NSCLC, measurable tumor, no previous chemotherapy, KPS ≥60, age ≤75, normal hematological, hepatic and renal functions, no brain or leptomeningeal involvement and signed informed consent. Fifty-one patients have been included: 3 were not eligible, the characteristics of the 48 remaining pts are: 44 males, 4 females; mean age: 54 years (range 34–75); stage IIIB: 13%, stage IV: 87%; they received a mean of 4 cycles (range 1–6). Among these 48 pts, 1 CR and 13 PR (29%) were observed, including 9 PR confirmed today by an independent panel, lasting from 15+ to 31+ weeks. Main toxicities (G 3–4) were: febrile neutropenia: 5 pts, documented sepsis: 5 patients. No toxic death was reported. As a result of using routine premedication, previously reported side effects were considerably lessened. Based on this preliminary analysis combination of docetaxel 75 mg/m^2 and cisplatin 100 mg/m^2, indicates an interesting result which should deserve other investigations of this drug combination.

1097 PUBLICATION

THE INFLUENCE OF SEX, AGE AND HISTOLOGY ON TREATMENT RESULTS OF RADICALLY TREATED PATIENTS WITH LOCALLY ADVANCED, NON-SMALL CELL LUNG CANCER RADIATED WITH CURATIVE INTENT

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In prospective, randomized study the influence of sex, age and histology on the prognosis and survival of 190 patients with inoperable, non-small cell lung cancer was examined. The patients have been treated with curative radiotherapy with tumour dose of 60 Gy, accomplished in two different radiation techniques: split course and continuous course with reduced additional field. There was not a statistically significant influence in obtained response and survival according to prognostic factors mentioned above. Three years survival rate was statistically higher in radically treated women (26.3%) compared with radically treated men (11.6%). In the age group of 50 to 59 years three years survival rate was 17% and it was higher compared with survival rate achieved in the other age groups. The obtained objective response had a significant influence on survival rate independently of histology.

1098 PUBLICATION

EXPRESSION OF SEVERAL BIOLOGIC MARKERS AS PROGNOSTIC FACTORS IN PATIENTS WITH NON-SMALL CELL LUNG CANCERS

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Despite modern diagnostic, staging, and therapeutic advances, esp. with molecular biologic techniques, the 5-year survival rate of all cases of lung cancer does not exceed 15%. With better understanding of tumor biology, one may improve survival through proper treatment. Here we present the clinical significance of several biologic markers as prognostic markers in patients with non-small cell lung cancers. The survival has correlated with the expressibility of proliferative cell nuclear antigen (PCNA), epidermal growth factor receptor (EGFR), p53 and/or blood group antigen A (BGAA) using immunohistochemistry in 46 cases patients with non-small cell lung cancers. The results were as follows: (1) The expression of BGAA was correlate with better survival in median survival and in 2-year survival and that of PCNA was correlated with worse survival in median survival and 2-year survival rate. (2) The expression of EGFR or p53 was not valuable to predict prognosis in non-small cell lung cancers. (3) With simultaneous applications of PCNA, EGFR and p53 immunostain, the patients with 2 or more negative expressions showed better prognosis than the patients with 2 or more positive expressions. In conclusion, it is suggested that the expression of blood group antigen may be a positive prognostic factor and that of PCNA may be a negative prognostic factor and also, the combination of expressions of PCNA, EGFR and p53 may be used as a negative prognostic factor.

1099 PUBLICATION

CISPLATIN (CDDP), 5-FLUOROURACIL (5FU) AND VINORELBINE (NVB): A PHASE II STUDY IN ADVANCED NON SMALL CELL LUNG CANCER (NSCLC)

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Thirty-three patients, 25 males, 8 females, median age 55 years (37–70), with histologically proven measurable (CT scan) NSCLC were treated at Institut Curie with a three drug combination chemotherapy. The regimen consisted of CDDP 25 mg/m^2 continuous infusion (CI) days 1 to 5, 5FU CI 600 mg/m^2 days 1 to 5 and NVB 25 mg/m^2 on days 1 and 5. Cycles were repeated every 28 days.

Staging of these unresectable or inoperable tumors was as follows: stage IIIA (5 pts), stage IIIB (15 pts), stage IV (13 pts). PS 0–1 (26), PS 2 (7). 94 courses of chemotherapy were delivered. Response evaluation was done after 2–3 cycles. One patient died of complications from an ischemic cerebrovascular stroke after the third cycle. 32 pts were evaluable. Partial response was achieved in 11/20 stage III pts (55%) and in 7/12 stage IV pts (58%). Nine patients had a minor response or stable disease and 2 patients progressed. WHO grade 4 toxicities were leucopenia 31%, thrombocytopenia 4%, mucositis 4%. The tolerance is acceptable and the overall response rate is encouraging.

1100 PUBLICATION

CONCURRENT DAILY CHEMOTHERAPY WITH HYPERFRACTIONATED THORACIC IRRADIATION IN STAGE IIIA & B NSCLC

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In January 1993 we initiated a pilot study of concurrent daily chemotherapy with hyperfractionated thoracic irradiation in Stage III NSCLC. Twenty-four patients were entered on study. The following were the demographics: 15 males and 9 females; median age 62 (35–77); mean performance status 0; histology—10 squamous, 3 adeno, 11 large cell carcinomas; stage—11 with IIIA, 12 with IIIB, 1 with IV. Chemotherapy consisted of CDDP 3 mg/m^2 daily (4 pts), 5 mg/m^2 daily (1 pt) and 6 mg/m^2 daily (19 pts), with weekly vinblastine 2 mg/m^2 (9 pts). Hyperfractionated thoracic irradiation 60 Gy in 40 fractions over 4 weeks at 1.5 Gy b.i.d. Four weeks post concurrent chemo-irradiation, 3 cycles of CDDP 75–80 mg/m^2 and vinblastine 8 mg/m^2 q 21 days were given. Overall response rate 18/24 (75%), CR 7/24 (29%), PR 11/24 (46%). Median time to progression 12.4 months, median survival 17.3 months. The major toxicity was esophagitis. The toxicity will be presented in detail.

1101 PUBLICATION

THE NEW POSSIBILITIES OF THE AUTO-LYMPH CHEMOTHERAPY NON-SMALL CELL LUNG CANCER

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The original Auto-lymph chemotherapy (ALCT) method includes extra-corporal incubation of the lymph, derived from the ductus thoracicus, with 120–130% of VAM, CAM, CAF, FEP doses. The reinfusion of the mixture leads to considerable treatment effects. The ALCT method was used in 47 lung cancer patients (27 with stage IIIB and 20—stage IV of disease), with 76.6% of marked partial tumor regressions and not a single case of progression.

As it was found, the regimen: 5-Ftoruracil 750 mg/m^2—1, 2, 3 days; Vepesid 100–150 mg/m^2—1, 2, 3 days; CDDP 100–120 mg/m^2—4th day—turned to be the most effective. This regimen was used in the treatment of 10 patients (6 with stage IIIB and 4—stage IV of disease), with 50.0% of marked partial tumor regressions. The investigation of ALCT-effect revealed the improvement of the immune status' parameters, the signs of immune stimulation. (An increase in the level of IL-I; IL-2; IL-6; TNF. FGA-response stimulation.) Cytotoxic activity of lymphocytes from the lymph (LL) in relation to transferred pulmonary carcinoma cells with the use of MTT-assay. The LL cytotoxicity revealed 1.5–3.0 fold increase after incubation with 5-ftoruracil (1500 mg/l) and vepesid (200 mg/l), with the maximal activity at the 3rd–5th day. Then, the activity decreased and turned to the initial level by the end of the third week.