• SPECIAL REPORT •

News from ESMO 1996, Vienna*

The 21st ESMO Congress took place in Vienna, Austria in November 1996. ESMO stands for the European Society for Medical Oncology. ESMO has almost 2000 members and is the most rapidly expanding oncology society in Europe. Conference President, Dr Heinz Ludwig, said of the content of the conference, "The impressive data from basic research and the advances in treatment results obtained in some cancers will not only foster the self-confidence of medical oncology, but will also provide the optimism and energy needed to tackle the still enormous challenges in cancer treatment."

* Taken from the official ESMO Press Conferences and press releases issued at the congress.

Survival Times Prolonged with Letrozole in Advanced Breast Cancer

Letrozole significantly prolongs time to treatment failure and survival time in second-line treatment for postmenopausal patients with advanced breast cancer. This was the conclusion of Professor Geoffrey Falkson, Head of the Department of Medical Oncology, University of Pretoria and Pretoria Academic Hospitals.

He reported a trial of 551 patients investigating two doses of letrozole versus megestrol acetate in patients who had previously received treatment with tamoxifen. All patients had metastatic breast cancer.

He said, "Letrozole was significantly better tolerated and caused less side-effects, and much less weight gain than megestrol acetate." The complete and partial response rate of letrozole 2.5 mg was 23.6 versus 16.4% for megestrol acetate. The median duration of response has not yet been reached on letrozole 2.5 mg, while on megestrol acetate it was 546 days. Duration of response was significantly longer with letrozole 2.5 mg.

The median time to treatment failure was significantly longer with letrozole 2.5 mg (155 days compared with 118 days on megestrol acetate). The median survival time was 731 days on letrozole 2.5 mg and 660 days on megestrol acetate.

Quality of life evaluations (EORTC questionnaire QLQ-C30 and performance status) support the contention that patients on letrozole 2.5 mg benefit from treatment.

Professor Falkson concluded, "This is the first time that one hormone therapy has conclusively been shown to be more efficacious than another hormone therapy in the treatment of postmenopausal women with metastatic breast cancer who have failed tamoxifen. Letrozole, therefore, constitutes an advantage and could replace progestins as second-line treatment of choice for these women."

Cisplatin Alone Better for Palliation in Uterine Cervix Carcinoma EORTC Study Shows

Single agent cisplatin is an acceptable form of chemotherapy as initial palliation of patients with disseminated squamous cell carcinoma of the uterine cervix, and is, on balance, better than cisplatin-based combination chemo-therapy, data from an EORTC study suggest.

Dr Jan B. Vermorken, Senior Consultant and Deputy Tutor of the Department of Medical Oncology of the University Hospital of the Vrije Universiteit, Amsterdam, The Netherlands, presented the study.

The EORTC-GCCG started a prospective randomised phase III trial in patients with disseminated squamous cell cancer of the cervix in 1986. The efficacy and toxicity of single agent cisplatin was compared with a four-drug regimen (BEMP), which had been studied earlier within the EORTC-GCCG and had proved to be an extremely active regimen. BEMP consists of bleomycin, vindesine (Eldesine), mitomycin C and cisplatin. A total of 287 patients entered the study. All patients had disease outside the pelvis, but about 50% of them also had locoregional disease.

More patients responded to BEMP than to cisplatin alone, but this did not translate into a survival benefit. Only a minority of patients was still alive beyond one year in both arms of the study. However, BEMP was also significantly more toxic, and so complications were more frequent and more treatment delays or dose reductions were necessary.

Said Dr Jan B. Vermorken, "Therefore, for this whole patient group, single agent cisplatin is an acceptable form of chemotherapy as initial palliation". Alternatively, these patients could be offered new drugs or new forms of treatment. "Any decision for treatment in this setting should be assessed against best supportive care, which may provide the best option for some patients with this stage of disease," he concluded.