static malignant melanoma (MM). The schedule included 4-week courses of dacarbazine 500 mg/m$^2$ followed 3 h later by fotemustine 100 mg/m$^2$. The overall response rate (RR) of 33% [16.5% complete response (CR) and 16.5% partial response (PR)] may represent an advance in the management of this presently incurable disease. The best responses were observed in lung metastases (7/14 cases), liver (3/5 cases) and nodes (5/6 cases). Skin and brain metastases responded poorly (1/4 and 0/4 cases, respectively). The reported haematological toxicity was mild to moderate in 20/24 patients, and severe in 1 case. Unexpected fatal pulmonary toxicity occurred in 1 patient.

We have already reported our results using these drugs in the treatment of MM [2, 3]. Non-randomised comparison reveals substantial differences. In our study all the responses were observed in those who were treated with the alternated combination (fotemustine on days 1 and 8, dacarbazine on days 15 and 16). No response was observed in 3 patients treated with the sequential protocol. In our series the overall RR was 8.3%, much lower than the figure of 33% reported by Aamdal *et al.* [1]. The responses included one PR in brain metastases for 4 months, and one PR in brain with CR in lymph nodes for 4 months. There was one minimal response (MR) in brain and stomach with PR in lymph nodes for 8 months, and stable disease (SD) for 2 and 4 months in 2 patients in whom progressive disease was documented prior to treatment induction.

The response in the brain in our patients was of particular interest. The overall response rate for brain metastases (complete and partial) was 22.2% with a median duration of 4 months, including CR in 1 patient for 3 months and PR in 3 patients for 4 months each. Minimal response was observed in 1 patient for 6 months, and stabilised disease in 2 patients for 1 and 4 months. The response in visceral or peripheral lesions was poor, compared with the 33% reported by Aamdal *et al.* [1]. In our series no pulmonary toxicity was observed in the 23 treated patients [2, 3].

The difference in response between the two schedules may be explained by the fact that the sequential administration is based on early inhibition of O$^6$ alkyltransferase (O$^6$AT) by dacarbazine. This schedule seems to be better for peripheral or visceral lesions. In the alternating administration, dacarbazine and fotemustine were given on separate days. The latter schedule appears to be more active in brain metastases.

1. Aamdal S, Gerard B, Bohman T, D'Incalci M. Sequential administration of dacarbazine and fotemustine in patients with disseminated malignant melanoma—an effective combination with unexpected toxicity. *Eur J Cancer* 1992, **28**, 447–450.
2. Merimsky O, Inbar M, Reider-Groswasser I, Chaitchik S. Fotemustine with or without dacarbazine for brain metastases of malignant melanoma. *Eur J Cancer* 1991, **27**, 1066.
3. Merimsky O, Inbar M, Chaitchik S. Fotemustine and DTIC combination in patients with disseminated malignant melanoma. *Am J Clin Oncol* 1992, **15**, 84–86.

# Correction

**Anticancer Drug Screening and Discovery in the 1990s: A European Perspective.**—In this article by G. Schwartsmann and P. Workman (Vol. 29A, pp. 3–14), the following references were unfortunately omitted from the bibliography:

37. Corbett TH, Polin L, Wozniak AJ, *et al.* The use of multiple-tumour-soft-agar-disk-diffusion-assay to detect agents with selective solid tumour activity. *Proc Am Assoc Cancer Res* 1988, **29**, 533–534.
38. Corbett TH, Wozniak A, Gerpheide S, Hanka L. *In vitro* and *in vivo* models of detection of new antitumour drugs. In Hanka LJ, Kondo T, White RJ, eds. *Proceedings of a Workshop held at the 14th International Congress of Chemotherapy, Kyoto.* Japan, University of Tokyo Press, 1985, 5–14.
39. Corbett TH, Bissery M-C, Wozniak A, *et al.* Activity of flavone acetic acid (NSC-347512) against solid tumours of mice. *Invest New Drugs* 1986, **4**, 207–220.
40. Corbett TH, Valeriote FA, Baker LH. Is the P388 murine tumour no longer adequate as a drug discovery model? *Invest New Drugs* 1987, **5**, 3–20.
41. Mucci-LoRusso P, Polin L, Biernat LA, Valeriote FA, Corbett TH. Activity of datelliptinum acetate (NSC 311152; SR 95156A) against solid tumours of mice. *Invest New Drugs* 1990, **8**, 253–261.
42. Sebolt JS, Scavone SV, Pinter CD, Hamalehle KL, Von Hoff DD, Judson RC. Pyrazoloacridines, a new class of anticancer agents with selectivity against solid tumours *in vitro*. *Cancer Res* 1987, **47**, 4299–4304.
43. Jackson RC, Sebolt JS, Shillis JL, Leopold WR. The pyrazoloacridines: approaches to the development of a carcinoma-selective cytoxic agent. *Cancer Invest* 1990, **8**, 39–47.
44. Matrin DS, Balis ME, Fisher B, *et al.* Role of murine tumor models in cancer treatment research. *Cancer Res* 1986, **46**, 2189–2192.