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The Close Follow-up of Immunosuppressed Renal Recipient Women through Colposcopy, Cervical Biopsy and FCM DNA Content Analysis

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IN 1971, Tallent *et al.* reported a first renal transplant patient who had developed primary cervix cancer during immunosuppressive treatment [1]. In this study we aimed to emphasise the imperative checks and postoperative controls and further to determine the significance of the DNA content changes in the cell suspensions taken from one yearly interval cervix biopsies, by flow cytometric (FCM) DNA measurement.

Between December 1988 and March 1989, 20 renal recipient female patients were subjected to routine gynaecological examination, cervico-vaginal smear, colposcopy and colposcopy directed biopsy. The same procedure was repeated after a year between February–March 1990. The biopsy samples were analysed at the Norwegian Radium Hospital Flow cytometry laboratory. We used the preparation method described by Hedley [2].

The ages of the patients were 28–52, with an average of 35.4 years. Renal transplantations were carried out between minimum 2 and maximum 37 months before the date of the first biopsy, with an average of 10.8 months. Only 14 patients presented for the second examination, with respective transplantation periods as above, of between 14 and 49 months, with an average of 21 months.

In the first biopsy, results showed 13 cases of chronic cervicitis, 4 cases of metaplasia and 2 cases of parakeratosis while only 1 patient exhibited mild dysplasia (CIN I). The second biopsy results of the above were as follows: 7 cases of chronic cervicitis, 3 cases of metaplasia and 4 cases of parakeratosis. The CIN I case of the first biopsy was now observed as regressive subepithelial cervicitis.

Preinvasive lesions can be diagnosed by FCM analysis of biopsy specimens [3, 4]. As the method is not suitable for screening, however we therefore used this technique for high-risk immunosuppressed renal recipient patients. The analysis results in the DNA content levels could not point to the potential significance of this technique in the early diagnosis of CIN. We

also could not find any progressive changes in histopathological classification in our study.

It is considered that, given the insufficiency of data presented in this preliminary report for statistical generalisation, further study of wider ranging and long-term followed-up cases will yield more significant results.

It should, however, be realised that histopathological classification is partly based on subjective criteria while flow cytometry is an objective method. Therefore we believe that the FCM technique study of the DNA content level changes in the high-risk renal recipient cervix biopsy materials is an important tool in long term follow-up premalign cervical lesions, in addition to the post-transplantation smear, virus, colposcopy and histopathological controls.

1. Tallent MB, Simmons RL, Najarian JS. Primary carcinoma of the cervix appearing in immunosuppressed renal transplant recipient. *AJOG* 1971, **107**, 663–664.
2. Hedley DW, Friedlander ML, Taylor IW, Rugg CA, Musgrove EA. Method for analysis of cellular DNA content of paraffin-embedded pathological material using flow cytometry. *J Histochem Cytochem* 1983, **31**, 1333–1335.
3. Jakobsen A, Baek Kristensen P, Kuist Poulsen H. Flow cytometric classification of biopsy specimens from cervical intraepithelial neoplasia 1. *Cytometry* 1983, **4**, 166–169.
4. Watts KC, Husain OAN, Campion MJ, *et al.* Quantitative DNA analysis of low grade cervical intraepithelial neoplasia and human papilloma virus infection by static and flow cytometry. *Br Med J* 1987, **295**, 1090–1092.

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Comparison of Ondansetron with Dexamethasone and Domperidone in the Prophylaxis of Non-cisplatin Chemotherapy Induced Emesis Refractory to Dexamethasone

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WE HAVE previously shown that both high dose dexamethasone and domperidone, which are widely used as anti-emetic prophylaxis for cytotoxic therapy, are effective in 60% and 40% of patients receiving non-cisplatin regimens, respectively, on their first course [1]. Ondansetron, a novel selective 5HT₃ antagonist,

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