Letter to the Editor

Axillary IgM (+) Lymphocytes in Breast Cancer

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WE HAVE studied the subpopulations of immunoglobin (IgG, IgM) positive cells in axillary lymph nodes in patients with early breast cancer [1]. Among patients who had infiltrating ductal carcinoma (IDC), those whose cancer had spread to the nodes (stage 2) had a significantly higher IgM positive lym-

phocyte population in homolateral axillary nodes, whether these particular nodes contained metastases or not [2]. We have followed the 66 patients studied for 12–40 months. Among all, those with recurrence or those who died with breast cancer, there were significant correlations of percentage of IgM positive cells in axilla lymph nodes with prognosis:

Table 1

Group	Pt. No.	%IgM(+) vs F.I.*	%IgM(+) vs Surv.*
All IDC	66	$r = -0.36$ $P = 0.04$	$r = -0.27$ $P = 0.02$
With recurrence	24	$r = -0.39$ $P = 0.04$	$r = -0.39$ $P = 0.03$
Pt. died	21	NS	$r = -0.44$ $P = 0.04$

*F.I. = free interval, Surv. = survival (both in months).
r = Pearson correlation coefficient.
P = statistical significance of correlation (NS = not significant $P \geq 0.05$).

This data suggests that patients with higher percentage of IgM(+) cells in homolateral axillary nodes had shorter free interval and survival times than patients with less IgM(+) cells.

REFERENCES

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2. Y.-T. N. LEE and A. RICHTERS, Axillary lymph nodes and serum immunoglobulins in breast cancer. *J. Amer. Wom. med. Ass.* **32,** 455 (1977).