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THE ELEVATION OF SERUM TUMOR MARKERS CA 19-9 AND CA 125 IN CHRONIC LIVER DISEASE TYPE B AND C

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Tumor markers have proved to be generally useful for diagnosing and monitoring malignancy. However, elevation in various benign conditions has been limited their usefulness in clinical practice. Serum CEA, AFP, BHC6, ferritin, CA 19-9 and CA 125 levels were measured by ELISA in 16 chronic liver disease type B (CLD-B) and 20 CLD-C patients and 20 healthy adults. Cutoff level was accepted 1.5 times of upper limit. Serum CEA, AFP, BHC6 and ferritin levels showed no significant difference between patients with CLD-B, CLD-C, and control group. CA 19-9 levels were found above the cutoff level in 8 patients with CLD-B, 6 patients with CLD-C and 1 adult in control group. The frequency of elevated CA 19-9 in patients with CLD-B and CLD-C was higher compared to control group ($p < 0.05$). Serum CA 125 levels were found above the cutoff level in 10 patients with CLD-B, 5 patients with CLD-C and 1 adult in control group. The frequency of elevated CA 125 in patients with CLD-B was higher than patients with CLD-C and control group ($p < 0.05$).

CONCLUSION: Serum CA 19-9 and CA 125 levels showed a high false positive rate in patients with CLD. This study shows that these tumor markers may be unreliable for detecting and monitoring malignancies in these patients.

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TUMOR MARKERS - DIAGNOSTIC SIGNIFICANCE IN LUNG CANCER

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Our study included 34 patients operated at the Clinic of Thoracic Surgery for lung cancer, tested for 2 tumor markers - CEA and ferritin in the blood serum before treatment. The tumor markers were determined by the radioimmunoassay method using kits from "Amersham".

We tested the dependence between the concentration of the markers and the histological type of the tumor. Highest levels of CEA were found in the serum of the patients with differentiated spinocellular carcinoma - mean 25.27 ng/ml (7 patients) and highest level of ferritin - in the serum of the patients with nondifferentiated spinocellular carcinoma - mean 528.72 ng/ml (18 patients).

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TUMOUR MARKERS IN BRONCHIAL LAVAGE IN LUNG CANCER

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CEA, SCC Ag and NSE were measured using RIA and EIA in bronchial lavage (BL) and serum in 114 patients (pts) with lung cancer (LC) and 94 pts with nonmalignant lung disease (NMLD). Significantly increased BL CEA levels were observed in the pts with LC (97.4 ± 56.4 ng/ml) than in the pts with NMLD (4.2 ± 6.3 ng/ml). Pts with LC had BL CEA levels about 30 times higher than in serum. CEA levels in BL in the LC group were significantly higher in the affected than in the normal bronchus. BL CEA levels in the pts with LC were also significantly higher in the cases with more advanced bronchoscopic tumour and those with positive bronchial secretion cytology than in the other group of pts with LC. The measurement of SCC Ag and NSE in BL in LC pts was considered to be not useful because of the low diagnostic sensitivity and specificity. Estimation of CEA levels in BL can be useful in the diagnosis of pts with LC.

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RESPONSE OF CA 15-3, TPA AND CEA SERUM CONCENTRATION TO ENDOCRINE OR CYTOTOXIC THERAPY IN PATIENTS WITH METASTATIC BREAST CANCER.

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49 patients with metastatic breast cancer (age 58,3 yrs, mean value, range: 30-75 yrs) were undergoing endocrine or cytotoxic therapy.

The response to therapy was classified according to UIOC and compared with the variations in tumour marker serum concentrations. Complete /partial remission was accompanied by a decrease of more than 30% of Ca 15-3 concentration in 81% of the cases, TPA in 66% and of CEA in 43% of the cases.

The increase of more than 30% CA 15-3 concentration coincided in 79%, TPA 67% with tumour progression or relapse, whereas CEA indicated 56% of these situations.

In only 4% of the cases CA 15-3, 2% TPA and 7% CEA serum concentrations decreased in spite of clinically evident tumour progression. Therefore CA 15-3 seems to be a more reliable marker for the extent of therapeutic response than TPA and CEA.

KEYWORDS: Tumour marker, breast cancer, hormone CT.

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TUMOR MARKERS IN LUNG CANCER PATIENTS

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In 64 lung cancer patients were studied the concentrations of CEA, ferritin, HCG and AFP in the blood serum and in the tumor tissues. The tumor markers were determined by the radioimmunoassay method using kits from "Amersham".

Prior to surgical treatment the level of CEA in blood serum was elevated in 30 and the level of ferritin in 60 Of 64 patients. AFP and HCG were nondiagnostic. Tissue levels were found to be elevated for CEA and HCG, and did not necessarily correlate with their serum levels. Following operation of varying extent, serum levels of CEA, ferritin and HCG were increased, while AFP level dropped.

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IMMUNOSUPPRESSIVE ACIDIC PROTEIN SERUM LEVELS IN BREAST CANCER PATIENTS, IN REFERENCE TO CA 15-3 LEVELS.

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Immunosuppressive acidic protein (IAP) has been described as a tumor marker in malignant diseases. IAP serum level was determined in 75 breast cancer pts, using immunodiffusion. Serum samples were also tested for CA 15-3. Cut off value for IAP was determined according to IAP serum level in 50 pts with benign diseases and was set as 725 microgram/ml. Mean IAP serum level (623 mcg/ml) and positivity rate (0.20) in breast cancer pts with active disease were similar to those in breast cancer pts with NED (590 mcg/ml and 0.18). Mean CA 15-3 serum level and positivity rate were significantly higher in pts with active disease (200 unites/ml, 67%), compared to pts with NED (18u/ml, 6%). In our experience IAP was not found to be an effective tumor marker in breast cancer.