Table 1. Patients' pretreatment characteristics

	5-FU/LV + TCNU
Sex (M/F)	10/8
Median age, years (range)	51 (24–66)
Median performance status (range)	1 (0–2)
Primary tumour *in situ*	5
Local recurrence	1
Sites of metastatic disease	
Liver	11
Lung	3
Peritoneal carcinosis	2
Bone	1
No. of tumour sites	
1	11
2	7
3	–

M, male; F, female.

III and IV leucopenia was present in two cycles (6%), grade III and IV thrombocytopenia in 6 (19%) and 2 (6%) courses, respectively. No haemorrhage was observed and platelet transfusions were not required. 1 patient was hospitalised during the first cycle of 5-FU/LV + TCNU because of grade 4 leucopenia and fever which resolved with antibiotics. Nausea and vomiting in 10 cycles (32%) were associated with tauromustine and responded favourably to 10–20 mg (oral) metoclopramide. Diarrhoea and mucositis were not seen and alopecia did not occur.

Among the 18 patients, there were 2 complete remissions (CR), 5 partial remissions, 6 patients with stable disease and 5 patients with progressive disease. Thus, the overall response was 39% (95% confidence interval: 17–65%). 1 complete responder had presented with bilateral lung metastases, which disappeared completely on the chest X-ray. A solitary lung metastasis recurred 3 months after discontinuation of treatment, and responded (partially) to retreatment. The other complete responder had peritoneal carcinosis and a subcutaneous nodule, the latter of which disappeared at clinical examination. The peritoneal carcinosis was not re-evaluated. The median survival of all patients was 12 months (range 3–22). Both CR patients survived for 22 months.

It is tempting to speculate that the antagonism between TCNU and 5-FU that has been demonstrated to exist *in vitro* [6] when the agents are employed simultaneously, may have caused the discouraging outcome of our previous 5-FU/TCNU trial [5]. It is of interest that a similar antagonism has never been observed in combinations of 5-FU with the nitrosurea derivative methyl-CCNU, despite the fact that over 700 patients have taken part in clinical trials [10]. Provided that the agents are applied in the proper time setting, TCNU does not appear to antagonise the activity of 5-FU and LV. Further study will be required to demonstrate any synergism in the clinic.

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Combination IL-2 and Cisplatinum: a Promising Treatment for Bronchioloalveolar Carcinoma?

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RECOMBINANT INTERLEUKIN 2 (IL2) has an anti-tumoral effect in some chemoresistant carcinomas including non-small cell lung cancer (NSCLC) [1, 2]. Possible synergy of IL2 and chemotherapy has been reported in several tumours including NSCLC [3]. Similar immunoaugmenting effects have been reported *in vitro* [4] and *in vivo* [5] with cisplatinum, one of the most active drugs in NSCLC. We investigated the feasibility and efficacy of combined cisplatinum and IL2 in patients with

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histologically documented evidence of progressive inoperable NSCLC. Treatment consisted of IL2 (Eurocetus B.V.) as a continuous daily infusion 18×10^6 U/m^2 days 1–5 and 8–12 followed by cisplatinum 100 mg/m^2 on day 15. Tumour evaluation was performed on day 22 and two additional monthly cycles of 5 days IL2 + cisplatinum were planned in patients without progressive disease.

Patient 1 with recurrent epidermoid carcinoma was considered stable for the three cycles and died from relapse at 13 months. In patient 2 with bronchioloalveolar carcinoma progressing on platinum-containing chemotherapy, there was a 25% decrease in the measurable lesions on computed tomography scan. She suffered a myocardial infarction and died 8 months after initiation of treatment. Patient 3 was referred with bilateral nodular lesions (Fig. 1a) from a bronchioloalveolar carcinoma previously treated with platinum-containing chemotherapy and radiotherapy. Treatment was interrupted on day 15 when he developed tracheo-oesophageal fistula and an oesophageal prosthesis had to be inserted. Partial response was observed (Fig. 1b) and maintained for 5 months when the patient died from acute respiratory distress. The study was prematurely closed after 3 patients because of toxicity.

The data suggest that IL2 and cisplatin may have activity in advanced bronchiolo-alveolar carcinoma, a tumour in which no effective therapy has been described to date. This observation needs to be confirmed in a larger study using less toxic treatment such as lower doses of IL2 which have previously shown activity in NSCLC [6].

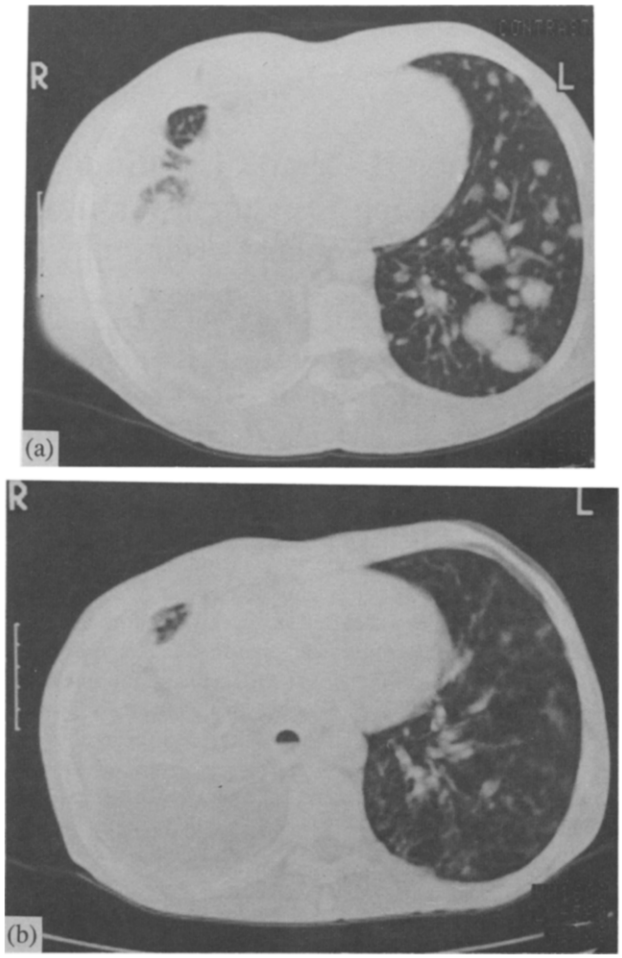

Fig. 1. Patient 3 presented evidence of partial tumour regression. Bilateral tumour nodules detectable on contiguous slices (a) have decreased by more than 50% after treatment (b). Please note oesophageal dilatation due to oesophageal prosthesis on the latter.

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Kaposi's Sarcoma in the Swiss Canton of Vaud, 1974–1990

Fabio Levi, Silvia Franceschi and Carlo La Vecchia

CASABONA *et al.* [1] described trends in AIDS-associated malignancies in Catalonia, Spain, and made a plea for sources of information other than AIDS surveillance data. Kaposi's sarcoma (KS) is of special interest since its incidence rates vary greatly worldwide. The proportions of AIDS patients presenting with KS differ by several-fold, chiefly on account of the different local predominance of homosexual and bisexual men. There is, however, limited but growing evidence that even before the spread of AIDS, incidence rates of KS also varied widely within industrialised countries. PreAIDS rates were 0.40/100 000 men in Sweden [2], 0.29/100 000 in U.S.A. [3], and only 0.14/1 000 000 men in England and Wales [4].

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