benign non-tuberculous exudate. Median effusion/serum (E/S) ratios were 0.7, 4.9, 3.2, 2.0, respectively. The ferritin levels in transudate group were significantly lower than those in the others ($P < 0.001$). Although there was a significant difference between malignant and non-malignant effusions in terms of the level of effusion ferritin, the specifity and positive predictive value (PPV) (cut off value 350 ng/ml) were 43% and 45%, respectively. Taking into account local inflammatory and non-inflammatory disease, the specificity and PPV of effusion ferritin level were 70% and 90%, respectively. As a conclusion; (1) Ferritin level in effusion is an important indicator of exudative effusion, (2) it is not a good parameter to discriminate the malign effusion from benign one because of low specificity and PPV, (3) It could be used to differentiate the inflammatory effusions from non-inflammatory ones.

1270 PUBLICATION

TPS ANTIGEN AS A MARKER FOR MALIGNANT TUMORS

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We are interested to study the accuracy of TPS serum quantification in the diagnosis of solid tumors, to evaluate this serum test as a biological marker of malignancies.

We have studied TPS levels in serum of cancer patients with breast cancer, lung cancer, head and neck squamous cell carcinoma and other solid tumors. TPS was determined by ELISA in 95 cancer patients and in 58 healthy controls. In tumor patients, TPS levels were ($\bar{x}\pm$sem) 504.5 $\pm$ 110.2 mU/ml and in control group 80.6 $\pm$ 9.4 mU/ml with a significant difference ($P < 0.001$). According with level of 149.33 mU/ml ($\bar{x}$+DS) as cut-off point, sensitivity was 42%, specificity 90, positive predictive value 89%, and negative predictive value was 47%. The upper limit for admissible interval (99% of viability) was 105.1 mU/ml.

Unfortunately, we have not found any difference in relation with stage of disease, and this feature limits the usefulness as a tumor marker and in follow-up of the patients.

Our results are expressive of the usefulness in the positive diagnosis of cancer, but we have found a high ratio of false negative results: 58%. Nevertheless, false positive results were only 10%, and this feature could be used in the clinical diagnostic procedures.

1271 PUBLICATION

THE ROLE OF SOLUBLE INTERLEUKIN-2 (SIL-2R) RECEPTORS AS A TUMOR MARKER IN PATIENTS WITH ADVANCED COLORECTAL CANCER (ACC)

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The purpose of this study was to evaluate sIL-2R as a tumor marker in pts with ACC and to correlate it with CEA and CA 19–9.

Results: The sera of 52 pts and of 25 normals were studied. 75% of the pts had increased sIL-2R levels (L) mean 1539 $\pm$ 155 U/ml (CEA 692 $\pm$ 259 ng/ml, CA 19–9 10.948 $\pm$ 5222 U/ml). Relationship of sIL-2R L with type of metastases was not significant ($P < 0.34$). sIL-2R L had linear correlation with CEA ($P < 0.05$). Paired t-test between 1st and 2nd measurement of sIL-2R in non-responded pts was significant (P 0.032). Prognostic value between pts with PROG or SD disease were highly significant (P 0.0008). Also, prognostic value for survival was highly significant (P 0.049).

In conclusion, serum sIL-2R L in pts with ACC: (a) are increased in 2/3 of the pts, (b) are an indicator for disease progression, (c) they correlate with CEA L and (d) have prognostic value for survival.

1272 PUBLICATION

OVARIAN CANCER PATIENTS WITH MINIMAL RESIDUAL DISEASE: TPA, CA-125 AND TATI SENSITIVITY

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A retrospective study reviewed 137 patients with epithelial ovarian cancer treated by cytoreductive surgery and cis-platin based combination chemotherapy. During therapy minimal residual disease (pelvic mass $\leq$ 2 cm) was registered in 73 cases. CA-125 serum levels showed elevated values ($\geq$35 U/ml) in 46.5% patients, TPA ($\geq$95 U/L) in 59.3%, and TATI ($\geq$21 gr/L) in 66% cases. Simultaneously measuring all three tumor markers showed 85% sensitivity. These results indicate that CA-125 isn't sensitive enough for monitoring tumors less then 2 cm. The authors concluded that using a combination of TPA, CA-125 and TATI assays provides more precise prediction of minimal residual disease than serum level CA-125 alone.

1273 PUBLICATION

CLINICAL ASSESSMENT OF SEROLOGIC MARKERS INDICATED VALUES IN DIAGNOSIS AND TREATMENT OF TROPHOBLASTIC DISEASE

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150 patients (pts) with various types of trophoblastic disease (TBD) were involved in this study. hCG and SP1 titers were used for diagnosis and dynamic control of disease response to therapy. Diagnostic value of hCG and SP1 titers was 93% and 88% respectively. Monitoring revealed 7 pts with clinically manifestative form of TBD (increase in uterine size and/or metastases to lungs and/or vagina). All the pts had high hCG titers whereas SP1 titers were decreased to normal level. At the same time in 3 pts with disease progression high SP1 and normal hCG levels were detected. *Conclusion:* The study has shown high specificity and diagnostic significance of hCG and SP1 both in diagnosis and dynamic observation over pts suffering from TBD.

1274 PUBLICATION

DETECTION OF SOLUBLE HUMAN CARCINOMA-ASSOCIATED TN-GLYCOPROTEINS BY A NEW IMMUNO-LECTIN-ENZYMATIC ASSAY (CA83.4)

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The Tn antigen (GalNAc-O-Ser/Thr) is one of the most specific human carcinoma associated structures. In order to measure soluble Tn-glycoproteins, we have developed an immuno-lectin-enzymatic assay (CA83.4), in which a monoclonal antibody (83D4) is bound to the solid phase to capture glycoproteins bearing Tn determinant. After addition of test sample, biotinylated isolectin B4 from *Vicia villosa* and avidin-peroxydase are used as a detection system. CA83.4 values were significantly elevated in the serum of 36/102 patients with cancer (35.3%), 0/50 of patients with non malignant diseases and in none of 97 healthy controls. CA83.4 was also elevated in 74/85 of pleural or ascitic serous effusions associated with cancer (87%) but not in the 24 serous effusions from patients without cancer. All samples from patients with haematologic malignancies showed very low or undetectable levels of antigen. This first report on soluble Tn-glycoproteins detection suggests that CA83.4 assay could be a specific serological tumor marker. A large study is in progress to determine the true clinical value of the test.