1071 POSTER

PARANEOPLASTIC SYNDROME IN LUNG CANCER

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Paraneoplastic syndrome (PS) is sometimes related to lung cancer and often is the first clinical manifestation of the disease. We review our experience from 1967 to 1994: during this period we observed 3012 patients with lung cancer and among them PS was diagnosed in 601 (19.9%). The most frequent clinical manifestations were syndromes involving the bones and the joints (43.4%). We observed a higher incidence of PS (36.7%) in patients with small lung cancer. In 392 patients (13%) PS was the first presenting complaint and in 124 (4.1%) led to correct diagnosis. We studied the relationship between PS and staging of neoplasm, surgical feasibility and 5-year survival rate.

1072 POSTER

PHASE II STUDY OF 3-HOUR INFUSION OF PACLITAXEL IN PATIENTS WITH PREVIOUSLY UNTREATED NON-SMALL CELL LUNG CANCER (NSCLC)

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We conducted a multi-institutional phase II study of paclitaxel in patients (pts) with previously untreated advanced NSCLC. Pts must have performance status (PS) of 0–1–2, age <75 years and adequate hematological, renal and hepatic functions. Paclitaxel 210 mg/m^2 was administered every 3 weeks as a 3-hour infusion. Between May and December 1994, 61 pts were accrued and 60 were eligible. Forty-nine of them were male and 11 were female with the median age of 65 (range 45–74). PS was 0 in 12 pts, 1 in 44 and 2 in 4. Thirty had adeno, 22 squamous cell, 7 large and 1 adenosquamous cell carcinoma respectively. Four were in stage IIIA, 17 in stage IIIB and 39 in stage IV. One complete and 18 partial responses were observed, for an overall response rate of 31.7%. Major toxicities included neutropenia, leukopenia, alopecia and peripheral neuropathy.

Paclitaxel in 3-hour infusion showed a promising activity on NSCLC with acceptable toxicities.

1073 POSTER

PALLIATIVE ACCELERATED IRRADIATION (PAIR) FOR ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC)

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In order to avoid overtreatment in patients with advanced NSCLC we have tested a palliative accelerated irradiation regimen applying a total dose of 32 Gy in 10 days.

Before a randomized trial, a one-year pilot study was performed. 34 cases receiving the palliative regimen were compared to 179 historical controls irradiated conventionally, of whom a subgroup was formed who had received the full planned dose of 60 Gy in 6 weeks (n = 104).

Median survival was 7.1 months for study patients and 5.0 months for controls, one-year survival was 45.6% vs. 21.2% (P = 0.0029). There was no significant difference in survival compared to the 60-Gy-subgroup of controls.

Conclusion: Results of a palliative accelerated regimen for advanced NSCLC appear equivalent to conventional high-dose irradiation.

1074 POSTER

EVALUATION OF PRE- AND POST-TREATMENT SERUM LEVELS OF CYFRA 21-1 IN LUNG CANCER (LC) PATIENTS (PTS)

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Serum levels of CYFRA 21-1 were measured before and after treatment for 116 LC pts followed in our center from March 1993 until September 1994. Tumor histology was the following: small cell (SC): 27, squamous cell: 35, adenocarcinoma: 33, large cell: 3, other non small cell (NSC): 18. As expected, the CYFRA 21-1 levels were elevated only in NSCLC pts (P = 0.01 by Mann–Whitney test) and we will report only on the 89 pts with a NSC tumor. At diagnosis, the median level was 4.0 ng/ml with a mean of 11.7 ng/ml (standard deviation: 17.8 ng/ml). Observed levels were higher in the subgroup of squamous cell tumors but we were not able to demonstrate a statistically significant difference. According to data obtained on normal subjects, we considered as elevated a level higher than 3.3 ng/mL Rates of elevated values were not statistically different among histology subgroups and among disease stage subgroups (limited versus disseminated disease). Forty pts had also a blood sample taken at the time of response to chemotherapy evaluation (11 partial responses, 11 stable diseases and 18 progressions). We looked at the differences of the 2 dosages and we showed statistically significant different distributions among responders, pts with stable disease and pts in progression with respective mean decreases of -5.6 and $^{-1}.1$ in the first 2 groups and a mean increase of 3.5 ng/ml in the last group (P = 0.009 by Mann–Whitney test). Rates of elevated values were statistically different in the 3 groups at evaluation: 0%, 18%, 78% ($P < .0001$). Pretherapeutic levels could also have a prognostic value on progression status of the disease with rates of elevated levels of 78% among pts with progression at evaluation and 41% for the other pts (P = 0.03). Further data are needed to confirm this prognostic value both in a uni- and multivariate context. Further follow-up of our pts is also required to analyze the prognostic value of CYFRA 21-1 on survival.

1075 POSTER

SURGICAL ASPECTS OF LUNG RESECTION FOR METASTASES

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We report our experience in the surgical treatment of lung metastases from 1976 to 1995. Among 2040 patients who underwent pulmonary resection, we observed 102 cases (5%) in which a metastasectomy was performed. All the patients had neither local nor distant recurrence of the neoplasm. There were no intra or perioperative complications. The 5-year survival rate was 35.4%; we report the 5-year survival rate related to the number, the dimension, the site of the metatases and the surgical technique, which all seem not to be negative prognostic factors. On the contrary the histologic type of the neoplasm seems to the affect the survival.

1076 POSTER

PHASE II STUDY OF TOPOTECAN IN PATIENTS WITH SQUAMOUS CELL CARCINOMA OF THE LUNG PREVIOUSLY UNTREATED WITH CHEMOTHERAPY

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Topotecan is a hydrosoluble semisynthetic analog of camptothecin. In a previously reported Phase II study of Topotecan in patients with non-small cell lung cancer untreated with chemotherapy, most responses were seen in patients with the squamous histology. This study is being expanded to include a total of 34 patients with squamous carcinoma of the lung. Topotecan is given as a 30 min i.v. daily infusion for five consecutive days at a dose of 1.5 mg/m^2/day. To date 21 patients have been registered, of which 17 are evaluable for toxicity and response. Five patients (29%) have achieved a partial remission, two patients have had stable disease after two cycles, and 10 patients progressive disease. Grade 3–4 granulocytopenia and thrombocytopenia of short duration have occurred after about 75% and 10% of courses administered. Other toxicities have been limited to grade $\leq$2 nausea, vomiting, fatigue, and alopecia. No withdrawals due to toxicity or toxic deaths have occurred. The results indicate that Topotecan has significant activity in patients with squamous cell carcinoma of the lung.