

whether a multi-drug regimen containing fluorouracil (FU) is more effective than FU alone. Cullinan *et al.* have recently investigated polychemotherapy in a randomised study but failed to demonstrate any significant improvement in survival [9].

Our study shows that epirubicin, VP16 and CDDP combination is ineffective in inducing objective responses in patients with advanced pancreatic carcinoma.

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Phase II Trial of Iproplatin in Advanced Squamous Cell Carcinoma of the Head and Neck, Oesophagus and Lung

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Iproplatin (CHIP), a cisplatin analogue, shows moderate activity in cisplatin-responsive tumours—advanced ovarian and

urothelial cancer, brain tumours and squamous carcinomas of the uterine cervix, lung [1, 2] and head and neck [3, 4]. However, optimal dosages and schedules have not yet been determined.

In a multicentre phase II trial, 82 patients [male, advanced squamous cell carcinoma, free of previous chemotherapy, performance status (WHO) ≤ 2] were treated at doses of 75 mg/m²/day, for 4 or 5 consecutive days, every 4 weeks.

The response rate in head and neck carcinoma was 20% (95% confidence limits 9–21), with one complete response and nine partial responses. But for oesophagus or lung carcinoma, the response rates were 0 and 11% (0–26%). The probability of response was dose-independent and higher for previously unirradiated sites (21 vs. 8%, $P = 0.28$).

Major toxicity was haematological, especially for platelets as in previous studies [5, 6] and iproplatin had some gastrointestinal toxicity (grade 2 or 3 for 28 and 10% of patients, respectively). 1 patient died with myeloaplasia and renal insufficiency. No serious hypersensitivity reactions were observed.

At this dose and schedule, iproplatin appears to have a very low efficacy for squamous cell cancer of head and neck, oesophagus or lung in our trial and the same toxicity as carboplatin.

Table 1. Haematological toxicity

		Maximum nadir level across all cycles (WHO grades)				
		0	1	2	3	4
Initial dose (mg/m ²)	300					
	WBC	16	2	9	2	0
	PL	13	4	3	6	3
375	WBC	18	10	5	8	2
	PL	16	4	11	11	7

Nadir white blood cell: χ^2 (trend) = 1.156 on 1 degree of freedom, $P = 0.282$. Nadir platelet: χ^2 (trend) = 1.310 on 1 degree of freedom, $P = 0.252$.

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