Eur J Cancer, Vol. 29A, No. 3, p. 477, 1993.
Printed in Great Britain
0964–1947/93 $6.00 + 0.00

Cisplatin–Mitomycin and Vindesine in the Treatment of Inoperable Non-small Cell Lung Cancer Groupe Français de Pneumo-Cancérologie (GFPC)

Pascal Thomas, Jean-Pierre Kleisbauer, Maurice Perol, André Taytard, Roland Poirier, Hervé Le Caer, Jean-Claude Guerin, François Bonnaud, Pierre Balmes, Pierre Carles, Jean Vergeret, Jean-Michel Chavaillon and Hervé de Muizon

NON-SMALL CELL LUNG CANCER (NSCLC) is generally chemoresistant. Cisplatinum (CDDP), mitomycin C (MTC) and vindesine (VDS) have shown an objective response rate of 41% in eight publications prior to 1989 [1]. We have conducted a prospective trial of this chemotherapy in 98 patients.

Patients were eligible if they were <75 years of age, had pathologically proven inoperable NSCLC, never treated and without brain metastasis. Patients selected had normal renal, hepatic and bone marrow function. Chemotherapy consisted of CDDP 120 mg/m^2 and MTC 8 mg/m^2 on days 1, 28 and 70, plus VDS weekly for 5 weeks, and then every other week. CDDP, MTC and VDS doses were attenuated on the basis of haematological, renal and neurological toxicity, as previously described by Kris *et al.* [2]. Response and toxicity were evaluated by standard criteria [3].

Patients' characteristics are summarised in Table 1. Of 56 stage III patients, there were 4 complete responses (CR) and 14 partial responses (PR). Of 42 patients with extensive disease, there was 1 CR and 6 PR. The 32% objective responses (OR) rate in the limited disease was not significantly greater than the 17% OR rate obtained in stage IV patients. The median survival for all 98 patients is 7 months, 14 months for the responders and 5 months for the non-responders. The OR rate of 37% among the 54 patients with a loss of weight <5% is significantly higher ($P < 0.004$) than the 11% OR rate of the other 44 patients.

Table 1. Patients' characteristics

Characteristic	Number	%
Mean age (years)	60 ± 9	
Males/females	89/9	91/9
Karnofsky performance		
60–70%	25	26
80–90%	73	74
Weight loss		
≤ 5%	44	45
> 5%	54	55
Histological type		
Squamous cell	57	58
Adenocarcinoma	22	23
Large cell	18	18
Neuroendocrine	1	1
Stage III	56	57
Stage IV	42	43
Number of cycles given		
Less than 1 cycle	7	7
1 cycle	7	7
2 cycles	20	21
3 cycles	64	65

Toxicity was evaluated on 91 patients (one complete cycle of chemotherapy minimum). Transient leukopenia (grade II World Health Organization) necessitating dose reduction occurred in 57 patients, with three related infections. Only 8 patients were able to receive the three cycles of chemotherapy without dose reduction. Paraesthesia was observed in 33% of patients, necessitating dose reduction in 15%. Vomiting and nausea were observed in 52% and renal toxicity and ototoxicity in 12 and 6%, respectively.

In conclusion, we observed an overall response rate of 25%, but a substantial toxicity. The OR rate was lower than the 60% initially reported [2]. CR was only observed among patients with limited disease, and some patients are still alive 2.5 years after the first chemotherapy. Further randomised studies will be necessary to compare the effectiveness and the toxicity of this regimen with other new chemotherapy combinations in inoperable NSCLC.

Correspondence to P. Thomas.
P. Thomas and J.-P. Kleisbauer are at the Département des Maladies Respiratoires, Hôpital Sainte-Marguerite, 13009 Marseille; M. Perol and J.-C. Guerin are at the Hôpital de la Croix Rousse, Lyon; A. Taytard and J. Vergeret are at the Hôpital du Haut Lévêque, Bordeaux; R. Poirier is at the Centre Hospitalier, Aix-en Provence; H. Le Caer is at the Centre Hospitalier, Draguignan; F. Bonnaud is at the Hôpital du Cluzeau, Limoges; P. Balmes is at the Centre Hospitalier, Nîmes; P. Carles is at the Hôpital Purpan, Toulouse; J.-M. Chavaillon is at the Centre Hospitalier, Antibes; and H. de Muizon is at the Hôpital Laveran, Marseille, France.
Received 27 July 1992; accepted 31 July 1992.

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