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TUMOR MARKERS (TM) IN PATIENTS WITH RENAL CELL CANCER (RCC)

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A 50-year-old woman, 10 years afer mastectomy for breast cancer (BC) and 5 years after local recurrence had elevation of serum Ca 15-3 (120ng/ml) and MCA (164ng/ml). Metastatic work-up showed SOL of the kidney. The pathological report after nephrectomy was RCC stage I and both TM returned to normal values. At 2 y follow-up the pt is alive and disease free (DF). We measured several TM in pts with RCC with and without evidence of disease. The most frequently elevated TM was MCA (8/13), but some pts also had elevation of Ca 15-3 and CA 125. CEA was never increased in our pts. The level of TM directly correlated with the clinical course of disease. Updated results will be presented. A prospective study of TM in RCC is now in progress in our institution.

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THE PROGNOSTIC ROLE OF CATEPSINE D IN BREAST CARCINOMA

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Catepsine D (Cat. D), a cytosol glycoprotein identified by Rochefort in 1980, has recently been proposed as an indipendent prognostic factor for breast carcinoma. High Cat. D levels seem to correlate with a shorter relapse-free survival in patients with negative axillary lymphonodes, but the data are still preliminary. Using RIA, we dosed Cat. D on the cytosol of tumour cells from 68 patients with breast neoplasia, mean age 55.1 years (range 28-82), who had undergone either mastectomy (47.1%) or quadrantectomy (52.9%) and dissection of the axillary hollow. The histological types were ductal (67.6%), lobular (23.6%), various (8.8%). Subdividing the patients into 3 groups (low, medium and high Cat. D concentrations with cut-off points at 30 and 60 fmol/mg protein) the following correlations with other breast carcinoma prognostic factors were found:

Cat. D level	N° of pts	%premestrual	%RE+	% N+	% aneuploidy or S phase>6
<30	26	50.0	88.5	37.5	61.1
30-60	29	41.4	75.9	46.4	77.3
>60	13	38.5	84.6	54.5	90.0

Although there is a trend in favour of association between high Cat. D levels and a greater incidence of the other negative prognostic factors, the differences between the groups are not statistically significant, with the exception of the % of aneuploidy or S phase >6 ($p<0.05$ when comparing those with Cat.D levels <30 and >30 fmol/mg protein). Follow up is still too short to evaluate the effect of Cat. D on disease-free and overall survival.

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SERIAL SERUM MARKERS LEVELS DETERMINATIONS FOR EARLY DETECTION OF METASTASES IN BREAST CANCER - IMPLICATIONS FOR TREATMENT?

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Recurrent breast cancer is incurable when metastases have reached a clinically detectable size. To day there is no proved advantage of earlier treatment of undetectable micrometastatic disease. Studies have shown that serum levels of the breast tumor markers (MCA, CA 15-3, H23, CEA) often increase several months prior to clinical detection of metastases, thus suggesting recurrence, even when all available imaging modalities fail to detect the site of the disease. This preliminary study have investigate whether could breast cancer patients benefit from medical treatment of potential microscopic disease, starting at time of rising serum tumor marker (MCA, CEA) levels, measured in course of the regular follow-up. The possible advantage of such a treatment was analyzed by detectable disease free survival, by analogy with the postoperative adjuvant therapy. There are no disease symptoms, requiring the palliation in such a situation, but if it would be possible to achieve the prolongation of the detectable disease free, symptoms free survival periods, justification of such a treatment could be considered. Both, node positive and node negative patients, without distant metastases were included in this study. Sequential determinations of MCA and CEA were performed. Upon determination of a two consecutive measurements with an increase above the cut-off full clinical screening examination were performed as well. Patients were randomized at this moment to a treatment arm and a control group. Treatment consisted of a hormone therapy (by VALODEX) and not chemotherapy, because of high toxicity and inefficacy of the last, when applied for overt disease. Preliminary results of disease-free survival data will be discussed.

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p65 DETECTION IN SERA AND TISSUE IN BREAST CANCER PATIENTS. Preliminary report.

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Sera from 30 breast cancer patients and 30 controls were tested by double antibody sandwich ELISA method developed on the basis of two different monoclonal antibodies against p65. Twenty-seven of 30 (90%) were positive (average level of p65 = 275.1 ± 83.2 ng/ml in carcinoma and 32.5 ± 31.0 ng/ml in controls) ($p< 0.0005$).

Moreover, 15 patients were drill biopsied and studied immunohistochemically using two polyclonal and monoclonal antibodies against p65 antigen. Nucleocytoplasmic expression was found in 14 patients (93%) and in 12 patients (80%) using polyclonal and monoclonal antibodies respectively. Detection of p65 were concordant in 13 (86%) cases between serum and tumor tissue, but uncorrelated with tumor DNA ploidy, histological grading and hormone receptor level. Sera were also tested for CA-15.3 (average value 132.3 ± 14.0 U/ml) and there was significant concordance in detection of cancer using both markers. Thus, p65 may be potential serum and/or immunohistochemical marker for breast carcinoma. Larger series of patients is under investigation in order to confirm these promising results.

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DIAGNOSTIC VALUE OF FIBRONECTIN IN DIFFERENTIAL DIAGNOSIS OF ASCITES

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The aim of this study was to asses prospectively the diagnostic value of fibronectin in ascitic fluid for differentiating malignant ascites, non complicated benign ascites and ascites with spontaneous bacterial peritonitis (SBP), we studied 12 non complicated sterile ascitic patients (group I), 9 patients with SBP (group II) and 10 patients with malignant ascites (group III). Fibronectin is a glycoprotein that is supposed to increase in neoplastic peritoneal diseases and decrease in cirrhosis. 15 of the patients were women, and 16 were men. Total age range was 19-75 and mean age was 50,2. Fibronectin was determined by radial immunodiffusion (Nor-partigen, Behringwerke A.G., Marburg, Germany). Mean value of fibronectin was 5.67 ± 2 mg/dl in group I; 6.42 ± 2 mg/dl in group II and 20.71 ± 3 mg/dl in group III. Fibronectin levels in group III were significantly higher than group I and II ($p<0.05$). However no significant difference was found between group I and group II ($p>0.05$). Conclusion; this study shows that fibronectin level in ascites can be used as a valuable test in differentiating the malignant ascites from non malignant ascites.

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PRE AND POST OPERATIVE VALUES OF CYFRA 21-1, CEA, SCC, TPA and NSE IN PRIMARY LUNG CANCER.

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CYFRA 21-1 is a new lung cancer tumor marker refered to fragments of cytokeratin 19. A study was conducted in order 1) to define the CYFRA 21-1 efficacy in monitoring surgical treatment, 2) to approach the CYFRA 21-1 half-life, 3) to evaluate the use of CYFRA 21-1 in the immediate follow up of treated patients, 4) to compare CYFRA 21-1 with other tumor markers currently used in this field. 65 prospectively included non-small cell lung cancer (NSCLC) patients with surgical decision of treatment (mainly stage I and II) were tested for CYFRA 21-1, CEA, SCC, TPA and NSE at the diagnosis step. 11 squamous cell lung carcinomas were followed after treatment up to 90 days. First results are : at diagnosis step sensitivity is 34 % for CYFRA 21-1, 33 % for SCC, 23 % for TPA, 18 % for NSE and 15 % for CEA. Cut-off are respectively 3.3 ng/ml, 2.4 ng/ml, 170 U/l, 12.5 ng/ml and 7.4 ng/ml referred to the 96 % specificity among a non-malignant lung disease population. Half life is less than 4 days. After complete exerese of tumor mass the levels of CYFRA 21-1 in the 11 cases with follow up decreases below 3.3 ng/ml at 10 days and correlate to the clinical status.

At the moment, major conclusion is the interest of CYFRA 21-1 in the monitoring of treatment efficacy in NSCLC patients.