Europ. J. Cancer Vol. 16, pp. 1643–1644
© Pergamon Press Ltd. 1980. Printed in Great Britain

0014-2964/80/1201-1643 $02.00/0

Letter to the Editor

Clinical Study of Vincristine in Adenocarcinoma of the Lung

A Study of the Early-Clinical-Trial Group of the E.O.R.T.C.

A. BRUGAROLAS,*† H. H. HANSEN‡ and P. SIEGENTHALER§

**Hospital General de Asturias, Oviedo, Spain, ‡Finseninstitutet, Copenhagen, Denmark and §Hôpital des Cadolles, Neuchatel, Switzerland*

In a recent report it was suggested that Vincristine (VCR, NSC 67574) could represent an active drug in the treatment of adenocarcinoma of the lung (type III, WHO Classification) [1]. In this study 5 objective responses were observed in 15 patients with advanced carcinoma of the lung, and the median survival time for responding patients was 339 days as compared to 73 days for non-responding patients [2]. The Early Clinical Trial Group of the E.O.R.T.C. initiated a confirmatory study, and the results obtained are reported here.

VCR was given at a dose of 1 mg/m^2 i.v. weekly, administered for 8 weeks unless progression of the disease or moderate neurologic toxicity was documented. Mild neurologic toxicity was defined as the presence of tolerable paresthesia, and/or loss of tendinous reflexes, and did not require dose modification. Moderate neurologic toxicity was defined by painful paresthesia, sensory loss, disabling weakness or abdominal cramps. When moderate neurologic toxicity was observed, VCR was discontinued for a period of 2 weeks–1 month, and if improvement was noticed during this period, VCR was resumed at a maximum dose of 1 mg i.v. every 2 weeks.

Accepted 24 July 1980.

†To whom requests for reprints should be addressed.

Responses were assessed according to strict criteria, as defined elsewhere [3].

Thirty-four patients with advanced carcinoma of the lung, no longer suitable for surgery, entered in the study, including 22 males and 12 females. The median age was 63 years. Only 2 patients had received prior chemotherapy and none of the patients had received prior radiotherapy. The median Karnofsky scale value was 80%. Two patients were not evaluable because of early death within 2 weeks of initiation of therapy, and another 2 patients were excluded because of absence of measurable lesions.

Side effects due to treatment were mild to moderate. Nausea and vomiting were observed in 4 patients, and anorexia was observed in 3 patients. Neurologic toxicity was considered mild in 4 patients, moderate in 8 patients and severe in 6 patients. Nine patients received more than 10 weekly treatments of VCR and 7 patients presented moderate to severe paresthesia which required temporary discontinuation of VCR treatment. Hematologic toxicity was not observed.

Among 30 evaluable patients only 2 objective remissions were observed (6.6%). According to these results, the conclusion of this trial is that VCR administered alone had no clinical activity in adenocarcinoma of lung.

REFERENCES

1. L. Kreyberg, *Histological Typing of Lung Tumors*. World Health Organization, Geneva (1967).

2. A. Brugarolas, A. J. Lacave, A. Ribas and M. T. Garcia Miralles, Vincristine (NSC 67574) in non-small cell bronchogenic carcinoma. Results of a Phase II clinical study. *Europ. J. Cancer* **14,** 501 (1978).
3. P. Alberto, M. Rozencweig, D. Gangji, A. Brugarolas, F. Cavalli, P. Siegenthaler, H. H. Hansen and R. Sylvester, Phase II study of anhydro-ara-5 fluorocytidine in adenocarcinoma of gastrointestinal tract, epidermoid carcinoma of lung, head and neck, breast carcinoma, and anaplastic small cell carcinoma of lung. *Europ. J. Cancer* **14,** 195 (1978).