The 1(q11→qter) abnormality has been observed in a transplanted CML patient [7], containing an unusual translocation t(1;3) (q11;p11) that underwent clonal selection involving six cell lines. The clone with the der(1) seemed to have gained a selective growth advantage and within 5 months of transplantation became the dominant line. The 1q11 break point has been reported previously in those cases of CML containing variant translocations [1, 2]. It appears that in at least those 2 cases of CML, the 1q11 breakpoint, in the presence of the altered *abl* oncogene, is conferring some type of advantage to those cells that are undergoing division, as both became the dominant clones within their respective populations. The mechanisms involved in the translocation may somehow be affecting the p53 gene, ultimately causing a reduction or blockage of transcription, thus providing a selective growth advantage to the aberrant clone.

It may be possible to further elucidate the mechanism(s) of clonal evolution in this biphasic disease through analysis of information from variant cases.

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European Journal of Cancer Vol. 30A, No. 7, p. 1041, 1994.

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5-HT_3 Receptor Antagonists in the Prophylaxis of Acute Vomiting Induced by Moderately Emetogenic Chemotherapy—a Randomised Study

J. Bonneterre and B. Hecquet

WE WERE interested in the study reported by Jantunen and colleagues comparing, in patients receiving a moderately emetogenic regimen, ondansetron, granisetron and tropisetron [1]. However, we would like to raise a number of points: although this is a cross-over study, no period and carry-over effects were looked for, thus preventing any definite conclusion. While period and carry-over analyses are not easy with three drugs, some papers have addressed such problems [2]. In Table 2 (unfortunately the number of patients in each group was not given), examination of the granisetron failure rates in each cycle shows that the differences are striking (2% at the first cycle, 13.6% at the second and 8.7% at the third), and could be explained by a period effect; the data on the patients evaluable for the three cycles are unfortunately not available. In Table 3, patients should only have been pooled in the absence of a period and carry-over effect.

Nausea was not evaluated in the study, although it is clear that moderate and severe nausea are very distressing side-effects for the patients. The type of chemotherapy was poorly defined—was the treatment always administered in one day? Finally, given the patient heterogeneity, a comparison of the clinical characteristics of the patients in each group should have been given (e.g. were there more chemotherapy naive patients in one group?). Unfortunately, the alcohol intake was not recorded.

An adequate statistical analysis of this study would be useful before any conclusion can be drawn.

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Received 20 Oct. 1993; accepted 12 Nov. 1993.

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European Journal of Cancer Vol. 30A, No. 7, pp. 1041–1042, 1994.

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5-HT_3 Receptor Antagonists in the Prophylaxis of Acute Vomiting Induced by Moderately Emetogenic Chemotherapy—a Randomised Study

I. Jantunen and T. Muhonen

WE DO agree with Dr Aapro and Professor Bonneterre on the shortcomings of our study (alcohol intake was not recorded, nausea was not evaluated). It is also obvious that a cross-over design with three drugs includes many methodological problems. A parallel group design with 650 chemotherapy-naive patients would have been optimal for comparing these three drugs. Such a study cannot be accomplished without a large collaborative study group and financial support. In our study, the chemotherapy was administered in one day. During the first chemotherapy cycle, there were 17 chemotherapy-naive patients randomised to receive ondansetron, 15 tropisetron and 17 granisetron. The number of evaluable patients during each chemotherapy cycle has been added to the rewritten Table 2.

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Received 3 Dec. 1993; accepted 10 Jan. 1994.