

Forty-eight patients distributed between trial A (N0, N1 or minimal N2) and trial B (other than minimal N2).

Trial A : 36 patients randomized between radiotherapy and observation.

Trial B : 12 patients randomized between radiotherapy, radio+chemo, observation.

Protocol 08871 : chemoprevention, trial conducted jointly with the EORTC Head and Neck Group. Completely resected non-small cell lung cancer and curatively treated laryngeal and oral cancer randomized to receive intensive screening or not, N-acetyl/cysteine or not and retinol palmitate or not. Nine patients entered by 3 institutions, 5 head and neck tumours, 4 lung tumours.

Protocol 08863 : chemotherapy followed by surgery and radiotherapy in patients with biopsy proven N2 disease.

Poor accrual (4 patients), may be due to the competition with the next 2 protocols.

Protocol 08842 : combination radio/chemo in inoperable limited disease. This very important phase II trial needs 11 more patients to be completed.

Protocol 08844 : cisplatin as radiosensitizer in inoperable limited disease. 285 patients entered; we expect to close the trial at the end of this year. Results of the quality control study now being analyzed by the study coordinators.

Protocol 08875 : phase III trial of teniposide-cisplatin in metastatic disease.

29 patients entered, 15 of them randomized in the arm DDP/VM26 and thus eligible for the NEMESIS trial (protocol 08881 comparing efficacy and tolerability of ICS 205-930 with a metoclopramide-containing antiemetic cocktail for prevention of cisplatin-induced emesis); however it has been decided to open Nemesis not only to patients randomized in 08875 but to patients entered in any protocol including cisplatin (minimum dosage of 50 mg/m²). Forms are now being tested in Amsterdam and as soon as they are judged usable, the study can be activated.

Protocol 08872 : ACNU in advanced small and non-small lung carcinoma.

60 patients entered. One response in the brain reviewed and confirmed. The study is now completed for non-small cell but still open to small cell patients.

Mesotheliomas

Protocol 08878, testing the effects of VP-16 on mesotheliomas is now open, 3 patients have already been registered.

Thymomas

Protocol 08853 : phase II trial with cisplatin/etoposide combination. 9 patients have been entered by 3 institutions. Minimum required : 20 patients.

After the review of ongoing trials Dr. Giaccone presented a draft protocol (Phase II) of TNF in small and non-small carcinoma that according to the wishes of members present, will be finalized and sent to the Protocol Review Committee for a "Quick Procedure".

The Chairman presented an appendix phase III protocol for Gamma-IFN maintenance therapy for small cell patients previously responding on (chemo)therapy. This protocol is not yet in its final form and will be distributed around the Group for comments.

After the formal election of Dr. Splinter as Secretary and the encouragements of the Chairman and to keep an eye open especially to those studies that are not well accruing, the meeting was adjourned.

Next meeting : Roma, January 27 and 28, 1989.

Dr. N. Van Zandwijk

Mrs. A. Kirkpatrick

EUROCODE : A COMPUTER NETWORK FOR ONCOLOGISTS

EuroCODE is an innovative project developed by EORTC under the auspices of the European Economic Community (EEC program "Fight Against Cancer"). The purpose of this project is to facilitate the exchange of information between oncologists, national and international organizations, data centers, and research centers dealing with cancer. In order to achieve this goal, a computerized network accessible to all interested parties has been developed by and implemented at the EORTC Data Center in Brussels on a microVAX II computer.

This computer has now been in operation for two years and offers the following capabilities to the users of EuroCODE :

1. access to a database of EuroCODE users
2. electronic mail between EuroCODE users
3. access to a list of forthcoming cancer meetings
4. access to a database of on-going EORTC clinical trials
5. registration and randomization of patients in clinical trials
6. access to PDQ (Physicians Data Query) (February 1989) No sophisticated equipment is needed to access the EuroCODE network. Any computer terminal or microcomputer can be used with a suitable "modem". The EORTC Data Center can be contacted by potential users for further information (Telephone : (32)(2) 539.30.20)

PDQ (PHYSICIANS DATA QUERY)

PDQ, the US National Cancer Institute's (NCI's) electronic database of cancer treatment information, will be available on EuroCODE early in 1989. This collaborative effort of the EORTC and NCI provides European investigators with up-to-date information on clinical trials and cancer treatment based on current literature. PDQ stands for Physicians Data Query. The purpose of PDQ is to provide current treatment information so that every cancer patient can receive the best standard therapy available and physicians can be informed about relevant investigational trials for their patients. The PDQ database consists of three files : the Cancer Information File, the Protocol File, and the Physician and Organization Directory File. The EORTC has committed to provide NCI with a monthly update of all protocols and investigators participating to EORTC clinical trials. In return, new releases of the PDQ database will be provided by NCI to EORTC on a monthly basis. PDQ will officially be launched on the EuroCODE network in February 1989. EuroCODE will then offer to all European investigators the unique combination of a database with all active investigational protocols and an on-line randomization system for the entry of patients into EORTC trials.