

PSA ranged between 0 and 0.9 ng/ml. 4 patients had progression of disease with increasing PSA levels between 5.2 and 76 ng/ml. Side effects, including hot flushes or breast swelling, were unchanged with the reduced dose of the LHRH agonist.

These data demonstrate that half the normal dosage of triptorelin is sufficient for maintenance of androgen deprivation after castration levels are first achieved by a full dosage of the LHRH agonist. This dose reduction effectively decreased treatment costs by 35%, which would render injection therapy more competitive with surgical castration [5].

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High Serum Level of CA125 in Malignant Peritoneal Mesothelioma

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CA125 IS AN ANTIGENIC determinant defined by the monoclonal antibody OC 125 [1]. Elevated levels of CA125 have been shown in the serum of patients with epithelial ovarian carcinomas and non-gynaecological cancers [2, 3]. CA125 can be detected in the fallopian tubes, endometrium and endocervix, as well as the mesothelial surface of the peritoneum, pleura, and pericardium [4]. Therefore, we measured CA125 in the serum of patients with mesothelioma, in order to evaluate the value of CA125 in the diagnosis of this disease.

Five patients with unresectable diffuse malignant mesothelioma, diagnosed histopathologically, were included in this study (Table 1). Serum and peritoneal fluid CA125 levels were measured by an ELISA (Abbot) method. Mean serum CA125 level was 108 U/ml (normal 0–35 U/ml) (Table 1). In patient 1, who did not respond to chemotherapy (cisplatin, cyclophosphamide,

Table 1. Patients with diffuse malignant mesothelioma

No.	Age/Sex	CA125 levels (U/ml)		Survival (month)
		Serum	Ascites	
1.	55/F	133	500	8
2.	73/F	151	—	14*
3.	52/F	64	—	?
4.	55/F	183	223	?
5.	56/M	8	—	3

* This patient is still alive without relapse.

and doxorubicin), serum CA125 levels were 133, 641, and 2227 U/ml in the initial examination, 4 and 5 months after diagnosis, respectively. The initial CA125 level of the second patient was 151 U/ml, but it returned to normal (10.5 U/ml) during remission after chemotherapy.

High serum CA125 levels have been reported for serous surface carcinoma, thought to be secreted from the mesothelium [5, 6]. A patient with diffuse malignant mesothelioma had a very high serum CA125 level, and immunohistochemically the tumour cells showed strongly positive reactions for CA125 [7]. Our study showed high levels of CA125 in four of five patients, suggesting that CA125 can be used as a tumour marker for malignant mesothelioma.

It was reported that a patient with mesothelioma and pericardial effusion had a high serum CA125 level which returned to normal after cardiac drainage. Subsequently, the CA125 level rose and recurrent pericardial effusion and a worsening condition was observed [8]. This interesting observation was supported by our two cases. Patient 1 did not respond to therapy and serum CA125 level increased. Conversely, in patient 2, the initially elevated serum CA125 level returned to normal during remission. The limited data suggest that serum CA125 level might be a good marker for mesothelioma, indicating response to therapy and recurrence. Serum CA125 levels might be helpful in the diagnosis and follow-up of malignant peritoneal mesothelioma. Further studies are needed for definitive conclusions.

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