Transfection of the Type II TGF-β Receptor Into Colon Cancer Cells Increases Receptor Expression, Inhibits Cell Growth, and Reduces the Malignant Phenotype ........................................ 781

Previous studies have shown that SW48 colon cancer cells are resistant to TGF-β induced growth inhibition and lack functional type I and type II TGF-β receptors. Transfection of SW48 colon cancer cells with the cDNA for the type II TGF-β receptor (RII) caused increased expression of RII mRNA and protein, growth inhibition in vitro, and a reduction in the in vitro and in vivo malignant phenotype. These results confirm that RII is a tumor suppressor protein that is required for TGF-β-induced growth inhibition in SW48 colon cancer cells.

Sally L. D. MacKay, PhD, Troy Auffenberg, BS, Cynthia L. Tannahill, MS, Riadh Ksontini, MD, Michael D. Josephs, MD, Monika Nowak, PhD, Lyle L. Moldawer, PhD, and Edward M. Copeland III, MD

Gainesville, Florida

Testosterone: The Crucial Hormone Responsible for Depressing Myocardial Function in Males After Trauma-Hemorrhage ........................................ 790

Although castration of male animals before trauma-hemorrhage prevents immunodepression after hemorrhage and resuscitation, it remains unknown whether testosterone depletion before trauma-hemorrhage has any salutary effects on cardiac performance following such conditions. Our results suggest that testosterone depletion (i.e., precastration) prevents the decrease in the in vivo heart performance after trauma-hemorrhage and resuscitation. Because the male sex hormones appear to play a crucial role in depressing myocardial function, testosterone antagonism in male trauma victims may be an effective approach for maintaining myocardial function following trauma and hemorrhagic shock.

Dierk E. Remmers, MD, William G. Cioffi, MD, Kirby I. Bland, MD, Ping Wang, MD, Martin K. Angele, MD, and Irshad H. Chaudry, PhD

Providence, Rhode Island

Surgical Treatment of Adenocarcinoma of the Rectum ........................................ 800

The surgery of rectal cancer is controversial—so, too, is its adjuvant management; questions such as preoperative versus postoperative radiation versus no radiation are key. An approach in which the entire mesorectum is excised has been promulgated as compatible with low local recurrence rates.

Salman Zaheer, MBBS, John H. Pemberton, MD, Ridzuan Farouk, MCh, Roger R. Dozois, MD, Bruce G. Wolff, MD, and Duane Ilistrup, MS

Rochester, Minnesota

(continues)
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