nodes or elsewhere, who have strong family histories of gastric carcinoma and a small likelihood of residual disease, this decision would appear to be prudent. Whole-body thallium scans with serum thyroglobulin measurements are additional tests that could be used to monitor these patients and manage them conservatively while they are euthyroid on thyroid hormone replacement therapy (4); 18F-fluoro-2-deoxy-D-glucose positron emission tomography imaging could also be used to help monitor these patients (5).

Many endocrinologists and nuclear medicine physicians are unaware of the research by Holm et al. (1). A twocolumn news brief summary, "Swedish Epidemiological Study Affirms Safety of Iodine-131 Therapy," recently appeared in the Journal of Nuclear Medicine (6), with two paragraphs devoted to the increased risk of gastric carcinoma. More physicians should be aware of the study findings and should reconsider risks versus benefits when recommending radioiodine treatment for hyperthyroidism (typical dose: 10-30 mCi given orally) or, in particular, for thyroid carcinoma (typical dose: 100-200 mCi given orally) in young patients who have a strong and documented family history of gastric carcinoma.

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References

Erratum: "Enhancement of Nitrosourea Activity in Medulloblastoma and Glioblastoma Multiforme," by H. S. Friedman, M. E. Dolan, R. C. Moschel, et al. [J Natl Cancer Inst 84:1926-1931, 1992 (Issue 24)]. Friedman writes, "We would like to correct a mistake in this report. We have recently discovered that the human medulloblastoma line D341 Med was cross-contaminated in our laboratory with the human rhabdomyosarcoma line TE-671. Accordingly, enhancement of nitrosourea activity following O6-benzylguanine-mediated depletion of alkyltransferase can enhance nitrosourea activity against medulloblastoma and glioblastoma as originally stated in our report and, by virtue of the cross-contamination, extend these observations to human rhabdomyosarcoma as well."

Table 1. Tumor growth delay and regression resulting from treatment of D341 Med xenografts growing subcutaneously in athymic BALB/c mice with carmustine (BCNU), O6-benzylguanine (O6BG), or BCNU plus O6BG

<table>
<thead>
<tr>
<th>Experiment No.</th>
<th>Treatment*</th>
<th>T - Ct, d</th>
<th>Regressions†</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BCNU (0.38 LD10)</td>
<td>-0.9</td>
<td>1 of 8</td>
</tr>
<tr>
<td></td>
<td>O6BG</td>
<td>0.2</td>
<td>1 of 9</td>
</tr>
<tr>
<td></td>
<td>BCNU (0.38 LD10) + O6BG</td>
<td>30.9</td>
<td>7 of 8</td>
</tr>
<tr>
<td>2</td>
<td>BCNU (0.38 LD10)</td>
<td>2.8</td>
<td>0 of 8</td>
</tr>
<tr>
<td></td>
<td>O6BG</td>
<td>1.9</td>
<td>0 of 9</td>
</tr>
<tr>
<td></td>
<td>BCNU (0.38 LD10) + O6BG</td>
<td>38.3</td>
<td>7 of 7</td>
</tr>
</tbody>
</table>

*DLD10 = dose lethal to 10% of treated animals.
†T = C: growth delay in days defined as the difference between the median time for tumors in treated (T) and control (C) animals to reach five times the volume at initiation of treatment.
‡Regression is defined as a decrease in tumor volume over two successive measurements. Values = No. of tumors (i.e., one tumor per mouse).

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Journal of the National Cancer Institute, Vol. 86, No. 13, July 6, 1994