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Letter

Vinorelbine for Recurrent Adenocarcinoma-like Salivary Gland Malignancies

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Vinorelbine (VNB), a new semisynthetic vinca alkaloid, has proven to be effective in non small cell lung cancer, breast cancer, cisplatin-resistant ovarian carcinoma and Hodgkin's disease. In recurrent squamous cell head and neck cancer, vinorelbine has shown moderate activity (O.R. = 17%) as first line therapy [1] and very low efficacy in heavily pretreated patients [2].

This study evaluated the efficacy of VNB as palliative therapy in patients with recurrent adenocarcinoma-like tumours of major and minor salivary gland origin. Vinorelbine was administered at a dose of 30 mg/m^2 intravenously (i.v.) weekly.

The drug was administered at half the initially planned dose if patients had grade II neutropenia and treatment was withheld in the event of grade III–IV neutropenia. Treatment was discontinued if grade III to IV neurological, hepatic, or renal toxicity occurred.

Patients received treatment for at least 9 weeks unless progression was documented after at least 4 weeks of treatment. Patients with stable disease continued treatment for at least 18 weeks. Patients who achieved an objective response continued treatment until progression or toxicity.

From April 1993 to December 1994, 14 patients were entered in the study (Table 1). All patients had clear evidence of a tumour progression at the start of chemotherapy. Overall, 117 courses of VNB where given; (median per patient: 9; range 6–19). All patients were evaluable for response and toxicity. 2 patients with adenoid cystic carcinoma achieved a partial response (PR) (14%) lasting 3–6+ months, in one of these at the progression, retreatment with VNB was effective and the patient had a new PR lasting 7 months.

6 patients had no change (NC) (43%) with a median duration of 3 months (2.5–10+) and 6 progressive disease (PD) (43%). Patients with performance status (PS) 0–1 had better response (PR+NC; 7/11; 55%) than patients with PS = 2 (1/3; 33%). Patients with adenocarcinoma showed a slightly better response (2/3 PR+NC) than patients with adenoid cystic carcinoma (6/10). Patients who had a local

Table 1. Patient characteristics (n = 14)

Age (years)	
Median	60
Range	27–74
Sex	
Male	9
Female	5
ECOG performance status	
PS 0	3
PS 1	8
PS 2	3
Prior therapy	
Surgery + radiation	12
Surgery + radiation + novantrone	2
Site of primary tumour	
Parotid gland	3
Submandibular gland	1
Hard palate	4
Buccal mucosa	3
Base of tongue	1
Maxillary sinus	2
Histology	
Adenocarcinoma	3
Adenoid cystic carcinoma	10
Malignant mixed tumour	1
Site of recurrence	
Local	5
Local + metastases	1
Metastases only	8
Site of metastases	
Lung	6
Lung + bone	2
Lung + bone + lymph-node + skin	1

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relapse had the same response rate (3/6) observed in distant metastases (5/8). The patients previously treated with novantrone had no response. The median survival time was 10 months for PR/NC patients, 3.7 months for non-responders; median overall survival was 7 months. 9 patients (64%) had pain before chemotherapy. Results on pain were constant in responders (5/9): analgesic drugs assumption was reduced.

Among non-responders, a transient reduction in pain was achieved in 2/4 patients. No drug-related death or grade IV toxicity occurred. In 117 administered cycles, grade I leucopenia was observed in 22/117 cycles (19%), grade II in 7.7% and grade III in 5.1%; grade I nausea was reported in ten cycles (8.5%), grade I thrombocytopenia in four cycles (3.4%) and local phlebitis in 12 (10.2%). Grade I neurotoxicity was observed in one patient (7.1%); constipation in 2 patients (14.2%) and a mild alopecia in 1 (7.1%).

In conclusion, the treatment was well tolerated and toxicity was manageable. The preliminary results of our study suggest that VNB has some antitumour activity in adenocarcinoma-like salivary gland malignancies; the poor results are probably due to the high percentage of adenoid cystic carcinoma with distant metastases (9 patients). Despite the absence of an apparent survival benefit, palliation of pain and local disease was frequently pronounced.

Cisplatin is one of the most active drug in this histology [3] and its combination with VNB has shown a clinical synergistic activity in many tumours [4–6]; for these reasons, in our future studies we will investigate this combination in recurrent adenocarcinoma-like salivary gland malignancies.

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