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Letters

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Effective Intrahepatic Administration of Gemcitabine after Failure of Doxorubicin in Metastatic Breast Cancer

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GEMCITABINE, a novel nucleoside analogue, has shown activity as single agent in several solid tumours [1]. In locally advanced or metastatic breast cancer, a response rate of 25% has been reported using a dose of 800 mg/m^2 in primarily pretreated patients [2]. In first-line patients, a 40% response rate has been observed [3]. Due to its favourable toxicity profile, gemcitabine seems to be a suitable agent for the treatment of advanced breast cancer. The major side-effects of gemcitabine are mild haematotoxicity, elevation of transaminases and flu-like syndrome [4]. Although many clinical trials have been performed with gemcitabine for different tumours, there are no reports on the locoregional administration of this drug.

We report the case of a 70-year-old woman with liver metastases from breast cancer, who was treated with intrahepatic administration of gemcitabine. The patient was diagnosed for breast cancer in July 1993. She had a resection of the right breast, local radiotherapy and endocrine treatment with tamoxifen. In November 1995, she developed a single liver metastasis. An arterial port-a-cath system was implanted and the patient was treated with locoregional chemotherapy via the hepatic artery. First, she received seven cycles of 50 mg/m^2 doxorubicin and showed a partial response that lasted for only 3 months. Because of disease progression (appearance of new metastases in the liver), it was decided to treat the patient with a locoregional administration of 1250 mg/m^2 gemcitabine on days 1, 8 and 15 of a four-week cycle. The patient received four courses of treatment. A partial response was achieved, the duration being 5 + months at present. The patient had no treatment-related side-effects with gemcitabine.

Locoregional chemotherapy via the hepatic artery using gemcitabine thus seems a very attractive option. Based on the rapid elimination of gemcitabine with a half-life ($t_{1/2}$) of 8 min [5], a more favourable toxicity profile can be expected as with the standard intravenous route, while at the same time achieving high local concentrations.

In conclusion, our case shows that locoregional administration of gemcitabine is feasible, active—even in doxorubicin resistant cases—and very well tolerated. Intra-arterial administration of gemcitabine could also be an option for liver metastases from various sensitive tumours and for pancreatic carcinoma. Finally, we suggest the initiation of phase I dose-finding clinical trials for locoregionally administered gemcitabine.

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Post-transplant EBV-Associated Pancreas Carcinoma

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THE ROLE of EBV (Epstein-Barr virus) has been described extensively in the development of post-transplant lymphoproliferative disorders [1]. However, data on EBV-associated solid malignancies in organ recipients are rare. We describe a

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