Matters arising

Histocompatibility antigens on astrocytoma cells

Sir: We have read with interest the article on histocompatibility antigens on astrocytoma cells by Hirschberg et al 1 recently published in your journal. The authors state that dissociated cells from astrocytomas of various degrees of malignancy do not express HLA-D DR determinants. We recently demonstrated that monoclonal anti-HLA-DR antibodies reacted with glial cells from several established lines, as shown in an antibody-binding radioimmunoassay. Monoclonal anti-HLA-DR antibodies were shown to lyse specifically 51 Cr-labelled glial cells in the presence of complement. Absorption of anti-HLA-DR antibodies by glial cells abolished their cytotoxicity against blasts isolated from a common acute lymphoblastic leukaemia (c-ALL) line. Immuno-precipitation of solubilised 125 I-labelled membrane proteins from glial cells by monoclonal anti-HLA-DR antibodies revealed two polypeptide chains of 28 and 33 kilodaltons characteristic of HLA-DR antigens. It must be stressed, however, that not all glial cell lines tested expressed HLA-DR antigens (three of eight tested). 2 Hirschberg et al point out that cell lines derived from solid tumours are probably not as suitable as primary tumour cell cultures in the study of representative antigenic determinants on the cell surface. This is true, but primary cultures are already a selection of the original cells. We have stained frozen gliala tissue with anti-HLA-DR monoclonal antibodies in an indirect immunoperoxidase assay and found that neoplastic cells were heavily stained, thus demonstrating that the antigen is also present on the tumour cells in vivo.

It may be noteworthy that Hirschberg et al have published the same results, with the same figures, same tables and identical summary in Tissue Antigens, 3 at the same time as in the Journal of Neurology, Neurosurgery and Psychiatry.

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References


Training for clinical practice

Sir: The editorial commentaries by Dr Hopkins and Professor Marsden (December, 1981) raise issues of relevance to clinical neurosciences education. Dr Hopkins records that established clinical training is founded on specific nosological entities, which his table shows to be uncommon in practice. Moreover, as he and Dr Fitzpatrick report in their accompanying article, 1 patients present to neurologists 2 with complaints of disordered form and function. Professor Marsden concludes from Dr Hopkins' figures that the majority of common neurological problems in the United Kingdom will be managed by primary care physicians; it is important to know, therefore, whether current training equips practitioners with the requisite proficiencies to execute these responsibilities.

As part of a study to define educational objectives 3 in undergraduate neurosciences and to establish competencies in clinical neurology relevant to future activities...
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