

Table 1. Correlation between DNA content and survival

DNA content	No. of patients	Length of survival (months)			
		From first surgery		From second look	
		Mean	Range	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.