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W. Jedrychowski, J. Wahrendorf, T. Popiel and J. RachtaN: A case-control study of dietary factors and stomach cancer risk in Poland.


L.L. Villa and A. LOPES: Human papillomavirus DNA sequences in penile carcinomas in Brazil.


Experimental Cancer


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C.K. Luk and R.M. Sutherland: Influence of growth phase, nutrition, and hypoxia on heterogeneity of cellular buoyant densities in in vitro tumor model systems.

U. Lonn and S. Lonn: Ca²⁺ and calmodulin are involved in the processes conferring stability to DNA in proliferating neoplastic cells.

C.M.L. West and R.M. Sutherland: A radiobiological comparison of human tumor soft agar clonogenic assays.

A.E. Lagarde: Sporadic somatic fusion between MDAY-D2 murine tumor cells and DBA/2 host cells: role in metastasis.


M. Ishikawa, Y. Koga, M. Hosokawa and H. Kobayashi: Augmentation of B16 melanoma lung colony formation in C57BL/6 mice having marked granulocytosis.

F.S. Steven: Fluorescent location of rat leukaemia cells in resin sections.
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VARIATIONS IN STEROID RECEPTORS AND CYCLIC AMP BINDING PROTEINS ACROSS HUMAN BREAST CANCERS: EVIDENCE FOR HETEROGENEITY. Senbanjo, R.O., Miller, W.R. & Hawkins, R.A.

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ABSTRACTS OF THE BACR 27TH ANNUAL GENERAL MEETING.

ABSTRACTS OF THE ACP 1ST ANNUAL GENERAL MEETING.
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4. Discussion
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Presentation:
INTRON A is a highly purified sterile, stable lyophilised formulation of Interferon Alfa-2b. It is a white to cream coloured powder.

INTRON A is a water soluble human protein produced by recombinant DNA techniques. Its activity is expressed in International Units (iu) with 10 million iu corresponding to 0.06 mg of Interferon Alfa-2b protein.

Each vial of INTRON A contains either 3 million, 5 million, 10 million or 30 million iu of Interferon Alfa-2b, together with aminoacetic acid, sodium phosphate dibasic and sodium phosphate monobasic as buffering agents and human albumin as a stabiliser. Prior to administration, the lyophilised powder is to be reconstituted with 1 ml Water for Injections BP to give an isotonic solution.

Uses:
INTRON A is indicated for the treatment of Hairy Cell Leukaemia.

Dosage and administration:
The recommended dose of INTRON A is 2 million iu/m², administered subcutaneously three times per week (ie every other day). The dosage may be adjusted according to the patient's tolerance to the medication. The median time to response is approximately one to two months. This regimen should be maintained unless the disease progresses rapidly or severe intolerance is manifested.

If adverse reactions develop, the dosage should be modified, or therapy temporarily discontinued until the adverse reactions abate. If persistent or recurrent intolerance develops following adequate dosage adjustment, or disease progresses, treatment with INTRON A should be discontinued.

Contra-indications:
INTRON A have not been observed, but if such a reaction develops the drug should be discontinued immediately. Moderate to severe adverse experiences may require modification of the dosage regimen, or, in some cases, termination of INTRON A therapy.

Adverse cardiovascular effects have been observed in some patients and appeared to be correlated with pre-existing condition, age, prior cardioactive therapy, as well as INTRON A dosage. These effects were controlled by modification of the dosage or discontinuation of the treatment. Hypotension may occur during, or up to two days post treatment and may require supportive treatment. Cardiac arrhythmias usually respond to conventional therapy, but may require discontinuation of INTRON A. Patients with a recent history of myocardial infarction and/or previous or current arrhythmic disorder should be closely monitored. Adequate hydration of patients should be maintained during treatment.

In a few cases CNS effects commonly manifested by confusion have been seen, usually at higher dose levels. These are reversible but full resolution may take up to three weeks. Discontinuation of INTRON A therapy may be required. Concurrent or previous use of neurotoxic, haemotoxic or cardiotoxic drugs may increase the toxicity of interferon and significant renal dysfunction may require dosage adjustment. There is evidence to suggest that interferons may affect the oxidative metabolic process and this should be taken into consideration in concomitant therapy with drugs metabolised by this route.

Although not clearly related to INTRON A therapy, bleeding, sometimes severe, has been observed. Safety in patients below the age of 18 has not been established.

It is not known whether INTRON A can cause foetal harm when administered to pregnant women or whether its components are excreted in human milk and therefore it should only be given to pregnant women or nursing mothers if the potential benefit to the mother clearly outweighs the potential hazard to the foetus or nursing infant.

Side-effects:
The most frequently observed laboratory abnormalities, especially at doses above 10 million iu daily, include elevated liver function tests, reduction in white blood cell, granulocyte and platelet counts. These were reversible on cessation of therapy.

Studies in patients and healthy volunteers showed the most common adverse effects were "flu-like" symptoms, leukopenia or thrombocytopenia and CNS effects. These could be ameliorated by adjusting the dosage level or schedule and all were reversible on interruption or cessation of treatment. The reactions were generally dose-related.

Paracetamol can be used successfully to alleviate the flu-like symptoms of fever and

for the treatment of Hairy Cell Leukaemia
A new generation of anti cancer agents