

study was to evaluate the role of maintenance therapy after induction chemotherapy (CT) and radiotherapy (RT). 74 pts with NSCLC, stage III–IV, already treated with 8 courses of CT plus RT of the primary site, entered the study. All pts have shown either PR or stable disease. 36 pts were randomly assigned to receive oral cyclophosphamide (CP) 100 mg/m²/day for 20 days, repeated every 30 days plus IFN- α -2a 3 MU/m² sq twice weekly, indefinitely (group A). The remaining pts received only supportive care (group B). Two pts in group A had to discontinue treatment because of side-effects and were evaluated as group B pts. Median survival was greater in group A (510 vs 360 days, $p < 0.01$) and this was also shown with survival analysis ($P = 0.005$). Hematological toxicity was higher in group A only for WBCs as were also constitutional symptoms. Results show that maintenance therapy with CP and IFN- α -2a confers a survival benefit to those NSCLC pts who have responded to initial therapy.

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PUBLICATION

PREOPERATIVE IRRADIATION PLUS CDDP FOR OPERABLE SQUAMOUS CELL LUNG CANCER*V. Zharkov, Yu. Demidchik, P. Moiseev**Cancer Research Institute, 223052, Minsk, Belarus*

One hundred and eighty one patients (pts) with proved squamous cell lung cancer were enrolled into randomized study of preoperative radiotherapy plus CDDP between December 1990 and December 1994. All the pts were males with median age of 56. 91 pts received preoperative radiotherapy (20 Gy total, 5 Gy per fraction a week) plus 20 mg CDDP 1 h before starting each radiotherapeutic procedure (the study group—SG). The total dose of CDDP before surgery was 80 mg. 90 pts underwent preoperative irradiation without chemotherapy (the control group—CG). 3 days after preoperative therapy all were operated on. Postoperative 30-days mortality was 3.3% for SG and 5.6% for CG. Four year survival was 46.5% and 39.7% respectively. In pN1 pts 4-year survival was 58.2% for SG and 41.1% for CG; in pT3–4 pts—49.1% in SG versus 25.4% in CG.