LETTER TO THE EDITOR

Soluble IL-2 α and ovarian cancer

Sir – The report by Owens *et al.* (1993) on the interleukin-2 receptor in ovarian cancer raises a number of questions.

The interleukin-2 receptor that the authors refer to is more correctly described as the soluble interleukin-2 receptor α . Furthermore, in their introduction, the authors seem to be unaware of IL-2R γ (Kamio *et al.*, 1992; Takeshita *et al.*, 1992). It is not correct to state that both the 55 kDa and 75 kDa components bind IL-2 with low affinity. The current hypothesis is that IL-2R α binds IL-2 with low affinity, but this receptor is not expressed on normal human cells as the only IL-2 receptor. The intermediate-affinity receptor, formerly designated the 75 kDa receptor, is now known to be a heterodimeric structure of IL-2R β and IL-2R γ (Taniguchi & Minami, 1993).

The authors state that 'To date IL-2R has been evaluated extensively in haematological malignancies, but seldom in ovarian cancer.' We first published results on the serum and ascitic levels of sIL-2R α , and correlated these with CA-125

levels (Barton *et al.*, 1993a). The values for serum sIL-2R α obtained by Owens *et al.* (1993) are similar to those we had reported. Our study showed that the ascitic levels of sIL-2R α exceeded the serum levels, an observation in keeping with the known tendency of ovarian cancer to remain confined to the peritoneal cavity.

Finally, we have also studied the effect of surgery on serum sIL-2R α levels in gynaecological cancers (Barton *et al.*, 1993b).

Yours etc,

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