Results: Twenty seven patients were referred from 1975 to 1998. Median age was 60 years (22 to 86). Median diameter of PVM was 2.0 cm (0.8 to 5.0). Mean Breslow thickness was 3.34 mm (0.22 to 10). Ulceration was present in 54.5%. Using AJCC's classification, 25 patients were stage I or II, 2 patients were stage III, and none was stage IV. Treatment consisted of wide excision in 6 patients and complete macroscopic resection in 20 patients. Among the latter, 11 excisions were pathologically complete, 4 incomplete, and 5 unspecified. Four patients underwent elective node dissection or adenectomy, with negative results. One therapeutic node dissection was performed with 2 positive nodes. One patient (stage III) was followed without treatment. Twenty one patients had relapsed. First relapses were mainly local (10 cases) and/or regional (10 cases), and occurred after a median delay of 9 months (2 to 189). At time of analysis, 15 patients had died of disease, 5 patients were lost for follow up, either in metastatic condition (4 cases), or disease free (1 case), and 7 patients were alive. Overall 5 and 10 years survivals were respectively 43% and 36%.

Conclusions: Wide local excision or partial vulvectomy are first line treatments for PVM. Pathological assessment of complete resection is mandatory. ELND is not recommended. However, high locoregional relapse rates are observed, which may be related to late diagnosis or high Breslow thickness.

1517 PUBLICATION

Risk for malignant melanoma in a cohort of young patients with multiple atypical melanocytic naevi

Ivan Botev[1]. [1]*Alexander's University Hospital, Department of Dermatology, Sofia, Bulgaria*

Purpose: Atypical (dysplastic) melanocytic naevi (AMN) are well-known precursor of cutaneous malignant melanoma (CMM). The aim of this study was to estimate the risk for development of CMM in a cohort of young patients (age 10 to 35 at the time of diagnosis) with at least three clinically AMN (defined as flat or slightly elevated naevi with a diameter over 5 mm, asymmetrical shape, ill-defined border and irregular color) in a long-term prospective follow-up.

Methods: For a period of 6 years (1991–1996) 62 consecutively diagnosed patients were enrolled in the study. There were 41 females (age 11–35, mean 20 years) and 21 males (age 17–33, mean 25 years). All patients were carefully examined, all melanocytic lesions were counted using a detailed standard protocol, photos were taken, and some lesions were surgically removed (55 specimens were obtained).

Results: The number of AMN varied from 3 to 67 but most patients were with more than 5 AMN. The follow-up ranged from 13 to 74 months (median 32.5 months). Except for two patients with three clinically atypical melanocytic lesions removed at the time of entering the study and diagnosed as having CMM, only one patient (35 year-old female) developed a CMM during the follow-up.

Conclusion: Although the number of patients is small and the duration of follow-up is not long enough, it seems that in young persons with multiple AMN the risk for developing CMM is relatively higher than in the general population. The study is on-going and with gathering more patients and with a longer follow-up it probably be possible to estimate the risk accurately.

1518 PUBLICATION

Expression of estrogen and progesterone receptors in breast metastases from malignant melanoma

F. Cappuzzo[1], E. Comperat[2], M. Riofrio[1], L. Zelek[1], M. Spielmann[1]. [1]*Gustave Roussy, Medicine B, Villejuif;* [2]*Gustave Roussy, Pathology, Villejuif, France*

Purpose: Although several findings suggest that hormonal factors can influence biology of malignant melanoma, the effective presence of estrogen (ER) and/or progesterone (PgR) receptors in melanoma cells is unclear. We evaluated the expression of ER and/or PgR in breast metastases (BM) from malignant melanoma.

Methods: From 1950 to 1998, 77 cases of BM from extra-mammary tumors were identify. Between all cases, 13 patients (pts) were affected by malignant melanoma. An immunohistochemical method was utilized to determine the presence of ER and/or PgR.

Results: Eleven pts were female and only 2 pts were male. Median age was 34 years (range 4–61), at the time of diagnosis of primary tumor and 38 years (range 20–61) at the time of BM diagnosis. All but one female pts developed BM in premenopausal age (<50 years). Primary tumor was localized in inferior limbs (6 cases), superior limbs (2 cases), trunk, face and choroid (1 case, respectively), while in 2 pts primary tumor was not identified. The median time from primary tumor diagnosis to the evidence of BM was 13 months (range 0–194). At the time of this analysis the first 4 pts were evaluated, and in all cases both ER and PgR resulted negative.

Conclusions: Our preliminary results suggest that BM from malignant melanoma occur in premenopausal pts. Determination of ER and PgR is ongoing and definitive data will be presented.

1519 PUBLICATION

Taxane-containing chemotherapy in patients (pts) with disseminated malignant melanoma (DMM) (Preliminary results)

Yu. Bulat[1], I. Bazin[1], S. Zharkov[1], A. Garin[1]. [1]*Russian Cancer Research Center, Clinical Pharmacology, Moscow, Russian Federation*

Purpose: The antitumour activity of monotherapy with Paclitaxel (P) or Do-cetaxel (D) in DMM ranges from 12% to 18%. Both in vitro and in vivo data support the concept that Tamoxifen (T) is synergistic with Cisplatin (C) in mela-noma. We use the combination of these three drugs in expectation to improve the results of treatment of patients with DMM.

Methods: From January 1997 to February 1999 21 pts (11 males, 10 females, median age – 46 yrs, range 16–64) were enrolled to receive P 175–200 mg/m^2 i.v. for 3 hours (17 pts) or D 100 mg/m^2 i.v. for 1 hours (4 pts) d1, C 120 mg/m^2 i.v. d3 and T 100 mg/m^2 d7–16 every 3–4 weeks. 6 pts had been previously treated with DTIC and/or a-interferons. The response evaluation was made every two cycles. 18 pts are evaluable for response and 20 for toxicity.

Results: 1CR (skin, lymph nodes and lung mts) and 6PR (primary tumour, skin, lymph nodes, lung, liver and other visceral mts) were observed for an overal re-sponse rate 39%. The duration of CR is 14+, and the median duration of PRs is 9 months. Also we have registered 1 minor response for 7, and 3SD for 7, 10 and 12+ months. The most common side effects were nausea and vomiting (80%), alopecia (60%), leukopenia gr. I–III (45%), neutropenia gr. I–IV (40%), periferal neuropathy gr. I–II (35%), thrombocytopenia gr. I–II (20%), nephrotoxicity gr. I (20%). The treatment was interrupted in three pts because of toxicity. The dose reduction was necessary in four pts.

Conclusion: Taxanes in combination demonstrated a better activity than in monotherapy in pts with DMM. The toxicity of the above regimen is acceptable.

1520 PUBLICATION

Cisplatin (CDDP), dacarbazine (DTIC), interferon (IFN) and amifostine (AMI) in advanced melanoma. A phase I study

A. Daponte, F. Rivellini, A. Gravina, P.A. Ascierto, R. D'Aniello, N. Mozzillo, C. Caracò, P. Comella, G. Castello, G. Comella. *Southern Italy Cooperative Oncology Group (SICOG), c/o National Tumor Institute, Naples, Italy*

Purpose: AMI, an organic thiophosphate, can protect against CDDP toxicities and offers the possibility of improving the quality of life of patients (pts) receiving chemotherapy. The aims of this study were to define the maximum tolerated dose (MTD) and the dose limiting toxicity (DLT) of CDDP in combination with fixed doses of DTIC and AMI.

Patients and Methods: Pts affected by advanced malignant melanoma, received DTIC 300 mg/m^2 i.v. days 1-2-3, and escalated doses of CDDP i.v. days 2–3, every 3 weeks. The starting dose of CDDP was 50 mg/m^2 for day, escalating to 65–75 mg/m^2 to DLT. When DLT will be reached, AMI 375 mg/m^2 will be administered before CDDP. IFNα2b was administered at 3MUI i.m. 3 times a week. Response was evaluated after 3 courses of chemotherapy.

Results: Available clinical data are summarized below.

Step	CDDP/DTIC	Pts	DLT	Type	Response
1	50/300	6	0	3 PR	
2	65/300	7	1	Anemia 4	1 CR, 1 PR
3	75/300	3	3	Neutropenia 4	too early
Total		16	4		5/13 (3 too early)

Conclusion: Accrual is ongoing at 4th level with CDDP at 75 mg/m^2 and AMI. These preliminar results suggest a good clinical activities of this combination.