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Response from Rudas and Associates

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WE REGRET that our article gave rise to the assumption that we divided the intraductal carcinomas of the breast into two groups. In fact, we followed the classification proposed by the EORTC which divides the DCIS into three groups: high differentiated, intermediate differentiated and low differentiated DCIS. The most important criterion for classification is the grade of pleomorphism of the tumour cell nuclei. In the group of low differentiated DCIS, necrosis is also included in the classification.

From our experience, nuclear pleomorphism is a very important criterion for classification; necrosis is mostly associated with high nuclear pleomorphism and is therefore most common in the group of low differentiated DCIS.

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Combined Effects of Cisplatin and *N*, *N*-Diethyl-2-[4-(Phenylmethyl)Phenoxy] Ethanamine HCl on the Growth of Human Ovarian Cancer Xenografts in Nude Mice

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WE DEMONSTRATED in a previous report that when low doses (5 and 10 mg/kg) of *N,N*-diethyl-2-[4-(phenylmethyl)phenoxy]ethanamine·HCl (DPPE) were combined with cisplatin (CDDP), survival was significantly improved without inhibition of tumour growth in nude mice bearing human ovarian cancer xenografts (KF cells) [1]. In addition, a preliminary clinical trial in refractory cancer patients indicated a possible benefit from DPPE in combination with various single antineoplastic agents [2,3]. However, potentiation of antitumour activity of CDDP by DPPE has not yet been defined. Thus, we attempted to determine the inhibitory effects of high doses of DPPE and its combination with CDDP on the growth of human ovarian cancer cell tumours in nude mice.

To determine the combined effects of high doses of DPPE and CDDP on tumour growth, 5×10^5 KF cells were inoculated subcutaneously (s.c.) into the right flank of nude mice. From 14 days after tumour inoculation, treatment with CDDP and DPPE was initiated. Treatment with DPPE and CDDP was performed as follows: control group (n=10), medium alone was administered intraperitoneal (i.p.) once a week for 6 weeks; DPPE (25 mg/kg)-treated group (n=10), 25 mg/kg DPPE alone was administered i.p. once a week for 6 weeks; DPPE (50 mg/kg)-treated group (n=10), 50 mg/kg DPPE alone was administered i.p. once a week for 6 weeks; CDDP-treated group (n=10), 2 mg/kg CDDP alone was administered i.p. once a week for 6 weeks; DPPE (25 mg/kg)+CDDP treated group (n=10), 25 mg/kg DPPE and 2 mg/kg CDDP were simultaneously administered i.p. once a week for 6 weeks; DPPE (50 mg/kg)+CDDP treated group (n=10),

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