by CT, the effects of radiation exposure, nor other factors such race or socioeconomic status. They warn, however, that the costs and benefits of whole-body CT screening should be considered very carefully before the technique is introduced more widely.

**Original article** Beinfeld MT *et al.* (2005) Cost-effectiveness of whole-body CT screening. *Radiology* **234:** 415–422

## CD24 expression predicts disease progression in prostate cancer

As part of the search for new prognostic markers in prostate cancer, Kristiansen *et al.* have studied the expression of CD24, a small, glycosylphosphatidylinositol-linked cell surface protein thought to be involved in metastasis.

Using tissue from 102 adenocarcinomas of the prostate and 31 nodal metastases, the investigators assessed the level of expression of CD24 immunohistochemically, and assigned a semiquantitative score for each sample. They then related these findings to clinicopathologic parameters measured during the median follow-up period of 30.5 months.

Although rare in normal tissue, CD24 expression was observed in almost half (48%) of the primary prostate cancer samples. Furthermore, the protein was detected in 68% of the nodal metastases. In a multivariate analysis, CD24 expression in primary tumors strongly predicted earlier disease progression—as indicated by prostate-specific antigen relapse—with a relative risk of 3.2 ($P = 0.005$). This new prognostic marker appeared to be a more influential predictor of disease progression than pT stage or preoperative prostate-specific antigen level.

Concluding that the measurement of CD24 expression might provide a useful means of risk stratification in prostate cancer, the authors remark that the protein is overexpressed in several other solid tumors and so may have a role as a general prognostic tumor marker.

**Original article** Kristiansen G *et al.* (2004) CD24 expression is a significant predictor of PSA relapse and poor prognosis in low grade or organ confined prostate cancer. *Prostate* **58**: 183–192

## Risk of venous thrombosis among cancer patients

The Multiple Environmental and Genetic Assessment (MEGA) study of risk factors for venous thrombosis has confirmed the link between cancer and venous thrombosis, and has begun to decipher which patients are at risk.

This population-based study in the Netherlands included 3,220 consecutive patients who experienced a first pulmonary embolism or deep venous thrombosis of the leg. A further 2,131 participants, all of whom were partners of the patients, were included as controls. All participants completed a questionnaire about acquired risk factors for venous thrombosis in the period before the index date. This was then followed up by interview three months after each patient discontinued anticoagulation therapy. At this time, a blood sample was taken to allow testing for factor V Leiden and prothrombin 20210A mutations.

Comparison of the data from patients and control participants revealed a seven-fold higher risk of venous thrombosis in those with a malignancy than in those without. Analysis by tumor type showed that hematological malignancies carried the highest risk, followed by lung and gastrointestinal tumors. It was not possible, however, to measure the risk associated with some rare tumors. The risk of venous thrombosis was increased by a factor of more than 50 in the first few months after diagnosis of cancer, and patients with distant metastases were at higher risk than those without. Finally, the risk of venous thrombosis was higher still among carriers of the factor V Leiden or prothrombin 20210A mutations.

Concluding that cancer patients were at a significantly increased risk of venous thrombosis, the authors propose that certain patients might benefit from prophylactic anticoagulation treatment. The benefits of such treatment, however, would need to be balanced carefully against the increased risk of hemorrhage.

**Original article** Blom JW *et al.* (2005) Malignancies, prothrombotic mutations, and the risk of venous thrombosis. *JAMA* **293:** 715–722