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# ENCOURAGING SURVIVAL FOR STAGE IIIB-IV NON-SMALL CELL LUNG CANCER (NSCLC) PATIENTS AFTER SEQUENTIAL TREATMENT WITH IFOSFAMIDE, EPIRUBICIN, CISPLATIN AND RADIATION THERAPY. <sup>\*</sup>Araujo C.E., <sup>\*</sup>Brocato N., <sup>\*</sup>Bruno M., <sup>\*</sup>Pirisi C.

<sup>\*</sup>Hosp.B.Houssay, <sup>\*</sup>Pol.Bancario, <sup>\*</sup>Gas del Estado, Buenos Aires, Argentina. From August 1987 to December 1990, 99/106 evaluable patients (pts) with stage IIIB-IV NSCLC were entered on a randomized program giving on arm A: Ifosfamide (IF) 2500 mg/m<sup>2</sup> IV day 1 and 2; mesna IV 20% of IF dose at hour 0,3,6 and 9, day 1-2; Epirubicin (EPI) 70 mg/m<sup>2</sup> IV, day 1 and cisplatin (DDP) 70 mg/m<sup>2</sup> IV day 1. On arm B, pts received the same schedule as in arm A but without DDP. Cycles were repeated every 4 weeks, for a total of 6 cycles. Sequential thoracic radiation (60 Gy/20 Gy/d in 6 weeks) was given for responding pts only, after completion of chemotherapy. Minimal follow-up was of three years. Response rate was 55% (arm A), CR 1, PR 26 and 58% (arm B) CR 7, PR 22. Median survival time (MST) for responders was in arm A 15 months (mo), >1 year 44%, >2 years 17%; and 22 mo in arm B, >1 year 57%, >2 years 15%. Overall MST was 12 mo. However, 32/56 (57.1%) of responders relapsed: 17/27 (62.9%) in arm A and 15/29 (51.7%) in arm B. This combined modality therapy is effective, well tolerated and may prolong survival in responders; however, late metastases and/or relapses remain an unsolved problem.

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# DETECTION OF BRAIN METASTASES OF LUNG CARCINOMA: COMPARISON OF CONTRAST ENHANCED M.R. WITH ENHANCED C.T.

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Lung carcinoma is the most frequent source of metastases to the brain. During the initial evaluation of a patient with lung carcinoma, it's important to determine if brain metastases are present because these lesions may radically alter treatment and prognosis of the illness. The goal of our investigation is to compare the interest of cerebral gadolinium-diethylenetriaminepenta (MR) imaging to cerebral enhanced computed tomographic (CT) scanning in the initial evaluation of lung cancer. We studied 24 patients with lung carcinoma, they had both cerebral Gd-DTPA enhanced MR and enhanced CT. Two neuroradiologists independently have evaluated the images and their results were compared, they were the same. 12 patients have brain metastases. CT demonstrate a total of 19 metastases within MR shows 47. 8 times the CT shows one brain metastase but in 3 of these 8 patients the MR demonstrate several metastases. Patients with no neurological symptoms and with normal CT have always normal MR. So it seems useful to do a Gd-DTPA enhanced MR when there is a solitary brain metastase at the CT and if a surgical treatment must be done, if there is a doubtful image at CT or when a patient has neurological signs with normal CT. But when a patient without neurological symptoms has a normal CT or when there is several lesions to the CT it's useless to do an MR.

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# VARIABLES PREDICTING THE OCCURRENCE OF CEREBRAL METASTASES IN NON-SMALL CELL LUNG CANCER (NSCLC)

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**OBJECTIVE:** to determine the clinical, analytical and radiological parameters that are associated with the presence of cerebral metastases in patients with NSCLC.

**PATIENTS AND METHOD:** we analyzed 10 clinical, analytical and radiological variables in 410 patients with NSCLC, as well as the presence of cerebral involvement at any time during the course of the illness.

**RESULTS:** 47 out of 410 patients had cerebral metastases (11.5%), 30 at diagnosis (7.3%) and 17 thereafter. There were not significant differences in the incidence of metastases according to histology: 10/54 adenocarcinoma (5.6%), 22/136 squamous cell carcinoma (14%) and 16/81 large cell carcinoma (21%). With respect to the location of the primary, the cerebral involvement was more frequent if the tumor affected the upper lobes of the lung: right upper lobe 18%, left upper lobe 22%, right median lobe 4.5%, right lower lobe 14.7% and left lower lobe 4.5%,  $p < 0.05$ . However, the presence of superior vena cava syndrome did not correlate with that complication. On the other hand 27 out of 30 patients with cerebral metastases at diagnosis (90%) had mediastinal lymphadenopathies and 10 of these 30 (33%) also had other distant metastases.

**CONCLUSION:** the incidence of cerebral metastases in patients with NSCLC is more frequent in advanced disease (N1-3, M1) and when the primary affects the upper lobes.

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# LOW DOSE ENDOBRONCHIAL RADIOTHERAPY FOR RECURRENT CARCINOMA OF THE BRONCHUS PREVIOUSLY TREATED WITH RADICAL RADIOTHERAPY

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Between January and July of 1991 we carried out a feasibility study of the use of endobronchial radiotherapy using the high dose rate microselectron. 12 patients had previously been treated with radical intent. They had received 54 to 65 Gy. Further external beam therapy could not be given because of potential late normal damage. Retreatment with the endobronchial microselectron was utilised in order to provide further palliation.

Following bronchoscopy, radiotherapy was planned. The length to be irradiated was decided by the radiotherapist and chest physician. 10 Gy was prescribed at 1 cm from the source.

Treatment was well tolerated by all patients and response to treatment determined by MCQ and objective assessment. Palliation of pain, haemoptysis, dyspnoea, and cough were primarily considered. Adequate palliation of these symptoms was reported in 8 out of 12 patients

Specific improvements include relief of haemoptysis in 75% of patients with this as a presenting feature, dyspnoea improved in 50%, and cough in 40%.

We believe that radiotherapy given in this manner offers reasonable palliation with little toxicity. It is quicker than laser therapy and, in our opinion, better tolerated. If the facility is available then this treatment should be considered.

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CARBOPLATIN (CBDCA) plus ETOPOSIDE (VP-16) in NON SMALL CELL LUNG CANCER (NSCLC) TREATMENT. G. Bernardo<sup>o</sup>, A. Bernardo<sup>o</sup>, M. Plastina<sup>o</sup>, M.R. Strada<sup>o</sup>, G. Brunetti<sup>\*</sup>, U. Pozzi<sup>\*</sup>, A. Rossi<sup>§</sup>, B. Garcia<sup>§</sup>. Serv. Oncol.<sup>o</sup> and Div. Gen. Med.<sup>o</sup> of Med. Center Pavia, "Clinica del Lavoro" Found. IRCCS, Div. of Pneumol.<sup>§</sup>, "As. Vittoria H.", Mortara (PV), Italy.

82 pts with unresectable NSCLC were treated with CBDCA (100 mg/mq) and VP-16 (100 mg/mq) x 3 days every 21 days. Pts characteristics: M/F 78/4, Median Age 59 ys (range 29-70), ECOG P.S. 0-2, Stage IIIB 14, Stage IV 68, Adenocarcinoma 44% and Squamous Cell 40%; 11 pts had received previous radiotherapy. 72 pts were evaluable for Response (after two months). PR: 21/72 (29%), Median Duration R: 4 ms (range 2-7) and Median Survival: 7 ms (range 4-16<sup>+</sup>). Myelosuppression was the predominant toxicity; non hematologic toxicities were modest and include alopecia and nausea. CBDCA and VP-16 is a tolerable regimen with modest activity against unresectable NSCLC.

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# SERUM ALBUMIN CONCENTRATION: A USEFUL VALUE TO PREDICT RESPONSE TO CHEMOTHERAPY IN ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC)

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**OBJECTIVE:** to determine the clinical or analytical variables that can predict the response to chemotherapy in advanced NSCLC.

**PATIENTS AND METHOD:** we analyzed data from 292 patients with stage IIIa-IIIb-IV NSCLC, performance status 0-2, who had received chemotherapy in the last 10 years. The influence of 14 clinical variables and laboratory values were studied with the univariate analysis and the multiple logistic regression analysis.

**RESULTS:** in the univariate analysis, the serum albumin concentration, the sedimentation rate and the type of chemotherapy (cisplatin vs. non-cisplatin combinations) were found to have prognostic importance to predict response. In the multiple regression analysis, only the albumin and the type of chemotherapy remained significative. The patients treated with a regimen containing cisplatin (cisplatin-etoposide, cisplatin-vindesine, cisplatin-mitomycin-ifosfamide, cisplatin-mitomycin-vindesine) and with a serum albumin concentration > 4 g/L had a response rate of 37.7% (40/106), while those with a serum albumin concentration < 4 g/L had a response rate of 13%, ( $p < 0.0001$ ).

**CONCLUSION:** the serum albumin concentration is a useful parameter to select those patients with NSCLC who can respond to chemotherapy.