blood vessels—which also feeds the tumors' growth. This can cause the women to relapse early, the researchers concluded.

The researchers' findings are based on their study of a database of 1,173 breast-cancer patients treated in Italy. They didn't conduct examinations or blood tests on the subjects. Rather they offer the theory of "surgery-induced angiogenesis" as the best explanation for a statistical cluster of recurrences in the group. They say the cases recurred too early to be explained by another mechanism, so the researchers concluded they were related to the women's surgeries.

Recurrence

In a database of 1,173 breast-cancer patients treated with surgery from 1964-1980:

- In total, 520 relapsed.
- Women of all ages whose cancer had spread to the lymph nodes were at higher risk of early relapse.
- In premenopausal women whose cancer had spread to lymph nodes, 20% relapsed within 10 months of surgery.
- This relapse rate was twice as high as that of women after menopause whose cancer had spread to the nodes.

There is support for this idea in animal and human studies that link surgery to remove tumors, including lung and colon cancer, with cancer recurrence. For instance, in a 2002 paper published in the journal *Lancet*, colon-cancer patients who had traditional surgery had a significantly higher rate of relapse than patients who had a minimally invasive laparoscopic procedure.

And the study's lead author, Michael Retsky, a lecturer in surgery at Children's Hospital Boston and Harvard Medical School, says the theory of surgery-induced angiogenesis may have implications for treatment of a variety of cancers. Cancer drugs that try to stop tumors from being able to form new blood vessels, such as Avastin, are being increasingly used as part of therapy. And other "anti-

angiogenic" agents are being studied in animals and humans, focusing new attention on how to best use these drugs to improve survival.

The paper's authors don't advocate that women with breast cancer forgo surgery. Most women with breast cancer have surgery—either mastectomy or lumpectomy—to remove the tumor, and this has long been part of the standard treatment.

"Surgical therapy cures a large majority of women with early-stage breast cancers and I don't want patients to run away from the operating room," says Susan E. Clare, a breast-cancer surgeon at Indiana University School of Medicine in Indianapolis.

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