Figure 2 (A) The survival for 81 patients with metastatic TGCT according to the initial post-surgical S-LD-1 (— = 39 patients with S-LD-1 < 112 U L⁻¹, --- = 37 with S-LD-1 112–1120 U L⁻¹, and ··· = five with S-LD-1 > 1120 U L⁻¹). (B) The survival according to S-hCG (— = 39 patients with S-hCG < 30 IU L⁻¹, --- = 33 with S-hCG 30–4999 IU L⁻¹, ··· = four with S-hCG 5000–50 000 IU L⁻¹, ···· = five with S-hCG > 50 000 IU L⁻¹). (C) The survival according to the risk groups of the IGCCCG classification (— = 49 patients with a good prognosis, --- = 16 with an intermediate prognosis, and ··· = 16 with a poor prognosis). (D) The survival according to S-AFP (— = 50 patients with S-AFP < 24 µg L⁻¹, --- = 26 with S-AFP 24–999 µg L⁻¹, ··· = four with S-AFP 1000–10 000 µg L⁻¹, ···· = one with S-AFP > 10 000 µg L⁻¹). (E) The survival according to the concomitantly normal and raised levels of S-LD-1 and S-LD (— = 31 patients with normal values of S-LD-1 and S-LD, --- = eight with a normal value of S-LD-1 and a raised S-LD, and ··· = 42 with a raised S-LD-1 (with or without a raised S-LD)). (F) The survival according to the S-LD-1/S-LD ratio (— = 73 patients with an S-LD-1 ratio < 0.375, and --- = eight with a ratio > 0.375)

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Serum lactate dehydrogenase isoenzyme 1 as a prognostic predictor for metastatic testicular germ cell tumours – reply

Sir

von Eyben et al describe their experience of splitting total LDH into its various isoenzymes and have identified LDH isoenzyme 1 (S-LD-1) as having prognostic significance in untreated patients

with metastatic germ cell tumours. The evidence they present is clearly impressive and S-LD-1 appears to be able to identify patients with a poor outcome as effectively as the IGCCCG specification or serum HCG alone.

We agree that validation of their findings with a larger set of patients would be useful and also feel that the prognostic role of S-LD-1 in patients who relapse should also be assessed to see if its predictive role in this setting is maintained.

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