6 prior chemotherapy. Toxicities included fatigue, nausea, vomiting &/or diarrhea in at least 50% of patients & anorexia, edema, dyspnea &/or headache in a significant minority, usually gr 1-2. Gr 3-4 toxicities occurred in 1/3 of cycles & included fatigue, nausea, dyspnea, pleural effusion, abdominal pain, blurred vision, neutropenia, hypophosphatemia & elevated ALT. Six pts required dose reductions due to toxicity, & one pt discontinued treatment after 14 days due to intolerable gr 2 rash & is not evaluable for response. No responses have been observed in 13 evaluable pts. Five pts had SD as best response with 2 still on treatment. Nine pts had PD after 2 cycles: 5 radiologic PD, 2 symptomatic progression despite radiologic SD & 2 PD before completing 2 cycles.

**Conclusions:** Unless one objective response is seen in the 3 pts currently on treatment, the study will be stopped after the first stage & drug declared inactive. Accrual to this study was very rapid for a relatively rare cancer, encouraging further efforts to identify more effective systemic therapy for these pts.

143 POSTER

## Stereotactic irradiation for olfactory neuroblastoma of the sinonasal tract

H. Sato, H. Honjo, J. Ebi, F. Shishido. *Fukushima Medical University, Radiology, Fukushima, Japan*

**Background:** To review our experiences about Stereotactic Irradiation (STI) in the treatment of olfactory neuroblastoma (ONB), which is a rare tumor of the neural crest origin that arises in the sinonasal tract. There is still no consensus on the optimal treatment for this neoplasm.

**Method and Materials:** Three patients with ONB of the sinonasal tract who rejected the surgical operation and chemotherapy, or who were inoperable, were treated by only STI between 1999 and 2001 at Fukushima Medical University. A 6MV X-ray was used with a micromultileaf collimator. Two of them (patient#1 #2) were treated with stereotactic radiosurgery (SRS), and one of them (patient#3) was treated with stereotactic radiotherapy (SRT). The prescribed dose to the tumor with SRS and SRT was 20Gy to 25Gy and 3.75Gy to 5Gy, respectively.

**Results:** After a mean follow-up of 34Months (27-44Months), all patients showed CR and case #1 and #2 were alive with no recurrence, but case #3 died due to a different cause (gastric cancer) at 27Months after treatment. In patient #2, a partial resection of left maxillary sinus cavity was required because of fluid collection in this cavity after SRS. Histological examination revealed that there weren't any viable tumor cells remaining. In Case #3, the ONB was situated beside of the right eye ball and optic nerve, and pushed them to the right side. So, we treated the ONB by SRT to reduce the side effects to the neighboring eye ball and optic nerve. The tumor volume was reduced during SRT, so it was necessary to re-evaluate the treatment area to reduce the exposure risk to the neighbouring organs at the time of 30Gy. Then we increased the dose by 3.75Gy to 5Gy increments to minimize damage to the neighbouring organs. This adjustment was necessary because the tumor pressure was reduced allowing the organs to enter high dose area. There weren't any side effects in any of the patients.

**Conclusion:** We treated three ONB patients with STI without any complimentary treatments. All patients showed CR with no local recurrence and there weren't any side effects. STI is a successful treatment approach for local control of ONB in the sinonasal tract under appropriate conditions.

144 POSTER

## Low clinical value of squamous cell carcinoma antigen in irradiated patients with advanced head and neck cancer

J. Büntzel[1], A. Hornig[1], M. Glatzel[2], O. Micke[3], F. Bruns[4], U. Schäfer[3], N. Willich[3]. [1] *Südharzkrankenhaus, Otolaryngology, Head & Neck Surgery, Nordhausen, Germany;* [2] *Zentralklinikum, Radiotherapy, Suhl, Germany;* [3] *Medical School, Radiooncology, Münster, Germany;* [4] *Medical School, Radiooncology, Hannover, Germany*

**Aim:** Squamous cell cancer (SCC) antigen is widely used as a tumor marker in a broad variety of carcinomas of squamous cell origin. Best described it is in squamous cell carcinomas of uterine cervix and of the pulmonary bronchus. In head and neck cancer the results are contradictory. This study will examine SCC in patients irradiated for advanced cancer of the head and neck.

**Methods:** In 50 patients (group A) with advanced head and cancer (stage III: 21; stage IV: 29) treated with radiochemotherapy and in 50 patients (group B) (stage III: 25; stage IV: 25) receiving surgery and postoperative irradiation SCC was measured pretreatment and during follow up every 3 months using a commercially available assay. The cut-off level was defined at 2.0 ng/ml.

**Results:** Pretreatment SCC level in radiochemotherapy group was 1.7 ng/ml (0.2 5.6 ng/ml) in group A and 1.5 ng/ml (0.6 5.4 ng/ml) in group B. In group A only 11 (22%) had elevated serum SCC levels above the cut-off level. In group B there were 9 patients (18%). During follow up (median 20 months) in group A 24 patients (48%) in group A and 21 (42%) in group B suffered from a recurrent or progressing disease. Of these only 6 patients (25%) group A and three in group B (14,9%) had elevated SCC levels.

**Conclusions:** Our results indicate, that SCC that the sensitivity of SCC for tumor diagnosis and detection of recurrent disease is relatively low. On the other hand the specificity in those cases was a 100%. These results suggest, that in the described patients groups SCC is probably only of low value for tumor diagnosis and follow up.

145 POSTER

## Combination docetaxel, cisplatin, and 5-fluorouracil as induction chemotherapy for locally advanced head and neck cancer

Z. Jian[1], Y. Qing-Wei[1], L. Wei-Wei[2], X. Guang-Po[2], Z. Zong-Yuan[2]. [1] *Guangzhou Tumour Hospital, Department of Medical Oncology, Guangzhou, China;* [2] *Sun Yat-Sen University, Department of Head and Neck Surgery, Guangzhou, China*

**Background:** There are few studies on docetaxel (Taxotere®-based combination regimens as induction chemotherapy for head and neck cancer. The aim of this retrospective study was to assess the efficacy and tolerability of the TPF (docetaxel + cisplatin + 5-fluorouracil [5-FU]) regimen as induction chemotherapy for head and neck cancer.

**Material and methods:** We conducted a review of patients who had received docetaxel-based induction chemotherapy in our hospital between 1999 and 2002. All patients received TPF consisting of docetaxel 75 mg/m$^2$ iv on d1, cisplatin 20 mg/m$^2$ iv on d1-3 and 5-FU 300 mg/m$^2$ on d1-3, given every 3 weeks. Tumour responses were evaluated after induction chemotherapy. Toxicities were graded using World Health Organization criteria.

**Results:** A total of 25 patients with a median age of 54 (range: 35-75) years were included. Primary tumour sites were: oral cavity (11), tongue base (1), larynx (4), hypopharynx (4) and nasopharynx (5). Nine patients had relapsed after primary treatment. Patients received TPF induction chemotherapy plus surgery (14), radiation (9), or surgery and radiation (2). After induction TPF, 6 patients (24.0%) had a complete response (CR) and 12 patients (48.0%) had a partial response (PR), for an overall response rate of 72%; 7 patients had minimal or no response. Of the relapses, 4 patients (44%) responded after TPF induction chemotherapy (1 CR and 3 PR). Leucopenia occurred in 9/25 (36.0%) patients with the severity being grade 1 in 4/25 (16.0%) patients, grade 2 in 4/25 (16.0%) patients and grade 3 in 1/25 (4.0%) patients. The major nonhaematological toxicities included digestive discomfort and alopecia.

**Conclusions:** The overall response rate for TPF induction chemotherapy in this retrospective study was slightly lower than previously reported for this regimen. This may be due to the number of patients with locally advanced or relapsed disease. Toxicity of this regimen was manageable.

146 POSTER

## Capecitabine combined with cisplatin in patients with advanced nasopharyngeal carcinoma (ANPC)

Y. He[1], Y. Li[1], Y. Deng[2], B. Hu[2], Y. Lin[3], Z. Lin[3], Y. Chen[4], K. Xu[5], Q. Zhou[6], Q. Lin[7]. [1] *Cancer Hospital affiliated to Zhongshan University, Department of Chemotherapy, Guangzhou, China;* [2] *Foshan Cancer Hospital, Foshan, China;* [3] *Shantou Cancer Hospital, Shantou, China;* [4] *Shantou Central Hospital, Shantou, China;* [5] *Guangdong Provincial Traditional Chinese Medicine Hospital, Guangzhou, China;* [6] *Guangzhou Cancer Hospital, Guangzhou, China;* [7] *Shunde Traditional Chinese Medicine Combined with Western Medicine Hospital, Shunde, China*

**Background** The incidence of nasopharyngeal carcinoma (NPC) is highest in Southern China and Southern Asia with age-adjusted incidence rates of approximately 29/100,000. Cisplatin-based chemotherapeutic regimens are widely used in NPC. Capecitabine (Xeloda®, a highly active, thymidine phosphorylase (TP)-activated oral fluoropyrimidine carbamate, mimics continuous infusion 5-FU and delivers 5-FU preferentially to the tumour site by exploiting high intratumoral TP concentrations. As 5-FU combined with cisplatin is commonly used in NPC, capecitabine is potentially a more active and more convenient substitute. This study evaluates the activity and safety of capecitabine combined with cisplatin in Chinese ANPC patients (pts).