1087 PUBLICATION

STUDY OF THE COMBINATION MIC (MITOMYCIN, IFOSFAMIDE AND CISPLATIN) IN ADVANCED NSCLC

E. Teixeira, R. Sotto-Mayor, P. Azevedo, P. Preto, J. Maçanita, M. Freitas e Costa

S. Pneumologia, F.M.L Lisbon, Portugal

Objective: The aim of this study was to evaluate the toxicity and the therapeutic efficacy of the MIC combination chemotherapy (M = 6 mg/m^2, I = 3 g/m^2, C = 80 mg/m^2 every 3 weeks) for advanced NSCLC. *Pts and methods:* We studied prospectively 53 p previously untreated (50 male –94.3%); median age 57.47±10.06 y; histology: squamous 29 p (54.7%), adenocar 20 p (37.7%); Performance Status (ECOG) 1–45 p (84.92); 2–8 p (15.1%); stage IIIb - 24 p (45.3%); stage IV - 25 p (47.2%); metastatic sites: lung 10, bone 8, hepatic 6. *Results:* Toxicity (WHO criteria)—Grade 3: 22 p (41.5%) (granulocytopenia 12 p, alopecia 8 p, GI 5 p, leucopenia 4 p, trombocytopenta 3 p); Grade 4: 4 p (7.5%) (granulocytopenia 3 p, leucopenia 2 p, anemia 1 p, GI 1 p, trombocytopenia 1 p). Activity– 47 p evaluable for response (WHO criteria)—13 p (27.7%) PR and 1 p (2%) CR. Median survival time: 29.5 weeks. Still alive: 17 p (36.2%): median survival: 41.9 weeks.

Conclusion: MIC was associated with important but accepted haemathologic toxicity and moderate efficacy.

1088 PUBLICATION

NON-SMALL-CELL LUNG CANCER (NSCLC) TREATED WITH CHEMOTHERAPY: SURVIVAL ANALYSIS OF 50 PATIENTS

M. Mira Flores, S. Morales Murillo, E. Garcia Alonso, A. Balil Gilart, J.A. Carceller Vidal

Hospital Arnau de Vilanova, Lleida

We assessed the outcome in 50 patients with NSCLC treated from June 1991 through June 1994 with multiagent chemotherapy (Cisplatin 100 mg/m^2, Ifosfamide 3 g/m^2, and Mitomicine 6 mg/m^2, given every 21 days). We studied too, the survival and the recurrence.

There were 47 males and three females, and their ages ranged from 36 to 78 years. According to the staging, 3 were in Stage I, 3 in stage II, 3 in stage IIIA, 26 in Satge IIIB, and 4 in Stage IV.

The actuarial survival at 1 year for the 50 patients was 42%, with a median survival of 8 months. In the total group, 24 responded (4 CR, 20 PR), with an actuarial survival at 12 months of 68% and a median survival of 15 months; vs 12% and 6 months for patients who did not respond, respectively. Recurrence was observed in 15 patients, five in the CNS, four in the lung, three in the liver, two in bone and one supraclavicular.

Conclusions: Patients who responded to chemotherapy showed a significantly longer survival than non-responding. It is remarkable the high incidence of brain and local recurrence, that could justify the use of combination with other local treatments.

1089 PUBLICATION

INDUCTION CHEMOTHERAPY (INDCT) AND CONCURRENT BI WEEKLY INFUSION OF 5 FU AND CISPLATIN (CDDP) COMBINED WITH CONCOMITANT CHEST IRRADIATION (CCRT) IN LOCALLY ADVANCED NON-SMALL CELL LUNG CANCER (NSCLC)

J.L. Breau[1], T. Bouillet[1], J.J. Mazeron[2], J.F. Morere[1], S. Piperno-Neuman[1], C. Boaziz[1], E. Haddad[2]

[1]Hop. Avicenne Bobigny

[2]Hop H. Mondor Creteil, France

Between 12.87 and 06.93, 44 patients with previously untreated stage IIIA and IIIB NSCLC were treated by IndCT with 3 cycles of 5 FU 600 mg/m^2/d, CDDP 15 mg/m^2/d, hydroxyurea 1500 mg/d, VP16 50 mg/m^{2}d d1-5 every 21 days, the first 21 pts received also Bleomycin (BLM) 3 mg/m^2/d. Patients then received CCRT (65 Gy/29 fractions/7 weeks) and chemotherapy with 5 FU 500 mg/m^2 and CDDP 20 mg/m2 on Monday and Thursday every week during radiotherapy followed by 6 months of Thiotepa and methotrexate as maintaince. All patients were evaluable for both toxicity and response. The median age was 58 years (33–73). There were 44 males. The age distribution was 23 IIIA and 21 IIIB. Histology was squamos in 26, adeno in 12, large cell in 6. Post IndCT and post CRT staging included CT scan, bronchoscopy with biopsy. Survival was measured from the date of initiation of IndCT. After IndCT there were 4 (9.9%) complete response (CR), 13 (29.5%) partial responses (overall rate 38.6%) and 27 stable or progressive disease. After CCRT 21 (48%) pts achieved a CR without any radiographic evidence of tumor at the primary site, complete endobronchial response by histology and no evidence distant metastases (DM). CR was obtained in 88% (15/17) of pts responders to IndCT and in 22.2% (6/27) of pts non responders to IndCT ($P < 0.05$). Median overall survival was 16 months (4–88+)(equal for IIIA IIIB) with a 12.18 and 24 month survival rates of 64, 32 and 25%. Of the total 44 pts, Local failure are only observed in 19 pts (43.2%) local and DM in 7 pts (15.9%), and DM only in 9 cases (20.5%). Fatal cases of CCRT pneumonitis occurred in 2 pts treated with BLM. 7 pts (16%) are alive remaining free of disease with a median follow-up of 38 months (25 ± 88+).

Esophagitis was most common side effects, grades II et III in 9 and 6 pts. Hematologic toxicity was minimal without any grade 3–4. Temporary interruption of CCRT was needed in 6 pts.

IndCT without BLM plus concomitant CT RT are feasible and efficient in stage III A-B NSCLC. In this study response to IndCT is correlated after CCRT.

1090 PUBLICATION

DIGITAL CLUBBING (DC) HAS NO PRACTICAL IMPLICATIONS IN LUNG CANCER (LC): RESULTS OF A LARGE PROSPECTIVE STUDY

G. Buccheri, D. Ferrigno

The A. Carle Hospital of Chest Diseases, Cuneo, Italy

Old and consolidated experience indicate that digital clubbing (DC) may accompany lung cancer (and sometimes precede its clinical recognition). The presence of digital clubbing was prospectively recorded from a series of 561 consecutive patients with a new primary LC. Other variables (in all, more than one hundred) included data from personal life style, clinical history, physical examination, laboratory evaluation, plus radiological and pathologic tumour findings, and the subsequent clinical course. Clinical characteristics of patients with or without DC were compared statistically using the x-square test and other nonparametric tests, including the log rank test for survival differences. Fifty-two patients (90% of the sample) presented with a clinically recognisable DC; four of them had additional clinical and radiological evidence of pneumonic hypertrophic osteoarthropathy. Three of the 70 patients with small cell lung cancer had a DC syndrome, as compared with 28 of the 251 with squamous cell cancer and 8 of the 93 with adenocarcinomas. Patients with DC showed more frequently a limited disease (10 of the 62 patients in stage 1 vs 16 of the 186 in stage IV had DC) and tended to survive longer (median survival = 9.52 vs 8 mo.). However, no difference between the two groups of patients was statistically significant.

1091 PUBLICATION

THE MVP REGIMEN COULD BE LESS ACTIVE AND TOXIC THAN PREVIOUSLY DESCRIBED: A DIVERGENT REPORT ON NON-SMALL CELL LUNG CANCER

G. Buccheri, D. Ferrigno

The A. Carle Hospital of Chest Diseases, Cuneo, Italy

The MVP regimen has been the ECOG standard because of a slightly higher response rate, in spite of a significant toxicity (Ruckdeschel JC, *et al.*, *JCO* 1985; 3:72–9). We started this study with the idea of confirming such therapeutic properties, but we have to admit the achievement of rather divergent results. Fifty-five consecutive pt.s (53 males) with non-small cell lung cancer (NSCLC) were entered on study. Pt.s characteristics were: singe IIIa (10 pt.s), IIIb (23), IV (20), post-surgical recurrent disease (2); squamous (28), adeno (15), large cell (11); performance status 0.1 (24), 2 (31): weight loss in 6 months (4%, median). Pt.s received the MVP regimen with the same dosages, schedule, and precautions used by the ECOG group. The total number of cycles delivered was 144. The dose intensity reached for each drug in the combination was 85% of the projected dose. 51 pt.s were assessable for response and toxicity, while all were evaluated for survival. There were no complete response, 8 partial responses (15%, overall response rate calculated on "intent to treat basis"), 33 stable and 9 progressive diseases. There were no treatment related-deaths and grade 4 toxicity. Three episodes of bacterial infections occurred in neutropenic patients. Grade 2–3 toxicity: alopecia (19%), nausea and vomiting (15%), renal (9%), anaemia (8%), leucopenia (3%), and thrombocytopenia (2%). Median survival for the whole group was 34 wks (95% C.I. 28–37 wk.s).