Table 1. Transformation of tritiated DHEA by MCF-7 subcellular fraction

Steroids	Elution volume in HPLC (ml)	Percentage of DHEA products						
		H	Cl	Sl	C15	S15	C100	S100
Oestrone	16–19	0.8	1.5	0.30	2.3	0.7	1.04	—
Androstenedione	20–23	0.5	5.9	24.58	1.1	1.4	1.2	—
DHEA	24–26	96.4	90.1	72.97	94.06	96.4	94.46	98.1
Oestradiol	38–40	0.4	0.6	1.35	0.43	0.6	0.95	—
Testosterone	54–57	—	0.4	—	0.11	—	0.9	—
Androstenediol	60–63	0.3	—	0.70	0.3	0.4	—	—

Organic phase analysis: H = homogenate; Cl and Sl = 1000 *g*, C15 and S15 = 15 000 *g*, and C100 and S100 = 100 000 *g* pellet and supernatant, respectively.

Aromatisation of DHEA has been obtained only by its incubation with mammary tumours [1] and not with human breast cancer cell lines [2–6]. Only MacIndoe has reported oestradiol formation from testosterone by continuously cultured MCF-7 cells [7] and Perel *et al.* [8, 9] have described the aromatisation of androstenedione by MCF-7, MD and DM cell lines. Oestradiol formation from DHEA described in this paper was rendered detectable by incubating DHEA with extracts from a large number of MCF-7 cells. The ability of breast carcinoma cells to form oestrogens from DHEA suggests that DHEA may be important in both the physiology and pathology of breast development.

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Ifosfamide and Mesna with Doxorubicin have Activity in Malignant Mesothelioma

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J. Carmichael *et al.* [1] document response in only 2 of 17 patients with malignant mesothelioma treated with ifosfamide and mesna plus doxorubicin and conclude that the results were disappointing. In an ongoing trial of this combination in Pretoria, 3 of the first 10 patients studied have shown an objective response. Our trial differs from that of Carmichael *et al.*, as none of our patients had previously received treatment. In addition, we use a higher dose of doxorubicin and a four day schedule: ifosfamide 1.2 g/m^2 on days 1–4 (with mesna as "uroprotector" at one-fifth of the ifosfamide dose, given at 0, 4 and 8 h) plus doxorubicin 30 mg/m^2 on days 1 and 2. Toxicity has been acceptable. We therefore feel the combination of ifosfamide and mesna plus doxorubicin still requires further investigation.

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Correction

Proto-oncogene expression in differentiating and non-differentiating chronic myelogenous leukaemia cells — In this article by Z. Wang and colleagues (Vol. 26, no. 6, p. 694), patients 2, 3 and 4 in Figs 4 and 5 should have been labelled 4, 5 and 6. In addition, the final sentence of the third paragraph of the Discussion should have read: "Given the substantial differences in level of morphological maturation noted when chronic and blastic cell cultures are compared, these data suggest that maturation at the molecular level can occur even when little or none is seen morphologically."