in the importance of cancer research and in the benefits that can accrue to everybody.

1992 will also see a second international conference on breast cancer in Paris sponsored by ECCCR, the European Society of Mastology (EUSOMA) and ARC. Under the leadership of Umberto Veronesi and Jacques Crozemarie, the conference will be the start of an overall education campaign throughout Europe to raise women's consciousness about breast cancer and to keep the medical establishment informed about the latest research.

The first international conference on breast cancer which was held in Venice this year had standing room only for 2 days. It was open to breast cancer specialists and oncologists free of charge in the hope of attracting younger doctors who need to have more rapid access to clinical information for their day to day practice.

The importance of international collaboration cannot be overemphasised. In Europe we have the capability to pool our knowledge and to arrive at some innovative solutions. We all recognise that research in isolation is neither productive nor cost-effective. ECCCR continues to take steps to sponsor conferences and symposia designed to provide a forum to discuss specific research findings, expand international communication and create research networks between scientists.

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Letters

Phase II Study of Pirarubicin in Untreated Metastatic Small Cell Lung Carcinoma

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PIRARUBICIN a doxorubicin analogue, has a broad antitumour activity similar to that of doxorubicin. Its expected lower cardiotoxicity [1] led us to test this drug in untreated metastatic small cell lung carcinoma (SCLC).

*Table 1. Response to pirarubicin and to cisplatin/etoposide**

	Cisplatin/etoposide				
	n	CR	PR	No change	Prog.
Pirarubicin					
CR	1	1			
PR	2	1	1		
No change	5		2	3	
Prog.	12	1	7		4

* 6 patients were not crossed over.
CR = complete response, PR = partial response and Prog. = progression.

From June 1988 to February 1990, 32 patients with untreated metastatic SCLC were entered into our study of pirarubicin as first-line chemotherapy; 6 were ineligible (4 NSCLC, 2 M0). All patients fulfilled the following eligibility criteria: measurable disease, performance status less than 3, white blood cell count over 2.5 10^9/l and platelets above 100 10^9/l, and informed consent was obtained. There were 25 men and 1 woman (mean age 58, range 38–71). Pirarubicin was administered as a 60 mg/m^2 intravenous bolus on day 1. 3 weeks later, if there had been no objective progression, another course was given. In cases of progression, there was a change to chemotherapy with cisplatin 100 mg/m^2 on day 1 and etoposide 120 mg/m^2 on days 1–3, every 3 weeks for three courses. There was a third check-up for final assessment.

12 patients received one course and 14 two courses. The mean dose was 93 mg/m^2 (range 60–130). All 26 patients were evaluable for response to pirarubicin. There was 1 complete response and 2 partial responses, to give an overall response rate of 12% (95% confidence interval 3–30%). The toxicity of pirarubicin was low, with 1 case of granulocytopenia and 1 of vomiting (grade 3). 6 patients who did not receive cisplatin/etoposide deteriorated rapidly. The overall response rate to cisplatin/etoposide was 65% (41–85) (Table 1). The response rate to cisplatin/etoposide after progression or no change with pirarubicin was 59% (33–81). At the end of chemotherapy, 13 responses were obtained out of 26 patients, to give an overall response rate of 50% (30–70%). The median duration of survival for the group as a whole was 30 weeks.

Pirarubicin was marginally effective in metastatic SCLC. However, the drugs was severely assessed with bronchoscopy and early crossover and the 95% CI for the response rate did not differ significantly from that observed by Henss *et al.* [2]. The good tolerance of pirarubicin, even at a high dose, in this population warrants further studies in the dry combination.

The use of an investigational new drug in front-line therapy appears feasible and ethically acceptable in metastatic SCLC, provided an early crossover is scheduled. The overall response rate and the median survival were not modified by this strategy.

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