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Letter to the Editor

TNO6 in Non Small Cell Lung Cancer

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ALTHOUGH *cis*-platinum has only limited activity in non small cell lung cancer as a single agent [1,2,3] it has been employed in many of the combination regimes which show the highest response rates [2,4]. In a search for less toxic analogues of *cis*-platinum, TNO6 (1,1 diammine methyl cyclohexane sulphate platinum (II), NSC 311056) was investigated in the treatment of non small lung cancer as part of a multi-centre phase II study.

Fifty-four patients with non small cell lung cancer were entered in the study. Forty-four patients were evaluable for response, the remainder being excluded on the basis of early death (within 4 weeks of treatment commencing — eight patients), inadequate documentation and assessment (one patient) and inevaluable disease (one patient).

All 44 evaluable patients had measurable tumours or evaluable disease. The diagnosis of non small cell lung cancer was documented by histologic examination or sputum cytology.

Treatment comprised TNO6 30 mg/m^2 given as an infusion over 1 hr with no additional hydration. Treatment was repeated at 4-weekly intervals and the dose was escalated to 35 mg/m^2 in the absence

Table 1.

Characteristics			No. of patients
Patients entered			54
Patients evaluable			44
Median age (range)		54 years (29–70)	
Median performance status (range)		70% (50–100%)	
Histology	— Squamous carcinoma		28
	Adenocarcinoma		17
	Anaplastic carcinoma		7
	Pleomorphic carcinoma		1
	Adenosquamous carcinoma		1
Prior treatment	— Radiotherapy alone		13
	Chemotherapy alone		11
	Radiotherapy and chemotherapy		13
	No prior treatment		17
Median survival (range)		76 days (10–240)	
Toxicity			
Median platelet nadir (range)		214 × 10^3/mm^3	(61–732 × 10^3/mm^3)
Median white cell nadir (range)		5.5 × 10^3/mm^3	(1.2–15.7 × 10^3/mm^3)

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Patients were treated and studied by the following clinicians: H. Arnold, H. Henss, G. R. P. Blackledge, L. Adenis, A. Joveniaux, A. Caty, M. Marangolo, F. Calabresi, T. Gamucci, S. B. Kaye, K. C. Calman, D. J. Th. Wagener, H. P. Schultz, D. G. Clarke, A. R. Timothy, M. de Lena and S. Romito.

of severe haematologic toxicity. Standard criteria for response were employed.

The characteristics of the patients are shown in the table. One patient who had received prior radiotherapy achieved a partial remission lasting 2 months. No other responses were seen. Median survival was 76 days. Toxicity was generally mild with the exception of nausea and vomiting which occurred following treatment in 83% of courses assessed. No significant renal toxicity was observed in this group of patients, though TNO6 has been noted to cause severe unpredictable renal damage [5].

Although the majority of patients studied here had received prior treatment, it is considered unlikely that TNO6 has significant activity against non small cell lung cancer.

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