Table 1. Characteristics of patients included in the rHuEPO study

	MM	CLL
Number of patients	8	3
Mean age (years)	60.7	70.3
Sex (M/F)	5/3	3/—
Clinical stage		
III	*A,7	†C,3
III	*B,1	
Chemotherapy	6	3
Alpha interferon	2	—
Hb (g/dl), mean ± S.D.		
pre-rHuEPO	7.4 ± 0.4	8.1 ± 0.6
post-rHuEPO	10.6 ± 1.7	9.7 ± 2.0
Transfusion requirement	—	‡5.1 (U/month)
Neoplastic bone marrow infiltration, mean ± SD	26.1 ± 19.5	90 ± 8.1

*Durie and Salomon staging. †Binet staging. ‡Only one CLL patient was transfusion dependent.

the view that the improvement of anaemia is not due to a reduction of the tumour mass. In contrast to the findings in patients with end stage renal disease, no adverse reactions attributed to rHuEPO were observed.

An important aspect of rHuEPO therapy is an assessment of cost effectiveness. The cost of rHuEPO treatment is about $100 per 100 U/kg per week and the cost of a unit of RBC is about $200. Therapy with rHuEPO might be considered cost effective when utilised at a dose of 200 U/kg/week by abolishing transfusion requirements of four units of blood per month (1 unit/week). In the present study the mean of rHuEPO dosage utilised per week was 214 ± 54 U/kg/week. In 4 patients rHuEPO therapy has been effective at a weekly dosage lower than 200 U/kg.

Results of the present study provide further evidence for effective use of rHuEPO in the treatment of anaemia of malignancy due to bone marrow infiltration. The use of rHuEPO may provide an alternative to transfusions in this patient population. Phase III clinical trials should assess the impact of rHuEPO therapy on the course of lymphoproliferative disorders.

1. Miller C, Jones R, Piantadosi S, *et al.* Decreased erythropoietin response in patients with the anemia of cancer. *N Engl J Med* 1990, **322**, 1689–1692.
2. Cazzola M, Ponchio L, Beguin Y, *et al.* Subcutaneous erythropoietin treatment of refractory anemia in hematologic disorders. Results of a phase I/II clinical trial. *Blood* 1992, **79**, 29–37.
3. Ludwig H, Fritz E, Kotzmann H, *et al.* Erythropoietin treatment of anemia associated with multiple myeloma. *N Engl J Med* 1990, **322**, 1693–1699.
4. Oster W, Herrmann F, Gamm H, *et al.* Erythropoietin for the treatment of anemia of malignancy associated with neoplastic bone marrow infiltration. *J Clin Oncol* 1990, **8**, 956–963.

Correction

Temozolomide: a New Oral Cytotoxic Chemotherapeutic Agent with Promising Activity Against Primary Brain Tumours, by S.M. O'Reilly *et al.*—Unfortunately, Fig. 1 of this paper was published in *The European Journal of Cancer* (Vol. 29A, No. 7, pp. 940–942) with part (b) missing. The correct version is reproduced below:

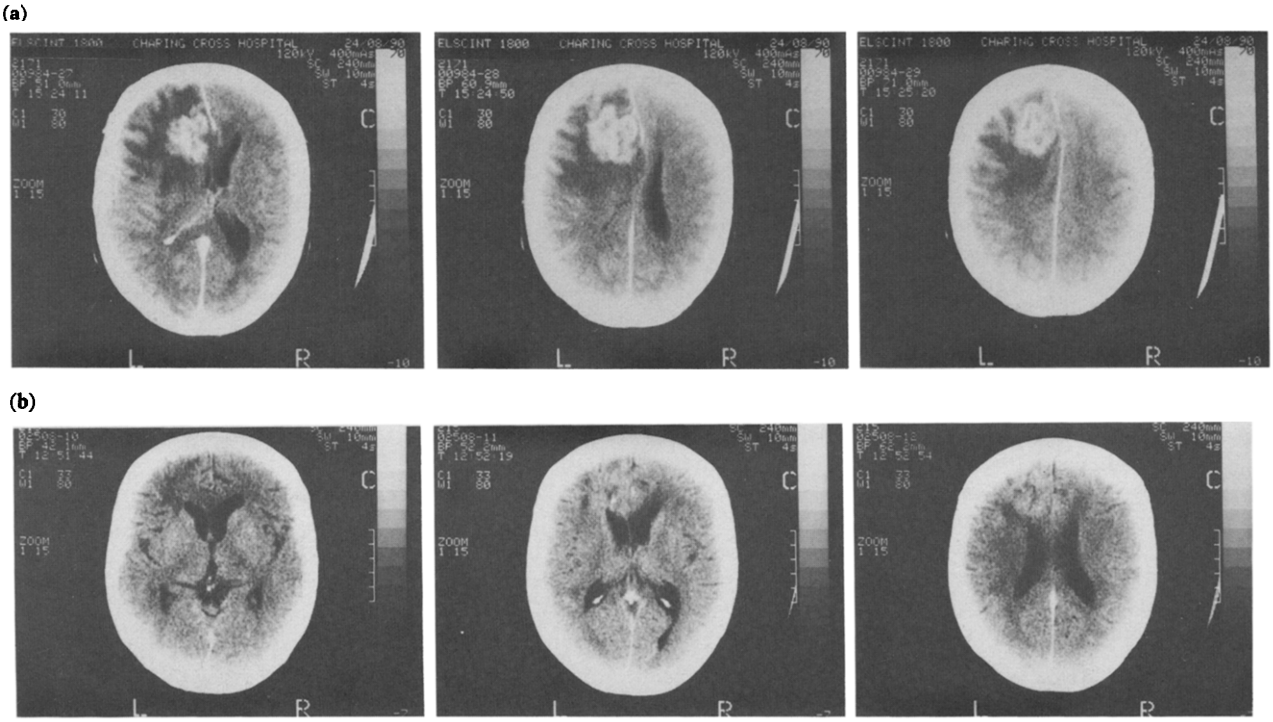

Fig. 1. Pretreatment CT scan (a) and CT scan after six courses of temozolomide (b) of a patient with a grade 4 glioma which had recurred after radiotherapy. The marked improvement in CT scan was accompanied by complete resolution of symptoms.