wish to use individual patient data. This is a very important project, whose aim is to prepare and make widely available the most reliable evidence currently obtainable on all aspects of the care of cancer. It will need the cooperation and collaboration of many groups and individuals worldwide and we look forward to being contacted by anyone who would like more information about this major collaborative effort or who would like to participate, either by working on a systematic review; by helping with the process of finding trials; or by providing other support to the Network.

886 POSTER

PALLIATIVE EFFECTIVENESS OF RADIATION THERAPY IN THE TREATMENT OF SUPERIOR VENA CAVA SYNDROME

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A study was made of 34 patients concerning the palliation effect of radiation therapy in the treatment of superior vena cava syndrome (SVC3). They were seen between 1986–1993, at the department of Radiotherapy in Middelheim General Hospital Antwerp. All patients had a syndrome of superior vena cava obstruction secondary to malignancy. The histologic diagnosis delivered an equal distribution of small cell carcinoma (SCLC) and non-small cell carcinoma (NSCLC). All patients with a small cell carcinoma received chemotherapy as initial treatment, but they didn't respond, relapsed or became evolutive during treatment. Each treatment was started with rapid-high dose irradiation, to continue after re-evaluation with rapid high-dose in case of a less good response or with the conventional fractionation of 200 cGy daily in patients with a good relief of symptoms. The initial rapid-high dose schedules depended on the performance status of the patients. Seventysix percent of the patients with non-small cell lung carcinoma showed a good relief of their symptoms. It was very unexpected but the major part of NSCLC responded more quickly than SCLC, within 3 days after initiating treatment. In SCLC, 94% of the patients responded and this until death. The palliation index which is defined as the ratio of the symptom free period on the total survival and should be 1 in ideal circumstances, was 0.60 in case of NSCLC and 0.95 in case of SCLC. In this last group death was mainly due to disease progression in distant sites. <500>

887 POSTER

PROSTHESIS FOR THE TREATMENT OF METASTATIC BONE DISEASE OF THE HIP: EFFECTS OF RADIOTHERAPY

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Twenty-eight patients with metastatic involvement of the proximal femur were treated by resection and prosthetic replacement. A large femoral prosthetic component was routinely fixed with polymethylmetacrylate bone cement. Radiotherapy was delivered preoperatively in 2 and post-operatively in 7 patients. Postoperative pain (Habermann) was excellent in 81% and good in 15% of the patients. Hip functions (hip rating scale of Merle d'Aubigné) were rated as excellent in 19%, very good in 22% and good in 22% of the hips. Survival correlated with preoperative Karnofsky performance status ($P < 0.01$) and with the absence of postoperative pulmonary complications ($P < 0.01$). The radiographs of the 18 patients surviving 3 months or longer showed formation of a new bony envelope around the femoral prosthetic component in 11 cases (61%) and bone remodelling of the distal femur in 12 cases (67%). These changes occurred only if no radiotherapy had been delivered to the femur ($P < 0.01$).

888 POSTER

NEBULIZED OPIOIDS FOR BREATHLESSNESS IN CANCER PATIENTS: A CHART REVIEW

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Purpose: The following is a retrospective chart review undertaken on cancer patients to assess the safety and efficacy of nebulized opioids for the treatment of breathlessness. *Patients and Methods:* Charts reviewed included patients over the eighteen month period. Forty patients were treated with nebulized opioids and subjective data was compiled. *Results:* Eleven patients received less than 3 doses. The treatment was found to be effective, safe and convenient for 86% of the remaining twenty-nine patients. A feeling of claustrophobia while wearing the mask was found to be a major reason given for discontinuing treatment.

Conclusion: Nebulized opioids have been demonstrated as a treatment modality which is effective and safe for management of dyspnea in patients with terminal cancer. It was also found to be feasible for self-administration by the patient at home.

889 POSTER

INTRA-ARTERIAL CHEMOTHERAPY IN PATIENTS WITH LOCALLY ADVANCED PANCREATIC CANCER

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From 8/1989—2/1995 22 patients (13-male, 9-female) with locally advanced pancreatic cancer received palliative intra-arterial chemotherapy (IAC). 20/22 patients had primary surgery, 6/22 pts. were pretreated with systemic 5-FU. All patients were suffering from inoperable local tumor or metastatic disease at the time of IAC.

Using the Seldinger technique and digital subtraction angiography the catheter was placed with its tip in the celiac axis. A total of 54 treatment courses has been performed (2.5 courses/patient). The chemotherapeutic regimen consisted of **Mitomycin** at 14 mg/m^2 over 2 hours, **Cisplatinum** at 50 mg/m^2 over 4 hours, **Folinic acid** at 120 mg/m^2 and **5-FU** at 2.0 g/m^2 over 20 hours.

Results: A PR was achieved in 4/22 pts. (18.2%), NC in 8/22 pts. (36.4%). 45.4% of the patients showed PD. The estimated mean progression-free survival time (Kaplan-Meier) for local disease was 11.6 months (4/12 pts. censored)—18.4 months for PR and 6.7 months for NC. The estimated mean survival time after IAC was 6.9 months (1/22 pts. censored)—22.9 months for PR, 5.7 months for NC and 3.6 months for PD.

Side effects were well tolerated: only moderate myelosupression and gastrointestinal toxicity. There was only one patient with Grade III thrombopenia/leucopenia and 4 patients with Grade III or IV vomiting.

890 POSTER

SIGNIFICANCE OF PALLIATIVE RADIOTHERAPY OF THE METASTATIC BRAIN TUMORS

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The aims of this study: To evaluate the radiation and combined treatment results of 167 patients with brain metastases: to determine the quality of life.

Methods: Whole brain irradiation of 40 Gy in 20 fractions and total-differential irradiation (20 Gy boost) was applied. Surgery has been performed in 49 (29.3%) patients with single lesion. The quality of life was scored according KPS, WHO status, and a neurological examination was performed.

Results: Management with steroids alone extends the median survival time to 1.67 mos. The overall length of survival was significantly longer in radiotherapy group (median, 8.77 mos., Mantel-Cox $P = 0.01$). Median survival was 10.47 mos. in the surgery + radiation group (Breslow $P < 0.004$). Analysis showed that radiotherapy was associated with a better quality of life ($P < 0.01$).

891 POSTER

PALLIATIVE CHEMOTHERAPY FOR MELANOMA PATIENTS: INVERSE RELATIONSHIP BETWEEN TUMOR LOAD AND TREATMENT EFFECTIVENESS

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Patients (P) selected for phase II trials differ subst. from those who need pall. treatment for sympt. disease. A low PS due to high tumor load is inversely related to ORR. Expectations from the publ. efficacy of any part. treatment are hardly ever met in daily clin. routine, side effects are underestimated and the psych. benefit for the desperate P hardly outways the discomfort afflicted by the necessary med. surveillance. In P with dissem. melanoma improvement of 'time without symptoms and toxicity' by system. chemother. still is the exception. This was demonstrated by a multicenter trial of the EORTC, undertaken to confirm the except. high ORR of some 45% reported earlier with FOTEMUSTINE. The ORR in 98 highly selected eligible P was 12% (17% DS), thus sign.