Clinical Hyperthermia

The XVI Annual International Clinical Hyperthermia Society symposium is to be held on 13–16 June 1993 in Kyoto, Japan. For further information contact either Homayoon Shidnia, Indiana University Medical Center, 535 Barnhill Drive, Indianapolis, IN 46202-5289, U.S.A. Tel: (317) 274-8809, Fax: (317) 274 2486, or Congress Organizing Service Inc., No. 501 Kenshu Building, Mongo 7-2-4, Bunkyo-ku, Tokyo 113, Japan. Tel: 03 3814 5451, Fax: 03 3814 9590.

International Association of Cancer Registries

The 1993 meeting of the Association will be held on 13–15 September 1993 in Bratislava, Slovakia. The conference centres around the topic of poverty and cancer, with sessions on cancer in an aging world (in collaboration with the National Institute of Aging, NIH, U.S.A.), control and prevention, environmental pollution and cancer, and methodological problems in cancer registration. For further information contact either Secretariat, Annual Meeting of IACR, Slovak Medical Association (Mrs Sona Kozáková), Legionárska ul. 4, 813 22 Bratislava, Slovakia, or International Association of Cancer Registries, International Agency for Research on Cancer, 150 cours A. Thomas, 69372 Lyon, Cedex 08, France. Tel: 72 73 84 85, Fax: 72 73 85 75.

Bone Marrow Purging and Processing Hematotherapy and Graft Engineering

The fourth international symposium on bone marrow purging and processing and the first meeting of the international society for hematotherapy and graft engineering will be held on 16–17 September 1993 in Orlando, Florida, U.S.A. For further information contact Diana Worthington-White, Purging Symposium Office, University of Florida, Box 100296 JHMHC, Gainesville, Florida 32610, U.S.A. Tel: 904 392 4472, Fax: 904 392 8725.

DNA: The Double Helix

The New York Academy of Sciences, in conjunction with the University of Illinois at Chicago and Green College, Oxford University will be hosting a conference on DNA: the double helix; forty years: perspective and prospective on 13–16 October 1993 in Chicago, Illinois, U.S.A. Topics will include pathway to

The European School of Oncology

1993 FORTHCOMING EDUCATIONAL EVENTS

6th - 8th June
Advanced Residential Course: Site: Lugano, Switzerland
Malignant Lymphoma
F. Cavalli (CH)

***

8th - 12th June
Training Course: Site: Copenhagen, Denmark
Principles and Technical Aspects of Radiotherapy
J.W. Leer (NL)

***

15th - 16th June
Training Course: Site: Brussels, Belgium
Aspects of Familial Cancer
W. Weber (CH), P. Boyle (IT)

***

21st - 24th June
Training for non-oncologists: Site: Nice, France
Medical Oncology for Pharmaceutical Product Managers
M. Namer (FR)

***

22nd - 25th June
Training Course: Site: Moscow, CIS
Colorectal Cancer
V. Knysh (CIS), J. Hardcastle (GB)

***

25th - 26th June
Seminar: Site: Vienna, Austria
Cytokines in Haematology
M. Boiron (FR), P. Klener (CZ), J. Schwarzmeier (AT)

***

19th - 21st July
Training Course: Site: Vienna, Austria
Genito-Urinary Tract Tumours
L. Denis (BE), M. Marberger (AT)

8th - 10th September
Seminar: Site: Venice, Italy
Tumour Imaging
Husband (GB), Isherwood (GB), Vanel (FR)

***

14th - 17th September
Training Course: Site: Moscow, CIS
Lung Cancer
M. Davydov (CIS), Van Zandwijk (NL)

***

16th - 19th September
Training Course: Site: Athens, Greece
New Drugs in Cancer Therapy
N. Pavlidis (GR)

***

30th September - 2nd October
Training Course: Site: Vienna, Austria
Head and Neck Tumours
G.B. Snow (NL), B. Maciejewski (PL)

***

2nd - 4th October
Training Course: Site: New York, USA
Psychosocial Factors in Cancer Risk and Survival
J. Holland (US)

***

4th - 7th October
Advanced Residential Course: Site: Orta San Giulio, Italy
Breast Cancer
U. Veronesi (IT), M. Osborne (US)

***

17th - 21st October
Training Course: Site: Copenhagen, Denmark
Palliative Care of Cancer Patients
O.S. Nielsen (DK), V. Ventafridda (IT)

For Advanced Residential Courses held in Italy, the registration fee is 650 ECU.
For Seminars held in Italy, the registration fee is 400 ECU.

For further information contact:
The Secretariat, European School of Oncology,
Via Venezian 18, 20133 Milan, Italy
Tel: (+ 39 2)70635923-2364283 Fax: (+ 39 2)2664662

the double helix, DNA and biotechnology and DNA and oncology. For further information contact D.A. Chambers, Department of Biochemistry, Center for Molecular Biology of Oral Diseases, The University of Illinois at Chicago, A-312 College of Medicine West (M/C 536), 1853 West Polk Street, Chicago, Illinois 60612, U.S.A.

Clinical Trials in Oncology

A conference on clinical trials in oncology: improving their design and analysis will be held on 28–30 October 1993 in Toronto, Ontario, Canada. For further information contact Continuing Medical Education, University of Toronto, Medical Sciences Building, Toronto, Ontario M5S 1A8, Canada. Tel: (416) 978-2719, Fax: (416) 971-2200.

Innovative Cancer Chemotherapy

The XI Chemotherapy Foundation symposium on innovative cancer chemotherapy for tomorrow will be held on 10–12 November 1993 in New York City, U.S.A. Topics covered will include phase I-II cancer agents, chemoprevention, gene therapy and new diagnostic and prognostic procedures. For further information contact J. Silverman, Division of Medical Oncology, Box 1178, Mount Sinai School of Medicine, One Gustave Levy Place, New York, NY 10029, U.S.A. Tel: (212) 241 6772, Fax: (212) 996 5787.

European Society for Medical Oncology

The XIX ESMO congress will be held on 19–22 November 1994 in Lisbon, Portugal. For further information contact Secretariat ESMO, Via Sadine 22, 6900 Lugano, Switzerland. Tel: (41) 91 57 54 11, Fax: (41) 91 57 57 44.

Eur J Cancer, Vol. 29A, No. 8, pp. 1215–1216, 1993.
Printed in Great Britain
0964–1947/93 $6.00 + 0.00

Letters

Epirubicin, Etoposide and Cisplatin in Advanced Pancreatic Carcinoma

Maria Di Bartolomeo, M. Giulia Zampino, Angelo Di Leo and Emilio Bajetta

MOST PATIENTS with pancreatic cancers present with locally advanced or metastatic disease. The disease is suitable for curative resection in only 10% of patients, who have a 5-year survival rate of 6% [1]. In the presence of unresectable tumour, the prognosis following medical treatment is poor, and median survival ranges from 3 to 5 months. Furthermore, studies carried out using both single and multiple chemotherapeutic agents have been characterised by a low response rate, short response duration and only occasional complete remissions [2, 3].

In view of the encouraging results obtained with the association of etopside (VP16), doxorubicin and cisplatin (CDDP) in the treatment of gastric cancer, this combination was used to treat patients with advanced pancreatic cancer [4, 5].

Eligible patients had histologically documented pancreatic adenocarcinoma with measurable lesions. Other inclusion criteria were age $\leq$ 65 years, an ECOG performance status of 0–2, adequate kidney, cardiac and hepatic function, and normal bone marrow reserve (leucocyte count $\geq$ 4000/mm^3, platelet count $\geq$ 100 000/mm^3). The exclusion criteria were previous medical treatment or an expected survival of $<$ 2 months. Informed consent was obtained in all patients in accordance with institutional regulations.

Treatment consisted of epirubicin 40 mg/m^2 intravenously (i.v.), a 50-min infusion of VP16 120 mg/m^2 i.v., and a 30-min infusion of CDDP 40 mg/m^2 i.v. Each drug was administered on days 1 and 8, and the cycle was repeated every 3 weeks. Cisplatin infusion was begun immediately after the administration of epirubicin and VP16 and was preceded and followed by a 2-h i.v. infusion of 500 ml of 5% dextrose and 500 ml of saline solution. Toxicity and response were evaluated according to WHO/UICC criteria [6]. Treatment was delayed for 1 week in the presence of leucocyte and platelet counts $\leq$ 4000 and 100 000/mm^3, respectively. If grade 3 toxicity persisted, the doses were further reduced by 25%; treatment was stopped in the case of grade 4 toxicity. A maximum of six cycles was planned.

Complete blood counts were made weekly, and biochemistry profiles were drawn up before each course. Chest and skeletal X-ray, ultrasound and computed tomography scans were performed to define the measurable lesions before the start of treatment, and subsequently every two cycles in order to evaluate response.

Time to progression was calculated from the start of treatment to the clinical and/or radiological documentation of progressive disease.

10 patients (4 males and 6 females) with locally advanced (4 patients) or metastatic pancreatic carcinoma (6 patients) were treated; all were evaluated for toxicity and response. The median age was 55 (range 45–61), ECOG performance status was 0 for 4 patients and 1 for 6 patients. In 8 patients disease was monitored in the pancreas, 6 in liver metastases and 1 in the adrenal. A total of 37 courses was administered, with a median of three cycles per patient (range 2–6). No objective responses were observed; 4 patients had stable and 6 had progressive disease. Median time to progression was 3 months (range 2–9). Dose reductions due to myelosuppression were required in 35% of the cycles, and 60% were administered after a 1-week delay. Grade 4 leukopenia and neutropenia were detected in, respectively, 1 and 5 patients. Infectious episodes were reported in 2 cases, whereas no treatment-related deaths were observed. Grade 3 stomatitis occurred in 3 patients. Nausea and vomiting were uncommon.

Pancreatic adenocarcinoma remains resistant to chemotherapy. Despite the many conventional drugs tested, no remarkable response rate or positive impact on survival has been observed [7, 8]. Several trials have been conducted to investigate

Correspondence to E. Bajetta.
The authors are at the Division of Medical Oncology B, Istituto Nazionale Tumori, Via Venezian 1, 20133 Milano, Italy.
Revised 2 Nov. 1992; accepted 17 Nov. 1992.