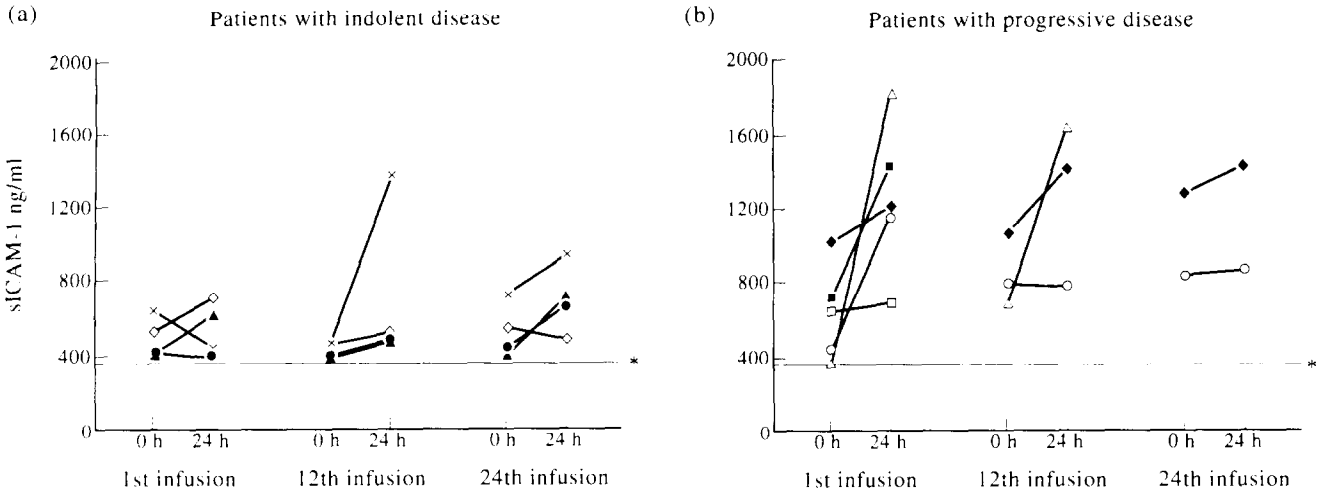

Figure 1. Serum soluble intercellular adhesion molecule-1 (sICAM-1) levels before and 24 h after the first, 12th and 24th infusion of muramyl tripeptide (MLV MTP-PE) in patients arbitrarily divided into two groups according to the clinical behaviour of the tumours. *383 ng/ml: this value represents the mean value of normal healthy donors plus 2 S.D. Values higher than this were considered elevated.

possibly be due to melanoma cells, and could represent a mechanism by which tumour cells escape from the immunological response. It would, therefore, seem that in patients with advanced disease higher levels or progressive increases in sICAM-1 may be unfavourable prognostic factors. This should be verified in a larger patient population.

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Nuclear DNA Content of Persistent Tumour Lacks Prognostic Relevance for Length of Survival in Patients Undergoing Second-look Laparotomy for Ovarian Cancer

G. Zanetta, G Keeney, J. Katzmann and K.C. Podratz

ACCORDING TO several studies, flow cytometric analysis of DNA content, either expressed as DNA ploidy or DNA index (DI: the ratio between the aneuploid and the diploid peak), provides additional independent prognostic information in early [1] and advanced [2, 3] ovarian carcinomas. In addition, it has been reported that there is a longer survival for patients with recurrent ovarian carcinomas that are DNA diploid than in those with DNA aneuploid carcinomas [4]. If confirmed on patients with persistent disease after cisplatin-based first-line chemotherapy, this observation could lead to better stratification of patients receiving second-line chemotherapy. Aiming at evaluating whether DNA content could provide additional information on the length of survival for patients with persistent disease after

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Table 1. Correlation between DNA content and survival

DNA content	No. of patients	Length of survival (months) From first surgery Mean	Range	From second look Mean	Range
DNA diploid	3	20	5–42	13	3–30
DNA aneuploid (DI < 1.3)	4	22	8–45	14	3–32
DNA aneuploid (DI > 1.3)	10	30	14–75	15	1–57
DNA tetraploid	3	12	4–28	14	2–25
DNA multiploid	1	17	—	3	—
Total	21	23	4–75	15	1–57

DI, DNA index.

primary surgery and first-line chemotherapy, we assessed the DNA ploidy and DI of tumours obtained from 21 patients undergoing second-look laparotomy after first-line treatment for stage III ovarian cancer. All patients had undergone primary debulking surgery and cisplatin-based first-line chemotherapy. The second-look operation took place in all cases 9 to 15 months after first surgery. Slides from the paraffin-embedded samples were reviewed to assess the amount of tumour cells in the specimen, and only samples with more than 20% tumour cells were deemed adequate for analysis. Cell suspensions were obtained by the technique of Hedley [5] and the staining of nuclei with propidium iodide was performed according to the technique of Vindelov [6].

Three tumours were DNA diploid, 14 were DNA aneuploid, three were DNA tetraploid and one was DNA multiploid.

No difference in the length of survival was observed with respect to DNA ploidy (mean survival 13 months for DNA diploid and 15 months for DNA non-diploid) nor with respect to DI (mean survival 13.6 months for DI <1.3 and 15.2 months for DI >1.3). Table 1 provides details of survival in the different DNA ploidy categories.

In persistent ovarian tumours, DNA aneuploidy and high-degree aneuploidy (high DI) appear more frequently than in untreated early [1] or advanced [2, 3] tumours, suggesting a possible tendency towards higher DNA alteration in these aggressive tumours not responding to first-line treatments.

We recognise that differences in the timing of second-look surgery within a population might interfere with adequate evaluation of prognostic variables. However, all cases in this study underwent second surgery after a fairly consistent interval, therefore, our data do not support a prognostic relevance of DNA content on the length of survival of patients with persistent ovarian cancer.

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Correction

Combination of cisplatin and interferon alfa-2a (Roferon-A) in patients with non small cell lung cancer (NSCLC). An open phase II multicentre study—This paper by V. Kataja and A. Yap was published in the *European Journal of Cancer*, Vol. 31A, No. 1, pp. 35–40, 1995. However, it was incorrectly stated that V. Kataja was at the Roche International Clinical Research Center. His correct address at the time of the research project was the University Hospital, Department of Clinical Oncology, 70210 Kuopio, Finland.