Eur J Cancer, Vol. 28A, No. 8/9, p. 1590, 1992.
Printed in Great Britain
0964–1947/92 $5.00 + 0.00

A Phase II Study of Epirubicin in Patients with Advanced Adenocarcinoma of the Pancreas

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THE PROGNOSIS for patients with pancreatic carcinoma remains dismal [1] and effective treatments are required. Wils *et al.* reported 8 responses in 34 evaluable patients who had received epirubicin [2]. This response rate of 24% encouraged us to study epirubicin in inoperable pancreatic carcinomas.

Patients were eligible if they fulfilled the following criteria: histologically and/or clinically confirmed adenocarcinoma of the pancreas, aged below 75, performance status (ECOG) 0–3, no previous treatment with irradiation or chemotherapy, measurable disease, adequate bone marrow, cardiac, hepatic and renal functions, no severe complications, no active second cancer, estimated life expectancy of 4 weeks or more and informed consent given. Computed tomography and sonography were used to measure lesions. Epirubicin was given (90 mg/m^2) intravenously on day 1 and repeated every 4 weeks. Response was evaluated every 4 weeks. Definition of response and toxicity was according to WHO criteria. When the disease progressed, the treatment was changed to another chemotherapy.

14 patients entered the study and all were evaluable (Table 1). There were neither complete responses nor partial responses (3 no change and 11 disease progression). 8 patients (57%) had severe leukopenia (more than grade 3). Moderate to severe nausea and vomiting was also frequently seen, and 10 patients (71%) had alopecia. There were no toxic deaths.

Thus, we saw no response with epirubicin as single agent in the treatment of advanced pancreatic carcinoma. Further trials of combination with epirubicin are not recommended.

Table 1. Patients, responses and toxicity

	No. of patients
Entered/evaluable	14/14
Median age (range)	56 (45–69)
M/F	6/8
Performance status	
0–1	5
2–3	9
Location of pancreatic cancer	
Head	7
Body and tail	7
Site of measurable disease	
Pancreas	13
Liver	7
Lung	1
Lymph node	1
Median no. of courses	1.7 (1–3)
Response	
No change	3
Disease progression	11
Toxicity (≥ grade 3)	
Leukopenia	8 (57%)
Anaemia	3 (21%)
Nausea/vomiting	4 (29)%

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Revised 7 Jan. 1992; accepted 15 Jan. 1992.

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Eur J Cancer, Vol. 28A, No. 8/9, pp. 1590–1591, 1992.
Printed in Great Britain
0964–1947/92 $5.00 + 0.00

Acute Febrile Neutrophilic Dermatosis (Sweet's Syndrome) in Metastatic Breast Cancer

Henrik Nielsen

ACUTE FEBRILE neutrophilic dermatosis (Sweet's syndrome) was initially described as a benign disease of unknown aetiology [1]. The disorder is characterised by high temperature, neutrophilic leukocytosis and multiple, raised, erythematous, painful cutaneous plaques. The skin lesions show a dense dermal infiltrate of mature neutrophils on histological examination. The disease responds promptly to steroids.

Subsequently, it became clear that Sweet's syndrome may be related to malignancy as a paraneoplastic phenomenon. The neoplastic condition most frequently associated with Sweet's syndrome is acute myelogenous leukaemia, but in addition several other haematological malignancies are reported [2, 3]. In contrast, few patients with solid cancers have been described [2–5], curiously most with pelvic origin of the primary tumour. Moreover, despite the high prevalence of breast cancer, only 2 cases have been associated with Sweet's syndrome [4, 5].

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Received 22 Jan. 1992; accepted 29 Jan. 1992.