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## **News**

## Letters

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## 7th World Conference on Lung Cancer

Sponsored by the International Association for the Study of Lung Cancer and the University of Colorado Cancer Center, this conference will be held on 26 June to 1 July 1994 at the Broadmoor Hotel, Colorado Springs, Colorado, U.S.A. This will be the first time since 1978 that this international forum has been held in the U.S.A. The scientific symposia will address the political, scientific and social issues, and controversies relevant to lung cancer through presentations of original research, mini symposia, plenary sessions and poster sessions. Specialists are invited to submit abstracts or original research in the areas of biology, chemotherapy, chemotherapy and surgery, pathology, prevention, pulmonary/imaging, radiotherapy, support and surgery for consideration. To receive further information write to or fax the 7th World Conference on Lung Cancer, Centennial Conferences, 5353 Manhattan Circle, Suite 103, Boulder, Colorado, 80303, U.S.A. Fax 303/499-2599. Tel. 303/499-2299.

## 20th International Congress on Breast Cancer Research

Under the auspices of the International Association for Breast Cancer Research, the 20th International Congress on Breast Cancer Research will take place on 25-28 September 1994, in Sendai, Japan, organised by Tohoku University School of Medicine. Emphasis will be placed on clinical/research interactions in plenary sessions covering breast cancer genetics, advanced therapies, minimal lesions and intraductal carcinomas, epidemiology, hormone prevention and therapeutic clinical trials, oncogenes and cellular interactions. Workshops covering cell and molecular biology, experimental hormonal studies, genetics, experimental therapeutics, epidemiology and other pertinent topics will also give an opportunity for ample discussion. Poster viewing sessions will present research results of the attendees. Deadline for submission of poster abstracts is 1 April 1994. For information contact Dr R. L. Ceriani, IABCR Secretary General, Cancer Research Fund of Contra Costa, 2055 N. Broadway, Walnut Creek, California 94596, U.S.A. Tel. (510) 943-1167. Fax (510) 943-1189.

Long-term Results of a Randomised
Trial Comparing Regimens of
Cyclophosphamide and Fluorouracil
with Either Mitoxantrone or
Doxorubicin in Patients With
Advanced Breast Cancer

P. Pouillart, J. Y. Follézou, T. Palangie, F. Feuilhade, C. George and E. Richards

Long-term survival is an important criteria in the assessment of the effectiveness of combination chemotherapy in metastatic breast cancer. In a previous article [1] the response rates and safety were reported of a randomised study of two combination regimens for the treatment of advanced breast cancer: cyclophosphamide, mitoxantrone and fluorouracil (CNF), and cyclophosphamide, doxorubicin and fluorouracil (CAF). We report here the long-term results of this study.

Patients were eligible if they had histologically proven and measurable metastatic breast cancer. Patients required a WHO performance status between 0 and 2 and a life expectancy of  $\geq 3$  months. Normal cardiac function measured by left ventricular ejection fraction (LVEF) or ultrasound, was required. Previous chemotherapy was not permitted, except non-anthracycline adjuvant chemotherapy terminated at least 1 year before enrolment. Patients who were pregnant, had cerebromeningeal metastases, or received hormonal or radiotherapy within 4 weeks of enrolment were excluded. A white blood count  $\geq 2 \times 10^9/l$  and platelet count  $\geq 100 \times 10^9/l$ , with normal kidney and liver function were required.

Patients were randomised to receive 600 mg/m<sup>2</sup> of cyclophosphamide, 750 mg/m<sup>2</sup> of 5-fluorouracil, and either 45 mg/m<sup>2</sup> of doxorubicin or 12 mg/m<sup>2</sup> of mitoxantrone administered intravenously, repeated every 3 weeks. Treatment was delayed or dosage reduced in the event of haematological toxicity.

Assessment of responses were made in accordance with World Health Organisation (WHO) criteria [2]. Duration of survival

Correspondence to P. Pouillart.

P. Pouillart and T. Palangie are at the Foundation Curie, 26 rue d'Ulm, Paris, Cedex 05, 75231; J. Y. Follézou is at the Hôpital Pitie Salpètrière, Paris; F. Feuilhade is at the Hôpital Mondor, Créteil, France; C. George is at American Cyanamid, Pearl River, New York, U.S.A., and E. Richards is at the Cyanamid European Data Centre, Richmond, U.K. Revised 13 Dec. 1993; accepted 2 Feb. 1994.