sudden onset suggest that it is the result of an epileptic manifestation. The predilection of the susceptibility of the occipital cortex for the neurotoxic effects of both cisplatin and cyclosporin remains unexplained. Adults, but even more so children, with hypomagnesaemia, high cumulative cisplatin doses and fever are at risk for the development of this sequence of events [9]. In view of the probable role of hypomagnesaemia, magnesium loss should be prevented and hypomagnesaemia be corrected. Generalised epileptic seizures often develop and short-term anticonvulsive treatment in these patients may be indicated.

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Survival Data Relating to the Use of Goserelin Depot in the Treatment of Premenopausal Advanced Breast Cancer

Roger W. Blamey, Walter Jonat, Manfred Kaufmann, A. Raffaele Bianco and Moise Namer

WE WISH to report survival data for 228 pre- and perimenopausal advanced breast cancer patients treated with goserelin (Zoladex, ICI) in a programme of clinical studies which have been previously reported [1].

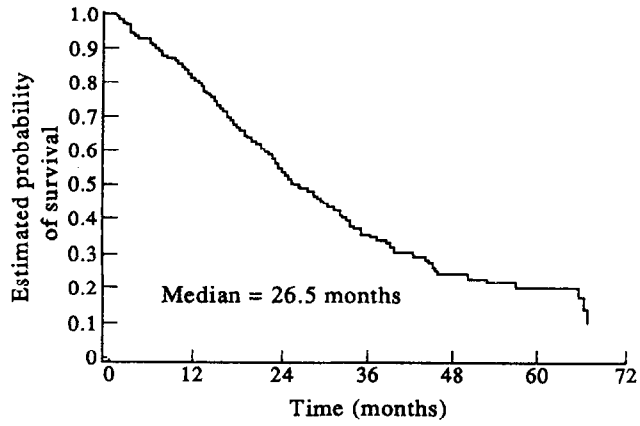

Fig. 1. Overall survival.

Using a Kaplan–Meier life table analysis for all patients (Fig. 1), the median survival time was 26.5 months (range 0.8–69.0). At the time of the data cut-off for the analysis, which was 5 April 1991, there were 153 deaths and 75 censored values. The censored values include 51 patients who were alive at the date of data cut-off and 24 patients who were lost to follow-up and who were 'alive' at the time of their last recorded visit to the trialist.

Tumour oestrogen receptor (ER) status was predictive of survival. The median survival time was 33.1 months (range 0.8–69.0) for ER-positive patients, 15.9 months (range 1.0–44.4) for ER-negative patients and 28.8 months (range 0.9–67.9) for those patients of unknown status.

Best objective response was predictive of survival. The median survival time for responders (i.e. patients who had a complete or partial regression of their disease on therapy) was 39.3 months (range 5.1–69.0) and for patients with stable disease the median survival time was 23.7 months (range 0.9–62.0). For patients who only showed progression the median survival time was 7.8 months (range 0.8–65.7).

These data compare favourably with the reported survival times for other hormonal therapies such as oophorectomy [2] and tamoxifen [3, 4] in premenopausal advanced breast cancer patients, thus confirming a role for the use of goserelin in the treatment of this patient population.

Correspondence to R.W. Blamey at the Department of Surgery, University of Nottingham, City Hospital, Hucknall Road, Nottingham NG5 1PB, U.K.
W. Jonat is at the Department of Obstetrics and Gynaecology, University of Hamburg; M. Kaufman is at the Frauenklinik, University of Heidelberg, Germany; A.R. Bianco is at the Division of Medical Oncology, University of Naples Medical School II, Italy; and M. Namer is at the Department of Endocrinology, Centre Antoine Lacassagne, Nice, France.
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