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PROLACTIN AND TUMOUR MARKERS LEVELS IN COLORECTAL CARCINOMA PATIENTS.

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In light of the data obtained in breast cancer pts. that prolactin (PRL) is found as an indicator of disease progression, we evaluated the PRL levels in blood samples of 57 colorectal cancer (Men-31, Women-26) pts. with advanced or recurrence dis. and correlate it to CEA and CA 19-9 levels. 40 pts. (70%) of the study population consisted of advanced Astler-Coller Stage D₁, C₂-6, C₃-1, B₂-10 pts. In men, rising levels of CEA (>5ng/ml) were found in 25/31, CA 19-9 (>33u/ml) in 17/31 and PRL (>400 nmol/L) in 14/31 pts. All 3 markers were elevated simultaneously in 7/31 while both CEA and CA 19-9 were elevated in 15/31 pts. PRL alone in 2 men was elevated while other markers were normal (in one pt. due to stress).

In women, rising levels of CEA found in 19/26, CA 19-9 in 14/26, PRL in 4/26 and PRL alone (>900, menopausal >450 nmol/L) was elevated in 3 women (one pt. due to hypothyroidism). Both CEA and CA 19-9 were elevated in 13/26 pts.

Men were divided according to CEA and CA 19-9 levels into 3 groups: within low range - corresponded with normal PRL average levels, as well as very elevated levels correspondence - when PRL average levels was high. But the intermediate CEA or CA 19-9 levels, did not correspond with rising PRL levels.

In contrast, all PRL levels in women ranged in normal values, regardless the CEA and CA 19-9 levels that kept similarity.

We conclude that PRL has a low sensitivity in monitoring ADVANCED COLORECTAL Ca and does not increase CEA and CA 19-9 sensitivity; We feel it may benefit in detecting recurrence of EARLY stages. However, PRL elevation in cancer pts. is a new finding.

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MCA CLINICAL VALUE IN PRIMARY AND RELAPSED BREAST CANCER

Donadeo A, Micelli G, Lorusso V, Quaranta M, Muncipinto A, Coviello M, Giotta F, Maggi V, Colucci G, Atlante A. Oncology Institute, Via Amendola 209, BARI, Italy 70126. Mucin-like Carcinoma Antigen (MCA) serum levels were assessed in 371 breast cancer patients with an immuno-enzymatic assay. A high sensitivity was found in metastatic patients (89%) with significant differences between the early or locally advanced breast cancer groups and the group with metastatic disease ($p < 0.0001$). The tumor marker showed no correlation with tumor size, however, it was strictly related to regional lymph node involvement. Increased serum MCA levels were found in patients with visceral or multiple organ metastases compared to soft tissue or single site metastases. These data show that MCA is not a tool for diagnosis of early breast cancer, but could be useful for predicting clinical relapse. In fact, 15 postoperative patients with no evidence of disease were monitored monthly with MCA assay and continued to show stable marker levels. This preliminary study is ongoing in order to verify if the marker levels are altered by an eventual recurrence.