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Letter to the Editor

EORTC Phase II Trial of Vindesine in Advanced Melanoma*

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EARLY reports on a response rate of 16–24% of vindesine (VDS) as a single agent in the treatment of advanced melanoma [1, 2] were encouraging and prompted the EORTC Melanoma Cooperative Group in 1979 to embark on a phase II trial in stage III melanoma. The protocol (No. 18792), adapted after that of Retsas *et al.* [1] with minor modifications, required weekly intravenous bolus injections of 3 mg/m^2 (to be reduced to 2 mg/m^2 in patients with extensive prior chemotherapy) during 6 weeks and every 2–3 weeks thereafter.

The characteristics of 21 evaluable patients from 5 institutions are presented in Table 1. Twelve patients received 3.0 mg/m^2 and nine 2.0–2.9 mg/m^2 as initial dose. One patient received 3, two 4, five 5, eight 6 and five 7–14 injections.

None of the patients achieved a complete or partial response and only two patients had stable disease, one for 7 months (treatment was stopped arbitrarily after 3½ months) and another for 4 months (treatment was stopped after 6 weeks because of toxicity and infection). All other patients had progressive disease (which was the reason for discontinuation of VDS treatment in all cases).

Table 1. Patient characteristics

Men/women	13/8
Median age in years (range)	50 (28–76)
Median Karnofsky score (range)	80 (50–100)
Previous chemotherapy: no	8
yes	13*
Metastatic sites: soft tissue only	11
visceral only	5
soft tissue and visceral	5

*DTIC only: 6; PALA only: 1; vincristine-containing combinations: 4; other combinations: 2.

Only one-half of the patients tolerated the full initial dose for the first 6 weeks. The main side-effects were peripheral neuropathy, alopecia, fever and fatigue. Leukocyte counts never fell below 1100/mm^3.

As a conclusion, we can say that when the present disappointing results are added to results of others [2–8], the pooled overall response rate becomes 29/204 (14%). Because of this low response rate and the shortness of duration of the responses generally noted by most others [2–7], we conclude that VDS has no place as a single agent in the treatment of advanced (stage III) melanoma. The high response rate of 9/20 (45%) seen by the Scottish Melanoma Group [8] in inoperable stage II patients may, however, indicate that VDS may still be a useful drug in combination chemotherapy, especially in earlier disease.

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