News

Introducing a New Catalogue of Cell Lines

At the National Institute for Cancer Research of Genoa, in collaboration with the Advanced Biotechnology Centre, an interdisciplinary group of researchers, including medical doctors, biologists and electronic engineers, has set up a series of databases of human and animal cell lines, human B lymphoblastoid cell lines and synthetic oligonucleotides (see Figure 1). The information has been collected from Italian and European laboratories and cell banks. The databases are available on-line, and catalogues have also been produced, available as a volume and as an electronic catalogue for IBM-PC compatible machines.

One of the databases, the Cell Line Data Base (CLDB), contains detailed information on the origin, function, optimal culture methods, availability in cell banks and laboratories of human and animal cell lines. The B Line Data Base (BLDB) contains information on approximately 1500 human B lymphoblastoid cell lines from families including complete HLA typing, family trees and genetic disease status. The Molecular Probe Data Base (MPDB) is designed to collect data on identification, target gene, technical features and availability. The catalogue (second edition, 1993) contains complete information on 2650 cell lines, including the cell lines collected in the two main European banks, the European Collection of Animal Cell Cultures (Porton Down, U.K.) and the DSM Collection of Human Cell Lines (Braunschweig, FRG), and other important collections mainly related to inherited diseases. More than two thirds of the cell lines are not described in other commercial catalogues. There is a nominal charge for the catalogue, to cover printing and postal charges, but the Institute is a non-profit research organisation.

For more information please contact
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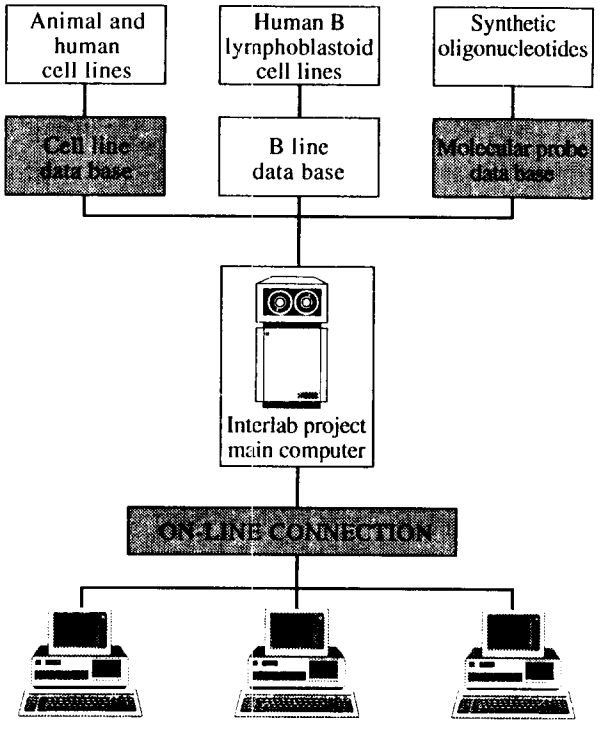

The main purposes of the project, which will become one of the external services of the Center of Advanced Biotechnology of Genoa (Italy), are:

- to develop a system for quick and easy retrieval of updated information
- to work in collaboration with European institutions and associations for the creation of a European biotechnology infrastructure
- to encourage the spread of new informatic tools for biomedical research

Figure 1.

9th NCI-EORTC Symposium on New Drugs in Cancer Therapy

This meeting will be held in Amsterdam between 12 and 15 March 1996. It will cover the latest developments regarding new anticancer drugs and drug combinations, and will be of interest to medical oncologists, immunologists, pharmacologists, toxicologists, pharmacists, chemists and molecular biologists. For more information, please contact Marinus Lobbezoo, EORTC, New Drug Development Office, Free University Hospital, PO Box 7057, NL-1007 MB Amsterdam, The Netherlands; Tel: 31 20 444 27 68; Fax: 31 20 444 27 67.

The 12th Asia Pacific Cancer Conference

This conference will be held in Singapore between 17 and 20 October 1995. For more information please contact Dr Eng-Hen Ng, Secretary General, 12th Asia Pacific Cancer Conference Secretariat, Singapore Cancer Society, 15 Enggor Street 06-03/04, Reality Centre, Singapore 0207; Tel: 65 22 19577; Fax: 65 22 27424.

10th Annual Meeting of The International Society for Oral Oncology "New Directions in Bone Marrow Transplantation" 1–3 June 1995, Seattle, Washington

Marrow or peripheral blood stem cell (PBSC) transplantation continues to be a rapidly expanding domain of oncology. The 10th anniversary meeting of the *International Society for Oral Oncology* will be conducted at the Fred Hutchinson Cancer Research Center (FHCRC), Pelton Auditorium, Southeast Lake Union Campus, Seattle, Washington, U.S.A. This venue will provide the setting for state-of-the-art discussions by several FHCRC scientists and other experts relative to marrow or PBSC transplantation. Relationships to the oral cavity will be highlighted. Presentations include

BMT—Then, Now, and Tomorrow	E.D. Thomas, M.D.

Peripheral Blood Stem Cell Transplants	W. Bensinger, M.D.
Graft versus Host Disease	K. Sullivan, M.D.
Long-term Complications of BMT	J. Deeg, M.D.
Managing Pain in BMT Patients	
Pharmacological Control of Pain	P. Buckley, M.D.
Psychological Strategies for Pain Control	K. Syrjala, Ph.D.
Quality of Life Assessment for BMT	N. Bush, Ph.D.
Immunotoxins and Radioimmunotherapy	O. Press, M.D.
Cytokines: Effects and Implications	R. Eversole, D.D.S., M.S.D., M.A.

Abstract presentations are also scheduled.
For further information, contact M. Schubert, D.D.S., M.S.D., Fred Hutchinson Cancer Research Center, Seattle, WA 98104, Tel: 206 667-5164; Fax: 206 667-3531 or D. Peterson, D.M.D., Ph.D., School of Dental Medicine, University of Connecticut Health Center, Farmington, CT 06030-1605, Tel: 203 679-2952; Fax: 203 679-4760.

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Letters

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Prognostic Factor Clustering in Breast Cancer: Biology or Chronology?

M. Tubiana-Hulin, K. Hacène, P.M. Martin and F. Spyratos

MITTRA AND Mac Rae [1] have reported a meta-analysis of published correlations between 10 prognostic factors in operable breast cancer and found a strong correlation between various biological prognostic factors, but few correlations between lymph node status or tumour size and biological factors. They support the view that the two clinical factors reflected the age of the tumour, independently of its biological aggressiveness. This was discussed in a Lancet editorial [2] which pointed to the methodological limits of the meta-analysis and the arbitrary classification of tumour grade as a biological factor, in spite of its strong relation to other biological factors on the one hand, and lymph node status or tumour size on the other.

Nevertheless, the apparent lack of prognostic value of lymph node status for overall survival after recurrence suggests that this parameter has little to do with the biological behaviour of breast cancer, and lends weight to a chronological interpretation. The significance of tumour size is less clear, as some authors have found that the prognostic value of clinical stage persists after recurrence.

Here we report the results of a principal components analysis (PCA) [3] and a hierarchical variable clustering [4], performed on data from 319 patients with operable breast cancers who were representative of the overall patient population with primary breast cancers seen at our institution. Interim results of a multiparametric prognostic study concerning these data have already been published [5].

The parameters were menopausal status, clinical tumour size, oestrogen and progesterone receptor levels, DNA by flow cytometry, cathepsin D, urokinase plasminogen activator (uPA), thymidine kinase, number of involved nodes and tumour SBR grading replaced by a modified SBR (MSBR) that only takes into account the two nuclear components of the SBR [6]. Additional factors, such as pS2, epidermal growth factor receptor and peritumoral vascular emboli, were also analysed.

The analysis shows three clusters of prognostic factors (Figure 1). One cluster included the number of invaded nodes, tumour size and peritumoral vascular emboli. The proximity of this last factor is logical, as it is the anatomical link between the tumour and node invasion. Another cluster included factors reflecting invasiveness (proteases) and cell proliferation. The position of the nuclear grade on Figure 1 reflects its link to these categories of factors and its distance from clinical (anatomical) factors. The last cluster included biological factors reflecting

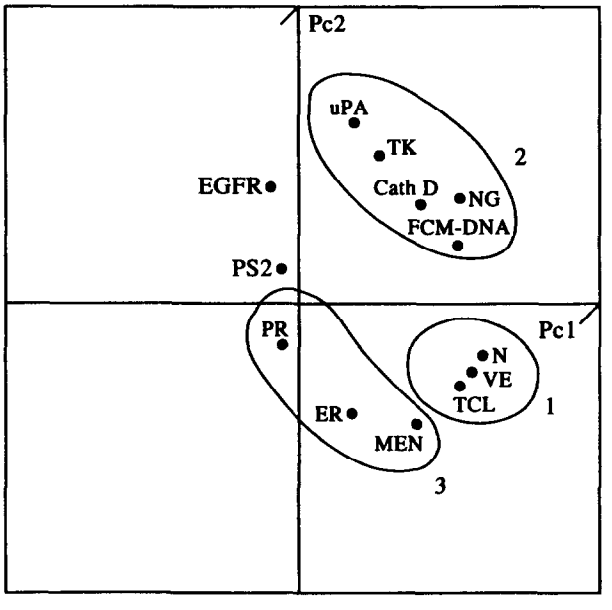

Figure 1. Principal component analysis. Scatter configuration of correlation between the 13 variables and the first two principal components (Pc1, Pc2). Abbreviations: DNA Fcm, DNA ploidy by flow cytometry; NG, nuclear grade; TK, thymidine kinase; uPA, urokinase plasminogen activator; Cath.D, cathepsin D; EGFR, EGF receptor; TS, clinical tumour size; N, number of invaded nodes; VE, vascular emboli; PR, progesterone receptor; ER, oestrogen receptor; Men, menopausal status.

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